

ReVisioning Partner Contact Support Project

Partner-Advocacy Facilitation &
Developing 'Power and Control', 'Equity and
Accountability' Wheels



"I didn't realise this program was about my safety"

(Victim Survivor partner of ReVisioning Program)

**thorne
harbour**
health*

Acknowledgements

The staff and management of Thorne Harbour Health would like to acknowledge the Traditional Owners throughout Australia, their diversity, histories and knowledge and their continuing connections to land, water and communities. We pay our respects to all Aboriginal and Torres Strait Islander Peoples and their cultures, to Elders of past, present and future generations. We acknowledge their strength and resilience in dealing with the trauma of colonisation and stolen generations.

Thorne Harbour Health (THH), formerly known as Victorian AIDS Council, changed its name in July 2018.

We would like to thank and honour the victim survivors who participated in the partner contact service while their partners were attending the gay/ bi/ trans men's behaviour change program, ReVisioning. These men courageously participated in the partner contact service and then the focus group discussion via semi-structured interviews to provide input into their experiences of the LGBTI family violence program at Thorne Harbour Health. These discussions informed the development of the adapted versions of the Duluth Power and Control Wheel and Equality Wheel and this report.

We would like to thank the people who contributed to this report and who shared their professional skills, knowledge, time and energy and continued advocacy for the rights of victim survivors of LGBTI family violence to live free from abuse and discrimination.

This report is a result of the dedication and collaboration of Thorne Harbour Health's LGBTI Family Violence team. A special thank you to Jessica Hunter, Tom Styli, Jacinta Hennekam and Chris Kaplanis who all played important roles in the adaptation process of the Duluth Wheels.

Anthony Lekkas and Julie Speirs

Thorne Harbour Health LGBTI Family Violence Team

Background

Thorne Harbour Health (THH) has been committed to improving the health and wellbeing of the community and particularly individuals and their families of the Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) communities. Since the early 1980s THH has been addressing the needs of people living with HIV and AIDS and has now expanded its focus in providing peer-led prevention, intervention and support programs across various areas to enhance the quality of lives for LGBTI people. THH responds to a broad range of community issues focusing on breaking down stigma and discrimination, increasing community connectedness, improving the awareness of the needs of LGBTI communities, as well as striving to remove barriers to inclusion, celebration, and embracing diversity.

THH was a leader in Victoria in recognising that intimate partner and family violence occurs within the LGBTI communities and requires a specialist response that was not being met by the mainstream family violence sector. In 2004, we developed the first Men's Behaviour Change Program (MBCP) with a LGBTI framework. This program is known as ReVisioning.

The Victorian Royal Commission into Family Violence (2016) emphasised the need to address intimate partner and family violence more specifically within the LGBTI community service sector. This Royal Commission highlighted the limitations of 'mainstream' family violence services that struggle to provide inclusive and safe access to support services for LGBTI people, particularly victim survivors. There is limited practice knowledge and research on the most effective ways of working with perpetrators of LGBTI-related family violence. Following the Duluth Domestic Abuse Intervention Program's (DAIP) (2019) core principle in work done with perpetrators of domestic violence, the LGBTI Family Violence Team at THH is committed to ensuring that ReVisioning is victim survivor-centred. Strengthening the partner contact aspect of ReVisioning continues to be a critical program component informing our LGBTI perpetrator work.

In 2008 Star Health (Formerly Inner South Community Health Service) conducted a qualitative study titled *Listening To What Matters: A report on the partner contact component of a men's behaviour change program*. This report speaks to the importance of centring the voices of victim survivors in mainstream or 'hetero' MBCPs and is an essential function of these programs to meet accreditation and state funding requirements. The key themes for partners that emerged from the data included:

- Validation and being believed
- Increased sense of safety
- Enhanced understanding of family violence and tactics used by perpetrators
- Enhanced sense of wellbeing

ReVisioning bases its approach to perpetrator intervention work within this victim survivor-centred understanding of family violence, recognising that the drivers of family violence are both gendered and power-based, and service providers need to draw from a feminist, anti-oppressive approach to understand partners' experiences of abuse and the ways that they resist this abuse.

Whilst ReVisioning is for gay, bisexual and queer men (inclusive of cisgender and trans-masculine men) who use family violence within the context of LGBTI relationships, concepts of gender, masculinity, privilege and male entitlement are used to understand and validate the impact directly on victim survivors and their families.

ReVisioning Program

ReVisioning has been running since 2004 and has evolved and developed to meet the changing needs of the LGBTI communities. Some core principles and features of the ReVisioning program include:

- Partner Contact Support work is of paramount importance to the process of working with perpetrators
- Partners and victim survivors are the primary clients and need to be the centre of the work
- Partners and children have the right to live their lives safely and free from violence
- Men who deny them this right need to take responsibility for their actions and choose to change
- Perpetrators are to be held fully accountable for their use of violence
- Perpetrators reflect on their behaviour and learn ways to relate non-violently
- Integrated responses between justice services, MBCP and Partner Contact work

ReVisioning is a 20-session program, where individuals can self-refer or be referred via the justice system or other health professionals. Regardless of the referral source, all participants have an intake appointment to determine program eligibility and then a second, more detailed assessment appointment. Intrinsic to their participation in ReVisioning, they are required to disclose their abuse and details of current or previous partners who have experienced family violence perpetrated by them. The ReVisioning program then invites victim survivors to share their experiences of the abuse (see Appendix A for Partner Contact Assessment Form).

ReVisioning prioritises the safety and wellbeing of partners and children and working with the group participants to develop an understanding and awareness of the impact of their violent behaviours. The partner contact support worker aims to make weekly contact with partners during the 20 sessions of group to offer partners the opportunity to have their voices heard, affirm their experiences, offer safety planning strategies and the opportunity to discuss their experiences without feeling blamed or in any way made accountable for the abuse used by the perpetrator. The ReVisioning program facilitators believe this is the most effective way of working with perpetrators in a MBCP, therefore provision by the group participant of partner details is mandatory, however, partner engagement in the partner contact portion of the program is completely voluntary.

A key element of ReVisioning is to view the victim survivor or the person experiencing the family violence as the primary client, not the individual who is participating in the group. This shifts the facilitators' focus from a therapeutically-informed role to a partner-advocate standpoint. The wellbeing and safety of the victim survivor is critical to ensuring that behaviour change is based within an accountability and responsibility model.

