NSW Government Submission
Royal Commission into Institutional Responses to Child Sexual Abuse
Issues Paper 10 – Advocacy and Support and Therapeutic Services

30 November 2015
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Introduction

The NSW Government welcomes the opportunity to respond to the Royal Commission’s Issues Paper 10 – Advocacy and Support and Therapeutic Treatment Services.

The NSW Government is committed to ensuring that victims and survivors of child sexual abuse have the supports necessary to assist them in their recovery by providing funding and delivering a range of services for these purposes. These services are offered in a variety of contexts and at different stages of victims and survivors’ journeys from reporting to engagement with therapeutic services and interactions with the criminal justice system. Services may range from the provision of information through to advocacy and therapeutic services, dependent on the individual’s needs, the stage of their recovery, the availability of family and community support networks and other personal circumstances. Services are also offered across NSW in metropolitan, rural and remote areas and both in the community and in correctional facilities.

NSW Government agencies that provide care in an institutional setting, such as the NSW Department of Education and NSW Department of Family and Community Services (FACS), maintain frameworks and systems to support individuals who report child sexual abuse and victims of abuse. The NSW Office of the Children’s Guardian sets and regulates minimum standards that must be met by NSW statutory providers of Out-of-Home Care, including Standard 3 – Child Protection, that outlines minimum requirements for the assistance of children or young people in care who report sexual abuse or have been abused. A review of these standards was recently completed and the revised NSW Child Safe Standards for Permanent Care 2015 will come into effect on 1 December 2015.¹

NSW Government services are designed to be responsive and appropriate to the needs of victims and survivors. To meet the needs of diverse client groups, practitioners are trained to identify complex issues and to draw on the variety of services available to them. These services are delivered both through mainstream programs and through targeted specialist services.

Victims Services within the NSW Department of Justice, FACS and NSW Health are the primary agencies that support survivors of child sexual abuse. Other agencies, including NSW Corrective Services, Juvenile Justice and the NSW Department of Education provide therapeutic and support responses in partnership with government and non-government providers to ensure that supportive, informed and culturally appropriate approaches to victims and survivors are provided as part of their core business.

Topic A – Victim and survivor needs and unmet needs

Victims and survivors of child sexual abuse require a range of supports from information and advocacy through to therapeutic intervention. NSW Government agencies offer a variety of services that seek to address these diverse needs.

**NSW Health**

NSW Health provides a 24 hour, seven day a week frontline response for people who have experienced sexual assault, including child sexual assault. Crisis and ongoing services are provided through a network of 55 specialist Sexual Assault Services delivered by Local Health Districts across NSW. These evidence-based and integrated services include medical and forensic services to adult and child victims of sexual assault and crisis and ongoing counselling for victims, and their non-offending family members. Other supports offered include group work, advocacy, court preparation and support, community development, community education, awareness raising and prevention and professional training and consultation.

NSW Health Sexual Assault Services also works in collaboration with the NSW Police Force and FACS through the Joint Investigation Response Team (JIRT) to investigate and respond to serious child abuse and child sexual assault. As a part of this response, senior health clinicians are located in 22 units across NSW to provide crisis support to children, young people and their non-offending parents or carers.

The demand for NSW Health Sexual Assault Services is high and historically service provision has been prioritised to:

- children and young people for all sexual assault presentations
- adults who have experienced recent sexual assault
- adults who have experienced sexual assault as adults
- adult survivors of child sexual abuse.

New practice guidelines are being developed for NSW Health Sexual Assault Services to support initial assessments of new clients (including adult survivors) to determine their safety and clinical needs. These guidelines will help to ensure that the provision of services is based on assessed clinical need as well as the age of the victim and when the abuse occurred.

**Victims Services**

Victims Services is part of the NSW Department of Justice and delivers the Approved Counselling Service, providing victims of crime with access to up to 22 hours of free counselling under the *Victims Rights and Support Act 2013*. The legislation also allows for the provision of unlimited counselling on a discretionary basis in exceptional circumstances.

In November 2014, following the Royal Commissions’ hearings on Case Study 19 – Bethcar Children’s Home, the NSW Government announced that along with the introduction of a range of measures, including the NSW Guiding Principles for Government
Agencies Responding to Civil Claims for Child Sexual Abuse, it would seek to encourage victims and survivors of child sexual abuse to access the unlimited counselling provided by Victims Services under these provisions.  

Clients present to Victims Services with a range of individual needs, including victims with complex trauma needs, who are immediately referred to a support coordinator as the first point of contact. Clients may also present with short term crisis needs, and are assisted by a support coordinator to ensure they are safe, are referred appropriately and are linked in with supports that can assist in the short and where necessary, the long term. Following a needs assessment, a care plan is developed for the client, outlining referral and support options. This may include financial assistance through Victims Services or another agency, warm referrals to other service providers, liaising with counsellors and other service providers, including case conference calls to ensure coordinated care if provided. The support coordinator for each client plays a pivotal role in facilitating this support.

Victims Services aims to best match each client with an Approved Counsellor who has experience and specialist training in sexual assault and/or abuse as well as considering other relevant demographic and geographic factors. There are 550 Approved Counsellors who are active at any given time, and approximately 385 specialise in working with victims of sexual assault.

Significantly more women than men with a history of sexual violence present to Victims Services. In the past two financial years 2013-14 and 2014-15, 3059 women have sought support from Victims Services for sexual assault, compared with just 827 men. Through targeted therapeutic interventions, the number of men seeking help is increasing, particularly for counselling and therapeutic group work interventions.

Victims Services also provides demand based non-recurrent funding to a number of group work therapeutic programs that support adult and child victims and survivors of child sexual abuse including the Survivors and Mates Support Network (SAMSN), Cara House, Enough is Enough, Lorraine Wright Lewina Jackson and Rebecca Braid.

NSW Department of Family and Community Services

As part of the NSW Government response to Case Study 24 Preventing and responding to allegations of child sexual abuse occurring in Out-of-Home Care in February 2015, FACS provided information on frameworks and services that support children and young people who have been sexually abused or report sexual abuse that has occurred in out-of-home care (OOHC).  

Children and young people entering OOHC have often experienced abuse and neglect, including sexual abuse. FACS and NSW Health work together to deliver health assessments and interventions for children and young people entering statutory OOHC

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3 NSW Government submission to Royal Commission into Institutional Responses to Child Sexual Abuse Case Study 24 – Preventing and responding to allegations of child sexual abuse occurring in Out-of-Home Care, pp.47-48.
who are expected to remain in care for more than 90 days; and young people aged 15-17 who are expected to leave care within the next year.

Health assessments are conducted from a trauma-informed perspective and consider the physical, developmental, psychosocial, emotional and mental health of the child to ensure timely intervention can be delivered to support longer term development and wellbeing outcomes. FACS provides complementary wraparound services for children and young people who have experienced child sexual abuse. Wraparound services may also be used to support carers to ensure the stability of the placement of the child or young person and the maintenance of relationships with their carer family.

FACS delivers a Psychological Service to children and families in the child protection system (including OOHC) dedicated to meeting the needs of child and family victims of abuse. This service is currently being expanded to provide training for carers through the ‘Caring for Children Who Have Experienced Trauma’ training curriculum, developed by the National Child Traumatic Stress Network in the United States. This program aims to provide foster carers with knowledge and tools to work with children who have experienced significant developmental trauma.

Secondary victims (non-perpetrator family members, partners, friends and children or victims and survivors) are also supported through FACS-funded Child and Adolescent Sexual Assault Counsellors (CASAC) services including Rosie’s Place at Rooty Hill, a community based sexual assault counselling service and Jannawi Family Centre at Wiley Park which is a specialist therapeutic child protection service that supports children and families. These services are provided to all children and families within the geographical catchment area requiring intervention.

FACS funds a range of services to assist care leavers (past and present), including adult victims and survivors of child sexual abuse in institutions. These include Wattle Place, which is run by Relationships Australia NSW and provides counselling, health service referrals and assistance with other medical and dental needs to the ‘Forgotten Australians’ who grew up in orphanages, children’s homes, institutions and foster care prior to 1990. The Care Leavers Australia Network (CLAN), which is the national advocacy body for care leavers, also provides significant supports to adult victims and survivors of child sexual abuse.

**NSW Department of Education**

As part of the NSW Government response to Issues Paper 9 – *Addressing the risk of child sexual abuse in primary and secondary schools*, the NSW Department of Education provided information on frameworks and services within the NSW education sector that support children and young people who have been sexually abused or report sexual abuse in educational institutions.4

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4 NSW Government submission in response to Royal Commission into Institutional Responses to Child Sexual Abuse Issues paper 9 – *Addressing the risk of child sexual abuse in primary and secondary schools*. Information has been provided in connection to the following aspects – curriculum (paragraphs 2-3), reporting risk of harm (paragraphs 4-7), the Child Wellbeing Unit (paragraph 8), child protection induction and annual training (paragraphs 11-14, reporting and investigating an allegation (paragraphs 15-18) and EPAC (paragraphs 19-20).
The NSW school system including, the school counselling service, plays an important role in supporting children and young people who are victims and survivors of sexual abuse. Where appropriate, school counsellors provide support and advocacy on behalf of students who are victims and survivors of sexual assault, including making appropriate warm referrals and linking with other service providers (including therapeutic services), as well as monitoring and supporting the wellbeing of the student on an ongoing basis.

The NSW Department of Education is moving towards evidence-based and person-centred planning processes for children and young people who have experienced trauma such as child sexual assault. Through this planning, individual support needs of students can be identified and resources targeted more effectively including wraparound services.

The Department of Education’s Child Wellbeing Unit also provides ongoing advice and support to school principals about local support services.

**Topic B – Diverse victims and survivors**

The NSW Government funds and provides mainstream services that assist victims and survivors of child sexual abuse as well as specialist services to address the specific needs of particular groups within the community.

**Aboriginal people**

The NSW Government is committed to ensuring the programs it funds and delivers including mainstream services are culturally competent and provide appropriate support to Aboriginal victims and survivors of child sexual assault. To support this, regular training is offered through NSW Health’s Education Centre against Violence (ECAV) to Aboriginal workers and communities as well as to NSW Health and other NSW government staff working with Aboriginal clients who have experienced sexual and physical violence.

In 2014-15 approximately 3,000 people trained in ECAV programs – approximately half of the participants were NSW Health workers and the remainder were made up of staff from other government agencies, non-government agencies and Aboriginal Community Controlled Organisations.

To ensure the programs delivered are culturally appropriate, the ECAV consults with Aboriginal communities and delivers its community-based programs only where they are invited to do so. The programs are also designed to engage the community and Aboriginal and non-Aboriginal services to ensure supports are maintained following the program’s end.

ECAV programs that seek to enhance Aboriginal community capacity to support victims and survivors of child sexual assault include:

- **The Strong Aboriginal Women (SAW) program** - a suite of three educational programs delivered to Aboriginal women to improve awareness of support services for victims and survivors of domestic, family and sexual violence, including children. The program also encourages Aboriginal women to engage with legal processes and enhances awareness of legal responses to family violence and sexual assault.
- **Weaving the Net** - a community and service development program delivered by Aboriginal staff over six to eight months. Weaving The Net aims to link non-Aboriginal
service providers with Aboriginal community members who want to know more about how to protect children from abuse and violence.

- The Strong Aboriginal Men (SAM) program – a therapeutic and development program that supports Aboriginal men to address the trauma of their own histories of abuse, and reflect on how this has shaped their adult lives. Strong Aboriginal Men was identified as a best practice primary prevention program to address violence against Aboriginal women, in Less to Lose & More to Gain? (Attachment 1).^5

NSW Health, NSW Police and FACS have developed the Aboriginal community education program, “What to do if a child discloses child sexual assault: JIRT Aboriginal Community Engagement”. The program aims to promote community understanding of how the JIRT Program works, increase knowledge and understanding of child abuse including child sexual abuse and improve trust in the criminal justice process. To date, the training has been successfully delivered in Taree, Raymond Terrace and Tweed Heads, with two programs scheduled in Ballina and Coffs Harbour.

Culturally appropriate healing programs developed by Aboriginal communities such as Rekindling the Spirit, which is jointly funded by NSW Corrective Services and by FACS as part of the Brighter Futures Program, also provide support services for Aboriginal families who are victims of violence to assist them with their spiritual, emotional, sexual and physical healing.

**Victims and survivors in correctional institutions**

Corrective Services NSW provides a range of psychological services primarily to address issues relating to inmates’ mental health and factors contributing to their criminal behaviour. While inmates can apply for counselling under the Victims Services Approved Counselling Service, they are unable to access this counselling until they have been released from custody.

To address this service gap, Corrective Services NSW has partnered with Victims Services to develop a pilot counselling scheme, modelled on the Victims Services Approved Counselling Service, to provide targeted therapeutic support to inmates who are victims and survivors of child sexual abuse.

The pilot program which commenced at the Dillwynia Women’s Correctional Centre in 2011 and the Wellington Correctional Centre in 2012 aims to identify the therapeutic needs of inmates who were victims and survivors of child sexual abuse and the services that can be provided within a custodial setting.

An evaluation of the program found that there were no major barriers in delivering counselling in prison and that it provided inmates with an opportunity to address their own trauma which in turn contributed to a reduction in their levels of depression, anxiety and stress (Attachment 2)^6. These reductions were evident for inmates regardless of age,

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gender or Aboriginal and Torres Strait Islander status. At present, options are being considered to further support and extend the pilot to other correctional centres.

A similar pilot program commenced in 2014 at Juvenile Justice Centres in Reiby and Juniperina. Results to date reveal overall improvements in self-esteem, a clear reduction in the presenting trauma symptoms and improved coping strategies. The pilot is currently undergoing internal evaluation and if found successful, broader roll out will be considered.

When exiting custody, young people who are victims and survivors of child sexual assault are also advised that they have the option to continue receiving counselling in the community through the Approved Counselling Service administered by Victims Services.

**Topic C – Geographic considerations**

The delivery of services to victims and survivors of child sexual abuse outside metropolitan areas can be challenging including in relation to attracting and retaining appropriately qualified staff. NSW Government agencies have developed different initiatives to address these challenges.

**NSW Health sexual assault clinical services**

To ensure that victims have place-based medical and forensic assessment and treatment, NSW Health has developed strategies that support the recruitment of specialist practitioners and provide competitive remuneration for doctors to work in rural areas. NSW Health is also addressing the need for adequate clinical support mechanisms for service providers in rural areas through the development of a specialist clinical support line for medical and forensic examiners.

Since 2013-14, NSW Health has enhanced funding to all rural and regional local health districts in order to ensure the availability of 24 hour, seven day a week integrated psychosocial, medical and forensic crisis responses for child and adult victims of recent sexual assault. These funds enable rural and regional local health districts to implement responsive service models including:

- Workforce initiatives such as the recruitment and training of medical and counselling staff, clinical leadership positions and payments for on-call services.
- Increasing the availability of colposcopes and telehealth facilities for general practitioners and nurses which assist in the provision of specialist medical and forensic services.
- Improvements to access and transport including by training health staff in Sexual Assault Assessment Centres (Sexual Assault Services) to provide a ‘first line’ response to victims locally. Several rural local health districts receive funding to coordinate transportation for victims for forensic and medical examinations.

The introduction of the Sexual Assault Nurse Examiner program in NSW has expanded the capacity of NSW Health to provide medical and forensic examinations, particularly in rural, regional and remote areas. The Education Centre against Violence provides training for Sexual Assault Nurse Examiners to respond to adults and young people who have experienced sexual assault and coordinates a professional development network to provide ongoing clinical support to existing and newly recruited Sexual Assault Nurse Examiners.
The program increases victims’ access to health services and the criminal justice system, by having health professionals located close to where the victim lives. This reduces the victim’s time and costs to travel to receive an examination and makes the services more accessible, particularly for Aboriginal communities. Nurses who work in local communities are familiar with cultures within that community which assists in providing follow-up to victims after the assault.

NSW Health is also developing a 24 hour, seven day a week state-wide Child Abuse and Sexual Assault Clinical Advice Line, in consultation with the Sydney Children’s Hospitals Network and Hunter New England Local Health District. The Advice Line is expected to commence operation in June to July 2016 and will:
- help to ensure an appropriate state-wide psychosocial, medical and forensic response to victims of child abuse and sexual assault is available throughout NSW
- provide medical practitioners with 24 hour, seven day access to specialist child abuse and sexual assault advice to assist in the delivery of examinations locally and to help inform decision-making about the transportation of patients.

**NSW Department of Family and Community Services**

FACS’ Psychological Service covers most of regional and rural NSW, playing an important role in the absence of other services in some localities. In addition, FACS maintains a register of psychologists and social workers who have expertise in working with children and young people who have been abused, to whom the FACS Psychological Service can refer victims and their families in the event that it has no capacity to accept the initial referral or where specialist assistance can be better provided by an external practitioner.

**NSW Department of Education**

The NSW Department of Education provides a range of universal and targeted responses in public schools to support the health, welfare and wellbeing of all students, including those who are victims and/or survivors of sexual assault.

Children and young people who have experienced trauma, including trauma associated with sexual assault may be supported by the NSW Department of Education’s Networked Specialist Centres (newly established through the *Rural and Remote Blueprint*).

The Networked Specialist Centres facilitate support where it is beyond the capacity of the school or the Department’s Educational Services to do so, linking in with other government and non-government agencies to provide wraparound services to support a student in their school setting.

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Topic D – Service system issues

Features of effective service models in NSW for victims and survivors include:

- **Interagency co-locations and inter referral models.** Services which offer a range of options within the same venue or through inter-referral are more likely to provide the necessary support to people with complex needs. NSW Health Sexual Assault Services is an example of an inter-referral approach, offering frontline delivery at 55 locations across NSW, as is the Joint Investigation Response Team (JIRT).

- **Treatment approaches that are responsive to individual needs.** For example, treatment options for sibling and peer abuse involving young people need to involve specialised assessment and intervention, as context and risk factors will be individual to their circumstance.

- **An intersectional perspective.** Advocacy, support and therapeutic treatment services must be aware of the intersection of treatment for victims with opportunities for the prevention of child sexual abuse, particularly within broader public health approaches.

- **The establishment of child friendly and child safe protocols so as to encourage children's freedom of expression and disclosure.** Being child friendly and safe requires deliberate planning of all aspects of the service from the accessibility and aesthetic of the environment to the development of therapeutic relationships.

- **Staff who are qualified to provide appropriate responses.** In addition to continuing to develop and maintain the capabilities of core therapeutic and support service staff, NSW government agencies work to upskill other staff that may come into contact with victims and survivors in non-traditional therapeutic settings. For example, all NSW Department of Education school staff in child related employment are required to complete the Child Protection Update annually and all new staff are required to complete the Child Protection Awareness Training. Mandatory training being developed for all staff in NSW public schools as part of the annual Child Protection Update for 2016 and will include a module on trauma informed practice to ensure staff understand how trauma may impact on the development of a child or young person and that they have appropriate classroom based strategies to support children and young people who have experienced of trauma.

Topic E – Evidence and promising practices

NSW Government agencies continually monitor and evaluate their practices to ensure innovative approaches to supporting victims and survivors of child sexual abuse can be incorporated.

Innovative approaches have been demonstrated particularly in the group work therapeutic space, with several NSW programs funded or engaged with by NSW Health, developed from innovative practice models.
• The Jacaranda Project (2007)\textsuperscript{8} is a group work program for adult survivors funded by NSW Health. It consists of closed groups, with two facilitators, who meet for two hours weekly for 10 weeks, with a one off follow up after three months. The program includes psycho-education, the exploration of sexual assault issues and unpacking of the legacies of abuse.

• Rosie’s Place, a non-government organisation has published ‘Adventures in Groupwork’, a manual that details several group work processes for children that have been part of Rosie’s Place group work service (Attachment 3)\textsuperscript{9}. This document is used in training provided to NSW Health workers in ECAV group work training programs.

Corrective Services NSW has a small Restorative Justice Unit that provides victim-offender conferences to victims affected by serious crime (predominantly homicide and some sexual offences). This unit adopts the following approach when dealing with sex offenders:

• The most important factor to consider is the possible effect on the victim
• Conferences generally should be conducted at the request of the victim
• Detailed assessment is required to ensure that the conference has potential benefit to the victim (via therapist if possible)
• The offender’s readiness to participate must be assessed in consultation with the relevant program staff/psychologist.
• Referrals from offenders (via the treating sex-offender psychologist only) will not be accepted unless an appropriate program has been completed in custody.
• The script may be changed to provide the victim with the opportunity to speak first, in consultation with Manager Restorative Justice Unit.

Generally there has been, on average, only one conference involving a sexual offence per year: the last Victim-Offender Conference occurred in June 2015.

Victims Services publish relevant evaluations along with other research materials on the Victims of Crime Clearinghouse http://www.victimsclearinghouse.nsw.gov.au/. This includes evaluations that have occurred in counselling in prisons and expressive therapies to promote resilience in children. In addition to the studies referenced in this submission, an evaluation is currently underway for the Working with Male Survivors of Child Sexual Assault SAMSN program, due to be completed in 2016.


\textsuperscript{9} Want, C., Adventures in Groupwork- A Rosie’s Place Publication, 1999.
Less to lose & more to gain?

organisation and community wide strategies for prevention
keep the field up to date with policy
Assess possible programs
state wide
foster
cultural
wider strategy of prevention
Develop
training
primary prevention
strengthening
prioritise workforce development
Recommendations for practice enhancement
men and boys
leadership
maximise cultural change
prevention
community
cost-effective
collaboration
change
intervening
long term
messages
happenings and development
issues
long term
methods
key
evidence
embedded within a broader sectorial/community response
recommends for prevention.
clear commitment
the social determinants of violence
recognised
issues
prevention
goals
practice discussions
men and boys
best practice standards
sexual and gender based violence
community wide
practice enhancement
close integration with other services
multi-systemic approach
primary prevention
sexual
program aims to prevent violence before it occurs
specific recommendations
work in partnership
secondary and tertiary areas
Ensure programs comply

University of Western Sydney
Bringing knowledge to life
Less to lose and more to gain?

Men and Boys Violence Prevention Research Project

Final Report

July 2014
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EXECUTIVE SUMMARY

Violence against women is a costly personal and social issue that has far reaching and long term impacts across the whole Australian community. Primary prevention takes these factors seriously and aims to intervene to prevent intimate partner violence and sexual violence before they occur.

Our research found considerable interest at a state and national level in engaging men and boys in violence against women (VAW) primary prevention. The study findings indicate that VAW primary prevention is still in the early stages of development both in Australia and internationally. Effective intervention is acknowledged as more likely to occur if actions are taken at multiple levels within the community. This requires action at policy levels as well as within communities or organisations and at the local level of service provision.

The survey that was undertaken for this study of prevention agencies and programs found a significant clustering of prevention efforts in Victoria and NSW with work also being undertaken in Queensland. Students at high school and university were the most common targets of primary prevention efforts, with adolescence and early adulthood recognised as key periods for VAW perpetration and victimisation. Other programs identified in our study worked specifically with Indigenous communities, CALD communities and sports organisations. Most stakeholders described their programs as underpinned by a gendered, ecological model of VAW that understands violence as a product of gender inequity and gender norms.

The findings from surveys and interviews indicate that a coherent and identifiable field of prevention practice focused specifically on men and boys has yet to emerge in Australia. Activities in the field are piecemeal, ad hoc and dispersed. There is no peak organisation that provides support to areas of emerging practice except in relation to men’s behaviour change programs (i.e. perpetrator programs). Primary prevention activities are scarce as well as programs focused on boys or men specific activities.

Despite these findings, there are areas of prevention activity focusing on men and boys that indicate promising practice. These include programs and activities such as: respectful
relationships education, bystander strategies, community development approaches, whole of organisation approaches, infant and parenting programs and social marketing.

The strongest finding emerging from our research is that best practice in engaging men and boys occurs in two key areas of primary prevention:

- Community strengthening and development; and,
- Organisational and workforce development.

Section 5 of the report provides a detailed evaluation of 2 programs that demonstrate these approaches. They are the Strong Aboriginal Men Program (SAM) and the NRL Respectful Relationship Sex & Ethics Program. These two programs share the primary prevention goal of preventing violence before it occurs as well as other important similarities, in particular:

- They are underpinned by a gendered analysis of violence against women;
- They involve working specifically or mainly with men;
- They emerge from and are supported by organisations with significant experience and expertise in violence against women; and,
- They engage men in multi-systemic change including at the community or organisational level.

While both programs have been developed in response to men and boys in specific settings they are potentially adaptable and replicable in other settings. The knowledge gained from the design and implementation of the SAM program could be applied well to working with CALD communities and emerging refugee settings. The NRL program has many key features that can be used by diverse sporting codes and with other male workforce based programs.

Both programs therefore demonstrate a potential for reach and influence beyond their immediate program base. This is important to enhance further primary prevention activities and in addressing long term cost effectiveness. Primary prevention is both a short and long term investment in challenging deep seated practices. Without a clear commitment and investment in policies and programs focused on intervening before violence occurs, personal and financial costs will continue to grow leading to increased tertiary sector expenditure. Leadership is needed within organisations and across our diverse communities to promote policies and practices that build on existing international evidence to progress primary
prevention of VAW. In particular, attending to the following issues will increase engagement by men and boys in the prevention of VAW:

- Addressing the role of gender in VAW in a manner that is relevant and boys and men can understand
- Utilising educators who men and boys can relate to as role models will increase their willingness to ‘hear’ violence prevention messages
- Recognising that masculinities are diverse, fluid and sometimes contradictory within individuals, groups and communities
- Experiences of masculinity are effected by class, location, ethnicity, cultural background, sexuality and other factors; there is no ‘one size fits all’ experience
- This has implications for ensuring educational programs and other prevention activities are tailored to the specific needs of men; for example using methods of education that Indigenous men can relate to
- Engaging men and boys in the contexts and institutions in which they live, work and play may assist in enhancing the relevance of VAW prevention
RECOMMENDATIONS

The following recommendations are designed to progress violence prevention focused on men and boys. However, while there are specific recommendations particular to men and boys, many have application to the broader field of primary prevention.

1. Recommendations for prevention policy

1.1 Develop a whole of government approach to the primary prevention of violence with particular attention to engaging men and boys, operating from an ecological or multi-systemic model to maximise cultural change.

1.2 Maximise interagency and intersectoral collaboration and ensure relevant strategic planning around program funding for men and boys’ violence prevention.

1.3 Australia’s National Research Organisation for Women’s Safety (ANROWS), The National Foundation for the Prevention of Violence against Women and state governments to work in an integrated way to ensure primary prevention is a priority area of activity.

1.4 Build a state wide electronic network of service providers, researchers and policy staff to ensure dissemination of the latest research and keep the field up to date with policy developments. This network could serve to generate meetings, forums, practice discussions and conferences.

1.5 Prioritise workforce development - including developing comprehensive training for new staff entering the field of primary prevention and the particular issues related to engaging men and boys.

1.6 Foster dialogue between primary, secondary and tertiary areas of prevention work to maximise the primary prevention of gender based violence by men and boys.

1.7 Actively work in partnership with the philanthropic and corporate sectors to develop organisation and community wide strategies for prevention.

2. Recommendations for practice enhancement

2.1 Foster the development of primary prevention activities at the whole of organisation and community based levels.

2.2 Ensure programs comply with best practice standards and ensure new programs are developed in consultation with specific subpopulations of men and boys to ensure they are appropriately targeted to maximise effectiveness.
2.3 Assess possible programs and activities for funding against the following criteria:

<table>
<thead>
<tr>
<th><strong>Best practice criteria for effective primary prevention programs with men &amp; boys</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The program aims to prevent violence before it occurs</td>
</tr>
<tr>
<td>2. The program aims to specifically engage men and boys as part of a wider strategy of prevention or as a discrete component</td>
</tr>
<tr>
<td>3. The program targets the social determinants of violence such as socio-economic status, cultural background, sexuality and ability</td>
</tr>
<tr>
<td>4. The program uses a multi-systemic approach to primary prevention</td>
</tr>
<tr>
<td>5. The program clearly demonstrates adherence to recognised best practice education or other prevention activity standards</td>
</tr>
<tr>
<td>6. The program is framed by a commitment to human rights and social justice</td>
</tr>
<tr>
<td>7. The program is embedded within a broader sectorial/community response demonstrated by close integration with other services</td>
</tr>
<tr>
<td>8. The program has clear objectives and strategies to meet those objectives</td>
</tr>
<tr>
<td>9. The program has a clearly articulated plan for evaluation</td>
</tr>
</tbody>
</table>

**3. Funding of best practice programs**

3.1 Investment in primary prevention activities targeting men and boys should consider the Stronger Aboriginal Men (SAM) program as an exemplar program focused on prevention via community strengthening and development.

3.2 Investment in primary prevention activities targeting men and boys should consider the NRL Respectful Relationship Sex & Ethics Program as an exemplar program focused on prevention via organisational and workforce development.
**TERMINOLOGY**

**Determinants:** A determinant refers an attribute or exposure which increases the probability of a health or behavioural outcome.

**Domestic and family violence:** Behaviours that control or dominate a person, causing them to fear for their own (or someone else’s) safety. It includes behaviour that controls, intimidates, terrifies or coerces a person. It includes physical, sexual, verbal, psychological, mental, and emotional abuse; stalking; harassment; financial abuse and manipulation; denial of freedom and choice; and control of access to family and friends (“It Stops Here: Standing together to end domestic and family violence in NSW,” 2014).

**Early Intervention:** Identifying and targeting individuals and groups who exhibit early signs of violent behaviour or of being subjected to violence.

**Intimate partner violence (IPV):** IPV describes physical, sexual, or psychological harm by a current or former partner or spouse. It may include economic and emotional forms of abuse.

**Primary prevention:** Primary prevention strategies seek to prevent a particular outcome before it occurs. These strategies can be delivered to the whole population or targeted to particular groups who are at higher risk of the outcome.

**Protective factors:** Protective factors refer to those factors that decrease the likelihood of someone becoming a victim or a perpetrator of IPV or SV.

**Risk factors:** In the context of VAW primary prevention, risk factors refer to those factors that increase the likelihood of someone becoming a victim or a perpetrator of IPV or SV.

**Sexual violence (SV):** SV refers to any sexual act perpetrated against another person without their consent.

**Social norms:** Norms are defined by the World Health Organisation (2010, p 53) as shared ‘rules or ‘expectations of behaviour’ which regulate the roles and relationships of men and women within a specific cultural and social group’.

**Summative evaluation:** Summative evaluation looks at the impact of an intervention on the target group.

**Violence against women (VAW):** VAW refers to acts of violence by men against women in the context of unequal power relations that are ‘directed toward women by virtue of their gender’ (True 2012, p 9). There are many forms of VAW including IPV, SV, and emotional and economic abuse.
SECTION 1. INTRODUCTION

Violence against Women (VAW) is a leading cause of injury, death and disability to women in Australia and around the world (UN General Assembly (2006). Intimate partner violence (IPV) has been found to cause greater harm to women aged 15-44 than other well-known risk factors for disease and death, including high blood pressure, smoking and obesity (VicHealth, 2004). VAW remains a leading cause of mental illness, self-harm, substance abuse and suicidality in women (Breckenridge & Salter, 2012; Ussher, 2010). A 2009 analysis found that the $13.6 billion per annum cost of VAW in Australia was distributed throughout the health system, the labour market, the economy, child protection services, the criminal justice system, police and the welfare system (NCRVAWC, 2009). Without preventative action, these economic and human costs are likely to rise.

The National Plan to Reduce Violence against Women and their Children (Commonwealth of Australia, 2009) provides a policy framework for the development of a range of activities across the prevention spectrum. Around Australia various state governments have designed priority action plans to significantly reduce physical and sexual violence against women and children. In 2011 the NSW government released its ten year plan NSW 2021: A plan to make NSW number one, which included a commitment to significantly reduce VAW.

In 2014 the NSW Department of Family and Community Services (FACS) published its domestic and family violence reform framework It Stops Here: Standing together to end domestic and family violence in NSW. The first priority identified in the document is a strategic approach to the prevention of family and domestic violence, and the report articulate a whole of government commitment to achieving this outcome. These reforms recognise the underlying causes of VAW and promote an integrated and coordinated approach to prevention and early intervention.

Engaging men and boys is widely recognised as crucial to the success of VAW primary prevention initiatives. While the majority of boys and men do not engage in VAW and indeed condemn it, VAW is grounded in common understandings of male identity and masculinity (Pease, 2008). Men have a critical role to play in the prevention of VAW since the majority of perpetrators of VAW are men in a society where inequality based on gender is recognised, men are often in positions of social power and influence. Nonetheless, engaging men and
boys in VAW prevention is challenging and ongoing work that requires careful thought and planning.

1.1 RESEARCH PROJECT

This research project was commissioned by FACS to advance the implementation of the VAW reforms and to complement the National Plan to Reduce Violence against Women and their Children (Commonwealth of Australia 2009). This study has been commissioned as one of three studies funded under the Domestic and Family Violence Funding Program, with each study focusing on one of three prevention outcomes:

- Men are supported to be non-violent;
- High risk groups and communities are safe and free from violence; and,
- Children are supported and inter-generational violence is averted.

The research study focusing on men and boys addressed the following questions:

1. What is the effectiveness of existing approaches, strategies and projects that aim to prevent violent behaviour of men and boys throughout Australia?
2. What are the characteristics of good practice in men and boys’ primary prevention and early intervention?
3. What strategies and programs should be developed to build on existing good practice?
4. What exemplar or demonstration projects could be implemented in NSW to advance practice? How would this be evaluated?

This study was conducted by a research team led by Professor Moira Carmody from the School of Social Sciences & Psychology at the University of Western Sydney, Australia. The team consisted of Dr Michael Salter, Dr Geir Presterudstuen, Dr Georgia Ovenden (July-December 2013) and Dr Myvanwy Hudson (January –May 2014). The project was funded from July 2013 until June 2014.

This report provides a comprehensive analysis of current men and boys’ violence primary prevention and early intervention evidence, conceptual frameworks and trends in good practice. It reviews current men and boys’ primary prevention and early intervention approaches, strategies and projects against good practice standards. The evaluation of two
primary prevention programs provides case studies of best practice. The report also provides recommendations for future directions in furthering primary prevention of VAW by focussing on engaging men and boys.

1.2 METHODOLOGY

The project was conducted in four stages as described below.

Stage 1: Analysis of men and boys’ violence prevention, early intervention evidence, conceptual frameworks and practice standards (July 1–August 31 2013)

An application for Human Ethics Committee was approved at the beginning of the project. A detailed international research literature review was conducted and a summary of the findings was developed. The review included:

- research on VAW risk factors and determinants;
- evaluation studies of VAW primary prevention approaches;
- literature on the engagement of boys and men in primary prevention;
- conceptual frameworks for understanding VAW and primary prevention, and,
- relevant evaluation methodologies.

The review considered key findings from primary prevention in other fields. While practice and research in this field is still relatively in its early stages compared with other primary prevention areas, the review of research and evaluation studies suggest that the effective engagement of men and boys enhances primary prevention efforts.

Stage 2: Consultation with relevant stakeholders (September 2013- December 2013)

This stage focused on engaging a sample of key stakeholders across Australia with a specific interest in activities taking place in NSW. The objective was to map the activities of service providers who are currently delivering programs with relevance to men and boys’ violence primary prevention and early intervention. This mapping exercise commenced in September 2013 and continued throughout the project. Locating the most relevant stakeholders proved time consuming as there was at the time no peak state or national VAW primary prevention body with the exception of the Victorian Health Promotion Foundation (VicHealth). It became apparent that there were a range of understandings of primary prevention and early
intervention, and this had to be negotiated with each new contact, in order to determine whether each program fell within the scope of this project.

This phase incorporated an online survey, as well as individual and focus group interviews with violence prevention workers, program designers and experts in the field of men and boys’ violence prevention and early intervention. This project was also interested in targeting violence prevention workers that engage the diverse needs of men and boys across multiple settings (e.g. sports groups; youth/community groups; faith based and specific cultural groups). In order to achieve the above objectives, the data collection phase of the project (Phase 1) involved the following areas of enquiry:

**i) An online survey for service providers**

A short online anonymous survey was developed for service providers and was distributed through relevant organisations and service networks. The survey asked respondents about their qualifications and years of experience in primary prevention, the prevention approach used by their service or program, the theories underpinning their program or service, challenges and rewards in working with boys and men, and the funding and resourcing needs of their program. The survey allowed the participant to indicate their willingness for a follow up interview via telephone or in person. The survey was distributed nationally (October 2013 to January 2014) via an email list of clearinghouses and personal contacts. While the survey cannot claim to have reached all service providers it provides a useful snapshot of prevention activity focused around engaging men and boys.

One factor not anticipated was the number of concurrent consultations being conducted across the sector of violence prevention. These including consultations by the National Centre of Excellence to Reduce Violence against Women and their Children (now ANROWS), and the National Foundation for the Prevention of Violence against Women and their Children as well as a separate consultation on perpetrator and offender programs. This concurrent consultation, alongside other activities, indicated that the sector was close to suffering “consultation fatigue”, potentially impacting on response rates to the survey. To offset this, and to minimise respondent burden, the survey was kept short and Twitter was used to promote the survey through clearinghouse and other sector email lists.

**ii) Recruitment of individual and focus group interviews with experts and service providers**
Following the survey key violence prevention workers, as well as experts and program creators in the field, were targeted for individual and focus group interviews. The interviews addressed the perceived strengths and weaknesses of violence prevention/early intervention programs that are currently (or have recently) been implemented by service providers in Australia, along with outcomes of evaluation. The interviews were semi-structured and allowed participants to reflect on some of the barriers to wider implementation of violence prevention and early intervention with men and boys.

iii) Data analysis

Data was analysed on an ongoing basis concurrent with data collection. The interview data was recorded on digital recorder and professionally transcribed. Transcripts from interviews and the qualitative data from the surveys were analysed to draw out themes most relevant to violence prevention workers. Section 4 of this report will discuss these findings in detail.

The originally intention was to hold a series of roundtables in NSW, Victoria and Queensland but investigations suggested that greater insight would be gained from visiting key agencies and service providers in NSW and Victoria. This approach was adopted due to the dispersed nature of activities in other states, and the high levels of roundtable meetings being held by private consultancy groups on behalf of other government agencies.

Stage 3: Evaluation of best practice programs (December 2013 - April 30, 2014)

This stage involved in-depth evaluation of two programs of particular interest and promise based on earlier reviews and consultations. The process of selection was guided by best practice criteria identified in previous stages of the research and consultation with FACS. To assist in this process the “Context, Input, Process, Product” (CIPP) evaluation model developed by Stufflebeam (1971) was used to frame discussion for the purpose of this report. The CIPP model of evaluation was developed with the aim of critically evaluating the objectives, requirements, implementation and outcomes of programs. As an evaluation approach, CIPP focuses on the adequacy of the methods used by programs to achieve their outcomes as well as on the outcomes themselves. It is geared towards providing information that is useful for decision-makers rather than those delivering the programs per se, with a focus on creating information to support managerial decisions (Mertens and Wilson...
Stufflebeam (1971 p. 268) describes the four components of the CIPP model as follows:

1. **Context evaluation** provides an overview of the problem that is addressed by the program and seeks to identify unmet needs and potential opportunities. The key question at this stage is: *Were important needs addressed?*

2. **Input evaluation** describes how needs and objectives could be met by program design and delivery. The key question at this stage is: *Was a defensible design employed?*

3. **Process evaluation** serves implementing decisions by monitoring project operations. The key question at this stage is: *Was the design well executed?*

4. **Product evaluation** saves recycling decisions by determining the degree to which objectives have been achieved and by determining the cause of the obtained results. The final question is: *Did the effort succeed?*

Once the programs were identified a detailed evaluation was conducted, which included a consideration of program outcomes and effectiveness including cost and the characteristics that shape effective practice. This evaluation was benchmarked against international and national standards of best practice identified in the earlier stages of the project. A presentation of this work in progress was made to FACS on 17 March 2014.

**Stage 4: Recommendations for future directions (May 1, 2014- June 30, 2014)**

The final stage of the project focused on the preparation of the final report, planning the dissemination of findings and recommendations for action. The dissemination of the project findings is an important aspect of building the capacity, knowledge and skill base of the violence prevention sector which is in its infancy in Australia. We will develop a number of journal articles based on findings of the study and host a one day research and practice workshop to discuss findings and encourage greater collaboration between key players in the prevention field.
1.3 RESEARCH SCOPE AND LIMITATIONS

Our review of the published and grey literature, as well as our survey and qualitative fieldwork in the prevention sector, revealed that VAW primary prevention is an exciting but emerging area of policy and practice in Australia. The majority of research and evaluation studies in VAW policy and practice have focused on tertiary interventions. Although some Australian agencies are global leaders in this field, VAW primary prevention is in the early phase of establishment. A number of promising prevention strategies and practices are being explored and, in some instances, investment in evaluation has enabled programs and services to build a convincing evidence base. However, in many instances services are applying prevention approaches but were not resourced to rigorously evaluate their practice.

It is increasingly recognised that social, economic and political characteristics of nation-states make an important contribution to the prevalence of VAW. Australian researchers and service providers emphasise the importance of public policy and legislation that supports women’s economic and political participation, financial security and social inclusion in reducing VAW (Landvogt & Ramanathan, 2011; Theobald, 2011; True, 2012). While it is clear that this is an important future area of inquiry, it is beyond the scope of this paper to conduct a policy analysis of legislation and policy possibilities for engaging men and boys in the reduction of VAW.

Literature on working with men and boys in VAW prevention often suggests a continuum of engagement from hostile or disinterested to active leadership (e.g. Minerson, Carolo, Dinner, & Jones, 2011; Rich et al 2010). This continuum conflates male engagement with preventative messages and programs (a necessary precursor to changing attitudes and behaviour) with male engagement with anti-violence social movements. However, there are many other ways that men and boys resist VAW and only a small percentage will become actively involved in social movements. This report is focused on how the goals of VAW primary prevention, which is the reduction of the prevalence and incidence of VAW, can be furthered by enhancing the efficacy of programs engaging men and boys directly. The recruitment of men and boys into anti-VAW social and political movements is laudable and indicative of positive community mobilisation but it is not the focus of this report.
SECTION 2. ENGAGING MEN AND BOYS IN VAW PRIMARY PREVENTION

The aim of this section is to situate the engagement of men and boys in the context of VAW primary prevention and identify ‘what works’ in this area. The section begins by defining VAW and primary prevention before going on to examine the rationale for engaging men and boys in this work. It then summarises best practice standards in primary prevention and analyses the implications of these standards for VAW prevention work with men and boys. Many of the characteristics of effective practice identified in this literature are not gender-specific or even VAW-specific, but rather emerge from lessons that have been learnt in multiple fields of prevention activity. Other themes that emerge from VAW prevention research and discussion relate in particular to men and boys and the challenges, opportunities and practical steps involved in engaging them in VAW prevention.

2.1 DEFINING VAW AND PRIMARY PREVENTION

VAW refers to all forms of violence directed against women on the basis of their gender. IPV and SV are therefore variants of VAW, although these categories of VAW are not distinct and it is recognised that SV can occur in the context of IPV. The NSW Government has generally used the term ‘domestic and family violence’, defined as:

Behaviours that control or dominate a person, causing them to fear for their own (or someone else’s) safety. It includes behaviour that controls, intimidates, terrifies or coerces a person. It includes physical, sexual, verbal, psychological, mental, and emotional abuse; stalking; harassment; financial abuse and manipulation; denial of freedom and choice; and control of access to family and friends ("It Stops Here: Standing together to end domestic and family violence in NSW," 2014).

This definition is commensurate with the term IPV and understandings of VAW more broadly. However this report will use the term VAW to refer to all forms of gender-based violence directed at women, and then make distinctions between intimate partner violence (IPV) and sexual violence (SV) where relevant, for three reasons. The first is that IPV and SV share a number of risk factors and pathways, and hence research and programs focused on SV frequently have implications for IPV and vice versa. The second is that many primary
prevention programs target both SV and IPV or VAW generally. The third is that the overlap between IPV and SV complicates any attempt to disaggregate the two. Restricting this report to the subject of engaging men and boys in the prevention of domestic and family violence would delimit consideration of relevant research and programs, and this is not feasible given the nascent stage of VAW primary prevention research, policy and practice.

Primary prevention can be defined as strategies, interventions and programs that aim to prevent VAW before it occurs (VicHealth, 2007). Primary prevention is typically situated in relation to secondary and tertiary interventions, which are understood to target those populations at high risk of VAW and those already impacted by it, respectively. Primary prevention may include education efforts, social marketing campaigns, community mobilisation, and policy changes that target the social determinants of health and behaviour. Secondary prevention approaches may include support and transition services for women and children affected by violence, or services that target women, men or couples at high risk of VAW. Tertiary prevention in VAW can be understood broadly as those services and systems that intervene after the violence has occurred. This includes support and counselling services for victims, police and criminal justice responses to perpetrators, and potentially child protection interventions for impacted children and family law.

The relation of primary prevention to secondary and tertiary interventions can be illustrated as a pyramid as shown above, indicating the breadth and scope of primary prevention in contrast to the narrow and more targeted approaches of secondary and tertiary prevention. However these are often not as discrete as they appear in the diagram. Often programs or activities may have multiple prevention outcomes. Efforts to address VAW have typically been focused on tertiary prevention efforts. It is increasingly recognised that VAW is so prevalent that it is not
feasible to adequately resource tertiary prevention efforts without investing in efforts to reduce the prevalence of VAW overall (Krug, Mercy, Dahlberg, & Zwi, 2002; NCRVAWC, 2009; VicHealth, 2004). The important issue of concern here is to ensure that all prevention efforts do not remain at the tertiary end of the spectrum. Without developing policy and practice to intervene before violence occurs, there will be no significant change in crime figures.

Following the World Health Organisation’s (WHO) release of the World Report on Violence and Health (Krug, Dahlberg, Merci, Zwi, & Lozano, 2002), VAW primary prevention is typically conceptualised according to an ecological model that identifies risk factors for violence at each level of society, from the individual to the societal. This model is frequently used in public health when planning and implementing health promotion interventions (Glanz, Rimer, and Viswanath 2008). The World Report on Violence and Health positioned VAW as a preventable outcome with multiple risk factors embedded within the social ecology. VAW primary prevention should therefore incorporate coordinated strategies that target multiple levels of the social ecology. The following table from the US Centers for Disease Control and Prevention (2004) demonstrates how the ecological model can be applied to the issue of sexual violence.

(Table 1 Centers for Disease Control and Prevention. Sexual violence prevention: beginning the dialogue. Atlanta, GA: Centers for Disease Control and Prevention; 2004).

In Australia, VicHealth has been the most active agency in the application of public health and primary prevention frameworks to VAW. Their framework, published in 2007, prioritises prevention activities that target the social and economic determinants of VAW and recognises
key contributing factors including gender differentials in income, employment and access to material resources (VicHealth, 2007). Importantly the VicHealth framework identified priority populations for prevention initiatives as well as priority settings for action. They endorse VAW primary prevention initiatives in a range of settings and institutions including schools, faith communities, workplaces and sectors such as the military.

2.2 THE RATIONALE FOR ENGAGING MEN AND BOYS

**Social constructions of masculinities are at the root of VAW.** Patriarchal and sexist attitudes and traditional understandings of masculinity increase men’s likelihood of committing VAW (Murnen, Wright, & Kaluzny, 2002; Fabiano et al, 2003; Stith et al. 2004; Turchik, & Edwards, 2012; Gullvag Holter 2013). When discussing masculinity from a community psychology perspective, Mankowski and Manton (2010) found that men’s performance of gender contributed significantly to their engagement in a series of violent and risky behaviours:

Underlying each of these social problems are social expectations and norms, supported by social and organizational systems and practices that expect boys and men to reject or avoid anything stereotypically feminine, to be tough and aggressive, suppress emotions (other than anger), distance themselves emotionally and physically from other men, and strive towards competition, success and power (2010 p.74).

Such tensions around masculinities can in turn be considered contributing factors in men’s engagement in VAW. The differential social position of women relative to men, due to well-recognised gender disparities in income, workforce participation and other factors, can inhibit women from protecting themselves and their children from violence, and empower men to enact violent and aggressive masculinities in their relations with women and children.

**Work with men and boys is effective.** While unequal relations of power between men and women arguably remains the foundation for all VAW (Cockburn 2010; Sweetman 2013), it is also important to recognise that relationships between men and women are complex and fluid. Many men are both willing and able to engage in activities that prevent violence and support women. A number of men respect women, negotiate power with women, and actively challenge gender inequalities on an everyday basis, a fact that can be successfully utilised in order to further engage men and boys in activities in VAW prevention (Berkowitz 2004).
VAW is an obstacle to the goals and aspirations of men and boys. Engaging men and boys in VAW prevention is a crucial way to involve men in work which have positive, transformative impacts on their own lives both in the short and long term (Wells et al 2013). One key aspect of programs aimed at engaging men and boys in the prevention of VAW is to extend the notion of empowerment, which is frequently used to frame policy initiatives aimed towards women, to include men as well. In this sense, men can be empowered to challenge stereotypical notions of masculinity, reject hyper-masculine ideologies and behaviours that condone, celebrate or facilitate violence and adopt alternative modes of masculinity.

2.3 THE CHARACTERISTICS OF EFFECTIVE PREVENTION PRACTICE

As discussed, VAW primary prevention is still in the early stages of development both in Australia and internationally. It is well recognised that the efficacy of interventions will be enhanced when preventative actions are undertaken at multiple levels. This requires action at policy levels as well as within communities or organisations and at the local level of service provision. Effective prevention practice therefore needs to operate on all these levels. The following discussion highlights effective practice frameworks for multiple levels of intervention. It begins by discussing the importance of understanding the readiness of a community to receive prevention messages. This will be followed by a discussion of the characteristics of effective general prevention programs and an application of how these have influenced the Australian National Sexual Assault Prevention Education Standards. The section will conclude by addressing specific issues that seek to increase the specific engagement of men and boys.

2.4 COMMUNITY READINESS FOR PREVENTION

Community can be defined as population or geographically based or on affiliation around certain values, beliefs or interests. Research on effective cultural change suggests that there is a need to assess a community’s readiness to receive prevention messages. Community readiness is defined as the degree to which a community is prepared to take action on an issue. Readiness is

- Issue-specific
- Measurable
- Measurable across multiple dimensions
- May vary across dimensions

Carmody, Salter & Presterudstuen (2014) Men and Boys Violence Prevention Research Project
- May vary across different segments of a community
- Can be increased successfully
- Essential knowledge for the development of strategies and interventions. (Plested et al 2006 p.2)

The Community Readiness Model (CRM), developed by the Tri-Ethnic Center for Prevention Research at Colorado State University, integrates an assessment of the community’s culture and readiness for change as well as resources to more effectively implement change strategies (Edwards, Jumper-Thurman, Plested, Oetting, & Swanson, 2000; Plested, Edwards, & Jumper-Thurman, 2006). The premise underlying this model is that effective social change requires an audience that is ready or open to understanding or identifying that there is an issue or problem that needs addressing. They may not be ready due to other pressing priorities like high rates of unemployment, social fragmentation or the dominance of traditional beliefs about gender.

The authors indicate how the model has been used across a range of prevention programs:

The community readiness theoretical model was originally created for use with alcohol and drug abuse prevention programs. It is now being used in a broad and varied arena of prevention programs. Health and nutrition programs such as those dealing with the reduction of sexually transmitted diseases, the elimination of heart disease, depression awareness, and AIDS awareness have used this model. It has also been used in environmentally-centered prevention programs (water and air quality, litter, recycling, etc.). Finally, social programs have benefited—the model has been used in numerous ways, including readiness assessment of communities before implementation of suicide prevention and intimate partner violence prevention programs (Edwards et al 2000 p. 293).
## 2.4.1 Stages of Community Readiness

The Community Readiness Model (CRM) (Plested et al 2006) involves a 9 stage model to assess and help communities become increasingly ready and supportive of cultural change.

<table>
<thead>
<tr>
<th>Stage</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. No awareness</td>
<td>Issue is not generally recognized by the community or leaders as a problem (or it may truly not be an issue)</td>
</tr>
<tr>
<td>2. Denial/ Resistance</td>
<td>At least some community members recognize that it is a concern, but there is little recognition that it might be occurring locally. “It’s not our problem.” “It’s just those people who do that.” “We can’t do anything about it.”</td>
</tr>
<tr>
<td>3. Vague Awareness</td>
<td>Most feel that there is a local concern, but there is no immediate motivation to do anything about it</td>
</tr>
<tr>
<td>4. Preplanning</td>
<td>There is clear recognition that something must be done, and there may even be a group addressing it. However, efforts are not focused or detailed.</td>
</tr>
<tr>
<td>5. Preparation</td>
<td>Active leaders begin planning in earnest. Community offers modest support of efforts.</td>
</tr>
<tr>
<td>6. Initiation</td>
<td>Enough information is available to justify efforts. Activities are underway.</td>
</tr>
<tr>
<td>7. Stabilization</td>
<td>Activities are supported by administrators or community decision makers. Staff are trained and experienced.</td>
</tr>
<tr>
<td>8. Confirmation/ Expansion</td>
<td>Efforts are in place. Community members feel comfortable using services, and they support expansions. Local data are regularly obtained.</td>
</tr>
<tr>
<td>9. High Level of Community Ownership</td>
<td>Detailed and sophisticated knowledge exists about prevalence, causes, and consequences. Effective evaluation guides new directions. Model is applied to other issues.</td>
</tr>
</tbody>
</table>

A community’s position within this scale of community readiness will determine the kind and level of prevention intervention required. For example if a community has no awareness of the extent and impact of VAW (stage 1), this is where prevention intervention needs to begin. Similarly, if a community is found to be in the preplanning (stage 4), then a different kind of assistance and activities are needed to assist the community to progress their prevention efforts and move closer towards a high level of community ownership of the issue (stage 9). A failure to recognise that communities are at different stages concerning knowledge and skills in terms of specific issues will result in a poor match between community needs and prevention initiatives. The likelihood of achieving change around a particular issue is therefore significantly lower.

This approach utilises elements of community development by focusing on community strengthening (van Mierlo 2012; Michau 2007; Mehta and Gopalakrihnan, 2007) and theories of social and behavioural change. It highlights the importance of careful planning in
introducing prevention activities and how change requires an ongoing commitment beyond short term pilot initiatives that are most common in the Australian prevention context. The model recognises that the term ‘community’ has multiple meanings. Its potential application to engaging men and boys in VAW prevention is strong as it recognises many different communities in which men and boys can be accessed for prevention efforts. Potential examples include school settings, specific sporting codes (such as rugby) and in specific workplaces which are seen as traditionally male dominated (such as mining, defence and manufacturing).

### 2.5 CHARACTERISTICS OF EFFECTIVE PREVENTION

Much of the early work on prevention has focused on developing strategies and running programs aimed at targeting populations deemed to be ‘at risk’. General indicators of effective practice in prevention are available in the work of Nation et al. (2003), who conducted an extensive search of the prevention literature to determine the characteristics of effective programs. They identified nine characteristics that were consistently linked to success across four areas of prevention (substance abuse, risky sexual behaviour, school failure, and juvenile delinquency and violence). The following table from Nation et al (2003 p.452) indicates the principles and how they are defined.

