

Men's Resources Tasmania Inc.

Submission

To the consultation for the Third Family and Sexual Abuse Action Plan

May 2022

Growing support for men and boys

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Submission to the consultation on the Third Tasmanian Family and Sexual Violence Action Plan

I write in response to the Third Family and Sexual Violence Action Plan on behalf of Men's Resources Tasmania Inc (MRT).

We wish to advocate for stronger consideration of men's perspectives, both as perpetrators and victims of family and sexual violence.

The board of Men's Resources Tasmania brings extensive experience in working with men and boys, and in working to grow support for men and boys. This experience includes:

- board membership of Tasmen, the Australian Men's Health Forum, and Tasmanian Men's Shed Association
- founding member of Tasmen and the annual Tasmanian Men's Gatherings
- former Leader with Pathways to Manhood program and Community Rites of Passage
- former men's health policy officer with the Department of Health and Human services 2008-2014
- experienced corporate coach in blue collar sector workplaces.

All of these roles have helped to increase our understanding of the complexity of the issues relating to male wellbeing.

MRT presents this submission in good faith, intending to bring a positive male oriented and focused contribution to a complex issue.

In preparing to write this submission, MRT board members had some conversations with the broader network of MRT, and have received some correspondence from people wanting to contribute. Their contributions are summarised or quoted and written in italics. The contributors are subscribers to MRT e-news, which aims to distribute information about men's wellbeing to the community and health sector. MRT also consults subscribers and members to inform submissions such as this. Unless otherwise specified, contributors work in the not-for-profit sector in Tasmania. Due to the lack of time to consult contributors on the drafted submission, we have de-identified them.

I am a 30-year-old female with a background in social work. My comments in this submission are based on my own experience, conversations I have had with professional colleagues, and through personal connections. I have both witnessed and supported men who were experiencing and using family violence in both a professional and a personal capacity. In regard to my professional experience, I worked for five years in a Non-Government Organisation (NGO) supporting the mental health and suicidality of individuals living in rural and remote communities. I am currently a sexual assault counsellor.

(Sexual assault counsellor and social worker)

Inclusion of male victim/survivor experiences in Victim/Survivor Working Group.

We support the formation of a Victim Survivor Working Group. While of course a significant majority of current victim/survivors of family and sexual violence are women, it is very important that there is some focus on male victims. We know many survivors who gave evidence to the Royal Commission into Institutional Responses to Child Sex Abuse were male.

In total, nearly 7,000 survivors of sexual abuse gave evidence to the royal commission and 2 out of 3 of them were male.”^{vi}

(Glen Poole, Stop Male Suicide)

I have spoken to counsellors who, in their work supporting men through counselling or other programs and therapies, report that men they see often want to report abuse, but the perceived risks of reporting such abuse are too great, or they simply don't recognise the behaviour towards them as being abuse.

“99% of the men who disclose to me being victims of family violence have not had support and none of them have reported it to police. Many of them don't even acknowledge the threats, coercion and even direct physical contact as violence.”

(Senior program worker at a state and federally funded NGO)

A common occurrence was once the men realised or had the courage to seek support/help, they were stigmatised or there was an assumption that they were the person using the violence.

(Sexual assault counsellor and social worker)

Other comments from this sexual assault counsellor and social worker:

Patterns or common elements that I have noticed while supporting men experiencing family violence in rural/regional areas include:

- *Many men do not recognise what they were experiencing as family violence.*
- *Violence reported to me by men includes:*
 - *physical (hitting, slapping, kicking, biting and most commonly throwing things), threats (for their partner to kill themselves, to hurt the men or the children/pet)*
 - *gaslighting/psychological abuse, coercive control, verbal abuse*
 - *humiliation in front of family, friends, employees/employers*
 - *isolation from children*
 - *using the children to create isolation from friends and family*

- *emotional abuse and reproductive abuse (by becoming pregnant very quickly within the relationship or withholding becoming pregnant)*
 - *financial and technological abuse.*
- *Many men report being told that if they told anyone or sought help from a professional (including police) that the partner would say the man was the person using violence and also would never see his children again.*
- *Other colleagues have shared with me that in their experience some men score high on their ACE score (adverse childhood experiences) and have a combination of AOD and mental health illness (depression, anxiety, suicidality) that requires support and care rather than shame*

In supporting men who are experiencing family violence, it is often reported that when they sought help from professionals, there was an assumption that the man himself was the one using violence, and AVOs have been unfairly placed against him. Fears of this happening also prevent other men from reporting FV or seeking professional support.