Observer program

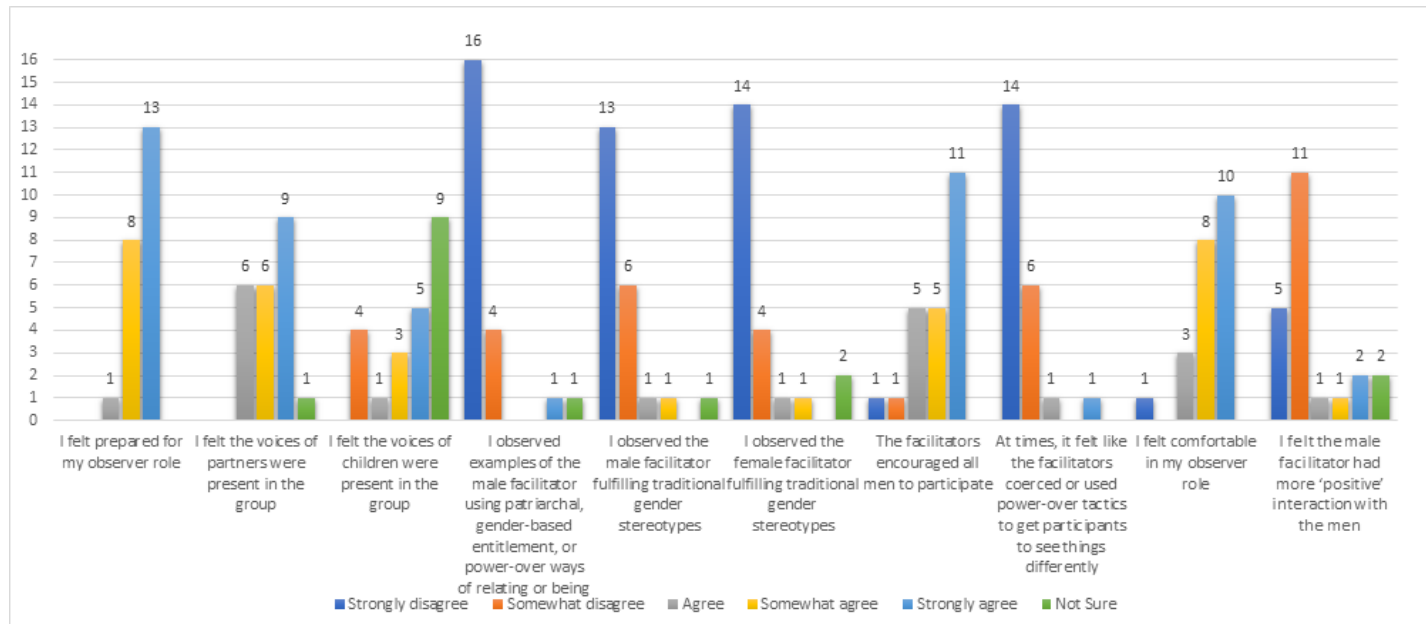
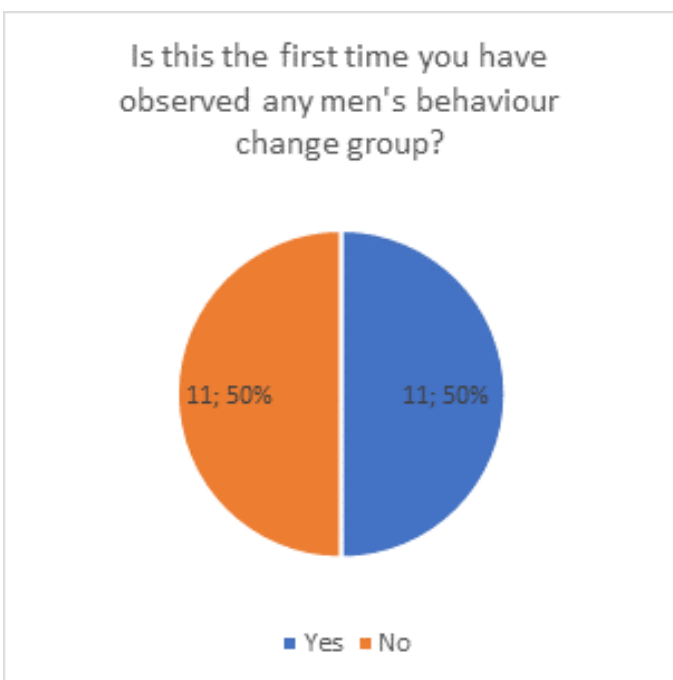
ReVisioning has a commitment to ensuring accountability processes are a core aspect of every level of program delivery. This means accountability to partners is not only for the participants of the group sessions, but for the facilitators of the group as well. Since 2016 ReVisioning has offered a formal observer program. The observer program is a structured approach whereby up to two professionals (internal or external to THH) agree to observe a minimum of three group sessions. In observing the sessions, they are measuring the facilitators' practice adherence to the accountability framework and not necessarily on any specific participant outcomes. Each observer goes through a selection process by applying to the ReVisioning team, stating their professional background and their reason for wanting to observe the group sessions. They are then specifically oriented to the observer process via an induction session where they are offered a detailed explanation of THH's LGBTI family violence practice framework used by the program facilitators. Observers are informed on what feedback we ask of them and how it will be used at the end of each session. The observers come from a range of different professional settings, including LGBTI and mainstream legal professions, psychology, social work, family violence sectors, mental health, community and policy advisors and students, among others. Observers are offered scheduled debriefing sessions to support their developing ideas, reactions and learnings from the work done in ReVisioning with perpetrators of LGBTI family violence.

These observations offer an element of public scrutiny to the occurrence of LGBTI family violence and encourage a community-wide response. The observers support the facilitators to enhance their practices with perpetrators to ensure that they are not falling into structural and stereotypical gender or binary biases and behaviours, colluding with the participants and that they are keeping victim survivors at the centre of the work. As facilitators work collaboratively to challenge participant comments, attitudes and behaviours about their abuse during the group sessions, observers fill out a questionnaire which scores them against the family violence practice framework (see Appendix D for Information for Observers).

Observer feedback

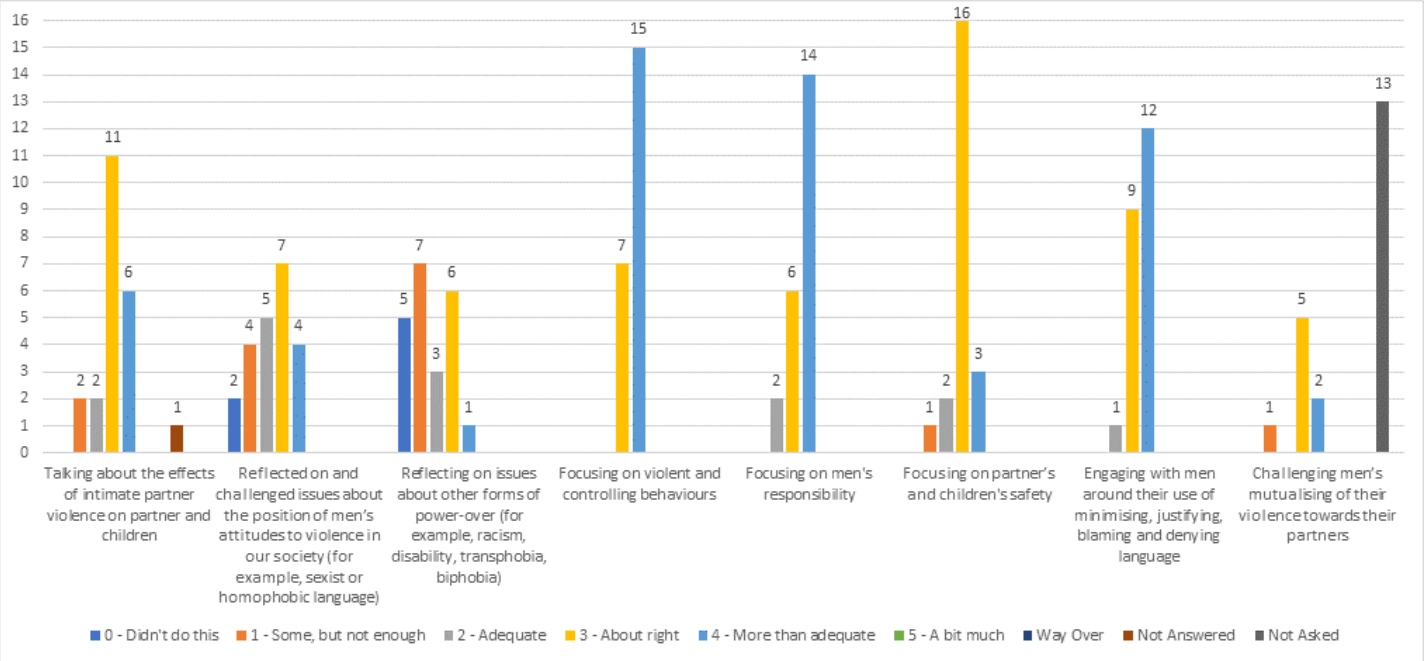
During the period of the partner contact evaluation of the ReVisioning program, the following observer feedback was collected and collated into themes aligned with the accountability framework used by the facilitators in the group.

