

Expert Advisory Committee on

PERPETRATOR INTERVENTIONS

FINAL REPORT



Aboriginal Acknowledgement

The Victorian Government and the Expert Advisory Committee on Perpetrator Interventions acknowledge Victorian Aboriginal people as the First Peoples and Traditional Owners and Custodians of the land and water on which we rely. We acknowledge and respect that Aboriginal communities are steeped in traditions and customs built on an incredibly disciplined social and cultural order that has sustained up to 60,000 years of existence. We acknowledge the significant disruptions to social and cultural order and the ongoing hurt caused by colonisation.

We acknowledge the ongoing leadership role of Aboriginal communities in addressing and preventing family violence and will continue to work in collaboration with our First Peoples to eliminate family violence from all communities.

Family Violence Support

If you have experienced violence or sexual assault and require immediate or ongoing assistance, contact 1800 RESPECT (1800 737 732) to talk to a counsellor from the National Sexual Assault and Domestic Violence hotline. For confidential support and information, contact Safe Steps' 24/7 family violence response line on 1800 015 188. If you are concerned for your safety or that of someone else, please contact the police in your state or territory, or call 000 for emergency assistance.

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Foreword

From the outset, we knew this Committee's work was critical to supporting a major focus of the Royal Commission into Family Violence (the Royal Commission): how to increase the accountability of family violence perpetrators. We must shift the burden away from victim survivors who have had to bear responsibility for action for far too long.

The Committee's members represent a broad range of experiences, interests and knowledge. We are bound by a commitment to place victim survivors at the heart of all reform initiatives. We are also firm in our view that holding perpetrators to account for their choice to use violence means delivering an integrated community and justice response, where every part of the service system is accountable for how it interacts with perpetrators.

We do not accept excuses for the use of family violence. We wish to emphasise that the individual perpetrator is responsible for his own unacceptable violence against women and children, and that the system is responsible for holding him accountable. We share the Victim Survivors' Advisory Council view that the fundamental objective of this Committee's advice, and other vital family violence reforms, is to end family violence and keep women and children safe. Our approach has been to seek out and propose further exploration of initiatives to increase the engagement of violent men in services to stop violence at its source now and into the future.

Two years on from the release of the Royal Commission's report, an incredible amount of work has shifted the landscape for victim survivors, and begun the process of strengthening the system's response to perpetrators.

Victoria continues to lead the way as an innovator in family violence reform. It has taken swift action and been prepared to try new approaches to address difficult, complex challenges. Through the recommendations in this report, we intend to keep Victoria on this journey of change, and to encourage government and service providers to continue reflecting on and refining practice along the way as they work to achieve greater safety for victim survivors. However, this work will need to continue to evolve at the same time as services are being delivered. Time and support is required to ensure continued success, including for the agencies responsible for implementing change to the system.

Finally, we wish to acknowledge the high level of expertise and support provided by all who were consulted during our term, including family violence sector organisations, government departments and, most importantly, people with lived experience. The generous commitment of time from Committee members, and the dedication of the Policy team and Secretariat at the Department of Premier and Cabinet, has been critical to supporting the Committee's work and producing this report.

Robyn Kruk AO

Chair, Expert Advisory Committee on Perpetrator Interventions

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Key terms

Behaviour change

The Committee uses the terms ‘behaviour change’ and ‘behaviour change program’ in reference to men’s behaviour change programs (MBCPs), and the process that perpetrators need to undertake to end their use of violence. While many primary prevention initiatives also aim to achieve attitudinal and behavioural change in the community, these initiatives are outside the scope of this report.

Counselling order

Under Section 130 of the *Family Violence Protection Act 2008*, a relevant court can make a counselling order that requires eligible Respondents to attend approved counselling programs, which currently extends to MBCPs. Breaching a counselling order is a criminal offence.

Culturally and linguistically diverse

The Committee understands culturally and linguistically diverse (CALD) to mean people from a range of different countries or ethnic and cultural groups. This includes people from non-English speaking backgrounds, as well as those born outside Australia whose first language is English. Far from a homogenous group, CALD encompasses a diverse range of experiences, circumstances and needs.

Family Violence Intervention Order (FVIO)

A civil order made by a court under Victorian legislation to provide protection from family violence. It is a legally enforceable document that can place numerous conditions on the person committing family violence (the Respondent).

Men’s behaviour change programs (MBCPs)

Group-based programs for perpetrators of family violence that seek to assist men to stop using violence. MBCPs emphasise the role of gender inequality, power and control in the perpetration of family violence, and are currently the primary community-based perpetrator intervention in Victoria.

Non-family violence specific services

In parts of the report we use the term ‘non-family violence specific services’ to refer to services that are not perpetrator or family violence services but may interact frequently with victim survivors or perpetrators of family violence; for example, mental health, drug and alcohol, housing, homelessness and other community and justice services.

Perpetrator interventions system

A system of perpetrator interventions refers to the many agencies and service providers that have contact with family violence perpetrators in Victoria, and are connected to one another by formal and informal referral pathways and professional networks, including within the community sector and through perpetrator services, and within the civil, criminal, child protection and family law systems.

1. Victoria Police, ‘Code of Practice for the Investigation of Family Violence—Edition 3’, cited in Royal Commission into Family Violence, *Report and Recommendations Volume III* (2016) <<http://www.rcfv.com.au/MediaLibraries/RCFamilyViolence/Reports/Final/RCFV-Vol-III.pdf>>.

Primary aggressor

The Victoria Police Code of Practice for the Investigation of Family Violence defines primary aggressor as 'the party to the family violence incident who, by his or her actions in the incident and through known history and actions, has caused the most physical harm, fear and intimidation against the other'¹

Recidivist

The Royal Commission defines a recidivist as a repeat offender who continues to commit crimes despite previous findings of guilt and punishment. The Commission noted that the term is also used to describe perpetrators against whom more than one report of family violence has been made to Victoria Police, including where no criminal charge has been brought.

Perpetrator services

Sometimes referred to as 'mainstream services', this refers to perpetrator services that are designed for the general population of male perpetrators in the community, rather than being targeted to individual, cultural, linguistic, LGBTIQ or other needs.

Targeted perpetrator services

This refers to perpetrator services delivered by, for example, Aboriginal Community Controlled Organisations (ACCOs) and LGBTIQ organisations that are specific to individual group and community needs.

Victim survivor

'Victim survivor' is the term used by the Royal Commission to describe someone who experiences family violence and includes both adults and children.

Victoria Police Family Violence Report (L17)

An L17 form refers to the Victoria Police Family Violence Report that Victoria Police members complete following attendance at a family violence incident. The form has a risk assessment component and also forms the basis for referrals to perpetrator and other family violence services.

Executive summary

The Expert Advisory Committee on Perpetrator Interventions (the Committee) was established to advise government on the suite of family violence perpetrator interventions that should be available in Victoria to ensure the safety of more women and children.

Throughout our report, we use the term ‘perpetrator’ to describe a person who uses family violence. We also use ‘perpetrator’ and ‘men’ interchangeably. This is in no way meant to ignore or diminish alternative experiences of family violence, but is an acknowledgement that the vast majority of family violence is gendered and perpetrated by men against women. As some communities prefer the term ‘people who use violence’, we also use this term as appropriate.

Family violence has devastating consequences for far too many women, children, families and the broader community, the extent of which is not widely known by the community. In 2016–17, Victoria Police attended 76,500 family violence incidents²—with a significant number involving repeat offenders with multiple victims. Over the 10-year period from 2006 to 2015, 6.9 per cent of perpetrators had five or more family violence incidents recorded by Victoria Police, accounting for 30.7 per cent of all family violence incidents.³ There were also 520 perpetrators with more than 20 recorded incidents.⁴ However, we also know that many family violence incidents are not reported.

All aspects of individual and family functioning, including health, mental health, employment, as well as educational and financial wellbeing, can be detrimentally impacted by family violence. Recovering from living with family violence can be a very difficult journey. As one victim survivor told officials, “I lost my dreams”.⁵

Victim survivors must remain at the heart of family violence reform. Urgent and sustained action is required by government to intervene more effectively with all perpetrators of family violence, to not only assist in ensuring that victim survivors can access better services once violence has occurred, but also to ensure that fewer women and children endure family violence in the first place.

We have consulted with the Victim Survivors’ Advisory Council (VSAC) in the development of this report, and, in line with these discussions, we wish to emphasise that the individual perpetrator is responsible for his own unacceptable violence against women and children, and that the system is responsible for holding him accountable. The fundamental objective of the Committee’s advice and other vital family violence reforms is to end family violence and keep women and children safe.

2. Crime Statistics Agency, Family Violence Data Dashboard, Victoria Police ‘Family incidents recorded by Victoria Police’ <<https://www.crimestatistics.vic.gov.au/family-violence-data-portal/family-violence-data-dashboard/victoria-police>>.

3. Melanie Millsted, ‘How Many Repeat Family Violence Perpetrators Were There in Victoria Over the Past 10 Years?’ (Crime Statistics Agency, In Fact No 2) <https://www.crimestatistics.vic.gov.au/sites/default/files/embridge_cache/emshare/original/public/2016/05/4b/e9463044e/20160420_in%2Bfact_fv%2Brecidivism.pdf>.

4. Ibid.

5. Victorian Government, ‘Voices of Hope’ <https://www.vic.gov.au/system/user_files/Documents/fv/Voices%20of%20Hope.pdf>.

In line with this objective, our report focuses on identifying further opportunities to manage the risks posed by perpetrators of family violence. In 2016, the Royal Commission found that there is insufficient breadth and diversity of perpetrator interventions in Victoria, insufficient supply to meet demand, a lack of monitoring of program completion, inadequate oversight of program quality and a need for greater integration across relevant agencies and service providers.

Significant, wide-ranging reforms are now taking place across the service system, backed by substantial investment, to improve safety for victim survivors and strengthen responses to perpetrators. The Victorian Government has invested more than \$2.6 billion in family violence reform, including \$76.9 million in 2017–18 to strengthen and expand perpetrator interventions. This includes \$9.1 million over four years to increase voluntary places in men’s behaviour change programs (MBCPs). The government has also begun the roll-out of The Orange Door (Support and Safety Hubs) to provide a more coordinated response to victim survivors and perpetrators. Trial perpetrator interventions addressing known service gaps are already underway. A new information sharing scheme, the Multi-Agency Risk Assessment and Management Framework (MARAM), and Specialist Family Violence Courts will also dramatically improve how the service system identifies and responds to family violence.

Government should be commended on these efforts. Victoria is now recognised as a leader in family violence reform, both nationally and internationally. Perpetrator and family violence services, and non-family violence specific services that have considerable interaction with perpetrators should also be commended—not only for their continued dedication to improving the system and their resilience in a pressured environment, but also for their willingness to work collaboratively across organisational boundaries in new ways.

While much has changed since the Royal Commission handed down its report, many challenges remain. Building an integrated perpetrator interventions system is a long-term goal requiring time and sustained commitment, including to prevention and early intervention initiatives which bolster tertiary interventions.

In this report, we discuss ways to strengthen existing and emerging perpetrator interventions, including through building the capability of workforces that have contact with perpetrators, and identifying new interventions for particular cohorts of perpetrators for whom there are currently limited responses. This includes perpetrators from culturally diverse backgrounds, perpetrators with a cognitive impairment and, significantly, higher risk perpetrators in the community who may have multiple or severe complex needs.

We also propose key areas for further work and research to enable continued improvement and innovation in interventions over time; how collecting and analysing additional data can help us better understand service need, how technology could be used to support face-to-face perpetrator interventions, and how trauma-informed practice may contribute to stronger client engagement and the effectiveness of interventions in changing violent attitudes and behaviours, leading to greater victim survivor safety.

The Committee is pleased to note that, as recommended in this report, the Principles for Perpetrator Interventions have already been incorporated into the revised Men's Behaviour Change Minimum Standards, The Orange Door practice guidance, the community-based case management trial, and trials funded through the government's Family Violence Perpetrator Interventions Grants Program. These are important steps towards embedding a common mission across the spectrum of new and planned perpetrator interventions in Victoria. Further steps we recommend to strengthen the foundations of the perpetrator interventions system include improving inter-agency governance arrangements and coordination, maintaining a strong partnership with the family violence services sector and people with lived experience, building system-wide practice leadership within government, and conducting an independent review of reform implementation within two years.

Much of what we know about the effectiveness of perpetrator interventions in managing and reducing risk is still based on practice experience and anecdotal accounts rather than a robust body of evidence. Evaluation offers a valuable and necessary opportunity to learn from the outcomes of interventions, continually refine and improve those interventions, and build the evidence base for what works. As key reforms are implemented, the Committee encourages government and agencies to continue refining the approach to evaluation and improving and strengthening the linkages between services and sectors.

Recognising the size, pace and breadth of the reform program already underway, we aim to provide government with a set of practical priority actions for this period of transition that can be implemented immediately into current practice to improve victim survivor safety and build on reform efforts as they evolve. These recommendations, ideally implemented in the next two years, are grouped under four themes: supporting existing and emerging perpetrator interventions, key areas for further work and research, strengthening the foundations of the perpetrator interventions system, and assessing outcomes and improving the evidence base.

Supporting existing and emerging perpetrator interventions

In this chapter we reinforce the need to continue making perpetrator services more robust, accessible and inclusive for a broader range of perpetrators, to help keep more women and children safe. We also discuss perpetrators who may require a more targeted response in order to effectively reduce their risk.

Strengthening existing perpetrator interventions

Recommendation 1: Require new and existing perpetrator interventions to progressively align with the Principles for Perpetrator Interventions.

Recommendation 2: Provide further guidance to the perpetrator services workforce on exit planning to support requirements under the revised Men's Behaviour Change Minimum Standards.

Recommendation 3: Standardise a post-participation follow-up service for perpetrators who have participated in an MBCP.

Recommendation 4: Provide further guidance to the perpetrator services workforce on secondary referrals to support requirements under the revised Men's Behaviour Change Minimum Standards.

Supporting emerging perpetrator interventions

Recommendation 5: In line with the implementation of the next Indigenous family violence 10-year plan, *Dhelk Dja: Safe Our Way—Strong Culture, Strong Peoples, Strong Families*, strengthen relationships between non-Aboriginal and Aboriginal services for people who use violence. This should include learning from Aboriginal services' approaches to working with people who use violence to improve responses for community and ensure greater victim survivor safety.

Recommendation 6: To further support engagement of perpetrators in interventions, develop guidance for perpetrator services and non-family violence specific services on working with men as both perpetrators and fathers, while ensuring that child safety is paramount.

Recommendation 7: Adapt existing family violence-informed fathering programs to be more culturally responsive.

Recommendation 8: Develop common risk and needs assessment practice guidance for perpetrator services as part of further development of the Multi-Agency Risk Assessment and Management Framework.

Recommendation 9: Develop and deliver a family violence intervention in the community for high risk perpetrators who are unsuitable for participation in an MBCP.

Recommendation 10: Develop a family violence intervention for perpetrators with a cognitive impairment in the community and in the justice system.

Key areas for further work and research

New and innovative approaches have the potential to increase access to and responsiveness of family violence perpetrators. In this chapter we propose further research and improved data collection and analysis to build on Victoria's understanding of service need and effective interventions.

Recommendation 11: Collect and analyse additional data on perpetrator eligibility and referrals to interventions, timeliness of service engagement, and intervention completion and withdrawal, to better understand service need and inform future service planning.

Recommendation 12: Conduct further research and consultation with relevant sectors and specialists to examine the benefits of incorporating trauma-informed principles and practices in key perpetrator and non-family violence specific services, while maintaining the focus on perpetrator accountability and victim survivor safety.

Recommendation 13: Examine opportunities to use technology to improve the effectiveness and reach of face-to-face perpetrator interventions.

Strengthening the foundations of the perpetrator interventions system

In this chapter, we consider the key elements needed to support an integrated perpetrator interventions system, maintain ongoing monitoring and refinement of the reform program, and ensure consistent, coordinated, evidence-based responses to family violence perpetrators by agencies across the service system to keep more women and children safe.

Governance

Recommendation 14: Expand inter-departmental governance arrangements to include a greater focus on perpetrator accountability, monitor the progress of reforms, and strengthen integration with broader family violence reforms, in partnership with the family violence services sector and people with lived experience.

Recommendation 15: Conduct an independent review of the perpetrator interventions system and perpetrator accountability reforms within two years.

Supporting the capability of workforces that have contact with perpetrators

Recommendation 16: Develop capability in key non-family violence specific services in engaging with perpetrators, building on existing or planned training to support the family violence information sharing scheme and Multi-Agency Risk Assessment and Management Framework.

Recommendation 17: Develop supporting resources on how to engage safely and effectively with perpetrators, including connecting perpetrators to relevant justice and community services, for non-family violence specific services to adapt and apply to their operations and align with relevant statutory and professional obligations.

Recommendation 18: Develop cultural responsiveness capability in perpetrator and non-family violence specific services that have contact with perpetrators to provide inclusive and accessible services.

Practice leadership

Recommendation 19: Expand capacity within government to build practice leadership to disseminate system-wide best practice advice and support to foster consistency, integration and safety in the delivery of perpetrator interventions. An expert reference group should be established to support this work.

Assessing outcomes and improving the evidence base

In our final chapter, we stress that continuous improvement of perpetrator interventions requires clearly defined outcomes and measures and robust evaluation of interventions—all of which must centre on improving victim survivor safety and wellbeing.

Recommendation 20: Finalise the outcome measures for the Family Violence Outcomes Framework perpetrator domain, incorporating both quantitative and qualitative measures, to maintain the focus on improving outcomes for victim survivors.

Recommendation 21: Develop a common evaluation framework for Victoria's perpetrator interventions that aligns with the Family Violence Outcomes Framework and the Principles for Perpetrator Interventions.

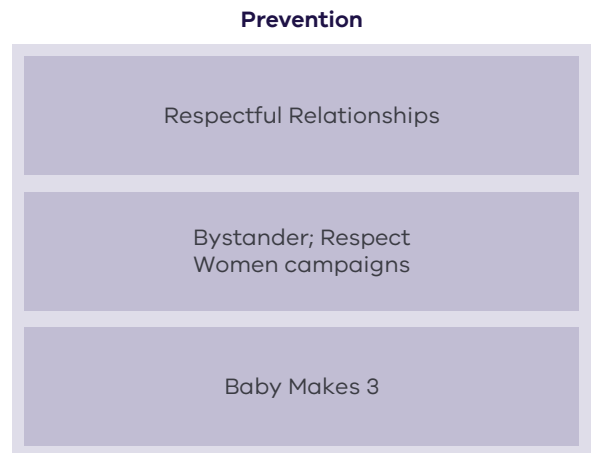
Recommendation 22: Require all new and existing interventions to be progressively evaluated against a common evaluation framework.

Perpetrator interventions

Figure 1: Snapshot of Victoria's perpetrator interventions system and the Committee's recommendations

Key:

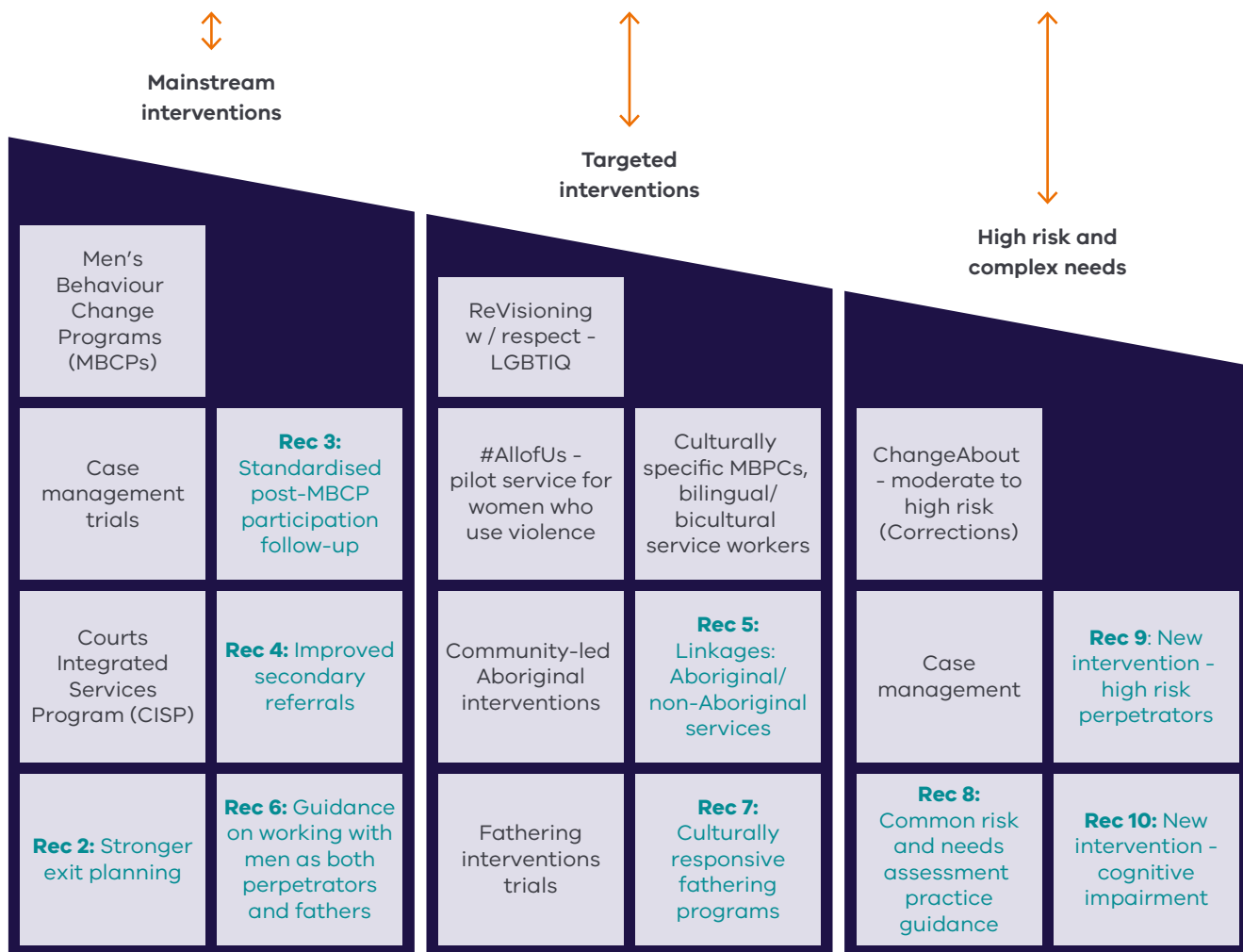
- Turquoise text: Committee's recommendations
- Black text: Current interventions



Key areas for further work and research



Broader justice and community services



Rec 1: Principles for Perpetrator Interventions

System integration and governance

- Rec 14:** Stronger governance and coordination
- Rec 15:** Independent review of progress in two years

Workforce capability and practice leadership

- Rec 16:** Improved capability of non-FV specific services
- Rec 17:** Resources for staff engaging with perpetrators
- Rec 18:** Improved cultural responsiveness capability
- Rec 19:** Expand practice leadership capacity

Measuring effectiveness

- Rec 20:** Outcome measures for interventions
- Rec 21:** Common evaluation framework
- Rec 22:** Evaluation of interventions against framework



Context



Introduction

The Royal Commission recommended that the Victorian Government convene a committee of experts on perpetrator interventions and behaviour change programs within 12 months, to advise the government on the spectrum of interventions, services and initiatives that should be available in Victoria to respond to perpetrators of family violence of all risk levels. In response, the government established the Expert Advisory Committee on Perpetrator Interventions (the Committee) in November 2016.