<table>
<thead>
<tr>
<th>Principle</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comprehensive</td>
<td>Multicomponent interventions that address critical domains (e.g., family, peers, community) that influence the development and perpetuation of the behaviors to be prevented</td>
</tr>
<tr>
<td>Varied teaching methods</td>
<td>Programs involve diverse teaching methods that focus on increasing awareness and understanding of the problem behaviors and on acquiring or enhancing skills</td>
</tr>
<tr>
<td>Sufficient dosage</td>
<td>Programs provide enough intervention to produce the desired effects and provide follow-up as necessary to maintain effects</td>
</tr>
<tr>
<td>Theory driven</td>
<td>Programs have a theoretical justification, are based on accurate information, and are supported by empirical research</td>
</tr>
<tr>
<td>Positive relationships</td>
<td>Programs provide exposure to adults and peers in a way that promotes strong relationships and supports positive outcomes</td>
</tr>
<tr>
<td>Appropriately timed</td>
<td>Programs are initiated early enough to have an impact on the development of the problem behavior and are sensitive to the developmental needs of participants</td>
</tr>
<tr>
<td>Socio-culturally relevant</td>
<td>Programs are tailored to the community and cultural norms of the participants and make efforts to include the target group in program planning and implementation</td>
</tr>
<tr>
<td>Outcome evaluation</td>
<td>Programs have clear goals and objectives and make an effort to systematically document their results relative to the goals</td>
</tr>
<tr>
<td>Well-trained staff</td>
<td>Program staff support the program and are provided with training regarding the implementation of the intervention</td>
</tr>
</tbody>
</table>

#### 2.5.1 THE NATIONAL STANDARDS FOR THE PRIMARY PREVENTION OF SEXUAL ASSAULT THROUGH EDUCATION

The National Standards for the Primary Prevention of Sexual Assault through Education were developed to guide the emerging field of prevention education around sexual violence in
Australia (Carmody et al. 2009). They built on the work of Nation et al (2003) with a specific focus on SV prevention education and other best practice evidence across the field of VAW. Generally prevention education has developed more rapidly around SV than IPV where tertiary work has been and remains a primary focus. The National Standards endorsed six key standards for best practice in the area of SV prevention education based on international and local research and evaluation studies. While many of the standards were seen as aspirational for prevention services across Australia, they provide a framework to assess the potential effectiveness of existing programs, assist in the design of new programs and provide guidance to policy makers on assessing funding applications. The six standards are briefly summarised below:

- **Using coherent conceptual approaches to program design.** Programs should endorse a clear framework for understanding why sexual violence occurs and how to reduce it. The authors recommend that a gender analysis, including an acknowledgement of the gendered reality of violence, is integral to all prevention programs.

- **Demonstrating the use of a theory of change.** Programs need to be based on models that facilitate attitude change, skills development and behavioural change. This includes conceptual links between program content and the perceived change outcomes.

- **Undertaking inclusive, relevant and culturally sensitive practice.** Program developers need to be aware of cultural aspects of program content and delivery and modify programs to ensure they are inclusive, sensitive and relevant to all population groups.

- **Undertaking comprehensive program development and delivery.** Programs should aspire to integrate who the program is targeting; what the specific structure of activities are; where the program will be delivered (context and target group); and how long the program will be run.

- **Using effective evaluation strategies.** Evaluation strategies need to be accompanied by a clear identification of how program content relates to intended outcomes.

- **Supporting thorough training and professional development of educators.** The success and sustainability of a program is dependent on the expertise and skills of the educators involved. Programs should provide educators with knowledge and skills to deliver the program, and adequately support participants.
An understanding of ‘what works’ in prevention is crucial when considering the efficacy of prevention and early intervention programs which specifically target men and boys. In this way the National Standards provide an important structure for framing this new direction in violence prevention practice.

### 2.6 CHALLENGES IN ENGAGING MEN AND BOYS IN PREVENTION PROGRAMS

The above frameworks provide a general backdrop of principles of best practice. In their reviews of best practice in the engagement of men and boys in VAW primary prevention, both Berkowitz (2004) and Flood (2005/2006) endorse the findings of Nation et al. (2003) as integral to best practice in prevention, while also suggesting further criteria that specifically deal with the effective engagement of men and boys. These contributions can be summarised by four additional points:

- **Integrated approach to prevention.** Programs addressing men and boys need to be integrated in a wider prevention context in order to create an environment which is conducive to change. This change can be achieved through the use of mutually-reinforcing, synergistic messages, which include a concurrent focus on cognitions, affective or emotional responses, and behaviour, delivered through a variety of channels to a variety of audiences.

- **Utilising men as peer educators.** Peer influences have a stronger impact on individual behaviours and attitudes than biological, personality, familial, religious, and cultural and other influences. Drawing upon men as role models is the most effective way to change men’s behaviours.

- **Promoting positive messages.** Highlighting men as a part of the solution rather than perpetrators of the problem minimised men’s defensiveness against participation and enables their more effective engagement in the program.

- **Emphasising empathy with victims.** Flood (2005/2006) proposed that building empathy amongst men and boys is a crucial aspect of successful prevention on the basis that a gender differential in empathy makes a significant contribution to male perpetration of VAW.
2.6.1 LANGUAGE OF ENGAGEMENT

Scholars and program creators in the area of men and boys’ violence prevention have voiced caution about using language in programs that might ostracise or deter men and boys’ participation (Berkowitz, 2001; Heppner et al. 1999; Flood, 2004). Some other changes to language which have been endorsed by the public health model have generated considerable debate. For example, recent attempts to disregard or ‘skip over’ the central role of gender and gendered practices in promoting VAW has been met with caution from a number of scholars (Phillips, 2006; Pease, 2008). Furthermore, as Reed, Miller and Silverman (2010) have argued, discounting the gendered nature of violence has serious consequences for the efficacy of prevention programs. They suggest that given the global consensus regarding the gendered nature of intimate partner violence, a failure to underline and educate about this reality can be seen as a step backward in public health responses to VAW.

Other research in this area also suggests that navigating gender ‘in practice’ causes particular tensions when facilitating groups of men. In their study of program facilitator’s experiences, Casey et al. (2013) found that discussion about the links between traditional masculinity and power were often poorly received by male participants. Their findings support earlier research by Berkowitz (2004), who found that the majority of men reported feeling uncomfortable about ‘being taught how to be men’; including how to behave in relationships with women, emotional expression and homophobia. Given that men are likely to feel defensive, Berkowitz argues that it is imperative that programs are delivered in safe, non-judgmental contexts.

Reviews of research also suggest that given the different goals of prevention across gender, prevention programs have a greater impact on men and boys when they are delivered as single-gender programs (Brecklin and Forde 2001; Berkowitz, 2004; Gidycz., Warkentin & Orchowski, 2007; Breitenbecher, 2000; Schewe, 2002; Yeater & Donohue, 1999. A number of authors suggest that attending to traditional roles that underlie male power and control is imperative in men’s programs, particularly given their connection to behaviours that support male violence toward girls and women (Burgess, 2007; Berkowitz, 2002). Flood (2005/2006) has also argued that norms surrounding masculinity play a crucial role in VAW, and this must be carefully considered in programs with men to ensure effective prevention.
At the same time others have warned of the dangers of emphasising the gender divide, arguing that a focus on gender analysis and single gender groups might reaffirm the notion that men and women are innately ‘different’. While the literature points to a preference for single gender groups, it is important to note that when deciding the gender composition of a program other influencing factors may need to be examined. As Casey et al. (2013) address in their recent paper, programs must also attend to intersectionality and the ways in which sexuality, race, disability and social positioning may impact men’s engagement and program implementation in general. The importance of tailoring programs to meet the needs of specific community contexts will be addressed in a following section.

2.6.2 CULTURAL SENSITIVITY

2.6.2.1 CULTURAL AND LINGUISTICALLY DIVERSE COMMUNITIES (CALD) AND VAW PRIMARY PREVENTION

In recent years, academics and service providers working with men in violence prevention have started to address the importance of culturally competent sensitive programming and the complex relationship that exists between performances of masculinity, culture and power. Research in this area has highlighted the need to consider multiple masculinities, in addition to the economic, social, religious and historical factors that may influence men’s investment in particular constructions of masculinity (Flood, 2013). For example, Pease’s (2001) work with different cultural and ethnic groups in Australia revealed significant differences in constructions of masculinity. Furthermore, he noted that while popular notions of Australian masculinity have been largely defined in relation to hyper masculine norms such as ‘mateship’, hegemonic masculinity in Australia remains dependent on ‘other’ subordinated masculinities, such as those constructed around racial, sexual or class minorities.

Presently, the large majority of violence prevention programs have been developed for and by white males, and impact studies often reflect program effectiveness in privileged populations such as colleges in the United States and Canada (Lonsway, 2009). Arguably, the cultural reach of a large number of studies remains dubious. Heppner et al. (1999) found that programs that demonstrate efficacy in relation to white, privileged participants, may have limited success when trialled with men from diverse cultural backgrounds.

While research in this area remains contested, a number of studies have shown that culturally diverse notions of masculinity may also impact men’s attitudes and propensity to sexual
violence (Bartels, L., 2010). Broad research studies suggest that higher levels of VAW are likely to be influenced by factors which align with specific cultural emphasises such as male dominance in the family, traditional gender roles and higher gender segregation (Flood & Pease, 2009; Nayak et al. 2003). Furthermore socio-cultural differences also impact perceptions about what is considered to be ‘violent’ behaviour. (Flood, 2013)

Much of the research in this area has focused on the reporting of violence by women from CALD backgrounds. For example, Mouzos & Makkai (2004) found that women from CALD backgrounds were likely to define violence more narrowly than their non-CALD counterparts. The resulting lower rates of reporting have been attributed to various factors, including spouse dependency; social isolation; language barriers; cultural and religious factors; lack of access to legal and support services (VicHealth, 2007; Flory, 2012; Bartels, 2010).

Similarly, men from CALD communities may be less likely to view violence perpetration as a problem that requires attention. This has been reported in refugee communities in Australia. Pease and Rees’ (2008) study of refugees from Iraq, Sudan, Ethiopia, Bosnia, Serbia and Croatia found that the many men from these communities viewed government intervention of a ‘family conflict’ as something that undermined their authority and position in the family.

Further, while men from a range of different backgrounds offer a range of apparent justifications for violence, the belief that violence was justified was more likely to be held by men from CALD backgrounds (VicHealth, 2007; 2010).

Flood (2013) has also identified a number of elements that needed to be addressed when considering violence prevention activities in CALD communities. These include:

- Addressing the social and economic conditions of CALD men and communities;
- Endorsing culturally relevant content (which acknowledges the impact of racism);
- Addressing culturally specific supports for violence and gender inequality;
- Drawing on local resources and texts in promoting non-violence and gender equality;
- Engaging male community and religious leaders; and,
Addressing men’s experiences of changing gender dynamics in families; improving CALD men’s access to services.

Research focused on VAW in CALD communities emphasises the range of factors that impact on violence in these communities (Grossman & Lundy, 2007). A focus on questions of culture and ethnicity can obscure mediating variables such as low socioeconomic status, which is an important risk factor for VAW, or the geographic location of communities, which can affect their access to support services. Attempts to increase the efficacy of behaviour change programs through the provision of culturally sensitive programming have had mixed results (Gondolf, 2007). Violence prevention programming to CALD communities may require sensitivity not only to cultural specificity but to other common concerns and issues shared by community members, such as employment opportunities or social isolation.

2.6.2 INDIGENOUS COMMUNITIES AND VAW PRIMARY PREVENTION

In Australia, evidence suggests that violence against women and children is more prevalent in Indigenous communities (Morgan & Chadwick 2009; Memmott et al. 2001). Furthermore, research has shown that Indigenous people may attach different meanings to the experience of violence. This is likely impacted by a range of factors such as colonisation, loss of ethnic identity and dispossession that further complicate indigenous experiences of violence (Mermott et al., 2006; Wright & Carmody, 2012). Increasingly, individuals working in violence prevention in Indigenous communities have emphasised the need to engage in culturally sensitive practice. For example Mermott et al. (2006) offered a comprehensive framework for good practice for working with Indigenous communities, including:

- the cultural and community grounding of projects (including the observation of Indigenous customs, protocols and traditions);
- engagement of men and elders from communities;
- activities aimed to enhance participant self-empowerment and self-esteem;
- the use of inter-generational family history and colonial experience as a method for healing;
- cultural preference for group approaches; and,
- culturally sensitive content; provision of a safe and non-judgemental environment.

Prevention programs for Indigenous people have tended to include a whole community focus rather than engage in efforts aimed at individual men (Urbis Keys Young, 2004). As outlined in the NASASV Standards (Carmody et al. 2009), the implementation of violence prevention and early intervention activities within Australian Indigenous communities are more effective if they are guided and supported by the whole local community, rather than be driven by representatives outside the community (also see ASTI Social Justice Report, 2007, p.26). VicHealth (2007) suggested a number of strategies to increase program effectiveness for diverse populations, including Indigenous communities. These include:

- ensuring that the structural inequalities and barriers faced by various communities are addressed;
- the development of partnerships with the communities including involving community leaders; and,
- ensuring cultural and linguistic appropriateness and relevance.

While numerous violence prevention initiatives with culturally diverse groups have been conducted elsewhere, very few have been conducted in an Australian context. One noteworthy project by Wright and Carmody (2012) involved tailoring a mixed-gender program to consider the particular needs of Indigenous participants living in regional NSW. The revised program considered the following broad areas of modification:

- educator requirements (to ensure educators are aware of culturally sensitive aspects of Indigenous communities and that Indigenous educators are appointed if available);
- provision of culturally appropriate support services for participants and educators;
- appropriate venue selection (ensuring privacy and convenience for participants); and,
- flexibility with regard to the program delivery schedule and alternative methods of teaching (to ensure participants with varying levels of literacy and language are able to engage in the program).
Implementing violence prevention and early intervention programs with men from CALD and Indigenous communities should consider relevant and culturally sensitive practice. This includes tailoring the program content to ensure that it includes information regarding culturally specific perceptions of gender and culture based rape myths, along with information regarding cultural perceptions of violence. Researchers in this area have also urged that programs tailored for men from culturally diverse backgrounds should highlight the links between racism and sexism and between racist and sexist violence (Flood and Pease, 2009; Flood, 2013; Pease and Rees, 2008). The benefit of having a program facilitator who is ‘similar’ to the program participants and familiar with culturally specific language and sensitive topics of discussion has been supported in the international literature (Schewe, 2002).

2.7 CONCLUSION

The primary prevention of VAW is an increasingly important area of work. This requires considering strategies that affect the social and institutional risk factors that contribute to VAW. Working out how to best support attitudinal and behavioural changes within communities and institutions requires a careful assessment of their readiness to receive prevention messages. This is a crucial first step to ensure any prevention actions meet the specific needs of a community.

Best practice standards in relation to prevention and sexual assault education indicate the importance of coherent conceptual approaches, a clearly articulated theory of change, undertaking culturally sensitive practice, having a range of comprehensive program activities and forms of delivery, effective evaluation strategies and training and professional development of educators.

Current research also suggests some additional specific considerations that program planners and educators need to understand to enhance the engagement of men and boys in violence prevention work. These include:

• Addressing the role of gender in VAW in a manner that is relevant and in a way that men and boys can understand
• Utilising educators who men and boys can relate to as role models will increase their willingness to ‘hear’ violence prevention messages

• Recognising that masculinities are diverse, fluid and sometimes contradictory within individuals, groups and communities

• There is no “one size fits all” experience of masculinity which is affected by class location, ethnicity, cultural background, sexuality and other factors

• Educational programs and other prevention activities are more effective when they are tailored to the specific needs of men; for example using methods of education that Indigenous men can relate to

• Engaging men and boys in the contexts and institutions in which they live, work and play may assist in enhancing the effectiveness of VAW prevention efforts

• Prevention strategies should act at a community/institutional level as well as an individual level such that boys and men are not ‘responsibilised’ in the absence of a supportive context

The following section will extend on these concepts by examining specific approaches to engage men and boys across multiple settings.
SECTION 3. KEY APPROACHES AND SETTINGS FOR ENGAGING MEN AND BOYS

3.1 KEY APPROACHES

This aim of this section is to highlight promising VAW primary prevention approaches that engage men and boys and to discuss the contexts in which this work is proving to be most effective. Finding a ‘good fit’ between prevention approach and setting enhances the relevance of VAW prevention for men and boys and provides opportunities to target the social determinants of VAW in everyday contexts. It is beyond the scope of this section to review all VAW prevention approaches or all possible settings for VAW primary prevention. However, these have been the subject of recent reviews (Martin et al., 2009; Renzetti, 2011; Staggs & Schewe, 2011; Stith, 2006). This section will begin with an overview of key approaches followed by a discussion of settings in which best practice for engaging men and boys is being implemented to promising effect.

There are a number of approaches that have emerged over the last ten years as particularly promising in their capacity to engage men and boys in prevention programming and the uptake of prevention messages. These include:

- Respectful relationships
- Bystander strategies
- Whole of organisation approaches
- Community development approaches
- Infant and parenting programs
- Social marketing

3.1.1 RESPECTFUL RELATIONSHIPS

The continued focus on ‘what works’ has been fuelled by the public health model and the emphasis on evidence-based practice in evaluations of program efficacy (McMahon, 2000; Pierce, 2005). This is a key aspect of accountability for government funding. Program developers face increasing accountability to ensure that program development and evaluation adhere to evidence-based methods and utilise an appropriate theory of change (Carmody, 2009; Schewe, 2002; Wolfe & Jaffe, 2003). This has obvious consequences for program design and content. Most notable is the shift away from program content that focuses on ‘risk’
toward the promotion of ‘healthy’ and ‘respectful’ and ‘ethical’ behaviours (Carmody, 2003; Carmody, 2009; Pease, 2008). For example, rather than position men and boys as potential perpetrators of sexual violence, prevention programs are likely to focus on problem solving tasks that encourage them to build respectful relationships with women.

This development has been pertinent in terms of engaging men and boys in prevention programs. International evidence has repeatedly demonstrated that school-based approaches that help young people identify inappropriate sexual or violent behaviour and shape their expectations and capacity to build and sustain respectful relationships are promising approaches to preventing VAW (Harvey, Garcia-Moreno, & Butchart, 2007).

This approach to prevention education is reflected in Outcome 2 (Relationships are successful) of the National Plan to Reduce Violence against Women and their Children (2011). This Outcome included three strategies, one of which was to build on young people’s capacity to develop respectful relationships – as a result, funding has been made available for respectful relationships education projects throughout Australia. Despite this important funding commitment, federal government evaluations of these projects have yet to be made public.

A summative evaluation of the NRL Respectful Relationships program is provided in Section 5.

3.1.2 Bystander Strategies

Bystander approaches to prevention aim to increase participant willingness to act and speak out in the context of VAW. A large-scale survey of community attitudes undertaken by VicHealth found varying levels of capacity and confidence in the community to intervene in instances of VAW and sexual harassment, pointing to the potential contribution of bystander intervention programs in building community skills in this area (Powell, 2012). Drawing on social norms theory, this expanding area of men and boys’ violence prevention looks at engaging men as social justice allies and encouraging bystander behaviours (Berkowitz, 2004; Banyard, 2004; VicHealth, 2012). Research in this area suggests that men who take action to stop incidences of violence not only help lessen negative outcomes, their behaviour also challenges misconceptions (such as ‘pluralistic ignorance’ and ‘shared misconception’) and fosters a sense of community responsibility for violence prevention.
The success of bystander intervention programs has been attributed to their ability to mobilise young men in situations where they would have otherwise remained silent. Banyard (2008) found that education is important here; men and boys who have greater knowledge about gender based violence (what it is, as well as the consequences associated with it) were more likely to take up a role as active bystanders. While positive outcomes are being reported in several studies using bystander approaches (Banyard et al 2008; Carmody 2009; 2013) several key masculinities theorists and activists have warned against the dangers of men occupying a non-violent ally position without challenging their own implication in perpetrating gender inequality (Pease 2008; Katz 2011).

Bystander programs have been developed for use in several settings including high schools, universities and workplaces. In high schools, evaluation data finds that the programs do not necessarily improve attitudes to gender and violence but do promote changes in bystander behaviour (Miller et al., 2012). Other bystander training programs also find positive impacts on attitudes and a reported willingness to intervene in risky behaviours. (Coker et al., 2011; Gidycz, Orchowski, & Berkowitz, 2011; Langhinrichsen-Rohling, Foubert, Hill, Brasfield, & Shelley-Tremblay, 2011).

**Bringing In the Bystander - USA**

One of the best known and most evaluated bystander interventions is the “Bringing in the Bystander” program developed by Victoria Banyard and her colleagues in the United States. (Banyard, Moynihan, & Plante, 2007; Moynihan & Banyard, 2008). The program can be delivered through either a single workshop or three 90-minute group sessions. The program evaluates well when delivered to specific populations such as athletes and students in fraternities and sororities. (Moynihan & Banyard, 2008; Moynihan, Banyard, Arnold, Eckstein, & Stapleton, 2010) (Moynihan, Banyard, Arnold, Eckstein, & Stapleton, 2011). Compared with a control group, program participants demonstrated improvements across measures of attitudes, knowledge and behaviour up to two months after participation (Banyard et al., 2007). Most program effects persisted at 4- and 12-month follow-up.
3.1.3 WHOLE OF ORGANISATION APPROACHES

Whole of organisation approaches utilise a range of strategies in order to enhance organisational/institutional determinants of VAW while also engaging individuals in educational and skills development programs. This approach aims to encourage sustained behavioural and attitudinal change through ensuring that the structures, policies and culture of an institution supports and reinforces VAW prevention programs and messages. This may include professional development and training on the subject of VAW for senior staff and managers, changes to training and curricula, and the engagement of staff (and, in schools, students) in direct participation programs. In Australia and overseas these whole of organisation approaches have been applied to schools (where they are also sometimes known as “whole of school” approaches), workplaces, sports clubs and other institutions. Examples in the Australian context include the ‘respectful relationships’ program in schools, youth services and football clubs (Carmody & Ovenden, 2013) and the CASA House Sexual Assault Prevention Program for Secondary Schools.

In Australia and overseas, these whole of organisation approaches have been applied to schools (where they are also sometimes known as “whole of school” approaches), workplaces, sports clubs and other institutions. Examples in the Australian context include the ‘respectful relationships’ program in schools and football clubs (Carmody & Ovenden, 2013) and the CASA House Sexual Assault Prevention Program for Secondary Schools.

Sexual Assault Prevention Program in Secondary Schools (SAPPSS) - Victoria

The CASA House Sexual Assault Prevention Program for Secondary Schools (SAPPSS) utilises a whole-of-school approach to the prevention of SV. It is a principal-driven program strengthened by an ongoing partnership between the school and Centre for Sexual Assault (CASA) House since 1999 in Victoria. The whole-school approach was adopted by CASA House in 2004 in response to research demonstrating that prevention programs must address the social context in which VAW occurs. The overall objective of the program is for secondary schools to sustain positive changes and incorporate SV prevention into the curriculum in ways that suit their school community. Although the focus is prevention of SV, the program addresses a range of harmful behaviours and social norms that relate to other forms of VAW and aims to promote contextually specific cultural shifts towards respect and
equality. The program has also been successfully received in diverse school communities, including communities with a high concentration of Islamic or Christian students.

As the SAPPSS program evolved over several years (from 1999 to 2007), CASA House were able to evaluate several different styles of curriculum delivery (which evolved out of a Participant Action Research program development model). An evaluation report was published in 2008 which collated data on the impact of the program on students’ knowledge, skills and attitudes in the short term (immediately after program delivery), medium term (six months after) and long term (12 to 24 months after). The medium term evaluation was also able to compare data with a control group of age-matched students who did not participate in the program.

As with other curriculum based violence prevention programmes, participants’ knowledge and attitudes showed consistent improvement, though participants appear to experience difficulty in sustaining changes to attitude and skills over time without a continually supportive environment. This is particularly true for young men who participate in the program. The role of peers and creating supportive peer environments was also identified as an important component for the successful ongoing delivery of this type of approach. To this end, the SAPPSS program has incorporated a Peer Educator component for the 2007 program (Imbesi, 2008; 2011).

3.1.4 COMMUNITY DEVELOPMENT APPROACHES

Social disorganisation and isolation is a well-documented environmental factor which impacts on community rates of VAW (Boyle, Georgiades, Cullen, & Racine, 2009; DeKeseredy & Schwartz, 2013; Raghavan, Mennerich, Sexton, & James, 2006). Community development approaches assist in mobilising communities through creating environments and networks. This can include community fora and men’s or women’s groups that discuss VAW as a community issue and seek to identify community-based solutions to it (Flood, 2011). The CDC in the US has recently been arguing the need for more attention to be paid to community level interventions (DeGue et al 2012). In Australia, community mobilisation and development has proven to be an effective health promotion intervention. For example,
community mobilisation programs in Aboriginal communities have been effective in reducing petrol sniffing (MacLean & d'Abbs, 2002), increasing exercise (Parker et al., 2006) and reducing alcohol-related harm in the long term (Midford, Wayte, Catalano, Gupta, & Chikritzhs, 2005).

A summative evaluation of the community development program Strong Aboriginal Men is provided in Section 5.

3.1.5 INFANT AND PARENTING PROGRAMS

The World Health Organisation has documented the value of targeting parents and people who are responsible for the care of children (Butchart, et al., 2004). Rosewater (2003) reports some success in preventing IPV through programs that engage young fathers concerning their values, their influence in the lives of their children, and their sense of being role models for their children.

Epidemiological and other evidence supports the theory that the additional stresses of parenthood (financial and psychosocial) may create an environment where VAW is more likely to occur (Gartland, Hemphill et al., 2011). In addition, it is well documented that exposure to VAW as a child acts as a risk factor for both future IPV perpetration and victimisation (Whitfield, et al., 2003). Through supporting parents, infant and parenting programs can have a primary prevention impact across generations. The following Victorian program provides one example of working with first time parents to reduce the occurrence of VAW.

**Baby Makes 3 - Victoria**

VicHealth’s “Baby Makes 3” program is an example of a VAW prevention intervention designed to ameliorate the risk of IPV amongst first-time parents by providing them the skills to build and maintain an equal and respectful relationship (Bouma, 2012).

An evaluation of the program showed that it led to a significant shift in couples’ attitudes characterised by greater understanding of their partner’s role, and greater support for gender equality in new families. In addition, there was evidence that some couples had implemented
changes to how they structured their parenting and relationship roles, and that this was in response to seeking a more equal relationship. Further to this, the author of the evaluation noted that a key achievement of the program has been engaging men, overcoming their resistance and gaining their support for gender equality (Flynn, 2011).

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3.1.6 SOCIAL MARKETING

Another key strategy used in the prevention of VAW is the social norms or social marketing approach. Donovan and Vlais (2005) conducted one of the largest international reviews of social marketing in relation to the prevention of VAW. They argue there has been much confusion about the term ‘social marketing’ by health and social change organisations. Often it has been seen as merely a marketing tool to sell products and focused on getting consumers to part with money. However, they point to a shift in attitude where many organisations interested in cultural change are using variations of this approach to develop community messages to enact behavioural change. They argue that social marketing draws from multiple disciplines:

Social marketing, operates in far more complex fields, extends marketing’s borrowings from psychology (e.g., mental health & happiness), sociology (e.g., war & conflict, social movements) and economics (e.g., globalisation effects), and further draws on disciplines and concepts that are related to community wellbeing, such as public health & health promotion, criminology, social policy & social welfare and environmental sustainability (Donovan & Vlais 2005 p. 4-5).

Despite the global use of campaign materials across a range of social issues, there appears to be little comprehensive formal evaluation of the impact of the strategies used including cost benefit analyses. Donovan and Vlais (2005) conducted a global search of social marketing campaigns targeting the reduction of VAW. In the process they spoke with social marketing campaign developers and gleaned a number of important considerations. These include:

- assessing local needs prior to developing a marketing message;
- being aware of possible unintended negative consequences;
- marketing needs to be one strategy of a wider multi-level approach to prevention;
- finding ways to extend the impact of the messages beyond single exposure during a campaign;
• developing approaches which will engage the general public to challenge VAW in their communities;
• basing interventions on a clear model of health promotion; and,
• the need to obtain political support for the prevention marketing initiative.

The most well-known use of social marketing campaigns in Australia that target men and boys are the annual campaigns developed by White Ribbon.

3.2 KEY SETTINGS

With the exception of broad-based social marketing campaigns, prevention programs directed at men and boys usually seek to engage them in specific contexts. Interventions have typically targeted high school and university aged boys and men. It is well understood that adolescence and early adulthood is a crucial intervention point for VAW primary prevention (Flood & Pease, 2009; Butchart, et al., 2004; Urbis Keys Young., 2004). However it is increasingly recognised that there is a need to expand the settings in which men and boys are being engaged in VAW primary prevention to other contexts in order to broaden the reach and influence of programs and messages. Key settings for engaging men and boys include:

• High schools and non-school youth settings
• Universities
• Sports and recreation
• Workplaces
• Faith communities

----------------------------- 3.2.1 HIGH SCHOOLS AND NON-SCHOOL YOUTH SETTINGS -----------------------------

A range of prevention programs have been developed for high school settings targeting SV, IPV and related behaviours including bullying and sexual harassment (Mulroney 2003). These programs usually operate a mixed model which tries to affect students’ knowledge, attitudes and skills through curriculums that include information and discussion on VAW prevalence, impacts and legal consequences as well as, more recently, a focus on ethical relationships and negotiating consent (Carmody, 2009).
School settings, particularly high schools, provide relatively easy settings for the delivery of VAW prevention programs that target young men and boys. Prevention stakeholders are readily able to access a population who are considered more receptive to challenging information (due to age) and can be mandated to attend programs. This has no doubt contributed to observations that while there are a number of well-developed prevention programs for use in Australian secondary schools, there are a limited number of programs being conducted with young men in non-school settings (Flood & Pease, 2009). This mirrors international findings, such as the meta-analysis conducted by Ricardo, Eads and Barker (2011) who found that of the 65 studies conducted in the USA, UK, Africa and Asia, 90% were conducted in classrooms. One Australian exception to this trend is the Sex & Ethics Program which purposefully targets young women and men outside of school settings, recruiting through sexual assault and generalist youth services and sporting codes (Carmody 2009).

A number of evaluations have documented at least a short-term positive change in knowledge and attitudes about VAW amongst teenagers (Clinton-Sherrod et al., 2009; Smothers & Smothers, 2011; Whitaker, Murphy, Eckhardt, Hodges, & Cowart, 2013). However evaluation methodologies have generally not been rigorous and rely on self-report measures of attitudes and behaviour (Cornelius & Resseguie, 2007; Whitaker et al., 2013). For an exception to these findings see Carmody & Ovenden (2013) for sustained impact of the Sex & Ethics Program six months after completion.

The following program from the US highlights one attempt to implement and evaluate a high school based initiative around VAW.

**Shifting Boundaries - United States**

The Shifting Boundaries program is one of the more rigorously evaluated and assessed high school based VAW prevention programs in the United States. This program included two tiers of activity – one of which was a six week curriculum for students which included a significant component of skills and relationship building as well as improving knowledge on the consequences of VAW. The second tier involved institution wide changes including the creation of safe spaces, social marketing campaigns and the implementation of school based restraining orders for victims of IPV (Taylor & Woods, 2011).
In a large multi-level study, Taylor et al. (2010) tested these two educational interventions against a control group. In this study over 2,500 sixth and seventh grade students (across 30 high schools) were randomly assigned to receive the “Shifting Boundaries” program, a two tiered program called “Shifting Boundaries”.

As with similar Australian programs, the evaluation findings were mixed. A key finding was that the curriculum based primary prevention intervention was only effective in conjunction with the institution based secondary and tertiary prevention activities (Taylor, Stein, et al., 2010).

### 3.2.2 UNIVERSITIES

Similar to high schools, university campuses have been key targets for programs which target young men in order to prevent VAW (Davis and Liddell, 2002). Unlike their younger counterparts, university students (primarily in the United States) are more likely to receive programs based on SV prevention and bystander interventions which attempt to encourage young people to intervene in, and interrupt, incidents of SV before they occur. SV prevention on campuses shows some positive effects, specifically in leveraging attitude change and promoting pro-bystander behaviour. Evaluations of two bystander intervention projects show sustained positive change at one year follow up (Banyard et al., 2007; Gidycz et al., 2011).

Prevention efforts at universities have focused specifically on SV prevention. This reflects an early 1990s US funding requirement that colleges and universities in receipt of federal funds must provide rape prevention education. There is a potential need for broader VAW prevention work with this population including IPV prevention. Relatively little prevention work has been undertaken on other aspects of VAW such as IPV or sexual IPV for university aged students (Casey & Lindhorst, 2009). It would also appear that the role of institutional and workplace cultures within universities is yet to be fully appreciated and programs which seek to act on these cultures are relatively few. Banyard (2013) expresses concern that with the proliferation of SV prevention programs for this population, there has been limited attention paid to the coordination of prevention programs to ensure that they build on one another over time.
3.2.3 SPORTS AND RECREATION

A number of successful prevention programs have been conducted with young men in sporting arenas. The most prominent of these have involved partnerships with the Australian Football League (AFL) and National Rugby League (NRL) in Australia. As mentioned, a detailed review of the NRL prevention program is provided in Section 5 of this document.

Sports based settings are a particularly relevant site for the delivery of programs which aim to prevent VAW. Male athletes who participate in more aggressive sports are more likely to hold more gender-inequitable attitudes than their non-athletic peers and report higher rates of abuse perpetration (Moynihan et al., 2010). In addition, athletic coaches are able to act as influential non-parental role models and are an effective ally for the delivery of VAW prevention program (Fraser-Thomas, Côté, & Deakin, 2005).

Coaching boys into men - United States

“Coaching Boys Into Men” (CBIM) is a program designed in the United States targeting middle and high school–age adolescent males and their coaches. This program trains coaches to be messengers to young athletes about standing up against gender based violence and promoting gender equity through a bystander intervention approach. An evaluation of the program found that participants reported increased intentions to intervene and more positive bystander behaviour. However, the program did not appear to have an effect on gender-equitable attitudes (Miller et al., 2012).

3.2.4 WORKPLACES

As noted earlier, most programs which work with men to prevent VAW occur in educational settings which means that little primary prevention work has been conducted in workplace settings (Flood, 2011). However, the workplace is a key site where gender inequity can lead to increased risk of SV and harassment. This gender inequity is reinforced through economic and social exclusion where it is more difficult for women to participate in the workforce due to the gendered divisions of labour in private and public life (True, 2012). A lack of affordable childcare combined with a lack of female-friendly workplace policies and the persistence of the ‘double shift’ at home and work (due to a lack of male engagement in household labour) compromises women’s career advancement and economic stability.
Workplace policies that reduce the obstacles women have experienced to economic advancement and seek to address other common workplace gender inequities (such as a lack of female representation in managerial and board positions), are important VAW prevention interventions. These policies, alongside gender equality training, are key components of protecting women from SV and harassment at work and enhancing the protective effects of employment and income (Chung, Zufferey, & Powell, 2012).

VicHealth is a leading national and international agency in the development of workplace-based VAW primary prevention initiatives. The first example highlights how VAW prevention is being incorporated into the male dominated transport industry.

**Take A Stand - Victoria**

‘Take a Stand Against Domestic Violence: It’s Everyone’s Business’ (also known as ‘Take a Stand’) was a project carried out as part of a broader program called ‘Working Together in Violence’. The Take a Stand project was led by Women’s Health Victoria in partnership with Linfox Transport Company. The project was funded by VicHealth and ran from 2007 to 2012. It aimed to strengthen the organisational capacity of a male-dominated workplace to promote gender equality and non-violent norms. The project comprised three elements and utilised a “top-down” approach to instituting cultural change in the workplace. The first element (called “Lead”) comprised of cultural change activities including executive-level commitment and the development of policy to prevent domestic violence. The second element, “Train”, utilised a bystander intervention education program with employees to equip them to take a stand against sexist behaviour, gender norms and violence-supportive attitudes. The third element, “Promote”, reinforced the other elements of Take a Stand through the communication of consistent messages in the workplace. (VicHealth, 2012) The project has won several awards and the key learnings from the project informed the development of Women’s Health Victoria’s ‘Take A Stand’ program.

The second example below demonstrates how the YMCA in Victoria is working at a whole of organisation level to reduce gender disparities across its female dominated workforce.
The YMCA Y Respect -Gender Project - Victoria

In 2013, YMCA was selected as the host of a pilot program for a violence prevention project, *Y Respect Gender*, funded by VicHealth. YMCA employs over 5000 staff plus hundreds of volunteers, and operates at over 150 sites across Victoria. 70% of the YMCA workforce is female with a preponderance of men in senior leadership positions. YMCA provides an example of the kinds of organisational gender disparities that are symptomatic of many businesses and not-for-profit organisations, which research suggests perpetuates gender stereotypes and attitudes associated with VAW while constraining women’s economic opportunities and limiting their career development. This in turn contributes to the diminishment in women’s financial wellbeing and social status which increases women’s vulnerability to violence and abuse.

*Y Respect Gender* is driven by a VicHealth violence prevention worker based within the YMCA Human Resources Department, working with managers and senior staff to build the capacity of the organisation to prevent VAW. This includes a number of activities, including the incorporation of the theme of gender equality within conferences, seminars, communication and training, with a specific focus on shifting the masculine culture of senior leadership, identifying the representation of women in senior management positions, and reviewing existing marketing materials and internal communication for unintended gendered stereotypes and assumptions.

*Y Respect Gender* is an exemplar of an organisational and workforce development strategy that specifically seeks to engage a largely male senior management team in violence prevention via changes to the culture and policies of a large-scale organisation. In doing so, it aims to address both attitudinal and structural correlates of male violence however it does so not by targeting pro-violence attitudes but rather by engaging management to recognise and change contextual factors that diminish women’s status at work.

3.2.5 FAITH COMMUNITIES

Faith communities such as churches have also been identified as key settings where projects to reduce VAW can occur. In 2006, leaders of faith communities in the United States published the “National Declaration by Religious and Spiritual Leaders to Address Violence Against Women” which unequivocally acknowledged that VAW exists in all communities.
and articulated a commitment to work towards preventing VAW (Fortune, 2006). In Australia and the United Kingdom, there is burgeoning literature on the protection of vulnerable adults which includes a significant amount of progress in building capacity and policy development from key church leadership bodies. Importantly, much of this work doesn’t explicitly acknowledge issues related to gender inequity nor does it specify VAW as a targeted problem to be addressed. Nonetheless work in this area is anticipated to assist faith communities as being safe places for all adults and can be expected to have a positive impact on reducing VAW. At this stage, no evaluation data exists on the efficacy of these programs.

Darebin Northern Interfaith Respectful Relationships Project - Victoria

This project was coordinated by Darebin City Council in Melbourne’s northern suburbs. It engaged faith leaders and communities in Melbourne’s north to raise awareness of the problem of VAW through the incorporation of a range of activities, including using scripture and teachings to promote respectful relationships, White Ribbon Day initiatives, and interfaith declarations as well as peer mentoring programs.

An evaluation for the project suggested that there continue to be both challenges and opportunities for capacity building for primary prevention within the faith setting. It identified challenges including those generated by the patriarchal paradigms of many faith traditions, the need to develop advocates and mechanisms for capacity building, and the complexity of addressing gender issues in an interfaith context. Opportunities identified include the value of peer based capacity building programs, the potential for faith specific programs, resources and policy development, and the growing commitment of the faith sector to preventing VAW (Holmes, 2012).

3.3 CONCLUSION

The effective engagement of men and boys in VAW primary prevention involves approaches that address their lived realities and contexts. The key approaches summarised in this section share a common focus on the roles that men and boys occupy in the community, such as boyfriends, husbands, peers, workers, community members and fathers. These approaches are then embedded in the everyday contexts and settings of education, work, recreation and
community and religious life. VAW and gender inequity are framed as obstacles to the individual and collective good that everyone, including men and boys, has a shared interest in removing. Whole of organisation and community development approaches stand out as larger frameworks that address the determinants of VAW in a multi-systemic way. These approaches can incorporate other strategies (such as respectful relationships and bystander approaches, parenting programs and social marketing) and are situated within a broader focus on ensuring that institutional and community contexts support long-term attitudinal and behavioural change.
SECTION 4. INSIGHTS FROM THE FIELD

This section describes the results of our surveys, interviews and focus groups with prevention stakeholders. Twenty six (26) on-line surveys were completed. This was complimented by thirty-seven (37) stakeholders who participated in either interviews or focus groups. There were twenty two interviews (22) and two (2) focus groups. Twenty five (25) participants were from Victoria, seven (7) were from NSW and one was from the Northern Territory. Five (5) stakeholders worked with Indigenous or CALD communities and eleven (11) stakeholders worked with programs designed for adolescents. Two (2) stakeholders worked for faith based organisations. The high numbers of interviews conducted in Victoria reflect the advanced state of the field of VAW prevention under the ten year leadership of the Victorian Health Promotion Foundation (VicHealth). Interviews were not conducted with any respondents from Queensland as they were all working at the tertiary end of prevention primarily with male perpetrators of IPV.

Interviews were conducted with program developers and implementers as well as experts in the field of men and boys VAW prevention. A number of these interviews resulted from survey participation but others were identified as key informants by the field or by other interview participants. There were a range of programs and activities discussed in interviews and focus groups. These included: programs targeting specific sub-population groups such as CALD or Indigenous populations, lesbian and gay communities, faith based communities or in specific settings such as school or football clubs, community organisations and through specific victim support agencies.

The section begins with a discussion of best practice in primary prevention, including the community development model that is emerging as an important primary prevention paradigm, and the opportunities and challenges that prevention stakeholders have identified in engaging men and boys. Although it has a growing evidence base, VAW remains a relatively new focus of primary prevention in comparison to other health and social problems. It is clear that documenting and sharing the ‘practice wisdom’ of service providers and other stakeholders is important in consolidating the field. Therefore the aim of this section is to provide an overview of the VAW primary prevention field focusing on men and boys in Australia and to disseminate more widely the insights of those at the ‘coalface’ of prevention.
4.1 BEST PRACTICE IN THE PRIMARY PREVENTION OF VAW

Our survey of prevention agencies and programs found a significant clustering of prevention efforts in Victoria and NSW with work also being undertaken in Queensland. Students at high school and university were the most common targets of primary prevention efforts, and it is known that adolescence and early adulthood are key periods for VAW perpetration and victimisation. Other programs identified in our study worked specifically with Indigenous communities, CALD communities, and sports organisations. Most stakeholders described their programs as underpinned by a gendered, ecological model of VAW that understands violence as a product of gender inequity and gender norms. They sought to leverage change at the individual and community level by addressing pro-violence or sexist attitudes and beliefs. A handful of programs assessed in this study were described as primary prevention but worked solely with perpetrators, and were therefore excluded from our analysis as they are better categorised as tertiary interventions.

The most promising programs identified in our study fell within whole of organisation and community development approaches. These two approaches share a common focus on effecting multi-systemic change within the contexts of gender inequity and VAW. These two approaches provide a useful overarching framework for the coordination of consultation, program and post-program activities incorporating other prevention approaches such as respectful relationships and bystander strategies and social marketing. This framework can be understood as a series of phases that are summarised below according to the following themes as they emerged from our interview data:

- Gauging readiness for prevention interventions
- Consultation and collaboration
- Engaging with key figures and leaders
- Engaging with other services and stakeholders
- Pedagogical strategies
- Maintaining commitments

4.1.2 GAUGING INCREASING READINESS FOR PREVENTION

A number of stakeholders discussed the readiness or otherwise of communities and institutions for prevention interventions, and the impact of readiness on the acceptability and
efficacy of programs. They signalled the importance of pre-intervention work in determining and building on community or institutional readiness. Being invited into an organisation or community was seen as an important signal of readiness that they were ready to begin addressing and discussing the issue of VAW. An Indigenous educator explained:

> We don’t just go into a community and say, “We’ve got this great product and we’d like to present it”. We wait for an invitation. The invitation, once it’s extended, we go in and we meet as many people as we possibly can, service providers, community members, Elders. We start the process of understanding who that community is, what makes that community tick, who’s who in the community, what are some of the issues presenting for the community.

These invitations were sometimes triggered by a crisis moment that illustrated to community or organisational members that intervention, however difficult or challenging, could not be put off any longer. In the following quote, a prevention program facilitator described being contacted by an institution looking for a prevention program after multiple scandals around VAW:

> …they had ticked every box on readiness for change, before we even got there. They were in such a bad place. They had to do something. They knew that they were screwed.

For some stakeholders, assessing and building on prevention readiness involved an almost ethnographic approach to assessing the culture and power structure of a setting or community, identifying the gatekeepers within the organisation and securing support from relevant groups, organisations and services. The end result of this process could be the determination that a community or organisation isn’t ready yet for primary prevention. Reflecting on her current work with a small ethnic minority community, a prevention stakeholder expressed uncertainty that the program would proceed, noting that it may be might be ‘a bit too early’ in the settlement process to start the discussion about VAW:

> They're not that interested really I don't think - some are, some aren't. Because they've only been here for really a short period of time I'm just starting to think it might be a bit early for this kind of thing.
This process of gauging readiness enables prevention workers to identify the unique culture, history and politics of a community or institution that directly impacts on the relevance and design of prevention programs. When a decision is made to proceed with the prevention program, the work of gauging readiness segues naturally into the process of collaboration and consultation.

4.1.3 COLLABORATION AND CONSULTATION

Most stakeholders interviewed for this project described a highly collaborative and consultative approach to prevention that involved the development of supportive networks and relationships within communities and organisations prior to the delivery of educational or training interventions. The willingness of prevention professionals to learn about the cultures and practices of the community or organisation fostered mutual respect and trust. A stakeholder working in refugee communities said:

You've got to be prepared to engage with a culture. That doesn't mean you have to agree with it but you've got to be prepared to say “teach me” and for there to be respect earned on that basis.

This process of consultation was important in institutional as well as community settings. A lack of consultation could lead to an intervention that was unresponsive to the prevailing culture and needs of the target population. One stakeholder described being employed at a university in order to engage boys and men in primary prevention and spending ‘eight months asking people to come to groups they didn't come to’. He felt that the initial approach of the prevention project did not complement the ‘independent’ and ‘self-directed’ culture of universities. It was only when he began consulting with student clubs and organisations, ‘rather than saying “this is where you need to be”’, that he was able to develop strategies that promoted student engagement.

It was more of a consultation. So what would happen is that I would meet with someone and we'd talk about what is it that you want for your club? … [One of the university clubs] have a bar and they were going to lose their licence because bad things had been happening. Alcohol fuelled violence of a number of different sorts. So they were wanting to change what it is that was happening and [the president] - it wasn't just about the perception of what it is that was happening. He really was
committed to like changing what it is that's happening … He had done things already… Then he said I want to work with you, for you to resource a process of change. That was a very successful process.

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### 4.1.4 ENGAGING WITH KEY FIGURES AND LEADERS

The process of consultation frequently involved identifying and speaking to key figures and leaders in a given setting. Some programs formalised their engagement with leaders and managers with the establishment of advisory groups. Leaders and managers operated as both gatekeepers and vital allies in primary prevention work. In institutional and community settings, leaders could champion the project, motivate others to participate, share important ‘insider’ information, and disseminate information about the program to others.

Educators and facilitators working in institutional settings emphasised that prevention initiatives needed support from the highest echelons of the organisation if they were to be effective. A policy maker said, ‘Without the buy-in from the CEO, if it’s a tokenistic gesture of ‘yeah, yeah, yeah’ … then it [prevention] hasn't been successful’. Speaking about his current prevention work in a workplace setting, a facilitator commented:

> The CEO is very on board. … There's been situations where I've heard of, or seen things, that have been particularly worrying, I actually have brought them to his attention, so he can actually go and talk to the people. Because it's more appropriate for him, or for other senior managers, to have those conversations, than me.

For stakeholders who worked with CALD and Indigenous communities, partnerships with community elders or leaders were integral to ethical and effective prevention work.

> There's usually an Elder's group that we contact in the community ... the community Elders like to be informed and involved. If we can - by getting their support that puts a lot of weight on the program as well.

While a range of stakeholders reflected on the importance of male as well as female leadership in prevention, this could introduce a point of tension. Finding male champions of change involved at times a pragmatic engagement with hierarchies in which power and influence accrued disproportionately to men at the expense of women; the very situation that primary prevention research has identified as a driver of VAW. Assigning prominence to men
in public discussion of violence prevention could paradoxically affirm the very power imbalances that prevention seeks to address. A policy and research expert said:

But having spoken with a few individuals, there's that sense of caution because these men are already powerful in a situation, where the women community members are less so. So if they're already in positions of power, and then are given the opportunity to be an ambassador or a champion of preventing violence against women - but at the same time have a silencing capacity - there are some real problems there.

One prevention worker was in a unique position to comment on this issue, since he was based within a large organisation and tasked with changing policies, procedures and workplace cultures that inhibited women’s workforce participation. In this role, he was often in dialogue with senior management within the organisation, who were overwhelmingly male. Engaging them in prevention was vital to the success of his program, but he noted that they could be both desensitised to male privilege and at the same time protective of the benefits that it provides.

I think the other big challenge is just getting the buy in from the senior men who, in a sense, have the most to lose. Now, I don't think they have got anything to lose because they've actually got more to gain from being less patriarchal men. But from their perspective, in terms of men who've enjoyed a lot of privilege, it's quite challenging when I come along and start to talk about the problem that privilege has in terms of gender equity.

Stakeholders felt that leaders and managers ideally needed to model the kinds of ethical relationships that primary prevention programs are seeking to disseminate. The creation of non-violent and equal relationships, the ultimate goal of primary prevention, therefore requires influential decision makers to examine gender, power and ethics in their own professional and personal lives.

4.1.5 ENGAGING WITH OTHER SERVICES AND STAKEHOLDERS

In addition to partnership with community members and leaders, stakeholders also underscored the importance of interagency and interdepartmental relationships. An Indigenous educator explained that, during his consultation process, ‘We also contact any organisations and the police and the clinic and get their input as well; see where they're
coming from’. Another stakeholder described the success of her program as being a consequence of numerous partnerships between ‘community members and professionals and other organisations as well’ when running her prevention training workshops. She said:

So depending on the area we're with we have someone from the [local] council, we have police - because police are involved and run some of the training as well. We're also in partnership with the community legal centre, so they come to that as well.

During the delivery of programs, these collaborative relationships also assist prevention educators in managing the personal disclosures of victimisation or perpetration that are frequently triggered during workshops and training. For stakeholders such discussions and disclosures required careful management but they were nonetheless positive signs, particularly in communities that had not previously supported public dialogue on violence and gender. Through their partnerships with other services, prevention programs can link affected participants with relevant support services. One schools-based program coordinator saw this as an important benefit of primary prevention work, particularly since students met rape crisis workers during the prevention program. She said:

The secondary benefits [of our program] for some of those people are personally affected by it, they're left with support areas. They can follow up this link for support here, support from here. That's not the main aim [of prevention] but that is a side-benefit. But now they've sort of have had the opportunity to see somebody to face who works at [the local sexual assault service] … You know they've sort of met somebody, that's a real barrier for young people I think sometimes in contacting a faceless service to seek help. Whilst that's not our primary aim, it's a nice side benefit that they've eyeballed someone from [rape crisis] that looked like a human being.

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### 4.1.6 PEDAGOGICAL STRATEGIES

Most programs reviewed in this study included an educational or training component that aimed to directly engage target audiences in sessions that raised awareness and skills in responding to VAW. Of the twenty six program providers surveyed, more than half delivered six or more sessions per program, the majority of which ran for two hours or more. This focus on a theoretically driven, ‘dose’ intensive and multi-method approach to primary prevention is in accordance with best practice as identified by international research (M. Carmody et al.,
Stakeholders described a number of program components and strategies that enhanced the effectiveness of their program, including the role of facilitators; establishing safe places; issues of gender segregation; diverse activities and maintaining commitments.

4.1.6.1 THE KEY ROLE OF FACILITATORS

Many stakeholders discussed the key role played by facilitators in successful primary prevention programs, as well as the traits inherent to success in this role, including appropriate training not only in facilitation but also in the gendered nature of violence. This requires a high degree of self-reflexivity among male prevention facilitators whose own masculinity was often at stake in their work with men and boys. To be taken seriously by boys and men in a workshop setting there was pressure on male facilitators to perform a version of masculinity that the men or boys could relate to. There were tensions between this performed masculinity and the need to model ethical and gender sensitive behaviour, which in some settings and for some audiences can be seen as incongruous with authentic masculinity. One male facilitator commented on the specific challenges that he experienced in his work with men and boys:

I think a lot of us men who are doing this work are men who are not - who don't necessarily identify with hegemonic masculinity. So, there's a challenge for us, I think, to sort of actually hold our own ground and be taken seriously sometimes. Even if you are a male who sort of is more visibly, perhaps - toes the line [laughs], it's very easy, I think, to be seen as sort of somehow betraying the team by just starting to talk about, say, feminine or even just equal rights. So yeah, look, I think it's necessary but I think it's - yeah, there are challenges with it.

4.1.6.2 ESTABLISHING SAFE SPACES

Educators described engaging participants in discussions about the parameters and rules that would guide the conduct of the workshops. For example, an Indigenous educator begins his workshops with a ‘cultural safety agreement’:

We invite them to come up with the cultural safety agreements for the group, and we put them up and they stay up for the whole three days, and every time we go back and present the workshop, we put them up and we say, these are the group agreements,
when you come into this room, these are what you agree with. You can - they're
organic, we can change them as we go along, but we also - for newcomers that come
in, we visit the group agreements and we invite them to agree with that. If they have
any issue around it, then we put it to the group so that the group has the power.

4.1.6.3 GENDER SEGREGATION

Research consistently finds that the efficacy of primary prevention is bolstered by gender
segregation during educational components. This was evident in the experience of
stakeholders. One school-based facilitator described the impact of mixed-gender groups on
their program, which led to their decision to implement separate boys and girls groups:

We actually initially did them together [boys and girls] and the [facilitators] would
come back and it was just like - this is 15, 16 years ago - and say “that was awful, it
was so awful”. Then we would discuss why and it became really apparent. The boys
would get incredibly macho and the girls would get just really silly. There'd be a few
who didn't but it was just quite destructive. You couldn’t actually deal with the issues.
So it was practice wisdom, it was not based in anything academic at all. It was just
people saying “you can't run this session; it's a free for all”. It was awful, just awful
… We thought fine, we'll just split them, so it was our own practical solution.

Stakeholders discussed the benefits of gender segregation, which allowed for the creation of
safe spaces for males and females to discuss gender specific issues.

They need a space where they can explore it without the other gender being there.
They need a space where they can dump all over it, and be like, I don't really know
and then come together and discuss it.

Depending on the context, other programs integrated mixed sex and same sex groups to
engage in cross gender discussion and understanding.

If you asked our best-practice model now, I would describe it as being co-ed group at
various points we actually break into same sexed break out groups... (School based
program stakeholder)

4.1.6.4 DIVERSE ACTIVITIES
Stakeholders emphasised the importance of integrating multiple activities into workshops and training sessions, including interactive and skills development exercises that change attitudes and behaviours, and build relationships and capacity, through participation. Participants drew on a range of adult education and learning theories to teach critical thinking and provoke reflection on gendered assumptions and norms. These strategies were highly interactive and dialogue based, rather than didactic, which was important given the range of educational experience and literacy skills amongst different groups of boys and men. In particular educators and facilitators sought to engage men and boys in activities that, as one facilitator put it; simultaneously ‘challenge assumptions that might be very strongly part of people's identity but in such a way that you respect their knowledge and their experience’.

### 4.1.6.5 MAINTAINING COMMITMENTS

The relationships formed during prevention interventions can be very meaningful to both prevention workers and community members and hence need to be respected and carefully managed. An Indigenous educator emphasised the high level of commitment shown by his host agencies to the communities they work with, to the point of continuing to deliver the program even where funding has run out.