The graphs below indicate the experience in observing of MBCP.



These graphs present the ratings made by the observers against several items indicating the strategies facilitators use in the ReVisioning group. This observer feedback is a collation of ratings by various observers over many sessions, some of the observers attended multiple sessions, whilst others may have only observed a single session.

The observations indicate that in general the facilitators were able to maintain a strong focus on keeping the victim survivor at the centre of the work, holding the group participants accountable and not falling into traditional stereotypical gender roles. The observer feedback also highlighted that facilitators were not challenging the group participants’ mutualising the violence towards their partners.



Demographics of Partners & Participants

Below is a summary of the demographics of the individuals who participated in the focus group of Partner Contact Support work and their partners who attending the ReVisioning group.

| | ReVisioning Group Participant | Partner / Victim Survivor |
|-----------------|---|---|
| Referral Source | 80% Self 20% Psychologist | 80% Partner 20% Ex partner |
| Average Age | 34.6 | 45.4 |
| Citizenship | 80% Citizen 20% Unknown | 60% Citizens 20% Permanent Resident 20% Bridging Visa |
| Ethnicity | 60% Australian 20% Anglo-Saxon 20% North American | 20% Pakistani 20% Malaysian 40% Anglo-Saxon 20% Australian |

| | | |
|---|---|---|
| Gender | 100% Male at birth 100% Identify as male | 100% Male at birth 100% Identify as male |
| Sexuality | 80% Gay 20% Queer | 100% Gay |
| BBV Status | 40% HIV+ / Hep C- 40% Unknown 20% HIV & Hep C – | 20% HIV+ 80% HIV & Hep C - |
| Employment | 40% Full Time Employed 40% Part Time Employed 20% Other Employed | 40% Full Time Employed 0% Part Time Employed 20% Other Employed 40% Not Employed |
| Income | 20% < \$35,000 80% preferred not to say | 20% < \$35,000 80% preferred not to say |
| Description of relationship status | Separated/ Divorce Together live independent Together living together Married | Separated/ Divorce Together live independent Together living together Married |
| Description of relationship type | Monogamous – Closed Open – play together only Open – play separately Open – together and separately Polyamorous | Monogamous – Closed Open – play together only Open – play separately Open – together and separately Polyamorous |
| Types of violence | 60% Physical 60% Object 100% Verbal 100% Emotional 20% Financial 0% Sexual 60% Social 0% Spiritual Abuse used and disclosed by group participants | 40% Physical 60% Object 80% Verbal 80% Emotional 40% Financial 40% Sexual 20% Social 0% Spiritual Abuse experienced and disclosed by partners/ focus group participants |

Focus group consultations with Partners / Victim Survivors

As part of ongoing quality improvement and evaluation of the work THH does with perpetrators, the group facilitators and partner contact workers decided to run focus groups and interviews with victim survivors to gain an understanding of their experiences of the ReVisioning program and the PCS. From this qualitative evaluation, several findings and feedback emerged that has informed future ReVisioning programs and can potentially support and inform specialist family violence practitioners who are working with LGBTI people experiencing or using violence in their relationships.

In June 2018 five gay men whose intimate partners or ex-partners were attending the ReVisioning group at THH participated in an audio-recorded semi-structured focus group discussion and/ or interviews which asked them open-ended questions about the abuse they experienced, their understanding of the ReVisioning program and their experiences of the partner contact support service (see Appendix C for the Outline of Focus Group Consultation With Partners / Victim Survivors). Victim survivors who were current clients of the PCS were asked for their expression of interest and later invited via an email to voluntarily self-select into the focus group discussion and sign a consent form regarding their involvement (see Appendix B for Audio Recording Consent Form). These discussions were later transcribed and then coded thematically and several core themes were identified. The transcript and a summary of these themes were sent back to the focus group participants for their approval before proceeding to use their comments to adapt the Duluth Power and Control Wheel and Equality Wheel.