Issues identified by the Royal Commission

The challenges and complexities associated with perpetrator engagement and accountability were examined comprehensively by the Royal Commission.⁶ In summary, the Royal Commission found that:

- the approach to perpetrators needs to move beyond fragmented and episodic interaction with services, to instead engage with perpetrators in more consistent and constructive ways. This requires a sense of collective responsibility across all relevant departments and agencies, not just perpetrator and family violence services;
- interventions that incorporate individual factors, psycho-social factors (such as poverty, familial and community support, housing, cultural participation) and social-structural factors (such as gendered power relations) are more likely to result in positive longer-term outcomes;
- perpetrator interventions beyond criminal sanctions are an underdeveloped area, where MBCPs have been the default community-based intervention;
- there is a need to build on the existing knowledge and evaluation base of MBCPs to determine their effectiveness;
- a key area for development is the range of interventions that complement existing services for different, diverse cohorts of perpetrators, including those with complex needs;
- evidence suggests that timeliness of the intervention, as well as the type of intervention, is vital in achieving sustained behaviour change in perpetrators;
- there is a need for collective and collaborative approaches to perpetrator accountability, where formal and informal processes form a 'web of accountability'⁷ around the perpetrator; and
- there are opportunities to expand justice system interventions to maximise the participation of perpetrators in services to address their violent behaviour.

6. See especially Victoria, Royal Commission into Family Violence, *Report and Recommendations Volume III* (2016) <<http://www.rcfv.com.au/MediaLibraries/RCFamilyViolence/Reports/Final/RCFV-Vol-III.pdf>>.

7. This term is understood to refer to the formal and informal mechanisms designed to hold a perpetrator accountable, and to have first been used by Joanie Smith, Cathy Humphreys and Chris Laming, 'The Central Place of Women's Support and Partner Contact in Men's Behaviour Change Programs' (2013) *Ending Men's Violence Against Women and Children: The No To Violence Journal*.

The Committee's Terms of Reference

The Victorian Government has tasked the Committee with providing advice on:

- the range of interventions needed to support perpetrator accountability, including for different cohorts and diverse groups;
- innovative and best practice solutions to improve perpetrator accountability, diversify service delivery and support behaviour change;
- practice models that build coordinated interventions;
- current gaps in knowledge and research on service needs;
- measuring the success of interventions; and
- evaluation methodologies that prioritise victim survivor safety.

The Committee has focused on adult perpetrators of family violence and, as such, has not considered the use of violence by adolescents in the home (AVITH). As per the Royal Commission's recommendation to recognise AVITH as a distinct form of family violence, we consider that these young people require a specialised, therapeutic response and note that work is underway by government on this area of service.

Elder abuse is an umbrella term that captures behaviours including financial, physical, emotional or other abuse of an older person by a carer, intimate partner and/or other family member. It involves a range of complex issues that are often specific to older people, including dementia and Alzheimer's disease. The Committee was not able to extensively examine elder abuse interventions within its term. However, we note the government's recent investment to extend the trial of an integrated model of care for elder abuse victim survivors. We support and encourage this focus on improving responses for some of Victoria's most vulnerable people.

Perpetrator accountability

The concept of 'perpetrator accountability' is used throughout this report. As discussed by the Royal Commission, the Committee understands perpetrator accountability to include:

- understanding and responding to the needs and experiences of victim survivors, and their views about the outcomes they are seeking to achieve;
- prioritising women and children's safety through effective and ongoing risk assessment and management;
- encouraging perpetrators to take responsibility for their actions, including the impact of their actions on their children;
- providing a suite of options to assist perpetrators to gain insight into and awareness of their actions and change their behaviour, tailored to their risk profile;
- having a strong set of laws and legal processes that impose clear consequences and sanctions for perpetrators' violent and abusive behaviour and failure to comply with court orders; and
- fostering collective responsibility among government and non-government agencies, the community and individuals for denouncing perpetrators' use of violence.⁸

The Royal Commission's definition proposes that not only must an individual hold himself accountable for his violence and abuse, but the service system must also hold him accountable and continually monitor and assess his risk of relapsing into a pattern of violence.

The Committee strongly supports a conceptualisation of perpetrator accountability that emphasises both individual and system responsibility, while also being careful not to conflate the two. While the system can and should hold the perpetrator responsible through the full range of justice and community responses available, only the perpetrator himself can choose to end his use of violence.

The Committee is also conscious of the critical need for agencies and services across the system to continue the process of translating the concept of perpetrator accountability into meaningful and practical guidance for people who work with perpetrators. This includes comprehensive advice on statutory obligations, organisational expectations, and best practice principles for engaging with perpetrators. It also means being clear about the parameters and limitations of staff roles and responsibilities.

8. Ibid 293.

The Committee also wishes to emphasise the distinction between perpetrator accountability and bringing or keeping a perpetrator 'in view'. Bringing a perpetrator into view was a call for governments and service systems to widen their focus to perpetrators of family violence, as well as victim survivors, in their effort to end family violence.

Currently, the concept is being used in the context of individual perpetrators, and the challenges associated with making and keeping them known to the system. As with the notion of perpetrator accountability, there is a critical need to unpack this concept and what it means in practice for different services in different settings. For example, in which services does keeping a perpetrator 'in view' mean active monitoring? How do they do this, and for how long? What are the risks they must manage in doing so? Most importantly, what should they do once the perpetrator is 'in view'—that is, what are the practical steps they must take to manage the risks he poses and support system accountability?

Over the course of our term, we have endeavoured to provide advice to Victorian government agencies and non-government service providers as they develop new practice and operating models for engaging with perpetrators. However, this work will need to continue and evolve, and will require time and support, particularly for those organisations that have historically not conceived of themselves as responsible for intervening with perpetrators.

Key inputs

During our term, we met and consulted with a range of stakeholders, seeking both to inform and be informed by Victoria's family violence reform program. These reforms and other critical inputs are outlined below.

Mapping the roles and responsibilities of services

The Royal Commission recommended that government map the roles and responsibilities of agencies and service providers that have contact with perpetrators of family violence. The government engaged the Centre for Innovative Justice (CIJ) to undertake this work and, in 2017, CIJ developed a framework of roles and responsibilities that services could apply to support more conscious and effective interactions with perpetrators.⁹

Drawing on consultations with over 100 service types and with a group of perpetrators participating in an MBCP, the research found:

- While the system is a long way from knowing how to effectively prevent and respond to family violence, there is a genuine desire and willingness to continue working towards this goal across services.
- Deliberate, informed work with perpetrators has largely not been occurring in services other than perpetrator and family violence services, yet these broader, non-family violence specific services are in contact with perpetrators every day. This presents an opportunity to expand collective responsibility, and a need to better equip staff in these services with the skills and training to engage with perpetrators in safe and appropriate ways.
- There are many steps a perpetrator must take to desist from using violence, including the acknowledgement that he is using family violence, readiness to participate in an intervention, and being in a stable enough life situation to benefit from intervention.
- Many perpetrators will not develop readiness to participate in a service of their own accord, but will require a mandate from the criminal or civil justice system, or a 'social mandate',¹⁰ to do so. For some, the desire to resume or maintain an intimate partner relationship, or to be a better father, can be significant motivators to change their behaviour.

9. See Appendix B for the Framework of Roles and Responsibilities.

10. This could include community pressure from community elders, faith leaders, parents-in-law and other family members.

-
- Even after commencing an MBCP, perpetrator pathways towards taking responsibility for desisting from violence are not straightforward or linear—development of internal motivation to change often occurs alongside competing motivations to disengage from interventions.
 - Multiple interventions are needed. Violent attitudes and behaviours typically develop over a lifetime, and might not be shifted through a single intervention. Many men will continue to pose a risk to victim survivors, despite the system’s best efforts to manage their risk.
 - Effective exit planning, transitions and post-intervention support are required for those men who do participate in an MBCP or other perpetrator intervention.¹¹

CIJ’s consultations identified that services engage with perpetrators of family violence to varying degrees, and have different levels of confidence, capability and capacity in doing so. As a way forward, CIJ proposes a ‘magnifying glass’ approach, whereby services closely examine their practice to assess how they might enact the framework of roles and responsibilities. The CIJ research has informed many of the recommendations in this report, in particular those designed to improve workforce capability.

National and international research

While there is a growing body of evidence both internationally and in Australia, much of what we know about perpetrator interventions is still based on practice experience, anecdotal accounts and historical approaches. Unfortunately, there remains very little research relating to particular cohorts of perpetrators; for example, those from culturally and linguistically diverse (CALD) and LGBTIQ communities. Wherever possible, the Committee has drawn on available national and international research into the nature and patterns of family violence and emerging and/or effective interventions with people who use violence.

Australia’s National Research Organisation for Women’s Safety (ANROWS) research

The Royal Commission envisaged that the Committee’s advice and Victoria’s trials of new perpetrator interventions would be informed by relevant ANROWS research. ANROWS has implemented a dedicated perpetrator interventions research stream, currently consisting of 12 projects across four themes: system effectiveness, effectiveness of interventions, models to address diversity of perpetrators, and interventions developed by, with and for Indigenous communities.¹²

At the time of writing this report, these ANROWS projects are ongoing. The Committee anticipates they will be of critical importance to continued efforts to improve perpetrator interventions in Victoria, and encourages government and services to consider future ANROWS research findings alongside the Committee’s report.

11. Centre for Innovative Justice, ‘Bringing Pathways Towards Accountability Together – Perpetrator Journeys and System Roles and Responsibilities’ (2018).

12. See Appendix C for a list of the projects in the ANROWS Perpetrator Interventions Research Stream.



The current landscape



The Committee's term coincided with a period of significant family violence reform in Victoria. Unprecedented change is occurring across the service system to implement the Royal Commission's 227 recommendations and the government's 10-year plan, *Ending Family Violence: Victoria's Plan for Change*.

The government has invested more than \$2.6 billion in family violence reform, including \$76.9 million in 2017–18 to strengthen and expand the existing suite of perpetrator interventions. Trials of new interventions are being rolled out, along with new MBCP places and standards, a case management trial and additional resources for men's referral services. A range of other reforms will change the way perpetrator risk is identified, assessed and managed, including the family violence information sharing scheme and the MARAM. New Specialist Family Violence Courts and The Orange Door (Support and Safety Hubs) will also greatly improve the system's response to victim survivors and perpetrators.

In this environment of rapid progress, the Committee has seen its role as two-fold:

- to provide direct, practice-informed input into a broad range of family violence reforms as they were being developed and implemented (as set out below); and
- through its final report, to take stock of the current landscape and provide practical advice to government on priority actions that could be taken over the next two years to support and strengthen evolving practice.

Areas of advice during the Committee's term

Reform	Intent	What will be different for perpetrators?
Mapping the roles and responsibilities of services that have contact with perpetrators (March 2017)	Provide a framework of roles and responsibilities to expand and support collective responsibility for perpetrator engagement across services	More purposeful and informed contact with perpetrators by government, perpetrator and key non-family violence specific services, and enhanced system accountability
Victorian Government's family violence prevention strategy, <i>Free from Violence</i> (May 2017)	Build social structures, norms and practices that prevent violence, by focusing on settings where inequality and violent behaviour are shaped	Problematic attitudes will be called out by family, friends and the community, with more people understanding that they have a role to play in preventing family violence
Sentencing Advisory Council (SAC) report on swift, certain and fair approaches to sentencing family violence offenders¹³ (October 2017)	Examine the utility of adopting a swift, certain and fair approach to family violence offenders in Victoria	The SAC found insufficient evidence that this approach would be effective or appropriate, but recommended other reforms to increase perpetrator accountability and enhance the management of sentences for family violence offenders
<i>Building from Strength: 10-Year Industry Plan for Family Violence Prevention and Response (Industry Plan) (December 2017)</i>	<p>Outline how family violence, primary prevention, community, health, justice and education workforces will together respond to the complexity and harms of family violence and prevent it from occurring, including priority actions for workforces that have contact with perpetrators</p> <p>Articulate the skills and knowledge required to work with victim survivors and perpetrators of family violence across sectors¹⁴</p>	<p>Perpetrators can access services where workers have the knowledge and skills to support them to change their behaviour and desist from violence</p> <p>Perpetrators are consistently delivered the message that use of family violence is unacceptable and is their responsibility, and that there are consequences for their continued use of violence that will be enforced</p>

13. Sentencing Advisory Council, 'Swift, Certain And Fair Approaches To Sentencing Family Violence Offenders: Discussion Paper' (2017) <<https://www.sentencingcouncil.vic.gov.au/publications/swift-certain-and-fair-approaches-sentencing-family-violence-offenders>>.

14. These knowledge and skill capability requirements are articulated in Family Safety Victoria's 'Responding to Family Violence Capability Framework' that was released in December 2017 as part of the companion documents to the Industry Plan <https://www.vic.gov.au/system/user_files/Documents/fv/Responding%20to%20Family%20Violence%20Capability%20Framework.pdf>.

Reform	Intent	What will be different for perpetrators?
<p>Family Violence Protection Amendment (Information Sharing) Act 2017—family violence information sharing reforms (from February 2018)</p>	<p>Amend the <i>Family Violence Protection Act 2008</i> (Part 5A) to implement a new family violence information sharing scheme, authorising select information sharing entities (ISEs) to share information with one another for the purposes of family violence risk assessment</p> <p>Remove the requirement that a serious threat to an individual must be imminent before information about an alleged perpetrator or perpetrator can be lawfully shared without his consent</p>	<p>Consent is not required to share information about an alleged perpetrator or perpetrator, providing greater opportunities to manage the risks perpetrators pose to victim survivors</p> <p>ISEs do not need to inform an alleged perpetrator or perpetrator if they have collected or shared information about the perpetrator under the new information sharing scheme</p>
<p>Principles for Perpetrator Interventions (March 2018)</p>	<p>Provide the architecture for the Victorian perpetrator interventions system</p>	<p>Shared principles to support collective responsibility and consistent system-wide responses to perpetrators of family violence</p>
<p>Strengthened practice guidelines for Child Protection Practitioners' engagement with perpetrators (May 2018)</p>	<p>Further develop the capacity and capability of Child Protection workers to work directly with perpetrators</p>	<p>More informed and purposeful engagement with perpetrators to identify and manage risks to women and children</p> <p>Stronger integration between family violence and Child Protection services</p>
<p>The Orange Door: Support and Safety Hubs (from May 2018)</p>	<p>Provide a visible contact point and coordinated service that helps connect people experiencing family violence to family violence support services</p> <p>Engage with perpetrators of family violence to assess and manage their risk to victim survivors and connect them to perpetrator services</p>	<p>Active management and monitoring of perpetrators through first contact or referral, through screening and triage, assessment and planning, and connection to perpetrator services</p> <p>Perpetrator risk assessment and management informed by specialist expertise, increased information sharing and coordinated inter-agency approaches to perpetrator engagement</p>

Reform	Intent	What will be different for perpetrators?
<p>Design and trial of new perpetrator interventions in the justice and community sectors (from May 2018)</p>	<p>Establish new perpetrator interventions to address identified service gaps</p> <p>Encourage innovative community-based interventions</p> <p>Strengthen the Victorian evidence base around the effectiveness of perpetrator interventions</p>	<p>Access to new interventions including:</p> <ul style="list-style-type: none"> – Applicant and respondent workers for LGBTIQ people at the Magistrates’ Court, and adolescents who use violence against family members – Corrections programs for perpetrators from CALD communities – Case management for perpetrators
<p>Revised Men’s Behaviour Change Minimum Standards (from July 2018)</p>	<p>Strengthen the Victorian MBCP model and requirements, adapted to the current practice environment (standards were last updated in 1996)</p>	<p>Longer programs (20 weeks)</p> <p>Programs aligned to information sharing changes and the Principles for Perpetrator Interventions</p> <p>More support for affected families through family safety contact</p> <p>Timely system response and contact with perpetrators prior to program commencement</p>
<p>Introduction of the MARAM (from September 2018)</p>	<p>Build on foundations of the current Framework (commonly referred to as the ‘CRAF’) and adapt the Framework for use across a broader range of organisations and sectors</p> <p>Reflect the broad experiences and forms of violence across the spectrum of seriousness and presentations of risk, including perpetrator behaviours, in risk assessment and management practices</p>	<p>Stronger authorising environment for the MARAM, including its core objective of keeping perpetrators in view and accountable</p> <p>Stronger policy approach to risk assessment and management, including practice guidance and a new perpetrator behaviour assessment tool to guide agencies in obtaining and sharing perpetrators’ risk-related information</p> <p>More consistent and coordinated responses to family violence risk</p>



Supporting existing and emerging perpetrator interventions



In this chapter, we examine the range of perpetrator interventions available in Victoria, their suitability for different cohorts of perpetrators and how they could be strengthened and supplemented. In doing so, we seek to address some of the key challenges for the service system: how to engage more men in perpetrator interventions and assist them to confront their unacceptable violence and attitudes, change their behaviour, and stop inflicting harm on family members.

In Victoria, MBCPs are the only widely available community-based intervention for family violence perpetrators. However, only a small proportion of perpetrators participate in an MBCP each year. To engage more men in interventions, mainstream programs such as MBCPs need to become more relevant and accessible to a broader range of perpetrators, including people from CALD backgrounds, Aboriginal and Torres Strait Islander people (hereafter referred to as Aboriginal people), people from LGBTIQ communities and other diverse groups. This should be supplemented by targeted, culturally safe and community-led interventions that respond to specific needs and issues faced by many people within diverse groups. Targeted responses are also needed for high risk perpetrators or those with multiple or severe complex needs, for whom standard group programs may be inappropriate.

At the same time, the perpetrator interventions system needs to be adaptable to meet current and future demand. It is not sustainable to create tailored interventions for every individual perpetrator in the system.

We encourage government to continue improving mainstream perpetrator interventions such as MBCPs, making them more robust, flexible and inclusive, and establish clear pathways to and between existing services and new trial interventions to build a coordinated suite of interventions.

We also encourage government to avoid a siloed approach to communities and cohorts to reflect the true diversity of the Victorian community. For example, we note that around 85 per cent of the total population of Aboriginal women living in Melbourne, Victoria, have non-Aboriginal partners.¹⁵

15. Victorian Government Family Violence Reform, 'Unique Experiences Of Aboriginal People: Strong Aboriginal Communities And Culture' <<https://www.vic.gov.au/familyviolence/prevention-strategy/unique-aboriginal-experiences.html>>.

We also know that some men from CALD or other diverse backgrounds are more prepared to engage in targeted, culturally specific interventions, while others prefer more commonly available mainstream perpetrator services for a range of different reasons. Similarly, violence against LGBTIQ people can be perpetrated by cisgendered,¹⁶ heterosexual people who are their family members. Consistent with the government's anticipated *Inclusion and Equity Statement*,¹⁷ the system must have the flexibility and inclusive practice capability to acknowledge and respond to the many diverse circumstances of people living with or using family violence, rather than focusing on only one aspect of their identity.

While our Terms of Reference do not explicitly cover primary prevention initiatives, we also wish to emphasise their critical importance in engaging more men in services. Family violence prevention messaging and education initiatives, such as Respectful Relationships education and the 'Respect Women: Call it Out' campaign, can encourage more perpetrators to recognise the harm caused by their behaviour and self-refer to services, as well as empower family, friends and communities to encourage perpetrators to accept responsibility for their violence and seek help. This is because primary prevention initiatives can prompt individuals to examine their own beliefs and behaviours, challenge entrenched attitudes and beliefs that justify gender stereotypes and condone violent and controlling behaviour towards women, as well as reinforce support for positive relationships and gender equality.¹⁸

16. Cisgender describes people whose sense of personal identity and self-identified gender is consistent with the sex assumed or assigned to them at birth, and is aligned with social expectations of that assigned sex (adapted from Department of Health and Human Services, 'Rainbow eQuality Guide' <<https://www2.health.vic.gov.au/about/populations/lgbti-health/rainbow-equality/definitions>>).

17. Family Safety Victoria is developing *Everybody Matters: Inclusion and Equity Statement* to embed considerations of diversity and intersectionality across the family violence reform agenda <<https://www.vic.gov.au/familyviolence/newsletter/edition-11/diversity-and-inclusion-strategy.html>>.

18. See Deborah Loxton et al, 'Selected Domestic and Family Violence Prevention Programs: An *Evidence Check* Rapid Review Brokered by the Sax Institute for the Violence Prevention Coordination Unit, NSW Department of Premier and Cabinet' (2008) for examples of successful primary prevention initiatives <https://www.saxinstitute.org.au/wp-content/uploads/30_Selected-domestic-and-family-violence-prevention-programs.pdf>. See also Our Watch, 'Putting the Prevention of Violence Against Women Into Practice: How to Change the Story' (2017), 73-8 <<https://www.ourwatch.org.au/getmedia/68bde71-940a-429e-a893-c049977c6433/Our-Watch-Handbook-Section6-new.pdf.aspx>>; Inara Walden and Liz Wall, 'Reflecting on Primary Prevention of Violence Against Women: The Public Health Approach' (2014),10-15 <<https://aifs.gov.au/sites/default/files/publication-documents/119.pdf>> and Australian Attorney-General's Department, 'AVERT Family Violence: Collaborative Responses in the Family Law System' (2010), 3-4.

Principles for Perpetrator Interventions

The Committee's Principles for Perpetrator Interventions, developed to fulfil recommendation 85 of the Royal Commission, are designed to drive and embed consistent objectives and practices across agencies as they seek to deliver more effective responses to perpetrators. The principles are also a call to action. A perpetrator is not somebody else's problem—he is in our community and our families. The service system and the community as a whole has a collective responsibility to that individual, and to give him the opportunity to choose to end his violent behaviour.