A particular gentleman told me that he did not want to go home and often stayed late at work to avoid seeing his partner.

(Sexual assault counsellor and social worker)

The commonly accepted narrative that perpetrators are male, and victims are female is an over-simplification of a highly complex issue. While current training (for example DV Alert and Mentors in Violence Prevention, as well as training referenced by those we have consulted) generally acknowledges that women can be perpetrators and men can be victims, there is rarely if ever any further exploration of this aspect of FSV. There are rarely resources provided about where men can seek assistance if they are victims, or where women can seek assistance if they want help with their own perpetration.

There needs to be greater resourcing of these other forms of support, and training to recognise the diversity in experiences.

(Sexual assault counsellor and social worker)

Recommendation 1

The new strategy should adopt a more nuanced approach to engaging men, and male victim/survivor experiences should be included as a regular agenda item in the proposed Survivor Victim Working Group. Further research around the experiences of men as victims is required.

Working group for perpetrators of family or sexual violence

I wish to strongly advocate for a Working Group for those who work with people who use violence or are at risk of using violence. Importantly, much funding goes to the provision of services for people who have experienced/survived FSV. We must also allocate more funding, resources and effort to prevent such violence and abuse into the future. According to the most recent *Responding and Reporting 2021, Achievements in the delivery of Safe Homes, Families Communities*ⁱⁱ very little is happening to work with

perpetrators, or people at risk of perpetrating in a preventive way. Justice-based approaches to prevention of family violence undoubtedly have some degree of success, however there is much more than can be done, and alternative approaches are not being sufficiently explored.

I acknowledge that the perpetrators of this violence were also overwhelmingly male. While most men who are survivors of childhood family or sexual violence do not go on to perpetrate such violence, 23-70% of men who use family or sexual violence have themselves been victims in the pastⁱⁱⁱ. This does not justify their behaviour. However, if we want to prevent future sexual or family violence, acknowledging the abuse they may have experienced, and genuinely supporting men to deal with their own trauma may lead to reducing future use of violence. This is why a focus on males in the Victim Survivor Working Group is so important. Even though the abuse they experienced may have been in institutional settings, we may learn a lot from this cohort that could help support men at risk of perpetration.

Men that use violence are not going to change by being shamed or belittled by a program. There needs to be programs based on trauma-informed practice that gives the men understanding and tools that address the underlying trauma or adverse life-experience."

(Sexual assault counsellor and social worker)

Current approaches tend to use shame in efforts to change the behaviour of men. This approach has very limited success^{iv}. We know shame doesn't lead to improved positive behaviour outcomes.^v Current rates of FSV don't seem to be reducing despite over 12 years of national and state-based strategies and policies^{vi}. Our collective experience supports this notion that shame rarely works to change anyone's behaviour in positive ways, in any area.

"I have had some experience supporting men who use violence, and in my limited experience and according to reports from many professional colleagues, clients, friends and family, the current programs do not work. This is not to excuse violent behaviour, however shaming and blaming is like placing a band aid over a broken bone. Many men that use violence have a history of trauma and many do not know alternative ways to be in a relationship or to communicate their emotions."

(Sexual assault counsellor and social worker)

Reports show that rates of family violence continue to increase.^{vii} The increases shown are likely to be an increase in the awareness of the issues, willingness to report, and improved data collection. However, given the massive investment of financial and other resources over many years in responses to family violence, it would be reasonable to expect that some impact would have begun to show. If current approaches are not shown to be highly effective, alternatives should be sought. Organisations and programs implementing the new Action Plan should be open to considering new approaches, even where there is little or no evidence. To our knowledge there is little evidence of highly effective programs preventive programs, therefore we need to be willing to try new approaches.