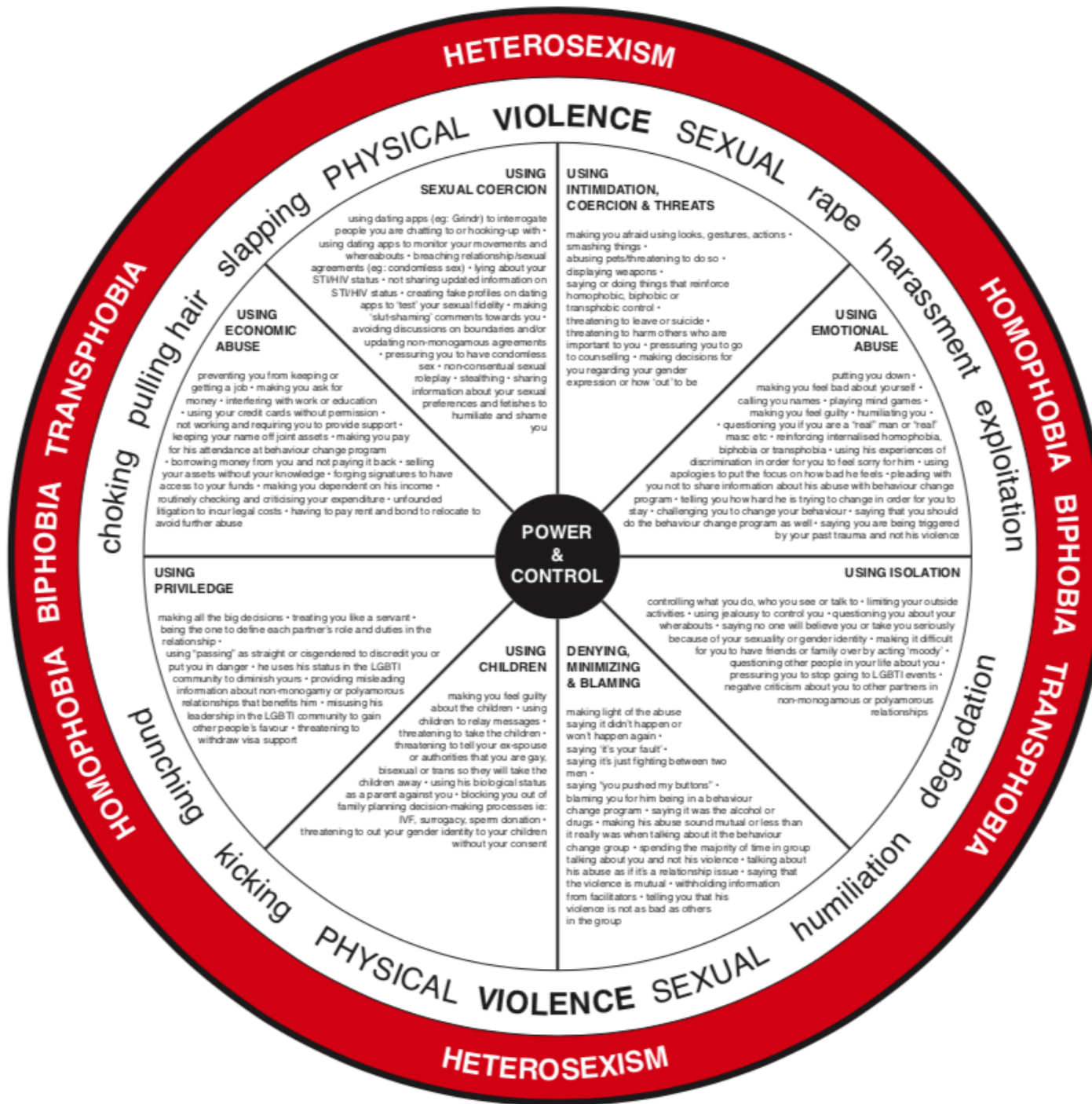
Core themes from interviewing partners

The core themes to emerge from the data had consistently appeared throughout the interviews regarding issues of risk and abuse tactics used by perpetrators, as well as the specific safety needs that were identified. The quotes from the transcript were categorised into three core themes and later added to the THH 'Power and Control', 'Equity and Accountability' wheels. Permission was obtained by Scott Miller and his team at Duluth's DAIP to adapt the wheels. The three main themes identified in the transcript and interviews included:

- Expectations & Experiences of Victim Survivors
- Attitudes & Behaviours From Perpetrators
- Accountability & Responsibility of MBCPs and The Broader Community

Power and Control, Equity and Accountability Wheels

The THH 'Power and Control' wheel outlines behaviours that participants in ReVisioning group sessions used and how, as practitioners, we can recognise violent, abusive behaviour and specific tactics are used to avoid taking responsibility for abusive behaviour. The facilitators can use the THH 'Power and Control' wheel to anticipate these tactics in group sessions, make them visible and challenge them. The 'Accountability and Equity' wheel can be used by practitioners as a standard of what is expected to work with perpetrators in a victim-survivor-centred way. The 'Accountability and Equity' wheel can help practitioners, program providers and the broader LGBTI and mainstream communities to increase processes of accountability to victim survivors by prioritising their safety needs and increasing access to LGBTI inclusive support services.

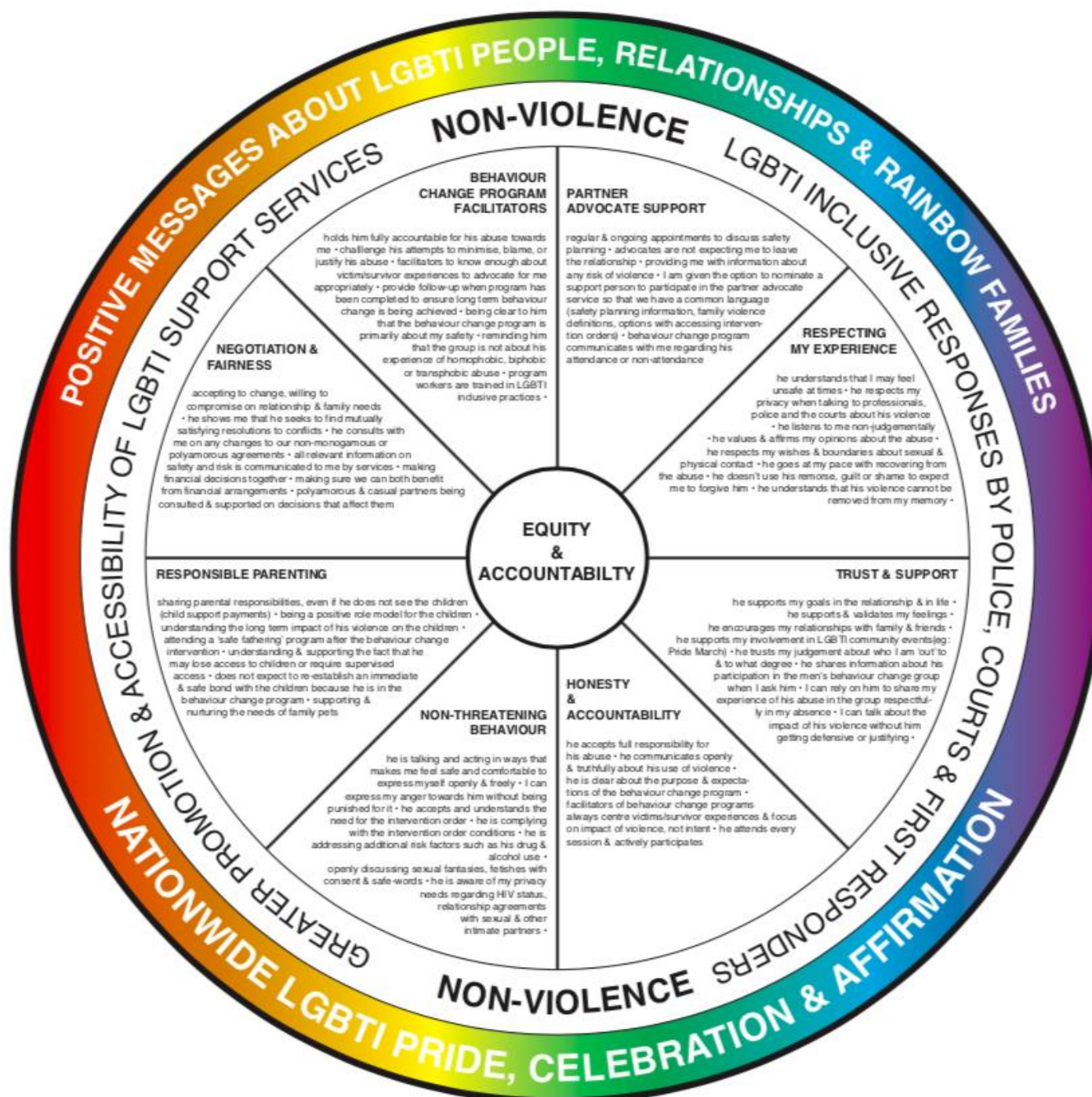


POWER & CONTROL WHEEL

TACTICS USED BY GAY MEN WHO ATTENDED AN
LGBTI MEN'S BEHAVIOUR CHANGE PROGRAM

DEVELOPED BY ANTHONY LEKKAS
THORNE HARBOUR HEALTH LGBTI FAMILY VIOLENCE PROGRAM

ADAPTED WITH PERMISSION FROM
DULUTH'S DOMESTIC ABUSE INTERVENTION PROGRAMS' POWER & CONTROL WHEELS
<https://clicktime.aymanec.com/35aDfmZ4eeGXkhrJaMoaKx7Vc7ur/www.theduluthmodel.org>



EQUITY & ACCOUNTABILITY WHEEL

WAYS TO INCREASE SAFETY WHILE GAY MEN
ATTEND AN LGBTI BEHAVIOUR CHANGE PROGRAM

DEVELOPED BY ANTHONY LEKKAS
THORNE HARBOUR HEALTH LGBTI FAMILY VIOLENCE PROGRAM

ADAPTED WITH PERMISSION FROM
DULUTH'S DOMESTIC ABUSE INTERVENTION PROGRAMS' POWER & CONTROL WHEELS
<https://clicktime.aymanlec.com/75aDfmZ4eeGXhrJaMoaKx7Vc?u=www.theduluthmodel.org>

Conclusion

The ReVisioning partner contact support project honours a core principle set out by Duluth's DAIP and the Wheel adaption process, which is to hear directly from victim survivors about their experiences of abuse and what they need to feel safer. This project has been a crucial part of increasing victim survivor support and advocacy which centres the experiences of those affected by intimate partner and family violence in LGBTI communities, while ensuring that MBCP facilitators and group participants are accountable to their rights to freedom and safety.