Principles for Perpetrator Interventions

1. Victims', including children's, safety and freedom underpins all interventions with perpetrators of family violence.
2. Interventions with perpetrators are informed by victims and the needs of family members.
3. Perpetrators take responsibility for their actions and are offered support to choose to end their violent behaviour and coercive control.
4. Inter-agency risk assessment and risk management processes are consistent, robust and strong, and any risk associated with intervention is minimised.
5. Perpetrators are kept in view through integrated interventions that build upon each other over time, are mutually reinforcing, and identify and respond to dynamic risk.
6. Responses are tailored to meet the individual risk levels and patterns of coercive control by perpetrators, and address their diverse circumstances and backgrounds, which may require a unique response.
7. Perpetrators face a range of timely system responses for using family violence.
8. A systems-wide approach collectively creates opportunities for perpetrator accountability, both as a partner and a parent. Agencies across the systems work together, share information where relevant, and demonstrate understanding of the dynamics of family violence.

The Principles should be progressively embedded in all relevant services. The Principles should be continually reviewed to ensure that they align with the needs of victim survivors as well as the National Outcome Standards for Perpetrator Interventions and emerging evidence, in order to bolster Victoria's efforts to achieve common goals in perpetrator interventions at the local and national levels.

The Committee recommends that new and existing perpetrator interventions be required to progressively align with the Principles for Perpetrator Interventions. As a starting point, this could be achieved by requiring current program guidelines, and applicants for future funding, to demonstrate how their interventions apply the Principles in a considered way to respond to the complexities of family violence and improve the safety of victim survivors.

Recommendation 1:

Require new and existing perpetrator interventions to progressively align with the Principles for Perpetrator Interventions.

The Committee is aware that the Principles have already been incorporated into the revised Men's Behaviour Change Minimum Standards, The Orange Door practice guidance, the community-based case management trial, and trials funded through the Family Violence Perpetrator Interventions Grants Program. These are important steps towards embedding a common mission across the spectrum of new and planned perpetrator interventions in Victoria.

Men's Behaviour Change Programs (MBCPs)

There are currently 32 providers of MBCPs in Victoria delivering programs that comply with the Minimum Standards. Under the current model, in groups of up to 15, men meet for two hours weekly for a minimum of 14 weeks, with some programs running up to 24 weeks. There are several pathways into an MBCP. Referrals may be court-mandated or men can self-refer by contacting the Men's Referral Service. Other agencies can also make referrals, including, among others, Child Protection or relevant agencies following the Victoria Police L17 process. Following referral, a service professional undertakes an interview with the perpetrator to assess risk and safety issues relevant to his participation as well as his level of motivation to change his behaviour.

Partner and family contact work is a key element of the MBCP model. Throughout the program, providers regularly contact affected partners, ex-partners and/or family members, ensuring that their safety and wellbeing is prioritised as the paramount consideration.

Family safety contact

Family safety contact workers engage with affected partners and family members to:

- actively assess and manage risk and safety needs;
- ascertain and respond to other support and information needs of partners and other affected family members—thereby becoming a meaningful initial point of contact and subsequent pathway into family violence services and supports;
- undertake safety planning procedures (pre, during and post-program) using the Victorian MARAM (from September 2018);
- offer women a chance to discuss their options and decisions about the relationship;
- facilitate information-sharing by helping partners and affected family members obtain accurate information about the program and the perpetrator's participation, and offer opportunities for them to provide information to staff about the perpetrator's behaviour; and
- hold men accountable for their behaviour by verifying the authenticity, nature and sustainability of men's self-reported accounts of behavioural change.¹⁹

19. No To Violence, 'Men's Behaviour Change Group Work: Minimum Standards and Quality Practice' <<https://providers.dhhs.vic.gov.au/sites/dhhsproviders/files/2017-08/Mens-behaviour-change-group-minimum-standards-manual.pdf>>.

Some community-based perpetrator interventions in other jurisdictions are built on cognitive behavioural therapy, such as the Risk Needs Responsivity (RNR) model, which focuses on personal dysfunction and seeks to identify risk factors relating to the perpetrator's psychological, social and emotional functioning that are linked to his offending behaviour.²⁰ There is broad agreement among practitioners that RNR principles can be applied within a gender-based power and control framework. Such an approach should continue to be explored to grow the diversity of service offerings.

Current responses

The Committee welcomes the government's recent investment of \$9.1 million to support the delivery of more than 4,000 community-based voluntary MBCP places in 2018–19, an increase of around 500 places.²¹ This will go a substantial way towards meeting growing demand for services and reducing wait-lists.

Victoria's revised Minimum Standards for MBCP providers have been transitioned into practice from 1 July 2018.²² Key changes from the previous standards are outlined below.

Key changes in the revised Minimum Standards²³

- Strengthened family safety contact and accountability to family members;
- Longer program contact: a minimum of 40 hours over a minimum of 20 weeks;
- Timely responses to program enquiries and follow-up prior to program commencement;
- Alignment with the Principles for Perpetrator Interventions, the National Outcome Standards for Perpetrator Interventions and family violence information sharing scheme;
- New qualification requirements for facilitators and family safety contact workers;
- Requirement to refer ineligible perpetrators to other relevant services, and requirement to offer relevant referrals pre, during and post-program.

20. See, eg, James Bonta and D.A. Andrews, 'Risk-Need-Responsivity Model for Offender Assessment and Rehabilitation' (Report No 2007-06, Public Safety Canada, 2007) <<https://www.publicsafety.gc.ca/cnt/rsrscs/pblctns/rsk-nd-rspnsvty/rsk-nd-rspnsvty-eng.pdf>>.

21. Minister for Families and Children, 'Furthering Behavioural Change To Keep Families Safe' (Media Release, 20 March 2018) <<https://www.premier.vic.gov.au/furthering-behavioural-change-to-keep-families-safe/>>.

22. Family Safety Victoria, 'Men's Behaviour Change Minimum Standards' (2018) <<http://www.ntv.org.au/wp-content/uploads/2018/03/FINAL-MBCP-Minimum-Standards-1.pdf>>.

23. Ibid.

24. NTV is Victoria's state-wide peak body of organisations and individuals working with men to assist them to change and end their violent and abusive behaviour. 'Implementation Guide: Men's Behaviour Change Minimum Standards' is a companion implementation manual to guide MBCP service providers under the revised Minimum Standards <https://www.ntv.org.au/wp-content/uploads/2018/09/Minimum_Standards_manual_August_2018_FINAL_140818_Screen-ready_FA1.pdf>.

No To Violence (NTV) has recently released a Practice Manual to accompany the new Minimum Standards.²⁴ The Committee understands that training sessions are currently underway with MBCP service providers across Victoria. These initiatives are strongly supported.

As MBCPs currently receive referrals from numerous sources including courts, Corrections Victoria and soon The Orange Door, support and training should also be given to magistrates, court staff and other key referrers on the implementation of the revised Minimum Standards, and the differences in content and service delivery under the revised model. The Committee also encourages government to expedite the development of a compliance framework and standardised accreditation process for all MBCP service providers, consistent with recommendation 91 of the Royal Commission. This compliance framework and standardised accreditation process will be critical to supporting the Industry Plan.

While the MBCP model under transition in Victoria has not been evaluated, there is emerging international evidence to suggest that MBCPs can support sustained behavioural change.²⁵ In our discussion on assessing outcomes and improving the evidence base, later in the report, we emphasise that this evidence base must be further developed.

Further opportunities

Engaging more men in MBCPs

Only a small fraction of potentially eligible family violence perpetrators are engaged in an MBCP. In 2015–16,²⁶ Victoria Police attended 76,529 family violence incidents,²⁷ and recorded around 37,500 family violence incidents involving unique alleged perpetrators who were male.²⁸

However, in the same year, there were only 10,215 unique MBCP clients—the majority of whom did not end up completing a program.²⁹

Non-participation in an MBCP can be due to a number of factors, including perpetrators being assessed by the provider as unsuitable due to level of risk, English language skills, the presence of complex needs, unwillingness to participate in the program, or because the provider was unable to contact the perpetrator. In 2015–16, of approximately 18,000 MBCP cases,³⁰ the majority (71.6 per cent) were closed at intake (for reasons such as that the man was uncontactable or refused the service), with only a small proportion (3.8 per cent) reaching program completion.³¹

25. See, eg, Liz Kelly and Nicole Westmarland, 'Domestic Violence Perpetrator Programmes: Steps Towards Change. Project Mirabal Final Report' (London Metropolitan University and Durham University, 2015).

26. Data from 2015–16 is used due to reporting issues in the 2016–17 data.

27. Crime Statistics Agency, Crime Statistics Victoria Year Ending 31 March 2016, 19 <https://www.crimestatistics.vic.gov.au/sites/default/files/embridge_cache/emshare/original/public/2016/06/f7/4c52e5216/crime%2Bstatistics%2Bvictoria%2B-%2Byear%2Bending%2B31%2Bmarch%2B2016.pdf>.

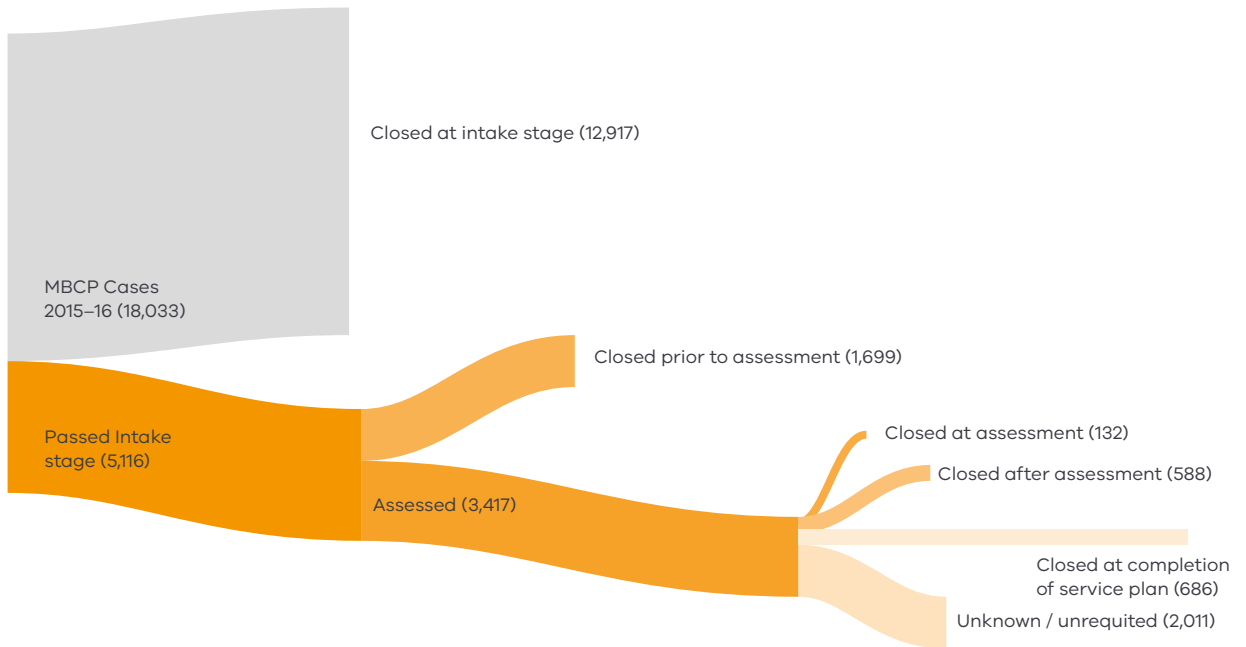
28. Crime Statistics Agency, Family Violence Data Dashboard, Victoria Police 'other parties' <<https://www.crimestatistics.vic.gov.au/family-violence-data-portal/family-violence-data-dashboard/victoria-police>>. Note that these numbers only capture reported incidents—the actual number of family violence incidents involving male perpetrators could be higher.

29. Crime Statistics Agency, Family Violence Data Dashboard, Integrated Reports and Information System (IRIS) <<https://www.crimestatistics.vic.gov.au/family-violence-data-portal/family-violence-data-dashboard/integrated-reports-and-information>>. An agency who offers programs or services that are funded by the Department of Health and Human Services is responsible for creating the records contained in the IRIS database. MBCP service providers use the IRIS database to record and describe all clients and cases referred to them.

30. 'Cases' are a record of an agency having received a referral for a client to participate in an MBCP. The creation of a case does not indicate whether an agency has made contact with a client. Note that a client may also have several cases with multiple agencies.

31. Crime Statistics Agency, above n 29.

Figure 2: Progression of MBCP cases from referral to point of case closure (2015–16)³²



Source: Crime Statistics Agency Family Violence Dashboard. Figures are for 2015-16, due to missing records in MBCP 2016-17 data.

Additional data on the reasons for non-participation of referred perpetrators is required to build understanding of critical service gaps and areas of focus for the development of new interventions, along with improvement of existing ones. We address this in our discussion on key areas for further research, later in the report.

While MBCPs are to an extent able to accommodate participants with differing needs, government should continue encouraging MBCP service providers to identify further opportunities to become more relevant and accessible to diverse groups, such as Aboriginal people, CALD communities, LGBTIQ people, rural, regional and remote communities, older people and those with complex needs. This includes making interventions more flexible and dynamic to respond to different risks and needs; better accommodating cultural and linguistic diversity and lower literacy; and working towards more integrated approaches so that perpetrators with complex needs receive additional supports and services before and during an intervention.

The Committee outlines ways to support the capability of workforces as they work towards this objective later in the report.

Exit planning

Exit planning is a critical part of case planning.³³ It provides an opportunity to assess the gains made through participation in the program, identify any additional interventions or services that are required to manage the perpetrator’s risk of reoffending and ensure responses continue to be targeted appropriately. An exit plan can involve a perpetrator making commitments to be accountable to family members and to end his use of violence. Exit plans can also be provided to referring agencies and other agencies actively involved in ongoing risk management. However, due to resource constraints, this planning is often not done adequately in many jurisdictions.³⁴

32. As the Committee has heard that there may be inconsistencies in data inputted to the IRIS database, note that this may impact upon the total number of MBCP cases that progressed from referral to point of case closure during the 2015–16 reference period.

33. An exit plan is a mechanism to provide perpetrators with post-intervention support services and appropriate referrals to support him in continuing to desist from violent and abusive behaviour.

34. Rodney Vlais et al, ‘Family and Domestic Violence Perpetrator Programs: Issues Paper of Current and Emerging Trends, Developments and Expectations’ (Stopping Family Violence, 2017) 84.

The revised Minimum Standards require Victorian MBCP service providers to make necessary referrals at the point of program completion. In New South Wales, NTV has produced a detailed exit planning tool for MBCP service providers.

The Committee considers that, in the next iteration or update to NTV's MBCP Practice Manual, it is important to build on the work undertaken to strengthen the Men's Behaviour Change Minimum Standards by including clear guidance on effective exit planning. This guidance should include advice on assessing the perpetrator's progress, making referrals to other services as needed, and communicating with the referring agency and with affected partners and family members. Robust exit planning would help to lessen the risks for victim survivors and support stronger monitoring of, and accountability for, the perpetrator. It would reduce the risk of men slipping out of view following program completion, and help to share the weight of responsibility currently borne by MBCP service providers when participants leave the room for the last time.

In addition, robust exit planning could assist the courts, judicial officers, corrections staff and parole boards to better understand a perpetrator's ongoing risk and their prospect of rehabilitation, and take this into account in sentencing, parole or bail decisions.

Recommendation 2:

Provide further guidance to the perpetrator services workforce on exit planning to support requirements under the revised Men's Behaviour Change Minimum Standards.

Withdrawal and post-participation follow-up

Continuing support for MBCP participants beyond program completion may help to mitigate the escalation of risk that can occur for some men once they and their partners and family members are no longer in weekly contact with the program.³⁵

The Committee understands that some MBCP service providers in Victoria follow up or 'check in' with men who have completed an MBCP and their affected partners and family members in the months following program completion, to gauge the level of progress and any ongoing risks. In some cases, this can lead to a man repeating an MBCP or being referred to other services. This is not specified in the revised Minimum Standards, and the Committee understands that this follow-up service is currently delivered on an ad hoc basis, at the discretion of the service provider.

Proactive post-program follow-up and monitoring may not be necessary, appropriate or feasible in all circumstances. Practitioners must be able to exercise an appropriate level of professional discretion and judgement, taking into account the circumstances and characteristics of each perpetrator and his partner and affected family members. It is also not feasible to keep individuals 'on the books' indefinitely. Arguably, there is potentially more value in directing finite resources to other men who are yet to complete a program.

³⁵. Ibid 66.

However, the Committee has also heard that the post-MBCP follow-up process adopted by some service providers can help to:

- reinforce behaviour change and accountability learnt during the program;
- support the changes a perpetrator may have already made towards non-violence;
- provide a further opportunity to monitor and manage risks to victim survivors, including through information sharing with or referrals to other services; and
- provide an opportunity for the collection of data to inform planned evaluations of program outcomes and effectiveness.

Standardising this practice would be a positive step towards improving continued risk management and support for perpetrators on the journey to behaviour change. The Committee recommends providing more guidance to service providers on the circumstances in which post-MBCP follow-up might be appropriate or necessary, along with advice on how this could be carried out. For example, the follow-up service could involve contact up to six months following the program, via a telephone call or face-to-face meeting with the perpetrator and separately with their partner and/or family members as appropriate.

The Committee is also concerned about the high number of perpetrators who are referred to or begin a program but do not reach program completion.³⁶ Given this, the Committee is pleased that the revised Men's Behaviour Change Minimum Standards provide that a family safety contact worker or case manager must inform the perpetrator's partner and other affected family members when he completes, withdraws or is terminated from a program,³⁷ along with any other information relevant to managing safety risks.³⁸

However, the Committee is concerned that there is currently no requirement for MBCP service providers to follow up with a perpetrator who has withdrawn from a program. The Committee is of the view that follow-up with non-program completers would assist in risk management by supporting secondary referrals to other interventions as necessary to address underlying motivational issues or complex needs and enable service re-engagement.

Recommendation 3:

Standardise a post-participation follow-up service for perpetrators who have participated in an MBCP.

For an MBCP to fully and effectively engage with a perpetrator, he must first be motivated to attend a program to address his violent and abusive behaviour. However, this is often not the case for many of the men referred to MBCPs, particularly those mandated to attend by a court. This points to one of the many challenges associated with the ability of MBCPs to deliver sustained behaviour change.

36. Figure 2 above illustrates that in 2015–16, only 3.8 per cent of the approximately 18,000 MBCP cases progressed from referral to program completion. Research from Australia and overseas suggests that perpetrators of a younger age, those with lower educational attainment and/or those who are higher risk (more previous criminal offences, comorbid conditions and less motivation to change) are more likely to withdraw from a program (Lynn A. Stewart et al, 'Effectiveness of Risk-Needs-Responsivity-Based Family Violence Programs with Male Offenders' (2014) 29 *Journal of Family Violence*, 161; Urbis, 'Literature Review on Domestic Violence Perpetrators', 13 <https://www.dss.gov.au/sites/default/files/documents/09_2013/literature_review_on_domestic_violence_perpetrators.pdf>).

37. Family Safety Victoria, Men's Behaviour Change Minimum Standards, above n 22, 9 (Standard 1.18).

38. Ibid 11 (Standard 4.4). Standard 4.4 outlines that a report should be made following a perpetrator's completion, termination or withdrawal from the program, including the reason for termination or withdrawal, pre- and post-program assessment of risk, program attendance and any relevant referrals.

There is value in seeking to make MBCPs more relevant and responsive to a broader range of men, and in continuing efforts to strengthen and enhance the model. However, we should also be realistic about what the program can achieve. MBCPs are not a panacea to end family violence by all perpetrators, and it is important to keep in mind that they cannot respond to all men—particularly serious, high risk perpetrators—or deliver behaviour change in all men who participate in the program. The Committee commends and encourages the government's efforts to avoid sole reliance on one form of intervention through the development of additional interventions and supports.

There would also be value in ensuring judicial officers and court staff have greater knowledge and awareness of the benefits and limitations of MBCPs so they can recognise when an MBCP would be most appropriate for an individual perpetrator as well as better tailor orders, such as Community Correction Orders (CCOs), to include other supporting interventions. As Specialist Family Violence Courts continue to be rolled out, judicial understanding of, and expertise in, family violence will continue to grow—including through training provided by the Judicial College of Victoria. More training and support may be required for non-Specialist Family Violence Court staff to ensure this knowledge is shared across the courts system in Victoria.

Finally, strengthening secondary referral processes by MBCP providers would be another valuable step towards improving service delivery for perpetrators with complex needs, as discussed later in this report.

Further guidance on this could be included in the next iteration of NTV's MBCP Implementation Guide to support the revised Minimum Standards.

Recommendation 4:

Provide further guidance to the perpetrator services workforce on secondary referrals to support requirements under the revised Men's Behaviour Change Minimum Standards.

Case management

Case management provides a targeted response to address barriers to behaviour change such as drug or alcohol issues, lower literacy and lack of stable housing. As such, case management, when combined with integrated risk management strategies, can help to stabilise perpetrators' lives and improve victim survivor safety and wellbeing.

Current responses

Case management in the Victorian justice system has long been recognised as an important intervention to reduce rates of reoffending and promote safer communities.

Court Integrated Services Program (CISP)

CISP is available to an accused on summons, bail or remand in the Magistrates' Court, including the Family Violence Division. It adopts a multidisciplinary approach to assessing, treating, and referring clients to services such as drug and alcohol treatment, crisis accommodation, disability and mental health services. Case management of up to four months is provided for medium and high risk clients. Services are also provided to Aboriginal clients through the Koori Liaison Officer Program.

CISP is increasingly dealing with family violence offending. Between 2006–07 and 2014–15, the proportion of assessments involving family violence increased from 12 per cent to around 20 per cent.³⁹ Clients were mostly male (86 per cent), between the ages of 25 and 34, and presented with complex needs including alcohol and drug misuse and mental health issues.⁴⁰ In response to favourable program evaluations, the government has continued to expand CISP to additional court locations, with an emphasis on widening program reach to family violence perpetrators.

Corrections Victoria

Corrections Victoria provides case management to offenders in the community who are the subject of a CCO or on parole, including offenders convicted of family violence offences or who have a history of family violence. This includes supervision, monitoring offenders' compliance with orders, making referrals to relevant services, and working with other providers to monitor risk.

39. Magistrates' Court of Victoria and Children's Court of Victoria, Submission to the Royal Commission into Family Violence, *Royal Commission into Family Violence*, June 2015, 24, 36 <<http://www.rcfv.com.au/getattachment/BC1EFD6C-DE17-4005-AF31-E198CF51D7C9/Magistrates'-Court-of-Victoria-and-Children's-Court-of-Victoria>>.

40. Ibid 24.

Transitional supports and services are also provided in the lead up to and following an offender's release from prison, recognising that factors such as lack of stable housing, unemployment, lack of education and training, mental health issues, alcohol and drug addiction, and lack of family and community connectedness affect reintegration and increase the likelihood of reoffending.

Corrections Victoria's pre-release programs form part of its Reintegration Pathway, which commence upon arrival into custody, and intensify towards the end of the prison term. The ReConnect program commences a minimum of six weeks prior to release from prison, and provides tailored and flexible assertive outreach support across two service streams—one offering up to four weeks' support, and the other up to 12 months' support.⁴¹ In many cases, pre-release support for complex, high needs prisoners commences much earlier.