When there are promises made about an opportunity for them to heal or an opportunity to get work or an opportunity to be part of the greater society or to be respected, appreciated, they don't care anymore. That's really, really powerful. When we go out into these communities and we're saying to them, we want to work with you, we're going to deliver three months' worth of programs and we want to build a relationship with you, there's a lot of apprehension about that. When - because you know what? They're going to reveal some of themselves to us and it's going to be painful for them to do that, because they might admit a truth about themselves that they never thought that they would have an opportunity to do. If they're going to do that with us and then we're going to be disappearing and not coming back there, then where does that leave that man?

All stakeholders expressed a high degree of commitment to primary prevention which they described as interesting and meaningful work. When asked, they typically nominated as the most rewarding aspect of their job the positive changes they see in the boys, men and
communities they work with. However, engaging men and boys was also consistently described as the most difficult area of their work.

4.2 ENGAGING BOYS AND MEN

Stakeholders discussed in detail the strategies they used in order to engage boys and men, who were generally seen as less engaged in the issue of violence prevention than girls and women. These themes are summarised below as:

- Negotiating masculinity
- Recognising disadvantage
- Framing prevention for boys and men
- Peer to peer approaches
- Ensuring accountability

4.2.1 NEGOTIATING MASCULINITY

Stakeholders generally agreed that engaging boys and men on the complex linkages between masculinity and violence was essential to any primary prevention program, thus it informed a considerable portion of program content. However stakeholders emphasised that this is a fraught area and prevention messaging can, at times, risk reinforcing the very stereotypes that it aims to challenge. For example, slogans such as “be the hero” and “real men don’t hit women” were seen as problematic in their use of a discourse of hegemonic masculinity to counter VAW. One stakeholder comments ‘My concern about it, is it reinforces some things that we’re trying to modify about men’ and another said ‘I think the thing is that it sort of assumes that that sort of masculinity is not oppressive for other young men and for the participants’.

Stakeholders stressed the importance of moving beyond a one-dimensional or ‘one-size-fits-all’ account of masculinity. A prevention facilitator and researcher said, in the context of her program with sports clubs:
We had an understanding of gender that was not purely about hegemonic masculinity but was about the ways that masculinities might run in parallel within a particular person. So one of the guys, who runs the educational welfare area now, was a really tough player. Fearsome player in the day. I remember watching him. He was just hardcore. Extraordinarily gentle guy off the field, and really articulate about the way he played and why he played like he did. People aren't one aspect of their gender.

Recognising the multiplicity of masculinities between, but also within, men and boys requires an appreciation of the diversity of their experiences. Boys and men are impacted by violence in a range of ways and this has consequences for their gender relations, practices and identities. Violence is highly salient for boys and men due to its social associations with masculinity but also due to their own lived experience. A prevention researcher raised the ethics of education in engaging boys and men, emphasising that prevention interventions raise very sensitive issues for male participants about identity and experience. She said:

I think the ethics of education are really interesting, because you are - you're messing with people, especially around this stuff [violence]. It's very fundamental identity stuff. There were also victims and survivors of sexual assault in the groups too. People from families with lots of trauma. Lots of people disclosed to us and - or told us stories of friends and sisters and so on, who had experienced violence. What that was like for them, or their mothers or - and so it was - they - there was no sense in which it didn't resonate with them.

4.2.2 RECOGNISING DISADVANTAGE

Stakeholders spoke of particular challenges to engaging boys and men who live in disadvantaged communities. Prevention programs maintained a strong focus on challenging pro-violence and conservative gender norms, but there are other risk factors that increase rates of VAW including poverty, unemployment, substance abuse and other indicators of social disadvantage. A researcher and policy expert noted that a conversation about male privilege and power may have little resonance for boys and men in poor or marginalised communities:

And the challenge with that too, is that there are men and boys who are disenfranchised. Who - for whom power is not an experience they actually have,
unless it's maybe lauding it over somebody else. But in the grand scheme of things, are profoundly disenfranchised.

A stakeholder working in refugee communities recognised the fragility of masculine authority in the turmoil of migration and resettlement, which she described as prompting resistance to prevention messages that challenged male dominance in the community. He said:

The first thing they see is they've got to give up something and they've got to give up a lot. They're already unemployed, they already can't find work, their role in the family has been trashed in their way of thinking - and you want me to give up this?

Experts moreover emphasised that intersectional issues of race, class, and social status as well as gender must be negotiated by facilitators and program designers in their engagement with men and boys. A school-based program coordinator discussed her work in very disadvantaged schools and sought to avoid, in her program, adding to the shame that she felt the young people in her program were already experiencing:

That's constantly at the forefront of our minds that these young people walk around carrying a lot of shame already. So how do we correct this or support them to challenge that thinking without shaming them?

4.2.3 FRAMING PREVENTION FOR BOYS AND MEN

Many stakeholders observed that generalist prevention strategies were more likely to attract female participation, and that the way in which prevention is framed is crucial to promoting interest and engagement from boys and men. A university-based program coordinator found that prevention initiatives that attempt to leverage male interest via an insistence that VAW is ‘something they should care about’, or have a responsibility to intervene in, is not a ‘good basis’ for programs. He suggested that this sentiment reproduced a problematic form of authoritarian ‘ultra-masculinity’ that attempts to dragoon boys and men into participation, rather than appealing to them in a way that is relevant to their lives.

Rather than focusing on male “responsibility” to prevention VAW in an abstract sense, stakeholders recommended situating this responsibility within the social and family roles of boys and men as managers, leaders, fathers, husbands, boyfriends and so on. This approach
frames VAW as an obstacle to the kind of life that boys and men want to lead, the kind of community they want to live in or the kind of institution they want to be part of. Stakeholders found that this prompted a much more constructive and active engagement. A university-based prevention worker said:

I talked about it’s not just about being a good person; it’s about being a good leader. A lot of these people are in positions of leadership. I’ve said, “Yeah, there’s argument that sometimes we don’t put our hands up for leadership, its thrust upon us. But if you have put your hands up for leadership, by being a leader it means that you’ve got actually be courageous and stand up and not stand by”. It’s very much putting that back on them, that’s a big one.

A community-based educator began his workshops by asking:

“[W]hat kind of father do you want to be, what kind of father, what kind of husband, what kind of man do you want to be?” Now I've sat in on sessions where those questions have been asked in the introduction of the program - these are things that we're going to be exploring and instantly the men will hear that, it's recognisable. … I've seen the hardest, hardest most brutal-looking men reduced to tears in that very moment because everybody, I think, wants to be good.

In this approach, responsibility remains a central theme but it is grounded in the experience and aspirations of male participants. The onus is then placed on male participants to adopt an active role in their institutions and communities in order to facilitate change and disseminate prevention messaging.

4.2.4 PEER-TO-PEER APPROACHES

This active reframing of prevention in terms of aspiration can reposition men and boys as partners in prevention rather than clients or participants. A number of stakeholders endorsed a peer-to-peer approach in which boys and men are enabled to lead and ultimately to drive prevention messaging and activities. A university-based educator emphasised that this broadened the reach of the program:

You can have these advocates and peer to peer sort of stuff because theoretically these male student leaders from student clubs are advocating to the male student members of
the student clubs. That's an effective communication. Much more effective than me speaking to them.

Stakeholders noted that peer led strategies had risks, since peers and male leaders could potentially promulgate misogynist or sexist views through or within the program. More than one stakeholder called this the “dickhead moment”. However they found that resistance need not be negative and can be harnessed as a catalyst for a more open discussion. A school-based facilitator said:

When you have the peer led approach where they [male participants] say something which is not consistent with our program, usually their peers actually respond the right way, like “So what do you think about what Johnny said, like saying that so and so is a slut for doing that?” Usually their peers, they come up with alternative responses like “Yeah no that’s not cool”. So instead of being authoritative and telling them what's the right or wrong answer, the peer led approach is just engaging discussion, getting them to come up with the answers and drawing out responses from them. Which is - nine times out of 10 it works like that.

A program facilitator and researcher working in sports clubs noted that a peer-led model should not reproduce existing hierarchies of male authority, but rather it should aim to expose boys and men to the diversity of gender relations already evident in their peer group. In a peer-to-peer model, older men and leaders could learn from young men and boys, just as younger men and boys could learn from older men. She said:

In many cases, the young men might be much - might be engaging, for example, with their female partners in a much more egalitarian way, than the coaches or the CEOs are. Or [they] might have many more women friends than the older men have. The older men might be socialising in all-male groups, whereas the young guys have always had a mixed friendship group. They kind of - but the older men can't necessarily see that the younger men have, in fact, a kind of very different approach to gender than they do.

4.2.5 ENSURING ACCOUNTABILITY
An experienced service manager sounded a strong note of caution in relation to the role of men and boys in primary prevention. She described visiting communities in which men’s groups and services were operating and being told by women in the community that ‘the blokes who are actually running the programs are domestic violence and sexual assault offenders … if behaviours [like] violence against women and kids comes up [in the men’s programs], it's absolutely excused’. This foregrounds the important issue of the accountability of men in primary prevention work to women and to the communities and institutions in which they are working.

There were a number of such accountability mechanisms evident in the programs surveyed in this study. For example, some programs were hosted by IPV and SV services while other programs developed within non-government organisations with backgrounds in welfare and therapeutic services. This ensured that prevention program activities were informed by considerable institutional experience in the complex dynamics of VAW, and work with men and boys occurred alongside and in consultation with work with girls and women. A number of programs ensured that prevention activities and programs were consistently reporting back to community and institutional representatives through formal advisory committees or via community forums.

However some prevention efforts were disconnected from services with expertise in VAW and espoused unsound and idiosyncratic theories about engaging men and boys. For example, a male health promotion consultant claimed that it was difficult to engage men and boys because ‘health, welfare, community, legal, education services’ uniformly discriminate against men. He described services for victimised women as a ‘domestic violence industry’, suggested that the scale of male VAW was exaggerated, and claimed that male violence was primarily caused by violent television and video games. Such responses illustrate the importance of programs that draw upon established expertise in the field of IPV and SV and are accountable to communities and women.

4.2.6 EVALUATION AND FUNDING

Stakeholders identified that the primary prevention of VAW requires long-term commitment and investment if it is to achieve its goal of reducing rates of VAW. This raised two related challenges: the first in relation to funding, and the second in relation to evaluation. One policy
maker called the primary prevention of VAW ‘a 20 year project’, noting that Australian successes in preventative health (in diverse areas such as blood born viruses, drink driving and skin cancer) were achieved only after sustained and ongoing effort over many years. This was echoed by another service manager who stressed that “We're not going to have happy, smiling faces in six months' time.”

Despite these insights, service providers noted that their program funding was typically short-term, which inhibited long-term planning, staff retention and the maintenance of productive relationships with institutions and communities. A manager who drives whole-of-school prevention programs in high school settings noted the contradiction between her intensive model and the demands of the quick funding cycle:

Most projects are funded year to year and you're trying to achieve so much and you can see so much potential, but you have such a small window time to even build the relationships and get a conversation going within the school so you can try and consolidate with much more meaningful longer term change. I think that's the biggest frustration because you can see so much potential but you don’t necessarily have the resources long term to make sure that happens.

Short-term funding typically included a limited budget for evaluation but funders had high expectations for evaluation data, sometimes expecting evidence of behaviour change or a reduction in violence in a short period of time. A program coordinator noted with irony that ‘what funders expect from my evaluation is to show a challenge to thousands of years of tradition within one small project in a two to three year program’. Another commented:

I think also it's very hard when you're talking about - in gaining funding. Talking about the fact that you won't see cultural change immediately, it is not something we can test in 12 months' time. These are statistics that we are looking at changing in 10 years' time and they [funders] want that hard data, which is hard when we are looking at generational change and community change.

It seemed that the issues of short-term funding and evaluation represented something of a vicious circle and posed an obstacle to the expansion of primary prevention efforts. While all programs gathered feedback from program participants and relevant community representatives in order to inform program development, many stakeholders found that post-program measures of changes in attitudes or beliefs were not considered reliable enough
indicators of success to attract public funding. In effect, a lack of long-term, longitudinal evaluation data was a barrier to obtaining substantive government support, but gathering such data required funding that was not forthcoming. This paradox led to multiple inefficiencies as prevention programs had to divert limited time and resources away from prevention work in order to secure funding.

Another possible danger of the short-term funding cycle is that it discourages comprehensive, sustainable, long-term prevention work in favour of ‘single dose’ (that is, one session) workshops and programs. Our research identified a number of programs that were promoted as primary prevention initiatives although they had very limited intensity, typically engaging school students in an afternoon or day of activities. Such approaches may be better conceptualised as awareness raising initiatives since their limited intensity calls into question their preventative effect. As short and inexpensive interventions they were often appealing to institutions and to funders, in comparison to more complex, holistic and expensive programs operating in accordance with best practice.

4.3 CONCLUSION

The majority of programs surveyed in this study employed a highly collaborative model that worked within institutions and communities in order to identify needs and risk factors related to VAW and to target the determinants of violence. These approaches fall broadly within a whole of organisation and community development or mobilisation models underpinned by a gendered ecological theory of violence. Stakeholders used a range of strategies in order to change attitudes and behaviour at the individual and collective level, generally with a strengths-based focus on promoting of the overall health and wellbeing of institutions and communities. There was an emphasis on engaging with multiple stakeholders, services and agencies in order to build collaborative links and relevant referrals between agencies, and to raise the profile of relevant services within communities. Stakeholders made a number of suggestions to improve the engagement of boys and men in primary prevention.

They emphasised in particular the complexity of masculinity in men and boys’ lives, particularly its intersections with race, class and disadvantage, as well as the lived experience of violence. Effective engagement with boys and men required a tailored approach that aimed to establish the relevance of the program to the lives and aspirations of potential male participants. While the majority of the programs assessed in this study showed a high degree
of congruence with best practice principles identified by previous research, feedback from stakeholders suggests that the lack of funding for longer-term evaluation poses a barrier to more substantive investment in the field of primary prevention.
SECTION 5. EVALUATION OF BEST PRACTICE PROGRAMS

The data collected from surveys and interviews and our earlier review of best practice international research, indicates that a coherent and identifiable field of prevention practice focused specifically on men and boys has yet to emerge in Australia. While some leadership in this area is evident through organisations such as White Ribbon, their focus and reach is limited. Activities in the field are piecemeal, ad hoc and dispersed. There is no peak organisation that provides support to areas of emerging practice except in relation to men’s behaviour change programs (i.e. perpetrator programs). Primary prevention activities are scarce as well as programs focused on boys or men specific activities. For example school based anti-violence education is most often provided in mixed gender contexts despite educator’s experience that this is often quite problematic for both female and male students.

Despite these findings, there are areas of prevention activity focusing on men and boys that indicate promising practice. We have used the following criteria to assess programs and activities that seek to address the primary prevention of VAW by men and boys.

A detailed multi-stage process of analysis was employed using survey and interview data to determine what primary prevention activities and programs focusing on men and boys were identified by the sector.

- **Stage 1 analysis** – From survey and interview data, 27 programs and activities were identified for further assessment on the basis that they identified the primary prevention of violence as a core aim.

- **Stage 2 analysis** – All 27 programs and activities were reviewed. Their focus was diverse and included activities in high school settings, with Indigenous/CALD communities, university programs, sporting locations and general mentoring or attempts to engage men or boys in community activities or workshops. A number of programs and activities were excluded since they did not meet the brief of the research project. These included services with a focus on tertiary prevention that work with men or boys with a history of IPV or SV behaviours (8); agencies that were peak bodies rather than program/service providers (2); and organisations that nominated themselves for the study but did not identify a specific program (2).
• **Stage 3 analysis** – Fifteen programs and activities were identified for further assessment. These were assessed using criteria drawn from international research evidence of best practice for the primary prevention of VAW as well as expert opinion and practitioner experience from across Australia on building effective men and boy’s violence prevention activities.

In selecting best practice projects, we recognise that addressing structural inequalities and social norms simultaneously is crucial to preventing VAW. Therefore we were keen to find prevention activities that go beyond an educational intervention but aim to achieve behavioural change at individual, group, organisation and community levels. We identified two prevention programs that operate at a community or organisational level and use a range of mechanisms to change contextual and attitudinal determinants of VAW. These mechanisms included direct program delivery (such as workshops) but they typically also include changes to policies, practices and norms that enable or facilitate violence. In each program, there is an intended dynamic interaction across the social ecology between programmatic elements and other strategies that target contextual or environmental factors.

These programs are presented below as case studies of best practice. They illustrate emerging best practice in engaging men in two key areas of primary prevention: firstly, community strengthening; and secondly, organisational and workforce development. These two programs share the primary prevention goal of preventing violence before it occurs as well as other important similarities, in particular:

- They are underpinned by a gendered analysis of VAW,
- They involve working specifically or mainly with men,
- They emerge from and are supported by organisations with significant experience and expertise in VAW,
- They engage men in multi-systemic change including at the community or organisational level,
- The model is context-specific and sensitive to issues of culture and difference, but potentially adaptable and replicable in other settings.

The first program, Strong Aboriginal Men, is an example of a community development and mobilisation approach, and the second program, NRL Respectful Relationships Sex & Ethics
Program, is an example of a whole of organisation approach. Evaluations were conducted according to the CIPP model described in the introduction to the report.

5.1 CASE STUDY 1 STRONG ABORIGINAL MEN PROGRAM (SAM)

Community development and mobilisation approaches are emerging as best practice in VAW primary prevention, particularly in vulnerable or isolated communities. Community development describes a process of consultation, dialogue and feedback with the aim of creating a supportive environment in which communities can develop their own understanding of the problems facing them, as well as identify and implement potential solutions. This approach typically includes a programmatic element in which community leaders or members engage in training, workshops or other direct participation approaches. This is crucial to building community capacity and focusing community discussion on shared issues. However community development integrates these programmatic activities into a larger framework of consultation and feedback that aims to generate interest, raise awareness and mobilise a community-wide response. Importantly, this model requires considerable skill and sensitivity by prevention educators who consult and work with community members to develop a set of prevention activities and strategies relevant to that context, rather than rolling out a standardised intervention.

In our survey of available programs, it was felt that these best practice principles were strongly evident in the community program Strong Aboriginal Men (SAM) - a primary prevention initiative of the Education Centre Against Violence (ECAV) within NSW Health. It is well recognised that effective strategies are needed to support Indigenous communities to respond to VAW and those factors that contribute to it. We were interested in evaluating SAM to understand how they were implementing the community development model in order to address the needs of Aboriginal communities in NSW, but we also felt that other community initiatives could benefit from the approach taken by SAM. This is a potentially replicable model that could be applied to other communities, including CALD communities or migrant and refugee populations.

The following section provides a summative evaluation of SAM based on in-depth interviews with SAM program educators and managers and an analysis of SAM outcome data. The evaluation concludes that SAM is an innovative, effective and sensitive intervention model in...
Aboriginal communities with high levels of complex needs relating to VAW, social disadvantage and the legacies of the colonisation, the Stolen Generation, and contemporary racism.

5.1.2 BACKGROUND AND CONTEXT TO THE PROGRAM: ECAV’S ABORIGINAL PORTFOLIO

SAM is based within the NSW Health centre ECAV, the state-wide unit responsible for training programs in VAW and child abuse and neglect. ECAV provides the mandated training for workers in the fields of child protection, sexual assault and Aboriginal family health, as well as specialist training in abuse and violence to mental health and drug and alcohol workers. In addition to its learning and development services, ECAV also provides clinical and policy consultation and resource development within NSW Health and for other government agencies and non-government organisations.

ECAV has been working with Aboriginal communities since 1985 and provides state-wide specialised training, consultancy, clinical supervision and resource development for NSW Aboriginal health workers and their Aboriginal colleagues, community members and non-Aboriginal frontline workers. ECAV’s Aboriginal portfolio aims to build the capacity of communities to identify and prevent physical and sexual violence against children and women. This work is guided by the Aboriginal Communities Matter Advisory Group members (ACMAG). ACMAG was established in 2003 and members provide leadership and mentoring for new Aboriginal trainers and workers.

A Memorandum of Understanding is in place between ACMAG and ECAV to ensure an Aboriginal voice is present in decisions around workforce development, training, resource development and policy initiatives. The Aboriginal team at ECAV is currently made up of 4 permanent full time staff and 18 Aboriginal contract educators. ECAV Aboriginal staff and contractors are responsible for delivering a total of 17 separate courses, including three community development programs that aim to prevent violence against women and children. These programs are explained below:

- **Weaving The Net (WTN):** WTN was developed primarily as a child protection program that aims to connect Aboriginal community members with relevant child and family services and to increase community engagement in child protection. WTN is
delivered to communities or interested community groups that approach ECAV to request the program. ECAV then consults with Elders and key community members to ensure that the program is delivered in a sensitive and relevant fashion. WTN typically involves a series of workshops and fora in which local service providers and community members discuss child protection matters in their community. These discussions are facilitated by Aboriginal educators with experience in working with children, young people and families affected by abuse and violence.

- **Strong Aboriginal Women (SAW):** Given the high level of violence experienced by Aboriginal women, this suite of three educational workshops has been developed to improve women’s access to services for assistance with domestic, family and sexual violence and to encourage women to engage with the legal process. The workshops provide women with information about physical and sexual violence and its intergenerational effects. In the workshops, women discuss how violence impacts on them and their children and formulate solutions and plans to address violence in their lives and communities.

- **Strong Aboriginal Men (SAM):** Feedback from consultation with Aboriginal communities, educators and ACMAG indicated a need to engage Aboriginal men to promote child protection, prevent family violence and engage community men in discussions about abuse and violence. This led to the development of SAM, which provides Aboriginal men with an opportunity to address the trauma and shame of their own histories of abuse, and time to reflect on how this has shaped their adult lives. In order to address the emerging issues for Aboriginal men in a culturally competent and respectful way, ECAV has established an Aboriginal men’s educational team to deliver this program.

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**5.1.3 THE STRUCTURE OF THE SAM PROGRAM**

Following a request or invitation from an Aboriginal community, SAM enters into an extensive consultation phase with community members about the problems of violence and abuse and contributing historical, cultural, social and economic factors. This consultation process may include discussions with local community leaders and Elders, meetings with
relevant local services, and the organisation of formal and informal consultation events such as forums and barbeques.

Once the consultation process has been finalised, SAM educators provide three two day workshops over three consecutive months. The SAM workshops target individual and community level attitudinal determinants of VAW, such as attitudes to violence and abuse, social norms and male peer cultures, but it also encourages dialogue on the links between current VAW and prior exposure to violence, as well substance abuse, unemployment and other historical, structural and material contributors. Men may attend one, two or all of the workshops as they see fit. Attendees may include Aboriginal men and boys over the age of 15, and Aboriginal male workers in relevant services. During the period of the workshops, the SAM educators maintain close links with community life in order to engender trust and support for the program.

The workshops follow a set curriculum that is explained to men during the consultation phase. The delivery of the workshops is relatively flexible and men may raise and discuss matters of concern to them but each workshop is organised around a set of core themes and activities. The three workshops are described below:

- **Workshop 1 - Building Strong Foundations: Being an Aboriginal Man.** This workshop explores the context of Aboriginal men’s experiences of abuse and violence. Participants discuss their own histories and those of their family and community. This assists in clarifying personal goals, values and aspirations that are supportive of a life and community free from violence. Participants are invited to make commitments to address the impact of abuse and violence in their lives in ways that support the wellbeing of their family and community as well as themselves.

- **Workshop 2 - Looking at Our Communities: Talking about the Tough Issues.** The focus of this workshop is open dialogue about community experiences of child sexual assault and IPV in a safe space. Men are given the opportunity to discuss the impact of abuse and violence on themselves and their families. Workshop discussion is focused in particular on the intergenerational impacts of trauma. Participants identify strategies to identify and respond to child abuse and IPV in order to bring change for themselves and their community.
• Workshop 3 - Safe Men, Safe Families & Strong Communities: Being Positive Role Models: Participants in this workshop discuss the anti-violent, protective and supportive dimensions of Aboriginal masculinities. The men identify strategies to support and assist those experiencing and recovering from abuse. The aim of the final workshop is to build an understanding of the benefits of supporting one another in the community. The men also work on their skills at conflict resolution and communication.

At the conclusion of the SAM workshops, participating men brainstorm ideas about how they can continue to contribute to community-level efforts to prevent violence and abuse. This typically involves the formation of a new men’s group or the revival and expansion of an existing group with the ongoing support of SAM educators. These groups may then take carriage of future violence prevention initiatives including educational programs in schools and White Ribbon marches. SAM educators remain in contact with the men’s groups and communities they have worked with and may return if further training and support is necessary.

Community participants in ECAV’s Aboriginal programs are eligible to pursue their interest in violence prevention via a number of educational pathways. This is a unique feature of ECAV’s Aboriginal program and it has the potential to make a significant contribution to the expansion of a qualified Aboriginal health and prevention workforce. The three qualifications offered by ECAV to program participants are:

- The Certificate IV in Aboriginal Family Health (Family Violence, Sexual Assault & Child Protection);
- The Advanced Diploma in Aboriginal Specialist Trauma Counselling; and
- The Graduate Certificate in Human and Community Services (Trauma Stream) co-delivered with the University of Sydney and leading into the Masters of Social Work (Qualifier), a two year HECS funded program.

SAM is often delivered alongside or following Strong Aboriginal Women (SAW). Joint team meetings between SAM and SAW enables the confidential sharing of information about program participants and community needs. Following the workshop, SAM stays in contact with the communities it has worked with, and provides advice and support about future community activities including the maintenance and direction of men’s groups. Ideally, the
The roll-out of SAM and SAW in a community provides the context for ECAV to deliver WTN in order to strengthen Aboriginal families and bolster community child protection efforts.

5.1.4 CONTEXT EVALUATION: WERE IMPORTANT NEEDS ADDRESSED?

Context evaluation assesses the overall readiness of the project and examine whether its goals and priorities are attuned to the needs of the target population. Relevant questions to ask at this juncture include: What are the needs of the people and communities that SAM aims to work with? What opportunities are available to meet those needs? What has prevented those needs from being met in the past?

SAM seeks to identify and address the needs of men and boys in Aboriginal communities who are experiencing problems with VAW. Aboriginal women in Australia experience intimate partner violence at six times the rates of non-Aboriginal women (Bryant & Willis, 2008; Grech, Burgess, & Wales, 2011). Researchers have situated violence against Aboriginal women within a continuum of intergenerational trauma evident in Aboriginal communities, including histories of dispossession and forced child removal (Willis, 2011). The burden of VAW in Aboriginal communities is related to multiple factors indicative of social disorganisation or a lack of community cohesion; including residential instability (people frequently moving into and leaving the area), family disruption (high rates of relationship breakdown), low socioeconomic status, high rates of unemployment and poor educational attainment (Homel, Lincoln, & Herd, 1999; Jobes, Barclay, Weinand, & Donnermeyer, 2004). The legacies of colonisation, racism and discrimination have had a corrosive effect on interpersonal ties and networks that are known to exert a protective effect against VAW.

The methods through which government agencies have previously sought to address VAW in Aboriginal communities have focused on child protection and criminal justice interventions (Gordon, 2002; Human Rights and Equal Opportunity Commission, 1997; Tilbury, 2009). These interventions do not address the underlying determinants of VAW and indeed may exacerbate them by removing children and men from their communities and interrupting family and community relationships. Government interventions into Aboriginal communities which seek to address abuse and violence typically occur in the absence of community consultation or efforts to build community capacity to prevent and respond to violence (O’Mara, 2010). It has become apparent that a reliance on punitive nature of interventions
into VAW is a key factor that inhibits victimised women and other community members from reporting and addressing abuse and violence (Willis, 2011).

A key need in Aboriginal communities that is not addressed by child protection or criminal justice interventions is the need for self-determination, including individual and community empowerment. ECAV managers and SAM educators described working in communities with pockets of concentrated disadvantage ‘where the violence is much greater, the drug use, alcohol abuse, probably sexual abuse, all the negatives’. One SAM educator said: ‘Every Aboriginal community that I've ever been to has an issue around disempowerment, Aboriginal people that are disempowered, disenfranchised, disadvantaged; we can put all the disses in there’. A prevailing sense of disempowerment can inhibit the formation of protective community responses even amongst those highly motivated to stand up against violence and abuse. In their work with Aboriginal women, ECAV managers noted that some women were already taking a proactive stance in relation to abuse and violence in their community, albeit in the face of resistance and sometimes hostility.

ECAV and SAM educators have identified individual and community empowerment as an important but unmet need in relation to VAW. A prevailing sense of disempowerment can inhibit the formation of protective community responses even amongst those highly motivated to stand up against violence and abuse. In their work with Aboriginal women, ECAV managers noted that some women were already taking a proactive stance in relation to abuse and violence in their community, albeit in the face of resistance and sometimes hostility. ECAV’s efforts to build a support network around these women received limited buy-in from community men:

[Our] vision was to build core groups of people, to be able to keep strengthening them, and there are lots of people in communities that are doing fantastic work, but keep empowering them to do that. What we found when we were doing that was that often - and mostly women would attend, we'd had scatterings of men, but it was seen as a woman's program.

SAM was therefore designed in order to meet men’s specific needs in relation to disempowerment and disadvantage as risk factors for VAW. It aims to address the complexity of issues evident in Aboriginal communities including the linkages between the intergenerational traumas of colonisation, racism and social disorganisation. Prevailing
criminal justice or child protection interventions into Aboriginal communities may respond to the characteristics of a particular incident of abuse and violence, but they do not address the multiple interlocking determinants of violence. In contrast, SAM facilitates Aboriginal men to identify the causes of violence in their own community.

5.1.5 INPUT EVALUATION: WAS A DEFENSIBLE DESIGN EMPLOYED?

Input evaluation critically analyses how a program seeks to address the identified needs. This can involve an assessment of the overall design of the program and the adequacy of resources available to it. It is important that this phase of the evaluation is framed by the recognition that ECAV has continued to support SAM out of its core operating budget after government funding for SAM finished in 2012. The lack of additional funding for SAM is unsustainable and it has necessarily limited the resources available to SAM and ECAV.

Like ECAV’s other Aboriginal programs, SAM was designed as a culturally sensitive approach to the primary prevention of VAW known as ‘community mobilisation’ or ‘community development’ (see Mehta & Gopalakrishnan, 2007; Michau, 2007; van Mierlo, 2012). This approach is designed to support communities to identify and respond to risk factors for VAW. In their review of culturally sensitive protective factors for the prevention of violence in Aboriginal communities, Homel et al. (1999) emphasise the importance of interventions that build community and cultural networks, increase individual coping and communication skills, and strengthen Aboriginal families. These are all important components of the community mobilisation approach, which may account for its success in Aboriginal health promotion initiatives. Where implemented, community mobilisation programs in Aboriginal communities have been effective in reducing petrol sniffing (MacLean & d'Abbs, 2002), increasing exercise (Parker et al., 2006) and reducing alcohol-related harm in the long term (Midford et al., 2005).

The community development model emphasises the strengthening of communities through a number of key stages:

1. a mapping of conditions in communities;
2. building networks of support at different levels;
3. developing a community-based action plan;
4. investing in skilled workers and services; and,
(5) engaging in community activities and service delivery (Mehta & Gopalakrishnan, 2007; Michau, 2007; van Mierlo, 2012).

This can take the form of men’s groups and women’s groups that are organised to prevent VAW, and to respond to risk factors for violence such as substance abuse, unemployment and social isolation (Flood, 2011).

SAM carefully implements the community development approach with some unique and innovative features. In addition to building new networks of support and enabling men to create community-based action plans to prevent violence, SAM provides a gateway to further qualifications via the Certificate IV and thus aims to build professional skills and capacity to respond to violence in Aboriginal communities. SAM also provides the opportunity for other services to connect with regional Aboriginal communities. Over the last two years, ECAV has formed a productive partnerships with the incest offender program Cedar Cottage, as well as New Street Adolescent Service, which is a program for children and young people who sexually abuse. Aboriginal counsellors from New Street assist SAM educators in delivering their workshops. While SAM educators benefitted from the mentoring and training provided by New Street counsellors, the Sydney-based counsellors valued the opportunity to engage constructively with regional and rural Aboriginal communities.

The engagement of tertiary services with SAM is important in light of the relatively high levels of disclosure of violence perpetration in the workshops. Outcome data indicates that approximately 40% of men who participate in SAM programs disclose past or current family violence perpetration during the program. SAM educators emphasise that they do not exclude perpetrators from the program, since rates of VAW are so high in some Aboriginal communities that excluding men who have perpetrated VAW from the program would be counter-productive. As a SAM educator explained:

It's pointless working with the good men because the good men know what to do already or they have got some idea. So we want to say - not want to, we let them know, we don't care about what you're doing wrong or what you've done wrong, we want to invite you along because you will carry or you will bring with you something that you can share with another man. So that becomes really integral, that it's open to everyone.
It is explained to all SAM participants when the workshops begin that SAM educators are mandatory reporters and required to report information about at-risk children to child protection services. Meanwhile the engagement of counsellors with a background in perpetrator programs, and SAM’s partnerships with New Street and other tertiary services for perpetrators and victims enable them to refer men who disclose during workshops appropriately.

In light of the complexities that underlie violence against Aboriginal women, SAM’s application of the community development model is sensitive and appropriate. While SAM remains heavily resource constrained, it nonetheless promotes the development of community infrastructure and skills building in the prevention of violence. In a support letter sent to the evaluation team, Pauline Kelly, manager of the Language, Culture and Identity program at the NSW Office of Communities, Aboriginal Affairs, emphasised the integrity of SAM’s program design, and noted specifically that it was empowering, participatory, holistic, intersectoral, multi-strategy and likely to bring about sustainable and ongoing change in individuals and communities.

5.1.6 PROCESS EVALUATION: WAS THE DESIGN WELL EXECUTED?

Process evaluation assesses the implementation of the project and asks whether the program design is being adequately applied. It provides feedback on the extent to which planned activities are being carried out and whether adjustments or revisions may be necessary. The following section will review the process of consultation, workshop implementation and post-workshop activity undertaken by SAM educators.

Consultation phase

Consultation is key to effective program design for prevention interventions at a community-level and this is particularly the case for interventions targeting disadvantaged or marginalised groups. In the absence of consultation strategies programs are unlikely to be responsive to community needs and will therefore have limited preventative potential. SAM educators described a thorough and careful approach to consultation which included identifying key figures within the community who can act as local coordinators and champions. The consultation period enables SAM educators to bring together groups of men to discuss the
issues in their lives and provide feedback on how they would like to improve their community. A SAM educator stated:

So when we go in for a community consultation, we're just basically meeting people, introducing ourselves and talking about the program. We do often - we'll try to gather a group of the men together and this is - I implemented this when we very first started doing the SAM program, is that we ask them, “What do you like about your community, what don't you like about your community, and if you could change one thing about your community, what would it be that you would change?”

The SAM consultation process is focused on identifying common goals within the community, and engaging community members in discussions on how the community might meet those goals and the potential contributions of SAM and ECAV. A SAM educator described their consultation process in terms of supporting men to identify the ‘steps’ they can take to build a platform for individual and community change:

We're going to actually talk to you about the things that you need to know about what it is to build a step and what has happened to you that is inhibiting you from building a first step or taking the first step. So that's what we did and the result was, we were well received. The men had found that what we did is, we didn't go in and say that we had the answers, we thoroughly worked with them to say that, “You guys have the answers because this is your community, this is your home, these are your families and this is your traditional land”.

Fundamentally, SAM educators see their role as facilitating communities to build their own understanding of their strengths and problems and working towards shared violence prevention goals. This conversation is initiated from the outset of consultation and continues throughout the program. It reflects ECAV’s strong commitment to consultation and to the self-determination of Aboriginal communities, which is in alignment with best practice in primary prevention.

The workshops
The workshops involve the SAM educators visiting the communities for three or four days at a time for three consecutive months. Each workshop lasts for two days and involves a
combination of educational information, group discussion and participatory activities in which men developed their confidence and communication skills as community members concerned about violence and abuse. Successful prevention programs identified in research involve varied teaching methods and incorporate a combination of strategies that aim to increase information and awareness and provoke skills development (Nation et al., 2003). Participants also need to be exposed to enough of the intervention for it to have an effect (Nation et al., 2003). SAM operates at a high level of program intensity and incorporates multiple approaches and methodologies, which are delivered over time to allow for individual and community reflection, which are all characteristics of strong program coherence and integrity.

Another key dimension of successful program delivery is the development of positive relationships between program delivery staff and participants, and between participants themselves (Nation et al., 2003). This is a core focus of SAM educators, who spend considerable time establishing and firming up their relationships with SAM participants and their communities. A SAM educator explained:

What we do is we go in and we present the workshops and we're there for three days, usually four, actually, it works out to be usually about four days that we're there for a workshop. What we do also, we attend - they might say, we're having a barbecue, or, football training is on tonight, we'll go down and kick a football around, we'll go to a barbecue or we might go and attend a - if there's a funeral, we'll go and pay our respects to the family. We will go and engage and interact with people in the community who we feel it's respectful to do so and supportive and understanding to do so.

SAM educators described men’s primary response to the workshops in terms of ‘relief’. One educator stated: ‘The majority of men want to talk about it, sometimes they just don't know how to get the conversation happening.’ A key aim of the workshops is to promote dialogue between the men, and between the men and their communities, about abuse and violence. This serves as the basis on which the men can begin planning a collective response to community problems, and builds their confidence and skills to intervene in abuse and violence as they become aware of it. A SAM educator described the aims of the workshops in the following way:

So ultimately at the end of each day, and at the end of each workshop, we want them to be going away and talking. Talking to each other, and not about football, fighting,
fishing. We want them to go away and be talking about their families themselves, their
cchildren, their partner, their mum and dad, and start that conversation happening. “I
think if we can do that, achieve that”, then that gives us the - or them the capacity to
expand it out.

The cultural appropriateness and relevance of prevention programs is one of the primary
drivers of positive outcomes (Nation et al., 2003). The focus of the workshop phase of SAM
on maintaining a strong sense of relevance to the lives of individual men and the experiences
of their community builds on the insights gained during consultation. This makes it more
likely to make a significant contribution to the overall impact of the intervention. The SAM
workshops meet multiple criteria for best practice principles related to prevention program
characteristics; specifically in terms of comprehensiveness, intensity, and the use of multiple
methodologies and approaches.

**Accountability mechanisms**

The roll-out of SAM programs is a reflexive and ongoing process in which SAM educators
adjust the program as it is delivered in response to community feedback and needs. A recent
innovation has been the organisation of a ‘graduation ceremony’ for those men who complete
all three SAM workshops. ECAV sees this ceremony as an important recognition of the
achievements of the men but also an accountability and reporting mechanism back to the
community, so that community women and Elders are apprised of what has been canvassed in
the workshops. An ECAV manager said:

So it's really important that, when these fellas are in community, or when the women
are in a community, they need to report back to Elders, not breaking confidentiality,
but like - or other community members, letting them know the gist of what's going on
in the groups, in the workshops. Some ways around that have been to bring the bubs -
the kids and the partners to, like, a graduation ceremony, so they get a sense of - so
they're not on the outer, not saying, what are they doing? Then there's not this thing of,
oh, they're just getting - making more excuses for their violence. Because that's also an
issue for the women at - could be an issue for the women.

SAM educators indicated that they frequently hear community concerns about systemic issues
such as the responsiveness or adequacy of police, schools and local child protection services
to abuse and violence. An ECAV manager noted that, without improvement to systems and
services in communities, social change can be inhibited and there is a need for local reporting.
mechanisms. ECAV has sought to ‘feedback’ system issues to relevant departments and sectors and this has been successful in some regions and less successful in others. ECAV indicated an interest in pursuing interagency communication more broadly but currently lacks funding and government support to do so.

5.1.7 PRODUCT EVALUATION: DID THE EFFORT SUCCEED?

Outcome data for SAM is limited due to a lack of funding for evaluation. ECAV previously partnered with the University of Sydney in order to seek evaluation funding via a grant application but was unsuccessful. While ECAV is committed to a process of ongoing reflection about the development of their program, a lack of funding necessarily limits their capacities to document the process and outcomes of SAM. As an ECAV manager stated:

We know it's really important to be able to get a sense of the ongoing impact. Because we only hear - these fellas [SAM educators] come back with really amazing stories, so we know it works, they know it works, because of what they hear amongst communities. But to have an evaluation - we thought about it, we got as far as developing a methodology, which would be really still useful for SAM, but we're flat out getting money to actually deliver the program. But evaluation is so important.

There are a number of indicators of program success that are relevant to note here. In addition to interviews undertaken with ECAV managers and SAM educators, the evaluation team had access to the workshop notes taken by SAM educators for 125 men who participated in SAM in 11 communities between 2011-2014. This included information on rates of disclosure, forms of help-seeking, and the development of community-based responses to violence.

It is clear that ECAV has a high profile in Aboriginal communities and their work is well respected by relevant agencies as well as communities. This was evident in the letters of support sent to the evaluation team from the Aboriginal Affairs portfolio of the NSW Office of Communities. SAM educators described a high level of demand for the program from Aboriginal communities where information about the program has spread primarily via word of mouth. An ECAV manager describes the process in this quote:

Last year, one fella attended a Strong Aboriginal Men program, then he's gone back to his community and said, I want this for my community. So it's spread like wildfire. It has not been - we haven't really even had to advertise it, because it's word of mouth.
Between 2010 and 2014 the Strong Aboriginal Men program was completed in 13 communities including Toomelah/Boggabilla, Wilcannia, Menindee, Walhallow, Tamworth, Redfern, Tweed Heads, Dubbo, Emerton, Moree, Taree, Inverell and Moree. These are some of the most disadvantaged areas of New South Wales. The SAM program is scheduled for completion in 2014 in Griffith, Bowraville and Yamba. The program was initiated in Wallaga Lake and La Perouse but did not continue due to competing community interests.

Increase in disclosure
SAM participants are invited to discuss their experiences of abuse and violence as either victims or perpetrators. In communities where violence and abuse are taboo topics attended by shame and silence, an increased willingness to discuss these issues generates a supportive environment for ongoing prevention work. Overall, approximately 50% of SAM participants disclosed experiencing family violence in childhood. 40% disclosed perpetrating family violence in adulthood, and 95% disclosed experiencing racism. In four of the eleven groups, a man also disclosed experiencing sexual abuse in childhood. A number of groups agreed collectively that child abuse and family violence was a problem in their community, with men sharing stories about the impact of abuse and violence on their partners, children as well as themselves. Men often commented that they had not had the chance to talk about abuse and violence in their lives before.

Increase in help and support seeking
SAM participants were asked about their current sources of support, and where they might seek support in the future to address the issues raised by SAM. With the exception of one community, where a high proportion of men were engaged in a mentor program and/or a substance abuse recovery group, most men in SAM groups indicated that they did not access formal or informal sources of support. The most common source of support prior to accessing the program was their partner, with a few men in contact with Aboriginal support services or other services.

Help and support seeking generally increased in all SAM groups. In the ten communities where data was available on this question, over 40% of men indicated that they were speaking, or would begin speaking, to their partner about the issues raised in the program. In the eight communities where data was available on this question, almost 40% of men indicated that they had or would access an Aboriginal support service to discuss the issues
raised in the SAM program. Educator notes record that some men began accessing their local GP, alcohol and drug service or counselling service in order to follow up on health and welfare issues.

*Community based responses to violence*

Following SAM, participants formulated and implemented community development and anti-violence activities. Data on these outcomes was available for ten of the eleven communities. In 70% of communities, the men’s group was revived and expanded. This is frequently long-term work in which SAM educators maintain connections with communities over substantial periods of time. A SAM educator reflects on his long association with the men’s group in one community:

> Four years ago we initially went there, we continue to work with them and we stay in touch with them, we're keeping engaged with them as to what's going on in the community. We've had some issues around their men's group that's been - it got up and it was running and then it's petered out a little bit. They've come to us and asked for help as to how we - whether or not we can support them to rebuild their men's group.

In 20% of communities, new men’s groups were formed. In 40% of communities, SAM participants organised and run anti-violence initiatives including anti-violence education programs in schools, community forums, training programs, and White Ribbon day events.

*Positive personal outcomes*

Educator notes document a number of other positive outcomes, including four instances where men initiated employment following SAM and attributed this to the gains they made in the program. The educators also documented an instance in which a man initiated legal action over childhood experiences of sexual assault. Men frequently contacted the SAM educator to follow up concerns about substance abuse, depression and problems with parenting and relationships. Men’s feedback from the 2012 Toomelah-Boggabilla program points to the general benefit that many men felt that they had gained from the program in terms of confidence-building, communication and leadership skills:

> I have gained confidence to express my opinion in the safety of the group, and this has encouraged me to speak up more confidently within the community and at various community forums that are held. I feel stronger to do this.
People have noticed a change in me and especially in my participation in my workplace. They say I am more confident, that I speak up more.

I really liked learning about conflict resolution skills. I have been so interested to learn more that I have been doing some more training by myself.

Regional Director of Aboriginal Affairs North West Regional Office, Tad Kiemsiki, emphasised by letter the benefits of SAM in six Aboriginal communities in the area. He stated:

- Aboriginal men have gained more understanding about how trauma has affected their lives and their relationships with their partners and children.
- As a result of the SAM education, men have made personal decisions such as reaching out for support, changing the way they relate to their kids and partner, and communicating better with other people in the community.
- The program has strengthened the men's groups, given them more direction and encouraged men to support each other.
- Some men as a result of attending SAM have been more vocal in their community about child protection issues and are working closer with community, agencies and organisations in addressing these issues.

**Educational pathways**
SAM is a potential gateway to ECAV’s qualification courses for Aboriginal positions specialising in response to family violence. An independent evaluation of the Certificate IV in Aboriginal Family Health (Family Violence, Sexual Assault & Child Protection found that the course employs high-quality content and materials, uses rigorous, transparent assessment processes and is taught by trainers who are highly regarded by both students and their managers (Piggot & Milward, 2010). The evaluation found that the progressive educational offerings provides Aboriginal health workers with an optimal platform for secure employment, and further enhances the skill level of the workforce.

Seven participants in SAM have enrolled in the 2014 Certificate IV. Ongoing attendance requires a substantial financial commitment in relation to accommodation and meals, as well
as support from the workplace to allow men to attend during work time. This has prevented five of the seven men from completing the course.

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5.1.8 CONCLUSION OF SAM EVALUATION

Addressing violence against Aboriginal women remains a major state and national policy priority, however tertiary responses have failed to reduce the prevalence and impacts of VAW in Aboriginal communities (O’Mara, 2010). SAM is an innovative and promising primary prevention intervention into VAW in Aboriginal communities. It employs a community development approach that is targeted appropriately and sensitively in order to address the multiple underlying determinants of VAW in Aboriginal communities. It has a high profile in the communities where it has worked, and partnering agencies speak very highly of the program. This indicates that SAM is addressing an important need in NSW Aboriginal communities and it does so in a manner that engenders considerable trust and community support.

The completion of SAM in thirteen communities in four years, with only two years of funding, indicates strong demand for the program and also the capacity of ECAV to deliver high-impact, lost-cost programs. Despite the lack of funding for the program or formal evaluation, ECAV and SAM educators employ a holistic and targeted program design that is continually being refined and developed through participant and community feedback. Their execution of the community development model is in accordance with principles of best practice identified by research (Carmody et al., 2009; Nation et al., 2003). SAM is unique in its focus on building and supporting community infrastructure such as men’s groups to take a leadership role in violence prevention, and in the post-workshop educational opportunities which have the potential to increase the number of Aboriginal men qualified to address family violence. This potential is currently inhibited by a lack of financial resources to support men entering the course.

There is a strong case for providing financial support to Aboriginal men to complete the Certificate IV given the urgent need for more qualified Aboriginal health workers in this area. The available data indicates that SAM has been very successful in raising awareness and building community capacity in responding to IPV. Men’s groups in each community were
strengthened by engagement with SAM and the ongoing support offered by the ECAV Aboriginal team. Additionally, many of these groups have developed and implemented violence prevention initiatives. SAM has had positive impacts on individual workshop participants, including an increased willingness to discuss experiences of abuse and trauma and increased rates of help-seeking for social and health problems. SAM educators have documented promising examples in which men have pursued employment or substance abuse treatment following their participation in the program. However the current evaluation capability of ECAV is constrained by a lack of funding.

The cost effectiveness of the SAM program is a complex issue. Given that a clear funding line has not been received by the Program for some years, it is not possible to review past expenditure easily. ECAV have managed to survive by drawing from different short term funds. It is important to remember that this prevention activity involves multiple interventions beyond the young Aboriginal men and boys meeting in workshops. As described above, extensive consultation work is conducted over a number of weeks or may require multiple visits over time to ensure that the men and the wider community are ready to embark on the program. This means that a program budget requires flexibility as the need to allocate resources can vary between communities. In addition, consultation during and post workshops is needed with the Elders and the wider community to ensure accountability.

5.2 CASE STUDY 2 - EVALUATION OF THE NATIONAL RUGBY LEAGUE RESPECTFUL RELATIONSHIPS SEX & ETHICS PROGRAM

In many regards, whole of organisation approaches are the institutional equivalent to community development approaches. Just as community development seeks to affect change at the community level, whole of organisation approaches seek change at the organisational or institutional level. There are a number of exemplary whole of organisation VAW prevention projects being implemented in Australia, some of which were discussed in Section 3. These include the VicHealth funded Y Respect Gender program based in YMCA in Victoria, which is an organisational prevention initiative that aims to promote equal and respectful gender relations in the workforce. Educational prevention approaches are increasingly utilising the whole of organisation approach, such as the CASA House Sexual Assault Prevention Program for Secondary Schools (SAPPSS), which utilises a whole-of-school approach to the
prevention of SV. *Y Respect Gender* is currently being evaluated and the CASA program has undertaken a number of evaluations and refined the program in response to these.

A high profile example of a whole of organisation approach to prevention has been the Respectful Relationships program initiated by the National Rugby League (NRL). This program has been selected for a summative evaluation in order to emphasise how the principles of whole of organisation prevention have been implemented by an institution such as the NRL which has considerable reach and influence in the Australian community. This approach integrated whole of organisation strategies with bystander and respectful relationships programs in a comprehensive response to an institutionalised problem of sexism and VAW. As such it represented an innovative response to the institutional challenge of preventing VAW. Moreover, the potential impact of this prevention arguably extends beyond the NRL to the Australian community due to the well-publicised nature of the intervention and the high status of the NRL in social life. The successful implementation of this program by the NRL is widely known and could enable similar approaches to be replicated in other sporting codes and clubs.

The following section provides a summative evaluation of the findings of the NRL Pilot Respectful Relationships *Sex & Ethics Program* conducted in Queensland with 37 young men across 4 groups in 2009/2010. This evaluation included a rigorous evaluation including data collected on: the documentation of program process and implementation; participant surveys gathered at one week, six weeks and six months after the delivery of the program; and, outcome data gathered one week pre-program and six weeks post-program. The findings of the evaluation were published in 2010 and are summarised below.

5.2.1 BACKGROUND AND CONTEXT TO THE PROGRAM

The NRL Respectful Relationships *Sex & Ethics Program* was delivered for the first time in 2009. This occurred as part of an ongoing commitment by the NRL to take an organisation-wide approach to preventing VAW. A suite of activities fall under the umbrella of Respectful Relationships, which began as part of a research project commissioned in 2004. The project brought expert educators together to identify and respond to problems in players’ off-field behaviour.
The research was initiated after disturbing allegations that a group of players had sexually assaulted a woman. Research team members included Professor Catharine Lumby (Macquarie University), Dr Kath Albury (UNSW) and Wendy McCarthy (McCarthy Mentoring). The research was used to design a new education program that would support players to behave ethically and respectfully in everyday life and social situations. A recently released education manual on the suite of programs undertaken by the NRL indicates the ongoing commitment of the organisation to build respectful relationships across all parts of the league:

The Respectful Relationships education program began in 2005 and continues annually, with all NRL players taking part. The program is evaluated each year and refined. In 2010, further research was undertaken to test the effectiveness of the program. The results were extremely positive, indicating that the majority of players were making more ethical decisions in their lives off the field (NRL 2014 p.6).

The NRL’s commitment also extends its work with Aboriginal men who make up 12% of players in the League. Sport provides a vital role in the lives of many Aboriginal boys and men. Successful Aboriginal NRL players act as role models in their communities, and NRL can provide a pathway to future education and a career in sport. This commitment to Aboriginal men is extended to include specific work on engaging men in conversation and activities around IPV. For example:

In 2013, the National Rugby League in partnership with the Mudgin-Gal Aboriginal Corporation produced ‘Voice Against Violence’ – an anti-violence program created to educate and create conversations with men in the Rugby League family on domestic violence and the impact it has on our society. Voice Against Violence is grounded in the NRL’s belief that, in order to reduce violence against women, men need to be involved in the solutions – Voice Against Violence gives men in League an opportunity to do this (NRL 2014 p.6).

NRL are also active participants in White Ribbon campaigns and many players have become ambassadors speaking out against VAW.

The Respectful Relationship suite of activities sits within a broader Welfare and Education Program that supports players to make wise, healthy and ethical decisions on and off the field. Education programs cover the following areas:

• Relationships
• Alcohol and illicit drugs
• Gambling
• Sexual assault and violence prevention
• Career transition
• Money management
• Social media
• Cultural awareness

### 5.2.2 STRUCTURE OF THE NRL RESPECTFUL RELATIONSHIPS SEX & ETHICS PROGRAM

This Program has been specifically adapted from the *Sex & Ethics Program* (Carmody 2009) developed for both women and men aged 16-25 years of age. Its focus is to enhance the skills of young people in negotiating casual and ongoing sexual relationships from an ethical stance that values mutuality, respect and negotiation. It also includes teaching young people skills in intervening safely as bystanders to challenge sexual and physical violence in dating contexts. The following evaluation is drawn from multiple sources: publications and records from the NRL, the formal outcome evaluation of the program produced for the former Australian Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA) in 2010, written and verbal feedback from senior and junior players and an on location review of program sessions as they were rolled out by two independent educators (Dr Kath Albury and Dr Clif Evers from UNSW).

### 5.2.3 CONTEXT EVALUATION: WERE IMPORTANT NEEDS ADDRESSED?

At the request of the NRL, the Program was refined specifically and implemented for the first time with sportsmen as the target. The male only group of footballers and 17 current and former male footballers were trained to deliver the 6 week Program to male trainee footballers 16-18 years of age from two teams. The Titans on the Gold Coast (3 groups) and the Broncos from Brisbane (1 group). Men at this age are known to be at risk of performing hyper-masculine practices and are likely to be forming their first intimate relationships. The development of a successful intervention for these men, which takes place before violence occurs and instils supportive attitudes and practices, would constitute good practice in primary prevention.
The program was funded in 2009 as part of the Federal Government’s Respectful Relationship Program. The team was headed up by Professor Catharine Lumby, now at Macquarie University who was part of the initial team to work with the NRL on cultural change to address the prevention of VAW. Professor Carmody from the University of Western Sydney was subcontracted to run the training program and to evaluate the impact of the program.

5.2.4 INPUT EVALUATION: WAS A DEFENSIBLE DESIGN EMPLOYED?

The Program offers young men the opportunity to practice and develop or enhance knowledge and skills to realise their potential for ethical and respectful relationships. This is particularly important when sexuality programs provided by schools and parents are found to be lacking in addressing key interpersonal issues such as negotiating consent and how to engage in ethical intimacy (Carmody 2009). The 2-3 hour per week Program runs for six sessions and locates the individual knowledge and skills young people learn within a broader socio-cultural context of gendered relations. It challenges them to reflect on the gendered expectations of sex in casual and ongoing relationships and ways to actively resist dominant beliefs that promote and condone sexual and other forms of IPV. It provides young men opportunities to engage with ‘real life’ scenarios and to explore alternative ways of negotiating sexual intimacy. The Program has been rolled out across several states in Australia and New Zealand and continues to be delivered to a wide range of young people in diverse settings outside of the traditional settings for prevention work with young men in schools.