The development of the 'Power and Control', 'Equity and Accountability' wheels is the outcome of LGBTI family violence practitioners at THH wanting to create a LGBTI relevant resource for other practitioners to use. These will be important tools for both victim survivors and participants involved in MBCPs in recognising and taking responsibility for violent and controlling behaviour. The resources and findings from the observer program and partner contact support project have the potential to inform other services beyond THH in working towards eliminating violent and controlling behaviours while people are engaged with specialist LGBTI family violence services.

Although these resources were developed through a project involving only male participants (gay, bisexual and queer men, inclusive of cisgender and trans-masculine men), the approaches and resulting wheels are intended to be adapted and applied to other forms of intimate and family relationships, including differences in gender, sexual orientation and relationship type. These resources are for the LGBTI community and beyond, for the improvement of everyone's wellbeing and safety.

The ReVisioning program will continue to centre victim survivors and their rights to freedom and safety which should be at the core of all MBCP and family violence prevention.

Please contact revisioning@thorneharbour.org for more information or support in using the 'Power and Control' and 'Equity and Accountability' wheels. Any comments are welcome on the development and use of these resources.

References

Duluth Domestic Abuse Intervention Program's (DAIP) 2019, <https://www.theduluthmodel.org/>

Howard, J, Wright, M & Borderlands Cooperative 2008, 'Listening To What Matters: A report on the partner contact component of a men's behaviour change program', Melbourne, Inner South Health Services Inc (Star Health).

State of Victoria, 2014 – 2016, Royal Commission into Family Violence: Summary and recommendations, Parl Paper No 132.

Thorne Harbour Health 2019, *ReVisioning*, Relationships & Family Violence, Melbourne, <https://thorneharbour.org/lgbti-health/relationship-family-violence/revisioning/>

Appendices

Appendix A: Template for Partner Contact Assessment form

Thorne Harbour Health Counselling Alcohol and Drugs Services Program

ReVisioning Group Program

Partner Contact Assessment Form



Preamble:

ReVisioning is a same sex attracted men's responsibility group program aimed to assist participants to develop a great understanding of the impact of their abusive / violent behaviours on others and to learn positive strategies to cease using abusive or violent behaviours in their intimate or other significant relationships.

GROUP Participant Name: _____

ADDRESS: _____

(Post Code) _____

PHONE: (home) _____ (mobile) _____

D.O.B: _____ **Type and Length of relationship:** _____

Partner Contact Support is viewed as core component of the ReVisioning Program; it is viewed as an opportunity for (ex) partners to have a voice and to provide their overview of the violence they have experienced and the impact upon them and their families as a result of intimate partner and family violence.

Clients Name:..... **CRN:**.....

Assessed by:..... **Date:**.....

Referred by:..... **Contact:**.....

ADDRESS:..... **PostCode:**.....

EMAIL:

PHONE: (home) _____ (mobile) _____

D.O.B:..... **Client's Country of Birth:**

Do they identify as Aboriginal / Torres Strait Islander?

☐ Aboriginal

☐ Torres Strait Islander

☐ Aboriginal and Torres Strait Islander

☐ Neither Aboriginal or Torres Strait Islander

| | |
|--|---|
| Sexual Identity: Gay <input type="checkbox"/> Lesbian <input type="checkbox"/> Bisexual <input type="checkbox"/> Heterosexual <input type="checkbox"/> Queer <input type="checkbox"/> Other <input type="checkbox"/> _____ | |
| Gender Identity: Male <input type="checkbox"/> Female <input type="checkbox"/> Trans* (specify MTF / FTM / non-binary) <input type="checkbox"/> Queer <input type="checkbox"/> Other <input type="checkbox"/> _____ Pronouns: _____ | |
| Do you identify as having an intersex variation? Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> | |
| BBV status: HIV: Positive <input type="checkbox"/> Negative <input type="checkbox"/> Unknown <input type="checkbox"/> Date diagnosed (if positive): _____ Date of last test (if negative or unknown): _____ | HEP C: Positive <input type="checkbox"/> Negative <input type="checkbox"/> Unknown <input type="checkbox"/> Date diagnosed (if positive): _____ Date of last test (if negative or unknown): _____ |

Employment Status:

- ☐ Full time
 ☐ Part time
☐ Casual / Temporary
 ☐ Student
 ☐ Unemployed

Government Allowance: No / Yes, type: _____

Current accommodation:

- ☐ Owner occupied property
- ☐ Rental property (private)
- ☐ Rental property (public)
- ☐ Boarding
- ☐ Boarding house Institution
- ☐ Squat
- ☐ Homeless/street
- ☐ Other
- ☐ Don't Know
- ☐ Refuse to Answer

Current Living Arrangements:

- ☐ Lives alone
- ☐ Lives with family
- ☐ Lives with partner
- ☐ Lives with friends/ others
- ☐ Not stated / inadequately described

Current Legal Issues (does the partner have any legal issues?)

- ☐ No current legal issues

- ☐ Charges Pending (court date) ☐ Bail (until)
☐ Family Court/Federal Magistrates' Court ☐ Breach of Intervention Order
☐ Combined custody and treatment order ☐ Parole (until)
☐ Communities Corrections Order ☐ Compulsory Treatment Order
☐ DHHS orders (Child Protection) ☐ Interim Order ☐ Final Order
☐ Refused to answer ☐ Other: _____

Intervention Orders? (past or present): ☐ No ☐ Yes, details/ conditions:
☐ Interim – next court date _____ ☐ Final (end date) _____

Past: _____

Present: _____

Expiry date of current IVO _____

Copy of Intervention Order provided? ☐ No ☐ Yes details/ reasons:

_____ **Past legal history?**

☐ No ☐ Yes, give details:

_____ **Are there any other**

professional supports or workers who are involved with your care at present? ☐ No ☐ Yes, details:

| Name | Service | Contact Details | Consent to Contact Given |
|------|---------|-----------------|--------------------------|
| | | | Yes / No |
| | | | Yes / No |
| | | | Yes / No |

Do you have any relevant past and / or current medical conditions?

Are you taking medication at present? ☐ No ☐ Yes, details:

| Medication name | Prescribed for: | Dosage | Taking as prescribed? | Prescribing Clinician |
|-----------------|-----------------|--------|-----------------------|-----------------------|
| | | | | |

| | | | | |
|--|--|--|-------|--|
| | | | Y / N | |
| | | | Y / N | |
| | | | Y / N | |
| | | | Y / N | |

Are you experiencing any issues around your current medication?

Do you drink alcohol on a regular basis? ☐ No ☐ Yes

If yes, complete AUDIT: Adult AOD Screening and Assessment Instrument (alcohol)

Comments:

Other than prescribed medication, do you use drugs on a regular basis?