Perpetrator case management trials

In recent years, case management for family violence perpetrators in the community has included places funded through the Commonwealth National Partnership Agreement on Homelessness (NPAH) for community-based men's case management. However, this model has a narrow housing focus on perpetrators who have been removed from the family home and is only available in limited locations.

The Committee is pleased to note that the Victorian Government, through Family Safety Victoria (FSV), has now launched a more extensive community-based perpetrator case management trial with up to 2,000 places.⁴² The trial will provide a significantly expanded service offering for perpetrators who are typically more difficult to engage in intervention programs. It will be provided alongside, or as an alternative to, an MBCP to address the needs of individual perpetrators, such as addiction to alcohol and other drugs, homelessness and mental health support.⁴³

This model includes requirements relating to family safety contact, development of exit plans and client follow-up.⁴⁴ Perhaps most significantly, the trial includes dedicated Aboriginal and LGBTIQ case management services, meeting the needs of perpetrators from diverse backgrounds that have previously been underserved by mainstream interventions.

We understand that a separate case management trial will be established by the Magistrates' Court for perpetrators who are subject to FVIOs but may be ineligible for counselling orders and/or MBCPs, for example because of their complex needs. This work is critical as a complement to FSV's trial as some perpetrators in a justice setting will not be eligible for the community-based perpetrator case management trial, although the Committee was advised that perpetrators on FVIOs will be eligible. We understand that there will be close continuing engagement between the Magistrates' Court and FSV as the two trials are rolled out.

41. Corrections Victoria, 'Commissioner's Requirements: Transitional Support and Preparation for Release' (2016), 8.

42. Minister for Families and Children, 'Working with Perpetrators to Address Family Violence' (Media Release, 31 March 2018) <<https://www.premier.vic.gov.au/working-with-perpetrators-to-address-family-violence/>>.

43. Family Safety Victoria, 'Q&As – Trial of Case Management for Perpetrators of Family Violence' (2018), 1.

44. Family Safety Victoria, 'Perpetrator Case Management Trial Program: Operational Guidelines' (2018), 15.

Further opportunities

Cohorts for whom case management would be most appropriate

Given the importance of protecting children from family violence, case management could be prioritised for men who have just become, or are about to become, fathers. This is known to be a period of higher or intensified risk of family violence incidents.⁴⁵ Case management could play a role in supporting efforts to increase the safety of children and improve fathering skills, recognising that fatherhood is a powerful motivator of behaviour change for many men. For example, a case manager could connect a perpetrator participating in an MBCP with a fathering program to support his motivation to become a better parent, as well as reinforce the messages to desist from violence and abuse that are delivered in the MBCP.⁴⁶

Case management could also be prioritised for perpetrators in a known high risk period, such as in the weeks and months following separation from a partner, after a Family Violence Report is made by Victoria Police, or after the imposition of an FVIO. As a tailored, one-on-one service, case management could assist in monitoring and managing the perpetrator's response during these periods of increased risk to victim survivors.

Case management could also be of benefit in responding to perpetrators with low English language skills, including those with literacy issues or newly arrived migrants, through translation and literacy services. Ideally, case management for perpetrators from CALD communities would be provided by a case worker from the same, or similar, cultural background so as to reinforce behaviour change messages in a culturally relevant way.

As the case management trials are still in their early stages, the Committee encourages government to consider prioritising particular groups and individual circumstances for support services once the trials have been operating for a period of time and key demand areas become clearer.

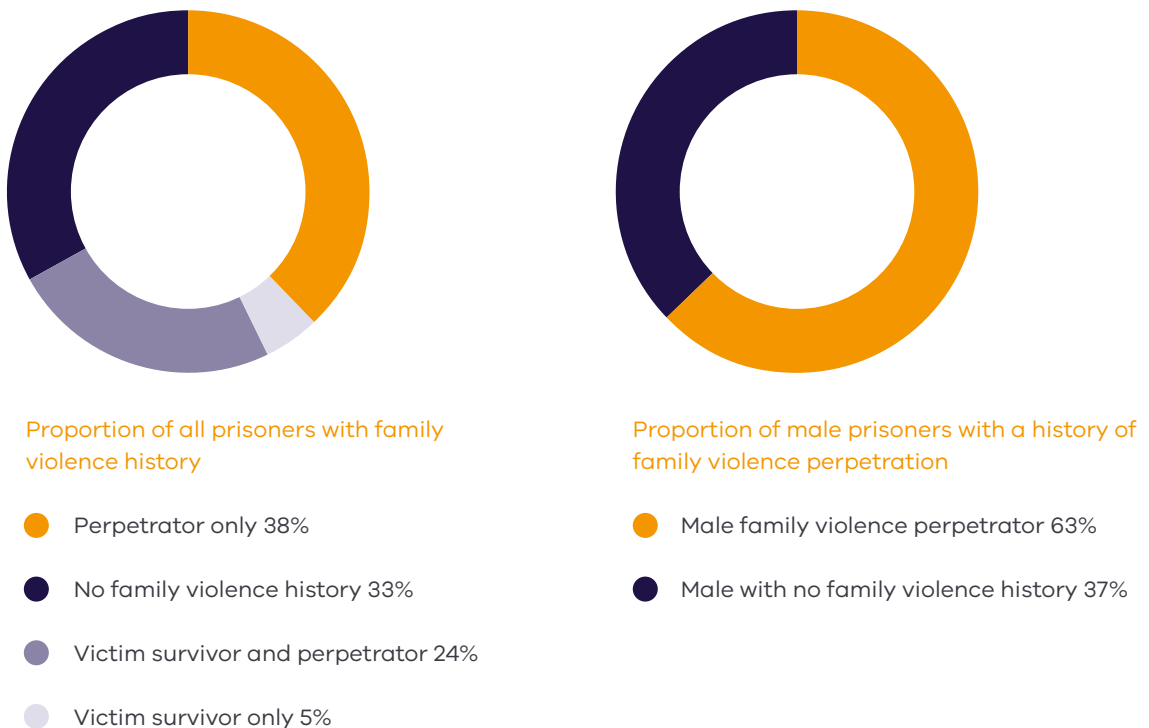
45. Monica Campo (AIFS), 'Domestic and Family Violence in Pregnancy and Early Parenthood' (2015) <<https://aifs.gov.au/cfca/publications/domestic-and-family-violence-pregnancy-and-early-parenthood>>.

46. It is important to recognise that there is a distinction between family violence programs and fathering programs for violent fathers. Fathering programs are not a replacement for MBCPs – however the Committee notes that these two programs do not sit in opposition, but rather family violence-informed fathering programs are a complementary practice tool to support the existing perpetrator interventions system.

Correctional services programs

Around two-thirds of Victoria's prisoners⁴⁷ and offenders⁴⁸ have a history as a perpetrator and/or victim survivor of family violence.⁴⁹ At December 2016, of the almost 18,000 male prisoners and offenders in the Victorian correctional system, 63 per cent had a history of family violence perpetration.⁵⁰

Figure 3: Victorian prisoners and offenders in the corrections system on 31 December 2016



Source: Department of Justice and Regulation, 'Family Violence Strategy for the Victorian Corrections system 2018–2021'.

47. The term 'prisoner' is used to describe people who are held in corrective services custody, whether sentenced or unsentenced (remanded) (Department of Justice and Regulation, 'Enhancing Safety: Family Violence Action Plan For The Victorian Corrections System 2018', 4 <<http://assets.justice.vic.gov.au/corrections/resources/88055b8a-f4ed-4fdc-8b4f-3c74b25308f1/familyviolenceactionplan.pdf>>).

48. The term 'offender' is used to describe persons who are being managed by Community Correctional Services, including prisoners released onto parole (ibid).

49. Department of Justice and Regulation, 'Enhancing Safety: Family Violence Action Strategy For The Victorian Corrections System 2018–2021', 6 <<http://assets.justice.vic.gov.au/corrections/resources/b8e89829-c06c-4375-8e9d-1738f61a8041/familyviolencestrategy2018-21.pdf>>.

50. Ibid 16.

These statistics highlight the critical need and opportunity to intervene with perpetrators while they are in custody or in the community under correctional services supervision.

Current responses

Corrections Victoria has developed a Specialist Family Violence Pathway to identify family violence perpetrators, assess the level of risk, and match identified risks and treatment needs with interventions. The Pathway extends to perpetrators who are on remand (unsentenced), sentenced to imprisonment, or subject to a CCO.⁵¹

Treatment for perpetrators of family violence is differentiated according to risk level, as determined by a clinical assessment. Perpetrators assessed as posing a low risk of family violence reoffending may be referred to an MBCP, while those assessed as posing a moderate to high risk of reoffending may be referred to the ChangeAbout program. Perpetrators are only eligible to participate in this program if they have first undertaken a treatment readiness program (Talking Change). ChangeAbout, like MBCPs, includes concurrent family safety planning and a support service.

Corrections Victoria family violence programs for male family violence perpetrators⁵²

Program	Description
ChangeAbout	<ul style="list-style-type: none"> – 88 hour therapeutic intervention program for male perpetrators of family violence identified as being at moderate or high risk of reoffending – Seeks to address risk factors related to family violence offending through a Risk Needs Responsivity approach that is informed by a gendered conceptualisation of violence – Aims to reduce reoffending by addressing issues including substance abuse, relationship skills and attitudes and beliefs supportive of family violence – Includes a family safety planning and support service incorporating partner/victim survivor contact.
Men’s Behaviour Change Programs	<ul style="list-style-type: none"> – Group-based psycho-educational programs for low-risk perpetrators that aim to change violent attitudes and behaviour – Programs are compliant with the revised Men’s Behaviour Change Minimum Standards.
Respectful Relationships Program (pilot)	<ul style="list-style-type: none"> – A psycho-educational program to help prisoners understand what a respectful relationship is and to develop strategies to begin building respectful relationships with their partners post-release.
Parenting responses	<ul style="list-style-type: none"> – Programs (being developed) to work with participants to understand and learn healthy parenting strategies and child-parent interactions.

51. Ibid.

52. Adapted from Department of Justice and Regulation, above n 47, 11–2 <<http://assets.justice.vic.gov.au/corrections/resources/88055b8a-f4ed-4fdc-8b4f-3c74b25308f1/familyviolenceactionplan.pdf>>.

Between the introduction of ChangeAbout in 2015 and 17 May 2018, 31 individuals had completed the program in prison and 85 individuals had completed it in the community through Community Correctional Services. At 17 May 2018, a further 30 prisoners and 30 offenders in the community were undertaking the program. A key barrier to participation is sentence length—many prisoners and offenders are subject to terms of imprisonment or CCOs of less than 12 months' duration, which does not provide sufficient time for screening, assessment, treatment readiness work and ChangeAbout participation.

ChangeAbout is yet to be evaluated; however, its continued accreditation is reliant on a future evaluation of program participation and completion.⁵³ As the program has only been operating for a short period of time, Corrections Victoria is planning an outcome evaluation that draws on sufficient data to be meaningful and is exploring other options to gain progressive insights into the program's effectiveness in the interim, including a process evaluation.

Corrections Victoria offers a number of programs to female offenders who have experienced and/or perpetrated family violence, including family violence recovery programs, specialist trauma counselling, a Respectful Relationships pilot program and a targeted program for Aboriginal women in custody.⁵⁴ Data indicates that as at 31 December 2016, 65 per cent of female prisoners and offenders in the corrections system had a history as a victim survivor of family violence, and 51 per cent had a history as a perpetrator of family violence.⁵⁵

Data also indicates that 84 per cent of Aboriginal prisoners and offenders have a history of family violence as a victim survivor and/or perpetrator, compared with 65 per cent of non-Aboriginal prisoners and offenders.⁵⁶ There are several in-custody programs for Aboriginal men who use family violence, delivered by Aboriginal Community Controlled Organisations (ACCOs) and non-government organisations.

Kaka Wangity, Wangin-Mirrie Aboriginal Cultural Programs⁵⁷

Program	Provider	Description
Growing Up Kids	Relationships Australia Victoria	A program focused on the development of culturally-focused parenting practices, ensuring that children are provided for and protected.
Men's Healing Program	Victorian Aboriginal Child Care Agency	A group-based cultural strengthening and healing program for Aboriginal and Torres Strait Islander men, supported by Aboriginal elders and leaders.
Men's Cultural Journey	Relationships Australia Victoria	A cultural resilience program, including follow-up support from Aboriginal community elders.
Marumali Healing Program	Connecting Home	A group-based healing program for members of the Stolen Generations, their families and their communities.

53. Advice provided by the Department of Justice and Regulation (17 May 2018).

54. Department of Justice and Regulation, above n 47, 8–9.

55. Department of Justice and Regulation, above n 49, 13, 15.

56. Ibid 8.

Further opportunities

The Committee was pleased to learn that Corrections Victoria has taken steps to adapt its suite of offending behaviour programs, including family violence programs, to prisoners and offenders from CALD communities. Further detail on this, and work to adapt the ChangeAbout program for perpetrators with a cognitive impairment, is included later in this report.

As discussed above, ChangeAbout has not been evaluated. The Committee notes that the New South Wales Bureau of Crime Statistics and Research (BOCSAR) recently evaluated the Corrective Services NSW family violence treatment program, Explore, Question, Understand, Investigate and Practise, Plan, Succeed (DVEQUIPS).⁵⁸ DVEQUIPS is a behaviour change program for medium to high risk family violence offenders serving custodial or community-based sanctions.

The BOCSAR evaluation found no evidence of a reduction in family violence reoffending, concluding that participation 'does not confer any additional benefit over and above the effect of supervision and engagement with community corrections'.⁵⁹

Despite these findings, BOCSAR cautioned against abandoning the program, noting:

Corrective Services NSW has recently improved the completion rate for DVEQUIPS and significant reforms are well underway which should enhance the effectiveness of all of CSNSW rehabilitation programs. It may be worth waiting for these reforms to take effect and then re-evaluating DVEQUIPS.⁶⁰

As DVEQUIPS is a different program delivered by a different organisation, we should not draw any conclusions about the applicability of these findings to the Victorian context. However, they do reinforce the need for ongoing evaluation, refinement and realignment of perpetrator interventions as well as ongoing commitment to sharing experience between jurisdictions. Later in the report, the Committee recommends that new and existing interventions, including correctional services and community programs, be evaluated against a common evaluation framework to determine their effectiveness.

57. Adapted from Corrections Victoria, Programs <<http://www.corrections.vic.gov.au/home/prison/programs/>>.

58. Sara Rahman and Suzanne Poynton, 'Evaluation of the EQUIPS Domestic Abuse Program' (2018) *Crime and Justice Bulletin* No. 211.

59. Ibid 12.

60. BOCSAR, 'Evaluation of a Domestic Violence Treatment Program' (Media Release, 23 April 2018) <http://www.bocsar.nsw.gov.au/Pages/bocsar_media_releases/2018/mr-Evaluation-of-a-domestic-violence-treatment-program.aspx>.

People who use violence within, and interacting with, Aboriginal communities

As acknowledged in *Free from Violence*,⁶¹ Aboriginal communities in Victoria have consistently led the way in developing priorities and actions to prevent and respond to family violence. This is demonstrated through strong whole-of-community initiatives that bring together Aboriginal and Torres Strait Islander women, men, children and Elders to collectively break the cycle of violence.

However, there are still barriers to engaging people who use violence in services and interventions, and to the reporting of family violence by victim survivors. These include actual and perceived discrimination, language and cultural barriers, lack of community trust in services and organisations, and low engagement by mainstream agencies with local communities.⁶²

While many Aboriginal people prefer to access ACCOs as they are more likely to provide culturally safe services, the Committee has also heard that some Aboriginal people may prefer to use mainstream services; for example, where the person who uses violence knows an individual working at an Aboriginal men's organisation. This highlights the importance of making mainstream interventions such as MBCPs more responsive to, and relevant for, Aboriginal people.

The Victorian Aboriginal community has been clear that a holistic approach is needed when supporting Aboriginal women experiencing family violence, as well as Aboriginal people who use violence. The Committee has had the privilege to learn from community through consultation with Victorian Aboriginal family violence services and community representatives, including at the Aboriginal Co-Design Forum hosted by FSV in April 2018, and separate workshops undertaken as part of the CIJ project. Key themes from these consultations are set out below.

61. Victorian Government, 'Free From Violence: Victoria's Strategy to Prevent Family Violence and all Forms of Violence Against Women' <<https://www.vic.gov.au/familyviolence/prevention-strategy.html>>.

62. Victoria, Royal Commission into Family Violence, *Report and Recommendations Volume V* (2016), 7 <<http://www.rcfv.com.au/MediaLibraries/RCFamilyViolence/Reports/Final/RCFV-Vol-V.pdf>>.

Key themes – Aboriginal Co-Design Forum and CIJ consultations with community

To be effective, services need to:

- focus on whole-of-community responses to people who use violence, emphasising accountability, cultural strengthening, healing and preserving the cohesion of the family unit;
- move beyond punitive responses to violence to viewing perpetrator interventions as a space for innovation and an avenue for change and long-term sustainability;
- build trust and create culturally safe places for people who use violence by ensuring local cultural appropriateness;
- understand underlying traumas that have occurred as a result of colonisation and past practices such as forced removal of children;
- encourage men to actively engage and connect with the pain of their story and unresolved or suppressed traumas;
- consider the complex and multiple intersecting factors of disadvantage that underpin the occurrence of family violence in Aboriginal communities; and
- support community-led responses, strengths-based programs and community-owned services by harnessing the wisdom, knowledge and direction from community to devise local solutions to local problems.

When services that work with people who use violence in Aboriginal communities are not culturally safe, appropriate or responsive, we lose opportunities to support men to end their violence. To mitigate this risk, mainstream interventions such as MBCPs must be supported to deepen their understanding of culturally appropriate practice. Consistent with our recommendations later in the report, this should include perpetrator services undertaking Aboriginal cultural awareness training delivered by organisations such as the Elizabeth Morgan House Aboriginal Women's Services or the Victorian Aboriginal Community Services Association.

Supporting the work of ACCOs

ACCOs are critical to building the cultural safety capacity of family violence services, including through providing cultural safety education and secondary consultations. The Committee notes funding in 2017–18 for the Strengthening the Cultural Safety of Family Violence Services Project, which aims for state-wide provision of cultural safety support to services involved in addressing family violence for Aboriginal Victorians. Aboriginal Cultural Safety Advisors will be embedded in ACCO services for perpetrators to provide additional education and support to mainstream services in engaging with Aboriginal clients.⁶³

Over the longer-term, consideration should be given to how ACCOs can be further supported to deliver cultural safety training and consultation, in addition to their day-to-day services, in a sustainable manner. Further consideration is also required for what mainstream approaches can learn from ACCOs' work with men who use violence, beyond the strengthening of consultation linkages, such as identifying when strengths-based, whole-of-community approaches are appropriate.

63. Victorian Government, 'Recommendation 148: Require Services to Conduct Cultural Safety Reviews and Action Plans' <https://www.vic.gov.au/familyviolence/recommendations/recommendation-details.html?recommendation_id=109>.

Research by the Healing Foundation in collaboration with White Ribbon⁶⁴ and ANROWS,⁶⁵ also provides insight into how to strengthen system integration and hold men accountable through greater cultural awareness and responsiveness. The ANROWS research found that mainstream agencies and Aboriginal women from areas around Australia hold different notions of what constitutes an 'integrated response'. Whereas non-Indigenous practice focuses on an integrated criminal justice response to improve system efficiency, Indigenous organisations see integration as a holistic response focused on prevention along with cultural strengthening and healing families.⁶⁶

Given this, there is a critical role for targeted responses for community that promote healing as well as accountability. Dardi Munwurro's Healing and Family Violence Program is one such service in Victoria that has set the standard for community-led practice. This strengths-based program 'builds cultural connection as a pathway to healing the individual drivers for violence and ultimately developing pride and confidence for planning a future with healthy relationships in families and communities'.⁶⁷

Further opportunities

The Committee notes that two new or enhanced programs for Aboriginal people who use violence have recently received funding under the Family Violence Perpetrator Interventions Grants Program: Dardi Munwurro's Healing and Strengthening Program for Aboriginal Men, and Gunditjmara Aboriginal Cooperative's Wangan Ngootyoong (wang'un gnuuteung) (Respect) project.

Healing and Strengthening Program for Aboriginal Men

This state-wide program will deliver a package of interventions for Aboriginal men who use violence in two age cohorts: 18–25 and 25 years old and over. Each cohort will participate in:

- a five-day healing camp;
- individual case management and mentoring support, including fortnightly check-ins;
- follow-up legal assistance;

- mentoring from an Elder, and tailored, post-healing camp therapeutic support;
- an established Men's Behaviour Change group; and
- a follow-up camp after nine months to build a family violence-free personal narrative and a plan for the next stage of the healing journey.

The program will leverage off Dardi Munwurro's existing Health and Behaviour Change groups, run in Bairnsdale, Echuca, Epping, Mildura, Preston, Robinvale and Swan Hill.

64. Healing Foundation and White Ribbon Australia, 'Towards an Aboriginal and Torres Strait Islander Violence Prevention Framework For Men And Boys' (2017).

65. Harry Blagg et al, 'Innovative Models In Addressing Violence Against Indigenous Women: Final Report' (ANROWS Horizons, Issue 1, January 2018).

66. Ibid.

67. Dardi Munwurro Healing and Family Violence Program <<http://dardimunwurro.com.au/#dardi-healing-circles>>.

Wangan Ngootyoong (wang'un gnuuteung) (Respect) Project

This project involves an innovative approach that is person-centred, offers local solutions and earlier, better connected services for Aboriginal people who use violence. A consortium of ACCOs will operate the project out of the Barwon South-West and Warrnambool regions.

A case management model with a therapeutic response and a men's cultural group will be designed to support the abusive family member to stop their use of violence. Case management will occur in the context of a transitional framework for intervention, and will be interactive and dynamic with an emphasis on ongoing risk analysis, safety planning and decision-making supported by professional and accountable practice. An estimated 30 participants will be engaged in the 15-month program.

The Committee recognises that community is leading and co-designing a number of important initiatives, and that the government's next Indigenous family violence 10-year plan, *Dhelk Dja: Safe Our Way—Strong Culture, Strong Peoples, Strong Families*, will provide the foundation to support whole-of-community, Aboriginal-led responses to family violence. The Committee recommends that government ensure that in the implementation of this plan, sufficient focus be given to strengthening connections between perpetrator services and targeted Aboriginal services for people who use violence, as well as learning from Aboriginal services in their approach to working with people who use violence. This would also support the fourth phase of the Victorian Aboriginal Justice Agreement, *Burra Lotjpa Dunguludja*⁶⁸, in improving outcomes for Aboriginal Victorians, including helping to reduce overrepresentation in the justice system.