The Program is skills based and involves interactive activities to maximise impact on attitudinal and behavioural change. The following topics are covered:

- Different cultural perspectives on sexual intimacy
- The sexual ethics framework and how to decide what is right for you and the impact on others
- How to handle pressures to be sexual
- Non-verbal communication skills
- Alcohol and drugs and the impact on sexual decision making
- Skills in ethical consent and the law, ethical use of social media
- Negotiating conflicting desires and needs in casual and ongoing relationships
• Recognising the signs of abusive relationships
• Breaking up
• Being an ethical bystander and standing up to sexual violence and other gender-based abuse in your community

Best practice research highlights the importance of meeting a number of criteria to enhance program effectiveness and increase attitudinal and behavioural change. The program design meets all of the criteria identified by Nation et al (2003). It is comprehensive, uses varied teaching methods, provides sufficient ‘dosage’ in a six week format of 2-3 hours per week, has a clearly articulated theoretical underpinning based on sexual ethics and diverse understandings of gender and sexuality. It also emphasises positive ways of being ethical and respectful, is targeted appropriately for the developmental age of the young men and the issues of primary concern to them, is sociocultural relevant, has clear outcome evaluation methods and provides four days of intensive training for senior footballers who will then deliver the program to younger players.

5.2.5 PROCESS EVALUATION: WAS THE DESIGN WELL EXECUTED?

Written and verbal feedback from both senior players and junior players aged 16-18 on the design and delivery of the program was extremely positive. As one young man indicated:

[It] opened my eyes to what can happen from making wrong decisions (Anglo-Australian Male, 17).

The independent reviewers of the sessions being delivered by senior players commented:

It was clear to us that the content learnt by the trainers in the ‘Train the Trainers’ course had stuck, and they were delivering the content accurately. The key component of the Ethical Framework was emphasised and re-emphasised and if there was any disagreement the trainers were willing to patiently work this through with the participants. It was a very democratic and comfortable atmosphere. The smaller group activities were particularly effective. The participants were forthcoming in their participation and responses to the activities, a lot more than I had expected. The atmosphere was easy going, due in no small part to the excellent trainers who made the young men feel at ease throughout the workshop with practical advice, jokes,
footy talk (as socialising lubricant) and a clear set of guidelines and rules to follow. There was also the productive nature of the respect the young players had for those taking the time to deliver the program and help them out (Evers correspondence to NRL 15 January 2010).

--- 5.2.6 PRODUCT EVALUATION: DID THE EFFORT SUCCEED? ---

The NRL Respectful Relationship Sex & Ethics Program utilised multiple methods of evaluation to assess the impact of the program on the lives of the young men who took part. **Process evaluations** examine differentials in delivery, participant characteristics and program uptake. Process evaluations are built into the *Sex & Ethics* program, occurring in week 1 and 6 and in the 6 month follow up. **Customer (participant) satisfaction** studies provide an opportunity for participants to give feedback to program developers and presenters about what they did and did not like about the program. Customer satisfaction was included in the *program* at several intervals across the delivery of the program. In addition to this, reflection activities built into the program occurred at the end or beginning of the weekly sessions. These allowed educators to assess how satisfied participants were with the group as it was being developed.

One of the biggest questions that program developers and funders want to know is whether the program achieved it goals. The **Outcome (or impact) evaluation** used with this program involved a three stage evaluation design. For the NRL group, a short survey was administered in Week 1 (pre test), and repeated in Week 6 (post test). These were both administered in the group. An extended version of the survey was completed 6 months after the last group meeting.

This last step is rarely attempted in violence prevention education either in Australia or overseas. While pre and post test results can indicate any change over the life of the program they do not tell you anything about the lasting impact of the program. The six month follow up used in this program is therefore exemplary in trying to find out what the young men were doing six months later and whether any of the program ideas and skills were still being used by them.
A comprehensive research report on the outcome findings was produced in 2010 (Carmody et al 2010). The following section will provide a summary of the main findings.

Profile of participants

A total of 37 young men participated in the first week of the Sex & Ethics program across the four NRL sites. The following data is based on 29 young men (mean age 16.6 years) who completed all three parts of the outcome evaluation. All of the young men (100%) identified as heterosexual. The men were culturally diverse: the three largest cultural groups indicated were Anglo Australian (37.9%), Aboriginal (13.8%) and Samoan (6.9%). Similar percentages (3.4%) of participants identified as Fijian, Kiwi, New Zealander and South American. All the young men reporting having previous sexual experience.

Impact of the program

While the sample size was small, statistically significant improvements in understanding their own, and their partner’s, needs were found between the pre-test and post test. The larger part of the follow-up survey included a number of open-ended qualitative questions, which asked participants to share what they learnt from the program since it ended. Responses indicated that 100% of the participants reported using skills learnt in the program six months later. Forty eight per cent (48%) indicated this was “sometimes”, 28% indicated “many times” and 24% “a few times”. A similar positive response was found in terms of using ideas from the program six months later.

The 100% use of ideas and skills, six months post delivery, reported by the young men indicates the high relevance of the program to their needs. Their uptake is somewhat higher than groups of young people who have taken part in other versions of the program. Across all programs run in diverse settings the uptake of skills and ideas varies between 70-85% uptake. This may indicate the importance and impact of using current and former players to deliver the educational input and the single gender group composition.

The young men were asked to comment on what they had learnt about negotiating sex within relationships. For example, one young man suggested that the program had improved his ability to communicate with his partner:
Communication: making sure you talk through what about to happen and to get consent (Aboriginal male, 21).

Similarly, other participants indicated that the program had helped them with ‘communicating honestly’ and that they felt ‘more comfortable’ speaking to their partners:

(I learnt) how to talk about sex openly with my partner (Anglo-Australian Male, 17.)

A number of participants suggested that the Sex & Ethics Program had taught them about the importance of ‘always asking questions’ about sex and what their partners might want from the sexual relationship. Recognising the importance of paying attention to non-verbal communication was also seen as important: ‘Reading the signs. Making sure the girls feel good about themselves’. Others spoke about using the skills he had learned to communicate with his partner about sex:

When my girlfriend didn’t want to have sex, I respected that and talked to her about it. I felt like I was doing the right thing (Aboriginal Male, 17).

For a number of young men in this group, the examples raised in their follow-up underlined the issue of consent, and ‘making sure’ it was established before they engaged in casual sex or sex with their regular partners. For example, one participant indicated they he decided not to have sex because his partner ‘was too drunk’. For other young men, the examples focused on the importance of ‘negotiating sex’ when their partners ‘were ready’ and ‘making sure (they) both agreed’.

Participants were asked to comment on the three most important things they had learnt about SV. They underlined the importance of consent as a means of avoiding legal outcomes, as demonstrated in the following responses: ‘As soon as either party says stop you must stop or it’s rape’; ‘Have to be awake’; ‘Ask questions’; ‘Don’t assume’; ‘Consent is crucial’; and ‘Comes after one bad decision.’

The young men in this group also indicated that SV covered a range of aspects. This included an increased understanding of the law surrounding SV and legal consequences, as shown in the following responses from participants: ‘What the law states’; ‘It can wreck your life’;
‘Stop you from getting jobs’; ‘Not accepted and is illegal’; ‘Go to jail’; ‘It’s rape most times’; ‘It’s not right’ and ‘it’s wrong’.

A number of participants suggested the program increased their understanding of the impact of SV and that responsibility for the crime did not rest with the victim. Not surprisingly, a number of responses focused on the importance of ‘not being involved’ in SV and the direct impact of legal proceedings on ‘the club’: ‘Don’t get involved with silly situations’; ‘It’s irresponsible’; ‘Don’t be involved in it’; ‘(It) can have a massive affect not just on you but others’; ‘Think about how it will affect family, friends, and the club’; ‘It can most definitely be avoided’; and ‘Bad publicity’.

However, a smaller number of participants also reported on the complexity of sexual assault. As the following responses suggest: ‘Not only women get sexually assaulted’; ‘There are many forms of sexual assault’; and ‘The effect it can have on women’; and ‘Treat women with respect’. The young men also reported that they had learnt some skills about how to help a friend or someone else if they are in a risky situation or if they are assaulted. As one young man indicated: ‘If you see something you think is wrong assess the situation and do something.’

In Section 3.1.2 of this report, the increasing efficacy of using bystander intervention approaches as a prevention strategy was discussed. In particular this approach has been found to be very useful in engaging men and boys as allies in challenging gender based and other forms of violence. The process of teaching participants to be an ethical bystander builds on the skills taught in the early weeks of the Sex & Ethics program, particularly concerning ethical reflection and decision-making in sexual relationships.

Throughout the program the gendered context in which these decisions are made provides a backdrop to group discussions and questions. This is achieved by presenting real-life scenarios to encourage participants to reflect on how gender may impact on how people think, feel and act. For example, participants are encouraged to extend their ethical concerns to others and to realise that they can contribute to challenging sexual violence in all its forms in their friendship and community networks. As the sexual ethics framework focuses on care of the self and care of the other, this is not a big leap for many of them to make. The final
session of the program teaches young people skills for safely intervening in a range of potentially risky situations.

Twenty one (66%) young men indicated in their follow-up survey that they had used ethical bystander skills that they had learned from the *Sex & Ethics* Program since the groups finished.

The young men in this sample who indicated that they had engaged in ethical bystander skills often gave examples of where they intervened in risky situations, or in social contexts which involved alcohol. Many of the examples provided by participants focused on how they had used the skills to assist their friends who had been drinking to avoid potentially ‘getting into a fight’ or ‘hooking up’ with girls who were intoxicated.

A number of the young men also indicated that the skills they learnt in the program were helpful in situations where their friends were making bad decisions. For example, one young man indicated that he intervened when his friend was ‘tak(ing) advantage’ of a young woman who was intoxicated:

> One of my mates was trying to take advantage of a drunk girl and my girlfriend and I put the drunk girl in a cab and sent her home (Male, 17).

And:

> (My) mate trying to get with really drunk, barely standing up chick. I told him off and paid for her taxi home (New Zealand Male, 17).

The above responses indicate that the young men were willing to intervene in existing situations which could have very poor outcomes for the people involved. They also suggest that young men can and did develop a sense of community responsibility for preventing violence.

**Ongoing impact within the NRL**

Following the success of this small pilot of the 6 week program, the ethical framework which underpins all the program activities has been incorporated into framing the overall Respectful
Relationships strategy within the NRL. This is a reduced prevention activity compared to the full six week *Sex & Ethics Program*. However, it serves as an introduction to key principles of violence prevention and was used in their induction program for 240 newly-contracted players in late 2010 and will be retained as a core component of the future Induction Camps for new players.

5.3 CONCLUSION OF NRL EVALUATION

The statistical analysis of the quantitative and qualitative data demonstrates significant improvements in participants’ knowledge and skills in negotiating ethical relationships following their completion of the program. The qualitative data, collected 6 months after the program ended, provided specific examples of the ways that participants were able to utilise the knowledge and skills gained from the program in their daily lives. Importantly, participant responses to open-ended questions illustrate how their ‘thinking’ about important decisions, and application of valuable skills gained from the program, were able to enhance their opportunities for ethical and respectful relationships. The qualitative data also offers explicit examples of how participant engagement with the program content, including skills in ethical decision making, influenced their personal safety and ability to negotiate with partners. The young people demonstrated an increased understanding of the complexity of sexual assault and how they can assist others. The young men’s accounts of using their skills as ethical bystanders suggest that they were also able to use knowledge and skills gained from the program to challenge risky situations in their immediate environment. The development of the young men’s sense of community responsibility is not only integral to changing social norms which maintain violence, it is also encourages and supports the movement toward long-term change through primary prevention.

The findings of this evaluation indicate that the program was effective in achieving its goals and that significant change in personal and group behaviour is achievable for younger players before their careers have fully taken off. As such this is an important contribution to early intervention and prevention and is one important strategy in the NRL’s commitment to improving the cultures of respect towards women across the whole organisation. With enhanced investment to run the *Sex & Ethics Program*, the NRL would be able to extend the leadership skills of current and former players and increase prevention work with adult player and community clubs.
6. RESEARCH STUDY CONCLUSION

Violence against women is a costly personal and social issue that has far reaching and long term impacts across the whole Australian community. Men continue to be over-represented as perpetrators in all forms of intimate partner violence and sexual assault against women, their children and other men. Primary prevention takes these factors seriously and aims to intervene to prevent IPV and SV before they occur.

Our research found considerable interest at a state and national level in engaging men and boys in VAW primary prevention. The study findings indicate that VAW primary prevention is still in the early stages of development both in Australia and internationally. Effective intervention is acknowledged as more likely to occur if actions are taken at multiple levels within the community. This requires action at policy levels as well as within communities or organisations and at the local level of service provision. Victoria currently has the most developed framework of prevention activity from the leadership provided by the Victorian Health Promotion Foundation (VicHealth). It is hoped that the relatively recently formed National Research Organisation for Women’s Safety (ANROWS) and the National Foundation for the Prevention of Violence against Women and their Children will provide national leadership on primary prevention.

Our survey of prevention agencies and programs found a significant clustering of prevention efforts in Victoria and NSW with work also being undertaken in Queensland. Students at high school and university were the most common targets of primary prevention efforts, with adolescence and early adulthood recognised as key periods for VAW perpetration and victimisation. Other programs identified in our study worked specifically with Indigenous communities, CALD communities and sports organisations. Most stakeholders described their programs as underpinned by a gendered, ecological model of VAW that understands violence as a product of gender inequality and gender norms.

The data collected from surveys and interviews and our earlier review of best practice international research, indicates that a coherent and identifiable field of prevention practice focused specifically on men and boys has yet to emerge in Australia. Activities in the field are piecemeal, ad hoc and dispersed. There is no peak organisation that provides support to areas
of emerging practice except in relation to men’s behaviour change programs (i.e. perpetrator programs). Primary prevention activities are scarce as well as programs focused on boys or men specific activities. For example school based anti-violence education is most often provided in mixed gender contexts despite educators’ experience that this is often quite problematic for both female and male students.

Despite these findings, there are areas of prevention activity focusing on men and boys that indicate promising practice. These include programs and activities such as: respectful relationships education, bystander strategies, community development approaches, whole of organisation approaches, infant and parenting programs and social marketing.

The strongest finding emerging from our research is that best practice in engaging men and boys occurs in two key areas of primary prevention:

- Community strengthening and development; and,
- Organisational and workforce development.

Section 5 of the report provides a detailed evaluation of 2 programs that demonstrate these approaches. They are the Strong Aboriginal Men Program (SAM) and the NRL Respectful Relationship Sex & Ethics Program. These two programs share the primary prevention goal of preventing violence before it occurs as well as other important similarities, in particular:

- They are underpinned by a gendered analysis of VAW;
- They involve working specifically or mainly with men;
- They emerge from and are supported by organisations with significant experience and expertise in VAW; and,
- They engage men in multi-systemic change including at the community or organisational level.

While both programs have been developed in response to men and boys in specific settings they are potentially adaptable and replicable in other settings. The knowledge gained from the design and implementation of the SAM program could be applied well to working with CALD communities and emerging refugee settings. The NRL program has many key features that can be used by diverse sporting codes and with other male workforce based programs. Both programs therefore demonstrate a potential for reach and influence beyond their immediate program base. This is important for enhancing further primary prevention activities.
and in addressing issues related long-term cost-effectiveness. It highlights the potential for different funding models which could attract opportunities for investment. It is important to consider that primary prevention is both a short and long term investment in challenging deep seated practices. Without a clear commitment and investment in policies and programs focused on intervening before violence occurs, personal and financial costs will continue to impact alongside increased expenditure in tertiary prevention.

There are significant opportunities identified by this study to build on the good will of the many people in the sector committed to violence prevention. However, leadership is needed at national and state levels as well as within organisations and across our diverse communities to promote policies and practices that build on existing international evidence to actively engage men and boys in challenging VAW.
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An evaluation of the counselling in prison trial

Thomas Dornan & Elyse Aird
Foreword

Victimisation through violence is a frightening and unsettling experience. The trauma associated with the crime is complex and multifaceted; the physical injuries may heal however the psychological damage can be long lasting and recurring. At Victims Services we see firsthand the impact crime has on victims and their families. We work with some of the most vulnerable, disadvantaged and disenfranchised groups across NSW and as unlikely as it may seem, one of those groups includes the NSW inmate population.

When discussions about working with inmates arise, I am frequently met with concern about how we can consider this group of people as victims when they are clearly offenders and should be treated as such. The reality, which is not in dispute, is that they are offenders and they have been incarcerated as punishment for their crimes. However, a component of incarceration is rehabilitation; that is where we have a role. Numerous inmate censuses indicate prior violent victimisation for inmates is high, particularly for female inmates. It is likely that as a result of that prior victimisation many of those inmates have high levels of unresolved or unaddressed trauma symptoms.

This Evaluation Report indicates that there is a high level of prior victimisation commencing in childhood, which is commensurate with offending behaviours. It is also supported by the growing body of evidence based research linking prior histories of victimisation and offending behaviours.

Whilst we cannot and do not state that the presence of these trauma symptoms is the direct cause of offending, research indicates that these are significantly associated with offending behaviours, such as drug and alcohol abuse, homelessness and recurrent mental health issues. Therefore, the resolution of unaddressed complex trauma is a necessary part, however small, of any successful rehabilitation program.

There are however no specific programs offered to address that victimisation or consider the presence of trauma. Given the trauma histories presented by this group, this form of intervention is imperative. The current partnership between Corrective Services NSW and Victims Services allows us to take an evidence based approach to providing a mutually beneficial outcome for this group. It also adds further evidence to the debate as to whether punitive environments can act as a therapeutic frameworks for trauma recovery.

The application of a trauma informed framework, as outlined in the Evaluation Report, has yielded significant results with some key challenges for policy and service provision. The recommendations outlined are achievable and are beginning to be implemented. Whilst I am aware of the significant cultural shift required to implement the recommendations, the commitment shown by Corrective Services in moving towards a trauma informed framework is to be commended.

I want to acknowledge the work and dedication of Thomas Dornan and the Clinical Programs Team without whom this program would not have been fulfilled to the high standard that it has. They have worked tirelessly to ensure that this program was a success and ensured that any issues were dealt with promptly.

Mahashini Krishna
Commissioner of Victims Rights
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Executive summary

Background
As indicated by the research, both male and female inmates are likely to have been victims of a violent crime as a child or adult prior to their incarceration. A history of victimisation is likely to be a contributing factor to the offending behaviour of these inmates.

Victims Services administers the Approved Counselling Service (ACS), which provides face-to-face counselling to eligible victims of violent crime. The ACS operates in accordance with eligibility criteria set out in the Victims Rights and Support Act 2013. The service is one of the responses available to victims of violent crime in NSW to assist them in coping with the adverse symptoms arising as a direct result of an act of violence and to reduce the impact of the crime on their lives.

Currently inmates in NSW are able to apply for counselling under the ACS, however they are unable to access this counselling until they are released from custody. Corrective Services NSW does provide limited therapeutic services to inmates to address any psychological, emotional or social impacts relating to their experience as a victim of violent crime. Whilst they do provide a large range of psychological services, most of these are limited to addressing issues relating to mental health and factors leading to their criminal behaviour.

In order to address the gap in services, this pilot program was established to determine if this type of service is needed by inmates, and can be provided effectively within the custodial setting. A protocol was developed between Victims Services and CSNSW to provide victims counselling to inmates in two NSW correctional centres. The pilot began in November 2011 at Dillwynia and May 2012 at Wellington Correctional Centre.

Objectives
The purpose of this evaluation was to determine the effectiveness of the pilot program, mainly to:
- identify and evaluate the process of delivering counselling in custody to address past victimisation;
- identify and assess the effectiveness of steps taken to address any issues during the duration of the pilot;
- determine if the counselling service met the needs of the target group;
- document progress of service users and the impact of counselling; and
- monitor uptake of the service.

Method
This evaluation considered the pilot in terms of both a process evaluation and outcome evaluation. A mixed methods approach was utilised in relation to the evaluation, which considered both qualitative and quantitative data to meet the objectives. The evaluation was considered from both a process and an outcome perspective in order to not only inform the impact on the clients but also how the service could be improved.

To conduct the evaluation, interviews were conducted with inmates participating in counselling and with a range of stakeholders in CSNSW. These interviews were conducted individually with inmates and some professionals, such as the Manager Offender Services and Programs. Other larger groups participated in focus groups to ensure that a range of perspectives within those groups were considered. Thematic analysis was used to derive the key themes which informed this evaluation.
There was also analysis of data collected in relation to uptake of counselling, demographic details of the participants, and pre and post measures of trauma symptoms.

Participants
► Of the 235 inmates who participated in the trial, 159 of the participants were female, 76 were male, and 87 identified as Aboriginal and/or Torres Strait Islander.
► 198 of the participants were victims of either domestic violence or sexual assault.
► Many participants presented with a history of multiple victimisation and complex trauma.

Key findings and recommendations
Overall the pilot currently in place has been effective. Interview and focus group data indicated that there were no major barriers in providing counselling in prison. For inmates, counselling gave participants an opportunity to discuss trauma, and deal with the shame and grief attached to the victimisation in a prison setting. At first, inmates were reluctant to discuss trauma histories. For many, they had carried the burden of victimisation in secret. Once they felt they were safe and in a non-judgemental environment, free from repercussions, then they could deal with the shame and grief of their trauma histories. It was important for trust to be built between the counsellor and participant.

Data analysis of trauma symptom scores showed a reduction in severity levels for inmates in the areas of depression, anxiety and stress before and after counselling. This reduction occurred across the group types, meaning that the difference was true for individuals regardless of age, gender or ATSI status.

Key stakeholders and service users recognised the impact that counselling had on individual inmates as well as some staff. During the interviews, service providers and service users shared their appreciation for the counselling program. It was reported that the program helped to address emotional regulation, prior trauma, and working through events rather than repressing them.

There are areas which have been recommended for improvement. These improvements are straightforward and predominately administrative in nature. The nature of the prison environment means that the processes normally adopted for the community setting require some amendments to improve their overall effectiveness. The major recommendation stemming from the evaluation was that it be expanded to other correctional centres in NSW. The other recommendations include:
► Adopting a case management approach for interventions to ensure the current counselling did not impede on other therapeutic services;
► Improvements on referral pathways for men and Aboriginal men in particular;
► Consideration for other delivery modes of counselling that fit within the correctional environment and can be absorbed into a normal service delivery model;
► That the administrative process be streamlined to reduce the administration required to operate in a correction environment; and
► That specific training programs be developed and delivered to improve staff awareness of trauma histories and what they mean for work practices.
Conclusion

Overall, the counselling in prisons pilot has been effective in its implementation in Dillwynia and Wellington Correctional Centres. The evaluation revealed some important findings for CSNSW in that it allowed inmates to address prior trauma histories previously hidden or repressed. The counselling was perceived as invaluable since such a specific service was otherwise unavailable to inmates.

Both participants and stakeholders felt that there were no major barriers to offering counselling in the centres. An analysis of pre and post counselling showed that there was a significant reduction in test measures of trauma related symptoms. In addition, most stakeholders were satisfied with the operation of the counselling pilot and supported further expansion of the services to other correctional facilities statewide.
Acknowledgements

The initial counselling trial was an initiative of the Women’s Advisory Council and established in the two pilot locations by Mandy Young, former Commissioner, Victims Services and Deirdre Hyslop, Principal Advisor Women Offenders.

Thank you to Mahashini Krishna, Commissioner of Victims Rights for the ongoing development of the program and her support in undertaking the evaluation.

For the insight into the value of such a program and the commitment to delivering it, thanks are offered to Brendan Thomas, Deputy Secretary, Peter Severin, Commissioner, CSNSW and Assistant Commissioner, Luke Grant.

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Finally, special thanks are extended to Louise Lenard who provided constructive feedback and insight throughout the duration of this evaluation. Additionally, the contribution of Jonathan Nichol in desktop publishing this report is appreciated.
Chapter One | Introduction

1.1 Background to Victims Services Approved Counselling Service

Victims Services and Corrective Services NSW (CSNSW) have been running a joint “Counselling in Prison” trial in Dillwynia Correctional Centre and Wellington Correctional Centre. The trial was initiated to meet a gap in services to inmates in correctional centres who are also victims of crime, in accessing therapeutic services to address issues of victimisation. This issue has been regularly raised at the Women’s Advisory Council for CSNSW. The pilot considers the viability of providing therapeutic services within a correctional setting.

Research shows that inmates, both female and male, are likely to have been victims of violent crime both as adults and as children prior to their incarceration (Blanchette & Brown, 2006; Lawrie, 2002; McGrath, Nilsen, & Kerley 2011). Research also shows that Indigenous inmates have an even higher rate of victimisation than the general inmate population. A history of victimisation is likely to be a significant contributing factor to many inmates’ offending behaviour such as drug and alcohol abuse, violent behaviour or psychological symptoms that manifest in other offending behaviour such as gambling, theft or fraud.

In 2003, the report Speak Out, Speak Strong from the Aboriginal Justice Advisory Council found that over 90% of female offenders surveyed had been a victim of sexual assault. This figure has continuously been supported through various Justice Health inmates surveys, which consistently show most offenders are previous victims of sexual assault and domestic violence. A recent review conducted by the Australian Centre for the Study of Sexual Assault reported similar results (Stathopoulos et al., 2012).

Currently CSNSW provides limited therapeutic services to inmates to address any psychological, emotional or social impacts relating to their experience as a victim of violent crime. Whilst they do provide a large range of psychological services, these are limited to addressing issues relating to mental health and factors leading to their criminal behaviour.

1.2 The Approved Counselling Service

Victims Services administers the Approved Counselling Service (ACS), which provides face-to-face counselling to eligible victims of violent crime. The ACS operates in accordance with eligibility criteria set out in the Victims Rights and Support Act 2013. The service is one of the responses available to victims of violent crime in NSW to assist them in coping with the adverse symptoms arising as a direct result of an act of violence and to reduce the impact of the crime on their lives. Currently inmates in NSW are able to apply for counselling under the ACS however they are unable to access this counselling until they are released from custody.

1.3 Prior history of victimisation amongst inmates

The starting point of the pilot process asked the question: why offer inmates counselling focusing on their own history of victimisation? The reason is because inmates, both male and female, are likely to have been victims as adults or as children of violent crime prior to their incarceration. Research shows that individuals who have been neglected or abused are more likely to be arrested than those who have not been neglected or abused (Arnold, 1995, DeHart, 2008).

Research shows that an overwhelming majority of female prisoners have experienced more instances of domestic violence, child abuse, mental
illness, substance abuse problems, and more likely to have come from impoverished backgrounds than women in the general population (ABS, 2004; Blanchette & Brown, 2006; Kruttschnitt & Gartner, 2003; Morton, 1994). Attempting to measure the true extent of crime against women is difficult since crime is often unreported (ABS, 2006). What is known however, is that an early history of victimisation often relates directly to women’s crimes (DeHart, 2008; Gilfus, 1992; Lake, 1993).

A study by Briggs and Hawkins (1995) of male offenders and non-offenders who had been sexually abused in their childhood showed that the offending group were more likely to have received more frequent verbal and physical abuse during their childhood than the non-offending group. Further to this, Felson and Lane (2009) found that offenders who were abused physically were more likely to commit violent offences than non-violent offences.

A history of victimisation can be a significant contributor to offending behaviour, irrespective of gender. As well as offending, victimisation can also influence health and psychosocial functioning (Coll et al., 1998). Of those in the general population who experience mental health problems following interpersonal traumatisation, the majority do not seek formal help (Schreiber, Maercker & Renneberg, 2010).

An evaluation of the ACS in Victims Services of the 2012-2013 financial year (Victims Services unpublished report, 2013) found that:

► 87% of sources for referrals came from sources other than the victim;
► 13% of applications related to violent crimes adult victims had experienced prior to turning 18 years old;
► for incidents where people had been victimised as adults, approximately 14% of victims applied for counselling several years subsequent to the incident; and
► 70% of applicants for counselling were female.

Currently there is limited research into prisoners’ experiences of trauma-focused therapy prior to incarceration, or research into the effect of this therapy on recidivism.

1.4 Current correctional responses

There are currently a range of programs offered by CSNSW (2012) which focus on addressing a range of criminogenic risk-factors; however none of the programs necessarily address prior individual histories of trauma. The Out of the Dark program helps women to address domestic violence. This program is run in a group format of two-hour sessions over the course of six weeks. However, the program occurs infrequently. There are no other specific services which address prior or historic forms of victimisation suffered by the inmate. Victims Services offer a therapeutic response to trauma, however the service is unavailable to inmates as it is a community based service.

Under NSW 2021 – A Plan to Make NSW Number One, CSNSW is committed to reduce the rate of re-offending by five per cent by 2021. Group programs designed to contribute to this goal are described in the Compendium of Correctional Programs in NSW. A range of services also contribute to this goal and include psychological services, Statewide Disability Services, the Personality and Behavioural Disorders Unit, and others. However, since these programs do not offer a therapeutic component to address prior victimisation, the current pilot was developed to meet the gap for inmates who have previously been victims of crime.

1.5 Victims counselling programs

There are numerous bodies of research which show that females’ history of victimisation often directly relates to their criminal behaviour (DeHart, 2008; Gilfus, 1992; Lake, 1993). Their history of victimisation can also relate to health and psychosocial functions. A National Prisoner Health
Census in 2010 shows that female prisoners are likely to have a range of complex needs relating to physical and emotional health, and that if these needs are not identified, and help not obtained, can further exacerbate the problem (AIHW, 2010). Unless there is a way to identify and address these needs in the correctional centres, these issues will continue to be relevant for female prisoners.

However, there are issues related to offering such a service for prisoners which must be considered. A literature review conducted by the Australian Institute of Family Studies (Stathopoulos et al., 2012) concluded with a framework for supporting female offenders with histories of trauma. The key principles underpinning the framework included five points in relation to victimisation and its impacts:

- Victimisation over the course of a female offender’s lifespan cannot be separated from the factors leading to their offending.
- Trauma related categories in the Diagnostic and Statistical Manual of Mental Disorders (DSM-V) and International Statistical Classification of Diseases and Related Health Problems (ICD-10) do not include the range of trauma which can be experienced as a result of victimisation.
- Difficulties managing emotions, self-capacity, dissociation, and changes to world views are central to complex trauma.
- Understanding the aspects of complex trauma is an important factor for establishing a sense of safety of a woman in trauma counselling.
- Trauma should not be a discrete part of correctional services or programs, nor separate from rehabilitation. Trauma should be addressed system-wide.

### 1.6 Establishing the service

A joint protocol was developed between CSNSW and Victims Services and a therapeutic service instigated, based on a trauma informed approach (Kezelman, 2011). It was decided that the service should be: independent of the prison (Pollack and Brezina, 2006) with a Victims Services counsellor providing the therapy; voluntary for prisoners (Buchanan, 2007); reflecting the needs of the prisoners (Covington, 1998); and, that there be a continuum of service between prison and the community (Eastel, 2001).

The pilot began in November 2011 at Dillwynia Correctional Centre and then in Wellington Correctional Centre in May 2012. The pilot has been a way of addressing this gap, with inmates in designated correctional centres, who are eligible for counselling under the ACS model, accessing Approved Counselling whilst they are in custody. The structure of the counselling service provided in the pilot is based on the ACS model with modifications made to some processes in order to meet the operational needs required to provide the service in the correctional centre.

As with the mainstream ACS service, counselling addresses trauma symptoms related to their experiences as victims of violence. This includes developing strategies to cope with traumatic events and assist inmates in attaining skills that may contribute to their rehabilitation and potentially reduce their re-offending behaviour. Also, inmates who will resume parenting responsibilities on their release will benefit from addressing their own trauma histories and this is likely to enhance their capacity to safely care for their children.

### 1.7 Aim of the evaluation

The aim of this evaluation is to determine the extent to which the counselling service has met its aims and objectives in terms of reducing trauma symptoms for inmates who have experienced a prior history of victimisation.
1.8 Objectives of the evaluation

The overall objectives of the evaluation in line with the joint protocol were to:

- identify what worked well and what did not work so well (in terms of both what was done (outputs) and how it was done (processes));
- identify and assess the effectiveness of steps taken to address any problems encountered;
- provide information on the extent to which the counselling service has met the needs of the target group;
- document progress of service users and the impact of counselling; and
- monitor uptake of the service.

In order to assess whether or not the service met those aims, the evaluation undertook two main components, specifically: a process evaluation and outcome evaluation.

1.8.1 Process evaluation

Process evaluation was considered as an important part of the service and was an ongoing component throughout the pilot. It assessed the activities of the program by focusing on its implementation and operation. Further, it sought to determine if the program was implemented as planned, or, if changes were required to be made to the plan and how this effected the overall operations of the program.

For the purposes of the present study, a process evaluation has been used to determine: how the program was implemented; the involvement of participants and stakeholders; the use of the tools and measures used for the pilot; and, whether or not the model of the pilot could be replicated.

Essentially, it sought to answer the following research questions:

- Has the pilot run as intended? What changes were made to the pilot?
- Has the pilot reached the intended target group?
- Which processes have supported the service and which have not?
- How effective are the links and relationship between CSNSW and Victims Services?
- Have the stakeholders been satisfied with how the pilot has been implemented?
- Is the service accessible to the participants?
- Have the materials and measures used in the pilot been appropriate for the target group?
- Can the model be replicated in other prisons?

1.8.2 Outcome evaluation

An outcome evaluation was undertaken as part of the overall evaluation as it assessed the long term effects of a program, and whether or not the objectives of the program were achieved. It focused on the changes that have occurred as a result of the program.

Using an outcome evaluation framework gives an indication as to the effectiveness of the pilot, whether or not the goals of the pilot were achieved, and the significance of the pilot. This will help to show whether or not the counselling pilot was successful, and if so, recommend that the program be implemented on a wider scale.

This component of the evaluation sought to answer the following research questions:

- Who were the participants accepting the service?
- What were the outcomes of counselling?
- Did participants’ levels of trauma improve from pre to post counselling?
- How did participants respond to counselling?
Were staff supportive of the outcomes?

What are the advantages and disadvantages of having victims counselling in a prison setting?

Were there factors outside of the pilot which influenced the pilot’s effectiveness?

What improvements could be made to the pilot to make it more effective?

1.9 Stakeholders in the evaluation

In order to achieve any possibility of success in the program, the participation of a range of key stakeholders were required. For the purposes of the pilot, the following agencies and positions formed the initial Steering Committee:

- Corrective Services NSW
  - Principal Policy Officer
  - General Manager
  - Manager Offender Services and Programs (MOSP)
  - Support and Programs Officers (SAPO)
  - Psychologists
  - Chaplain

- Justice Health
  - Mental Health Nurse

- Victims Services
  - Commissioner of Victims Rights, Victims Services
  - Coordinator Clinical Programs
  - Manager Strategic Policy and Programs
  - Approved Counsellors

It was these same groups of individuals that were approached and participated in the completion of the evaluation.
An evaluation of the counselling in prison trial
Chapter Two | Methodology

2.1 The program model

The program model was based on the Victims Services Approved Counselling Service. However, some changes were made in order for the program to be facilitated within the correctional centres. The approach of the counsellors was the same as the guidelines set out in the Practice Standards for Approved Counsellors. The counselling sessions were offered face-to-face with clients to address trauma related to an experience as a victim of a violent crime. Approaches to counselling could vary between counsellors, however all approaches were to be evidence based and appropriate to address the impact of trauma.

2.2 Participants

Participants were 235 male and female inmates from Dillwynia Correctional Centre and Wellington Correctional Centre who attended counselling sessions. Participants were identified through internal records within Victims Services and approved by a counsellor as being suitable for the sessions. Participants met inclusion criteria if they applied for counselling as part of the trial and then attended counselling sessions. Participation in the pilot was voluntary. Inmates have been included in this report if they participated in counselling between 1 November 2011 and 31 July 2014. There were an additional 12 inmates who attended counselling outside of these dates who have been excluded from this analysis.

This report does not discuss a further 47 inmates who declined to participate following approval from a counsellor and inmates who were either transferred or released from custody were excluded from the study (n=45). Inmates serving sentences for sex offences and non-victims of crime were also excluded from participation based on the decision reached by the Steering Committee. Hence the following analysis concerns 235 participants.

2.3 Data sources

Further data was collected from the Compensation and Restitution Enhancement System (CARES) at Victims Services and the Offender Integrated Management System (OIMS) including details of inmates’ participation in programs, number of self-harm incidences, and number of conflicts amongst inmates, before, during and after participation.

2.4 Data gathering

Data used as part of the evaluation were both quantitative and qualitative in nature. To determine changes as a result of the service, data was gathered from participants, both pre and post participation in the service. To minimise interference in the daily operations of the centres as well as minimising disruption to the inmates, Approved Counsellors undertook the pre/post measures (see section 2.5) as part of the counselling process.
2.5 Measures

Inmates completed three questionnaires, including the Depression Anxiety Stress Scales (DASS), Corrections Victoria Treatment Readiness Questionnaire (TRQ), and the Victims Services Client Evaluation Form.

Inmates who expressed interest in attending the counselling sessions completed the TRQ. The TRQ was completed again after their participation in the sessions. This information was used by counsellors but has not been included in this report because data was not gathered consistently.

Inmates completed the Depression Anxiety Stress Scales (DASS) at the first counselling session and again at the completion of 10 hours of counselling. The raw scores were then returned to the researcher.

The Victims Services Client Evaluation Form, a 12 item questionnaire, was also given to all inmates attending counselling sessions. This questionnaire provides comparative data between all participating inmates engaged in the counselling pilot. This data replicated feedback from the interviews and has not been discussed in this report as the interviews provided more detail.

A semi-structured interview was offered to inmates who participated in the counselling sessions. The interviews were designed to elicit information about both the process and outcome components of the evaluation. It considered participants’ views on:

► Accessing the counselling service and referral routes;
► Appropriateness of the counselling environment;
► Expectations and experiences of counselling;
► Perceived impact of counselling on affecting personal change; and
► Perceptions about the effectiveness of counselling received.

Staff and professionals who were interviewed (except for Correctional Services Officers who completed a survey) were asked open-ended questions about the outcome of the pilot, and perceived needs, barriers, benefits and limitations of the service.

Focus groups were conducted with Correctional Services Officers, and Services and Programs Officers, grouped by job title.

2.6 Issues of access and ethics

Ethics approval to undertake the evaluation was sought from the Corrective Services NSW Ethics Board. The Board provided recommendations on the proposed methodology to the Commissioner CSNSW who provided formal approval to the researchers.

The researchers then applied to become authorised visitors to enter Correctional Facilities and undertake the mandatory training course. Once this approval was obtained, further permission was sought from the General Managers of each correctional centre to visit the Centre and undertake the evaluation. In each instance, the Manager of Offender Services and Programs (MOSP) coordinated the visits to minimise disruption to normal routines and assist in the preparation of visit schedules.

Participants were selected randomly to participate in the evaluation. Participation was dependent simply upon an inmate participating in the pilot, their availability to participate and their consent to participate. Prior to the interviews being undertaken, the counsellor and programs staff explained the purpose of the evaluation. Further informed consent was obtained immediately prior to the interviews. No participants of the trial declined to take part in the evaluation process.
2.7 Data analysis

A mixed method approach was used to analyse the data gathered from the pilot. Data from the questionnaires was collected before and after participation in the counselling sessions and compared using statistical methods in order to determine if there was a significant difference in responses before and after participation.

Interviews with inmates were analysed and themes extracted for discussion. Thematic analysis was used to extract key themes from interviews and focus groups with staff and professionals involved in the program to determine the most important issues in the pilot.

2.8 Summary

The Victims Services Approved Counselling Service was used as a model for providing counselling to inmates in two correctional centres who had been a victim of a violent crime. Participants were 235 inmates from two correctional centres who were in counselling between November 2011 and July 2014. Data was sourced from electronic databases, interviews, focus groups and questionnaires. This evaluation will provide valuable information regarding the use of this model within the correctional setting.
Chapter Three | Service usage

3.1 Introduction

Counselling was offered to inmates who had previously been victims of crime as identified by records of victims kept by Victims Services. Participation in the trial was voluntary.

3.2 Service provision

Counselling was provided by an Approved Counsellor as approved by Victims Services. An assessment was conducted prior to initial counselling sessions in order to determine: the act of violence that occurred; presenting issues; client functioning before and after the act; and trauma-related symptoms, so that an intervention plan could be developed. There were up to ten hours of initial counselling with the inmate, focusing on the trauma that was experienced as a direct result of violence, which could then be extended to 22 hours once the Counsellor undertook a review of the progress in order to address the remaining issues as a result of the violence.

Correctional centre staff, Justice Health staff and inmates were told of the counselling service through meetings and by word of mouth. Staff could refer an inmate to the service, or inmates could self-refer.

3.3 Funding

The Approved Counselling Service (ACS) provides a source of funding for all eligible victims of crime to obtain access to up to 22 hours of free counselling. The inmates participating in the pilot all met the eligibility criteria to access counselling with the only barrier being the ability to access the service in a community setting.

Therefore the service established under the pilot operated within the normal parameters and costs established by the ACS. The hourly cost associated with inmates accessing a counsellor is the same as the hourly cost for anyone else accessing a counsellor in the community.

Some additional costs were required to establish the pilot such as travel costs for counsellors travelling to regional areas. Costs were also incurred for the recompense for the loss of clinical hours as a direct result of the delays in the normal functioning of a prison. These delays included lockdowns, inmates transiting between work and counselling, and transfers between units within the prison.

3.4 Program monitoring, coordination and management

Corrective Services NSW was responsible for:

► arranging criminal history checks for eligibility of Approved Counselling;
► conducting training prior to attendance at correctional centres;
► providing safety and security at correctional centres;
► rooms for counselling;
► facilitating referrals;
► exchanging relevant information with Victims Services; and,
► developing procedures to assess the appropriateness of inmates to participate in the program.

Victims Services was responsible for:

► overseeing the administration of the counselling pilot within Victims Services;
3.5 Service usage

Participants were inmates who applied for counselling as part of the pilot, and then participated in the trial. Participants attended an initial session with a counsellor to confirm their suitability for the pilot. Inmates were excluded from the trial if they were serving a sentence for a sex offence or were non-victims of crime.

3.6 Demographics of inmates accessing service

Of the 235 participants in the counselling trial, 224 (95.3%) were primary victims. Figure 1 below shows a breakdown of other groups in the trial.

<table>
<thead>
<tr>
<th></th>
<th>No.</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sexual assault victims</td>
<td>98</td>
<td>41.7%</td>
</tr>
<tr>
<td>Aboriginal and/or Torres Strait Islander persons</td>
<td>87</td>
<td>37.0%</td>
</tr>
<tr>
<td>DV victims</td>
<td>100</td>
<td>42.6%</td>
</tr>
<tr>
<td>Assault victims</td>
<td>24</td>
<td>10.2%</td>
</tr>
<tr>
<td>Males</td>
<td>76</td>
<td>32.3%</td>
</tr>
<tr>
<td>Females</td>
<td>159</td>
<td>67.7%</td>
</tr>
</tbody>
</table>

There were a total of 235 participants in the counselling trial from 1 November 2011 and 31 July 2014. There were 115 females at Dillwynia Correctional Centre, and 44 females and 76 males at Wellington Correctional Centre (see Table 1). Females accounted for 67.7% of the total participants in the trial.

Table 1: Number of participants in each correctional centre by gender

<table>
<thead>
<tr>
<th>Correctional centre*</th>
<th>Female</th>
<th>Male</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dillwynia Correctional Centre</td>
<td>115</td>
<td>-</td>
</tr>
<tr>
<td>Wellington Correctional Centre</td>
<td>44</td>
<td>76</td>
</tr>
<tr>
<td>Total</td>
<td>159</td>
<td>76</td>
</tr>
</tbody>
</table>

* There were eight participants who moved into another prison during the trial. For the purposes of this table the first prison was chosen.

Of the total inmates, there were 87 participants listed as Aboriginal and/or Torres Strait Islanders (see Table 2). The majority of participants were listed as the primary victim of the offence (n=224, or 95.3%). There were five secondary victims, four family victims, and one dependant family victim (information for one participant was unknown).

Table 2: Number of participants by Aboriginal and/or Torres Strait Islander status

<table>
<thead>
<tr>
<th>Aboriginal and/or Torres Strait Islander status</th>
<th>No.</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aboriginal and/or Torres Strait Islander</td>
<td>87</td>
<td>37.0</td>
</tr>
<tr>
<td>Non-Aboriginal and/or Torres Strait Islander</td>
<td>138</td>
<td>58.7</td>
</tr>
<tr>
<td>Unknown</td>
<td>10</td>
<td>4.3</td>
</tr>
<tr>
<td>Total</td>
<td>235</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Figure 2 (page 23) shows that participants tended to be victims of either domestic violence or sexual assault, regardless of their characteristics. However, there were other notable differences:
Males were more likely to be a victim of assault than any other group type.

Females were more likely to be a victim of sexual assault than males.

Aboriginal and/or Torres Strait Islanders were more likely to be a victim of domestic violence than non-Aboriginal and/or Torres Strait Islanders; there was no difference for sexual assault.

The average age of participants at the time they commenced counselling was 32.5 years. The majority of participants were aged between 18 and 39 years (see Table 3). On average, females were 33.2 years of age and males were 30.9 years of age.

### Table 3: Age at time the participant commenced counselling

<table>
<thead>
<tr>
<th>Age of participants</th>
<th>Female</th>
<th>Male</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-29 years</td>
<td>50</td>
<td>34</td>
<td>84</td>
</tr>
<tr>
<td>30-39 years</td>
<td>74</td>
<td>24</td>
<td>98</td>
</tr>
<tr>
<td>40-49 years</td>
<td>24</td>
<td>11</td>
<td>35</td>
</tr>
<tr>
<td>50-59 years</td>
<td>5</td>
<td>3</td>
<td>8</td>
</tr>
<tr>
<td>Unknown</td>
<td>6</td>
<td>4</td>
<td>10</td>
</tr>
<tr>
<td>Total</td>
<td>159</td>
<td>76</td>
<td>235</td>
</tr>
</tbody>
</table>

3.7 Summary

The participants were 235 inmates from Dillwynia and Wellington Correctional Centres who received counselling for prior victimisation between 1 November 2011 and 31 July 2014. There were 159 who were female and 87 who identified as Aboriginal and/or Torres Strait Islander. There were 198 participants who were victims of either domestic violence or sexual assault.

* There were 10 participants who did not have an ATSI status and were not included in the ATSI/non-ATSI percentages. There was one female for whom the offence was not known and has also been excluded from the female percentages, and from the total percentage.
An evaluation of the counselling in prison trial
Chapter Four | Process evaluation

4.1 Processes and challenges

The current process for managing applications for victims of crime was amended slightly, as per the protocol, to manage the implications for a correctional setting. The completed application form requires endorsement for submission from the Manager Offender Services and Programs (MOSP) before progressing to Victims Services for processing. This process was established to ensure that inmates precluded from the trial (such as sex offenders) were identified earlier and referred to internal CSNSW services.

Once received by Victims Services, the applications are processed within two working days and a decision provided to the MOSP to confirm approval for the inmate to commence counselling. Confirmation is then provided to the Approved Counsellor and the inmate is placed on the waiting list to see the counsellor and scheduled in for the first available appointment. An overview of how the service is managed is presented in Figure 3 below.

During the interviews, staff reported that there was often inconsistency from Victims Services in terms of applying the process. These delays stemmed from different staff working on the process but not being completely aware of the next steps to be taken.

Discussions with Victims Services determined that this occurred during structural changes which resulted in a larger pool of administrative staff managing the process, rather than a dedicated counselling administration team. Further monitoring and review of the process will determine if this will be resolved as staff embed the work in normal practice.

With changes in the CSNSW organisational structure of the program area and changes in staff, it was raised that the effectiveness of the service operation was affected. It was believed that this would be resolved once staff bedded down the changes but it may take some time based on current priorities. Monitoring and reviewing this issue over a period of time will greatly assist in determining the extent of the problem and the necessary course of action to mitigate it.

A further administrative challenge is the delay in approval for the full 22 hours of counselling. Currently, 10 hours are approved, then a further 12 are approved at a later point. It was raised that this is an administrative step, and delays are caused in getting the application through to Victims Services and then confirming if further hours were approved. It was believed that approving the 22 hours upfront would better allow the counsellor and the MOSP to manage the process more simply and avoid any administrative delays from the centre or Victims Services.
Correctional centre lockdowns proved to be a challenging process for inmates, staff and the counsellors. With a difference in local policy between the correctional centres, Counsellors were unable to see clients and as a result were forced to delay sessions with inmates. This local policy was reviewed to provide consistency with the outcome being that counselling could still occur during lockdown periods, provided staff were available to conduct transfers between locations and provide supervision.

### 4.2 Promotion of the service

If not supplied by programs team, there appeared to be no real understanding of the service. Most inmates reported that the service was clearly distinguished from internal corrections programs and specifically in place to address prior histories of victimisation. Inmates reported a degree of wariness in accessing the program initially as they believed there were ulterior motives. However, word of mouth from other participating inmates assisted in reducing this concern.

Posters were provided and placed in public areas within the prisons. The service was also placed on inmate TV in order to reach a broader audience. However, reports from inmates indicate that word of mouth was by far the best means of service promotion. Some inmates did express the belief that some basic promotional materials that could be taken with them would be beneficial. Further, they recommended that those promotional materials could be given to inmates as part of a “reception pack”. Flyers and postcards have also been produced and distributed.

Staff reported being aware of the service, but some indicated that initially, inmates knew more about the program than they did. Further exploration revealed that the underlying philosophy of the service was the issue more so than the actual service. For some staff, their work labelled inmates as just an offender and little more. There was a notable difficulty in seeing inmates as more than an offender and acknowledging that they had a history outside the prison. This was advised to be more to do with the environment that staff worked within, the role they have and the context of their relationship with the inmates.

Inmates and staff alike suggested that different strategies needed to be employed to engage Aboriginal clients. It was suggested that this particular group had an inherent distrust of the system based on historical issues. It was also noted by both inmates and staff that the Aboriginal populations were noticeably over-represented as victim and offender. It was suggested that promotion of the service should start within the local Aboriginal community which should then allow information to filter back into custody.

The issue of the prison culture arose in the context of how inmates viewed programs. In most instances programs are viewed as a mechanism to keep busy and contribute to parole or leave. In this context inmates viewed the service on offer as a program to be completed rather than a service to access. This may mean that inmates use the entire allocation of counselling hours to be seen as “successfully” completing counselling. Inmates reported that staff had advised that this was not the case and that participants could attend counselling based on their need. However, the reported culture of distrust between inmates and staff means that inmates chose to complete the hours and avoid the perceived risk of failing to complete a program.

### 4.3 Referral routes

From the information provided by inmates, most referrals to the service come from the MOSP and the Service and Programs Officers. It was these roles that were most influential and knowledgeable about the program and what could be achieved through accessing it. From information provided during interviews with both staff and inmates, it appeared that the staff came from a trauma informed perspective which made the referral process much more straightforward.
Many inmates reported that a staff member identified the need for counselling and assisted them in the referral process. In many instances this person was clearly identified as a correctional officer that had adopted an informal "mentor" role and had assisted the inmate in identifying specific program areas to assist them during their sentence. Some officers considered that this was outside their remit, and whilst it was something they would like to do, was likely not to be undertaken due to workload. Others saw it as integral to their work and believed that better individual engagement with the inmates resulted in better outcomes for staff and inmates.

Screening for trauma was also raised by different groups as a possible starting point for referring inmates to the service. If a screening process was undertaken on entry to the correctional centre, it could be used to both determine the need for the service as well as suitability for participation. It was noted that caution would need to be used in applying this model as it may require staff to undertake specialist training, having implications for psychology staff if they had to undertake it. There would also be funding and resource implications in the development and trial of any screening tool used. Staff and inmates believed however, that the investment would result in better outcomes for mental health.

Psycho education was also flagged as a potential alternative referral route for inmates. Inmates reported that they believe that learning more about what trauma and victimisation actually is, is a crucial first step in the recovery process. For many of the participating inmates, the victimisation experience started during childhood. Regardless of how serious or potentially traumatic the experience was, it was often seen as “normal” and not necessarily victimisation. Providing education around this, particularly domestic and family violence and sexual assault, would provide a pathway to counselling for those inmates not recognising the implications of the victimisation. It was suggested that this could be undertaken by Victims Services as part of the current process and managed as a program within the Centres.

4.4 The referral process

An application process was specifically designed for the service to minimise the amount of information provided and increase the perception of safety. All stakeholders agreed that the application process was straightforward and posed no issues.

The administration of the application process was also reported as effective by inmates. There is a short waiting list but most inmates accessed counselling within a few weeks of the initial application. Despite engaging in what was described as a daunting process, the staff and the process in place facilitated their engagement in counselling relatively smoothly. The MOSP and SAPO’s were named as those most referring inmates to counselling and assisting with information.

There were comments from staff that some of the current processes, whilst simple, can become lengthy. The main reason is an inconsistency from Victims Services staff in providing information back to the prison. The primary issue appears to be Victims Services (Assessors) not understanding the act of violence reported and requested further clarification or approved fewer hours pending a report from the counsellor. This has already been mitigated from a process stance with clearer guidelines put in place for Victims Services staff and processes for clarification which do not delay the process.

4.5 Support in accessing counselling

The general consensus from participants was that access to counselling was simple and straightforward. Information was made widely available to inmates via posters and flyers, an item was placed on inmate TV, and staff verbally promoted and explained the service. The forms used to apply for counselling were simple and straightforward with little information required about the victimisation. This made it easier to engage in the service as they could choose how little or how much to disclose.
Other staff, such as Psychologists, Chaplains and staff from Justice Health were also named as providing assistance in accessing counselling as well as providing motivation to attend. Specific individuals were named repeatedly in guiding and motivating inmates. These staff members were frequently identified as providing a form of mentoring and social support to individuals. They were considered as having a high degree of interest in the inmates’ overall wellbeing but also having a high degree of investment in the inmates’ ability to change.

Female inmates reported a higher degree of support from staff in obtaining information about and getting access to the service. It was a common theme that it was largely more acceptable for females to be considered as victims and require some form of intervention. Male inmates on the other hand, found it more difficult to access counselling. Whilst they reported that information was readily available there was an underlying belief, or feeling, that staff were reluctant to assist them.

4.6 Counsellor reports
Counsellors submit two reports at different stages of the counselling process; after two hours of counselling and again after 12 hours of counselling. Whilst this process is fairly straightforward in community settings, it poses some issues in a correctional environment. The length of time taken to engage with clients and establish a therapeutic alliance takes longer in gaol, mainly due to the pre-existing culture of mistrust. Inmates agreed with this perspective and think that it takes longer to establish trust. For this reason it was suggested that the initial reports could be undertaken after four hours, which in turn would provide better engagement, a more applicable therapeutic plan and strategies to manage inmate issues. Progress reports as a result would then move to be provided after 16 hours of counselling rather than 12. The content could remain but staff suggested capturing slightly different information to reflect the disclosure of different types of violence and/or trauma.

It was also suggested that a simple outcome report be prepared when counselling ceases. This report could then be shared with psychology staff to allow for a more structured approach to therapy for the inmate. The report would not necessarily have to detail too much information about the actual issues or act of violence but instead focus on the approach used, milestones met, challenges of progress and strategies used in counselling. This should facilitate a more streamlined approach for the inmate and provide better outcomes. It was recognised that this would require a review of privacy implications but could provide better outcomes for inmates if consent was obtained.