☐ No ☐ Yes **If yes, complete DUDIT:** Adult AOD Screening and Assessment Instrument (drugs)

Comments:

Undertake K10 Scaling for Psychological Distress:

Comments:

| In the past 4 weeks: | None of the time 1 | A little of the time 2 | Some of the time 3 | Most of the time 4 | All of the time 5 |
|--|-----------------------|---------------------------|-----------------------|-----------------------|-----------------------|
| 1. About how often did you feel tired out for no good reason? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. About how often did you feel nervous? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. About how often did you feel so nervous that nothing could calm you down? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4. About how often did you feel hopeless? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5. About how often did you feel restless or fidgety? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6. About how often did you feel so restless you could not sit still? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 7. About how often did you feel depressed? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 8. About how often did you feel that everything is an effort? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 9. About how often did you feel so sad that nothing could cheer you up? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 10. About how often did you feel worthless? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| TOTAL SCORE: /50 | | | | | |

Scores range from 10 to 50:

| K10 score | Level of anxiety or depressive disorder | SCT K10 version recommended responses |
|-----------|---|---|
| 10 to 15 | Low or no risk | ----- |
| 16 to 29 | Medium risk | Refer for primary care mental health assessment |
| 30 to 50 | High risk | Refer for specialist mental health assessment |

Kessler Psychological Distress Scale (K10)

Types of Violence you have experienced by your (ex) partner?

Physical ☐ No ☐ Yes

Object ☐ No ☐ Yes

Verbal ☐ No ☐ Yes

Emotional/ Psychological ☐ No ☐ Yes

Financial ☐ No ☐ Yes

Sexual ☐ No ☐ Yes

Social ☐ No ☐ Yes (including Facebook, email monitoring)

Spiritual ☐ No ☐ Yes

Give details:

This image shows a blank sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The left edge of the paper shows some slight shadowing, suggesting it's part of a bound notebook. There is no handwriting or other markings on the page.

How much does your *partner* blame you for their use of violence?

(Please circle): Not responsible 1 2 3 4 5 6 7 8 9 10 Fully responsible

Details:

How controlling would you describe your *partner's* behaviours and decision making related to these behaviours? (Please Circle)

ASSESSOR PROMPT:

- Who makes all the decisions in the relationship?
- Who manages the finances?
- Who usually 'wins' an argument?
- What level of control is being exercised as a result of the violence/abuse?

Not controlling 1 2 3 4 5 6 7 8 9 10 Fully controlling

Details: _____

Please describe the most recent incident where your partner used violence:

Date: _____

Details: _____

How serious do you think that incident was: (please circle)

Not serious 1 2 3 4 5 6 7 8 9 10 Most Serious

Please describe the most serious incident where your partner used violence:

Date: _____

Details: _____

How serious do you think that incident was: (please circle)

Not serious 1 2 3 4 5 6 7 8 9 10 Most Serious

Children:

Do you have any children/step children? ☐ No (Go to next page) ☐ Yes, details:

Are you and your partner/s expecting a baby? ☐ No (Go to next page) ☐ Yes, details:

| Name | DOB | Age | Relationship to client (biological, step, foster, etc.) |
|------|-----|-----|---|
| | | | |
| | | | |
| | | | |

To what extent have these children been exposed to conflict or violence?

(Please list the types of violence and extent of exposure):

Have these children shown any reactions to the conflict or violence?

Are you or anyone else concerned about their exposure to conflict or violence?

(e.g. at home, at school / Kinda / child care, with family or friends, with other children)

(e.g. emotionally, physically, behaviorally, self-harm, changed eating and/or sleeping habits, are they socializing with friends?)

Are the children on any Intervention Order? ☐ No ☐ Yes

Have the children experienced any of the following:

- Tried to intervene between you and your (ex) partner when arguing? ☐ No ☐ Yes
- Been present when police have arrived at the property? ☐ No ☐ Yes
- Had to clean up a site after an incident? ☐ No ☐ Yes
- Ever had to comfort a family member/parent/adult after an incident? ☐ No ☐ Yes

Are child protection issues indicated? ☐ No ☐ Yes

If Yes, please give details:

.....

.....

Risk Assessment Checklist:

| Presence of Risk factors | YES | NO | NOT SURE |
|---|-----|----|----------|
| Do you have depression/ mental health issues? | | | |
| Does your partner have depression / mental health issues? | | | |
| Do you misuse/abuse drugs and/or alcohol? | | | |
| Does your partner misuse/abuse drugs and/or alcohol? | | | |
| Have you ever thought about or attempted suicide? | | | |
| Has your partner ever thought about or attempted suicide? | | | |
| Does your partner own or have access to weapons? | | | |
| Has your partner ever threatened to harm or kill you? | | | |
| Has your partner ever choked you? | | | |
| Has your partner ever threatened to harm or kill the children? | | | |
| Has your partner ever threatened to harm or kill any other family members? | | | |
| Has your partner ever harmed, threatened or killed any pets or other animals? | | | |
| Has your partner ever breached an intervention order? | | | |
| Are you about to separate? | | | |
| Have you recently separated? Date: _____ | | | |
| Are you and your partner 'out' as same-sex attracted? You: <input type="checkbox"/> No <input type="checkbox"/> Yes Your Partner: <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |

Are there any other issues between you / your partner that have not been discussed yet?

ASSESSOR PROMPT:

- Any serious injuries or hospitalizations as a result of your partner's abuse/violence?

- *If separated, any conflict regarding the separation (e.g. property etc)*
- *Past experiences of IPV or childhood trauma?*
- *Level of isolation or connection to supports?*

Comments: _____

What is the level of volatility, unpredictability, reactivity of your (ex) partner?

Reasons for your partner attending the group program:

What is your understanding of why your (ex) partner has agreed to participate in the men's responsibility group program?

Do you feel that your partner is under any pressure to attend the group?

No ☐ Yes, a lot ☐ Yes, a little ☐ If yes, describe

Is a safety plan indicated? ☐ No ☐ Yes

If Yes, please give brief details:

.....

Would you like ongoing support from the RV Partner Contact Worker? ☐ No ☐ Yes

ASSESSOR PROMPT:

- *Advise partner that, despite a refusal for ongoing contact, THH has a duty of care to make contact with them if there are any immediate or imminent safety concerns that the facilitators of RV have, including ceasing to attend the group during the 12 sessions.*

If yes,

What are the safest times and day(s) for the RV Partner Contact Worker to call you?

How often would you like someone to make contact with you?

Is your partner likely to answer your phone? ☐ No ☐ Yes

If they are present when we call what strategy can we implement? i.e. code word to indicate the call is not to go ahead.

Is it safe to send an SMS? ☐ No ☐ Yes

Is it safe to send an email? ☐ No ☐ Yes

Finally, would you like any additional information regarding RV or any information about other communities supports?

☐ No ☐ Yes If yes, give details of information provided

END OF ASSESSMENT with thanks

Assessor's professional observations:

Conclusion: (comments about client's motivation and/or capacity to engage in the partner contact service? What degree of current risk is present/ is a safety plan in place? What other services might be useful i.e. FV Flexi-Support Package, Individual Counselling).

Does the client want ongoing support from the RV Partner Contact Worker? ☐ No ☐ Yes

If yes,

Any safety concerns (prompts) for follow up in the next contact?