Recommendation 5:

In line with the implementation of the next Indigenous family violence 10-year plan, *Dhelk Dja: Safe Our Way—Strong Culture, Strong Peoples, Strong Families*, strengthen relationships between non-Aboriginal and targeted Aboriginal services for people who use violence. This should include learning from Aboriginal services' approaches to working with people who use violence to improve responses for community and ensure greater victim survivor safety.

68. The Victorian Aboriginal Justice Agreement is a multi-layered structure of partnership between the Victorian Government and Koori community established to achieve improved justice outcomes for Koori peoples. Phase 3 of the Agreement (AJA3) is available here: https://assets.justice.vic.gov.au/justice/resources/f4b38365-f9bc-48ef-bf3e-47ac8e6149de/oja3_web.pdf. *Burra Lotjpa Dunguludja* is due to be completed in 2018.

Interventions based on the motivation of fatherhood

The *Family Violence Protection Act 2008* recognises a child's exposure to the effects of violent, abusive, coercive or threatening behaviour as constituting family violence. In 2016–17, of the 76,500 family violence incidents recorded by Victoria Police, children were present in 31.2 per cent of incidents—and of the incidents involving youth victims, almost 64 per cent of victims are a child of the perpetrator.⁶⁹ Research also indicates that most children are aware of family violence in the home even when parents believe it is being hidden from them.⁷⁰

The overlap between intimate partner violence and child abuse is well established.⁷¹ The cumulative effect of exposure to both intimate partner violence and child abuse or maltreatment significantly increases the risk of children developing externalised behavioural problems,⁷² symptoms of post-traumatic stress disorder (PTSD) or internalised problems such as fear, insecurity, depression and anxiety.⁷³ On the whole, children exposed to family violence present with a higher prevalence of psychological, social, behavioural, educational and developmental deficits. These children also have a greater risk of becoming victims of violence, and of engaging in violence and aggression, in adolescence and in adulthood.⁷⁴ The Committee recognises the devastating impact that family violence has on children and young people.

One of the most powerful tactics perpetrators use to frighten, hurt, coerce, and regain control and dominance over intimate partners includes 'using the children' to undermine mothering or engage in post-separation abuse.⁷⁵ Critically, perpetrators can continue to have significant fathering roles with their children or step-children following separation or a family violence intervention, which comes with a risk of children having ongoing exposure to emotional and physical abuse and neglect, unless the behaviour is addressed.⁷⁶

69. Crime Statistics Agency, Family Violence Dashboard, Victoria Police, 'Family Incidents Involving Young People' <<https://www.crimestatistics.vic.gov.au/family-violence-data-portal/family-violence-data-dashboard/victoria-police>>.

70. Katie Lamb, Cathy Humphreys and Kelsey Hegarty, 'Your Behaviour Has Consequences: Children And Young People's Perspectives On Reparation With Their Fathers After Domestic Violence' (2018) 88 *Child and Youth Services Review*, 164.

71. Emily J. Salisbury, Kris Henning and Robert Holdford, 'Fathering by Partner-Abusive Men' (2009) 14 *Child Maltreatment*, 232.

72. C. Bourassa et al, 'Fathers' Perspectives Regarding Their Children's Exposure to Intimate Partner Violence', (2017) 11 *Journal of Public Child Welfare*, 267.

73. *Ibid* 268; Salisbury, Henning and Holdford, above n 71.

74. Salisbury, Henning and Holdford, above n 71, 233.

75. Department for Child Protection (Western Australia), 'Perpetrator Accountability in Child Protection Practice—A Resource for Child Protection Workers about Engaging and Responding to Men Who Perpetrate Family and Domestic Violence' (2013). See Rodney Vlasis, 'Engaging Men Who Use Domestic And Family Violence In Child Protection Settings' (2012) <<https://aifs.gov.au/cfca/events/making-men-who-perpetrate-family-violence-visible-child-protection-work/slide-outline-making-men-who-perpetrate-family-violence-visible-child-protection-work>> for examples of violence towards women as mothers.

76. Department of Child Protection (Western Australia), 'Perpetrator Accountability' 26; Australian Domestic and Family Violence Death Review Network, 'Data Report' (2018).

Research indicates that the desire to be a better father can be a strong motivator for behaviour change. For example, through its study on men's participation in MBCPs, CIJ found that most participants showed willingness to take some responsibility for the effects of their violence on their children, in a way that they were not willing to do for their use of violence against their intimate partner.⁷⁷ Another study found that perpetrators who 'locate' themselves as fathers are more able to admit they need to stop using violence.⁷⁸

However, responses to perpetrators currently lack a consistent approach on how to best leverage fatherhood as a motivation for men to end their violent behaviour. Perpetrator services have not traditionally placed great emphasis on men's role as fathers or potential fathers and the impacts of family violence on children; focusing instead on men as individuals who are responsible for their own choices to use violence as influenced by rigid gender norms, traditional gender roles and distorted understandings of masculinity and power. Violent men are usually categorised as either '(ex)partner' or 'father' and responded to accordingly.⁷⁹

Other jurisdictions have developed interventions with a blend of perpetrator accountability, emphasis on fatherhood and empathy for children's lived experience to achieve behaviour change, some with promising results.⁸⁰

Interventions for violent fathers

- Caring Dads (Canada, also currently being trialled in Victoria)
- Dad's Group (Canada)
- Fathers for Change (USA)
- Fathering After Violence (USA)
- Restorative Parenting (USA)
- Addressing Fatherhood with Men Who Batter (USA)
- Strong Fathers (USA)
- United Program (Israel)
- Alternatives to Violence (Norway)

77. Centre for Innovative Justice, above n 11, 26–7.

78. Joanie Smith, *Experiences Of Consequences, Accountability And Responsibility By Men For Their Violence Against Women And Children* (PhD Thesis, The University of Melbourne, 2013) cited by Centre for Innovative Justice, *ibid* 27.

79. Susan Heward-Belle, 'The Diverse Fathering Practices of Men who Perpetrate Domestic Violence' (2016) 69 *Australian Social Work*, 324.

80. Michel Labarre et al, 'Intervening with Fathers in the Context of Intimate Partner Violence: An Analysis of Ten Programs and Suggestions for a Research Agenda' (2016) 13 *Journal of Child Custody*, 6–10.

In Victoria, some family violence-informed fathering programs are available for perpetrators who have completed an MBCP and want to strengthen or repair relationships with their children:

- Fathering without Violence (Kildonan Uniting Care)
- Repair-enting (Relationships Australia Victoria)
- Dads about Kids (Star Health)

Current responses

While the research on family violence-informed fathering programs is promising, family violence practitioners must remain alert to the risks for women and children in offering fathering programs to violent men, in particular the risk that they may be misused to reinforce the man's control over the family.⁸¹ There is also a risk that fathering programs could strengthen the perpetrator's denial of his violence by appearing

to reframe the problem as deficient parenting.⁸² To protect against these risks, perpetrators must acknowledge and take responsibility for their violence and make significant progress in desisting from it before entering a fathering program.⁸³ The safety and wellbeing of women and children must be the primary objective of any intervention with a perpetrator who is a father.

Fathering intervention trials

The Committee welcomes the Victorian Government's trial of the Caring Dads program in Victoria. Referrals to the program are made through the Men's Referral Service, alcohol and other drug services, mental health services, Child Protection, Child FIRST, maternal and child health services, police and other community services. The pilot will run until June 2019 and will be evaluated by the University of Melbourne. The Committee also notes that the Making aMENDs: Becoming a Better Dad program has received funding under the government's Family Violence Perpetrator Interventions Grants Program.

Making aMENDs

Making aMENDs offers individual and group work to fathers of children under 18 who have perpetrated family violence and are subject to criminal or civil proceedings in the community or have recently transitioned from prison or community corrections. The program will have four components:

- initial assessment of group readiness and individual support through case management and case coordination, as well as support to access resources including housing;
- a 16-week group program focusing on men's role as fathers that seeks to restore the father/child relationship;
- regular contact with partner or ex-partner while men are connected to the program to monitor their safety and wellbeing and manage risks; and
- family liaison role that works therapeutically with the partner or ex-partner and the children or directly with adolescent children.

81. Guy Perel and Einat Peled, 'The Fathering of Violent Men: Constriction and Yearning' (2008) 14 *Violence Against Women*, 478.

82. *Ibid.*

83. The Committee has also heard that, as a pre-condition, abusive fathers should only be allowed access to, or custody of, their children after they have participated in an MBCP and fathering intervention.

Early intervention initiatives such as Baby Makes 3 can also be influential for fathers-to-be.⁸⁴ Such primary prevention initiatives address potential precursors to violence, including poor parenting skills stemming from a sense of entitlement, self-centred attitudes, controlling behaviour, unrealistic expectations and poor understanding of child development.⁸⁵

Further opportunities

The Committee considers that all interventions for perpetrators of family violence should be able to respond to a man as a perpetrator and a father, including where he may be about to become a father for the first time, is part of a 'blended family' or other parental/family arrangement, or is in the process of separation or divorce.

There is a need for integrated interventions specifically designed for violent men who are fathers that recognise the intersection of fatherhood and family violence, and reflect the perspectives of women and children to provide them greater safety, self-determination and wellbeing.

Shifting the lens for family violence and Child Protection practitioners to view and engage with men as fathers as well as perpetrators provides a more sophisticated and effective framework and increases intervention points: it is an entry point for communication, engagement and motivation for behaviour change; it extends the definition of being a 'good father' to include respecting his child(ren)'s mother; and supplements the assessment of risk and needs.

Utilising 'better fathering' as an organising principle for perpetrator interventions could:

- strengthen perpetrator assessments, by including evaluation of the impact of the perpetrator's behaviour on child and family functioning;
- better align responses with victim survivors' priorities—the needs and safety of children;
- emphasise the voices of children in responses to perpetrators;
- strengthen links between family, family violence and Child Protection services; and
- increase men's motivation to change violent behaviour and readiness to engage in interventions and programs.

Recommendation 6:

To further support engagement of perpetrators in interventions, develop guidance for perpetrator services and non-family violence specific services on working with men as both perpetrators and fathers, while ensuring that child safety is paramount.

An important additional benefit of this approach is that it can better align perpetrator services to targeted services for Aboriginal and culturally diverse communities, for whom connection to family and community often has strong resonance. While victim survivors' and children's safety must be the priority, separation of a perpetrator from his family may be at odds with the preferred approach in some communities, as it can lead to loss of supports and points of reference for perpetrators as they seek to change and cease their violent and abusive behaviour.

84. Australian Institute of Family Studies, 'Communities for Children Facilitating Partners Evidence-Based Programme Profiles' <<https://apps.aifs.gov.au/cfca/guidebook/programs/baby-makes-3>>.

85. Cathy Humphreys and Monica Campo, 'Fathers Who Use Violence: Options For Safe Practice Where There Is Ongoing Contact With Children' (Paper No 43, Child Family Community Australia, 2017).

Women who use violence

The most common form of family violence is intimate partner violence committed by men against current or former female partners.⁸⁶ Despite this, there is a cohort of women who use violence. It is well understood that women who use violence in a family relationship sometimes do so in self-defence or in retaliation for violence perpetrated against them, as a result of past experiences of abuse, and/or as a consequence of complex criminogenic factors including substance abuse, mental health issues, PTSD, personality disorders or a history of physical, sexual or psychological abuse.⁸⁷

Women are also sometimes wrongly identified as the primary aggressor by police when they are in fact the victim.⁸⁸ The Victorian Government is currently working with key stakeholders to develop guidance on determining the primary aggressor in family violence incidents.

As the greatest number of family violence incidents tend to be perpetrated by men against women,⁸⁹ far fewer interventions are developed for women who perpetrate family violence, either in response to intimate partner violence or against parents, siblings, children or other family members. However, the Committee notes that there are some interventions for women who use violence currently available in other jurisdictions,⁹⁰ and other interventions that are adaptable to diverse perpetrators that warrant consideration.⁹¹

Current responses

The Committee is pleased that in Victoria a new service for women, #AllOfUs, has received a Family Violence Perpetrator Interventions Grant. It will run as a pilot at Drummond Street Services for 18 months, engaging up to 30 women who use violence and up to 60 victim survivors.

86. Victoria, Royal Commission into Family Violence, *Summary and Recommendations* (2016), 2 <<http://www.rcfv.com.au/MediaLibraries/RCFamilyViolence/Reports/Final/RCFV-Summary.pdf>>.

87. Royal Commission into Family Violence, above n 6, 271.

88. *Ibid* 18.

89. See, eg, Crimes Statistics Agency, Family Violence Data Dashboard, Victoria Police <<https://www.crimestatistics.vic.gov.au/family-violence-data-portal/family-violence-data-dashboard/victoria-police>> and Magistrates' Court <<https://www.crimestatistics.vic.gov.au/family-violence-data-portal/family-violence-data-dashboard/magistrates-court>>.

90. Examples of interventions developed in the USA include the Women Who Resort to Violence program and the Beyond Violence Intervention program, cited in Royal Commission into Family Violence, above n 6, 272.

91. See, eg, Colorado Domestic Violence Offender Management Board, 'Standards For Treatment With Court Ordered Domestic Violence Offenders,10-11' <<http://cdpsdocs.state.co.us/dvomb/Standards/standards.pdf>>; Appendix B: Specific Offender Population Best Practice Guidelines For Providing Court-Ordered Treatment to Female Domestic Violence Offenders' <<https://docs.google.com/file/d/0B67htTDuFr48SDIZzVsc2dNZWc/edit>>.

#AllOfUs

#AllOfUs will design and deliver integrated service responses for female perpetrators who are cisgendered, heterosexual, bisexual, lesbian, transgender or gender diverse. It will provide individual assessment and coordinated interventions, including:

- case management;
- cognitive behavioural therapy and dialectical behaviour therapy or adapted men’s behaviour change interventions;
- mental health services;
- drug and alcohol services; and
- cross-sector work.

The trial fills a critical service gap and will help to improve understanding of demand. Subject to outcomes, the Committee encourages consideration of expansion beyond the #AllOfUs trial, to further address this service gap. Where possible, new interventions should comply with the principles the Royal Commission identified from the US experience; namely, that interventions for women who use violence should:

- be different from traditional perpetrator interventions that are designed to counter male violence, as the majority of women do not use violence to intimidate or control;
- address the broad range of circumstances including persistent victimisation, the imperative of self-defence and the motivation of retaliation;
- consider the consequences for women of refraining from the use of violence such as injury, shame of feeling dominated and the reactions of other people; and
- avoid a one-size-fits-all approach, acknowledge diversity within a group, and be targeted to the unique and complex circumstances of each case.⁹²

92. Royal Commission into Family Violence, above n 6, 272.

Perpetrators in LGBTIQ communities

It has been estimated that one in three people who identify as lesbian, gay, bisexual, transgender, intersex or queer (LGBTIQ) experience violence from a partner, ex-partner or family member.⁹³ For many members of LGBTIQ communities, this violence may be experienced at multiple points in their lifetime.⁹⁴

Barriers to the collection of statistical and demographic data on LGBTIQ relationships created by fears of discrimination, worries about provoking further stigma and non-recognition of family violence in same-sex/gender diverse relationships mean that we do not know the true extent of family violence in LGBTIQ communities.⁹⁵ This has led to an 'invisibility of LGBTIQ relationships in policy and practice responses'.⁹⁶ The Committee notes that current work underway by the Crime Statistics Agency to improve family violence data collection includes a specific focus on a range of cohorts including people from LGBTIQ communities.

Mainstream perpetrator services such as MBCPs are not currently appropriate for LGBTIQ communities, in part because while power and control are elements common to all abusive relationships, LGBTIQ experiences can include unique forms of abuse and controlling behaviour. The AIDS Council of NSW (ACON) notes this can include:

- using someone's intersex status, sexuality, gender, gender expression, transgender or HIV status against them;
- threatening to 'out' someone to their family, friends, community or workplace —'outing' can include someone's gender, sexuality, intersex status or HIV status;
- controlling someone's medications, access to gender transition-related healthcare, or pressuring them to conform to sex or gender norms;

93. AIDS Council of NSW (ACON), <<https://www.acon.org.au/what-we-are-here-for/domestic-family-violence/>>.

94. Our Watch, in partnership with Dr Philomena Horsley and GLHV@ARCSHS (La Trobe University), 'Primary Prevention of Family Violence against People from LGBTIQ Communities—An Analysis of Existing Research' (2017), 49 <[https://www.ourwatch.org.au/getmedia/32e193c0-66f9-4957-81bb-62c2245a9d88/Primary-Prevention-of-FV-against-LGBTI-people-Report-\(Accessible-PDF\).pdf.aspx](https://www.ourwatch.org.au/getmedia/32e193c0-66f9-4957-81bb-62c2245a9d88/Primary-Prevention-of-FV-against-LGBTI-people-Report-(Accessible-PDF).pdf.aspx)>.

95. Liza Lorenzetti et al, 'Domestic Violence in Alberta's Gender and Sexually Diverse Communities: Towards a Framework for Prevention' (2015, Shift: The Project to End Domestic Violence, University of Calgary) cited in Monica Campo and Sarah Tayton, 'Intimate Partner Violence In Lesbian, Gay, Bisexual, Trans, Intersex And Queer Communities: Key Issues' (CFCA Practitioner Resource, Australian Institute of Family Studies, December 2015) <<https://aifs.gov.au/cfca/publications/intimate-partner-violence-lgbtiq-communities>>; Victorian Gay & Lesbian Rights Lobby, Submission to the Royal Commission into Family Violence, cited in Royal Commission into Family Violence, above n 6, 11.

96. Campo and Tayton, *ibid*, citing the Australian Institute of Family Services.

- taking advantage of the lack of appropriate language to discuss abuse in LGBTIQ communities/relationships,
- taking advantage of the lack of mainstream services that address the needs of LGBTIQ people, such as safe housing services for male victims, supports for female perpetrators, and transgender and intersex inclusive services;
- using an LGBTIQ person’s fear of lack of understanding, minimisation and/or discrimination from police and service providers; and
- using an LGBTIQ person’s fear around differing legal rights over children and assets.⁹⁷

Most perpetrator interventions are designed to address men perpetrating family violence against women, use a gendered understanding of violence and have a heterosexual understanding of relationships. This forces some trans, gender diverse and/or non-heterosexual men to go without services or to access perpetrator services that are not appropriate and potentially unsafe, which increases risks for victim survivors.

Current responses

A small number of LGBTIQ-specific perpetrator interventions are currently provided in Australia. Thorne Harbour Health (formerly Victorian AIDS Council) (THH) runs Revisioning, a behaviour change program for gay, bisexual or queer men (including cisgender and transgender men).⁹⁸ With Respect (w / respect) is an LGBTIQ integrated family violence targeted service led by Drummond Street Services (queerspace) and supported by THH, Switchboard Victoria and Transgender Victoria. The service employs a whole-of-family approach that has a practice lead overseeing the case management of perpetrators and victim survivors. It also offers a state-wide centralised intake and referral service. The Committee notes that this service is a promising example of an integrated model.

In NSW, a cross-agency research project run by Relationships Australia NSW and ACON is developing group interventions for LGBTIQ perpetrators and victim survivors, targeting evidence-based interventions for LGBTIQ clients, and generating best practice criteria for ongoing program development and service provision.⁹⁹

The Committee is pleased to note that #AllofUs, the new trial service for women and gender diverse people who use violence discussed earlier in this report, will also be accessible for LGBTIQ women. The Committee supports evidence-based, community-led LGBTIQ-specific initiatives to be considered for integration into Victoria’s perpetrator interventions system, alongside consideration of how mainstream perpetrator services within Victoria could become more LGBTIQ inclusive.

97. ACON, above n 93.

98. Thorne Harbour Health <<https://thorneharbour.org/lgbti-health/relationship-family-violence/revisioning/>>.

99. Relationships Australia New South Wales, 'Current Research Projects' <<http://www.relationshipsnsw.org.au/professional-learning-training/current-research-projects/>>.

Perpetrators from culturally and linguistically diverse (CALD) communities

The social and economic marginalisation experienced by many people from CALD backgrounds,¹⁰⁰ especially recently arrived migrants, and traumatic pre-migration experiences of refugees and humanitarian entrants add further layers of complexity to the experience of family violence in CALD communities.¹⁰¹ All these factors contribute to its disproportionate impact on CALD communities.¹⁰²

However, the prevalence of family violence within CALD communities is not readily quantifiable due to under-reporting, barriers to disclosure and challenges in seeking help due to social isolation, and cultural, religious, language, institutional and structural barriers. Under-reporting is not unusual for CALD women as it is generally influenced by:

- loss or potential loss of familial and social support networks;
- misunderstandings of what constitutes family violence in Victoria;
- lack of information about Australia's laws, and legal and human rights;
- visa status and dependence on an Australian visa sponsor;
- fear of people in positions of authority;
- reluctance to speak out due to community pressure;
- fear of negative perceptions;
- traditional views of marriage;
- importance of 'keeping the family together' and preserving the community in collectivist cultures; and/or
- distrust of Child Protection and welfare services.¹⁰³

100. These intersecting factors could include racism, perceived or actual discrimination, stigma, intergenerational trauma, social isolation, exclusion, economic disadvantage and faith-based prejudice.

101. Royal Commission into Family Violence, above n 62, 99.

102. Australian Law Reform Commission, *Family Violence and Commonwealth Laws – Culturally and Linguistically Diverse Communities*, Report No 117, (2012) <<https://www.alrc.gov.au/CFV-CALD>>.

103. Marianne Yoshioka and Deborah Choi, 'Culture and Interpersonal Violence Research: Paradigm Shift To Create A Full Continuum Of Domestic Violence Services' (2005) *Journal of Interpersonal Violence* 20; Victorian Multicultural Commission, Submission to the Royal Commission into Family Violence, Royal Commission into Family Violence, June 2015.

Some research suggests that the currently understood prevalence of family violence within migrant and refugee communities would change if further factors surrounding country of origin, refugee/migration experience, resettlement and length of time spent living in the country of resettlement were added to the analysis of data.¹⁰⁴ Work underway on the Victorian Family Violence Data Framework is expected to improve data collection and analysis in relation to people from CALD communities.¹⁰⁵

Experiences of family violence within or across diverse communities are mediated by multiple, intersecting factors that are specific to the position of an individual, family or community within wider society. The Committee welcomes the release of the *Temporary Migration and Family Violence: A Review of Victimisation, Vulnerability and Support* report as an important contribution to our understanding of the impact of these intersecting factors on the experience of family violence in diverse communities.¹⁰⁶

Limited access to services is a common issue for perpetrators from diverse communities. This is due to a number of reasons, including language and cultural barriers. Proficiency in English is one of the eligibility criteria for enrolment in a mainstream MBCP. Research suggests that proficiency in English is a determinant of whether people are aware of gendered violence,¹⁰⁷ indicating that language can be a significant barrier to reaching and engaging perpetrators effectively.