4.7 Information sharing
Staff suggest that the operations of any service relating to mental health crosses over a number of key areas. In order to be most effective a structured case management approach is required to ensure that the client obtains the best outcomes. With that in mind it was proposed that the counselling service become part of that process, however formal or informal. To achieve this it would require participation from the counsellor as well as a degree of information sharing between stakeholders. These stakeholder areas were identified as Programs, Psychology, Justice Health and Prison Chaplaincy. This holistic approach did present some issues for information sharing as there were still privacy concerns from each of the areas, but it was believed that compromise could be reached without breaching any of the privacy issues raised.

Inmates did express a concern if this was to occur as everything was already being shared and they believed that all staff knew more details about individuals than they should. However, the suggested holistic response would not necessarily require details to be shared but instead focus on the work being undertaken, outcomes achieved, the approach being used and any concerns for the health and welfare of the inmate. This process would also assist the Transitional Centres who require
information from counselling prior to inmates moving to these centres. This process would require further discussions and need to be agreed to on a centre by centre basis as requirements and staff differed between locations.

4.8 A single approach to therapeutic interventions

Psychologists and other mental health staff play a critical role in the safe, secure and humane management of inmates, including those with mental health or cognitive impairments. Whilst the focus is on reducing the risks of re-offending, they also assist those inmates with complex clinical and behavioural needs to access and complete other programs. To achieve this, they require an overview of the program, the inmate’s participation and the needs of the inmate.

Whilst the victim focused counselling service operates through the programs area, there is no centralised approach to therapeutic case management or interaction between the counsellors and the correctional psychologists. Staff generally agreed that a more formal approach be adopted to develop a structured therapeutic plan, which will meet a broader range of needs as well as a logical approach to managing offenders’ psychological state. It was suggested that this could occur monthly and allow those professionals involved to agree on a plan, review outcomes and achievements and develop clear goals for the future.

On a practical level, it will also provide a forum by which professionals can work together to ensure that inmates receive consistent information and a common approach. It was acknowledged that the correctional setting is a unique environment and that any therapeutic response provided has to work within a set of defined limitations. It was suggested that having a forum to provide alternative responses to mainstream therapy would be beneficial. At present most of the work undertaken is limited to cognitive based therapies due to the environment. Counsellors state that they have had to become more creative in their approach to inmates and working with Psychology has greatly expanded their therapeutic strategies with mutual benefits.

A limited number of participants thought that staff, in general, would benefit from specific training which may be considered outside of their normal role requirements. It was suggested that this training could include:

- how to identify psychological problems as a result of trauma;
- how to make appropriate referrals; and
- how to maintain and respect appropriate boundaries in relation to counselling.

It was clear that there was no expectation at all that inmates expected staff, particularly custodial staff, to work outside their roles or areas of competence. What they wanted were staff skilled in recognising that inmates often displayed behaviours resulting from trauma and not attributing those behaviours to disobedience or non-compliance.

4.9 The counselling environment

There were no major concerns expressed with regards to the actual locations of the counselling. The rooms provided privacy for inmates as well as security for the counsellors. Counsellors reported having good access to staff when they needed it and found that staff were largely supportive and responsive to their needs. It was acknowledged that often there were some changes in the rooms used, particularly in Wellington, however this was for operational reasons and put down to the “normal” functioning of the gaol.

Where alternative locations for counselling were provided, staff reported that safety was the primary concern and all measures were taken to ensure that safety was seen as paramount. Occasionally this meant a break in normal routine but correctional staff facilitated any changes effectively with
little delays. In terms of inmate responses, the locations were considered as appropriate and satisfactory.

Of note was the perception that women didn’t mind sessions being undertaken in the visits area where everyone knew why they were there. Men however, requested more privacy and stated that it would be better if sessions were undertaken at the Mental Health Clinic. They cited physical safety as the reason behind this and believe that with the culture in gaol, it is not something they can be overt about attending.

It was also raised that there needs to be better management of inmates who are “called down” to see the counsellor. Inmates and staff alike reported instances where correctional officers announced that specific inmates were to attend victims counselling in front of other inmates. This posed an issue for male inmates mostly who stated that this became an issue for them, with other inmates then seeing them as a “soft target”. Inmates also suggested that this was a barrier to engaging in or continuing with counselling due to the stigma attached to being considered a “victim”. It would be better if inmates were just called to an area of the gaol rather than expressing the reason why they were being called. This particular issue was addressed by the Manager of Security but inmates say that there is a lack of consistency in applying direction based on the officers on duty.

4.10 Post counselling follow-up

As the pilot progressed, the participants raised a number of issues in relation to what happens post counselling. For those inmates being released, advice is provided that they can continue with the counselling in the community and that Victims Services and CSNSW can arrange a “warm referral” via audio visual equipment. No requests have been made but the proposal was well received from a personal as well as case management perspective.

Inmates also spoke of the gap in services following counselling, indicating that when they finished counselling there was nowhere else to go. For those inmates seeking to improve resilience and internal mental fortitude, the programs were not available to assist in providing skills and abilities. They referred to the work that they had put into individual counselling in order to address some specific trauma symptoms, but believe that individual counselling alone was not enough. Some suggested alternative programs prior to and/or following counselling to improve outcomes.

Some inmates stated that some group based expressive therapy programs would allow for better socialisation and normalisation of their experiences without having to overtly share their personal experiences. They further stated that this approach would also assist engagement in therapy. Other stakeholders agreed and stated that they are aware that many inmates find the concept of individual counselling very confronting and that some education or group work in the first instance would break down a lot of emotional barriers and improve referrals.

Staff and inmates also reported that consideration should be given to the timing of the service and that any programs be considered in light of other programs being delivered in the centre. Many spoke about the realisation that their experiences have had on certain aspects of their lives and the decisions that they had made. They stated that they often feel better equipped to address their offending histories now they can contextualise it with other experiences. This is not to say that any inmates interviewed blamed their offending behaviour on their trauma histories; rather that they are more aware of the decisions they made, what led them to that point and why they choose the life they did. This would have implications for addressing the criminogenic needs of the inmates and further research could consider the implications of this.

The issue of uptake of counselling in the community was discussed with inmates who posed the proposition that on release, their priorities and time commitments varied. Based on the removal of the structure of
routine within the correctional centre, they found (or believed upon release) that they would find it difficult to schedule appointments. Most inmates expressed the desire to continue but on a practical level just believed it would be difficult.

Staff and inmates also raised the issue of improving links between the service and Community Corrections. They believed that the additional support provided by the counsellor would be beneficial in addressing some of the trauma issues, once they got back “outside”. Both staff and inmates believe that the achievements made inside the centres could continue on release if Community Corrections were more aware of the service.

4.11 Summary

Overall the process currently in place appears to be effective but a number of areas have been recommended for improvement. These improvements are straightforward and predominately administrative in nature. The nature of the prison environment means that the processes normally adopted for the community setting require some minor amendments to improve their overall effectiveness. The recommendations stemming from this review are then:

► Adopting a case management approach for interventions. A more holistic approach for mental health professionals would provide a structured approach to developing a single mental health plan. This will require some planning and the adoption of a cooperative approach by those involved. The issue of information sharing will require further discussion and a standard agreed to that will not compromise the inmate’s confidentiality.

► Improve referral pathways. The process of developing referral pathways for certain groups, such as men and Aboriginal inmates, needs to be explored further. The barriers currently in place in accessing counselling can be reviewed and some options that still fit within the ACS and the program structure of CSNSW.

► Streamline administration process. When applications are received from the prisons, the administration process should be amended to reflect the following process:
  - Approvals to participate in the service is provided by the MOSP as part of the application process, rather than a separate process;
  - Victims Services to consider approving 22 hours of counselling in the first instance;
  - Notification of approval by Victims Services will be provided to the MOSP and psychologist simultaneously.
  - Timing of the reports from Approved Counsellors to be changed to:
    - Initial reports at four hours
    - Progress reports at 16 hours
  - Outcome reports: Victims Services to develop an Outcome Report for completion at conclusion of counselling.

► Training and development. Specific training programs be developed and delivered to improve staff awareness of trauma histories and what they mean for work practices. These programs should target Correctional Officers in the first instance and other staff in the second.
Chapter Five
Victimisation and a history of trauma

5.1 A history of victimisation

Overwhelmingly, many participants acknowledged their trauma histories commencing during childhood. The prevalence of this childhood abuse covered a range of victimisation, including sexual abuse, physical abuse and emotional abuse. In many cases clear neglect was present and often a precursor to the other forms of abuse. When considering their childhood trauma histories, the most common themes arising, irrespective of gender, appeared to be: risk taking behaviours; poor social relationships; general dysfunction; and, poor decision making capacity.

Of interest was the fact that males who reported childhood abuse did not necessarily see this as a commencement of their trauma histories. Most reported that for them it was seen as “normal”. The reason for this was that it was common amongst their peer groups and acknowledged as part of growing up. Most reported that this form of victimisation largely went unreported and then “stopped” in their mid-teens. Most also recognised that it was around this time that authorities began to take an interest in them but by then juvenile offending was the focus, not victimisation.

Women in similar situations reported that they recognised the child abuse as wrong and not “normal” but were powerless to stop it. Most did not report to authorities because the offender was a parent or family member. Unlike their male counterparts, women reported a much more systematic pattern of abuse throughout their lifespan, with high levels of occurrences of sexual and physical abuse.

In some situations certain patterns of abuse were seen with both males and females being subjected to physical abuse to protect younger siblings. In these instances, the participants reported that the siblings did not follow the same offending pathways and turned out to be “good kids”. In each instance the participants did not know if the siblings ever knew what had transpired and in each instance they were adamant that they would never discuss it with them.

"Everyone got [hit with] the jug cord, I was no different. Most times I deserved it."

"It was pretty regular and always when he had been drinking. But better me than [Sara], she was much younger than me and after all, it couldn’t get any worse for me."

"At some point you know it’s wrong and it shouldn’t be happening, and how do you leave?"

"My self esteem was so low that after a while, I just accepted that it was my fault."
5.2 Multiple acts of violence

This section explores whether or not the participants were victims of multiple acts of violence. It is not always known if there were multiple perpetrators, or if some offence types happened on different occasions. There is data for both adult and childhood victimisation. Data was not available for 86 participants and therefore the information in this section is based on 149 individuals. Victimisation which occurred as an adult is first discussed, and then victimisation as a child.

Adulthood

To be part of this trial, all participants must have been a victim of a violent crime. The act of violence was one which related to adulthood. The offences for which counselling was sought for the purposes of this trial is discussed in Chapter 3.

There were 134 participants (89.9%) who experienced multiple acts of violence as an adult. That is, they experienced an act of violence separate to the act of violence for which they sought counselling. Fifteen participants (10.1%) did not experience multiple acts of violence.

Of the 134 who experienced multiple acts of violence, an analysis of counselling documents and interviews showed that 115 participants disclosed the type of violence most commonly experienced (see Table 4). For each individual, only one secondary act of violence was chosen even if there were more than one secondary act of violence. The act of violence chosen was the most common act for the individual. The most common secondary act of violence was sexual assault (37.6%), followed by domestic violence (22.8%).

<table>
<thead>
<tr>
<th>Act of secondary violence</th>
<th>No.</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sexual assault</td>
<td>56</td>
<td>37.6</td>
</tr>
<tr>
<td>Domestic violence</td>
<td>34</td>
<td>22.8</td>
</tr>
<tr>
<td>Unknown</td>
<td>19</td>
<td>12.8</td>
</tr>
<tr>
<td>Did not experience multiple acts</td>
<td>15</td>
<td>10.1</td>
</tr>
<tr>
<td>Assault</td>
<td>13</td>
<td>8.7</td>
</tr>
<tr>
<td>Other</td>
<td>12</td>
<td>8.1</td>
</tr>
<tr>
<td>Total</td>
<td>149</td>
<td>100.0</td>
</tr>
</tbody>
</table>

In regards to differences in occurrences of multiple acts of violence by gender there were differences in the percentage of those who experienced multiple acts of violence as adults and children (see Table 5). There were a much larger percentage of females than males who disclosed multiple acts of violence during adulthood. This difference was statistically significant. On the other hand, there was a lesser difference in percentage of those who experienced multiple acts of violence by gender during childhood compared to adults, with a greater number of children of both genders who did not experience multiple acts of violence.
Table 5: Disclosure\(^3\) of multiple acts of violence as an adult and child by gender

<table>
<thead>
<tr>
<th>Gender</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adulthood</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>93 (100.0%)</td>
<td>0 (0.0%)</td>
</tr>
<tr>
<td>Male</td>
<td>41 (73.2%)</td>
<td>15 (26.8%)</td>
</tr>
<tr>
<td>Childhood*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>32 (39.0%)</td>
<td>50 (61.0%)</td>
</tr>
<tr>
<td>Male</td>
<td>16 (28.6%)</td>
<td>40 (71.4%)</td>
</tr>
</tbody>
</table>

* Information is not known for 11 participants.

Childhood

There were 133 participants (89.3\%) who experienced one or more acts of violence as a child. An analysis of counselling documents and interviews showed that 132 participants discussed the type of violence most commonly experienced during their childhood (see Table 6). The most common act of violence was sexual assault (36.2\%) followed by neglect (24.2\%).

Table 6: Most common act of violence during childhood

<table>
<thead>
<tr>
<th>Act of violence</th>
<th>No.</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sexual assault</td>
<td>54</td>
<td>36.2</td>
</tr>
<tr>
<td>Neglect</td>
<td>36</td>
<td>24.2</td>
</tr>
<tr>
<td>Assault</td>
<td>27</td>
<td>18.1</td>
</tr>
<tr>
<td>Did not experience an act of violence</td>
<td>16</td>
<td>10.7</td>
</tr>
<tr>
<td>Domestic violence</td>
<td>15</td>
<td>10.1</td>
</tr>
<tr>
<td>Unknown</td>
<td>1</td>
<td>0.7</td>
</tr>
<tr>
<td>Total</td>
<td>149</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Of the 133 participants who reported experiencing an act of violence as a child, there were 48 participants\(^4\) who experienced multiple acts of violence as a child.

Relationship between victimisation as an adult and a child

It is interesting to note, that of the 134 who experienced multiple acts of violence as an adult, 123 also experienced an act of violence as a child. Also, of the 48 participants who experienced multiple acts of violence as a child, only two were not a victim of multiple acts of violence as an adult.

5.3 Prior help seeking behaviours (trauma) of participants

During interviews, participants advised that in most instances, not only had they not sought help regarding their victimisation; they have never told anyone before entering custody. In nearly all cases, the most common reason for not accessing counselling was due to guilt and shame. In discussion, most of the victimisation had begun in early childhood, the participants had developed a poor understanding of the abuse suffered which had carried over into adulthood.

When discussing their trauma histories, most participants stated that there was a process by which they disclosed or revealed their history. Many of them acknowledged that at least some reports had been made to welfare
An evaluation of the counselling in prison trial

agencies but they were more fearful of those agencies’ responses than the abuse themselves. Many cited examples of being placed in foster homes and experiencing an increase in the abuse. Others remember ‘stories’ or urban legends from peers and as a result never disclosed what really happened. Most admit to underreporting their abuse but claim that this was a safety mechanism to protect them, or a sibling, rather than an act of omission.

In many instances the agencies involved were aware that something had happened but not the true extent of the abuse. This has carried over into other facets of their lives where they only disclose what they have to. This was true of custody where they acknowledge that they have disclosed some things to Correctional Officers, a little more to programs staff and more again to psychologists and counsellors. However, the suspicion and culture of mistrust prevents them from fully disclosing. This was confirmed by different occupational groups with the correctional centre staff who all see smaller portions of an inmate’s history. Psychologists see one portion, nursing staff another and welfare staff yet another, each with differing degrees of information. Psychologists tend to see a bigger portion of the history than other staff.

As discussed in Chapter 4, Victims Services Counsellors were seen as “independent” and more “trustworthy” than correctional staff. Yet participants still stated that they had not disclosed all of their history to them or likely ever will. Counsellors confirm this and report a slow process of disclosures over periods of time during counselling but are aware it is not the full history. Yet despite this limited picture of victimisation disclosures, when counsellors compare it to a similar cohort of non-offending clients, the trauma history is more prevalent and pervasive than they are used to seeing.

Participants also stated that commencing counselling with a focus of them as a victim was a difficult decision even now as they had assumed the label of offender and did not necessarily believe that they were entitled to a service which had a victim focus. Previously they were able to self-medicate with prescription drugs or use a range of drugs, including alcohol but these things were not freely available in custody. Many also cited a process whereby they cycled in and out of custody. However the focus each time was on preventing re-offending not trauma.

5.4 Trauma responsiveness

Inmates with a trauma history may have certain presentations or symptoms that increase difficulties in their ability to function within a correctional centre. Best practice within this environment requires prisons to be structured, safe and predictable. The practices within the prison should have boundaries, incentives and consequences, and ensure that inmates are treated with dignity and respect. The problem then lies in the perception that correctional staff in general see their role as maintaining law and order or addressing criminogenic needs. Any form of “welfare” focus is seen as being outside that role and a matter for professionals, such as psychologists.

The downside to this is that in the absence of a specific trauma informed approach, inmates report that they see the development of what can only
be described as “institutional trauma”. Inmates begin to relive the past experiences and associate them with the present, becoming retraumatised. On the opposite side, the more the response by correctional staff is grounded in authoritative measures, the more deeply the inmate staff dynamics are repeated and reinforced. Either way, it makes the correctional centre a difficult place to live and work.

Some correctional staff did report that they had reasonably good capacities to respond well to traumatised inmates despite a lack of training. Yet those staff stated that it came with a price. Without being able to identify it, those staff outlined the core symptoms normally associated with vicarious trauma. Compounded by the experiences of witnessing other forms of trauma in the prison, they identified as close to being “burned out”. This group of staff indicate a lack of any formal training in this area. Other staff see the behaviours as a product or contributor to criminality rather than as a result of trauma. Staff in this group find it hard to see the “human” side of these inmates and harder still to summon the capacity to see them in a different light.

Quite often, staff do recognise the aftermath of the trauma or more commonly the aftermath of disclosing that trauma. However, they see the difficulty in ascertaining the point where an inmate is simply upset or whether it a precursor to self-harm or suicide. They report then taking a risk management approach, “just in case”. These sentiments of being too focused on risk management and not focused enough on the person and what they were going through were echoed by inmates. It is of interest to note that whilst correctional staff saw managing inmates’ behaviours as a risk management response, inmates saw those responses as retraumatisation.

One inmate described the experience of a particularly harrowing disclosure to the counsellor regarding repeated episodes of child sexual assault. On leaving the counselling session, the inmate spoke to a correctional officer they thought would understand. “I told him I have just had a tough session and am really emotional. As I am in a two out cell, I just need some time to process it and can’t do it in front of anyone. The officer appeared sympathetic and genuine in his concern, but next thing you know I am in a RIT cell for three days. They were worried about me self-harming. Next time I know to bottle it up and say nothing. Even the good ones make it worse.”

From interviews with inmates it was clear that there was a general awareness that correctional staff understood that there was pre-existing trauma. It was also perceived that those staff were separated mainly into two groups, those who did not care and those who did care but did not know what to do in response. Specific training in managing these processes as well as a focus on self-care would help to resolve these issues with better outcomes for staff and inmates.
5.5 Becoming trauma informed

Correctional centres are quite obviously designed to cater to offenders, not victims. However the consistent nature and widespread duration of inmate trauma histories demonstrate that this approach is not conducive to implementing trauma informed approaches. Correctional officers have stated that they have to treat every inmate as a risk and plan for the worst. This keeps not only them safe but also the other inmates safe in their care. This makes any transition to a trauma informed perspective difficult.

Inmates acknowledge this but highlight that the constant displays of power and control, however necessary, often impact on their own trauma related past. Strip searches, subservient behaviours, restricted movements and activities often replicate their own pasts and can reportedly impact on levels of retraumatisation. This can then result in challenging behaviours which staff then have to manage leading into a cyclical process.

If inmates start their time in custody with limited coping skills and find it difficult to control certain behaviours with multiple triggers, their engagement in any routines, programs or even therapy will be difficult if not impossible. Therefore, the principles of trauma informed practice should be implemented as a priority, supported by specific interventions aimed at trauma stabilisation through addressing prior traumas. If staff work towards becoming more trauma informed, the anecdotal evidence suggests that they can play a role in stabilising behaviours and minimising the trigger points that ‘set inmates off’.

It is clear that there are significant levels of trauma amongst inmates and regardless of whether or not the correctional centres adopt a trauma informed approach, staff must work with the inmates on a daily basis, whilst inmates live with the consequences of what has happened to them. The consideration of trauma informed practice training for correctional centres would provide a start for staff to better understand and respond to trauma. The subsequent actions should result in better outcomes for inmates and provide better transitions into addressing criminogenic needs.

5.6 Summary

While each inmate’s narrative of their experiences in the trial was unique, there were a range of key themes which emerged throughout the interviews and have been explored within this section.

In terms of presenting issues, all of the symptoms described would meet the diagnostic criteria for one or more diagnosis of trauma and stressor related disorders. This is not to say that an actual diagnosis has been provided, merely that the indicators of complex trauma are there and remain largely unresolved.

It is important to understand that each of the issues overlap and are often described by the participants in conjunction with a range of other themes (explored further in Chapter 7). They have been separated here for clarity and to create a clearer picture of how the interactions and understanding between stakeholders can be similar yet incredibly diverse.
Chapter Six | Data analysis

6.1 Depression Anxiety Stress Scales

The Depression Anxiety Stress Scales (DASS), which is a set of three scales, was used in order to measure participants’ levels of depression, anxiety and stress at the start, and at the end of counselling sessions (referred to as pre and post, respectively):

► The Depression scale assesses dysphoria, hopelessness, devaluation of life, self-deprecation, lack of interest or involvement, inability to experience pleasure, and inertia.

► The Anxiety scale assesses autonomic arousal, skeletal muscle effects, situational anxiety, and subjective experience of anxious affect.

► The Stress scale is sensitive to levels of chronic non-specific arousal, including difficulty relaxing, nervous arousal, and being easily upset or agitated, irritable, over-reactive and impatient.

► The highest score an individual can receive for each of the three measures is 42.

The results showed that participants (n=232, data was missing for three individuals) had reduced levels of depression, anxiety and stress from pre to post (see Table 7). On average, severity scores of each of the three measures were halved. This result was significant.5

<table>
<thead>
<tr>
<th>Table 7: Average and median pre and post DASS scores</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DASS</strong></td>
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<tr>
<td></td>
</tr>
<tr>
<td>Average</td>
</tr>
<tr>
<td>Median</td>
</tr>
<tr>
<td>SD</td>
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</tbody>
</table>

DASS scores by gender

The average score for each of the three DASS measures halved from pre to post for both males and females (see Table 8). There was not a significant difference in regards to gender pre or post counselling.

<table>
<thead>
<tr>
<th>Table 8: Average and median pre and post DASS scores, by gender</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DASS</strong></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Female</td>
</tr>
<tr>
<td>Average</td>
</tr>
<tr>
<td>Median</td>
</tr>
<tr>
<td>SD</td>
</tr>
<tr>
<td>Male</td>
</tr>
<tr>
<td>Average</td>
</tr>
<tr>
<td>Median</td>
</tr>
<tr>
<td>SD</td>
</tr>
</tbody>
</table>
There were also no significant differences for each of the three measures by ethnic group for pre or post scores.

### 6.2 DASS severity categories

Once DASS scores are calculated, they are categorised into five different severity levels: normal, mild, moderate, severe, and extremely severe. In the current study, participants showed improvements from higher severity levels at the start of counselling sessions to lower severity levels at the end of sessions for depression, anxiety and stress (see figures 4, 5 and 6 below). Although there was improvement in all three measures of depression, anxiety and stress scores from pre to post, there were small differences between the three measures. In post counselling sessions, the majority of participants scored within a moderate range of depression whereas participants’ severity scores for anxiety were more likely to finish in the higher range categories.

**Figure 4: Number of participants with scores in each depression category**

**Figure 5: Number of participants with scores in each anxiety category**

**Figure 6: Number of participants with scores in each stress category**
6.3 Discussion
There was a reduction in the level of severity scores from pre to post counselling in all three measures; depression, anxiety and stress. This reduction was significant, and did not differ regardless of gender or Aboriginal and/or Torres Strait Islander status. However, the level of improvement varied between the three measures.

6.4 Violent actions and self-harm
There was an analysis of violent assaults, violent fights, self-harm acts and threats of self-harm data which was obtained through CSNSW databases. The data was separated into pre and post periods using the inmates’ counselling commencement date. The final date of counselling could not be obtained, and therefore the post period represents some time in which the inmate participated in counselling. The results showed that there were no significant differences from pre to post periods for each of the four areas. However, staff who were interviewed indicated that there was a reduction in these areas. The reasons for this difference in recorded data and interview data could be because: there is underreporting of incidences by inmates; underreporting by staff due to the consequences to inmates for what could be a relatively small action; and, data includes time in which counselling was occurring and therefore the inmate was still in the process of working through his/her trauma when incidences were counted.

6.5 Summary
This chapter discusses the analysis of two different measures: the Depression Anxiety Stress Scales; and reported violent assaults, violent fights, self-harm acts and threats of self-harm data. The results show that there was a reduction from pre to post counselling for depression, anxiety and stress levels. Although there did not appear to be the same reduction in the number of violent actions and self-harm data, there are limitations to what can be learnt from this set of data. Chapter 8 incorporates feedback from interviews with staff which discusses inmates’ changes in behaviour post counselling.
Chapter Seven | Inmates’ experiences and impact of counselling

Determining the effectiveness of counselling requires consideration of multiple perspectives, which includes how the participants perceive the experience and what outcomes they believe are attributable to it. Whilst this section is largely subjective as it relates to participants’ self-reported impacts, it is nonetheless an important aspect in determining the effectiveness of the counselling process. It provides a more in depth exploration of participation in the counselling process.

It must then be noted that this section is just one of many perspectives that are explored in order to determine the effectiveness of the counselling service. It should be considered in the context that it is presented with the caveat that it is one part of the evaluation process, however important that part is.

7.1 Counselling in the prison environment

Participants shared their individual experiences, thoughts and feelings prior to attending counselling. These have been grouped into ‘pre’ and ‘during’ counselling as there were some marked differences in feelings and beliefs once counselling had commenced.

7.2 Presenting issues

‘Presenting issues’ is what is described by counselling participants during the initial stages of counselling. Often, the issues raised are normally only enough to generate a starting point in the therapeutic space and may not be of primary importance to their recovery. There are different schools of thought on this process, with some focusing only on fixing the presenting issue, while others try to find the reason that the issue developed.

Inmates participating in the counselling trial were not required to, but could choose to, disclose the reasons for attendance during the interview. The focus of the interviews was the experiences of the individuals during the counselling process. References to the actual events were omitted to reduce possible retraumatisation of the participants. Presenting issues were clearly identified on the application form. Further, those issues are explored in more detail during the initial counselling sessions with the approved counsellor.

Given the nature and focus of the counselling program, the presenting issue was as a direct result of prior victimisation, creating an altogether different starting point for therapy. The majority of the participants were very aware of their current issues and the direct relationship to prior victimisation. What they were not aware of was the actual extent to which the resulting trauma had impacted their lives, including relationships, trust, decision making, risk taking and offending behaviours.

Many participants stated that they became desensitised to certain types of threat, assuming that they would get hurt anyway. Others reported engaging in high levels of risk taking and participation in dangerous activities without really understanding the reason for the behaviour. This was a recurrent pattern of behaviour across the lifespan.

Participants also reported that at this early stage they were “testing the waters” with the counsellor and slowly releasing information to gauge
the counsellor’s reaction. It is during this process that the therapeutic alliance was being established and trust was being built. The issues were recognised as important as they gave the counsellor vital information as to the participant’s emotional state and determined a particular treatment protocol.

The most common presentations from participants included:

- Avoidance, both from memories or thoughts about the event as well as external cues;
- Intrusive thoughts, including dreams, associated with the events;
- Difficulties concentrating;
- Low self-esteem, usually associated with high levels of guilt and self-blame;
- Negative emotional state and low levels of emotional regulation, particularly anger;
- External stressors from other inmates and staff;
- Sleep disturbances and recurrent intrusive dreams about the event(s); and
- Depression.

It is worth noting that anxiety was raised as another common issue, however participants attributed it to being in gaol rather than a consequence of victimisation. Further discussions however, revealed that this was a constant or persistent issue which was present prior to incarceration. For women, the anxiety described was related to specific instances or periods but there was no connection made as to its cause. Male participants reported similar periods of anxiety and could attribute those periods to specific triggers. Significantly men also reported high levels of hyper-vigilance but attributed those directly to the prison environment rather than periods of anxiety outside of prison.

During the interviews, which reflected the contents of the reports, participants reported a significant history of multiple victimisation and clear indicators of complex trauma across the lifespan. Of particular note for the clear majority of inmates interviewed, was the stated onset of the reported victimisation. This was consistently reported as commencing in early childhood and continuing on into adulthood for women and early teens for men.

Whilst the type of reported victimisation varied, several key themes pervaded the interviews, including violence, fear, power and control. Inmates who reported victimisation in childhood also reported a variety of problems in their adult life, including mental health issues, drug and alcohol misuse/abuse, impaired social relationships, self-harm and suicide. These are explored in more detail below.

7.3 Perceptions of counselling – Pre-counselling

Fear and general anxiety played a large part in the thought processes of participants when considering counselling. For many participants, the experiences of what had occurred were considered as something truly personal and in most cases had never been shared with another person. The idea of opening themselves up to a stranger was perceived as making themselves more vulnerable. Many participants reported that this was tempered slightly, as the counsellor was not “part of the system”, however the fear persisted regardless.

Participants acknowledged that in their own instances of victimisation, the offender was known to them and as a result they were starting a process from a position of mistrust. In many of the events described, an intimate partner was named as the offender and contributed significantly to a breach of trust. Residing in a correctional facility where there was a pervasive culture of mistrust, only contributed to that position.
Participants reported that they had to take a significant risk to commence the process. Most stated that the ease of application and general staff support, particularly from the MOSP assisted them in taking the risk. Had the process required any further amount of information about the act of violence, participants suggested that they may not have followed through with the application.

Some participants stated that they had been told that counselling in gaol was not a good idea as it opened “Pandora’s Box” and that they would not be able to cope with the consequences. Many reported not attending counselling in the first instance as they believed this. Word of mouth from other inmates convinced them otherwise as they realised that the strategies provided during counselling helped with this and were applicable to other situations.

Linked with fear and anxiety was the fear of disclosure about what information the counsellor would share or disclose to other staff. Most inmates believed that information sharing among staff occurred regularly and was a common source of gossip. They stated that independence from CSNSW was what made the counsellor trustworthy. Even then, they stated that the trust had to be earned and they used the first few sessions to determine if “things got back” to them.

From a more personal perspective, participants stated that they were fearful of “losing control” of such a personal issue. For many of the participants, the loss of power was a contributing factor in becoming a “victim”. They had no say in it and the choice was taken from them. Many felt that their trauma had defined them for so long that removing it may leave them empty. The thought of someone else taking that experience away from them was a barrier to engaging in counselling.

Participants also reported that there was a significant (formal) under-reporting of acts of violence towards them. Acts of violence, particularly sexual violence, were not reported due to self-blame, guilt and shame, and there is still some reluctance to report it. Males specifically do not report and the men who participated in the interviews reported that it is closely linked to shame and fears about their sexual identity. The issues associated with men and sex in prisons does nothing to assist with this and creates its own state of trauma.

Participants also stated that they learn not to report trauma related issues, either in or out of custody due to the potential negative consequences. The fears of being treated differently or labelled outweigh the need to seek help. Further discussions related that the fear of disclosure was linked to a fear of being perceived as vulnerable. Also by not reporting there was a perceived sense of autonomy and less power and control by correctional staff during the custodial period. For some, previous experiences with mental health in a child protection context made sure they did not report issues in the future. A further exploration of this would be useful as inmates did not elaborate on childhood experiences.

The final issue raised, was in relation to expectations. Many participants raised the issue of managing their own expectations of counselling. For the most part there was a certain apprehension in engaging in victim focused counselling as they had “accepted” the label of offender, which had come to define them. Most thought that they would be judged and seen as hypocritical by engaging in something that was victim focused. Others expressed the view that they had been in therapy before and it had not helped at all; but when clarified, the “therapy” was usually related to psychological interview for criminal activity and not prior victimisation. Overall the pervading fear that nothing could help was allayed, to some extent, by peers and staff.
7.4 Perceptions of counselling – During counselling

This section presents an organised account of key themes that emerged throughout the interviews when discussing specific experiences during the counselling process. Understandably each of the narratives provided diverse ideas and opinions, however using a thematic analysis approach shared concepts have been drawn out under defined headings. The headings are in no particular order and merely assists with the collation of shared ideas.

7.4.1 Emotional regulation

A common theme expressed by many of the interviewees relates to their own perceptions of emotional regulation. Many report long-term negative experiences, often stemming back to childhood, in which they were unable to control or regulate their emotional responses to specific events. Specific examples were provided whereby “normal” events, such as seeing two other people arguing, provoked heightened emotional responses in them. Many of them stated that they would often react in an emotionally exaggerated manner citing bursts of anger, crying, accusing, passive-aggressive behaviours, or creation of chaos or conflict. They stated that during counselling they were identifying these triggers and working on activities and ways of controlling them. Secondly, they were also able to work therapeutically on where these issues stemmed from and work through why these events had such an effect on them.

Most participants reported that they felt much calmer and had multiple strategies for managing emotional deregulation. They believed that this would be evident in terms of people that knew them seeing a difference. Many discussed the longer-term applications of gaining control over their emotions and recognised the role that would play in returning to their families and the community. Others noted that looking at the links between prior victimisation and behaviour would assist when addressing their criminogenic needs.

“Sometimes you just lose it, no rhyme or reason, you just go off.

I remember seeing an argument and having the panic just start... it wasn’t a bad one but it put me on edge. I was moody and pretty agro the rest of the day.

Once I realised that I had a right to be angry about what happened, I realised I didn’t need to be angry anymore... but it took a lot of practice to stop.”

Men noted that they were able to self-regulate much better and were aware of their emotional triggers, however it was not much use in prison. Linking to the next session on safety, they stated that their need not to appear vulnerable meant that they could not apply a lot of those strategies on a day-to-day basis. Women on the other hand stated that anyone who knew them could see a notable difference in their behaviours. The same issues experienced by men were not present and they took pride in achieving something that they worked on, made them feel more in control and that others would positively notice.

7.4.2 Safety

It is well recognised that any form of violent victimisation and the resulting trauma impacts on the individual’s perception of the world. This experience in turn, creates a unique concept of safety for the victim. This concept of safety can take many forms and impact physical, psychological, emotional and environmental safety. In terms of any therapeutic intervention, safety is critical to engaging with the client and exploring the nature of the trauma. Generally, for victims of a single trauma, the prior experiences
of safety are used to establish a starting point for engagement and the development of interventions. However, the pattern of multiple victimisation and development of complex trauma within the prison population makes this difficult.

The reported onset of victimisation for many of the participants occurs in early childhood and pre-supposes an “adult” concept of safety. For many participants, the notion of “safety” is a relative term as they have had few experiences where they felt truly safe. This presented significant implications for the counsellors in providing a therapeutic response.

From the interviews, there appears to be little solidarity between male inmates in terms of shared experiences of victimisations. Male inmates describe their prison experience as a constant struggle for control and dominance amongst other inmates. As such physical safety is paramount. There is a constant need, not only to be strong, but be seen as strong. On the surface, this appears to be a reflection of the stereo-typical reflections; the inmate’s perception of masculinity. However, the reality of the situation presented by the interviewees is more reflective of the circumstance that if men are perceived as weak then they become a target and as a result, become a victim. Being seen to attend “victim” focused counselling is a major barrier to participation, irrespective of how much men want or need to attend.

The majority of the women interviewed reflected on safety in an emotional and psychological capacity. The need for safety was clearly tied to a need for a psychological safe place in which to explore emotional vulnerability. For many of them, prison was the first physically safe place where their prior experiences of victimisation could be addressed. This was coupled with being in a single, stable environment for any length of time and being “respected” by the therapist.

They recognised that the concept of physical safety was temporary but shared the belief that they need somewhere safe to become psychologically more resilient. In contrast to their male counterparts, prison provided a physical safety that many have not experienced in their lives outside of prison. There was also more shared solidarity between female inmates in terms of acknowledgement of victimisation. Whilst there was still no overt sharing of the details, women were acutely aware of victimisation in other women and as a result less conflicted that other inmates knew they had been a victim.

### 7.4.3 Trust

An essential component of any relationship, particularly a therapeutic one, is trust. A lack of trust makes it difficult to form a healthy connection with anyone. Establishing a therapeutic alliance in which to start to unravel and begin to work towards healing from trauma is an essential to developing a pathway to recovery. Whilst this is true in that it applies to all relationships, participants have viewed trust as a multi layered concept which is probably

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**If you want to survive in prison, you fit in. That means never being a victim.**

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**Prison is best described as a pack of hyenas, just waiting for any sign of weakness.**

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**I know I’m safer here than on the outside. But I need to get mentally stronger here because at some point, I’m going back outside and he [the perpetrator] is still out there.**

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**This is the first time that I have been in a safe place in a long time. It is a good time for me to start doing this.**
Disclosing trauma is largely influenced by the extent and nature of the trauma, but more importantly, the extent of trust that the victim has in the person to whom they are reporting. There is a culture of mistrust in the correctional setting. Participants discussed the fact that one can only ever trust another person to a certain extent, and that this was based on bitter experience. It was expressed that they tell the psychologists one thing, the welfare officers other things and the correctional officers something else: all with small elements of truth, all similar in nature, but not every detail.

Wrapped in the notion of safety, participants see knowledge as power, and information as a commodity to be traded. With so many reporting prior histories of negative experiences with child protection or government agencies, they report having good reason not to trust people, especially if they are government employees. They cited experiences of childhood disclosures to a trusting teacher or family friend as resulting in removals, arrests, court experiences and so on. From then on, they began to see disclosures as a disloyalty, in other words, it would be “dobbing” on friends or relatives to authorities. Doing this would make them social outcasts in the family or community, and doing it in custody felt like exactly the same thing.

Other participants discussed acts of violence such as intimate partner violence or child abuse and indicated the breach of trust that came with these occurrences. It was suggested that when someone is in a position of trust who is supposed to love and protect the person but instead does horrific things to them, then they certainly cannot trust someone who is not in that position. Trust is something that most participants discussed working on in counselling but stated that there were limits to how well they could address it. Many believed that whilst there were some people they did trust in gaol, it would not be until they got back into the community that they could work on it properly.

7.4.4 Validation

A key issue that arose during interviews was validation of the trauma history reported by the participants. As mentioned previously, the labels that have been applied to them, particularly in their current circumstances are related to the offences they have committed, not the trauma that was inflicted. For many of the participants, a key process undertaken through counselling was normalising the experiences they went through. For many participants, it was the process of education that created ambivalence and provided a pathway to coming to terms with what occurred.

The issue of validation was important in that it created a process whereby the participant had a safe environment to explore the victimisation and resulting trauma and realise that what occurred was not acceptable,
nor would it ever be acceptable. Most reported that it took a great deal of education before they arrived at that point. It was also highlighted that the counsellor’s approach modelled the sort of respectful relationships that they were unused to. This was acknowledged as being possible as the counsellors were perceived as being independent of the “system” and that they were not seen as wanting something from the participants.

The length of time provided as part of counselling allowed participants to slowly work their way through the process without worrying about cost or time. It was reported that this allowed participants to truly see the counsellor’s attitudes towards what had occurred and provided a mechanism to applying this to other people in their lives. The counselling sessions allowed participants to work through self-blame and improve their own feelings of credibility when it came to the victimisation. This provided participants with improved self-esteem and confidence. Acknowledging what had happened was real; that it hurt and that it had longer term impacts on the participants and provided the ground work for working towards healing.

7.4.5 Power and control

When the subject of control was discussed, it was most closely linked to the individual’s concept of safety. The participants reported that they did not truly feel in control of the counselling process until they felt safe. This is unsurprising when most participants stated that they have never disclosed the victimisation because “who would ever believe me?”

When discussing their experiences of victimisation, many participants remarked on the issues of power and control in their own situations. Many spoke about being powerless during the act of violence, and about surrendering control or having no control at all. Many reported feeling weak, guilty and ashamed that they did not fight back. They also spoke about how those feelings were mirrored in gaol, where they had limited choices, no control and overwhelming feelings of powerlessness. Some spoke about the transfer of power from the offender to the prison officers. They expressed how it only took one officer having a bad day to evoke the memories of their trauma and make them remember the same abuse of trust. They did not state that the officers abused them, rather that some of the circumstances, such as being locked up, having limited decisions or being told when to sleep, when to get up, or when to eat, mimicked previous abuse situations.

The inadvertent use of domineering commands, the directions rather than requests, isolating participants and using threats were all part of the abuse cycle, particularly those who had experienced intimate partner violence or domestic violence. These issues were commonly raised in counselling and strategies for coping with them provided. Much of the retraumatisation from these practices had to be overcome before the actual trauma from the victimisation could occur.
7.4.6 Disclosure

The issue of disclosure was raised a lot in a variety of contexts. In the first instance participants spoke about the process of having to remember what had happened as being particularly challenging. Repressing the trauma was common, particularly when the offender was a family member or partner. Many spoke about the need to repress so that they could get through the day. For many, the process of recovery was not an option and they simply did not believe that anyone could help. So they reported that if they did not think about it, then it could not affect them. However, as a result of counselling they reported positive changes in sleeping, eating and coping behaviours. Participants spoke about the relief of finally talking about it, giving it a name and having strategies for it to stop controlling them.

As stated earlier in this chapter, participants would sometimes only disclose small pieces of information at a time to the counsellor. Sometimes it was a test to see if they passed that information on. This was closely linked to issues of trust but also to one of perception. Participants who spoke about this stated that they wanted to see if the counsellor was judging them or not. Others had linked the disclosure to feelings of shame and guilt and needed time to fully reveal what had occurred. Some participants spoke about disclosure as a staged process to assist them in their recovery.

They stated that they needed the time between the disclosures to resolve some of the issues and be strong enough to deal with what lay ahead. For many the process of disclosure is an ongoing one, simply because of the extent of their trauma histories.

Disclosure was similar for men and women with no real deviation in the process reported. For all of them, the disclosure was an exploration of the trauma, rectifying what actually happened with their memories of why it happened. The participants spoke about the need for full disclosure to occur before they were able to fully understand the impact the trauma had on them and the effects that it was continuing to have on them. This is when the male and female participants differed.

From the women interviewed, disclosure was closely linked to their own concepts of self-esteem. They also appeared to be more articulate than men in reflecting on their experiences and linking it with current circumstances, particularly emotional regulation. Men on the other hand linked disclosure with shame and a fear of being labelled.

If I tell them I was sexually abused as a kid, they will automatically think that it turned me into a paedophile.

What happened changed me, but I pushed in down and out of sight. But it made me angry, I was always angry.

You don’t tell... you don’t want people thinking you are damaged. I even hid it from my kids and now they live with him while I am stuck here.
acknowledged child sexual abuse occurring and were more fearful of issues around their own sexuality and being gay than anything else. They were also less likely to link past traumas with current behaviours and on the whole did not believe that they were connected.

7.5 Perceptions of counselling – Post counselling

During counselling many of the participants described their discussions of angry or avoidant responses to the past victimisation. Fears or memories of those events often intruded in their lives and triggered angry or avoidant responses. Due to their age when the victimisation occurred, some reported significant experiences across the lifespan, in feeling shame and guilt about the event and expressed revenge and retribution ideations. Participants stated that the ability to deal with those issues, specifically in a therapeutic space, without fear that it would be misinterpreted in relation to their offending was a significant psychological shift for them. It also helped alleviate those fantasies and provide practical strategies to dealing with the trauma and improving their self-concept.

Most participants specifically reported having to deal with feelings of shame and guilt during the counselling process. Once safety had been established between them and the counsellor, they were clear that counselling assisted in distinguishing between the two feelings. As many participants reported the commencement of victimisation in childhood, they carried with them specific feelings of guilt about the event. Most had not sought or been offered help to resolve the victimisation and so guilt became the overriding emotion, compounded by shame. Despite the simplicity of the concept of assigning guilt to the offender and managing the shame they felt, many reported struggling to overcome this.

Participants were consistent in their statements that they realised the shame they felt arose mainly from a sense of powerlessness and frustration directly stemming from the victimisation. It was interesting to note that despite the consistency in participant’s statements, women struggled more to overcome the sense of guilt whilst their male counterparts struggled more with the shame of what had happened to them. Both were consistent in that discussing the issues of shame made them feel that there was something wrong with them, instead of something had happened to them. The opportunity to break the silence and talk about this issue in a safe and non-judgemental environment made the process of overcoming these feelings easier. Most participants stated they could not have done this alone.

Finally the last key theme arising from this section was around the issues of isolation and rejection. Both concepts were linked by the participants who discussed the issue and many stated that the rejection arose directly from the isolation. The concept of isolation was not described in physical terms as much as psychological terms. For many of the participants, the victimisation was a burden that they carried in secret. The isolation that came from this secrecy was compounded by the fact that other people did not share this abuse and were oblivious to what had occurred. Anger and avoidance were the most common coping mechanism to deal with other people leading normal lives whilst they were effectively damaged.

7.6 Perceptions and views about the counsellor

Most studies relating to the effectiveness of counselling indicate that the client’s perception of the client-counsellor relationship is the most reliable predictor of the success of any therapy. Participants in this program indicated that the quality of the relationship with their counsellor was the primary reason for engaging in counselling as well as the motivator for remaining in counselling. Participants referred to the development of trust and confidential relationship with the counsellor as being extremely important, but something that took time due to a “normal” inmate culture of mistrust. Additionally, the counsellor needed the ability to remain faithful to a trauma focused therapy yet balance the participant’s needs (and preferences) for a particular style of counselling. Much of the time this approach was important due to the prison environment and the techniques used need significant amendment from those in a community setting.
The participants acknowledged that they needed a counsellor who was focused on them, addressed their issues, and placed their needs first. They acknowledged the work undertaken by psychologists and other counsellors in the correctional system but believe that their offending behaviours were always at the core of any help offered. They wanted someone who understood them, understood their experiences and were able to effectively and productively overcome their trauma issues. Participants also believed that the counsellor should have experience of working with people in custody, and that they should be able to understand the operational and cultural context of prisons. This includes an understanding of the demands of routine and classification.

There was also the concern raised that not all counsellors are the same. Many of the participants have had more than one counsellor who had different experiences and abilities. Some were more specialised in sexual assault than domestic violence and this was demonstrated by their methods. Participants reflected that if they were in the community, they would be able to seek someone with a particular expertise, whereas in prison they are limited in their choices. The lack of power in something as simple but as important as choosing a counsellor was out of their hands. However they stated that the lack of control was something they were used to.

### 7.7 Summary

Overall, the participants present with some unique issues that non-offending participants experience. Subcultures within the gaol, such as those related to trust and confidentiality impact on help seeking behaviours and engaging with counselling processes. Factors, such as those connected with power and control are again raised as issues related to retraumatisation or institutional trauma. These factors are significant when it comes to recovery and would be reasonably expected to slow down the recovery process.

Other factors, such as shame, guilt and self-esteem are consistent with experiences of victims all over the world. They are perhaps amplified in the prison setting and given the relatively complex trauma histories that this population present with, affect the rate of recovery. What is clear however is the fact that there is hope of recovery and that the participants testify to their own experiences of recovery, however slow.
Chapter Eight
Stakeholders perceptions and experiences of the counselling service

With the exception of counsellors, key stakeholders are not part of the actual counselling process, yet remain firmly part of the daily experiences of the inmates participating in the process. Often they provide differing perspectives of the inmates’ daily living experiences, their general functioning and overall needs. The perspectives of these stakeholders provide valuable insight into the effectiveness of counselling and how changes, if any, are implemented by the inmates.

Again, the nature of the comments are subjective and have been grouped together as themes, they do not represent individual comments or beliefs. They need to be considered as part of the overall evaluation and how they contribute to informing outcomes for participants. As with the previous section, a range of perceptions and experiences were sought in regard to the effectiveness of the counselling service.

8.1 Correctional officers

Correctional Officers attended as a group and presented as being well informed and supportive of the counselling service, as well as other programs within the correctional centre. In terms of the need for the program, the vast majority saw the counselling service as useful and relevant to a number of inmates. This leads to the identification of the first real theme to arise and was in relation to their professional role within the correctional centre where they were located.

First and foremost, correctional centres are secure facilities which house people convicted or charged with criminal activities. As such, officers saw their primary role as ensuring law and order in line with relevant policies and procedures. Officers stated that they see their role as supervising the behaviour of inmates as well as overseeing more general activities within the correctional centre, but within the defined structure of the centre’s routines. As a result of this role, their interaction with inmates was perceived as limiting but necessary in discharging their duties. They acknowledged the need to respond to a range of the inmates’ needs but mainly in the referral to more specialised services, such as provided by the psychologist, chaplain or welfare officers. Some expressed a desire or at least a more in-depth interest in supporting inmates, but these officers were in the minority. The overall role in relation to the counselling service was: making inmates aware of the service; ensuring inmates attended counselling; supervising inmates and the counsellor during counselling; and, making other referrals as required.

Next, there was an overarching gender specific theme in terms of which clients should get access to the service and why. Although the need for the service was acknowledged, where the commonly held perceptions began to diverge was in relation to male and female inmates. There was a chivalry factor discussed where most officers thought that women not only needed, but should get access to the service because they were aware of the broad statistics of violence against women. The opinion was also expressed that they thought that women deserved a chance of healing because they had other roles in the community as wives, mothers, sisters and support persons. Men were not considered in the same way and whilst some individuals were acknowledged as requiring assistance, the general perceptions about male inmates were limited to their current status as offenders and inmates. The same information about prior male victimisation, especially childhood victimisation was not readily available and officers found it hard to link male inmates with being prior victims.
When questioned further, they stated that it was hard to see past the person that they presented on a day to day basis and as a result it was challenging to see many of them as anything but inmates.

Safety was another key theme raised by correctional officers. They saw their role as being responsible for the overall safe management of the corrections centre, which included ensuring the safety of inmates, other staff and themselves. As such, a high degree of objectivity was required to ensure that this practice was perceived as fair and equal amongst inmates. However they acknowledged that this role often made inmates oppositional as it imposed a strict set of behavioural obligations and restrictions on the inmates. This often meant that the role was a barrier to more engagement with inmates. Officers also expressed the view that the more structure that is in place and the busier that the inmates are, then the safer the prison environment is as a whole. As such, the more programs and services that can be offered to inmates, the better off the environment is as a whole, however programs must be completed within the confines of the correctional routines.

The officers described some of the inmates that attended counselling as being unstable, highly emotional, angry, and having high conflict personalities. In keeping with this, some officers reported that it was usual for inmates to come out of counselling and experience flashbacks or dissociation. On exploration of this theme, it was not evident that those officers fully understood these terms. The symptoms and behaviours reported were normal for someone having gone through a particular emotional experience and having to process it. This is consistent with experiences reported by inmates, where they believe that their actions following counselling are misinterpreted and “risk managed” rather than understood. Assisting staff to become more trauma informed may reduce the risk of this occurring again.

Some officers acknowledged that the prison environment doesn’t take into consideration the need for safe places where inmates can “emotionally unload”. Realistic safety and security concerns of self-harm and suicidality of inmates, mean that a risk management approach is taken when inmates express such a need. However, inmates (in particular males) believe that this is counterproductive to the healing process and is more of a cause of retraumatisation. There were also concerns about inmates who would engage with the service to try and manipulate the system. One inmate had already applied for counselling and told officers that it was a means to getting a “one out” cell. Officers trust that clinicians would pick up on this but state that they see a very different side of inmates than programs or clinical staff.

There was a broad acknowledgement that inmates who participated in the counselling service did display some positive changes in behaviours. It was also mentioned that these behaviours were further improved where the inmate had seen the counsellor and the psychologist. It was thought that this was part of an overarching clinical approach to addressing a range of issues which saw improvements in the inmates. Some anecdotal stories were offered in relation to personal experiences with inmates’ changes in behaviours. Officers commented that when the service was
first discussed, they expected a range of acting out behaviours and for the inmate behaviours to substantially worsen. They were surprised but gratified when they didn’t. They expressed that with more education and a broader range of services in place, it is possible that overall behaviours would improve, providing them with improved workplaces.

8.2 Programs staff

To capture a broad range of issues, the programs staff component incorporates services and programs, chaplaincy and psychology. Whilst each group have very specific views, separating them may provide limited perspectives as well as potentially identifying participants. In terms of overall support for the service, program staff supported its continued operation and determined a clear need for it. However in moving forward with the program or any expansion, they highlighted a lack of cohesion in ensuring the service fitted together with other programs to provide a continuum of service for inmates. A more structured collaborative approach was recommended to ensure that any therapeutic plan developed was completed in a more structured way in order to ensure inmates had clearly defined goals, outcomes and ways to achieve them. It would also assist with planning long term therapeutic planning and allow for clinicians to discuss options, approaches and share vital information constructively.

Programs staff identified some key themes, commencing with gender specific issues as they related to the counselling service. The first issue being that they believe that women have more “obvious” physiological reactions than men following trauma and as a result require more interventions. When exploring this perspective, staff expressed the belief that women become more dependent on the counsellor than is “healthy”. An example of this was provided in the context of when there was no access to the counsellor. It was reported that some women would refuse work, were not sleeping, changed their eating behaviours or even became hysterical. In the early stages of commencing counselling, women were reported to initially “withdraw into themselves” until they were fully engaged, then they became stronger.

As a counterpoint, it was reported that men appeared to handle the therapy in a much better way and were able to return back to normal with no observable issues. There also seemed to be less trauma related issues expressed by men and more behavioural issues related to offending, such as anger, hostility and non-compliance. Male inmates were considered in need of the program but less so than females. Discussions highlighted that much of the trauma history of males was hidden and unlikely to be disclosed. Some staff were aware of historic or childhood trauma but acutely aware that those men did not want to accept the assistance to resolve them.

It was also discussed that males may participate more if the service is rebranded to avoid stigmatisation with the victim label. Men do use the SAPO’s to debrief more generally and have expressed concerns more broadly. They have emphasised the need to rebrand the counselling service to allow men to better engage safely. It was also thought that this “rebranding” would also be important for engaging with Aboriginal men who would be reluctant to disclose their trauma histories with government agencies in general because of past contact. Programs staff suggested that engaging with community groups initially would be a good source of information and assist in building pathways for Aboriginal inmates in general. The trust required to engage with this particular group would rely on the support provided by the community itself.

There was also a perception expressed that inmates who have a trauma history lack the adequate mental strength to cope or manage the issues that arise during the course of counselling. It was believed that this cohort do not have the resources and ability to process the range of emotions or reactions that arise during therapy. With that in mind one could suggest that it was better not to provide any treatment for their “own safety and
wellbeing”. This was expressed by a few staff but not supported overall. It was linked with issues of safety however it was directly related to psychological or emotional safety rather than physical safety. Although some programs staff expressed concerns that correctional centres were typically unsafe environments for any clinical work that tries to address trauma, they saw that the potential benefits of implementing trauma-specific interventions may be substantial. Many were of the opinion that being in custody provided some inmates with the first stability they have had in years. With that in mind it was a perfect opportunity to provide a service that they would not normally seek out in which they could resolve some long term issues in a safe environment.

Staff also expressed the concerns that the Royal Commission into Institutional Child Abuse raised some issues amongst inmates generally. Whilst they were aware that the psychologists treated some clients, they were aware that their workloads and priorities prevented more people from accessing the service. They also commented on the inmates’ general mistrust of correctional staff although conceded that they did trust the psychologists more than some other staff. A more independent service can bridge the gap in existing services and importantly can assist inmates in addressing some very real and very serious histories of abuse. For that reason alone the service was perceived as valuable.