Proposed date/time of next contact: _____

AUDIO RECORDING CLIENT CONSENT FORM



The ReVisioning program's **PARTNER CONTACT** feedback session is a confidential process designed to help THH better address your concerns, your rights and safety, and for THH to learn more effective strategies at holding men who use violence to greater account. This feedback session involves a semi-structured interview with other partner contact clients or via a one-one one phone call. You will be asked questions to encourage a larger conversation between yourself, the other partners (if applicable) and the facilitator. Partner Contact Support feedback session involves sharing sensitive, personal, and private information that may at times be distressing. During the course of these discussions, there may be periods of increased anxiety or confusion. You have the right to ask for a break, stop or withdraw your involvement at any stage without being denied any future support from THH. You will also be offered support services to access once the feedback session is completed. The outcome of Partner Contact Support feedback session may be positive; however, the level of satisfaction for any individual is not predictable. As such your THH Worker is available to support you throughout the Partner Contact Support feedback process.

CONFIDENTIALITY:

All interactions within the ReVisioning partner contact phone call or email feedback option, including scheduling of, attendance and contributions, content of your relationships or experience shared, and any of your records are confidential. No record of the audio recording, phone call or email feedback option will be contained in any academic or job placement file or other public sources. Your de-identified comments may be used for internal THH reports or training material for the purposes of improving the ReVisioning program. You may request in writing that the THH staff member release specific information about your involvement in the audio recording, phone call or email feedback option to persons you designate.

EXCEPTIONS TO CONFIDENTIALITY:

- Your THH staff member may consult with a THH supervisor or manager if any serious safety issue emerge that require follow up with you beyond the audio recording session.
- If there is evidence of clear and imminent danger of harm to self and/or others, a THH staff member is legally required to report this information to the authorities or other relevant stakeholders responsible for ensuring safety, however this will not be done without discussion with you about how best to proceed.
- You have the right to request, at any stage, the removal of any comments you make during the discussion and for these comments to not be added to any transcribed data.

THE PROCESS

Outlined below is the process followed for using the audio recording

The Interview - We will coordinate a time with you to conduct an audio interview, phone call or email feedback option. We anticipate that the interview will run for approximately two hours with a short break in between. If we use an audio record using a device it will be one owned by THH.

Transcription – Once the interview has taken place, your feedback will be professionally & confidentially transcribed.

Our feedback editing process– Your transcript will be edited into a verbatim narrative form so it flows in a readable manner as well as split into themed chapters (if necessary). Feedback may be edited in order to focus on a particular issue of interest.

Your Feedback Editing & Approval - You will be sent the edited version of the entire transcript whereby you can make any changes you like. When we receive your comments about the transcript, we will make adjustments you suggest and then send back to you for you to review. This process may be repeated until you are satisfied with your contributions in the transcript.

Final Edit – Once you are satisfied with your amended transcript, the version will be used to create a report for THH. Upon request you will be sent a copy of this report.

PAYMENT

Participants do not get paid to share their feedback during the partner's night session. All participants offer their feedback on a voluntary basis. We hope that you will benefit from knowing that you are giving others hope that they are not alone in the issues they face, as well as your feedback going toward improving the way we work with Participants of domestic and family violence.

IDENTIFIABILITY

In your interview, you may reveal details that are very specific, with regards to other people involved. During the editing process, names of other people will be removed and they will be de-identified. You will have the opportunity to **edit** or **cut** the story as much as you like, given it is still an accurate description of true experiences. This is your feedback, so it is important that you are happy with it. If you are not comfortable with any of this, please do make this clear to your facilitator.

Consent for audio recording of a session, phone call or email feedback option is sometimes requested in order for our ReVisioning team to review our content and processes when working with same-sex attracted men who use violence in their relationships. If you consent to a session being recorded then please tick the box below.

Please Tick:

Yes I agree to have the session recorded (date)_____ ☐

No I do not agree to have the session recorded_____ ☐

The recording of the session will take place on (date)_____ and will only be accessed and listened to by the facilitators present of the recording session. The recording of the session will be erased from the recording device on (date) _____

I have read and discussed the above information with the facilitators of the Partner Contact Feedback Session. I understand the risks and benefits of this session, the nature and limits of confidentiality, and what is expected of me as a client of THH's ReVisioning program and partner contact services.

Signature of Client / Name

Signature of Counsellor / Name

Date

Appendix C: Outline of focus group consultation with Partners / Victim Survivors

| Item | Time | Outcome |
|--|------------------|---|
| Greet partners, housekeeping and consent forms | 6pm | Signed consent forms |
| Group agreements | 6:10- 6:20pm | Establish safety |
| Part 1: Mic on and recording questions and conversation | 6:20pm – 6:55pm | Ensure everyone has had a chance to share and elaborate on their comments |
| Break | 6:55pm to 7:05pm | |
| Part 2: Power and Control Wheel (PCW) feedback and discussion | 7:05pm- 7:50pm | Ensure everyone has had a chance to share and elaborate on their comments |
| Final word/ check out/ close | 7:50pm- 8pm | Ensure that any follow up needs are addressed |

The format above is a guide and may slightly be altered on the night. The questions below may or may not be asked depending on how the discussion goes (semi-structured focus group discussion).

The questions for Part 1:

- What were your general feelings about your (ex)partner doing a MBCP before he started the group?
- What were your general feelings about your (ex)partner doing a MBCP while he was attending?
- What were your general feelings about your (ex)partner doing a MBCP once he completed the program?
- What are your thoughts on what your (ex)partner learned about you as a result of MBCP?
- What are your thoughts on how you would like your experience represented in the group (either by facilitators or participants)
- What does ReVisioning need to do more/ less of?
- What is the job you want facilitators to be doing in the groups when your partner is talking about his violence and your relationship?

The questions for Part 2:

- What do you relate to most in the PCW
- Are there any specific behaviours that you experienced that are not listed?
- Are there any aspects of the cycle that you want to comment on?
- How is your experience of gay/ bi/ queer male relationships different or similar in terms of family/ relationship violence in the PCW?
- Any other reactions or comments about the PCW

ReVisioning Observers Program

INFORMATION FOR OBSERVERS

Thank you for your willingness to observe our ReVisioning group. We believe that other people's scrutiny is an important part of our program's accountability to the participant's partners, children, family members and the broader communities. We also believe that it helps us, as facilitators, to improve our practice.

This information pack provides some information about the group and your role. We value your involvement as an ally in the work to end all forms of male family violence therefore we make some suggestions about things we would like you to look out for as you observe the group.

Your role

Observers attend a group only to observe; this means that you will not participate in the group session in any active way. You will not be introduced by name, only that you are an observer, in the room, to assess the facilitation on the night.

Once the group begins, we will not acknowledge your presence and we would prefer you to observe without comments or deliberate expressions or gestures as participants are talking.

We have a break about half way through the session, for 10 minutes. Facilitators usually use this time as a chance to review the session so far, make any adjustments to the session plan, as well as check in with observers. You will have a chance at the break to share some observations or ask questions, but you will get more time to do this at the end of the session.

Despite wanting to challenge men's violent and controlling behaviour, you—like all of us—will probably have been conditioned to minimise them. As such, it is vital for you to be mindful of your own verbal and non-verbal interactions with the participants at all times.

In our experience, there are many ways that people can inadvertently collude with men's violence, for example:

- laughing or smiling at participant's jokes
- telling participants how great it is that they are 'changing' or 'being honest' (you don't know!)
- saying you want to hear about male family violence from a same-sex attracted man's point of view
- nodding in agreement when same-sex attracted men talk about how oppressed they are in the world
- suggesting that same-sex family violence involves a primary and secondary aggressor

We recognise that it can be very difficult to monitor and moderate your responses and we are happy to support you in this process.