Evidence also suggests that people from different cultural backgrounds can have distinct concepts of 'violence' (in general) and 'family violence' (in particular) that reflect past personal experiences from their country of origin, family histories and sociocultural attitudes.¹⁰⁸ Culture and lived experience play an integral role in an individual's perceptions of the importance of an issue, including the use of violence.¹⁰⁹ For example, based on pre-settlement experiences of exposure to endemic violence and to the extreme violence and trauma of war and civil strife, refugee communities' understanding of what constitutes severe violence could be significantly different to the mainstream, accepted notion of 'violence' in Australia.¹¹⁰

In every interaction with perpetrators and clients from CALD backgrounds, it is critical for service providers to remember that the mainstream understanding of family violence can be vastly different to those of the individuals and communities they work with, and that power imbalances and gender inequality feature in almost all societies. Family violence is not unique to any specific community or culture, and misinformation and cultural stereotypes about perpetrators must be overcome to sharpen our focus on culturally appropriate and effective responses without stigmatising certain communities.

Current responses

In Victoria, the current mainstream service response for perpetrators from CALD backgrounds is mixed. There are only two services delivering MBCPs in a language other than English. Separately, there are culturally specific MBCPs delivered in English, and bilingual and bicultural service workers capable of understanding cultural nuances and engaging with participants' lived experiences.

104. Margaret Piper, 'Working with Forced Migrants – Trainers' Manual' (Navitas English, AMES Australia and MDA, 2016) <<https://www.ames.net.au/-/media/ames/bookshop-document/chcset001--work-with-forced-migrants--trainers-manual--2018.pdf?la=en&hash=E1B8C69FE57C7A61807C52C191C7AF5697F9050>>.

105. Victorian Government, 'Recommendation 204: Improve State-wide Family Violence Data Collection and Research' <https://www.vic.gov.au/familyviolence/recommendations/recommendation-details.html?recommendation_id=39>.

106. Marie Segrave, 'Temporary Migration and Family Violence: A Review of Victimisation, Vulnerability and Support' (2017) Monash University School of Social Sciences and Border Crossing Observatory in partnership with InTouch Multicultural Centre Against Family Violence.

107. Natalie Taylor and Jenny Mouzos, 'Community Attitudes to Violence Against Women Survey 2006: A Full Technical Report' (Australian Institute of Criminology, 2006).

108. The Committee has heard that programs such as Rights and Responsibilities Seminars delivered by the Victorian Government's Settlement Coordination Unit that assist newly arrived migrants, refugees and asylum seekers in responding to settlement issues could be a valuable opportunity to reinforce the message that family violence is illegal in Australia.

109. Carol Kaplanian, 'Insights Into Migrant and Refugee Communities' (2017) 19 *Silent Epidemic* <<https://www.ogmagazine.org.au/19/4-19/migrant-refugee-communities/#easy-footnote-bottom-9-5866>>.

110. Special Taskforce on Domestic and Family Violence in Queensland, 'Not Now, Not Ever: Putting An End To Domestic And Family Violence In Queensland' (2015) <<https://www.qld.gov.au/community/getting-support-health-social-issue/dfv-read-report-recommendation/index.html>>.

Current service response in Victoria¹¹¹

Service response	Description
Vietnamese Men's Behaviour Change Program	<ul style="list-style-type: none"> – Developed by InTouch Multicultural Centre against Family Violence (InTouch) and run by Relationships Australia Victoria. – Content includes themes covered in mainstream MBCPs but includes a trauma-informed lens. – Most participants are referred by courts or government agencies.
Arabic Speaking Men's Family Violence Group	<ul style="list-style-type: none"> – Developed by InTouch in partnership with Kildonan Uniting Care and Whittlesea CALD Communities Family Violence project. – The service is for Arabic-speaking men who have used violence against their partners and children and is facilitated by bilingual service workers.
South Asian Men's Behaviour Change Program (conducted in English)	<ul style="list-style-type: none"> – Run by Kildonan Uniting Care. – Conducted in English as this is the language common to various South Asian communities. – Developed in response to a significant proportion of CALD men entering Kildonan Uniting Care's MBCP. – Designed to take into account cultural issues relevant to South Asian families through exploring values and beliefs (e.g. patriarchy, male entitlement, polygamy and collectivism),¹¹² cultural-specific practices, migration experience as well as the social and economic effects of migrating to a new country.

111. Relationships Australia Victoria <<http://www.familyviolencehumeregion.com.au/wp-content/uploads/2013/04/Robyn-McIvor-CALD.pdf>>.

112. Collectivist cultures emphasise the needs and goals of community as a whole over the needs and desires of individuals. Family, relationships with other community members and the interconnectedness between members play a central role in an individual's identity.

Perpetrator interventions need to build on existing community and leadership structures and be infused with the community's core values and strengths in order to effectively engage perpetrators. We have heard that new CALD-specific interventions are unlikely to be successful if they operate in isolation from broader community structures. When a community is aware of the issue of family violence, a perpetrator is more effectively held accountable not only by the wider family violence system, but also by his community¹¹³ and family. In many culturally diverse communities, individuals identify with a collective sense of identity as opposed to an individual one.¹¹⁴ Being part of a community is thus a core reference point for how they relate to their new sociocultural environment. For some, such as refugee communities, family and community is all they have in their new country. Removing and isolating a perpetrator from this core social structure can lead to a loss of cultural supports and points of reference, and exacerbate identity and belonging challenges which could in turn negatively affect responsiveness to interventions.

Corrections Victoria is leading the way in developing a number of CALD-specific perpetrator interventions that will be aligned with the revised Men's Behaviour Change Minimum Standards, such as the pilot delivery of Arabic and Vietnamese language perpetrator interventions, and the development of African and Pacific Islander and/or Maori men's family violence services.¹¹⁵

Supported by InTouch, the Department of Justice and Regulation (DJR) is also developing a set of cultural guidelines to strengthen clinicians' ability to deliver offence-specific family violence and intervention programs for CALD prisoners and offenders. These guidelines will include cultural considerations for clinical staff such as intersectionality, cultural norms and values, breaking down stereotypes and cultural bias, and specific advice to ensure that programs are responsive to, and inclusive of, specific cultural needs of CALD cohorts within the correctional system.

Prevention initiatives are also vital. The Committee is pleased to note the government's \$10.5 million package for a range of community-led family violence prevention support services as part of the government's *Plan for Change*, including a pilot service working with migrant and refugee communities, and initiatives to meet the needs of Victoria's Indian, Muslim, African and faith communities.¹¹⁶

Further opportunities

We consider that a remaining service gap is for perpetrators from CALD backgrounds who would be suited to a fathering intervention. Adapting existing family violence-informed fathering interventions to be inclusive of CALD backgrounds would provide another opportunity to engage more men who may otherwise have had little interaction with the family violence service system. This fathering program would be most effective and safe for children when undertaken after completing an MBCP or related perpetrator intervention(s).

Recommendation 7:

Adapt existing family violence-informed fathering programs to be more culturally responsive.

113. In collectivist communities, men often defer to key decision-makers that include faith leaders, elders and parents-in-law. They play an important role in holding men accountable for changing their violent behaviour.

114. Carol Kaplanian, above n 109.

115. In advice to the Committee, Corrections Victoria identified emerging CALD family violence perpetrator cohorts in the Corrections system: offenders born in South East Asia, New Zealand/Maori, the Pacific Islands, Africa and Arabic speaking countries in the Middle East. Analysis of Victoria's prison population data at 31 July 2017 indicates that, based on country of birth, the largest CALD group in the Victoria prison system is from South East Asia.

116. Minister for Multicultural Affairs, 'Helping Diverse Communities Tackle Family Violence' (Media Release, 5 December 2017) <<https://www.premier.vic.gov.au/helping-diverse-communities-tackle-family-violence/>>.

Targeting interventions to levels of risk and need

The Committee's agreed Principles for Perpetrator Interventions include that interventions are mutually reinforcing and are capable of identifying and responding to dynamic risk (Principles 5 and 6). Identifying high risk family violence perpetrators, and managing the risks they pose to victim survivors, are challenges that continue to be debated nationally and internationally. In Victoria, agencies assess risk in different ways, and 'high risk' means different things to Victoria Police, the courts, MBCP service providers, Corrections Victoria and other services. Notwithstanding this, targeting interventions to the offender's level of risk and need is a central tenet of responses to other types of offenders in justice and community settings. It is, however, less well developed in responses to perpetrators of family violence.

The available literature generally describes high risk perpetrators as having some of the following characteristics:

- extensive criminal histories including family violence perpetration;
- history of serious or severe physical or sexual violence;
- tendency to use violence in a variety of circumstances and/or against multiple victims;
- intersecting set of complex needs such as mental health issues, drug or alcohol abuse or cognitive impairment; and/or
- relatively high psychopathy scores and/or inability to empathise.¹¹⁷

Assessing family violence perpetrators' level of risk and need

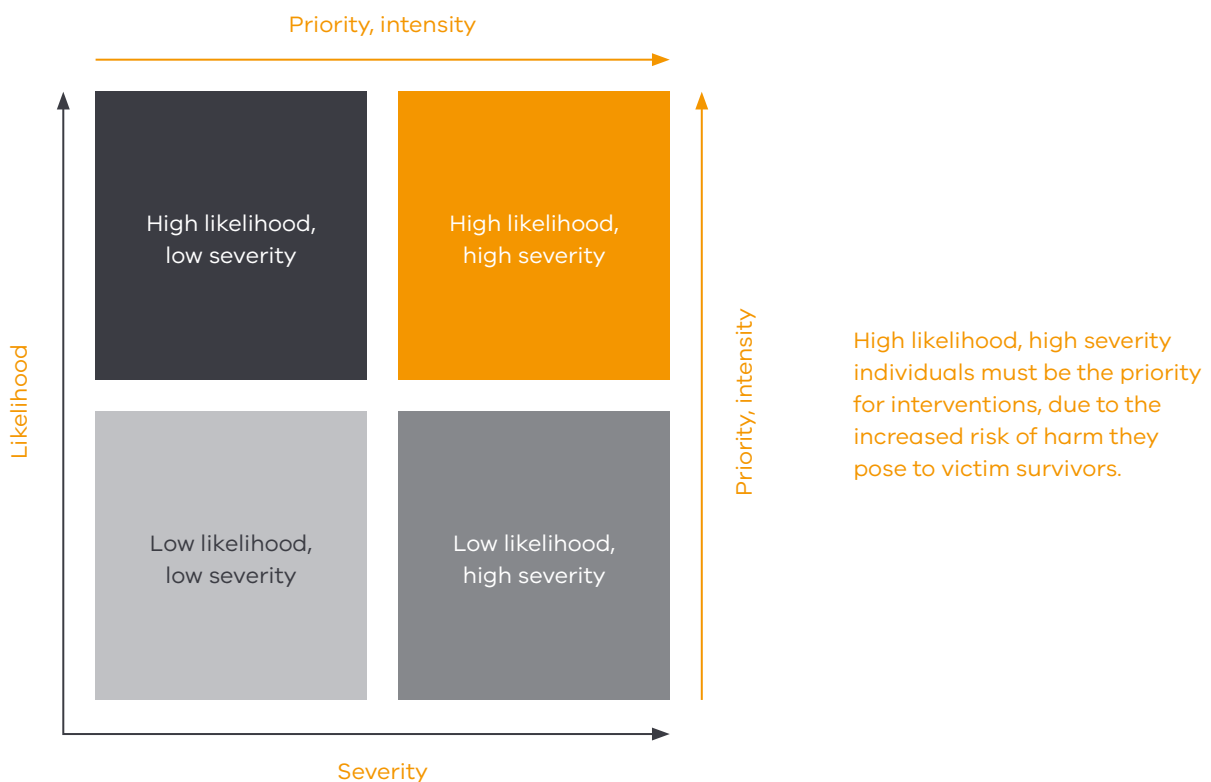
Risk assessment of family violence perpetrators can be challenging and complex, in part because it can be difficult to capture factors such as control tactics and coercive behaviour. This can lead to concerns that some perpetrators may be inaccurately classified as 'low risk'. There are also concerns that classifying a perpetrator as low risk may fail to recognise, or serve to diminish, the significant impacts of family violence on victim survivors.

¹¹⁷ Vlais et al, above n 34, 51-3.

While recognising these challenges—and emphasising that victim survivors remain one of the most important sources of information for understanding an individual perpetrator’s level of risk—like other types of offending behaviour, the risk of family violence posed by a perpetrator can be conceptualised in terms of both the likelihood of repeat violent and abusive behaviour (measured by conventional standardised risk tools such as the Spousal Assault Risk Assessment (SARA)¹¹⁸ and the Ontario Domestic Assault Risk Assessment (ODARA)¹¹⁹ and the severity of the violence and abuse.

A family violence perpetrator may have a low likelihood of reoffending, but their behaviours, attitudes, prior offences or complex needs may indicate they are likely to be involved in a very severe family violence incident if they reoffend. Conversely, a perpetrator may have a high likelihood of family violence reoffending but at a lower level of seriousness. Figure 4 below illustrates this interaction.

Figure 4: Risk Matrix



118. The SARA is a structured professional judgement tool used widely to help professionals predict the likelihood of family violence. It can help determine the degree to which an individual poses a threat to his spouse, children, family members, or other people. The SARA uses an inclusive definition of the term 'spouse', not limited to the particular legal status of the relationship or the gender of victim or perpetrator and defines violence broadly as any actual attempted or threatened physical harm (Randy Otto and Kevin Douglas, 'Handbook of Violence Risk Assessment' (2010), 227, AIFS, 'Family violence: Towards a Holistic Approach to Screening And Risk Assessment in Family Support Services', AFRC Briefing No. 17—September 2010, <<https://aifs.gov.au/cfca/publications/family-violence-towards-holistic-approach-screening/what-used-screen-and-assess-family/>>).

119. The ODARA was created in collaboration between the Ontario Provincial Police (OPP) Behavioural Sciences and Analysis Section and the Research Department at Waypoint Centre for Mental Health Care. It was created from research on nearly 600 cases from OPP and municipal police records. The ODARA is the first empirically developed and validated domestic violence assessment tool that is able to assess the risk of future domestic assault, as well as the frequency and severity of future assaults—making it an important component of a coordinated, cross-sector response to preventing violence against women <<http://odara.waypointcentre.ca/>>.

Generally, ensuring that interventions are appropriate and responsive to the level of risk posed—that is, the likelihood and severity of offending—means that more resources and effort will be concentrated on perpetrators who pose the greatest risk to victim survivors, while also continuing to provide appropriate interventions at a lower intensity to lower likelihood, lower severity perpetrators.

As the presence of complex needs can increase the risk of family violence (re)offending, as well as affect a perpetrator’s ability to respond to treatment for family violence offending (responsivity), interventions for this cohort should address violent behaviour as well as other contributing or reinforcing factors. Complex needs are discussed in the following section of this report, and include factors such as mental health issues, cognitive impairment, and alcohol and other drug issues. However, it is important to note that not all high risk perpetrators have complex needs, and not all perpetrators with complex needs necessarily pose a high risk of family violence reoffending.

Risk Needs Responsivity (RNR) model

There are several successful interventions in other jurisdictions that scale up the intensity of the intervention according to the perpetrator’s risk and needs, based on the RNR model. This is a broad approach to offender treatment and rehabilitation based on three core principles: match the level of intervention to the offender’s risk of reoffending; address the characteristics, traits or other factors that relate directly to an individual’s likelihood of reoffending; and increase engagement in or responsiveness to an intervention by tailoring it to the individual’s motivation, abilities and strengths.

Risk Needs Responsivity (RNR) model

- **Risk** – Match the level of service to the offender’s risk of reoffending.
- **Need** – Assess criminogenic needs and target them in treatment. Criminogenic needs are characteristics, traits or factors that relate directly to an individual’s likelihood of reoffending. They can be static (cannot be changed—for example, prior criminal history) or dynamic (can be changed—for example, drug and alcohol use, homelessness or low literacy).
- **Responsivity** – Maximise the offender’s ability to desist from perpetrating violence and abuse by providing cognitive behavioural treatment and tailoring the intervention to the learning style, motivation, abilities and strengths of the offender.¹²⁰

¹²⁰. Bonta and Andrews, above n 20.

RNR approaches are widely used in the delivery of programs for offenders in custodial or correctional settings, which can include family violence perpetrators. While less common in community settings, there is growing interest in combining the RNR model with the Duluth model¹²¹ for perpetrator group work. Some researchers have argued that differentiating perpetrators according to risk, and identifying violent men who pose a particularly high risk of family violence reoffending, is an important priority for MBCPs.¹²² People with complex needs tend to present with higher levels of risk, a greater range of needs, and more responsivity issues, which makes the RNR approach highly applicable to this cohort.

It is important to acknowledge that even when a perpetrator has committed a family violence offence or has demonstrated abusive behaviours, the perpetrator interventions system should never assume that the perpetrator no longer poses risks of repeat offending, regardless of any treatment undertaken. An appropriate response is required to address these concerns; noting that a more high risk and complex needs perpetrator may be assessed as requiring a higher level of intensity of treatment or repeat/secondary intervention.

Targeting intensity of interventions based on risk differentiation

A focus on 'prioritisation' or 'intensity' of intervention, rather than classifying offenders solely in terms of risk, may help to reinforce that the level of family violence reoffending risk does not adequately capture the impact on victim survivors, and that family violence is a pattern of behaviour that requires different levels and types of intervention at different times. Validly assessing risk (likelihood and severity) is a key feature of RNR models, as is the principle that risk is dynamic—that is, it may increase or decrease at different points in time, and the intensity of intervention should scale up or down accordingly.

One of the most well-known perpetrator interventions that uses risk differentiation is the Colorado Model:

121. The Duluth model, first developed in Minnesota, USA, in the 1980s, focuses on gender inequality, power imbalances and on educating men about the gendered nature of their behaviour and its harmful impact. It conceptualises a man's use of power, control and violence using a pro-feminist framework and encourages men to confront their attitudes <<https://www.theduluthmodel.org/>>.

122. Bonta and Andrews, above n 20.

The Colorado Model

The Colorado Domestic Violence Offender Management Board sets minimum standards for providers and requires interventions to be targeted to risk and criminogenic need. A risk and needs assessment is used to classify offenders into Level A (low intensity), B (medium intensity) or C (high intensity), and assists in developing an individualised treatment plan that must include specific goals addressing the perpetrator's criminogenic needs, competencies, and risk factors. Perpetrators can shift between risk categories over the course of their participation in the program, depending on ongoing risk assessments and case reviews.

The high intensity program (Level C) is for perpetrators who exhibit multiple risk factors, do not have a pro-social support system, have criminal histories, have complex needs such as significant substance abuse or mental health issues, and/or job or financial instability. They might require intensive supports to stabilise their lives and manage personal crises before they can begin family violence group work. The program has a minimum of two contacts per week with no limit on program duration, offers crisis management, and develops a cognitive skills treatment plan that is based on individual risk factors as well as core and additional competencies.

A process evaluation of the Colorado Model undertaken in 2016 found that the minimum standards were being implemented by providers as planned. Program length and completion rates were as follows for participants across the three categories:

Level A (low intensity): Average of 5.8 months in treatment; 90.5 per cent completed treatment

Level B (medium intensity): Average of 8 months in treatment; 79.8 per cent completed treatment

Level C (high intensity): Average of 8.7 months in treatment; 45.5 per cent completed treatment.¹²³

Correctional Services Canada (CSC) also delivers family violence intervention programs that are based on RNR principles and offer differing intensities of treatment, and have been evaluated as effective at reducing negative attitudes and controlling behaviours that contribute to family violence perpetration:

123. Colorado Domestic Violence Offender Management Board, above n 91, 'Standards for Treatment'; Cheryl Davis, Jeanne Smith and Stan Hilkey (Colorado Domestic Violence Offender Management Board, Colorado Division of Criminal Justice and Colorado Department of Public Safety), 'Standards for Treatment with Court Ordered Domestic Violence Offenders: A Process Evaluation' (2016), 9 <<https://cdpsdocs.state.co.us/dvomb/Research/Evaluation.pdf>>.

Correctional Services Canada's (CSC) family violence prevention programs

CSC mandates treatment for all male offenders identified as being at continued risk of perpetrating abuse in intimate relationships. Programs must meet RNR-based criteria in order to be accredited; that is, they must provide sufficient intensity of service based on risk level, target criminogenic needs, and use effective methods to address responsivity issues. An extensive assessment at intake determines offenders' risk levels and criminogenic needs. Two levels of the program are offered: moderate intensity, which entails 29 group sessions of 2–2.5 hours each and at least 3 individual one-hour sessions; and high intensity, which entails 78 group sessions of 2–2.5 hours each and 8–10 individual one-hour sessions.¹²⁴

The programs establish motivation for change and educate offenders on the range of abusive behaviours and factors that contribute to family violence offending. They train offenders in cognitive restructuring of attitudes and beliefs that condone abuse of women and in skills to manage jealousy, anger and fear associated with abuse.¹²⁵ Participants are trained in key social and communication skills for healthy relationships. Later modules involve developing relapse prevention plans.¹²⁶

Delivered by facilitators trained in motivational techniques—whose performance is regularly reviewed and quality assured—the programs include individual sessions to supplement group sessions, meeting the responsivity principle by accommodating different cognitive and emotional styles of participants.¹²⁷

A 2014 outcome evaluation of two CSC family violence programs delivered nationally found that program completion significantly reduced spousal violence, as well as general violent recidivism, but did not have a significant impact on non-violent offending.¹²⁸ The evaluation used an extensive range of pre- and post-treatment measures to provide diverse sources of evaluation, including perpetrators' self-reports, scenario-based skills assessment and facilitator ratings on different scales,¹²⁹ as well as follow-up with participants at least six months post-release.¹³⁰

Program participants improved on nearly every measure, with significantly lower levels of jealousy; fewer negative attitudes about relationships; better recognition and use of relapse prevention skills; increased respect for partners; greater treatment readiness and responsivity; and more engagement in positive behaviours and attitudes.¹³¹ Participation significantly reduced attitudes supporting violence against women and improved pro-social skills for non-abusive relationships.¹³² The evaluation concluded that programs based on RNR principles may be effective at reducing intimate partner violence.¹³³

124. Correctional Service Canada, Family Violence Prevention Programs (Correctional Programs) <<http://www.csc-scc.gc.ca/correctional-process/002001-2007-eng.shtml#s>>.

125. Lynn A. Stewart et al (Correctional Service Canada and BC Institute Against Family Violence), 'Family Violence Programming: Treatment Outcome for Canadian Federally Sentenced Offenders' (2005) <<http://www.csc-scc.gc.ca/research/r174-eng.shtml>>.