Programs staff did express concerns that no matter how successful the counselling service was, there was still uncertainty as to what was next. For some inmates who had completed counselling, they were able to resolve the trauma on an individual level but not on a social level. A more structured approach to victimisation would be a better solution than simply individual counselling. A form of psycho-education would provide an opportunity to educate inmates on what trauma and victimisation is, how it can affect them, and what they can do about it. Counselling could help address individual concerns and work through some of their trauma. Groupwork would also assist in socialising and sharing opportunities to build resilience. It was acknowledged that counselling is not for everyone but a suite of options would assist in engaging more people. However, this needs to be provided in a structured manner in which programs staff, clinicians and counsellors can determine a single therapeutic plan to engage inmates in programs and services at different points in time.

The last key theme discussed was the decision of when to engage inmates in offending based programs as opposed to victim focused ones. The need to address offending behaviours is fairly straightforward but if better outcomes can be achieved following victim focused counselling, participants thought that would be preferred. However, since there is no screening process in place, staff need to wait until disclosures are made before they can refer an inmate to another program. It is also hard to stop engagement in an offending program once started and inmates are fearful of withdrawing in case it negatively affects things like parole. Inmates concurred with the point that psychologists do address prior

Some inmates are better left untreated – for their own wellbeing.

Can you really change what happened to them? I mean is gaol really the best place to address trauma?

This is a golden opportunity to give them the help they need at a time they can actually access it.

Why don’t we screen for trauma? I know most of them have it but why not screen for it? It’s not like we can’t offer them a service and it would make planning easier.
trauma histories when they can. However there is no real mandate to do this in offending based programs as the emphasis is on general mental health and assisting in addressing criminogenic needs. Psychologists are very experienced, especially when it comes to addressing environmental issues that arise or when crises emerge. However, they acknowledged that the length of time required to really address trauma histories makes it unrealistic for psychologists to do so in these programs.

8.3 Approved Counsellors

The Approved Counsellors provide services to victims of crime in the community as well as to inmates in custody. The first main theme that arose was in relation to the nature of the inmates’ trauma history. Anecdotally, the trauma experienced by inmates is complex, enduring, largely unresolved, and with issues of multiple victimisation pervading the entire lifespan. There is no comparison to the community based clients who are also seen by the counsellors. For many inmates who had experienced long term abuse, they commenced life in custody in a constant state of anxiety with both physical and psychological symptoms. In discussion with inmates and staff alike, there is increasing anecdotal evidence to suggest that behaviours and symptoms were misdiagnosed or undiagnosed. Many presented with traits of complex trauma but had been diagnosed as borderline PTSD. Others had their symptoms reduced to criminogenic needs rather than trauma-related diagnoses.

Since childhood physical and sexual abuse is associated both with institutional difficulties and a low level of program engagement, prisoners may have difficulty benefiting from even the most effective cognitive-behavioural rehabilitation programming until the impact of childhood trauma is addressed. Counsellors spoke to inmates about their ability to engage in programs generally and about their daily functioning. They reported that should inmates engage in any form of programs about offending, the outcomes would be limited due to the amount of unresolved trauma. The result of child abuse in general had distorted their view of the world and severely interrupted their decision making capacity. More of a concern was that male inmates were unable to make the connection between past abuse, decision making and offending. Whilst it was acknowledged that counselling would not solve everything, it would at least provide a much better opportunity to engage in discussion around their offending behaviour when they had begun to address their history of past traumas and the connection with offending.

Counsellors were made aware that for men, the whole concept of counselling was not seen as safe. Men stated upfront that if other male inmates were aware that they were attending victims counselling, then they would become a target. Hence officers’ announcement of the inmates name and that they had to attend victims counselling over the loud speaker was unhelpful. They were also aware that there were issues of physical safety involved when inmates targeted participants because they were perceived as weak. Men as a rule expressed the inability to fully process emotions or outcomes from therapy because they had to be something else back in the units. This interfered with their progression of long term recovery. Unlike women who had a general camaraderie and acknowledgement of past trauma, men were solitary and isolated.

Trust was a key theme raised by Approved Counsellors and they reiterated that the therapeutic alliance was built on trust and took time to establish. They acknowledged gender differences in that men rarely build up full trust and that women often test the trust by deliberately disclosing information to see if it was reported back to staff and other inmates. They are seen as more independent than correctional staff and as a result receive far more information about past traumas than those other occupational groups.

Approved Counsellors would also like to have some form of integrated approach in regards to delivering therapeutic services. They described the psychologists as receptive and supportive but extremely busy. A single form of therapeutic management would allow not only information
but skills and experiences to be shared. It would also provide a forum to discuss individuals, share concerns and plan for the future of the clients.

There were concerns that inmates reported that some staff are seen as pushing the service too strongly. It was however acknowledged that the client would greatly benefit from counselling and that they were suspicious of the staff’s motivation for referring them. They are under the belief that they have to attend counselling or they will be reclassified or negatively affected by parole if they do not attend. Despite admitting that staff are clear that it will not affect them if they do not attend counselling, the environment is such that they do not believe it. Inmates also have the expectation that counselling is a program to finish rather than a service to access. Counsellors believe some general psycho-education up front would assist in resolving this as well as improving engagement with counselling. It would provide a platform to ask questions of the counsellor and discover what counselling really had to offer.

Counsellors see a different side of the client to correctional staff as they only see them weekly, and are more easily able to observe behavioural changes. They report seeing changes in frustration, depression, anger and anxiety. They have stated that it is not only counselling but also the work undertaken by the programs that staff has contributed to this. The subtle shift in organisational culture has taken on more traits of trauma informed practice and staff generally are seeing the benefits of this shift. Whilst they are aware that it is a prison first and everything else comes second, correctional officers are better at identifying trauma related behaviours rather than seeing them as misbehaviours and referring pre-existing clients to counselling as needed. More work is required in this area but there are already positive benefits which are visible. The changes in self-confidence and self-esteem, particularly from female inmates, are noticeable and they have reported improved relationships with staff, although the overall relationship will be defined by the role of officer and inmate.

8.4 Summary

Overall the themes presented by the stakeholders align with views of inmates. There are some practical changes that should occur to provide improved outcomes but there are no real barriers to achieving this, as it is requested by all stakeholders. Most structured information sharing forums would greatly assist in resolving these issues.

The issue of becoming more trauma informed was raised again and supported through anecdotal evidence of where staff are already implementing some of these approaches without acknowledging them as being trauma informed.

The issue of service delivery would benefit from a change in programs. A more structured approach of counsellors delivering psycho-education around trauma would assist in engaging inmates in counselling. Other types of group work would provide an alternative to counselling but could also be used in parallel with counselling. More thought will be given to options for engaging male inmates and Victims Services can work with CSNSW to determine the best approach for doing this through existing networks.

Overall there are no major barriers to offering counselling in prisons from a stakeholder’s perspective and there appear to be some significant outcomes from the service. Any challenges are internal in nature and can be overcome with some clearly defined and agreed upon guidelines and processes.
Conclusion

The evaluation of the Victims Services and CSNSW joint counselling in prisons trial provides insight into:

► the type of inmates who took part in the trial;
► the victimisation and subsequent trauma experienced by participants;
► experience of counselling in prison from both the participants’ and stakeholders’ point of view;
► the impact of counselling; and
► other logistical points in terms of running the pilot.

In terms of the types of inmates participating in the trial, general points drawn from the literature about inmates’ prior histories of victimisation were confirmed in this study, that is, prior histories of victimisation are often severe and unreported, which leads to the presence of complex trauma symptoms, which in turn are left largely untreated. Some of the main themes outlined in the literature were also prevalent in the evaluation and can be summarised as follows:

► The perception of safety, both physical and psychological, was reported as fundamental to the successful engagement and participation of inmates. As many victims struggle with the ability to feel safe after victimisation, this manifests in their concept of self, their relationships and their environment.
► Trust was a key theme and highlighted through trauma histories peppered with experiences of betrayal. As a result trust and the therapeutic alliance are slow to develop. The perception of the counselling program as being independent of CSNSW was credited as a major process in establishing trust. This was seen as being facilitated jointly by inmate and counsellor, through the sharing of power, information and boundaries.
► Linked with trust as a key theme, was the establishment of levels of confidentiality in counselling sessions that was perceived not to be in place in other programs. This confidentiality was often tested by inmates to see what information was shared and as a result, determine how confidential the sessions really were.
► The individual choice to participate in a program that inmates were not directed to attend and was dedicated to what happened to them, not about what they did, was another key theme. It matched the literature’s recommendations that consent and control are important factors for victims who had that control and consent taken from them when they became victims.
► The dynamics of power and the abuse of that power in previous relationships was recognised and actively addressed in counselling. Inmates, particularly female inmates, highlighted that previous abuse of power connected to the victimisation, not only characterised current relationships but affected professional relationships with CSNSW staff.
► Many inmates reported a current sensation of being out of control in terms of emotional regulation. They often present at their most distressed and vulnerable, and are easily triggered and struggle to regulate those emotions. Working on that sense of control in counselling enables them to better manage their emotions.

The feedback from service providers (Victims Services, CSNSW and professional staff) and service users in relation to the counselling program was overwhelmingly positive, endorsing the value of the program for inmates who have experienced prior victimisation. There is evidently a collaborative working relationship between professional groups within CSNSW and Victims Services.
Examining the counselling trial in more detail, the program itself was found to be highly successful in relation to the formal objectives and intended outcomes. Both key stakeholders and service users recognised the impact that counselling had on individual inmates as well as some staff. Consistent with the service providers, service users expressed a high level of appreciation for the counselling program, especially in relation to: emotional regulation, addressing prior trauma and working through events rather than repressing them.

In terms of inmate engagement, there were inmates who were apprehensive about attending counselling. However it appears that the most effective strategy for engagement in counselling came about through ‘word of mouth’, which encouraged them to participate. There were some main additional barriers that needed to be overcome in order for counselling to be effective, such as trust and confidentiality of counselling sessions, impact on help seeking behaviours, and engagement with the counselling processes.

Supplementing the qualitative information provided in interviews, an analysis of pre and post counselling showed a reduction in the level of severity scores for depression, anxiety and stress. The reduction was significant and did not differ by age, gender, Aboriginal and/or Torres Strait Islander status, or offence type. There was however, a slight difference in the level of improvement across the three measures.

The main criticism of the trial, if it could be described as such, was that it needs to be better promoted for inmates along with some further psycho-education as to what victimisation actually means. The safety concerns expressed by male inmates mean that the program needs to be revised to consider how to engage this group more broadly without the fear of a loss of safety. The trial also indicated that a more culturally specific psycho-education program be undertaken with Aboriginal men, to improve engagement rates within this population.

Some gaps in the data sources to carry out this evaluation, according to the research design, indicate that not all incidents of self-harm or suicidal ideation are reported by inmates. The fear of being labelled and separated is a genuine concern that inmates believe can result in transfer, impact on parole or place them at risk to other inmates. Better screening at the outset may indicate the presence of trauma and allow earlier engagement and the development of a more robust mental health plan. Overall, the qualitative information received from service users and service providers was of a depth and quality that may be used to inform service directions and to improve longer term evaluation processes.

Overall, there were no major barriers to extending the service to other correctional centres that indicated the need for the service or the willingness to offer it as part of their compendium of programs.
Recommendations

The evaluation offers recommendations connected to this study based on data analysis, interview findings, and interpretations. Recommendations include:

► Victims Services – Process
► Victims Services – Programs
► Corrective Services NSW – Programs
► Corrective Services NSW – Staff professional development

The evaluation also offers professional recommendations based on the researchers being immersed in the study, the researcher’s professional judgement, previous professional experience, and interaction with the inmates and professional staff in this study.

Victims Services – Process

► When applications are received from the prisons, the administration process should be amended to reflect the following process:
  ● Approvals to participate in the service is provided by the MOSP as part of the application process, rather than as a separate process.
  ● Victims Services to consider approving 22 hours of counselling in the first instance to avoid delays in accessing counselling.
  ● Notification of approval by Victims Services will be provided to the MOSP and psychologist simultaneously.
  ● Timing of the reports from Approved Counsellors to be changed in order to account for correctional specific processes. This means the consideration of the following changes to:
    – Initial reports at four hours instead of at two hours
    – Progress reports at 16 hours instead of 12 hours.
  
► Outcome reports: Victims Services to develop an Outcome Report for completion at conclusion of counselling to assist CSNSW planning and future service provision.

Victims Services – Programs

► Improve the process of developing referral pathways for certain groups, such as male inmates. The safety concerns expressed by men being perceived as ‘victims’ raise real issues in encouraging participation. Alternative strategies should be developed and provided to CSNSW for consideration.

► Victims Services to work with CSNSW and community groups to determine the best approach for engaging male Aboriginal inmates using existing networks. The current over representation and research indicates that this is a group that can benefit from the counselling program but are reluctant to engage in it. Specific cultural responses may be required for consideration by both Victims Services and CSNSW.

► Victims Services should develop a proposal to implement a more structured approach of counsellors delivering psycho-education around trauma prior to engaging inmates in face to face individual counselling.

► Victims Services to consider more formal processes to provide a continuum of services between prison and the community, in particular Community Corrections.
Corrective Services NSW – Programs

► CSNSW should consider the phased rollout of the counselling program to other correctional centres in NSW. The reported levels of trauma expressed by inmates as a result of victimisation indicate the need for some intervention to ameliorate these symptoms. Whilst professional staff do provide effective therapeutic interventions, the victimisation is often outside of their remit and may be in conflict with their role in a correctional environment. The counselling program then provides an opportunity to address these.

► CSNSW should consider the counselling program in the development of a formal single mental health plan, led by CSNSW. This would provide a more holistic approach for mental health professionals and keep them advised of the individual client needs. This would require planning and cooperation by those involved, such as CSNSW and Justice Health. This would need to be carefully managed to ensure the inmate’s privacy is not compromised but that a consolidated approach is devised to meet the inmate’s needs.

► CSNSW should foster increased awareness among all correctional staff members regarding the positive outcomes of the program and consider the possibility of more psycho-educational programs for inmates in terms of improving overall engagement.

Corrective Services NSW – Staff professional development

► Specific trauma informed training programs should be developed and delivered to improve staff awareness of trauma histories and what they mean for work practices. The principles of trauma informed care and practice are based on an understanding of the particular vulnerabilities and/or triggers that trauma survivors experience, and which traditional service delivery approaches may exacerbate, so that these services and programs can be more supportive, effective and avoid retraumatisation.

Further recommendations

► Further research into this area would be beneficial if it were able to consider the linkages between addressing trauma and the impact, if any, on the willingness of individuals to address their criminogenic needs. The current evaluation certainly indicated much more self-awareness of inmates in regards to offending pathways in light of prior trauma and victimisation, and offending behaviours.

► As an expansion of this, consideration should also be given to possible screening tools that may be undertaken on entry to a correctional centre offering the program, and provide for a simpler referral pathway to the program.
## Glossary

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
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<tr>
<td>Application</td>
<td>Victims Services Application for Approved Counselling which contains information about the victim and the act of violence.</td>
</tr>
<tr>
<td>Approved Counselling Service (ACS)</td>
<td>The counselling service provided by Victims Services to victims of violent crime in NSW.</td>
</tr>
<tr>
<td>Approved Counsellors</td>
<td>Counsellors who have a Deed of Agreement with the Commissioner of Victims Rights to provide counselling under the Approved Counselling Service.</td>
</tr>
<tr>
<td>Case file</td>
<td>The central electronic store of all information relating to a client of Victims Services.</td>
</tr>
<tr>
<td>Client</td>
<td>For the purposes of the report, a client is an inmate who has participated in victims focused counselling.</td>
</tr>
<tr>
<td>Complex trauma</td>
<td>This term describes the exposure to multiple or prolonged traumatic events and the impact of this exposure.</td>
</tr>
<tr>
<td>Confidential information</td>
<td>All information related to the content of counselling sessions and revealed in such sessions.</td>
</tr>
<tr>
<td>Correctional centre</td>
<td>This refers to Dillwynia Correctional Centre and Wellington Correctional Centre for the purposes of this report.</td>
</tr>
<tr>
<td>CSNSW</td>
<td>Corrective Services NSW</td>
</tr>
<tr>
<td>DASS</td>
<td>Depression Anxiety Stress Scale – is a set of three scales used to measure participants’ level of depression, anxiety and stress levels.</td>
</tr>
<tr>
<td>Eligible inmates</td>
<td>Those inmates who have been injured as a consequence of being a victim of crime prior to entering the correctional centre. They may be a primary victim of interpersonal violence or a secondary victim who witnessed violence or they are the parent of a primary victim who is under the age of 18 years or they are a family member of a victim of homicide.</td>
</tr>
<tr>
<td>Informed consent</td>
<td>Means the inmate has given written consent for any exchange of information in relation to counselling to the relevant agencies.</td>
</tr>
<tr>
<td>Justice Health</td>
<td>This government agency provides health services to those in contact with the forensic mental health system and NSW criminal justice system.</td>
</tr>
<tr>
<td>MOSP</td>
<td>Manager Offender Services and Programs, CSNSW</td>
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<tr>
<td>Neglect</td>
<td>The absence of adequate caregiving during childhood.</td>
</tr>
<tr>
<td>OIMS</td>
<td>Offender Integrated Management System – a database used by CSNSW</td>
</tr>
<tr>
<td>One-out cell</td>
<td>One person to a cell.</td>
</tr>
<tr>
<td>Operational date</td>
<td>The commencement date of the trial.</td>
</tr>
<tr>
<td>Programs</td>
<td>This refers to the Offender Programs Unit at CSNSW which manages a suite of offender rehabilitation programs.</td>
</tr>
<tr>
<td>Term</td>
<td>Definition</td>
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<tr>
<td>Psychological services</td>
<td>Services provided by psychologists within CSNSW.</td>
</tr>
<tr>
<td>RIT Cell</td>
<td>The Risk Intervention Team protocol is used as a strategy for managing suicide and self-harm in prisons. If an inmate is suspected as being at risk of harm then they are placed in a safe cell.</td>
</tr>
<tr>
<td>Stakeholder</td>
<td>A stakeholder is any individual or organisation that comes into contact with Victims Services that is not the victim of a violent crime.</td>
</tr>
<tr>
<td>SAPO</td>
<td>Support and Programs Officers, CSNSW</td>
</tr>
<tr>
<td>Transitional Centres</td>
<td>This is a minimum security, community-based facility in which an offender is placed while they are still serving their sentence in preparation for their release.</td>
</tr>
<tr>
<td>Trauma</td>
<td>This refers to the emotional and physical responses that occur from exposure to a distressing or disturbing experience.</td>
</tr>
<tr>
<td>Two-out cell</td>
<td>Two people to a cell.</td>
</tr>
<tr>
<td>TRQ</td>
<td>Treatment Readiness Questionnaire – this is a 40-item self-report questionnaire that assesses readiness to participate in and engage with a training program.</td>
</tr>
<tr>
<td>Vicarious Trauma</td>
<td>This term describes the transformative effect on the helper that results from empathetic engagement of working with survivors of traumatic events.</td>
</tr>
<tr>
<td>Warm referral</td>
<td>This involves proactively contacting a service on the client's behalf and may also involve writing a report on the client's needs.</td>
</tr>
</tbody>
</table>
Notes

1 ‘Disclosed’ means that participants discussed a second act of violence in counselling sessions which was recorded by the counsellor, or that they discussed an act of violence other than the act of violence for which counselling was assigned at the interview with the researcher.

2 A Chi-square test for independence (with a Fisher’s Exact Test correction) indicated that there was a significant difference between multiple acts of violence as an adult and gender, df=1, p=.00.

3 Please note that these numbers are based on disclosure and may not fully represent actual occurrences.

4 Ninety participants did not report multiple acts of violence as a child, and information is unknown for 11 participants.

5 A paired-samples t-test was conducted to evaluate the impact of counselling on participants’ scores for each of the three measures. There was a statistically significant decrease in scores for depression from pre (M= 38.3, SD= 3.5) to post (M= 14.9, SD= 4.1), t (231) = 62.9, p=.00. There was a statistically significant decrease in scores for anxiety from pre (M= 38.5, SD= 3.9) to post (M= 15.6, SD= 4.3), t (231) = 56.7, p=.00. There was a statistically significant decrease in scores for stress from pre (M= 38.2, SD= 4.0) to post (M= 16.0, SD= 4.1), t (231) = 57.4, p=.00.

6 The severity categories are used to measure scores against the population, for example ‘mild’ refers to scores which puts the participant above the mean of the population but well below the severity scores of individuals who would typically receive help in the area.

7 Data in Figures 4, 5 and 6 is missing for three individuals.
References


Adventures in Groupwork

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Adventures in Groupwork

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With appreciation

We wish to extend our thanks to the many children who accepted our invitation to be guests of our group programs.

They brought so much, gave so much, patiently advised us on our learning needs, and taught us about both the challenges and values of this work.
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Introduction

This manual illustrates our journey as workers in developing ideas about the increasing value of groupwork to our practice. The programs described have been useful additions to our work but are only the first of what we hope will be an increasing catalogue of ideas as we continue our process of learning.

In offering this manual as a resource, it is intended to act only as a guide, to take what may be useful and leave what doesn't fit for you. Useful programs need to be flexible so that they can be altered to suit the different needs of children, carers, workers, and services.

Although the programs were created from our work with children and families who have had an experience of sexual abuse, we feel the ideas are transferable to working within other fields of counselling work with children, young people, and adults.

More importantly, we hope that it will raise questions for you about the many possibilities that groupwork can invite us to explore as we continue to work with children, young people, and their families.

As we continue to learn from our clients and colleagues, new questions appear, as do new ideas for change and development.

As part of our process of learning and discovery, we have circulated this most important part of our story as counsellors. We would welcome your feedback and questioning of our work so that we can continue to learn.
Groupwork
Voices in Chorus

Counselling Spaces

In establishing groupwork as a major part of our service we spent considerable time debating our ideas about, not only the place of groupwork in counselling but also the place of counselling in the lives of the children we see. Numerous questions were raised as we began a process of disassembling our past practices and views.

- What assumptions do we hold about the effects of child abuse on children?
- How influential to the counselling process are these dominant views?
- What are the effects of bringing these prescriptive ideas into the counselling relationship?
- Do children carry the same dominant stories about the abuse as we subscribe to, based on the stories we hold as adults, parents, and counsellors?
- Do we provide space in our work which invites children to tell their stories, rather than the stories we may want to hear?
- Do the views we hold about children cause us to dismiss the many capabilities they have and which they can effectively utilise in counselling?
- What messages are we conveying to children about their ability to deal with their abuse if we occupy, or only invite other adults to hold the position of expert in the counselling relationship?

At the time of this exploration we were also researching the ideas of narrative therapy. This model fitted for us by advocating a feminist analysis of child sexual abuse. It also supported principles of practice which consolidated for us the questions we were carrying about our work.
In a documented conversation between Michael White and Christopher McLean (White, 1995) there is a clear identification of the usefulness of counselling to families who have been trapped by the effects of sexual abuse.

“If we can play some part in assisting these people to break their lives from those very negative personal stories that have such a profound effect on shaping the expression of their experience, and if we can help them to step into some other more positive account of who they might be as a person, then it will become possible for them to actively engage in the reinterpretation of the abuse that they were subject to. And this reinterpretation will change the shape of the expression of people’s experiences of abuse, and therefore the shape of their lives”. (White, 1995, 84).

We also widened our enquiries about the usefulness of counselling to others, consulting with workers and also the children and families who we had worked with, about what they saw as the purpose of counselling and how groupwork might fit those ideas.

Their comments also supported the view that counselling was seen as providing a way for children and families to leave the abuse and move on in their lives.

“I just want her to have a normal life without this mess”.

“If the nightmares would go away then I would not be afraid anymore”.

“I want to be with my friends and laugh like they do and not think about that awful stuff anymore”.

“There’s so many things we want to do but can’t while the problems take up so much time”.

“I don’t want to talk about what happened. I want to
talk about everything else without being bothered by those memories”.

“If coming to counselling can do one thing for me it will be helping me to like me again, like I used to”.

(Consultation Groups, September 1997)

Sexual abuse seeks to take certain stories people hold about their lives and constricts them with restraints of guilt, self blame, fear and powerlessness (Laing, 1987). Challenging these restraints and therefore weakening their influence is an important part of the work but counselling can become so embedded in focusing on these legacies of abuse that it misses the many other stories that accompany clients.

“We can work together to identify unique outcomes - those personal actions that cannot be read as self-rejection, but as self care. These unique outcomes provide a point of entry to the counterplots of (women's) lives, those accounts that have to do with survival, resilience, protest, resistance, and so on.” (White, 1995,94).

White uses the term “thickening the counterplots” to describe the outcome of this process of discovering and authenticating stories that describe people in ways significantly different to the identity created by their experiences of abuse and exploitation.

Children are expert storytellers around themes of hope and possibilities for their future. A child who is just learning to read and write will tell you that they will one day fly to the moon or be in the Olympics or become the Prime Minister of Australia. They share with friends a belief about themselves that are filled with stories of adventure and achievement. These stories and others come from both lived experiences but also access to a well of magic, imagination and creativity, that is the ownership of childhood itself.

Holding such resources and being able to extract them through drawings, action and play, is a gift that children will generously share if invited to.
Providing such invitations for children raised further questions about the confines of existing counselling practices.

- What might be the child's view of counselling and how do we gain access to that view?
- How might we provide space that ensures the child's voice be heard, yet not isolate that voice to the counselling room?
- What messages are we conveying to children if we, as adults, continue to outnumber them in the work and direct the style that work should take?
- What messages are we conveying to children about 'play' if we take the meaning of that expression as a tool for adult interpretation rather than a resource owned by children for their use?
- What venues do children find comfortable for expression that we can provide as a service without claiming control of that resource by imposing the characteristics of play that is not in consultation with their expertise?

**Groupwork Space**

Providing space to children by inviting them to meet with other children in a venue outside the counselling room, we believe, offered solutions to these questions.

How more powerful would their work be if it was shared with others who carried similar stories and resources, coupled with an enthusiasm for networking?

When invited to a group, children usually agree without hesitation. In their eyes, meeting with other children can mean either play or a party, sharing resources with like minded and like-energised people, and we have encountered few reservations about the opportunity for them to do this.

Groupwork provides an immediate audience where children can share their views with others, in the knowledge that those 'others' have had similar experiences of abuse. The first meeting of any group says loudly you are not the only person who has been abused. We are still overwhelmed by the power of this
simple yet dramatic step for many children who have been isolated by the beliefs given to them by their offenders that they are alone with their abuse.

Our consultation with children about the value of groupwork to them is always stated by them as providing the opportunity for them to meet with others who have also been abused, to know that they are 'not the only one' and that many 'normal' children also are abused. Although children may have read books that say many children are abused and see drawings in the counselling rooms by other children, it is that one to one meeting that makes that message of 'being like others' a reality.

This fact has always overridden all other aspects of the groupwork programs, the only other competing second important factor being the food that was served. We have often spoken of the possibility that a group could simply involve the step of arranging children to meet together with food on hand, enabling them to take care of the process of getting to know each other and sharing stories about themselves without adult intervention. The meddling adult in us still insists that we 'do some activity' but the reality is that we often find ourselves an invisible part of the process.

Groupwork has always been considered a valuable tool in facilitating the breakdown of secrecy and isolation surrounding children who have been sexually abused.

Meeting with other children, hearing their stories and sharing experiences, is seen as a powerful means of resisting the silence that encompasses sexual abuse, challenging dominant myths and gaining access to new stories about the abuse and themselves. Groupwork can provide, not only an environment of support for this work but also an audience of people who can witness and authenticate the process of change.

Despite what previously dominant views have told us about how children who have been abused should be, we encounter children, who it would seem, are fighting to be children first. As a tool for change, groupwork is a powerful entity. As a domain that fits a child's need for companionship and solidarity with others, it provides a space for work and discovery that is limitless.
Before you Start
Planning Notes for Facilitators

The following ideas and questions reflect the process we took when first planning groups. Many of you who have run groups would be familiar with these steps. They concern not only issues regarding group aims and processes but the more practical considerations of establishing group space, sending invitations, transport, etc.

This issue raised the question: Is a brief acknowledgement that all participants have been sexually abused sufficient input or is further exploration of their stories of abuse necessary?

If we avoid the topic, are we telling children that their abuse is not to be discussed in the group? If we delay the work of the group by asking children to talk about their abusive history, are we forcing them into a discussion that they do not necessarily want to do or see as important?

We believe it is important to spend a short amount of time during the first session to discuss the fact that all children attending the group have been abused at some point in their lives. Our early input to carers before the start of each group is another way of letting children know that all group members are attending the service because they also have been abused.

By mapping their path to the group (diagrammatically or verbally) in terms of their referral to the service, the length of time they have been coming for counselling and other groups they may have attended, children can share a brief description of their counselling experiences.

After this point, it is then left to the children to take responsibility for other information they decide to share with other group members. This is done either by informal discussions with other group members or sharing information through the activities of the program.
It is important to keep in mind that an alternative story being offered by groups is about leaving the abuse behind and moving on. The moment the abuse was disclosed, children had started to leave the influence of secrecy, isolation and powerlessness that had been held over them. Their participation in groups must acknowledge that movement, however small it may feel for some group members.

Returning children to a lengthy discussion of the abuse they had experienced appeared to contradict this progression. We need to recognise the value for children in sharing their stories with others. We also need to be careful about timing and context and be aware that concentrating on the story of the abuse may inadvertently leave out other stories about their lives, which are equally or even more important to the children concerned.

The children attending a group may be at different stages in their process of leaving the effects of the abuse. Some children, if not exposed to sexual abuse, may still be experiencing other forms of violence in their lives.

We do not pretend to only invite children who are in totally safe situations to the groups. Our experience from working with children and their families, tells us that this is often a remote possibility.

In seeing the group as a resource that can be useful for children exposed to violence, we believe that it can offer information, both about them (alternative views to those being raised by the violence) and about their rights to protection and safety.

A further advantage of groupwork is its ability to bring to notice children who are still experiencing some form of abuse or who hold fears for their personal safety. Their interactions with other children, statements they make during the sessions, both informally and during the work, help bring protection issues to notice. Our belief is that such revelations can become more visible in groupwork than in the format of family counselling where the restraints surrounding the violence can remain quite strong.
The group cannot make children safe. That remains the responsibility of workers and other adults within the child’s network. Undertaking better informed family counselling and notification to protective services are ways that we can act on the information received during group sessions.

Group Membership

In considering the knowledge and skills of each potential group member as equally valuable, the usual rules about age and gender seem irrelevant. We believe that it is valid to invite all clients to a group, as long as the program appears relevant to the child concerned. That decision of ‘relevancy’ is the child’s and family’s, rather than ours.

The group program therefore needs to accommodate the differences between each participating member, rather than exclude them. Even when attempts are made to make groups uniform by age, gender, even at times type of abuse, differences between members will appear and affect the structure and content of a group. Coming to terms with individual differences and promoting those differences appears to be much more respectful of what each participant brings to the group.

Pre-group meetings with carers can provide valuable information about the unique needs of each child, discussing ways certain qualities (very young children, children who are hearing impaired, children who carry a diagnosis of ADD, children from other cultures, etc.) can be catered for by the group. Inviting carers or a sibling as co-facilitators, who offer assistance to the tasks of the program, can help meet the differing paces at which children work. Additional activities that can break up the main work of the group, allow space for children who, either cannot sustain the attention needed for certain tasks or require further time to complete the work to their satisfaction.

It is also valuable to include material that addresses the different life stories of participants, especially in regard to culture, enhancing the depth of knowledge gained by everyone during the group.

Involving Caregivers

An important consideration is the role of caregivers and other family members in the group program.
Traditionally, groups for children have been held outside the influence of carers, whose participation was limited to providing transport to and from sessions and perhaps quickly checking with workers about their child’s participation.

Inviting family members to become more involved in groupwork, either by actively participating in sessions or viewing the program and offering suggestions for change or development, meets two important goals.

The first is to challenge the practices in counselling that can inadvertently reflect tactics used by offenders to ensure secrecy, isolation and a division between children and non-offending carers.

The second is to make our work more transparent. Opening the group to the scrutiny and discernment of carers decreases our role as experts, a false significance that can occur when ‘two counsellors run a group for children’.

As witnesses and participants in each program, we believe that non-offending family members provide a valuable audience to the work being achieved by their child in the group. This may also enable them to extend this recognition to their lives outside the limited time frame of each group session. Family members add voices of encouragement, witnessing further stories of resistance and strength in themselves and their children, which may not always be discovered during group discussions.

The format for participation can vary from each program, depending not only on the planning of sessions but also after consultation with carers as to their ideas about their preferred level of involvement. At times, only the children attend during group time but take home information to share with family members. At other times, family members are asked to participate, either by sending information with the child or personally attending. Outside these parameters we have found it always valuable if a caregiver is ‘visiting the group’ to involve them in the action, either by observing or directly participating.

All group programs have, either as a final session or for the closing moments of a workshop, an invitation to carers and family members to attend as guests. They
provide both an audience to a discussion of the work achieved during the group and share in the celebration of the group’s closure.

Length of Sessions

Most group sessions are two hours in length, allowing one and a half hours for solid work. Spare time is needed for late arrivals, food and toilet breaks, rest time and basic cleaning up.

Children usually arrive within the first fifteen minutes, so it is important to have an introductory activity that everyone can start and late comers can catch up with.

Ideally, half an hour before and after the group time is important to allow workers to set up the room, prepare activities and collect children needing transport.

The value of wind down time for workers at the end of each session cannot be overstated. The information provided during each group session must be reviewed with care, discussion often altering the program to better suit the character of the group or to develop an important theme that the children have raised. We have also found that our adulthood takes from us the non-stoppable energy of children and keeping pace is taxing on mind and body.

The Terrible Twos

When planning sessions there are two issues that always become an important consideration.

The dreaded issue of transport is always a problem, since children’s access to services is usually always reliant on the ability of someone to bring them. If a group is to start at 3.30/4.00pm, it usually means that children need to come almost immediately after school. This also means that public transport, unless generously available in your area, is usually not an option.

Given the time frame needed for children to arrive for a group, if they cannot be driven by their carers, we have made the commitment to collect them ourselves, additional time being scheduled before the group starts. This step has ensured that most groups maintain a 100% attendance rate.
It is important for workers to make a decision about their willingness to provide transport for children who would otherwise be unable to attend, as it will always be an issue to consider when planning.

The place of food during group sessions is the other constant issue. Our evaluations with children after groups have proven that food is a valued element to every group session. The best procedure we have found is to split the food into two main timeslots. We provide food as the children arrive, early corners helping with preparation. Coming immediately from school, food and drink is high on the priority list for participants. Informally chatting while eating is a good way to meet up and provides a comfortable focus while waiting for others to arrive. A second break usually occurs in the last half hour, plates of finger food placed around while children are finishing their main activity. The best rule is trial and error until the option that works best for the group is found.

**Group Agreements**

Group agreements should be discussed at the start of every group and recorded, either in children’s journals/folders or on a large sheet of butcher’s paper for display.

This exercise should be short and simple, encouraging children to stipulate the rules they feel are important. Discussing the appropriateness of certain rules above others sets a tone for the group that, although encouraging respect and self care, is not a rigid classroom setting.

We stipulate three main rules:

**Confidentiality**

Children attending the group may also attend the same school or live near each other. We talk about the importance of keeping information raised in the group private from others, especially teachers, peers and neighbours.

The pre-group meeting with carers can raise this issue, discussing concerns and agreements about the level of confidentiality expected. Our experience with groups has shown this issue to never cause problems, children
and family members honouring the rights of others to maintain their privacy.

Staying Safe

We set out the physical boundaries for the group, pointing out certain areas that are not accessible, such as office areas where other staff are working, computer areas and the television room. As our groups are held in the grouproom which is outside the main house, we stipulate that children cannot leave the yard. If children want a break from the group, or don’t want to participate in certain activities, they can sit out on cushions, rugs and chairs in the immediate area.

Physical Contact and Words

We ask children not to push, hit or hurt another child in any way. Rough play is also discouraged, some children often getting distressed if someone grabs them or tries to tickle them in ‘fun’.

We also ask them to follow the same rules about language that are at school, in terms of ‘put downs’ and swearing. This is not related to our need for ‘proper’ behaviour but the fact that sexual terminology when used offensively is abusive and can be distressing to children, particularly if certain expressions resemble words used by their offenders.

Making Creative Space

There is no doubt that children respond to environments that are welcoming. Open spaces with room to move and few restrictions on noise level and movement are necessary ingredients for children to feel comfortable, relaxed and enthusiastic. When planning a group it is important to consider appropriate venues in terms of safety and freedom for children’s natural energy. If work centres are not ideal, considering other locations within the community may be necessary, including school halls, community settings, pre-schools.

The layout of the space must invite comfort and can include: lots of cushions with few chairs, music in the background, keeping cool or warm, whatever the weather, and easy access to toilets that doesn’t require a key or permission note.
We have found the provision of music is an integral part of every group, directing different activities or creating moods when children are working or relaxing. We have purposely not stipulated the music used as this is really a personal preference. To our dismay we have also found that our tastes are quickly evaluated by the children, who will suggest other music to use or in desperation, bring in their own recordings. Having a player that is easy to use with a good sound are important.

The need to provide adequate resources is constant and expensive. Children’s capacity for creativity can often be measured by the amount of materials they can expend in a five minute period. Providing variety in sufficient amounts, without the need for free access to all resources, maintains a flow of work without depleting the entire groupwork budget in one session. To maintain structure and focus in the group, it is important to ensure that all resources are securely stored away (cupboards, boxes, baskets) until required.

Throughout the group programs we have attempted to identify the main requirements for certain activities but recognise that personal preference and artistic license prevail in the end. The one rule always remembered by children is to provide what was promised at a previous session.

Building a resource cupboard for groupwork should contain most of these items:

- pens (black tipped for drawing, coloured, glitter pens, thick and thin tipped)
- pencils, crayons and charcoals
- paints (water based, craft paints) and brushes (different sizes)
- paper (all sizes, mostly white but some coloured) wrapping paper, butcher’s paper, sheets of cardboard, folders (envelope or open sleeve), plastic sheets.
- notebooks (A4, recycled paper is strong to use)
- calico, hessian, felt squares, ribbons, string
- glue (paper and craft glue), sticky tape, blue tack
- scissors
- potter’s clay
- magazines and newspapers
- craft materials that would appeal to children (feathers, sequins, glitter, laces, etc.)
Locating reasonably priced craft stores (Spotlight, Clints, Reject Shop) can maintain a reasonable load on the budget, not to mention regular visits to Reverse Garbage. Care should also be taken about the toxicity and washability of craft materials.

Consulting with Pre-school and Primary school teachers has proven a valuable use of time, offering an expertise about activities and resources that our limited skills as counsellors could never surpass.

The provision of a large basket of dress up clothing (skirts, shirts, trousers, hats, belts) is important for dramatic activities and can be easily found by raiding people's wardrobes or visiting Op shops.

Making puppets available for use in the groups has also been valued by participants, either to just sit and hold or recruit as a helper in certain activities. Puppet theatres are an added bonus, either purchased or made by a timber frame and calico (perhaps painted as an additional activity during a holiday program).

**Holiday Program**

During the school holidays we also encourage children and families to have a break from counselling, unless absolutely necessary. We use this time to run a one or two week holiday program (2-3 days per week) inviting all children, including siblings and special friends to attend. The focus of the program is a break from counselling, instead making crafts, playing games or going on a picnic. We have found the programs to be a tremendous success, allowing workers, children and families to meet with and enjoy the company of each other in a space that is free from any discussion of problems or counselling.

**Language - Finding Common Ground**

Throughout these programs we have given examples of questions that can be asked to encourage children to develop their ideas around the different exercises. In writing this resource we struggled with the form the questions took. Is that too adult? If we write it as we would say it to children, will adults understand what we mean?

We would ask that you consider questions carefully when developing your programs and view our input as only suggestions. If in doubt, use the knowledge of
you best resource and critic, the children attending the group program. We have constantly found that as we struggle with terminology, they quickly deliver the punch line in a succinct, carefree way.

Invitations

Formally sending a written invitation to children reinforces the importance of both the program and their participation. All invitations clearly set out a brief statement of the reason for the group, who else has been invited, the dates for the group and starting and finishing times. Children are asked to RSVP themselves.

Documenting Work

It is considered important that the knowledge generated by the children is continually recorded so that it remains accessible information to not only themselves but family members, support people and others attending the service who may find it a valuable resource.

Documenting the knowledge generated during groupwork maintains a focus on the significance of their ideas and the resources they hold. It also provides a medium through which children can share their work with a chosen audience. The celebratory ritual which closes each group program is a valuable time for the circulation of this documented knowledge.

Methods for documentation during groupwork include:

Group Story Wall

A series of worksheets (calico/butcher's paper/cardboard) are successively hung around the grouproom at the end of a session. They may contain a drawing, message or group collage that depicts information produced during the group session, providing an immediate and visual representation of the work being achieved.

Resource Folders

At the start of each group, a resource folder (folder with plastic sheets, envelope folder, notebook) can be given to the children for the purpose of storing and recording their work. Personal recordings, drawings, information sheets, summaries of ideas raised during the previous group session, letters and notes from family members
are all included in the folders. The safest rule is 'keep everything' unless the children discard it themselves. All work is the property of the child concerned and what happens to that material is their decision.

**Group Letter**

At the end of a group program we have at times given each child a letter which summarises the work of the group, information we gathered about that child as to their special abilities, interests, qualities and stories or incidents that marked something important in the group. These letters are taken by the child as one record of their participation during the group.

**Audio and Visual Tapes**

The use of audio and visual tapes to record the group activities is a very powerful tool for documentation. Children respond to hearing their voices and seeing themselves with great enthusiasm. Care and caution are fundamental elements when using these tools, respecting confidentiality and being sensitive to the possible invasiveness of this technology. All participants and carers must be involved in the decision of whether or not to use recording equipment and permission is usually obtained in a written contract form. That contract stipulates the way in which material will be recorded, that all taped documentation will be destroyed at the closing of each group, unless a request is made by a child for segments that were focused on their participation.

**Photographs**

Photographs can also be taken at certain times during group programs, again becoming the personal property of the children photographed as a memory for them of the group.

**Keeping Copies of Work**

We have sometimes sought permission from the group to keep copies of work they have done. This may include their ideas for fighting problems, worries that they have dealt with, stories of heroism they have authored.
Workers need to ask themselves the purpose for keeping this work and if it is really necessary. That purpose then needs to be stated to both the children and their carers so everyone is clear as to how the material will be used. The different ways this valuable documentation can be used include making it accessible to other clients of our service, children attending other counselling services and workers who also work with children.

Examples of this documentation have included ‘I Have A Counsellor’, ‘I Have A Place’ and an information sheet for children about nightmares called ‘Nightfrights’. Stories from ‘Mighty Me’ and ‘Heroes & Heroines’ are placed in our children’s library so that other children can have access to them.

When writing these resources we sought permission to include some of the work achieved by children.

The generosity by children and families to offer their work for more public use is always abundant. We always reunite consultants to view the ‘finished product’ (if a booklet or facts sheet) or to receive feedback about the journey their work has taken. When given so graciously, it must remain our responsibility as workers to stay respectful of this precious material.
Evaluation of groupwork is always challenging when your evaluators prefer to play tag or 'Duck Duck Goose' than sit and reflect with facilitators about the usefulness of the program they have just completed. Our attempts to do this most proper final act has been met with an array of hurried messages that range from "everything was good" to "the best thing was the food".

Children's unique ability to politely put us in our place when bothering them with questions about the things they liked and didn't like in the program has encouraged us to look for different ways that evaluation can occur.

Evaluation occurs at every session and can be informally measured by the consistent numbers attending and their responses to the different activities. Maintaining contact with children and families on a more personal basis, be that via counselling sessions, letters or phone contact, allows us to review the experience of the group for them and ways that they are finding it useful or enjoyable, or both.

The final session of all groups provide the opportunity for members to share with an invited audience their different experiences in the group and answer questions 'from the floor' about certain activities and achievements. At times an attempt for 'something in writing' is made, usually in keeping with the hurried pace of the participants. Large sheets of paper can be placed on a wall or the floor, with short questions to which children are asked to write or draw a response. A checkerboard can be set up with squares depicting the different sessions and children placing tokens to represent the sessions they found useful. Balloons can be written on and then tied together in groups of positive and negative comments about the group. The guiding rule is keep it short and simple.

A much more productive way of evaluating the nature and worth of a group is by a formal consultation process, usually held several weeks after the group has finished. As a principle of practice, consultation with
Program Outlines

It's Not A Straight Line
Maps of work take many directions, and changes in direction, and do not usually travel in a straight line. The following programs reflect only a part of the many maps that we travel with our clients. They are not seen as running in a certain order or a child being expected to finish one program before moving on to another. They happen when they are seen as being useful to the children who are attending our service at any one time. Sometimes we detour back and re-run the same program because it seemed a worthwhile place to visit for a little longer than other places. At other times we travel everywhere, learning so much from the ride.

Heroes & Heroines
Heroes & Heroines is about storytelling. Storytelling is a domain expertly utilised by children, both as listeners and authors. Heroes are metaphors of strength and courage. This group seeks to develop alternative stories about heroism that are distant from the more stereotypical models. By exploring a broader definition of heroism, we hope that the children will find a meaning that fits elements in their own lives, utilising storytelling as the medium for creating and documenting their ideas.

Mighty Me
Many children who attend counselling are accompanied by problems that seem to be a direct result of their abusive experiences. What they also come with is a childhood skill of being able to see such problems as separate to themselves, externalising their unwelcome visitors with an expertise often ascribed only to the realm of counselling.

Mighty Me tries to encapsulate the ideas of externalising problems by collectively challenging the existence of these oppressive forces, focusing on stories about children that are an alternative to those dominated by the problem.

The focus of the group is not solely on the influence of the problem in the lives of the children and their families. Emphasis is placed on the child's influence over the existence of the problem, if not directly confronting it, then locating stories in the life of the child that give a different account to the lies and tricks the problem generates.
Stepping Stones invites children to recollect the parts of their lives that have sustained them when dealing with the effects of the sexual abuse. Rather than focusing on the main story as problems arising for them because of the abuse, this group seeks to emphasise the resistance taken by these children against the values of the perpetrators of that violence.

The central theme of this group concerns the story of how children can be enabled to continue to move on from the impact of sexual abuse. It seeks to bring to attention the resources and qualities they hold which challenge problems and beliefs that are a direct consequence of the abuse they experienced.

The group seeks to establish participants as people who are valued, with important stories about their lives, and an expertise about their experiences that are worthy of both sharing and celebration.

Music & Movement

The stories that children hold about the impact of the abuse are often conveyed in ways that are outside the realm of cognitive thought or communication.

Children have told us of the burden of the effects of abuse that they at times carry in their bodies. Music & Movement provides a setting which encourages children to make stronger contact with their body, the skills they hold within its realm and the many capabilities of their senses, movements and expressions.

Seeds of Change

A group for young women providing the opportunity for them to meet together and share thoughts, worries and hopes, and discuss the many changes facing them as they enter adolescence - physically, sexually, emotionally and in their relationships.

This group seeks to further challenge the dominant stories of abuse that have infiltrated their lives and encourages young women to make stronger definitions about the preferred stories they are seeking.

The use of metaphor as a tool for work guides the process of the work, enlisting the idea that we hold many seeds that make up who we are. Those seeds concern not only the history we carry but also thoughts, perceptions, emotions and hopes that can direct present and future choices and actions.
Heroes & Heroines

My hero Lorraine has a fairy broom
She jumps on her broom and she sweeps the sky
While the children sleep
The stardust from her sweeping falls down to earth
It glitters and shines
And she knows it will light the darkness below
The children will be safe.

Heroes & Heroines, December, 1996
Heroes & Heroines is about storytelling. Storytelling is a domain expertly utilised by children, both as listeners and authors.

In the realm of counselling, the stories we hear define the work we share with children and their families. That work aims to more fully understand those stories, seeks as many different meanings to them as can possibly exist, and recreates a new and strengthened text that people can take into their lives.

Heroes & Heroines asks children to write a story about heroism, and in doing so, find the examples of heroism that are such an important and cherished part of their own living stories.

Children live with heroes and heroines. Most are presented to them on television, videos, movies and books. Some are talked about in the news or presented in the history they learn at school. Some are people they know, within or outside their family, who they know have done courageous things. From this variety of input, children develop their own ideas of what heroism means to them. Heroism may be a carbon copy of heroes they know, or a compilation of many characters, stored within the imagination held by the child.

Heroes are metaphors of strength and courage, and the definition of both qualities is at the discretion of the child. The group seeks to develop alternative stories about heroism that are distant from the more stereotypical models which portray heroes as usually male and possessing great physical strength.

By finding a broader definition of heroism, it is hoped that the children will find a meaning that fits elements in their own lives, utilising storytelling as the medium for creating and documenting their ideas.

The group structure is loosely based around three components, reflecting the narrative process as outlined by Bruner (1986). Those stages include the
story itself (the sequence of events), discourse (the medium used to record the story) and the telling (the act of communicating the story).

Enveloping that structure is the group process itself - meeting with others so those stories about personal acquaintances with heroism can be shared. This encourages the development of a meaning about heroism that is richer and more personally owned. That story is recorded, told and authenticated by the many rituals used throughout the program.
Session 1
Consultation

Having decided to invite mothers and carers to attend the group as co-facilitators, we believe it is important to have a planning session with them, as we would with other workers before starting a group. This stems from our belief that carers have a great knowledge about their children and our wish to acknowledge that they are the child’s main support.

The purpose for this meeting is stated in terms of discussing the group program and making agreements about co-facilitation.

An important step before proceeding onto this work is to provide the opportunity for carers to introduce themselves, their children and the stories they have about their prior relationship with the service. Some mothers and carers would have already met with each other through mothers’ groups and consultation meetings. For others, it may be the first time they have met with other women whose children have also been sexually abused. We have found that unless time is spent acknowledging this shared history, women feel awkward with questions as to whether or not other women have in fact faced similar trauma. The change in atmosphere once this step has been taken is always noticeable, creating an immediate bond.

Time can also be spent focusing on the knowledge they have gained about themselves and their children in dealing with the abuse and their ideas about where their future may take them. This discussion of their journey is seen as important in providing space for women to hear the stories of others and recognise similarities to their own battles and victories.

The only cautionary note is not to have this step alter the main purpose for the meeting. Allowing a generous amount of time for this meeting (2-3 hours) should enable the tasks about facilitation to be sufficiently discussed. What is also useful is to have a morning tea break after the introductory session before moving on to the work of the group program.
Ideas about Co-facilitation

The proposed group program is handed out, outlining the purpose of the group and the format planned. Mothers are asked to share their thoughts about the group, including ideas about goals for their children and thoughts concerning the running of the group.

The invitation to mothers and carers as co-facilitators may be initially met with hesitation about how they would do this task. It is important to discuss the principles of facilitation, which may include the following tasks:

- Maintaining the focus for the group.
- Encouraging participation from members.
- Responding to the questions asked and the comments made by group members.
- Assisting children with the completion of group tasks.

We asked mothers to talk about their experiences with groups of children and ways they have been able to encourage co-operation and interest in activities. Mothers related to these tasks as being similar to their jobs at any child’s birthday party, school, sporting and recreational activities or encouraging their children in their school projects and hobbies.

Developing these ideas by brainstorming specific ways they believe they could facilitate the work of this group is a productive next step.

Suggestions have included:

- Encourage children to develop ideas about heroism by asking questions and showing an interest. Children notice when you’re pretending to be interested.

- Offer help but don’t take over with the task. Children will let you take over because it’s hard to say something to an adult.

- Assist them in their story writing by writing what they want to say. Use their words and don’t give them our words instead.
• Assist them in the construction of their book. This means they tell you what help they need. If they seem stuck ask them:
  • What do you want to do here?
  • What do you think you would like to put on this page?
  • Is this right or do you want it to look different?

• Support a child in completing their task. Just sitting quietly next to a child is all that is sometimes needed.

• Carers agreed that they would not devote all their time to their child, but would be available to all the children in the group, particularly when other children’s carers could not attend.

• It is also important to consult about food, needs for breaks, special needs of participants and any questions mothers may have.

We see that challenging our positions as experts in the process is vital to the group purpose of deconstructing our role and establishing parents as experts in their own and their children’s lives.

As co-ordinators of many children’s activities, carers can provide a wealth of games and activities which can be incorporated into the program, offering both compulsory breaks and opportunities for the children to interact with each other and the adults in a relaxed and enjoyable way.

Documenting Work

It has also been a practice to ask for copies of children’s work for our library so that other children attending the service can have access to this important material. At other times we have videotaped segments of the group, most especially when children present their story in the final session. The videotape is then played for participants at the follow-up session, several weeks after the group finishes.

It is essential that caregivers are aware of these practices and give their permission before they are undertaken by the service. Discussing privacy,
protection of work and use of the videotape, including its disposal, are essential rights of all clients to the service.

Owning the Information

This session may finish with all carers taking a copy of the program with them, asking them to talk with their children about the group. We see this as a vital opportunity for children and carers to be well prepared for the group and reduce anxiety that may be there if they did not have knowledge about the group program.
Session 2
Hero Hunting
Accessing Stories of Heroism

Introductory Game
Collecting Gold
Children introduce themselves and say one thing they were looking forward to about coming to the group. Alternatively, they can say one good thing that happened for them today.

Introducing the Idea of the Group
This group is about heroes who fight wrongdoing. Everyone in the group has the qualities of a hero. During the weeks of the group, we will be finding out more about heroes - cartoon characters, story characters and also people in the real world, including people who live with us. We will also be creating our own hero/heroine and writing a story about that character.

Group Rules
A brief discussion of agreed rules for the group should be discussed and recorded.

Resource Folders
All work, be it in draft form or as a final product, should be kept for safekeeping and future reference. Containers for work can be provided by two pieces of cardboard stapled together, a large box, or envelope style folders. They should be labeled with each child's name and stored safely away between group sessions.

Hero Hunting
The following activities provide ways that will encourage children to think about heroism and its meaning to them. One or more of the activities can be used, depending on time available.

Activity
Paper Chase
To find stories in newspapers and magazines, and then put them together making a collage. There are also many children's stories that talk about bravery and strength, and examples can be read with the children. Ask the children to select a character from a story. Say "I am .............." play music and encourage the children
Activity
What is a Hero?

Discuss this question with the group, using additional questions to encourage the flow of ideas. Answers can be written on butcher’s paper, facilitators recording the comments and making them available to group members the following week on sheets which can then be placed in their resource folders.

Alternatively, the children could take their ideas and make a hero collage. Provide a large sheet of butcher’s paper or calico on which children can paint or draw pictures and words to produce the collage. This sheet can then be hung in the room for the remaining sessions of the group.

- What makes someone a hero?
- What do they do?
- How does a hero usually look, sound, act like, how do they make friends?
- What things are important to them?
- What special qualities do they have eg. magical strengths or certain bravery?
- Name some more popular heroes - real and imagined.
- All of us do things or say things or think things that our more popular heroes say, think and do. What are some things that you might have in common with a more famous hero?
- Let’s create our own list of us as heroes and the heroic things about us.

Activity
Meeting Heroes

Imagine that you and a famous hero are meeting.
Draw a picture of the meeting.

- Where would it be?
- What would you be doing?
- Write on the picture something that you would say to that hero.
- Write something your hero would say to you.
- Imagine that your hero sees this meeting as a chance to meet you as the hero.
- What might they say to you?
- What would you say in reply?
Activity
Badge of Honour

Provide a list of descriptive words about heroes or invite the children to think of their own words. From this list, write some of the words in circles (use coloured cardboard). Ask the children to choose a word that they think fits a description of them as a hero and wear it as a badge (sticky tape on the back of the cardboard). Group go round with children saying they are a hero who is .............. because ..............