"I support a strengths-based approach focussing on building respectful relationships. I encourage all perpetrators to take responsibility for their actions, AND we need to address the causal factors, by helping people with emotional intelligence, self-regulation and resilience skills."

(Senior program worker at a state and federally funded NGO)

In support of the above quote, MRT argues that strong healthy communication skills are also key to improving outcomes for people at risk of using violence.

What is needed is a program that is based in emotional regulation, understanding of attachment, strategies in how to communicate healthily and what a healthy relationship is.

(Sexual assault counsellor and social worker)

Recommendation 2

That a working group focused on the people working with perpetrators of FSV be convened, and that a diversity of men's organisations be invited to participate and contribute to the efforts of such groups, with funding to enable that participation if needed.

Recommendation 3

That funding be made available to support programs and services that take a strengths-based approach to engaging perpetrators, or people at risk of perpetrating FV. Some funding to be made available to support new programs, pilots and activities that genuinely aim to support men to create change.

FSV and Suicidal ideation

There is a strong, but to date not commonly recognised link between FV and suicide.^{viii} Discussions with colleagues have highlighted that threats made by people threatening or at risk of threatening suicide are often treated as a form of emotional or psychological abuse. As is well known, men account for 75% of all suicides. Threats of suicide should be taken seriously, with supports put in place for men with suicidal ideation to deal with the challenges being faced. *Submission 45 to the Parliamentary inquiry into a better family law system* cites ABS data to show that 500 men and 200 women take their own lives due to family violence related issues each year in Australia.

A strong argument in FSV strategies of the past, and the practice of FSV services today, is that we must believe women when they say they have been abused. We agree with that sentiment. When men threaten suicide, we should also believe them, and take effective action to provide the support they need.

MRT applauds the government on its recent budget, and the first Gender Statement.^{ix} In our view the Statement is a gender-biased statement, rather than a gender-inclusive statement. The Statement fails to acknowledge most issues that see negative outcomes

for men addressed. When we only partially address gender-based issues, we fail to maximise the outcomes for all genders. Addressing the disparities affecting women is, of course very important, and will lead to considerable positive outcomes for men and boys as well. However, in our failure to acknowledge, let alone respond to the disparities affecting men, we fail to maximise positive outcomes for women and girls as well. Addressing male suicide could lead to hugely improved outcomes for many women and children. Addressing the currently poorer educational outcomes for boys will lead to improved outcomes for women. In failing to address the low numbers of men engaged in workplaces historically seen as female dominated (for example primary school teaching, early childhood education and nursing), we continue to expect women to unfairly carry the burden for those roles, and fail to create more spaces for women in male dominated industries.

A proactive approach to increasing male participation in historically female-dominated workplaces, nursing and education is an important part of increasing female participation in historically male-dominated workplaces. We are failing to address this aspect of gender-related workplace issues, and therefore limiting the success of current efforts to address the poorer outcomes for women.

Recommendation 4

That research be conducted to explore the correlation between suicide and family violence, and programs that seek to address both; and that a specific focus on male suicide be adopted in the next Tasmanian Suicide Prevention Strategy, with funding to a diversity of organisations working with men specifically to be made available for their participation in the creation of the new Strategy.

Recommendation 5

That future Gender Statements be gender inclusive, and consider the areas where all genders are left behind.

Conclusion

In summary, we hope that the Third Tasmanian Family and Sexual Violence Action Plan will yield many positive results for the community, including reducing all such violence and abuse into the future. Male victims/survivors of family or sexual abuse, whether historical or contemporary are entitled to receive quality, non-judgemental support.

Of deep concern is that the new Action Plan, by continuing to have a narrow justice-based response to the perpetrators of family and sexual violence, with little to no action to address the causes, and the trauma experienced by men, will yield only minimal reduction in Family and Sexual Violence.

Jonathan Bedloe

Secretary

Men's Resources Tasmania

References

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