126. Stewart et al, above n 36, 153.

127. Ibid 162.

128. Ibid 153. However, the report notes that the rate of recidivism for program completers was measured in comparison to perpetrators who met the criteria for, but did not begin or complete the programs, either for administrative reasons or because of program drop-out. The evaluation report highlights that recidivism rates are generally higher for men who drop out of domestic violence programs than for those who reach program completion. Notwithstanding this, the majority of offenders in the comparison group in the study did not reach program completion for reasons not theoretically linked to outcome.

129. Ibid 155.

130. Ibid 157–8.

131. Ibid 158.

132. Ibid 151.

133. Ibid 162.

Current responses

Community-based responses

Victoria is currently working to introduce more consistency and rigour in risk assessment and management practices through the MARAM that was introduced in September 2018 to replace the current risk assessment framework.

The Committee understands that the MARAM will include perpetrator behaviour assessment practice guidance. This practice guidance has been designed for use by community organisations that provide services related to alcohol and other drugs, mental health, housing, gambling harm and financial counselling, as well as integrated family services and Child Protection workers. They aim to help service workers engage with a suspected or known family violence perpetrator by providing them with guidance on obtaining and sharing the perpetrator's risk-related information, as well as on how to follow appropriate referral pathways.

The Committee has been advised that the perpetrator behaviour assessment practice guidance is not intended for use by family violence services, Victoria Police or correctional services, as these agencies use their own tools and processes to assess perpetrator risk. However, it will contribute to monitoring and coordinating risk assessment and response across a wider range of services in the system. By sharing perpetrators' risk information in a consistent and coordinated manner, service workers and organisations across the system will contribute information to build a broader understanding of a perpetrator's risk, help manage the system's responses to him, and increase the safety of victim survivors.

The Committee understands that MBCP service providers examine program participants' risk and other relevant factors upon intake. However, there are currently no standardised processes or common, validated tools in place across all accredited MBCP service providers. This can make the assessment of risk imprecise and inconsistent.¹³⁴ Although the revised Men's Behaviour Change Minimum Standards require providers to 'immediately refer high risk family violence situations to the police or relevant agencies, and ensure information is shared about program participants, to assist with risk assessment and management', they do not specify common processes or standardised practices for assessing risk.¹³⁵

MBCPs in Victoria are generally considered unsuitable for high risk perpetrators due to the complexity of this cohort's needs and multiple, intersecting risk factors. Considerations relevant to a decision to deem a perpetrator ineligible for an MBCP include the man's attitude towards his own violent behaviour, lack of commitment to the program, unwillingness to desist from perpetrating violence and abuse, or other complex issues such as drug and alcohol abuse, mental health issues or serious criminality that may create barriers to sustained behaviour change.

New trial interventions targeted at perpetrators with complex needs, including FSV's community-based case management trial discussed earlier, will potentially capture some of these high risk perpetrators and link them into appropriate support services in order to stabilise and reduce the risk they pose to victim survivors.

¹³⁴. Vlasis et al, above n 34, 54.

¹³⁵. Family Safety Victoria, Men's Behaviour Change Minimum Standards, above n 22, 12 (Standard 7.4).

Justice system responses

Corrections Victoria has an established system of classifying offenders as low, medium or high risk. Upon entry into custody, prisoners are screened and assessed using clinically validated tools including, where relevant, the SARA. These assessments inform decisions about treatment, supported by a case management plan.¹³⁶ The ChangeAbout program for moderate to high risk offenders—as discussed earlier in ‘Correctional Services Programs’— is twice as long as, and contains different content to, MBCPs which may be suitable to be undertaken by lower risk offenders.

As noted in the ‘Correctional Services’ chapter, an offender generally requires, at minimum, a 12-month sentence of imprisonment or a CCO to have sufficient time to be screened and assessed, undertake a treatment readiness program and complete the 88-hour ChangeAbout program. However, data from Corrections Victoria indicates that a number of high risk prisoners and high risk offenders on CCOs—whether at high risk of violent, sexual or other offending—are on sentences of less than 12 months. As such, it is likely that at least some high risk offenders with a history of family violence offending exit from prison or complete their CCO without having undertaken the program, and may continue to pose risks to the safety of victim survivors.

Further, Victoria Police members are required to complete a Family Violence Report (L17 form) upon attending a family violence incident. The L17 form includes information about the incident, the affected family member(s) and other party, hazards or risk factors present at the time of the incident and any actions taken by Victoria Police following the incident. Victoria Police has also established a dedicated Family Violence Taskforce to target serial high risk family violence offenders with multiple victims, which is discussed in the ‘Further Opportunities’ section below.

Risk Assessment and Management Panels (known as RAMPs) are formally convened, local level meetings between Victoria Police, family violence services, Corrections Victoria, Child Protection, mental health and other services, which aim to lessen or prevent serious and imminent threats to the life, health, safety or welfare of women and their children as a result of family violence. RAMPs conduct multi-agency risk assessment of the safety of individual women and children and develop coordinated action plans to mitigate identified risks where the normal service response is unable to.¹³⁷ The primary focus of RAMPs is supporting women and their children who are facing critical risks to their life and safety through identifying and responding to high risk perpetrators.

Further opportunities for risk and needs assessment

Consistency across risk assessment processes

The ability to identify and respond to dynamic risk depends on robust and consistent risk assessment. The introduction of the perpetrator behaviour assessment practice guidance as part of the MARAM is a positive development that will provide greater consistency and competency in risk assessment and management by non-family violence specific services, such as mental health, Child Protection, gambling help, and alcohol and other drug services.

The Committee considers that a consistent risk assessment process, supported by common practice guidance, should also be developed for perpetrator services such as MBCP service providers. This would assist practitioners to more reliably identify the risk factors presented by men referred to services as well as more effectively monitor and manage participants’ risks during program delivery, case management and engagement with affected family members. It would also enable service providers to identify higher risk perpetrators with greater certainty and make relevant referrals to other support services.

136. Corrections Victoria, ‘Offender Management Framework: Offender Management Prison Pathway’ (2016).

137. Victorian Government, ‘Victorian Risk Assessment and Management Panel Program Operational Guidelines’ (2016) <http://www.thelookout.org.au/sites/default/files/RAMP-Operational-Guidelines_2.pdf>.

The development of a common assessment tool and practice guidance for perpetrator services could build on current work to develop and implement the perpetrator behaviour assessment practice guidance which could form the second stage of reforms under the MARAM. This work should also consider perpetrator risk assessment practices in other agencies, particularly Corrections Victoria and Victoria Police, to ensure system-wide alignment of risk assessment practice to the greatest extent possible. It should also consider best practice perpetrator assessment in other jurisdictions, the processes and tools that are currently being utilised by some Victorian MBCP providers, and options to apply these more broadly across the range of service providers in Victoria.

Recommendation 8:

Develop common risk and needs assessment practice guidance for perpetrator services as part of further development of the Multi-Agency Risk Assessment and Management Framework.

Managing high risk perpetrators

Current responses to manage high risk perpetrators

Even with improved risk assessment processes and practice guidance, it will not always be possible to accurately identify high risk perpetrators of family violence. Risk assessment is not a perfect science. Further, some perpetrators commit acts of family violence that cause severe physical injury or even death without any previous history of family violence offending being known to the service system.

However, many family violence perpetrators are known to the system, and in these cases the ongoing challenge for services is how to intervene effectively to reduce repeat violence and prevent the escalation of violence. Recent national data indicates that of 105 cases in which a male perpetrator killed a female victim, most were known to have previously:

- used physical violence against the victim (76.2 per cent);
- used emotional or psychological violence against the victim (80.0 per cent);
- been socially abusive (61.0 per cent); or
- been sexually abusive (12.4 per cent).¹³⁸

Victorian data indicates there were almost 9,000 sentenced charges of contravening an FVIO in 2014–15—equivalent to one contravention per 3.1 FVIOs—and a further 1,239 sentenced charges of persistent FVIO contravention.¹³⁹ Other data indicates that over the 10-year period from 2006 to 2015, 6.9 per cent of perpetrators had five or more family violence incidents recorded by Victoria Police, accounting for 30.7 per cent of all family violence incidents. There were also 520 perpetrators with more than 20 recorded incidents.¹⁴⁰

138. Australian Domestic and Family Violence Death Review Network, above n 76, XIII.

139. Dennis Byles and Anusha Kenny, 'Sentencing for Contravention of Family Violence Intervention Orders and Safety Notices—Second Monitoring Report' (Sentencing Advisory Council, 2015), 20.

140. Millsteed, above n 3.

A substantial number of people who perpetrate intimate partner violence also use violence against other family members, and around 40 per cent of family violence perpetrators have a history of other, non-family violence offending.¹⁴¹ Forensicare and the Centre for Behavioural Science have submitted that current program responses are not equipped to deal with this complexity and consequently miss at least 30 per cent of family violence situations other than intimate partner violence.¹⁴² The Committee believes that its recommendation 19 for government to build its own practice leadership, including strengthening linkages between government's range of work on responses to address AVITH, elder abuse and other forms of family violence, in addition to intimate partner violence, would be a key vehicle to work towards addressing these issues.

Responding effectively to high risk perpetrators requires a continuum of responses, with the type and intensity of intervention commensurate with the risks the perpetrator poses to victim survivors. Corrections Victoria's Offender Management Framework applies this principle, noting that moderate and high risk/need offenders require more intensive management than lower risk/need offenders in order to reduce reoffending, and this in turn impacts on offender management processes such as program intensity, regularity of contact, and level of case management.¹⁴³

It is critical to note that MBCPs in Victoria were not established as a specialist response to manage high risk, complex needs perpetrators of family violence and hence are largely not a suitable service response for this cohort. The MBCP model involves a weekly two-hour group program for a minimum 20 weeks (40 hours in total). While this is a significant commitment, MBCPs are relatively brief and less intensive compared with some interventions developed specifically for higher risk perpetrators. For example, Corrections Victoria's ChangeAbout program runs for 88 hours; the Colorado Domestic Violence Offender Management Board's high intensity program has a minimum of two weekly contacts for an unlimited time (on average 8.7 months); and Correctional Services Canada's high intensity program involves 78 group sessions of 2–2.5 hours each, and 8–10 individual one-hour sessions (minimum 164 hours).¹⁴⁴

In the Committee's view, MBCPs that are not specifically designed for high risk offenders cannot always address the risks and needs of individuals with significant offending histories, multiple, intersecting complex needs and/or resistance to behaviour change. To be eligible to participate in an MBCP, perpetrators need to commit to engage in the program and change their behaviour, and agree for providers to maintain regular contact with their affected family members.

Some researchers have argued that including high risk perpetrators in a group program that is not designed or facilitated to accommodate these participants' particular requirements can also pose problems for other program participants and facilitators. These individuals may use a program's focus on interpersonal skills and empathy-building to increase tactics of manipulation and control, undermine positive group culture or encourage others to engage in anti-social behaviour, which can jeopardise the effectiveness of the program for other participants and increase risks to victim survivors.

141. Sarah Coghlan and Melanie Millstead, 'Identifying the Differences between Generalist and Specialist Family Violence Perpetrators: Risk Factors and Perpetrator Characteristics', (Crime Statistics Agency, In Brief No 8, 2017) <https://www.crimestatistics.vic.gov.au/sites/default/files/embridge_cache/emshare/original/public/2017/02/f2/088d72633/20170215_In_Brief8.pdf>.

142. Troy McEwan et al, Understanding and Responding to Complex Criminal Behaviour Resulting in Family Violence: Submission To The Royal Commission Into Family (Centre for Forensic Behavioural Science, Swinburne University of Technology and Forensicare), Royal Commission into Family Violence, May 2015, 1.

143. Corrections Victoria, 'Offender Management Framework – Achieving the Balance' <http://assets.justice.vic.gov.au/corrections/resources/7f335849-1915-4f95-bb74-08f45792fb0f/omf_achievebalanceframework%28aug16%29.pdf>.

144. Colorado Domestic Violence Offender Management Board, above n 91; Department of Justice and Regulation, above n 47, 12; Correctional Service Canada, above n 124.

Without alternative service responses that are better equipped to manage the risks posed by this cohort of perpetrators, their inevitable exclusion from MBCPs means, counterintuitively, that they are receiving far less intervention than lower risk perpetrators. We do not know how many perpetrators referred to MBCPs are screened out at intake or assessment due to their level of risk, or how many are excluded from being referred to the program—for example, because a court or other referrer deems their offending history to be of a severity that makes them clearly unsuitable for an MBCP.

Justice system responses

The Victorian justice system professionally manages perpetrators at the extreme end of offending behaviour where imprisonment is often the only appropriate intervention. Anecdotally, the Committee has heard that courts deal with many moderate to high risk FVIO respondents who are ineligible for an MBCP and for whom there is currently no alternative program response. The timely development and roll-out of case management trials by the Magistrates' Court will be critical to improving the management and monitoring of these high risk individuals, as will Victoria Police's efforts to improve the supervision of FVIO compliance.

One of Victoria Police's key strategic priorities for 2018–2023 is actively managing and holding family violence perpetrators to account.¹⁴⁵ Part of this work includes ensuring that perpetrator accountability reflects the seriousness and prevalence of the crimes committed, with a particular focus on repeat offenders with multiple victims. Data from the Crimes Statistics Agency shows that from July 2011 to June 2017, more than 11,500 family violence perpetrators were recorded as having harmed three or more victims, and more than 1,400 had five or more victims.¹⁴⁶ Many of these perpetrators commit multiple forms of family violence, sexual offences and child abuse.¹⁴⁷

The Family Violence Taskforce identifies and investigates high risk perpetrators responsible for serious family violence offences against multiple victims—this may include historical or unreported offences. Victoria Police is strengthening its family violence investigative model, including enhanced intelligence gathering to facilitate the arrest and prosecution of serial, high risk perpetrators. In 2017 the Taskforce investigated 22 complex and serious family violence matters involving more than 100 vulnerable and repeat victims. As at December 2017, more than 270 charges in eight serious family violence matters were before the courts, and a number of high risk perpetrators were in custody awaiting hearings.¹⁴⁸

In addition to the responses to high risk perpetrators offered by Corrections Victoria and Victoria Police, we wish to emphasise that continuous improvement in responses to this perpetrator cohort is needed. In particular, this could be achieved through stronger judicial education to bring greater awareness to judicial officers of the dynamics of family violence. This would inform and continue to improve sentencing standards, as well as assist the courts in developing sentencing guidelines for family violence offences that more uniformly reflect best practice and recent learnings in the family violence jurisdiction.¹⁴⁹

145. Victoria Police, 'Policing Harm, Upholding the Right: Victorian Police Strategy for Family Violence, Sexual Offences and Child Abuse 2018-2023' <http://www.police.vic.gov.au/content.asp?Document_ID=49359>.

146. Ibid 18.

147. Ibid.

148. Ibid.

149. Royal Commission into Family Violence, above n 6, 233 (Recommendation 84).

Further opportunities for managing high risk perpetrators

The Committee considers that there remains an urgent need for a more intensive intervention in the community to respond to higher risk perpetrators who are deemed unsuitable for an MBCP. This intervention could potentially also be utilised for the cohort of perpetrators who have recently returned to the community from prison but due to the length of their sentence have not undertaken a family violence program while in custody. In these cases, the offender would need to be subject to an FVIO upon release from prison to be mandated to participate in a perpetrator intervention.

It is important to ensure that perpetrators are receiving the right level and type of treatment. We consider that the proposed intervention for higher risk perpetrators should seek to address intersecting risk factors and offending patterns, including violence perpetrated against people other than family members, and complex needs that may contribute to the perpetration of family and non-family violence. It should provide a range of integrated services and supports, including clinical treatment to address offending behaviour along with mental health, drug and alcohol and other supporting services. It could be modelled on existing approaches to high risk perpetrators, for example, the Colorado Model or Forensicare's Problem Behaviour Program.¹⁵⁰

Recommendation 9:

Develop and deliver a family violence intervention in the community for high risk perpetrators who are unsuitable for participation in an MBCP.

While we consider that a specific intervention for higher risk perpetrators is necessary, we also wish to emphasise that a programmatic response on its own will not be sufficient. Continual improvement of broader justice and community system responses is required to effectively monitor and manage the risks posed by all family violence perpetrators, and particularly those who pose serious risks to victim survivors.

This includes rigorous monitoring of perpetrators who are on statutory orders by the courts, police and correctional services; effective information sharing consistent with new family violence legislation; the evolution of The Orange Door to connect both victim survivors and perpetrators to coordinated services; improved integration between family violence services and Child Protection services; and more consistent and rigorous risk assessment and management through the MARAM.

¹⁵⁰ Rodney Vlasis, 'Ten Challenges and Opportunities for Domestic Violence Perpetrator Program Work' (No To Violence, 2014) 16, cited in McEwan et al, above n 142, 13.

Perpetrators with complex needs

A perpetrator with complex needs is someone who has one or more of the following risk factors that may contribute to, exacerbate, or make difficult to effectively address their family violence offending: drug and alcohol misuse, mental illness or mental health condition, or cognitive impairment, including intellectual disability and acquired brain injury (ABI).

Complex needs are usually not the cause of violent behaviour. However, if complex needs are not adequately identified and managed, violent behaviour may be more likely to occur, or, as one researcher has put it, may 'make [a perpetrator's] task of choosing non-violence more difficult'.¹⁵¹ Research shows that it is very rare that serious mental illness is the cause of violence. However, when a person is mentally unwell—or drug and alcohol affected, for example—they are less likely to be able to respond to and benefit from perpetrator interventions without additional programmatic and other supports in place to address the issues they are facing. As discussed earlier, these factors are therefore also referred to as 'responsivity' issues, and can make program delivery less effective unless addressed. This is discussed in the section above as part of the RNR model.

Victoria Police data indicates that alcohol use is involved in around 40 per cent of family violence incidents,¹⁵² and mental health issues are present in approximately one in five family violence incidents.¹⁵³ Data on the prevalence of cognitive impairment among family violence perpetrators is limited.¹⁵⁴ However, recent research by Brain Injury Australia found that while general estimates of prevalence of cognitive impairment are not available, rates of ABI appear to be disproportionately higher in perpetrators of family violence compared with the general population.¹⁵⁵ The report cites evidence from studies conducted which found that the rate of brain injury among samples of male perpetrators of intimate partner violence was around 60 per cent—double that found in matched community samples.¹⁵⁶ The analysis indicates that brain injury is a risk factor for family violence perpetration.¹⁵⁷ These findings expand on previous studies that indicate the high rate of ABI among prison populations.¹⁵⁸

151. Rodney Vlasis, 'Ten Challenges and Opportunities for Domestic Violence Perpetrator Program Work' (No To Violence, 2014) 16, cited in McEwan et al, above n 142, 13.

152. Victoria Police, 'Victoria Police Submission to the Royal Commission into Family Violence', Royal Commission into Family Violence, 15 <<http://www.rcfv.com.au/getattachment/440B6C34-0343-48CB-B109-67787D44972D/Victoria-Police>>.

153. Royal Commission, above n 6, 251.

154. Cognitive impairment describes deficits in mental processing that affect memory, reasoning, comprehension, communication and learning ability. People who are cognitively impaired often have an intellectual disability or an acquired brain injury.

155. Brain Injury Australia, 'The Prevalence of Acquired Brain Injury Among Victims and Perpetrators of Family Violence' (2018) <<https://www.braininjuryaustralia.org.au/wp-content/uploads/BRAININJURYAUSTRALIAfamilyviolencebraininjuryFINAL.pdf>>.

156. Ibid.

157. Ibid 23.

158. A 2011 Corrections Victoria study found that 42 per cent of men in a sample prison population had an ABI, compared with much lower rates in the community. Equivalent levels of imprisonment of people with an ABI exist in other Australian states and territories, as well as in New Zealand, Canada, the UK and the US (Jesuit Social Services and Centre for Innovate Justice, 'Enabling Justice for People with an Acquired Brain Injury', 11 <http://jss.org.au/wp-content/uploads/2017/09/170830-RMIT_RRS_LONG_FINAL-2.pdf>).

Figure 5: Family violence incidents involving perpetrators with complex needs

40%

Family violence incidents involving alcohol abuse

1 in 5

Family violence incidents involving mental health issues

60%

Rate indicated by studies of prevalence of brain injury in male perpetrators of intimate partner violence

Sources: Royal Commission into Family Violence (2016); Brain Injury in Australia, 'The Prevalence of Acquired Brain Injury Among Victims and Perpetrators of Family Violence' (2018).

Other risk factors that may increase the risk of family violence offending but are not typically included in the definition of 'complex needs' include having been a victim of family violence, unemployment, homelessness, problem gambling and comorbidity (where a person experiences two or more health problems at the same time).¹⁵⁹

Current responses

The Royal Commission identified that MBCPs and corrections programs were not adequately addressing the needs of perpetrators with complex needs, with individuals generally excluded from perpetrator programs on these grounds. Stakeholders such as Forensicare have argued that the focus, structure and duration of these existing programs means they are not appropriately designed to address complex cases of family violence.¹⁶⁰

While MBCPs are generally unsuitable for men who have multiple and/or severe complex needs, they can be accessed by men with complex needs in some cases. For example, perpetrators with mild cognitive impairment can participate in an MBCP depending on their ability to engage in group work.

Providers may work with individuals one-on-one if they are unable to participate in a group, though it is unclear how often this occurs in practice.¹⁶¹

Under the revised Men's Behaviour Change Minimum Standards, perpetrators deemed ineligible for MBCPs are to be referred to other services; for example, mental health or drug and alcohol services. There is currently limited data on the number of perpetrators screened out of MBCPs due to complex needs, and the extent to which these individuals are then referred to other services.

Perpetrators with complex needs who are in custody or in the community under correctional services supervision may also access mainstream perpetrator services, but again this will depend on the nature and severity of their needs. Corrections Victoria has also advised the Committee that it has identified a service gap for family violence perpetrators with cognitive impairment.

Given the prevalence of mental health issues in the family violence perpetrator population, many perpetrators will have contact with either an Area Mental Health service, a General Practitioner or private mental health professional.

¹⁵⁹. McEwan et al, above n 142, 7.

¹⁶⁰. Ibid 14.

¹⁶¹. Ibid.

¹⁶². Ibid.

These perpetrators may be on a CCO, are the subject of an FVIO, are participating in an MBCP, or not receiving any treatment for their violent and abusive behaviour. It is important to ensure that the mental health workforce is skilled in working with family violence perpetrators and able to make appropriate referrals. The need for comprehensive workforce training and support is discussed later in this report.

Many people on CCOs are family violence offenders. Given that CCOs are Victoria's primary option for a correctional sentence in the community, there are increasing numbers of offenders subject to CCOs. In the past, a lack of capacity in public mental health services has created a gap for some offenders with mental illness. Many offenders with a CCO condition requiring that they receive mental health treatment therefore had to engage private mental health services to meet the condition of their CCO, which often carried a cost barrier.