Activity
Round Table Talk

Introduce the activity by stating that there are heroes and heroines in our own lives who we personally know. Ask the children to think about:

- Who are they?
- How do they know you?
- What heroic things have they done for you?

Children take it in turns to finish statements that can be printed on cards beforehand and given to the children to help maintain the focus of the game.

- My hero’s name is .............. and one heroic thing they can do is ..............
- My hero knows me because ..............
- My hero would say that I am heroic because I ..............
- One thing my hero and I would really like to do together is ..............

Closing Activity
Group Story Wall

At the end of the session and all subsequent sessions, the children are asked to draw or write something that sums up what has been talked about. A large sheet (material/butcher’s paper/cardboard) is used for this recording, further sheets being added to in the following weeks to form a group story wall.

Group Story Wall

Idea for today’s group story wall: the name of a hero they personally know and perhaps a portrait of that person. The children may also want to add a picture of themselves.

In all instances invite mothers to join in the activities - not only as facilitators but also adding their own ideas about heroes and heroines and stories from their own lives.
Session 3
Creating Heroes

Introductory Game

As this session is about the creation of a story, a useful game is about storytelling, starting with an introductory phrase and then each member adding a part. The final member must finish the story. Start with:

- Once upon a time ............
- If I could be a magician for a day ............
- There's something strange up on my roof ............

Providing Creative Space

It can be useful at this point to introduce some simple relaxation exercises or guided imagery that will help the children move into what we call creative space. Sources of these exercises are listed in the Resources. At this point the comfort of the group space (cushions, noise level, adequate space) is important. We have also found that quiet music in the background, candles or oils are enjoyed by the children (don't forget to use safety precautions). A short story may also set a mood for quietness and preparation for work.

Worksheet About My Character

Introduce the worksheet ‘About My Character’ to the children as their guide. Ask them to think about the things we have talked about concerning heroes and decide on which qualities they feel particularly fit their ideas about what their hero/heroine would be like.

Children can be assisted in this task by the adult facilitators who encourage the questions and act as scribes.

From their list of characteristics, children are then asked to create their hero using artwork (drawing, clay sculpting, cloth, etc.). Children will work at different speeds with this process so it is beneficial to have a range of materials available to encourage them to create perhaps two or three different versions of their hero. A special place marked out for heroes is important so that the finished pieces can be safely placed on show. This could be a special rug or shelf to the side of the group or in a corner.
The session finishes with the reading out of their sheets, assisted by facilitators, and introducing their heroes to the group.

Closing Activity

Children write and/or draw their hero and something about themselves as the creator of this marvelous person. Children's work could be placed on the large calico group wall to mark the first stage of this creative process.
Sessions 4 and 5
The Journey

Note for Workers
Two sessions are allocated for this part of the program. There will be a variation in the process depending on the number of children, their ages and energy level of the children, which is often very different from group to group. As this section involves the creation of the bulk of the story it is important to provide both the time and space for children to comfortably finish the work.

Encouraging different ways for children to narrate the story (writing vs speaking, with a facilitator who records the words) is necessary.

Different children will also create different lengths to their story and it is a good idea to provide back-up activities so that children who finish early can be occupied whilst allowing the more expansive authors to finish their work. Making things for their hero works well and a range of different materials provided allows children to build hero houses, clothes, transport vehicles and scenes depicting their hero’s travels.

It is also important to keep in check the focus of the children and allow time to change energy by introducing a short game. Ask the children to report to the group on what point they are up to, what their hero is doing, ideas they have for the story, places where they are stuck. Encouraging group members to share ideas, problems and solutions are an important part of the process.

Introductory Games

Group Go-Round
If I was a magician something magical I would do is ......

My Own Road Map
Children are asked to draw a road map, which traces a trip they have taken that was important to them. On this trip they are asked to tell:

- Who they went with.
- How they traveled.
- Where they went.
- Something special that happened along the way.
**Worksheet**  
The Journey, The Task, or The Search

Introduce the Worksheet 'The Journey, The Task, or The Search' and ask the children to draw or write about their hero's journey. Questions on the sheet encourage the children to develop ideas and again, the assistance of the facilitators is invaluable at a one-to-one level.

**Group Story Wall**

After this worksheet is finished, the children are asked to select something from the worksheet and write/draw it on the group story wall.

**Worksheet**  
Qualities, Skills, and Magic

The purpose of this exercise is to encourage the children to think about their own special skills and what they could impart to their hero. Children are asked to write and draw these things on their worksheet and then reproduce it as a gift for their hero, using available materials.

Two possible creations include:

**Magic Wand**

Children make a wand and wave it over their hero and in doing so give them something of theirs that will help their hero on their journey.

**Magic Bag or Box**

Children imagine that in this picture they are giving their hero a special box for them to take on their journey. In this box there are only things that belong to the child which they feel would help make their character stronger and wiser. The box contains perhaps special gifts or skills the child has, perhaps some words that were once said to them that helped them, an object that belongs to the child that he/she considers important to them. Recall to the children that there may have been special things they used when they were fighting their own battle against the abuse that helped them or made them safe. After drawing the picture on their worksheet, children then decorate a box or bag and place inside the things that they thought of. They can make things with clay, cloth, use drawings or even collect items.
The above suggestions are only examples of what children have created. We have found that providing the raw materials (cardboard, material, glue, glitter, large paper bags, recycled boxes of different shapes and sizes etc.) is impetus enough for children to make their symbolic gift for their hero/heroine, be it a bag, box, wand, sword, shield, mask, cloak, parrot or golden egg. The form and meaning of their gift remains personal choice.

The session finishes with the children showing their gift to their hero and talking about what skills or magic their gift contains.

Questions can encourage them to link their gift to what they have in their own lives which give them support: family friends, an animal, special place, perhaps an object they have.

**Group Story Wall**

The children write/draw the things of support to both their hero and themselves.
Session 6
Actions and Endings

Introductory Games

Group Go-Rounds
Something I can do really well now is ............... and something I would like to do when I am older is ..............

Three Things About Me
Children say three things about themselves. Two things are true and one thing is a special wish they have about something they would like to do. Other children in the group guess which things are real or a wish.

Worksheet
What Happens
This describes the main action in the story. Questions are framed that encourage children to describe the obstacles faced by their hero, to think about self doubts they may have experienced and how they, as authors, can encourage their hero to continue the quest.

Worksheet
Ending
This session finishes with children telling the outcome of their story, highlighting the hopes their hero has for the ending, if those hopes are realised and how the journey will be acknowledged.

Group Story Wall
Children can draw something significant in the celebration of their hero's journey - reward, form of celebration, including guests, food, music, etc.
Session 7
Feeling Clever

Introductory Game
When I say “Go”
A pile of cards are placed in the centre of the group. On each card is written an action. One child takes one card, reads the action out loud and then when she says “Go”, everyone else has to play out the action. The game finishes when everyone has had a turn.

Examples of actions can include:
- Waking up late for school and having two minutes to get to the bus stop.
- Peeling and eating an onion.
- Trying to find a needle in a haystack.
- Catching stars as they fall from the sky.
- Keeping a small lizard in the palm of your hand.
- Putting feathers into a pillow.

Activity
Making the Story
At this stage the story is put into a finished form, children deciding on the type of presentation. We have found that children usually choose a book format, words and pictures transferred to pages that are bound together in some form.

The format for the stories can be in several different forms. Whatever the choice, it is important that the goal of finishing the story is achieved during this session. The task of making the book needs to be achievable by the children and the free space of facilitators to assist the authors, both within the time constraints of the session.

Facilitators can type the transcript of each story from the worksheets during the week, the children only needing to add their illustrations. They may decide to redraw pictures or cut and glue existing pictures from their worksheets. At times, children have drawn or collected additional drawings during the week and add those to their story.

Children may choose to write their own words, or use the services of one of the facilitators. Alternatively, they may decide to cut and paste their existing writings...
from their worksheets, again the illustrations being added to accompany the words.

The actual book needs to be simple and easy for the children to make. Pre made note books with blank pages/plastic folders in which plastic sleeves can be added are quick to assemble.

At times children may prefer to put their story together on a single sheet such as cardboard/manila folder, cutting and pasting from their worksheets, with additional words and drawings.

Time is spent with the design of a front and back cover, with several pages being compulsory additions to the book.

**Worksheet About Me**

Children are asked to write about themselves as the author of their story, following the questions on the Worksheet ‘About Me’. We also ask mothers to say something about the author that they feel is important. Children are asked to bring a photo next week (or we can take a picture) to include in the book.

**Dedication**

Each author is asked to write a dedication for their book - a person they are dedicating their book to and the reason for selecting that person.

**Group Dedication**

Every child’s name is placed on a sheet of paper and sent around the group so that all group members, adults and children, can say something about that child - what they like about that child, something clever about that child, anything special that child did in the group.

**Final Plans**

The final part of this session is planning the ending of the group for the following week. Referring to the group story wall about how each hero/heroine celebrated their own endings, ideas are borrowed for the group celebration. Food, music, special gifts, etc. are considered.

**Group Story Wall**

Children are asked to draw or write something they feel would be important to have at the final session that
perhaps was a part of the celebration for their hero. Facilitators can then use their ideas when planning the final week.

**Invitations**

Children are asked to take invitations and hand them out to special people who they would like to invite to the last session.
Session 8
Celebrating our Heroes & Heroines

Introductory Game

Saying Hello and Goodbye
Children and facilitators stand in a circle holding a streamer. Everyone is asked to say goodbye to whomever they choose and say something they will remember about that person. It can be anything they decide including physical characteristics, way of laughing, something they did in the group. As they say this, they throw the child their streamer, holding their end. This creates a maze of streamers, which are broken at the end of the exercise.

Telling the Story
Children are given time to plan for the reading of their story or talking about their hero and what happens in their story. Again facilitators work with children to either get their book ready, prepare a puppet show, dress up either as their hero or themselves as authors. Guests can observe the activity or assist with the preparation of the party food.

Presentations
Guests are asked to take a seat while each child presents their story, through reading or drama. An adult facilitator introduces each author by reading his or her biography and dedication.

Closing Ceremony
Certificates of Achievement are given to each author, stating something noteworthy about that person throughout the group.

The presentation of a Hero Medal and the reading of the heroic qualities we have witnessed for each child in the group marks the closing ceremony. The adults in the group present this medal to the children and we also ask the children to present a Certificate of Thanks to the facilitators for their help with the group.

The medals are simply made by cutting gold cardboard circles. A ribbon is used as a tie. Glitter or stickers add to the quality of the medal. A small statement about
each child can be written on the back of the medal.

Before the session finishes we ask children and caregivers if a copy of their story can be made as a resource for our library. As this has been discussed during the first meeting with caregivers, they and the children, are familiar with this idea. This simply requires photocopying the pages, using the time until the follow up session to collate the work into a book form.

A party, including the provision of hero food, music, favorite games, etc. finishes the session.

 Recording the Final Session

It can be a valuable exercise in terms of documenting work to videotape the last session. It is important that this is discussed with both the children and parents to ensure that everyone is comfortable with this taking place. A short note concerning the use of the video should go home with children after this session. Certain things stipulated concern the video remaining the property of the service, that it will not be used outside those premises, respecting confidentiality, should anyone not feel comfortable with the idea the video will not be used. Parents and children are asked to read this note and sign it if permission is given. If children or parents request a copy of the video that should be based on group agreement.
Follow Up Session
Revisiting Heroes

This follow up session can occur 4-6 weeks after the last session.

During this time we catch up on what our authors and their families have been doing and if they have shared their stories with others.

Having sought permission during the previous session to make a copy of their stories for our library we distribute the copies to respective authors and ask them to sign their work. This is simply a matter of photocopying each book, adding a front page which stipulates that the book remains the property of its author who has given permission for their book to be made available to other children attending our service. The book cannot leave the service and must be returned to its author if requested.

We also show the video made during the last session and give out any photographs taken during the entire group program.

A final activity is the painting of a mural (large sheet of calico) depicting all the heroes created by the group and a signature of ownership by their respective authors.

In the tradition of all reunions, we finish with a party of food and games.
ABOUT MY CHARACTER

Your hero is known only to you. Write everything you can think of about your hero.

* Is your hero a person, animal or something else?

* Is your hero male/female?

* How old is your hero?

* What does he/she look like?

* Who does your hero live with?

* Who are his/her friends?

* Does your hero have any special likes or dislikes, such as foods to eat or hobbies.

* Are there any special things your hero can do?

* Does he/she have any magical powers that are useful.
THE JOURNEY, THE TASK, OR THE SEARCH

Your hero is ready to go on a special journey or begin a mission - perhaps there is something your hero has to do or must find something.

* Where does your hero have to go?

* What is the reason for taking this trip?

* Is someone telling them to go or is it their idea?

* What plans does your hero have to make to be ready?

* What will your hero pack? Are there any special things that will be very important for their journey?
QUALITIES, SKILLS, AND MAGIC

What do you have that you can give to your hero?

It can be not only possessions you have, but skills and qualities that only you have.
WHAT HAPPENS?

* Who does your hero meet?

* What do they have to do?

* What battles do they have to win?

* Was there a time when they thought about turning back?

* Did anything happen that worried them or frightened them?

* What can you say or do to your story to help them get past this point?
ENDING

* What is your hero hoping will happen when they finish their journey?

* Are they going to find someone or meet someone or discover a special treasure?

* How will they be rewarded for what they have achieved?

* How did they celebrate?
ABOUT ME

* Are there any special things your hero has that you have?

* How are you like him/her?

* List some of those heroic qualities.

* You may like to draw a picture of yourself. Perhaps you could be meeting your hero or doing something together.
GROUP DEDICATION
You're Invited to
Heroes & Heroines
a group about storytelling

Everyone knows about heroes and heroines, pretend ones and real life ones. We see them on television and read about them in newspapers and books. There are also heroes and heroines who we know in person.

This program will be about writing a story about your special hero or heroine and making that story into a book for your safekeeping.

The group will be held for eight weeks from 4.00 to 5.30 pm.

We will also be having a meeting with your parent or carer to talk about the group and what will be happening. We are hoping that some may be able to help with the group while it is running.

Starting Date:

RSVP to Rosie's Place on 9625 2599.

We hope you are able to come and join with other children who also come to Rosie's Place for counselling.
An Invitation to the
Heroes & Heroines Co-Facilitators' Meeting

You are invited to a special meeting for carers before the start of Heroes & Heroines.

Heroes & Heroines is a group for children which asks them to create a heroic character and write a story about one of their heroic adventures.

The group is different to others, in that the children will be making their own book, including the words and illustrations. Because it is so focused on this activity, we are asking for carers to visit the group whenever they can and assist children in this work.

As the group will have children of different ages and energies, there will be a need to keep everyone interested in the activities and be on hand when children require help. Sometimes this may include writing their story with them, finding a craft activity that can go with their story, or just making sure that refreshments are readily available.

We would welcome your ideas about the group and ways that we can make it work best for the children and hope that you are able to come to the carers meeting.

Hope you can join us.
An Invitation to the
Heroes & Heroines
Special Ceremony

We have almost reached the end of the group and to mark the time spent together, will be having a special ceremony during the last group session.

The children have been asked to invite special guests to this last session to join us, as we not only say goodbye, but also spend time reviewing the work achieved by the children.

A special part of the group has been the writing of stories by the children and they will all be reading their stories at this last session.

We hope that you will be able to attend and celebrate with us the Heroes and Heroines who we have all met during our time together.
In Appreciation

This Certificate is awarded to

For your help with the group Heroes & Heroines.

Your constant support and assistance have made the group possible and we appreciate the time you gave so willingly.

During the group you have shared your ideas about heroes and heroines and have shown the many heroic qualities you yourself possess.

Signed with thanks.
Literary Award

This Certificate acknowledges the work of

in the writing of the story

In the group we heard and told many stories about heroism.

We created characters that portrayed what we value as heroic.

We also learnt about the heroism in your life, in both you and the people around you.

This Certificate acknowledges your skills as an author and the qualities you hold as a very special hero.

Awarded on the .............. day of ..................1999
Mighty Me

I am mighty because ......

I can run as fast as an emu
I can pick up anything, except houses
I have friends who like me
I look after my dog every day
I am a good drawer
I sing in my school choir
The sun makes me strong
Because I eat spinach like Popeye
For a hundred million reasons.

Mighty Me Group, June, 1998
Mighty Me

Many children who attend counselling are accompanied by problems which seem to be a direct result of their abusive experiences.

What they can also come with is a childhood skill of being able to see such problems as separate to themselves, externalising their unwelcome visitors with an expertise often ascribed only to the realm of counselling. When having conversations with children about problems, it is never a surprise to hear them describe their greatest fears as the scary Mr Nightmare or the ghost who follows them around the home. Bedwetting might be described as something inside tickling their kidneys so they can't stop leaking, the pain in their stomach or their head as the angry gremlin hitting their body, or a black ooze that slides around inside them.

What is also made clear to us by children is that the problems make life very difficult for them, at times taking all the energy they have to cope with them or try to fight back at them. Placing the problems in a personified form does not make them any less real or traumatic. It does serve to give a character to something that continues to burden the lives of children and prevent them from moving on. It is evident that, despite having disclosed about the abuse, and now being protected, the continuation of problems maintains for children a sense of being controlled and restricted in their lives.

What problems can also do is to blur attention to other areas of a child's life-events, beliefs, skills and hopes that exist, but stay smothered by the dictates of the problem's lifestyle.

In deciding to provide a group program that focused on the problems being dealt with by children, we hoped that we could offer space to collectively challenge the existence of these oppressive forces.

Mighty Me tries to encapsulate the ideas of externalising problems, described so well by the writings of Michael White in articles such as 'Monster
Taming' (1989, 107) and 'Sneaky Poo' (1989, 115). In both individual and groupwork, we have witnessed the success of 'strategic plans' devised by children to take a stand against their problems and alter the domination they hold.

We have also witnessed the overwhelming power of certain problems, especially those characterised by fear, and the great difficulty children have in gaining a sense of competency if the focus of work stays only with their struggles against those problems.

Mighty Me therefore focuses on stories about children that are an alternative to those dominated by the problem. These stories of the qualities, abilities, resources and knowledge which children hold, stand as a contrast to the characteristics of the problem that troubles them. Such stories define the child in ways that challenge views molded by the problem and exemplify a stand against the wishes of the problem to keep the child isolated and overwhelmed.

The process of the group program mirrors the process of externalisation described in narrative work. The focus of the group is not solely on the influence of the problem in the life of the children and their families. Emphasis will be placed on the child's influence over the existence of the problem, if not directly confronting it, then locating stories in the life of the child that give a different account to the lies and tricks the problem generates. Highlighting these accounts provide the opportunity for the child to maintain a description of themselves which emphasise skills, qualities, and resources which can be continually built on to take a different view of themselves, and the unlikely future of the problem to maintain its existence and power. If change cannot be totally experienced at this point in time, it can be envisaged.

The new stories for the children are encouraged to be circulated to others, the group format providing a setting for the purpose of circulating news to a ready audience. It is also hoped that children will take up the invitation to be consultants to other children who may present for counselling with similar issues, leaving their ideas in a format that other children will have ready access to.
Session 1
Meeting with Allies

This session provides the opportunity to meet with parents and other caregivers to discuss the program with them and enlist their support. Many will already be familiar with the concepts of Mighty Me through family counselling, and will have experienced the frustrations and achievements of, not only their children's stand, but also their own, against different problems.

The meeting provides a summary of the main steps of the program, and possible ways they may be recruited by their children as allies for the tasks ahead. This meeting is essential to the program, as carers and other family members will need to be involved as crucial support for their child as they endeavor to continue changing their relationship with the problems troubling them.

Allies against the problem possess many qualities that are unique to their relationship with their child, these points being used as a base for conversations with the parents.

- They have insider knowledge about the problem - witnessing the effects of the problem, something which can often get lost when hearing events separated by time and location.

- They possess a unique knowledge about their children, an awareness of special characteristics, values and behaviours that will guide the nature of the child's work.

- As supporters of their child, carers can actively participate in strategies devised, providing resources and a ready ear to encourage their child as they endeavor to take a stand against the problem.

- Carers are aware of situations in the child's life which are separate from the domain of the problem's influence, again providing important
information when seeking alternate stories to those that are problem saturated.

- Carers serve as an audience for the child in their efforts against the power of the problem. They can also recruit other valued members, including extended family members, friends, teachers, and other people important to the child.

In focusing on the problem as the main issue, there is an invitation for carers to call on the strengths in their relationship with their child and the ways that relationship can be made stronger against the problem, rather than the problem seeking to divide them.

This session should also discuss practical issues such as transport and the importance of confidentiality, especially if children may be known to each other. An invitation for allies to revisit with the children several weeks after the completion of the program concludes the meeting.
SESSION 2
A MEETING PLACE

INTRODUCTORY GAME

MIGHTY ME
Children say their name and add one word to describe them that starts with the same initial as their name, eg. Marvelous Mary, Strong Sarah, Wonderful William.

GROUP RULES

This is kept a simple exercise - writing ideas on a piece of butcher's paper, which children can add to throughout the group.

INTRODUCTION TO THE GROUP

It is important to acknowledge that everyone attending the group has certain problems that at times makes life really hard for them. Many problems exist as effects of the abuse they have experienced. Others are just around being a nuisance and getting in the way of you doing all the things you want to do. Problems can be scary, like nightmares or ghosts. Others are annoying because they make it hard for children to do things (like going out, being with friends, and eating food) or cause things to happen that normally wouldn't occur (like bedwetting, temper problems).

Whatever the problem that children have bothering them, there are two important things this group hopes to spend time talking about:

- That having problems like these is NOT OK. They don't belong in their lives and hopefully, one day will go away.

- That sometimes the problems can make you forget about all the things in your life and about you that the problem doesn't control and can't change. This group will be spending time looking at these important parts of your lives.

That’s why the group is called Mighty Me.
Activity
What is 'Being Mighty'

Talk about the mistake that can sometimes be made in thinking that being Mighty means being like Hercules/Xena or some other person who is strong. Being Mighty can mean being able to do things which are important to you or special, things that are fun, things that make you feel good about yourself.

Read a story which shows strength that is different from what people usually think. Refer to the Reference List for children's stories, which illustrate this theme eg. Possum Magic/The Race/Granny O'Brien and the Diamonds of Selmore.

Children will also be able to recall other stories they have read/heard about that depict different descriptions of being mighty.

After the story reading, ask children to name the things in the book that made the character mighty. Write their ideas on butcher's paper. Beside that list, ask the group to name things they can do, or children their age can do, which also makes them mighty and special. This list can stay in the room as a reference for the group.

Activity
Seeing is Believing

From the list made in the previous activity, the children are asked to make a visual representation of the words they described. Group collage/group mobile/graffiti walls are suggested forms.

Group Collage

A large sheet (material/paper) is used by the children to paint/write their ideas about themselves being Mighty.

Group Mobile

Each child draws a picture of something about them that they believe is Mighty. Large circles of coloured paper/cardboard are used and children may be interested in completing more than one. When finished, all the circles are tied together to form a mobile which can then be hung in the room.

Graffiti Wall

A large sheet of paper is hung on the wall and children write down words that describe them as Mighty.
Children are encouraged to vary the lettering size and style, colours and add background so the wall resembles graffiti.

At the completion of this exercise, whatever the form, children can be asked to give their shared work a title, sign it, place a handprint, etc. - anything which claims ownership.

**Resource Folder/Journal**

Children are given a folder or blank book that becomes their resource file for this program. Plain pages with a hard front and back cover are simple to make, using ribbon as a binder. Additional pages can easily be added. Alternatively, a plastic folder with plastic sleeves can be used, or a book with blank pages can be purchased from discount stores.

The children are asked to decorate their folder with a picture of themselves, which depicts something 'Mighty' about them.
Session 3
Safe Places

Introductory Activity
First Page

Children are given a sheet that contains the names of all group members with the descriptions of themselves stated in the first introductory exercise: Mighty Me. The sheet also has the words they brainstormed about the things they believe can make themselves and other children mighty. The group name, taken from their collage/mobile/graffiti wall can be at the top of the sheet. The children place this sheet as the first page of their folder.

We have found that children often want to refer back to these titles during the group and a record of the names avoids disappointment when certain names can’t be recalled.

Activity
Creating Safety

Beside the many qualities listed on your sheet, one additional skill you have that your problem will never have is imagination. One way imagination can be used is to create safety.

Using guided imagery the children are asked to create a safe place in their minds. There are many adaptations of this exercise in different books (Windows to Our Children, Spinning Inward, The Creative Journal for Children, Starbright, Mary Regina’s Secret Room).

After the imagery is finished, ask the children to sketch the safe place they imagined. This drawing can then be placed in their folder.

From this drawing, they are asked to make a diorama of their safe place. A diorama is a three dimensional creation, simply made in a shoe box or other suitable container. Children are usually familiar with this art form and take over their creations, providing sufficient craft materials (craft paper, glue, scissors, crepe paper, felt, toothpicks, wool, etc.) are provided. Ask the children to make a figure of themselves and place it where they feel they are the safest.

When the dioramas are finished, the children can describe their safe places, using the following questions
to encourage discussion:

- What is the name of your safe place?
- Where is it?
- What is it about this place that makes it feel safe?
- Are you alone in this place or are there other people? Who are they?
- Is there anyone you would like to be there with you?
- If you need to think about this place, what is the first thing you remember about it?

Photographs of each diorama can be taken, again as a record for their folders.

Activity

Supply coloured cards, the size of a postcard. Stickers serve well as stamps. Ask the children to send a postcard to someone special to them from their safe place. They are asked to write a message or draw a picture of something they really appreciate about their safe place. It may be a part they enjoy/something they do there/something magical that happens there.
Session 4
Safety Revisited

Our experience has been that children respond differently when asked to think about safety and safe places.

Some children, because they now feel safe, have no difficulty taking the concept and eagerly name places in their lives that feel safe for them. Other children struggle with the ‘Safe Place’ exercise, both in the real world and their imagination.

We have found it useful to continue the concept of safety in this fourth session.

The focus of this exercise is asking children to rely on the skills they hold with imagination, to create a story that gives them a sense of power they can access at will.

This is not to pretend that imagination replaces the real world, but as a ritual, myth making has the power to change stories and constructs that the child feels restrained by. It develops a view of difference, of possibilities and of change.

Activity
Create an Island

Children are asked to imagine that they have travelled to a distant island. (There are several guided imageries available from the Reference List.) The introduction to Magic Power Animal cleverly sets a scene for travel to an island, encouraging children to pretend they are rowing to this place and using drums to carry out the beat of the oars.

At the end of the reading children are asked to depict their island on a large sheet of cardboard. Arrays of materials are supplied that the children can use to make their scene. Children are asked to draw themselves into their scene, adding anyone or anything they would want to be there with them.

Activity
Guardian Spirit

The final part of this exercise asks the children to imagine that on this island there is a guardian spirit
who watches over them. This spirit can be in any form they wish - human, animal, an object of nature, earth, water or sky, a magical figure. They are asked to draw this figure and place it somewhere on their island.

This guardian spirit is someone who you can talk to when you are worried, confused or have a problem.

The children are asked to share their scenes and describe their guardian spirit.

The final question asked of the group is what their guardian spirit would say about them.

- Why has this guardian spirit chosen you?
- What things does this guardian find special and important about you?
- If your guardian were to send you a message that would make you feel safe what would they say?
- How would they send it?

Closing Activity

The children are asked to write this message on paper, perhaps depicting the way the message would have been sent. Some children have chosen a star to carry the message or raindrop or beam of light. They are asked to place the message in their folder to keep.
Session 5
What About Problems?

Introductory
Discussion

Problems can make life really difficult but they can also serve a purpose.

- Problems can make life really difficult but they can also serve a purpose.
- Problems make it hard to pretend that things are OK when they're NOT.
- Problems have a way of letting other people know that something is wrong, even if we're not saying so.
- Problems are stubborn and usually don't go away unless something changes to make things different.

There can be lots of different ways of trying to deal with problems - ignore them/pretend there is something else wrong/run away from them/get so busy trying to escape them that your body gets tired or you miss out on lots of other things that are happening around you.

The one rule that seems to fit for problems is not keeping them secret.

Problems hate being talked about. They can act up and make it clear that something is wrong, but they usually want someone or something else to get the blame. They like to be kept a secret because that is what makes them strong. They can lie to you and scare you to lie about them and tell you to be quiet because that is what they like.

When you start talking about problems to others, it is the start of trying to stand up to them.

Activity
Penfriends

Returning to their island safe places, ask the children to write a letter to the person they sent their postcard to telling them about their problem. If they don't want to write to a person they know, they can use their imagination and create someone who they would like to write to. Alternatively, they may like to write to the group or someone in the group.
The format for this letter is the child's choice: cartoon strips, a picture with a brief description, a letter, etc. Questions provided on a sheet can give ideas about some of the things that they can say in their letter:

- Does your problem have a name? If not, do you want to give it one?
- When did it first start bothering you?
- When does it come the most, day or night/when you are alone or with people?
- What other things happen just before it comes or when it is there?
- How does it give you a hard time?
- What does it do to you?
- How does it make you feel?
- Does it affect your body?
- Do you freeze, scream, get goosebumps, feel sick, get tired and not want to do anything? Get angry?
- Does the problem bother anyone else?

Children are asked to read or describe their letters. They are then placed in an envelope for safe keeping and placed in the sleeve of their journals.

Activity
Drawing my Problem

After writing the letter, children are asked to draw their problem on a sheet of paper. If the problem has a 'character' then they can draw it as they see it. If the problems are more non-specific, then children are asked to make it into a character - be it human, animal or some other form.

Activity
Safe Storage

Large boxes with lids (photocopy paper boxes or file boxes are ideal) are given out and the children asked to put their picture of the problem in the box. It can be sealed in whatever way the child decides and then decorated on the outside, children making signs or drawing caricatures to depict the nature of the problem.

Finishing Activity

The children are asked to return to their safe places (their diorama/magic island) and send a postcard to their problem. They are asked to write a message about the fact that their problem can't join them.
Examples from previous postcards have included:

- "Having a great time - glad you’re not here"
- "The sun is always shining - enjoy the dark"
- "Thinking of you - well not really"

The postcards are then glued on the outside of the problem box.

This starts the process of ‘weighing down the problem’ with messages from the children, a ritual that follows in future sessions.
Session 6
Act About

Introductory Activity
Charades
Children select a card from a pile. Each card has an action and children guess what each mime artist is trying to communicate.

Activity
Problem Pages
Different problems are presented to children on cards. The group forms pairs and each pair takes a card. One member of the pair becomes 'the problem' and the other child 'an interviewer'. Time is given to discuss their problem and practice their roles.

Children then take turns role playing to the group audience their conversation between the 'problem' and the 'interviewer'. Costumes available for 'problem disguises' and a tape recorder and clipboard for the interviewer add to dramatic license and safety.

Several questions can be given to each pair to guide the conversations. During the role-plays, the audience can call out additional questions.

Questions can include:
- What is your name?
- Why are you hanging around?
- What do you get out of bothering people?
- If you were no longer around what do you think would be different for the people you keep bothering?
- What might be some ways you could be persuaded to leave?

Group facilitators can then direct questions at the entire group as to their ideas about how this problem could be dealt with. Their answers are recorded on paper for future reference.

The problems raised can be quite safe/more directly related to those being experienced by group members. By this stage in the group, facilitators would have an idea about children's feelings of safety and anxiety when talking about problems.
Problems can include:
- A hippopotamus in my fridge eating all the food.
- An alligator under my bed who snores all night.
- A Martian who keeps visiting at night to talk so I don't get to sleep.
- Accidentally swallowing a potion that makes my stomach ache all the time.
- Being lost in another country and not being able to speak the language.

This activity usually takes on a life of its own. Maintaining structure is difficult once the energy and enthusiasm of the children for both 'dress up' and acting takes hold.

Simple 'stage equipment' helps the process. Tables to form a stage and cushions for seating define the actors and audience. Having the microphone means you’re on stage and a large coloured folder means that you are the presenter of the next act. A tape with applause or music defines the start and finish of each act, allowing children to have a fair turn but not to dominate the time.

Although the group may initially take up the suggested 'problems' they soon nominate their own problems and form a cast to act out the drama.

Closing Activities

Curtain Call

Lowering the energy at the end of the acts is important. Calling forth all actors, one at a time, and presenting them with an award (gold cardboard star for their starring performance) for their drama, is a successful way for subduing the excitement. At this presentation children are asked to point out their views of the way each 'problem' in the role-plays was dealt with. Further ideas are discussed.

Stash Away

All costumes worn during the role-plays are placed in a large box. The children are asked if there is anything they would like to say to the problems and call it out at the costume box.

Closing Activity

Any ideas for dealing with problems that arose during the plays which children believe could be useful against their own problem are written and glued to their own problem box.
Session 7
I Can Do Things Better Than You Can

Introductory Activity

Then/Now/When
Children take three circles of paper and on each they write:
- Something I liked to do when I was younger.
- Something I like to do now.
- Something I would like to do in the future.

Time is spent sharing the things they wrote, asking questions about them and why those things are important to each child.

Activity
Self Portrait

Each child takes turns to lie on a large sheet of butcher's paper while someone else draws their outline. Should any child not feel comfortable with this exercise then invite them to draw a large outline of their body themselves.

Time is then spent adding colour, facial features, hair, etc. Children can dress their portrait in any way they choose - something they like to wear, clothing that fits something they like to do, or perhaps 'go wild'.

Around their portrait they can write down any skills, interests, favourite activities, etc. that are important to them.

Activity
Problem Traps

Each child is asked to take the picture of their problem from its storage box. They are asked to think about their problem, not in terms of the things it does, but rather the things it can't do.

They are asked to write their ideas next to the problem picture. They may also like to change the picture to better fit the limitations being discussed - perhaps its face, body, colour and surrounding environment.

The two pictures are placed side by side - the child's portrait and the picture of the problem. Comparisons
are encouraged between the two images - size, colour, resources and lifestyle.

Questions to encourage discussion:
- How does it feel to be bigger than the problem?
- How do you think the problem might feel being so small next to you?
- In what ways would things be different if the problem was always this small?

The purpose of this discussion is to point out that the problem is in many ways trapped by its own lifestyle - perhaps it only comes out at night, only lives in certain spaces, only does a few things rather than the many things they can do. The aim is to develop another story about the problem. Highlighting its weaknesses and limitations - that it lies, hides from certain people - that it does not belong in the real world. That it can't eat strawberries or see the sun or swim or watch television or go to Wonderland or have birthday parties or picnics.

It is also important not to force a change of opinion from the child if they are struggling with the view that the problem is stronger than they are. Highlighting differences should be left at the discretion of each child, small steps being recognised as being as great as larger ones.

They can be asked to think of something/someone who is stronger than their problem and add that support figure beside their own portrait.

Photos of their portrait against that of the problem can also be taken for a later addition to the children’s folders.

Asking the children to take the photo themselves is both fun and may feel more comfortable for some children.

Closing Activity

To write a message of what they are aware their problem can’t do that they (or their support figure) can do - to write it or draw it on a card and glue it on their box.
Session 8
Making Plans

Introductory Activity

Bright Ideas
A sheet is distributed to each child with ideas generated from the previous session about ways of dealing with problems. They can be a compilation of ideas from the stories read the previous session or ideas from the activities the children participated in.

Activity
Plan of Action

Each child is given 10 footprint shapes and a large piece of paper (butcher's paper or cardboard). On the first footprint they draw their problem or write down something about the way that their problem has bothered them.

In planning small steps of action against the problem, the children are asked to lay out the footprints and write or draw an idea they have for dealing with the problem. Alternatively, they can think of further messages they would like to say about their problem or resources they have which are aligned with them against the problem.

The final footprint signifies a hoped for outcome when the problem disappears. How do they imagine things will be different for them when the problem is no longer around.

Usually there are children in the group who are no longer bothered by the problem at this stage. This exercise signifies the things that have already changed for them, evidence to others that problems can disappear.

The group discussion should focus on children sharing their plans of action, highlighting the aids and supports they have. A list of those resources and a change for their lives, either now the problem has gone, to when it is no longer around, is pasted to their box.
Eg. “Something that I hope will be different when you’re not bothering me so much is ............"
Activity

Resource Kit

Large paper bags are handed out to each child and time is spent retracing the steps of their plan and equipping themselves with resources they may need. Supplying a large range of craft materials is all that is needed to encourage children to make their kits. Recognising that a domain of expertise for children is 'creating something from nothing' should allow facilitators to step back from this exercise, using our skills to cut and paste and find certain colours if directed to do so.

The final part of this activity is children sharing their kits with each other, encouraging them to repeat this exercise with family members who may be enlisted as allies against the problem.
Session 9
Rally Around

Introductory Activity

Reporting Back
Children are asked to report back on what they see may have changed in terms of their relationship to their problem since coming to the group. It is important to recognise that any change, however small, is recognised as a step away from the power the problem held over them.

Activity
Closing the Lid

Children are asked to place a final statement on their box about a change they believe has happened for them in terms of their relationship to their problem. They are then asked to wrap the box and tie it in whatever way they wish. Going round the circle the children are asked to say what their plan is for the box - be it to take it with them, leave it here, throw it away, etc.

Activity
Information Sheets

Cardboard pieces (A4) are given to each child and they are asked to write and draw an idea that they believe would be useful for other children who were also faced with the task of dealing with problems. The format of the sheet is of their choosing - be it a single picture, cartoon, story, etc.

They share their ideas and the sheets are then left with facilitators to make a resource book for the service. Additional ideas for the resource book are asked to be suggested and usually include: how to make a nightmare box/magic wand/stories about fighting problems, etc. It is the task of the facilitators to compile the sheets and additional information into a book by the time the group re-visits.

Final Activity

Personal folders are distributed with two final pages to be completed:

- One final drawing about the 'Mighty Me' group with a caption to sum up what each child saw as the most valued part of the group.
Adventures in Groupwork

A Rosie's Place Publication
Adventures in Groupwork

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We wish to extend our thanks to the many children who accepted our invitation to be guests of our group programs.

They brought so much, gave so much, patiently advised us on our learning needs, and taught us about both the challenges and values of this work.
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Introduction

This manual illustrates our journey as workers in developing ideas about the increasing value of groupwork to our practice. The programs described have been useful additions to our work but are only the first of what we hope will be an increasing catalogue of ideas as we continue our process of learning.

In offering this manual as a resource, it is intended to act only as a guide, to take what may be useful and leave what doesn't fit for you. Useful programs need to be flexible so that they can be altered to suit the different needs of children, carers, workers, and services.

Although the programs were created from our work with children and families who have had an experience of sexual abuse, we feel the ideas are transferable to working within other fields of counselling work with children, young people, and adults.

More importantly, we hope that it will raise questions for you about the many possibilities that groupwork can invite us to explore as we continue to work with children, young people, and their families.

As we continue to learn from our clients and colleagues, new questions appear, as do new ideas for change and development.

As part of our process of learning and discovery, we have circulated this most important part of our story as counsellors. We would welcome your feedback and questioning of our work so that we can continue to learn.
Groupwork
Voices in Chorus

Counselling Spaces

In establishing groupwork as a major part of our service we spent considerable time debating our ideas about, not only the place of groupwork in counselling but also the place of counselling in the lives of the children we see. Numerous questions were raised as we began a process of disassembling our past practices and views.

- What assumptions do we hold about the effects of child abuse on children?
- How influential to the counselling process are these dominant views?
- What are the effects of bringing these prescriptive ideas into the counselling relationship?
- Do children carry the same dominant stories about the abuse as we subscribe to, based on the stories we hold as adults, parents, and counsellors?
- Do we provide space in our work which invites children to tell their stories, rather than the stories we may want to hear?
- Do the views we hold about children cause us to dismiss the many capabilities they have and which they can effectively utilise in counselling?
- What messages are we conveying to children about their ability to deal with their abuse if we occupy, or only invite other adults to hold the position of expert in the counselling relationship?

At the time of this exploration we were also researching the ideas of narrative therapy. This model fitted for us by advocating a feminist analysis of child sexual abuse. It also supported principles of practice which consolidated for us the questions we were carrying about our work.
In a documented conversation between Michael White and Christopher McLean (White, 1995) there is a clear identification of the usefulness of counselling to families who have been trapped by the effects of sexual abuse.

“If we can play some part in assisting these people to break their lives from those very negative personal stories that have such a profound effect on shaping the expression of their experience, and if we can help them to step into some other more positive account of who they might be as a person, then it will become possible for them to actively engage in the reinterpretation of the abuse that they were subject to. And this reinterpretation will change the shape of the expression of people’s experiences of abuse, and therefore the shape of their lives”.
(White, 1995, 84).

We also widened our enquiries about the usefulness of counselling to others, consulting with workers and also the children and families who we had worked with, about what they saw as the purpose of counselling and how groupwork might fit those ideas.

Their comments also supported the view that counselling was seen as providing a way for children and families to leave the abuse and move on in their lives.

"I just want her to have a normal life without this mess".

"If the nightmares would go away then I would not be afraid anymore".

"I want to be with my friends and laugh like they do and not think about that awful stuff anymore".

"There’s so many things we want to do but can’t while the problems take up so much time".

"I don’t want to talk about what happened. I want to
talk about everything else without being bothered by those memories”.

“If coming to counselling can do one thing for me it will be helping me to like me again, like I used to”.

(Consultation Groups, September 1997)

Sexual abuse seeks to take certain stories people hold about their lives and constricts them with restraints of guilt, self blame, fear and powerlessness (Laing, 1987). Challenging these restraints and therefore weakening their influence is an important part of the work but counselling can become so embedded in focusing on these legacies of abuse that it misses the many other stories that accompany clients.

“We can work together to identify unique outcomes - those personal actions that cannot be read as self-rejection, but as self care. These unique outcomes provide a point of entry to the counterplots of (women’s) lives, those accounts that have to do with survival, resilience, protest, resistance, and so on.” (White, 1995,94).

White uses the term “thickening the counterplots” to describe the outcome of this process of discovering and authenticating stories that describe people in ways significantly different to the identity created by their experiences of abuse and exploitation.

Children are expert storytellers around themes of hope and possibilities for their future. A child who is just learning to read and write will tell you that they will one day fly to the moon or be in the Olympics or become the Prime Minister of Australia. They share with friends a belief about themselves that are filled with stories of adventure and achievement. These stories and others come from both lived experiences but also access to a well of magic, imagination and creativity, that is the ownership of childhood itself.

Holding such resources and being able to extract them through drawings, action and play, is a gift that children will generously share if invited to.
Providing such invitations for children raised further questions about the confines of existing counselling practices.

- What might be the child’s view of counselling and how do we gain access to that view?

- How might we provide space that ensures the child’s voice be heard, yet not isolate that voice to the counselling room?

- What messages are we conveying to children if we, as adults, continue to outnumber them in the work and direct the style that work should take?

- What messages are we conveying to children about ‘play’ if we take the meaning of that expression as a tool for adult interpretation rather than a resource owned by children for their use?

- What venues do children find comfortable for expression that we can provide as a service without claiming control of that resource by imposing the characteristics of play that is not in consultation with their expertise?

Groupwork Space

Providing space to children by inviting them to meet with other children in a venue outside the counselling room, we believe, offered solutions to these questions.

How more powerful would their work be if it was shared with others who carried similar stories and resources, coupled with an enthusiasm for networking?

When invited to a group, children usually agree without hesitation. In their eyes, meeting with other children can mean either play or a party, sharing resources with like-minded and like-energised people, and we have encountered few reservations about the opportunity for them to do this.

Groupwork provides an immediate audience where children can share their views with others, in the knowledge that those ‘others’ have had similar experiences of abuse. The first meeting of any group says loudly you are not the only person who has been abused. We are still overwhelmed by the power of this
simple yet dramatic step for many children who have been isolated by the beliefs given to them by their offenders that they are alone with their abuse.

Our consultation with children about the value of groupwork to them is always stated by them as providing the opportunity for them to meet with others who have also been abused, to know that they are ‘not the only one’ and that many ‘normal’ children also are abused. Although children may have read books that say many children are abused and see drawings in the counselling rooms by other children, it is that one to one meeting that makes that message of ‘being like others’ a reality.

This fact has always overridden all other aspects of the groupwork programs, the only other competing second important factor being the food that was served. We have often spoken of the possibility that a group could simply involve the step of arranging children to meet together with food on hand, enabling them to take care of the process of getting to know each other and sharing stories about themselves without adult intervention. The meddling adult in us still insists that we ‘do some activity’ but the reality is that we often find ourselves an invisible part of the process.

Joining Spaces

Groupwork has always been considered a valuable tool in facilitating the breakdown of secrecy and isolation surrounding children who have been sexually abused.

Meeting with other children, hearing their stories and sharing experiences, is seen as a powerful means of resisting the silence that encompasses sexual abuse, challenging dominant myths and gaining access to new stories about the abuse and themselves. Groupwork can provide, not only an environment of support for this work but also an audience of people who can witness and authenticate the process of change.

Despite what previously dominant views have told us about how children who have been abused should be, we encounter children, who it would seem, are fighting to be children first. As a tool for change, groupwork is a powerful entity. As a domain that fits a child’s need for companionship and solidarity with others, it provides a space for work and discovery that is limitless.
Before you Start
Planning Notes for
Facilitators

The following ideas and questions reflect the process we took when first planning groups. Many of you who have run groups would be familiar with these steps. They concern not only issues regarding group aims and processes but the more practical considerations of establishing group space, sending invitations, transport, etc.

This issue raised the question: Is a brief acknowledgement that all participants have been sexually abused sufficient input or is further exploration of their stories of abuse necessary?

If we avoid the topic, are we telling children that their abuse is not to be discussed in the group? If we delay the work of the group by asking children to talk about their abusive history, are we forcing them into a discussion that they do not necessarily want to do or see as important?

We believe it is important to spend a short amount of time during the first session to discuss the fact that all children attending the group have been abused at some point in their lives. Our early input to carers before the start of each group is another way of letting children know that all group members are attending the service because they also have been abused.

By mapping their path to the group (diagrammatically or verbally) in terms of their referral to the service, the length of time they have been coming for counselling and other groups they may have attended, children can share a brief description of their counselling experiences.

After this point, it is then left to the children to take responsibility for other information they decide to share with other group members. This is done either by informal discussions with other group members or sharing information through the activities of the program.
It is important to keep in mind that an alternative story being offered by groups is about leaving the abuse behind and moving on. The moment the abuse was disclosed, children had started to leave the influence of secrecy, isolation and powerlessness that had been held over them. Their participation in groups must acknowledge that movement, however small it may feel for some group members.

Returning children to a lengthy discussion of the abuse they had experienced appeared to contradict this progression. We need to recognise the value for children in sharing their stories with others. We also need to be careful about timing and context and be aware that concentrating on the story of the abuse may inadvertently leave out other stories about their lives, which are equally or even more important to the children concerned.

The children attending a group may be at different stages in their process of leaving the effects of the abuse. Some children, if not exposed to sexual abuse, may still be experiencing other forms of violence in their lives.

We do not pretend to only invite children who are in totally safe situations to the groups. Our experience from working with children and their families, tells us that this is often a remote possibility.

In seeing the group as a resource that can be useful for children exposed to violence, we believe that it can offer information, both about them (alternative views to those being raised by the violence) and about their rights to protection and safety.

A further advantage of groupwork is its ability to bring to notice children who are still experiencing some form of abuse or who hold fears for their personal safety. Their interactions with other children, statements they make during the sessions, both informally and during the work, help bring protection issues to notice. Our belief is that such revelations can become more visible in groupwork than in the format of family counselling where the restraints surrounding the violence can remain quite strong.
The group cannot make children safe. That remains the responsibility of workers and other adults within the child’s network. Undertaking better informed family counselling and notification to protective services are ways that we can act on the information received during group sessions.

**Group Membership**

In considering the knowledge and skills of each potential group member as equally valuable, the usual rules about age and gender seem irrelevant. We believe that it is valid to invite all clients to a group, as long as the program appears relevant to the child concerned. That decision of ‘relevancy’ is the child’s and family’s, rather than ours.

The group program therefore needs to accommodate the differences between each participating member, rather than exclude them. Even when attempts are made to make groups uniform by age, gender, even at times type of abuse, differences between members will appear and affect the structure and content of a group. Coming to terms with individual differences and promoting those differences appears to be much more respectful of what each participant brings to the group.

Pre-group meetings with carers can provide valuable information about the unique needs of each child, discussing ways certain qualities (very young children, children who are hearing impaired, children who carry a diagnosis of ADD, children from other cultures, etc.) can be catered for by the group. Inviting carers or a sibling as co-facilitators, who offer assistance to the tasks of the program, can help meet the differing paces at which children work. Additional activities that can break up the main work of the group, allow space for children who, either cannot sustain the attention needed for certain tasks or require further time to complete the work to their satisfaction.

It is also valuable to include material that addresses the different life stories of participants, especially in regard to culture, enhancing the depth of knowledge gained by everyone during the group.

**Involving Caregivers**

An important consideration is the role of caregivers and other family members in the group program.
Traditionally, groups for children have been held outside the influence of carers, whose participation was limited to providing transport to and from sessions and perhaps quickly checking with workers about their child's participation.

Inviting family members to become more involved in groupwork, either by actively participating in sessions or viewing the program and offering suggestions for change or development, meets two important goals.

The first is to challenge the practices in counselling that can inadvertently reflect tactics used by offenders to ensure secrecy, isolation and a division between children and non-offending carers.

The second is to make our work more transparent. Opening the group to the scrutiny and discernment of carers decreases our role as experts, a false significance that can occur when 'two counsellors run a group for children'.

As witnesses and participants in each program, we believe that non-offending family members provide a valuable audience to the work being achieved by their child in the group. This may also enable them to extend this recognition to their lives outside the limited time frame of each group session. Family members add voices of encouragement, witnessing further stories of resistance and strength in themselves and their children, which may not always be discovered during group discussions.

The format for participation can vary from each program, depending not only on the planning of sessions but also after consultation with carers as to their ideas about their preferred level of involvement. At times, only the children attend during group time but take home information to share with family members. At other times, family members are asked to participate, either by sending information with the child or personally attending. Outside these parameters we have found it always valuable if a caregiver is 'visiting the group' to involve them in the action, either by observing or directly participating.

All group programs have, either as a final session or for the closing moments of a workshop, an invitation to carers and family members to attend as guests. They
provide both an audience to a discussion of the work achieved during the group and share in the celebration of the group’s closure.

**Length of Sessions**

Most group sessions are two hours in length, allowing one and a half hours for solid work. Spare time is needed for late arrivals, food and toilet breaks, rest time and basic cleaning up.

Children usually arrive within the first fifteen minutes, so it is important to have an introductory activity that everyone can start and late comers can catch up with.

Ideally, half an hour before and after the group time is important to allow workers to set up the room, prepare activities and collect children needing transport.

The value of wind down time for workers at the end of each session cannot be overstated. The information provided during each group session must be reviewed with care, discussion often altering the program to better suit the character of the group or to develop an important theme that the children have raised. We have also found that our adulthood takes from us the non-stoppable energy of children and keeping pace is taxing on mind and body.

**The Terrible Twos**

When planning sessions there are two issues that always become an important consideration.

The dreaded issue of transport is always a problem, since children’s access to services is usually always reliant on the ability of someone to bring them. If a group is to start at 3.30/4.00pm, it usually means that children need to come almost immediately after school. This also means that public transport, unless generously available in your area, is usually not an option.

Given the time frame needed for children to arrive for a group, if they cannot be driven by their carers, we have made the commitment to collect them ourselves, additional time being scheduled before the group starts. This step has ensured that most groups maintain a 100% attendance rate.
It is important for workers to make a decision about their willingness to provide transport for children who would otherwise be unable to attend, as it will always be an issue to consider when planning.

The place of food during group sessions is the other constant issue. Our evaluations with children after groups have proven that food is a valued element to every group session. The best procedure we have found is to split the food into two main timeslots. We provide food as the children arrive, early corners helping with preparation. Coming immediately from school, food and drink is high on the priority list for participants. Informally chatting while eating is a good way to meet up and provides a comfortable focus while waiting for others to arrive. A second break usually occurs in the last half hour, plates of finger food placed around while children are finishing their main activity. The best rule is trial and error until the option that works best for the group is found.

Group Agreements

Group agreements should be discussed at the start of every group and recorded, either in children’s journals/folders or on a large sheet of butcher’s paper for display.

This exercise should be short and simple, encouraging children to stipulate the rules they feel are important. Discussing the appropriateness of certain rules above others sets a tone for the group that, although encouraging respect and self care, is not a rigid classroom setting.

We stipulate three main rules:

Confidentiality

Children attending the group may also attend the same school or live near each other. We talk about the importance of keeping information raised in the group private from others, especially teachers, peers and neighbours.

The pre-group meeting with carers can raise this issue, discussing concerns and agreements about the level of confidentiality expected. Our experience with groups has shown this issue to never cause problems, children
and family members honouring the rights of others to maintain their privacy.

Staying Safe

We set out the physical boundaries for the group, pointing out certain areas that are not accessible, such as office areas where other staff are working, computer areas and the television room. As our groups are held in the grouproom which is outside the main house, we stipulate that children cannot leave the yard. If children want a break from the group, or don't want to participate in certain activities, they can sit out on cushions, rugs and chairs in the immediate area.

Physical Contact and Words

We ask children not to push, hit or hurt another child in any way. Rough play is also discouraged, some children often getting distressed if someone grabs them or tries to tickle them in ‘fun’.

We also ask them to follow the same rules about language that are at school, in terms of ‘put downs’ and swearing. This is not related to our need for ‘proper’ behaviour but the fact that sexual terminology when used offensively is abusive and can be distressing to children, particularly if certain expressions resemble words used by their offenders.

Making Creative Space

There is no doubt that children respond to environments that are welcoming. Open spaces with room to move and few restrictions on noise level and movement are necessary ingredients for children to feel comfortable, relaxed and enthusiastic. When planning a group it is important to consider appropriate venues in terms of safety and freedom for children’s natural energy. If work centres are not ideal, considering other locations within the community may be necessary, including school halls, community settings, pre-schools.

The layout of the space must invite comfort and can include: lots of cushions with few chairs, music in the background, keeping cool or warm, whatever the weather, and easy access to toilets that doesn’t require a key or permission note.
We have found the provision of music is an integral part of every group, directing different activities or creating moods when children are working or relaxing. We have purposely not stipulated the music used as this is really a personal preference. To our dismay we have also found that our tastes are quickly evaluated by the children, who will suggest other music to use or in desperation, bring in their own recordings. Having a player that is easy to use with a good sound are important.

The need to provide adequate resources is constant and expensive. Children's capacity for creativity can often be measured by the amount of materials they can expend in a five minute period. Providing variety in sufficient amounts, without the need for free access to all resources, maintains a flow of work without depleting the entire groupwork budget in one session. To maintain structure and focus in the group, it is important to ensure that all resources are securely stored away (cupboards, boxes, baskets) until required.

Throughout the group programs we have attempted to identify the main requirements for certain activities but recognise that personal preference and artistic license prevail in the end. The one rule always remembered by children is to provide what was promised at a previous session.

Building a resource cupboard for groupwork should contain most of these items:

- pens (black tipped for drawing, coloured, glitter pens, thick and thin tipped)
- pencils, crayons and charcoals
- paints (water based, craft paints) and brushes (different sizes)
- paper (all sizes, mostly white but some coloured) wrapping paper, butcher's paper, sheets of cardboard, folders (envelope or open sleeve), plastic sheets.
- notebooks (A4, recycled paper is strong to use)
- calico, hessian, felt squares, ribbons, string
- glue (paper and craft glue), sticky tape, blue tack
- scissors
- potter's clay
- magazines and newspapers
- craft materials that would appeal to children (feathers, sequins, glitter, laces, etc.)
Locating reasonably priced craft stores (Spotlight, Clint's, Reject Shop) can maintain a reasonable load on the budget, not to mention regular visits to Reverse Garbage. Care should also be taken about the toxicity and washability of craft materials.