At the end of the session, after the participants have left, we debrief about the session. To do this we ask questions of ourselves and observers. The spirit of our debriefing is one of **critical reflection** about the participants in the group and the role of the facilitators. We affirm positives, as well as identify areas for development or change.

We welcome your honest feedback about anything you noticed in the group, including your own responses or feelings. If participants' stories, attitudes, or behaviour disturb or upset you, we encourage you to talk about this in the debriefing. Of course, you are also welcome to contact us to talk about this further afterwards if you wish.

Facilitators Julie Spiers or Rob Williams and Partner/ Family Support Worker Anthony Lekkas can be contacted on: Ph. 9865 6700 or email: ReVisioning@thorneharbour.org

What might you observe or look for?

We welcome any observations you have about any aspect of the group process, our practice as facilitators, or the behaviour of individual men.

Specific things you could observe or look for in the group include:

- the dynamics between facilitators
- any patterned roles that you see the facilitators taking
- the group dynamics
- the focus of the group on violent and controlling behaviours
- the focus of the group on safety of partners and children
- any minimisation or denial of violent and controlling behaviours, or collusion with these
- any sexist, racist, homophobic, transphobic, biphobic or other power-over language
- the practicality of strategies discussed
- the way that gender operates in the group
- the stated and implied messages from facilitators
- the content and quality of educational materials

Confidentiality

Observers are bound by the same confidentiality as facilitators; that is, participant's personal information is confidential, but information about the types of violence discussed and the group process is not. Therefore you are required to read through and sign the *THH Client Confidentiality Agreement for Staff and Volunteers*. This form will be provided to you at the Observer Induction session or upon your arrival at our service.

Time commitment

We feel it is important that you see all aspects of the group, from planning to debriefing. For this reason, we ask you to arrive 30 minutes before the group commences for the planning meeting, and remain behind for 30 minutes afterwards for the debriefing.

We encourage you to sit in on more than one session, we suggest a minimum of three sessions, in order for you to notice how group dynamics change, the pace that different participants work through the program and how participant's stories about their violence can change over a period of time after having had their violence scrutinised. We encourage you to take your learning from ReVisioning into your respective agencies and continue to enhance your awareness of the overt, and subtle, ways that services, individuals, practitioners and society collude with Participants and their violence-promoting attitudes and to challenge our victim blaming culture.

Cultural Awareness and Emotional impacts

Witnessing a men's behaviour change group can bring up many different feelings. Observers are usually acutely conscious of the fact that the same-sex attracted men in the group are there because of their violence towards their same-sex attracted partner. Although, under some circumstances, we may work with mixed orientation

ReVisioning Partner Contact Support Project

Lekkas, A & Spiers, J (2019)

presentations. You might witness attitudes, stories, behaviour or values that are distressing or disturbing. You might hear or witness same-sex attracted men talk about their relationships in ways that deviate from heterosexual relationship 'scripts'. We encourage you to clarify any confusion or uncertainty about this with facilitators in order to avoid making heterosexist or homophobic/ transphobic/ biphobic assumptions about same-sex and gender male relationships, intimacy and culture. You might also find that you feel challenged by some of the techniques that the facilitators use. We invite you to talk with us about your concerns and feelings during the break in the group, after the group during debriefing, or at any other time.

Thank you and we hope that your experience as an observer at THH ReVisioning will be useful for your own professional and personal development.

Jessica Hunter
Family Violence Program Team Leader

SESSION FEEDBACK FORM FOR OBSERVERS

This form is intended to help you provide us with feedback about our program. We always welcome your comments and suggestions. If you would like to talk with us, please make a time for us to meet or call you. Thank you!

About you

| | | |
|--|------------------------------|-----------------------------|
| Is this the first time you have observed any men's behaviour change group? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is this the first time you have observed our group? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Please show how much you agree with each statement: 1 is strongly disagree, 5 is strongly agree

| | | | | | | |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|-----------------------------------|
| I felt prepared for my observer role | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> Not sure |
| I felt the voices of partners were present in the group | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> Not sure |
| I felt the voices of children were present in the group | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> Not sure |
| I observed examples of the male facilitator using patriarchal, gender-based entitlement, or power-over ways of relating or being | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> Not sure |
| I observed the male facilitator fulfilling traditional gender stereotypes | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> Not sure |
| I observed the female facilitator fulfilling traditional gender stereotypes | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> Not sure |
| The facilitators encouraged all men to participate | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> Not sure |
| At times, it felt like the facilitators coerced or used power-over tactics to get participants to see things differently | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> Not sure |

| | | | | | | |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|--------------------------------------|
| I felt comfortable in my observer role | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> Not sure |
| I felt the male facilitator had more 'positive' interaction with the men | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> Not sure |

Please comment on any of the points above.

We would appreciate you using the ranking scale to show us what you think we should be doing more or less.

You are welcome to show rankings for the facilitators together or individually. You can use each facilitator's first initial to score them on the scale if you like.

| TALKING ABOUT THE EFFECTS OF INTIMATE PARTNER VIOLENCE ON PARTNER AND CHILDREN | | | | | | |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|--------------------------|
| <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> |
| Didn't do this | Some, but not enough | Adequate | About right | More than adequate | A bit much | Way overboard |

| REFLECTED ON AND CHALLENGED ISSUES ABOUT THE POSITION OF MEN'S ATTITUDES TO VIOLENCE IN OUR SOCIETY (FOR EXAMPLE, SEXIST OR HOMOPHOBIC LANGUAGE) | | | | | | |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|--------------------------|
| <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> |
| Didn't do this | Some, but not enough | Adequate | About right | More than adequate | A bit much | Way overboard |

| REFLECTING ON ISSUES ABOUT OTHER FORMS OF POWER-OVER (FOR EXAMPLE, RACISM, DISABILITY, TRANSPHOBIA, BIPHOBIA) | | | | | | |
|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|--------------------------|
| <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> |
| Didn't do this | Some, but not enough | Adequate | About right | More than adequate | A bit much | Way overboard |

| FOCUSING ON VIOLENT AND CONTROLLING BEHAVIOURS | | | | | | |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|--------------------------|
| <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> |
| Didn't do this | Some, but not enough | Adequate | About right | More than adequate | A bit much | Way overboard |

| FOCUSING ON MEN'S RESPONSIBILITY | | | | | | |
|----------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|--------------------------|
| <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> |

| | | | | | | |
|----------------|----------------------|----------|-------------|--------------------|------------|---------------|
| Didn't do this | Some, but not enough | Adequate | About right | More than adequate | A bit much | Way overboard |
|----------------|----------------------|----------|-------------|--------------------|------------|---------------|

FOCUSING ON PARTNER'S AND CHILDREN'S SAFETY

| | | | | | | |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|--------------------------|
| <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> |
| Didn't do this | Some, but not enough | Adequate | About right | More than adequate | A bit much | Way overboard |

ENGAGING WITH MEN AROUND THEIR USE OF MINIMISING, JUSTIFYING, BLAMING AND DENYING LANGUAGE

| | | | | | | |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|--------------------------|
| <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> |
| Didn't do this | Some, but not enough | Adequate | About right | More than adequate | A bit much | Way overboard |

CHALLENGING MEN'S MUTUALISING OF THEIR VIOLENCE TOWARDS THEIR PARTNERS

| | | | | | | |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|--------------------------|
| <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> |
| Didn't do this | Some, but not enough | Adequate | About right | More than adequate | A bit much | Way overboard |

Please use the space below to write any comments or suggestions about your observations, or about the group or program.