Consulting with Pre-school and Primary school teachers has proven a valuable use of time, offering an expertise about activities and resources that our limited skills as counsellors could never surpass.

The provision of a large basket of dress up clothing (skirts, shirts, trousers, hats, belts) is important for dramatic activities and can be easily found by raiding people's wardrobes or visiting Op shops.

Making puppets available for use in the groups has also been valued by participants, either to just sit and hold or recruit as a helper in certain activities. Puppet theatres are an added bonus, either purchased or made by a timber frame and calico (perhaps painted as an additional activity during a holiday program).

**Holiday Program**

During the school holidays we also encourage children and families to have a break from counselling, unless absolutely necessary. We use this time to run a one or two week holiday program (2-3 days per week) inviting all children, including siblings and special friends to attend. The focus of the program is a break from counselling, instead making crafts, playing games or going on a picnic. We have found the programs to be a tremendous success, allowing workers, children and families to meet with and enjoy the company of each other in a space that is free from any discussion of problems or counselling.

**Language - Finding Common Ground**

Throughout these programs we have given examples of questions that can be asked to encourage children to develop their ideas around the different exercises. In writing this resource we struggled with the form the questions took. Is that too adult? If we write it as we would say it to children, will adults understand what we mean?

We would ask that you consider questions carefully when developing your programs and view our input as only suggestions. If in doubt, use the knowledge of
your best resource and critic, the children attending the group program. We have constantly found that as we struggle with terminology, they quickly deliver the punch line in a succinct, carefree way.

**Invitations**

Formally sending a written invitation to children reinforces the importance of both the program and their participation. All invitations clearly set out a brief statement of the reason for the group, who else has been invited, the dates for the group and starting and finishing times. Children are asked to RSVP themselves.

**Documenting Work**

It is considered important that the knowledge generated by the children is continually recorded so that it remains accessible information to not only themselves but family members, support people and others attending the service who may find it a valuable resource.

Documenting the knowledge generated during groupwork maintains a focus on the significance of their ideas and the resources they hold. It also provides a medium through which children can share their work with a chosen audience. The celebratory ritual which closes each group program is a valuable time for the circulation of this documented knowledge.

Methods for documentation during groupwork include:

**Group Story Wall**

A series of worksheets (calico/butcher's paper/cardboard) are successively hung around the grouproom at the end of a session. They may contain a drawing, message or group collage that depicts information produced during the group session, providing an immediate and visual representation of the work being achieved.

**Resource Folders**

At the start of each group, a resource folder (folder with plastic sheets, envelope folder, notebook) can be given to the children for the purpose of storing and recording their work. Personal recordings, drawings, information sheets, summaries of ideas raised during the previous group session, letters and notes from family members
are all included in the folders. The safest rule is 'keep everything' unless the children discard it themselves. All work is the property of the child concerned and what happens to that material is their decision.

**Group Letter**

At the end of a group program we have at times given each child a letter which summarises the work of the group, information we gathered about that child as to their special abilities, interests, qualities and stories or incidents that marked something important in the group. These letters are taken by the child as one record of their participation during the group.

**Audio and Visual Tapes**

The use of audio and visual tapes to record the group activities is a very powerful tool for documentation. Children respond to hearing their voices and seeing themselves with great enthusiasm. Care and caution are fundamental elements when using these tools, respecting confidentiality and being sensitive to the possible invasiveness of this technology. All participants and carers must be involved in the decision of whether or not to use recording equipment and permission is usually obtained in a written contract form. That contract stipulates the way in which material will be recorded, that all taped documentation will be destroyed at the closing of each group, unless a request is made by a child for segments that were focused on their participation.

**Photographs**

Photographs can also be taken at certain times during group programs, again becoming the personal property of the children photographed as a memory for them of the group.

**Keeping Copies of Work**

We have sometimes sought permission from the group to keep copies of work they have done. This may include their ideas for fighting problems, worries that they have dealt with, stories of heroism they have authored.
Workers need to ask themselves the purpose for keeping this work and if it is really necessary. That purpose then needs to be stated to both the children and their carers so everyone is clear as to how the material will be used. The different ways this valuable documentation can be used include making it accessible to other clients of our service, children attending other counselling services and workers who also work with children.

Examples of this documentation have included ‘I Have A Counsellor’, ‘I Have A Place’ and an information sheet for children about nightmares called ‘Nightfrights’. Stories from ‘Mighty Me’ and ‘Heroes & Heroines’ are placed in our children’s library so that other children can have access to them.

When writing these resources we sought permission to include some of the work achieved by children.

The generosity by children and families to offer their work for more public use is always abundant. We always reunite consultants to view the ‘finished product’ (if a booklet or facts sheet) or to receive feedback about the journey their work has taken. When given so graciously, it must remain our responsibility as workers to stay respectful of this precious material.
The Final Say
From Clients to Consultants

Evaluation of groupwork is always challenging when your evaluators prefer to play tag or 'Duck Duck Goose' than sit and reflect with facilitators about the usefulness of the program they have just completed. Our attempts to do this most proper final act has been met with an array of hurried messages that range from "everything was good" to "the best thing was the food".

Children's unique ability to politely put us in our place when bothering them with questions about the things they liked and didn't like in the program has encouraged us to look for different ways that evaluation can occur.

Evaluation occurs at every session and can be informally measured by the consistent numbers attending and their responses to the different activities. Maintaining contact with children and families on a more personal basis, be that via counselling sessions, letters or phone contact, allows us to review the experience of the group for them and ways that they are finding it useful or enjoyable, or both.

The final session of all groups provide the opportunity for members to share with an invited audience their different experiences in the group and answer questions 'from the floor' about certain activities and achievements. At times an attempt for 'something in writing' is made, usually in keeping with the hurried pace of the participants. Large sheets of paper can be placed on a wall or the floor, with short questions to which children are asked to write or draw a response. A checkerboard can be set up with squares depicting the different sessions and children placing tokens to represent the sessions they found useful. Balloons can be written on and then tied together in groups of positive and negative comments about the group. The guiding rule is keep it short and simple.

A much more productive way of evaluating the nature and worth of a group is by a formal consultation process, usually held several weeks after the group has finished. As a principle of practice, consultation with
Program Outlines

It's Not A Straight Line

Maps of work take many directions, and changes in direction, and do not usually travel in a straight line. The following programs reflect only a part of the many maps that we travel with our clients. They are not seen as running in a certain order or a child being expected to finish one program before moving on to another. They happen when they are seen as being useful to the children who are attending our service at any one time. Sometimes we detour back and re-run the same program because it seemed a worthwhile place to visit for a little longer than other places. At other times we travel everywhere, learning so much from the ride.

Heroes & Heroines

Heroes & Heroines is about storytelling. Storytelling is a domain expertly utilised by children, both as listeners and authors. Heroes are metaphors of strength and courage. This group seeks to develop alternative stories about heroism that are distant from the more stereotypical models. By exploring a broader definition of heroism, we hope that the children will find a meaning that fits elements in their own lives, utilising storytelling as the medium for creating and documenting their ideas.

Mighty Me

Many children who attend counselling are accompanied by problems that seem to be a direct result of their abusive experiences. What they also come with is a childhood skill of being able to see such problems as separate to themselves, externalising their unwelcome visitors with an expertise often ascribed only to the realm of counselling.

Mighty Me tries to encapsulate the ideas of externalising problems by collectively challenging the existence of these oppressive forces, focusing on stories about children that are an alternative to those dominated by the problem.

The focus of the group is not solely on the influence of the problem in the lives of the children and their families. Emphasis is placed on the child's influence over the existence of the problem, if not directly confronting it, then locating stories in the life of the child that give a different account to the lies and tricks the problem generates.
Stepping Stones invites children to recollect the parts of their lives that have sustained them when dealing with the effects of the sexual abuse. Rather than focusing on the main story as problems arising for them because of the abuse, this group seeks to emphasise the resistance taken by these children against the values of the perpetrators of that violence.

The central theme of this group concerns the story of how children can be enabled to continue to move on from the impact of sexual abuse. It seeks to bring to attention the resources and qualities they hold which challenge problems and beliefs that are a direct consequence of the abuse they experienced.

The group seeks to establish participants as people who are valued, with important stories about their lives, and an expertise about their experiences that are worthy of both sharing and celebration.

Music & Movement

The stories that children hold about the impact of the abuse are often conveyed in ways that are outside the realm of cognitive thought or communication.

Children have told us of the burden of the effects of abuse that they at times carry in their bodies. Music & Movement provides a setting which encourages children to make stronger contact with their body, the skills they hold within its realm and the many capabilities of their senses, movements and expressions.

Seeds of Change

A group for young women providing the opportunity for them to meet together and share thoughts, worries and hopes, and discuss the many changes facing them as they enter adolescence - physically, sexually, emotionally and in their relationships.

This group seeks to further challenge the dominant stories of abuse that have infiltrated their lives and encourages young women to make stronger definitions about the preferred stories they are seeking.

The use of metaphor as a tool for work guides the process of the work, enlisting the idea that we hold many seeds that make up who we are. Those seeds concern not only the history we carry but also thoughts, perceptions, emotions and hopes that can direct present and future choices and actions.
Heroes & Heroines

My hero Lorraine has a fairy broom
She jumps on her broom and she sweeps the sky
While the children sleep
The stardust from her sweeping falls down to earth
It glitters and shines
And she knows it will light the darkness below
The children will be safe.

Heroes & Heroines, December, 1996
Heroes & Heroines

The Counter Plot

Heroes & Heroines is about storytelling. Storytelling is a domain expertly utilised by children, both as listeners and authors.

In the realm of counselling, the stories we hear define the work we share with children and their families. That work aims to more fully understand those stories, seeks as many different meanings to them as can possibly exist, and recreates a new and strengthened text that people can take into their lives.

Heroes & Heroines asks children to write a story about heroism, and in doing so, find the examples of heroism that are such an important and cherished part of their own living stories.

The Plot Thickens

Children live with heroes and heroines. Most are presented to them on television, videos, movies and books. Some are talked about in the news or presented in the history they learn at school. Some are people they know, within or outside their family, who they know have done courageous things. From this variety of input, children develop their own ideas of what heroism means to them. Heroism may be a carbon copy of heroes they know, or a compilation of many characters, stored within the imagination held by the child.

Heroes are metaphors of strength and courage, and the definition of both qualities is at the discretion of the child. The group seeks to develop alternative stories about heroism that are distant from the more stereotypical models which portray heroes as usually male and possessing great physical strength.

By finding a broader definition of heroism, it is hoped that the children will find a meaning that fits elements in their own lives, utilising storytelling as the medium for creating and documenting their ideas.

Action

The group structure is loosely based around three components, reflecting the narrative process as outlined by Bruner (1986). Those stages include the
story itself (*the sequence of events*), discourse (*the medium used to record the story*) and the telling (*the act of communicating the story*).

Enveloping that structure is the group process itself - meeting with others so those stories about personal acquaintances with heroism can be shared. This encourages the development of a meaning about heroism that is richer and more personally owned. That story is recorded, told and authenticated by the many rituals used throughout the program.
Session 1
Consultation

Consultation with mothers & other carers

Having decided to invite mothers and carers to attend the group as co-facilitators, we believe it is important to have a planning session with them, as we would with other workers before starting a group. This stems from our belief that carers have a great knowledge about their children and our wish to acknowledge that they are the child's main support.

Introductions

The purpose for this meeting is stated in terms of discussing the group program and making agreements about co-facilitation.

An important step before proceeding onto this work is to provide the opportunity for carers to introduce themselves, their children and the stories they have about their prior relationship with the service. Some mothers and carers would have already met with each other through mothers' groups and consultation meetings. For others, it may be the first time they have met with other women whose children have also been sexually abused. We have found that unless time is spent acknowledging this shared history, women feel awkward with questions as to whether or not other women have in fact faced similar trauma. The change in atmosphere once this step has been taken is always noticeable, creating an immediate bond.

Time can also be spent focusing on the knowledge they have gained about themselves and their children in dealing with the abuse and their ideas about where their future may take them. This discussion of their journey is seen as important in providing space for women to hear the stories of others and recognise similarities to their own battles and victories.

The only cautionary note is not to have this step alter the main purpose for the meeting. Allowing a generous amount of time for this meeting (2-3 hours) should enable the tasks about facilitation to be sufficiently discussed. What is also useful is to have a morning tea break after the introductory session before moving on to the work of the group program.
Ideas about Co-facilitation

The proposed group program is handed out, outlining the purpose of the group and the format planned. Mothers are asked to share their thoughts about the group, including ideas about goals for their children and thoughts concerning the running of the group.

The invitation to mothers and carers as co-facilitators may be initially met with hesitation about how they would do this task. It is important to discuss the principles of facilitation, which may include the following tasks:

- Maintaining the focus for the group.
- Encouraging participation from members.
- Responding to the questions asked and the comments made by group members.
- Assisting children with the completion of group tasks.

We asked mothers to talk about their experiences with groups of children and ways they have been able to encourage co-operation and interest in activities. Mothers related to these tasks as being similar to their jobs at any child’s birthday party, school, sporting and recreational activities or encouraging their children in their school projects and hobbies.

Developing these ideas by brainstorming specific ways they believe they could facilitate the work of this group is a productive next step.

Suggestions have included:

- Encourage children to develop ideas about heroism by asking questions and showing an interest. Children notice when you’re pretending to be interested.

- Offer help but don’t take over with the task. Children will let you take over because it’s hard to say something to an adult.

- Assist them in their story writing by writing what they want to say. Use their words and don’t give them our words instead.
• Assist them in the construction of their book. This means they tell you what help they need. If they seem stuck ask them:
  • What do you want to do here?
  • What do you think you would like to put on this page?
  • Is this right or do you want it to look different?

• Support a child in completing their task. Just sitting quietly next to a child is all that is sometimes needed.

• Carers agreed that they would not devote all their time to their child, but would be available to all the children in the group, particularly when other children's carers could not attend.

• It is also important to consult about food, needs for breaks, special needs of participants and any questions mothers may have.

We see that challenging our positions as experts in the process is vital to the group purpose of deconstructing our role and establishing parents as experts in their own and their children's lives.

As co-ordinators of many children's activities, carers can provide a wealth of games and activities which can be incorporated into the program, offering both compulsory breaks and opportunities for the children to interact with each other and the adults in a relaxed and enjoyable way.

Documenting Work

It has also been a practice to ask for copies of children's work for our library so that other children attending the service can have access to this important material. At other times we have videotaped segments of the group, most especially when children present their story in the final session. The videotape is then played for participants at the follow-up session, several weeks after the group finishes.

It is essential that caregivers are aware of these practices and give their permission before they are undertaken by the service.
protection of work and use of the videotape, including its disposal, are essential rights of all clients to the service.

Owning the Information

This session may finish with all carers taking a copy of the program with them, asking them to talk with their children about the group. We see this as a vital opportunity for children and carers to be well prepared for the group and reduce anxiety that may be there if they did not have knowledge about the group program.
Session 2
Hero Hunting
Accessing Stories of Heroism

Introductory Game
Collecting Gold
Children introduce themselves and say one thing they were looking forward to about coming to the group. Alternatively, they can say one good thing that happened for them today.

Introducing the Idea of the Group
This group is about heroes who fight wrongdoing. Everyone in the group has the qualities of a hero. During the weeks of the group, we will be finding out more about heroes - cartoon characters, story characters and also people in the real world, including people who live with us. We will also be creating our own hero/heroine and writing a story about that character.

Group Rules
A brief discussion of agreed rules for the group should be discussed and recorded.

Resource Folders
All work, be it in draft form or as a final product, should be kept for safekeeping and future reference. Containers for work can be provided by two pieces of cardboard stapled together, a large box, or envelope style folders. They should be labeled with each child’s name and stored safely away between group sessions.

Hero Hunting
The following activities provide ways that will encourage children to think about heroism and its meaning to them. One or more of the activities can be used, depending on time available.

Activity
Paper Chase
To find stories in newspapers and magazines, and then put them together making a collage. There are also many children’s stories that talk about bravery and strength, and examples can be read with the children. Ask the children to select a character from a story. Say "I am ................" play music and encourage the children
to try and make sounds and stand like the character.

Activity
What is a Hero?

Discuss this question with the group, using additional questions to encourage the flow of ideas. Answers can be written on butcher's paper, facilitators recording the comments and making them available to group members the following week on sheets which can then be placed in their resource folders.

Alternatively, the children could take their ideas and make a **hero collage**. Provide a large sheet of butcher's paper or calico on which children can paint or draw pictures and words to produce the collage. This sheet can then be hung in the room for the remaining sessions of the group.

- What makes someone a hero?
- What do they do?
- How does a hero usually look, sound, act like, how do they make friends?
- What things are important to them?
- What special qualities do they have eg. magical strengths or certain bravery?
- Name some more popular heroes - real and imagined.
- All of us do things or say things or think things that our more popular heroes say, think and do. What are some things that you might have in common with a more famous hero?
- Let's create our own list of us as heroes and the heroic things about us.

Activity
Meeting Heroes

Imagine that you and a famous hero are meeting. Draw a picture of the meeting.

- Where would it be?
- What would you be doing?
- Write on the picture something that you would say to that hero.
- Write something your hero would say to you.
- Imagine that your hero sees this meeting as a chance to meet you as the hero.
- What might they say to you?
- What would you say in reply?
Activity
Badge of Honour

Provide a list of descriptive words about heroes or invite the children to think of their own words. From this list, write some of the words in circles (use coloured cardboard). Ask the children to choose a word that they think fits a description of them as a hero and wear it as a badge (sticky tape on the back of the cardboard). Group go round with children saying they are a hero who is ............... because ............... .

Activity
Round Table Talk

Introduce the activity by stating that there are heroes and heroines in our own lives who we personally know. Ask the children to think about:

- Who are they?
- How do they know you?
- What heroic things have they done for you?

Children take it in turns to finish statements that can be printed on cards beforehand and given to the children to help maintain the focus of the game.

- My hero’s name is ............... and one heroic thing they can do is ............... .
- My hero knows me because ............... .
- My hero would say that I am heroic because I ............... .
- One thing my hero and I would really like to do together is ............... .

Closing Activity
Group Story Wall

At the end of the session and all subsequent sessions, the children are asked to draw or write something that sums up what has been talked about. A large sheet (material/butcher’s paper/cardboard) is used for this recording, further sheets being added to in the following weeks to form a group story wall.

Group Story Wall

Idea for today’s group story wall: the name of a hero they personally know and perhaps a portrait of that person. The children may also want to add a picture of themselves.

In all instances invite mothers to join in the activities - not only as facilitators but also adding their own ideas about heroes and heroines and stories from their own lives.
Session 3
Creating Heroes

Introductory Game

As this session is about the creation of a story, a useful game is about storytelling, starting with an introductory phrase and then each member adding a part. The final member must finish the story. Start with:
- Once upon a time ............
- If I could be a magician for a day .............
- There's something strange up on my roof ............

Providing Creative Space

It can be useful at this point to introduce some simple relaxation exercises or guided imagery that will help the children move into what we call creative space. Sources of these exercises are listed in the Resources. At this point the comfort of the group space (cushions, noise level, adequate space) is important. We have also found that quiet music in the background, candles or oils are enjoyed by the children (don't forget to use safety precautions). A short story may also set a mood for quietness and preparation for work.

Worksheet About My Character

Introduce the worksheet ‘About My Character’ to the children as their guide. Ask them to think about the things we have talked about concerning heroes and decide on which qualities they feel particularly fit their ideas about what their hero/heroine would be like.

Children can be assisted in this task by the adult facilitators who encourage the questions and act as scribes.

From their list of characteristics, children are then asked to create their hero using artwork (drawing, clay sculpting, cloth, etc.). Children will work at different speeds with this process so it is beneficial to have a range of materials available to encourage them to create perhaps two or three different versions of their hero. A special place marked out for heroes is important so that the finished pieces can be safely placed on show. This could be a special rug or shelf to the side of the group or in a corner.
The session finishes with the reading out of their sheets, assisted by facilitators, and introducing their heroes to the group.

Closing Activity

Children write and/or draw their hero and something about themselves as the creator of this marvelous person. Children's work could be placed on the large calico group wall to mark the first stage of this creative process.
Sessions 4 and 5
The Journey

Note for Workers

Two sessions are allocated for this part of the program. There will be a variation in the process depending on the number of children, their ages and energy level of the children, which is often very different from group to group. As this section involves the creation of the bulk of the story it is important to provide both the time and space for children to comfortably finish the work.

Encouraging different ways for children to narrate the story (writing vs speaking, with a facilitator who records the words) is necessary.

Different children will also create different lengths to their story and it is a good idea to provide back-up activities so that children who finish early can be occupied whilst allowing the more expansive authors to finish their work. Making things for their hero works well and a range of different materials provided allows children to build hero houses, clothes, transport vehicles and scenes depicting their hero's travels.

It is also important to keep in check the focus of the children and allow time to change energy by introducing a short game. Ask the children to report to the group on what point they are up to, what their hero is doing, ideas they have for the story, places where they are stuck. Encouraging group members to share ideas, problems and solutions are an important part of the process.

Introductory Games

Group Go-Round
If I was a magician something magical I would do is ......

My Own Road Map
Children are asked to draw a road map, which traces a trip they have taken that was important to them. On this trip they are asked to tell:

- Who they went with.
- How they traveled.
- Where they went.
- Something special that happened along the way.
**Worksheet**

The Journey, The Task, or The Search

Introduce the Worksheet ‘The Journey, The Task, or The Search’ and ask the children to draw or write about their hero’s journey. Questions on the sheet encourage the children to develop ideas and again, the assistance of the facilitators is invaluable at a one-to-one level.

**Group Story Wall**

After this worksheet is finished, the children are asked to select something from the worksheet and write/draw it on the group story wall.

**Worksheet**

Qualities, Skills, and Magic

The purpose of this exercise is to encourage the children to think about their own special skills and what they could impart to their hero. Children are asked to write and draw these things on their worksheet and then reproduce it as a gift for their hero, using available materials.

Two possible creations include:

**Magic Wand**

Children make a wand and wave it over their hero and in doing so give them something of theirs that will help their hero on their journey.

**Magic Bag or Box**

Children imagine that in this picture they are giving their hero a special box for them to take on their journey. In this box there are only things that belong to the child which they feel would help make their character stronger and wiser. The box contains perhaps special gifts or skills the child has, perhaps some words that were once said to them that helped them, an object that belongs to the child that he/she considers important to them. Recall to the children that there may have been special things they used when they were fighting their own battle against the abuse that helped them or made them safe. After drawing the picture on their worksheet, children then decorate a box or bag and place inside the things that they thought of. They can make things with clay, cloth, use drawings or even collect items.
The above suggestions are only examples of what children have created. We have found that providing the raw materials (cardboard, material, glue, glitter, large paper bags, recycled boxes of different shapes and sizes etc.) is impetus enough for children to make their symbolic gift for their hero/heroine, be it a bag, box, wand, sword, shield, mask, cloak, parrot or golden egg. The form and meaning of their gift remains personal choice.

The session finishes with the children showing their gift to their hero and talking about what skills or magic their gift contains.

Questions can encourage them to link their gift to what they have in their own lives which give them support: family friends, an animal, special place, perhaps an object they have.

**Group Story Wall**

The children write/draw the things of support to both their hero and themselves.
Session 6
Actions and Endings

Introductory Games

Group Go-Rounds
Something I can do really well now is ............... and something I would like to do when I am older is .............

Three Things About Me
Children say three things about themselves. Two things are true and one thing is a special wish they have about something they would like to do. Other children in the group guess which things are real or a wish.

Worksheet

What Happens
This describes the main action in the story. Questions are framed that encourage children to describe the obstacles faced by their hero, to think about self doubts they may have experienced and how they, as authors, can encourage their hero to continue the quest.

Worksheet

Ending
This session finishes with children telling the outcome of their story, highlighting the hopes their hero has for the ending, if those hopes are realised and how the journey will be acknowledged.

Group Story Wall
Children can draw something significant in the celebration of their hero's journey - reward, form of celebration, including guests, food, music, etc.
Session 7
Feeling Clever

Introductory Game

When I say “Go”
A pile of cards are placed in the centre of the group. On each card is written an action. One child takes one card, reads the action out loud and then when she says “Go”, everyone else has to play out the action. The game finishes when everyone has had a turn.

Examples of actions can include:
- Waking up late for school and having two minutes to get to the bus stop.
- Peeling and eating an onion.
- Trying to find a needle in a haystack.
- Catching stars as they fall from the sky.
- Keeping a small lizard in the palm of your hand.
- Putting feathers into a pillow.

Activity

Making the Story

At this stage the story is put into a finished form, children deciding on the type of presentation. We have found that children usually choose a book format, words and pictures transferred to pages that are bound together in some form.

The format for the stories can be in several different forms. Whatever the choice, it is important that the goal of finishing the story is achieved during this session. The task of making the book needs to be achievable by the children and the free space of facilitators to assist the authors, both within the time constraints of the session.

Facilitators can type the transcript of each story from the worksheets during the week, the children only needing to add their illustrations. They may decide to redraw pictures or cut and glue existing pictures from their worksheets. At times, children have drawn or collected additional drawings during the week and add those to their story.

Children may choose to write their own words, or use the services of one of the facilitators. Alternatively, they may decide to cut and paste their existing writings.
from their worksheets, again the illustrations being added to accompany the words.

The actual book needs to be simple and easy for the children to make. Pre made note books with blank pages/plastic folders in which plastic sleeves can be added are quick to assemble.

At times children may prefer to put their story together on a single sheet such as cardboard/manila folder, cutting and pasting from their worksheets, with additional words and drawings.

Time is spent with the design of a front and back cover, with several pages being compulsory additions to the book.

**Worksheet**

**About Me**

Children are asked to write about themselves as the author of their story, following the questions on the Worksheet ‘About Me’. We also ask mothers to say something about the author that they feel is important. Children are asked to bring a photo next week (or we can take a picture) to include in the book.

**Dedication**

Each author is asked to write a dedication for their book - a person they are dedicating their book to and the reason for selecting that person.

**Group Dedication**

Every child’s name is placed on a sheet of paper and sent around the group so that all group members, adults and children, can say something about that child - what they like about that child, something clever about that child, anything special that child did in the group.

**Final Plans**

The final part of this session is planning the ending of the group for the following week. Referring to the group story wall about how each hero/heroine celebrated their own endings, ideas are borrowed for the group celebration. Food, music, special gifts, etc. are considered.

**Group Story Wall**

Children are asked to draw or write something they feel would be important to have at the final session that...
perhaps was a part of the celebration for their hero. Facilitators can then use their ideas when planning the final week.

**Invitations**

Children are asked to take invitations and hand them out to special people who they would like to invite to the last session.
Session 8
Celebrating our Heroes & Heroines

**Introductory Game**

**Saying Hello and Goodbye**

Children and facilitators stand in a circle holding a streamer. Everyone is asked to say goodbye to whomever they choose and say something they will remember about that person. It can be anything they decide including physical characteristics, way of laughing, something they did in the group. As they say this, they throw the child their streamer, holding their end. This creates a maze of streamers, which are broken at the end of the exercise.

**Telling the Story**

Children are given time to plan for the reading of their story or talking about their hero and what happens in their story. Again facilitators work with children to either get their book ready, prepare a puppet show, dress up either as their hero or themselves as authors. Guests can observe the activity or assist with the preparation of the party food.

**Presentations**

Guests are asked to take a seat while each child presents their story, through reading or drama. An adult facilitator introduces each author by reading his or her biography and dedication.

**Closing Ceremony**

Certificates of Achievement are given to each author, stating something noteworthy about that person throughout the group.

The presentation of a Hero Medal and the reading of the heroic qualities we have witnessed for each child in the group marks the closing ceremony. The adults in the group present this medal to the children and we also ask the children to present a Certificate of Thanks to the facilitators for their help with the group.

The medals are simply made by cutting gold cardboard circles. A ribbon is used as a tie. Glitter or stickers add to the quality of the medal. A small statement about
each child can be written on the back of the medal.

Before the session finishes we ask children and caregivers if a copy of their story can be made as a resource for our library. As this has been discussed during the first meeting with caregivers, they and the children, are familiar with this idea. This simply requires photocopying the pages, using the time until the follow up session to collate the work into a book form.

A party, including the provision of hero food, music, favorite games, etc. finishes the session.

Recording the Final Session

It can be a valuable exercise in terms of documenting work to videotape the last session. It is important that this is discussed with both the children and parents to ensure that everyone is comfortable with this taking place. A short note concerning the use of the video should go home with children after this session. Certain things stipulated concern the video remaining the property of the service, that it will not be used outside those premises, respecting confidentiality, should anyone not feel comfortable with the idea the video will not be used. Parents and children are asked to read this note and sign it if permission is given. If children or parents request a copy of the video that should be based on group agreement.
Follow Up Session
Revisiting Heroes

This follow up session can occur 4-6 weeks after the last session.

During this time we catch up on what our authors and their families have been doing and if they have shared their stories with others.

Having sought permission during the previous session to make a copy of their stories for our library we distribute the copies to respective authors and ask them to sign their work. This is simply a matter of photocopying each book, adding a front page which stipulates that the book remains the property of its author who has given permission for their book to be made available to other children attending our service. The book cannot leave the service and must be returned to its author if requested.

We also show the video made during the last session and give out any photographs taken during the entire group program.

A final activity is the painting of a mural (large sheet of calico) depicting all the heroes created by the group and a signature of ownership by their respective authors.

In the tradition of all reunions, we finish with a party of food and games.
ABOUT MY CHARACTER

Your hero is known only to you. Write everything you can think of about your hero.

* Is your hero a person, animal or something else?
* Is your hero male/female?
* How old is your hero?
* What does he/she look like?
* Who does your hero live with?
* Who are his/her friends?
* Does your hero have any special likes or dislikes, such as foods to eat or hobbies.
* Are there any special things your hero can do?
* Does he/she have any magical powers that are useful.
THE JOURNEY, THE TASK, OR THE SEARCH

Your hero is ready to go on a special journey or begin a mission - perhaps there is something your hero has to do or must find something.

* Where does your hero have to go?

* What is the reason for taking this trip?

* Is someone telling them to go or is it their idea?

* What plans does your hero have to make to be ready?

* What will your hero pack? Are there any special things that will be very important for their journey?
QUALITIES, SKILLS, AND MAGIC

What do you have that you can give to your hero?

It can be not only possessions you have, but skills and qualities that only you have.
WHAT HAPPENS?

* Who does your hero meet?

* What do they have to do?

* What battles do they have to win?

* Was there a time when they thought about turning back?

* Did anything happen that worried them or frightened them?

* What can you say or do to your story to help them get past this point?
ENDING

* What is your hero hoping will happen when they finish their journey?

* Are they going to find someone or meet someone or discover a special treasure?

* How will they be rewarded for what they have achieved?

* How did they celebrate?
ABOUT ME

* Are there any special things your hero has that you have?

* How are you like him/her?

* List some of those heroic qualities.

* You may like to draw a picture of yourself. Perhaps you could be meeting your hero or doing something together.
GROUP DEDICATION

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64
You're Invited to
Heroes & Heroines
a group about storytelling

Everyone knows about heroes and heroines, pretend ones and real life ones. We see them on television and read about them in newspapers and books. There are also heroes and heroines who we know in person.

This program will be about writing a story about your special hero or heroine and making that story into a book for your safekeeping.

The group will be held for eight weeks from 4.00 to 5.30 pm.

We will also be having a meeting with your parent or carer to talk about the group and what will be happening. We are hoping that some may be able to help with the group while it is running.

Starting Date:

RSVP to Rosie's Place on 9625 2599.

We hope you are able to come and join with other children who also come to Rosie's Place for counselling.
An Invitation to the
Heroes & Heroines Co-Facilitators' Meeting

You are invited to a special meeting for carers before the start of Heroes & Heroines.

Heroes & Heroines is a group for children which asks them to create a heroic character and write a story about one of their heroic adventures.

The group is different to others, in that the children will be making their own book, including the words and illustrations. Because it is so focused on this activity, we are asking for carers to visit the group whenever they can and assist children in this work.

As the group will have children of different ages and energies, there will be a need to keep everyone interested in the activities and be on hand when children require help. Sometimes this may include writing their story with them, finding a craft activity that can go with their story, or just making sure that refreshments are readily available.

We would welcome your ideas about the group and ways that we can make it work best for the children and hope that you are able to come to the carers meeting.

Hope you can join us.
An Invitation to the
Heroes & Heroines
Special Ceremony

We have almost reached the end of the group and to mark the
time spent together, will be having a special ceremony during the
last group session.

The children have been asked to invite special guests to this last
session to join us, as we not only say goodbye, but also spend time
reviewing the work achieved by the children.

A special part of the group has been the writing of stories by
the children and they will all be reading their stories at this last
session.

We hope that you will be able to attend and celebrate with us
the Heroes and Heroines who we have all met during our time
together.
In Appreciation

This Certificate is awarded to

For your help with the group Heroes & Heroines.

Your constant support and assistance have made the group possible and we appreciate the time you gave so willingly.

During the group you have shared your ideas about heroes and heroines and have shown the many heroic qualities you yourself possess.

Signed with thanks.
Literary Award

This Certificate acknowledges the work of

in the writing of the story

In the group we heard and told many stories about heroism.

We created characters that portrayed what we value as heroic.

We also learnt about the heroism in your life, in both you and the people around you.

This Certificate acknowledges your skills as an author and the qualities you hold as a very special hero.

Awarded on the ............... day of .........................1999
Mighty Me

I am mighty because ......

I can run as fast as an emu
I can pick up anything, except houses
I have friends who like me
I look after my dog every day
I am a good drawer
I sing in my school choir
The sun makes me strong
Because I eat spinach like Popeye
For a hundred million reasons.

Mighty Me Group, June, 1998
Mighty Me

The Counter Plot

Many children who attend counselling are accompanied by problems which seem to be a direct result of their abusive experiences.

What they can also come with is a childhood skill of being able to see such problems as separate to themselves, externalising their unwelcome visitors with an expertise often ascribed only to the realm of counselling. When having conversations with children about problems, it is never a surprise to hear them describe their greatest fears as the scary Mr Nightmare or the ghost who follows them around the home. Bedwetting might be described as something inside tickling their kidneys so they can't stop leaking, the pain in their stomach or their head as the angry gremlin hitting their body, or a black ooze that slides around inside them.

What is also made clear to us by children is that the problems make life very difficult for them, at times taking all the energy they have to cope with them or try to fight back at them. Placing the problems in a personified form does not make them any less real or traumatic. It does serve to give a character to something that continues to burden the lives of children and prevent them from moving on. It is evident that, despite having disclosed about the abuse, and now being protected, the continuation of problems maintains for children a sense of being controlled and restricted in their lives.

What problems can also do is to blur attention to other areas of a child's life-events, beliefs, skills and hopes that exist, but stay smothered by the dictates of the problem's lifestyle.

The Plot Thickens

In deciding to provide a group program that focused on the problems being dealt with by children, we hoped that we could offer space to collectively challenge the existence of these oppressive forces.

Mighty Me tries to encapsulate the ideas of externalising problems, described so well by the writings of Michael White in articles such as 'Monster
Taming' (1989, 107) and 'Sneaky Poo' (1989, 115). In both individual and groupwork, we have witnessed the success of 'strategic plans' devised by children to take a stand against their problems and alter the domination they hold.

We have also witnessed the overwhelming power of certain problems, especially those characterised by fear, and the great difficulty children have in gaining a sense of competency if the focus of work stays only with their struggles against those problems.

Mighty Me therefore focuses on stories about children that are an alternative to those dominated by the problem. These stories of the qualities, abilities, resources and knowledge which children hold, stand as a contrast to the characteristics of the problem that troubles them. Such stories define the child in ways that challenge views molded by the problem and exemplify a stand against the wishes of the problem to keep the child isolated and overwhelmed.

The process of the group program mirrors the process of externalisation described in narrative work. The focus of the group is not solely on the influence of the problem in the life of the children and their families. Emphasis will be placed on the child's influence over the existence of the problem, if not directly confronting it, then locating stories in the life of the child that give a different account to the lies and tricks the problem generates. Highlighting these accounts provide the opportunity for the child to maintain a description of themselves which emphasise skills, qualities, and resources which can be continually built on to take a different view of themselves, and the unlikely future of the problem to maintain its existence and power. If change cannot be totally experienced at this point in time, it can be envisaged.

The new stories for the children are encouraged to be circulated to others, the group format providing a setting for the purpose of circulating news to a ready audience. It is also hoped that children will take up the invitation to be consultants to other children who may present for counselling with similar issues, leaving their ideas in a format that other children will have ready access to.
Session 1
Meeting with Allies

This session provides the opportunity to meet with parents and other caregivers to discuss the program with them and enlist their support. Many will already be familiar with the concepts of Mighty Me through family counselling, and will have experienced the frustrations and achievements of, not only their children's stand, but also their own, against different problems.

The meeting provides a summary of the main steps of the program, and possible ways they may be recruited by their children as allies for the tasks ahead. This meeting is essential to the program, as carers and other family members will need to be involved as crucial support for their child as they endeavor to continue changing their relationship with the problems troubling them.

Allies against the problem possess many qualities that are unique to their relationship with their child, these points being used as a base for conversations with the parents.

- They have insider knowledge about the problem - witnessing the effects of the problem, something which can often get lost when hearing events separated by time and location.

- They possess a unique knowledge about their children, an awareness of special characteristics, values and behaviours that will guide the nature of the child's work.

- As supporters of their child, carers can actively participate in strategies devised, providing resources and a ready ear to encourage their child as they endeavor to take a stand against the problem.

- Carers are aware of situations in the child's life which are separate from the domain of the problem's influence, again providing important
information when seeking alternate stories to those that are problem saturated.

- Carers serve as an audience for the child in their efforts against the power of the problem. They can also recruit other valued members, including extended family members, friends, teachers, and other people important to the child.

In focusing on the problem as the main issue, there is an invitation for carers to call on the strengths in their relationship with their child and the ways that relationship can be made stronger against the problem, rather than the problem seeking to divide them.

This session should also discuss practical issues such as transport and the importance of confidentiality, especially if children may be known to each other. An invitation for allies to revisit with the children several weeks after the completion of the program concludes the meeting.
## Session 2
### A Meeting Place

<table>
<thead>
<tr>
<th>Introductory Game</th>
<th>Mighty Me</th>
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<tbody>
<tr>
<td></td>
<td>Children say their name and add one word to describe them that starts with the same initial as their name, eg. Marvelous Mary, Strong Sarah, Wonderful William.</td>
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<thead>
<tr>
<th>Group Rules</th>
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<tr>
<td>This is kept a simple exercise - writing ideas on a piece of butcher's paper, which children can add to throughout the group.</td>
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<tr>
<th>Introduction to the Group</th>
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<td>It is important to acknowledge that everyone attending the group has certain problems that at times makes life really hard for them. Many problems exist as effects of the abuse they have experienced. Others are just around being a nuisance and getting in the way of you doing all the things you want to do. Problems can be scary, like nightmares or ghosts. Others are annoying because they make it hard for children to do things (like going out, being with friends, and eating food) or cause things to happen that normally wouldn't occur (like bedwetting, temper problems).</td>
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Whatever the problem that children have bothering them, there are two important things this group hopes to spend time talking about:

- That having problems like these is NOT OK. They don’t belong in their lives and hopefully, one day will go away.

- That sometimes the problems can make you forget about all the things in your life and about you that the problem doesn’t control and can’t change. This group will be spending time looking at these important parts of your lives.

That’s why the group is called Mighty Me.
Activity
What is 'Being Mighty'

Talk about the mistake that can sometimes be made in thinking that being Mighty means being like Hercules/Xena or some other person who is strong. Being Mighty can mean being able to do things which are important to you or special, things that are fun, things that make you feel good about yourself.

Read a story which shows strength that is different from what people usually think. Refer to the Reference List for children's stories, which illustrate this theme eg. Possum Magic/The Race/Granny O'Brien and the Diamonds of Selmore.

Children will also be able to recall other stories they have read/heard about that depict different descriptions of being mighty.

After the story reading, ask children to name the things in the book that made the character mighty. Write their ideas on butcher's paper. Beside that list, ask the group to name things they can do, or children their age can do, which also makes them mighty and special. This list can stay in the room as a reference for the group.

From the list made in the previous activity, the children are asked to make a visual representation of the words they described. Group collage/group mobile/graffiti walls are suggested forms.

Group Collage

A large sheet (material/paper) is used by the children to paint/write their ideas about themselves being Mighty.

Group Mobile

Each child draws a picture of something about them that they believe is Mighty. Large circles of coloured paper/cardboard are used and children may be interested in completing more than one. When finished, all the circles are tied together to form a mobile which can then be hung in the room.

Graffiti Wall

A large sheet of paper is hung on the wall and children write down words that describe them as Mighty.
Children are encouraged to vary the lettering size and style, colours and add background so the wall resembles graffiti.

At the completion of this exercise, whatever the form, children can be asked to give their shared work a title, sign it, place a handprint, etc. - anything which claims ownership.

Resource Folder/Journal

Children are given a folder or blank book that becomes their resource file for this program. Plain pages with a hard front and back cover are simple to make, using ribbon as a binder. Additional pages can easily be added. Alternatively, a plastic folder with plastic sleeves can be used, or a book with blank pages can be purchased from discount stores.

The children are asked to decorate their folder with a picture of themselves, which depicts something 'Mighty' about them.
Session 3
Safe Places

Introductory Activity
First Page

Children are given a sheet that contains the names of all group members with the descriptions of themselves stated in the first introductory exercise: Mighty Me. The sheet also has the words they brainstormed about the things they believe can make themselves and other children mighty. The group name, taken from their collage/mobile/graffiti wall can be at the top of the sheet. The children place this sheet as the first page of their folder.

We have found that children often want to refer back to these titles during the group and a record of the names avoids disappointment when certain names can’t be recalled.

Activity
Creating Safety

Beside the many qualities listed on your sheet, one additional skill you have that your problem will never have is imagination. One way imagination can be used is to create safety.

Using guided imagery the children are asked to create a safe place in their minds. There are many adaptations of this exercise in different books (Windows to Our Children, Spinning Inward, The Creative Journal for Children, Starbright, Mary Regina’s Secret Room).

After the imagery is finished, ask the children to sketch the safe place they imagined. This drawing can then be placed in their folder.

From this drawing, they are asked to make a diorama of their safe place. A diorama is a three dimensional creation, simply made in a shoe box or other suitable container. Children are usually familiar with this art form and take over their creations, providing sufficient craft materials (craft paper, glue, scissors, crepe paper, felt, toothpicks, wool, etc.) are provided. Ask the children to make a figure of themselves and place it where they feel they are the safest.

When the dioramas are finished, the children can describe their safe places, using the following questions
to encourage discussion:

- What is the name of your safe place?
- Where is it?
- What is it about this place that makes it feel safe?
- Are you alone in this place or are there other people? Who are they?
- Is there anyone you would like to be there with you?
- If you need to think about this place, what is the first thing you remember about it?

Photographs of each diorama can be taken, again as a record for their folders.

**Activity**

**Postcard**

Supply coloured cards, the size of a postcard. Stickers serve well as stamps. Ask the children to send a postcard to someone special to them from their safe place. They are asked to write a message or draw a picture of something they really appreciate about their safe place. It may be a part they enjoy/something they do there/something magical that happens there.
Session 4
Safety Revisited

Our experience has been that children respond differently when asked to think about safety and safe places.

Some children, because they now feel safe, have no difficulty taking the concept and eagerly name places in their lives that feel safe for them. Other children struggle with the 'Safe Place' exercise, both in the real world and their imagination.

We have found it useful to continue the concept of safety in this fourth session.

The focus of this exercise is asking children to rely on the skills they hold with imagination, to create a story that gives them a sense of power they can access at will.

This is not to pretend that imagination replaces the real world, but as a ritual, myth making has the power to change stories and constructs that the child feels restrained by. It develops a view of difference, of possibilities and of change.

Activity
Create an Island

Children are asked to imagine that they have travelled to a distant island. (There are several guided imageries available from the Reference List.) The introduction to Magic Power Animal cleverly sets a scene for travel to an island, encouraging children to pretend they are rowing to this place and using drums to carry out the beat of the oars.

At the end of the reading children are asked to depict their island on a large sheet of cardboard. Arrays of materials are supplied that the children can use to make their scene. Children are asked to draw themselves into their scene, adding anyone or anything they would want to be there with them.

Activity
Guardian Spirit

The final part of this exercise asks the children to imagine that on this island there is a guardian spirit
who watches over them. This spirit can be in any form they wish - human, animal, an object of nature, earth, water or sky, a magical figure. They are asked to draw this figure and place it somewhere on their island.

This guardian spirit is someone who you can talk to when you are worried, confused or have a problem.

The children are asked to share their scenes and describe their guardian spirit.

The final question asked of the group is what their guardian spirit would say about them.

- Why has this guardian spirit chosen you?
- What things does this guardian find special and important about you?
- If your guardian were to send you a message that would make you feel safe what would they say?
- How would they send it?

Closing Activity

The children are asked to write this message on paper, perhaps depicting the way the message would have been sent. Some children have chosen a star to carry the message or raindrop or beam of light. They are asked to place the message in their folder to keep.
Session 5
What About Problems?

Introductory

Discussion

Problems can make life really difficult but they can also serve a purpose.

• Problems can make life really difficult but they can also serve a purpose.
• Problems make it hard to pretend that things are OK when they’re NOT.
• Problems have a way of letting other people know that something is wrong, even if we’re not saying so.
• Problems are stubborn and usually don’t go away unless something changes to make things different.

There can be lots of different ways of trying to deal with problems - ignore them/pretend there is something else wrong/run away from them/get so busy trying to escape them that your body gets tired or you miss out on lots of other things that are happening around you.

The one rule that seems to fit for problems is not keeping them secret.

Problems hate being talked about. They can act up and make it clear that something is wrong, but they usually want someone or something else to get the blame. They like to be kept a secret because that is what makes them strong. They can lie to you and scare you to lie about them and tell you to be quiet because that is what they like.

When you start talking about problems to others, it is the start of trying to stand up to them.

Activity

Penfriends

Returning to their island safe places, ask the children to write a letter to the person they sent their postcard to telling them about their problem. If they don’t want to write to a person they know, they can use their imagination and create someone who they would like to write to. Alternatively, they may like to write to the group or someone in the group.
The format for this letter is the child’s choice: cartoon strips, a picture with a brief description, a letter, etc. Questions provided on a sheet can give ideas about some of the things that they can say in their letter:

- Does your problem have a name? If not, do you want to give it one?
- When did it first start bothering you?
- When does it come the most, day or night/when you are alone or with people?
- What other things happen just before it comes or when it is there?
- How does it give you a hard time?
- What does it do to you?
- How does it make you feel?
- Does it affect your body?
- Do you freeze, scream, get goosebumps, feel sick, get tired and not want to do anything? Get angry?
- Does the problem bother anyone else?

Children are asked to read or describe their letters. They are then placed in an envelope for safe keeping and placed in the sleeve of their journals.

Activity

Drawing my Problem

After writing the letter, children are asked to draw their problem on a sheet of paper. If the problem has a ‘character’ then they can draw it as they see it. If the problems are more non-specific, then children are asked to make it into a character - be it human, animal or some other form.

Activity

Safe Storage

Large boxes with lids (photocopy paper boxes or file boxes are ideal) are given out and the children asked to put their picture of the problem in the box. It can be sealed in whatever way the child decides and then decorated on the outside, children making signs or drawing caricatures to depict the nature of the problem.

Finishing Activity

The children are asked to return to their safe places (their diorama/magic island) and send a postcard to their problem. They are asked to write a message about the fact that their problem can’t join them.
Examples from previous postcards have included:

- “Having a great time - glad you’re not here”
- “The sun is always shining - enjoy the dark”
- “Thinking of you - well not really”

The postcards are then glued on the outside of the problem box.

This starts the process of ‘weighing down the problem’ with messages from the children, a ritual that follows in future sessions.
Session 6
Act About

Introductory Activity
Charades
Children select a card from a pile. Each card has an action and children guess what each mime artist is trying to communicate.

Activity
Problem Pages
Different problems are presented to children on cards. The group forms pairs and each pair takes a card. One member of the pair becomes 'the problem' and the other child 'an interviewer'. Time is given to discuss their problem and practice their roles.

Children then take turns role playing to the group audience their conversation between the 'problem' and the 'interviewer'. Costumes available for 'problem disguises' and a tape recorder and clipboard for the interviewer add to dramatic license and safety.

Several questions can be given to each pair to guide the conversations. During the role-plays, the audience can call out additional questions.

Questions can include:
• What is your name?
• Why are you hanging around?
• What do you get out of bothering people?
• If you were no longer around what do you think would be different for the people you keep bothering?
• What might be some ways you could be persuaded to leave?

Group facilitators can then direct questions at the entire group as to their ideas about how this problem could be dealt with. Their answers are recorded on paper for future reference.

The problems raised can be quite safe/more directly related to those being experienced by group members. By this stage in the group, facilitators would have an idea about children's feelings of safety and anxiety when talking about problems.
Problems can include:

- A hippopotamus in my fridge eating all the food.
- An alligator under my bed who snores all night.
- A Martian who keeps visiting at night to talk so I don't get to sleep.
- Accidentally swallowing a potion that makes my stomach ache all the time.
- Being lost in another country and not being able to speak the language.

This activity usually takes on a life of its own. Maintaining structure is difficult once the energy and enthusiasm of the children for both 'dress up' and acting takes hold.

Simple 'stage equipment' helps the process. Tables to form a stage and cushions for seating define the actors and audience. Having the microphone means you're on stage and a large coloured folder means that you are the presenter of the next act. A tape with applause or music defines the start and finish of each act, allowing children to have a fair turn but not to dominate the time.

Although the group may initially take up the suggested 'problems' they soon nominate their own problems and form a cast to act out the drama.

Closing Activities
Curtain Call

Lowering the energy at the end of the acts is important. Calling forth all actors, one at a time, and presenting them with an award (gold cardboard star for their starring performance) for their drama, is a successful way for subduing the excitement. At this presentation children are asked to point out their views of the way each 'problem' in the role-plays was dealt with. Further ideas are discussed.

Stash Away

All costumes worn during the role-plays are placed in a large box. The children are asked if there is anything they would like to say to the problems and call it out at the costume box.

Closing Activity

Any ideas for dealing with problems that arose during the plays which children believe could be useful against their own problem are written and glued to their own problem box.
Session 7
I Can Do Things Better Than You Can

Introductory Activity

Then/Now/When
Children take three circles of paper and on each they write:
- Something I liked to do when I was younger.
- Something I like to do now.
- Something I would like to do in the future.

Time is spent sharing the things they wrote, asking questions about them and why those things are important to each child.

Activity

Self Portrait

Each child takes turns to lie on a large sheet of butcher's paper while someone else draws their outline. Should any child not feel comfortable with this exercise then invite them to draw a large outline of their body themselves.

Time is then spent adding colour, facial features, hair, etc. Children can dress their portrait in any way they choose - something they like to wear, clothing that fits something they like to do, or perhaps 'go wild'.

Around their portrait they can write down any skills, interests, favourite activities, etc. that are important to them.

Activity

Problem Traps

Each child is asked to take the picture of their problem from its storage box. They are asked to think about their problem, not in terms of the things it does, but rather the things it can't do.

They are asked to write their ideas next to the problem picture. They may also like to change the picture to better fit the limitations being discussed - perhaps its face, body, colour and surrounding environment.

The two pictures are placed side by side - the child's portrait and the picture of the problem. Comparisons
are encouraged between the two images - size, colour, resources and lifestyle.

Questions to encourage discussion:
• How does it feel to be bigger than the problem?
• How do you think the problem might feel being so small next to you?
• In what ways would things be different if the problem was always this small?

The purpose of this discussion is to point out that the problem is in many ways trapped by its own lifestyle - perhaps it only comes out at night, only lives in certain spaces, only does a few things rather than the many things they can do. The aim is to develop another story about the problem. Highlighting its weaknesses and limitations - that it lies, hides from certain people - that it does not belong in the real world. That it can't eat strawberries or see the sun or swim or watch television or go to Wonderland or have birthday parties or picnics.

It is also important not to force a change of opinion from the child if they are struggling with the view that the problem is stronger than they are. Highlighting differences should be left at the discretion of each child, small steps being recognised as being as great as larger ones.

They can be asked to think of something/someone who is stronger than their problem and add that support figure beside their own portrait.

Photos of their portrait against that of the problem can also be taken for a later addition to the children's folders.

Asking the children to take the photo themselves is both fun and may feel more comfortable for some children.

To write a message of what they are aware their problem can't do that they (or their support figure) can do - to write it or draw it on a card and glue it on their box.
Session 8
Making Plans

Introductory Activity
Bright Ideas
A sheet is distributed to each child with ideas generated from the previous session about ways of dealing with problems. They can be a compilation of ideas from the stories read the previous session or ideas from the activities the children participated in.

Activity
Plan of Action
Each child is given 10 footprint shapes and a large piece of paper (butcher's paper or cardboard). On the first footprint they draw their problem or write down something about the way that their problem has bothered them.

In planning small steps of action against the problem, the children are asked to lay out the footprints and write or draw an idea they have for dealing with the problem. Alternatively, they can think of further messages they would like to say about their problem or resources they have which are aligned with them against the problem.

The final footprint signifies a hoped for outcome when the problem disappears. How do they imagine things will be different for them when the problem is no longer around.

Usually there are children in the group who are no longer bothered by the problem at this stage. This exercise signifies the things that have already changed for them, evidence to others that problems can disappear.

The group discussion should focus on children sharing their plans of action, highlighting the aids and supports they have. A list of those resources and a change for their lives, either now the problem has gone, to when it is no longer around, is pasted to their box.

Eg. “Something that I hope will be different when you’re not bothering me so much is .................”
Activity
Resource Kit

Large paper bags are handed out to each child and time is spent retracing the steps of their plan and equipping themselves with resources they may need. Supplying a large range of craft materials is all that is needed to encourage children to make their kits. Recognising that a domain of expertise for children is 'creating something from nothing' should allow facilitators to step back from this exercise, using our skills to cut and paste and find certain colours if directed to do so.

The final part of this activity is children sharing their kits with each other, encouraging them to repeat this exercise with family members who may be enlisted as allies against the problem.
Session 9
Rally Around

Introductory Activity

Reporting Back
Children are asked to report back on what they see may have changed in terms of their relationship to their problem since coming to the group. It is important to recognise that any change, however small, is recognised as a step away from the power the problem held over them.

Activity
Closing the Lid

Children are asked to place a final statement on their box about a change they believe has happened for them in terms of their relationship to their problem. They are then asked to wrap the box and tie it in whatever way they wish. Going round the circle the children are asked to say what their plan is for the box - be it to take it with them, leave it here, throw it away, etc.

Activity
Information Sheets

Cardboard pieces (A4) are given to each child and they are asked to write and draw an idea that they believe would be useful for other children who were also faced with the task of dealing with problems. The format of the sheet is of their choosing - be it a single picture, cartoon, story, etc.

They share their ideas and the sheets are then left with facilitators to make a resource book for the service. Additional ideas for the resource book are asked to be suggested and usually include: how to make a nightmare box/magic wand/stories about fighting problems, etc. It is the task of the facilitators to compile the sheets and additional information into a book by the time the group re-visits.

Final Activity

Personal folders are distributed with two final pages to be completed:

- One final drawing about the 'Mighty Me' group with a caption to sum up what each child saw as the most valued part of the group.