In response to this gap, the Department of Health and Human Services (DHHS) developed the Community Forensic Mental Health Programs (CFMHP), which will treat approximately 4,500 offenders with a Mental Health Treatment

Rehabilitation CCO condition across 22 community corrections locations in Victoria per year. CFMHP will provide mental health treatment and therapy to people with 'moderate' mental illness on a CCO or who are on parole and are mandated to seek mental health treatment.

The Committee notes that a significant number of family violence perpetrators are likely to be eligible for CFMHP. This will help to increase available treatment services for perpetrators with complex needs such as mental health issues, which need to be addressed before or during participation in a family violence perpetrator program to help to prepare them for, or complement, behaviour change work.

The government has taken additional steps to expand services for perpetrators with complex needs, including through the Family Violence Perpetrator Interventions Grants Program. The cross-sector coordination program delivered by Bethany Community Support will provide a multi-agency response to adult male perpetrators of family violence and coordinate care around primary causal and reinforcing factors of family violence offending.

Bethany Community Support Cross-Sector Coordination Program

This program will address a current service gap for adult male perpetrators of family violence with complex needs in the Geelong area. Cross-sector coordinators embedded in Bethany's new Centre for Family Violence Prevention will facilitate a multi-agency response to address primary causal and reinforcing factors of family violence offending. The target group will be men referred to Bethany Community Support for an MBCP by self-referral, Corrections Victoria or by other relevant agencies following the Victoria Police L17 process, who present with two or more reinforcing offending factors. Services that will be available to participants include:

- MBCPs and partner contact workers
- Individual accountability treatment
- Fathering programs
- Alcohol and other drug treatment
- Forensic AOD counselling and forensic consultation
- Homelessness and housing support
- Problem gambling education and counselling
- Employment/training support and financial counselling

Services provided by the Centre will also complement and work in partnership with other family violence services, including The Orange Door.

The Committee considers this a very positive initiative that integrates services across sectors to help men stabilise their lives and increase their readiness to change their violent behaviours.

The FSV case management trial mentioned earlier has a specific focus on perpetrators with complex needs. Operational guidelines provided to the Committee indicate that services may be provided to perpetrators who have been deemed unsuitable for an MBCP and have complex needs that require an individualised response, or who need intervention, support and stability before they can safely participate in an MBCP. Case management may also be provided to perpetrators who require additional practical or psychological supports while attending an MBCP or following program completion.

The Magistrates' Court has established an integrated, tailored neuropsychology service for repeat offenders who exhibit signs of cognitive impairment.¹⁶³ After a neuropsychological assessment, the assessor produces a report to help people working with the offender, such as the magistrate, MBCP staff and mental health providers, to understand what can be achieved in the specific context of the offender's brain injury.¹⁶⁴ Offenders can access integrated and tailored support, including intensive case management. The court has estimated that around 25 per cent of repeat offenders with a cognitive impairment (who the neuropsychology service has worked with) have engaged in family violence-related offending. This includes perpetrators of family violence who might have also committed other crimes such as stealing.¹⁶⁵

Forensicare's Problem Behaviour Program is not specifically designed for family violence perpetrators but offers an example of tailored treatment for perpetrators with complex needs. The program provides psychiatric and psychological consultation and treatment to adults with a range of 'problem behaviours', such as serious physical violence, stalking, sexual offending and threats to kill or harm others, and for whom other services are not available. Around one third of a sample of program clients were referred for some form of family violence or perpetrator service.¹⁶⁶

Further opportunities

The new interventions described above are very positive developments to address the risks posed by perpetrators with complex needs for whom mainstream programs are not appropriate, or who require additional support and services in order to productively participate in mainstream programs.

The Brain Injury Australia report made several recommendations to improve service responses for perpetrators with an ABI, namely that government: disseminate information resources on brain injury; add screening questions for brain injury to family violence risk assessments; pilot an integrated brain injury and family violence service to support diagnosis, rehabilitation and harm reduction; and map services and supports for people with a brain injury at increased risk of perpetrating or becoming a victim of family violence.¹⁶⁷

163. Brain Injury Australia, above n 155.

164. Ibid.

165. Ibid.

166. McEwan et al, above n 142.

167. Brain Injury Australia, above n 155. The Committee further notes that similar recommendations were made by Jesuit Social Services and the Centre for innovative Justice in their 2017 report, above n 158.

The Committee supports Brain Injury Australia's recommendations in principle, noting that they may need to be examined further by government to determine feasibility and funding implications. If inclusion of screening questions in family violence risk assessments cannot be achieved in the first stage of the MARAM, we encourage further consideration of brain injury screening questions in the next stage of reform. In the meantime, it will be important for the MARAM practice guidance to provide advice on engaging with perpetrators who may present with complex needs, including referral to appropriate services for specialist assessment.

Another report addressing brain injury in 2017 by Jesuit Social Services and CIJ made similar recommendations related to family violence perpetrators and services, and also proposed a common screening tool be developed for use in the justice system to identify persons with an ABI and provide early access to appropriate supports and programs.¹⁶⁸

We also support work underway by Corrections Victoria to improve responses to offenders with cognitive impairments. We understand this includes:

- preliminary work to adapt the ChangeAbout program so that it can be delivered to family violence perpetrators with cognitive impairments, with a significantly longer program duration to accommodate learning difficulties that are common in this cohort;
- updating guidelines to increase awareness of the potential impacts of an offender's cognitive impairments on effective engagement, and to provide case managers with strategies and practical skills to support offenders with cognitive impairments; and

- revising training materials to improve identification and effective management of prisoners and offenders with cognitive impairments, and help staff work with offenders to identify their individual intervention and (re)integration needs.¹⁶⁹

While some perpetrators with mild cognitive impairment may be serviced by MBCPs and existing correctional services programs, participation in group perpetrator intervention work that has not been designed for higher risk perpetrators will likely not be suitable for perpetrators with moderate or severe cognitive impairments that impact on their risk of reoffending, as well as their ability to respond to treatment. As such, there remains a gap in suitable services for perpetrators with a moderate to severe cognitive impairment in custodial and community settings.

Working with these individuals requires specialist skills and experience, and program content and structure that is appropriate for their learning needs. An expanded specialist intervention may be required to address this cohort's particular treatment needs and responsivity issues. The development of such a program for this cohort, building on the work commenced by Corrections Victoria, would help to address this service gap, support behaviour change and compliance with orders, and improve victim survivor safety.

Recommendation 10:

Develop a family violence intervention for perpetrators with a cognitive impairment in the community and in the justice system.

¹⁶⁸. Jesuit Social Services and Centre for Innovative Justice, above n 158.

¹⁶⁹. Advice provided by Department of Justice and Regulation (17 May 2018).

Working towards a coordinated suite of interventions

Victoria has some promising trial interventions underway or planned. The Committee has also commented on opportunities for additional initiatives to build on and strengthen existing interventions and to target the specific needs of particular cohorts. In addition, we wish to emphasise the importance of working towards stronger coordination and integration of existing and new interventions.

Relying solely on MBCPs is neither an adequate nor sustainable response, and the government's willingness to trial new approaches is commendable. However, while new interventions are needed to diversify responses, it is also important to ensure that:

- victim survivor safety remains paramount;
- the fundamental messages and goals of perpetrator accountability are embedded and consistent in each new service offering;
- each new intervention complements and builds on current service offerings, strengthening the 'web of accountability'; and
- the system seeks to develop a more sophisticated approach to working with all perpetrators, in a way that recognises multiple and intersecting aspects of an individual's identity.

As new interventions are implemented, it will be critical to work towards a coordinated and integrated suite of interventions, with clarity around the connections between programs, appropriate sequencing, eligibility and suitability, and consistent, effective referral pathways.

The Orange Door will be instrumental in this. The Committee understands that The Orange Door will receive L17 and other perpetrator referrals,

including self-referrals. They will screen, triage, seek to engage the perpetrator for assessment and allocate him directly to perpetrator interventions including case management services, parenting programs and other family services for ongoing support, as appropriate. They will also coordinate referrals for perpetrators to other services, such as housing, drug and alcohol, and mental health. In addition, the MARAM will reinforce consistent, collaborative practice across multiple agencies. Service workers having a shared approach to risk identification, screening, assessment and management is crucial for effective, integrated service responses that keep victim survivors safe, and ensure perpetrators are kept in view and held accountable.

However, developing a coordinated suite of interventions must also be a system-wide endeavour. The challenge for government in rolling out new, discrete interventions is to ensure that ultimately they operate in combination as part of one system, with a clear, shared understanding about which pathways or combination of pathways are appropriate for which men, at different stages. This challenge is addressed in the section on system integration later in the report. Without a dedicated, system-wide focus on this task, there is risk of reinforcing existing system fragmentation, and of undermining the recent progress and investment made to strengthen and expand responses to perpetrators of family violence.



Key areas for further work and research



Understanding service needs and gaps

While the government has taken steps to fill critical service gaps identified by the Royal Commission, knowledge about the demand for perpetrator interventions among different groups and individuals remains limited.

For example, we know that of the referrals to MBCPs following the Victoria Police L17 process each year, only a small fraction of men will engage with the service when contacted. However, we do not know why some men choose to engage, while others do not. Of those referred to an MBCP, we know that many are deemed ineligible, but we do not know the reasons for this assessment—for example, whether it is due to an individual's risk status, proficiency with the English language, drug or alcohol use, mental health condition or some other factor.

Without a good understanding of the proportion and types of perpetrators who are, and are not, being serviced by mainstream perpetrator interventions, and how timely those interventions are, it is difficult to undertake service and workforce planning as well as develop, expand and improve interventions in a strategic and rigorous way. Collection and analysis of additional data on factors including age, level of assessed risk, relationship and father status, presence of complex needs, offending history, Indigenous status and cultural identity, as well as the length of the waiting period from first contact/referral to engagement in a perpetrator program, would help to inform system-wide service planning and government decisions on future investment.

As part of work to develop a family violence data framework and standardise the collection and output of family violence information, the Crime Statistics Agency is assessing current family violence data holdings and gaps, reviewing the Victorian Family Violence Database, and working to enable better data linkage and analysis across government. In response to the Royal Commission, the Department of Premier and Cabinet has also developed a Family Violence Demand Model for family violence-related services, which forecasts state-wide demand for and flows between these services for both victim survivors and perpetrators, and could help to inform future service planning.

The Committee recommends that as part of this work or in a future iteration of the Family Violence Database, and in consultation with relevant sector peak bodies, government seeks to collect additional data that would aid in developing a better understanding of current program coverage and unmet service need. We note that the collection of such data would also help to inform operational reviews required under the revised Men's Behaviour Change Minimum Standards and any future process evaluations of interventions, as well as guide future compliance and budget processes.

Recommendation 11:

Collect and analyse additional data on perpetrator eligibility and referrals to interventions, timeliness of service engagement, and intervention completion and withdrawal, to better understand service need and inform future service planning.

Trauma-informed approaches

Research shows that individuals who use intimate partner violence are likely to report prior trauma experiences, and that past trauma can affect behaviour, motivation and capacity to engage in treatment or other interventions.¹⁷⁰

The Committee is aware of the risks of acknowledging trauma experienced by perpetrators, including the potential to overshadow the focus on victim survivors' experiences, and the opportunity it may present for perpetrators to minimise responsibility for their own violent behaviour. However, we are also conscious that perpetrator interventions may be more effective at engaging some men, and thus better able to improve victim survivor safety, if they are cognisant of any underlying trauma.

The effects of trauma

The Substance Abuse and Mental Health Services Administration defines trauma as events or circumstances experienced by an individual as physically or emotionally harmful or life threatening and which result in adverse effects on that person's functioning and wellbeing.¹⁷¹

Much research has documented significant correlation between PTSD and aggression and perpetration of intimate partner violence by men.¹⁷² In one study conducted in the United States, 94 per cent of perpetrators reported at least one personally traumatic experience in their lifetime.¹⁷³ The study found a significant association between the number of these experiences and the frequency of self-reported perpetration of physical and psychological intimate partner violence.¹⁷⁴

In the world's largest cross-comparable study on men's use of violence, 50 to 80 per cent of men interviewed reported instances of childhood abuse or neglect, which was found to be strongly associated with their perpetration of violence against women.¹⁷⁵ The research concluded that addressing men's experiences of violence would be one strategy to prevent the cycle of violence.¹⁷⁶ Other evidence shows that exposure to family violence in childhood can increase the risk of males becoming perpetrators in adulthood.¹⁷⁷

170. Casey Taft, Christopher Murphy and Suzannah Creech, *Trauma-Informed Treatment and Prevention of Intimate Partner Violence* (American Psychological Association, 2016) 20.

171. Substance Abuse and Mental Health Services Administration, 'Trauma and Violence' <<https://www.samhsa.gov/trauma-violence>>.

172. See, eg, Angela Kirby et al, 'An Examination of General Aggression and Intimate Partner Violence in Women with Posttraumatic Stress Disorder' (2012) 27 *Violence and Victims* <<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3584340/>>.

173. Emily Maguire et al, 'Examining Trauma and Posttraumatic Stress Disorder Symptoms in Court-Mandated Intimate Partner Violence Perpetrators' (2015) 7 *Psychological trauma: theory, research, practice and policy* 473.

174. *Ibid.*

175. Emma Fulu et al, 'Why Do Some Men Use Violence And How Can We Prevent It? Quantitative Findings from the United Nations Multi-Country Study on Men and Violence in Asia and the Pacific' (UNDP, UNFPA, UN Women and UNV, 2013) <<http://www.partners4prevention.org/node/515>>.

176. *Ibid.* 87.

177. Michael Flood and Lara Fergus, 'An assault on Our Future: The Impact Of Violence On Young People And Their Relationships' (White Ribbon Foundation, 2008) <https://www.whiteribbon.org.au/wp-content/uploads/2016/10/An_assault_on_our_future_FULL_Flood__Fergus_2010.pdf>.

Research conducted in Australia by Our Watch, VicHealth and ANROWS on the causes and reinforcing factors of family violence has also found that the experience of violence such as child physical or sexual abuse, exposure to violence against women, or long-term exposure to other forms of violence as a child or adult such as racist violence, lateral or community violence, or situations of armed conflict and war, can contribute to the normalisation of violent attitudes and behaviours.¹⁷⁸

Also, women who use violence in family relationships often do so in self-defence or retaliation against violence that is perpetrated against them, as a result of past experiences of abuse, and/or as a consequence of complex criminogenic factors. Research suggests there is a higher correlation between violent behaviour and certain risk factors for women than for men. These include substance abuse, mental health issues, PTSD, personality disorders and a history of physical, sexual and psychological abuse. The Australian Centre for the Study of Sexual Assault has noted that women can react violently after long-term exposure to intimate partner violence or sexual abuse, or both, especially when their children are at risk of harm.¹⁷⁹

Trauma-informed practice

The definition of 'trauma-informed' services in the Blue Knot Foundation's guidelines provides that services are aware of and sensitive to the dynamics of trauma, and are alert to the possible existence of trauma in the lives of any person with whom they interact.¹⁸⁰ Trauma-informed practice is distinct from trauma treatment—which is a psychological intervention focused on helping a person to process feared situations and distressing memories.¹⁸¹

Trauma-informed practice is well-known and utilised

in other sectors, including health services, mental health services, and services working with particular communities; for example, LGBTIQ, Aboriginal and CALD communities. While still in its infancy, there is growing recognition in the justice sector that trauma-informed approaches can be beneficial in working with offenders by increasing their engagement in interventions, among other benefits.

Corrections Victoria recognises the high prevalence of trauma and victimisation in women prisoners—in particular family violence-related trauma—and the link to offending behaviour, noting that '[t]he experience of trauma for women offenders can mean that it is more difficult for them to engage with and benefit from, services and programs offered to them.'¹⁸²

In NSW Corrective Services, training on trauma-informed practice is delivered to all correctional staff. The training is designed to help staff identify what can trigger memories of abuse and violence and learn how to minimise this in their engagement with offenders. It is expected to support better engagement with offenders to encourage them to follow the pathway towards positive behavioural change, and reduce conflicts and violent incidents in correctional facilities.¹⁸³

178. Our Watch, ANROWS and VicHealth, 'Change The Story: A Shared Framework For The Primary Prevention Of Violence Against Women And Their Children In Australia' (2015), 27 <<https://www.ourwatch.org.au/getmedia/0aa0109b-6b03-43f2-85fe-a9f5ec92ae4e/Change-the-story-framework-prevent-violence-women-children-AA-new.pdf.aspx>>.

179. Mary Stathopoulos and Antonia Quadara, 'Women as Offenders, Women as Victims: The Role of Corrections in Supporting Women with Histories of Sexual Abuse' (Corrections Services NSW, 2014) <<https://www.correctiveservices.justice.nsw.gov.au/Documents/women-as-offenders-women-as-victims-the-role-of-corrections-in-supporting-women-with-histories-of-sexual-assault.pdf>>.

180. Cathy Kezelman and Pam Stavropoulos, 'The Last Frontier - Practice Guidelines For Treatment Of Complex Trauma And Trauma-Informed Care And Service Delivery' (Blue Knot Foundation (formerly Adults Surviving Child Abuse), 2012) <<https://www.childabuseroyalcommission.gov.au/sites/default/files/IND.0521.001.0001.pdf>> 112.

181. Australian Psychological Society, 'Trauma' <<https://www.psychology.org.au/for-the-public/Psychology-topics/Trauma>>.

182. Corrections Victoria, 'Strengthening Connections: Women's Policy for the Victorian Corrections System' (Department of Justice and Regulation - Corrections Victoria, November 2017) 82 <http://assets.justice.vic.gov.au/corrections/resources/0d49078a-89f6-4387-a21e-cfe560c2bf5e/djr+_cv+_womenpolicy.pdf>.

183. Corrective Services (NSW), 'Better Trauma Management Increases Safety For Offenders And Staff' (Press, 2014) <<http://www.justice.nsw.gov.au/Pages/media-news/news/2014/Better-trauma-management-increases-safety-for-offenders-and-staff.aspx>>.

Trauma-informed practice for family violence perpetrators

There are growing efforts internationally to incorporate trauma-informed practice or principles into programs for family violence perpetrators to improve their effectiveness.¹⁸⁴ Some of this work has focused on individuals and groups that may have experienced intersecting layers of oppression, discrimination and trauma, including Indigenous peoples and people from CALD communities. Programs that work with Indigenous people recognise structural violence and cultural oppression and seek to address it through collective healing.¹⁸⁵ In Australia, Aboriginal intergenerational and collective trauma is a recognised impact of colonisation and dispossession.

Research has shown that trauma in Aboriginal men and boys, stemming from factors including colonisation, sexual abuse, and/or exposure to violence as children, can be causative of the use of family violence.¹⁸⁶ A higher proportion of Aboriginal people in Victoria have been directly affected by the Stolen Generations than in any other Australian state or territory. The grief and trauma resulting from child removal policies are profound, and should not be underestimated in analysing the drivers of family violence in Aboriginal communities. These experiences can mean that Aboriginal people are more vulnerable to experiencing family violence or are more likely to use violence.¹⁸⁷

It is clear that targeted Aboriginal programs for people who use violence use a trauma-informed lens to support healing for families. For the Committee, this highlights the benefits of and need for a system-wide, trauma-informed approach for Aboriginal people who use violence in both mainstream and targeted perpetrator services.

Similarly, some responses to refugee and CALD communities seek to recognise and respond to the impacts of trauma. An example of this is the Vietnamese Men's Behaviour Change Program run by Relationships Australia Victoria. In addition to 12 sessions focusing on MBCP themes that emphasise the safety of women and children, the first three sessions focus on issues arising from challenging pre-migration experiences.¹⁸⁸ This includes violence that may have been part of their lives prior to settlement in Australia, as well as other entrenched cultural issues. The three introductory sessions also assist in building trusting relationships between facilitators and program participants. Facilitators have reported that by the fourth session, participants are much more open to engaging with issues of family violence and behaviour change.¹⁸⁹

Opportunities for further work

Trauma-informed approaches do not and must not involve colluding with a perpetrator. The safety of victim survivors is the first priority of any perpetrator intervention. Historical trauma may be a risk factor for offending, and may be relevant to improving motivation or engagement in an intervention, but it never provides an excuse for violence. Emerging research suggests that trauma-informed practice may contribute to stronger client engagement and greater program effectiveness in changing violent attitudes and behaviours. It therefore has the potential to reduce the risks that perpetrators pose to victim survivors.

184. See, eg, Elizabeth Sewell, *Considerations When Implementing Trauma-Informed Care Into Male Domestic Violence Offenders' Intervention Programs* (Graduate Research Project, University of Alaska Fairbanks, 2016) <https://scholarworks.alaska.edu/bitstream/handle/11122/7397/Sewell_E_2016.pdf?sequence=1>; Taft, Murphy and Creech, above n 170; Danielle Berke et al, 'Optimizing Trauma-Informed Intervention For Intimate Partner Violence In Veterans: The Role Of Alexithymia' (2017) 97 *Behaviour Research and Therapy*; Public Health Agency of Canada, 'Trauma and Violence-Informed Approaches To Policy And Practice' (Government of Canada) <<https://www.canada.ca/en/public-health/services/publications/health-risks-safety/trauma-violence-informed-approaches-policy-practice.html>>.

185. See, eg, Mamisarvik Healing Centre in Ottawa cited in Public Health Agency of Canada, *ibid*.

186. Pat Anderson and Edward Tilton (with guidance from the Healing Foundations' Stolen Generations Reference Committee), 'Bringing Them Home 20 Years On: An Action Plan For Healing' (Aboriginal and Torres Strait Islander Healing Foundation, 2017), 4 <<https://healingfoundation.org.au/app/uploads/2017/05/Bringing-Them-Home-20-years-on-FINAL-SCREEN-1.pdf>>.

187. Free from violence, above n 61, 22.

188. Robyn McIvor and Katrina Markwick, 'Developing a Vietnamese Men's Behaviour Change Program' (Relationships Australia Victoria, 2011) 3 <<https://www.relationshipsvictoria.com.au/assets/PDFs/fvevaluationreport2011.pdf>>.

189. InTouch Multicultural Centre Against Family Violence, 'Vietnamese Men's Family Violence Program—Evaluation Report' (2011) 12 <<http://www.intouch.org.au/wp-content/uploads/2015/12/Vietnamese-Mens-Family-Violence-Program-Evaluation-Report.pdf>>.

However, in considering this issue over the course of its term, the Committee identified a number of complexities and challenges associated with incorporating trauma-informed practice in perpetrator interventions.

In addition to the question of how to balance trauma-informed practice with the perpetrator's personal accountability for perpetrating family violence, other key issues raised include the need to:

- establish a shared understanding across government agencies and service providers, including but also beyond family violence services, about what 'trauma' and 'trauma-informed' practice mean;
- situate trauma-informed practice with perpetrators in a broader trauma-informed approach currently adopted across these services;
- prioritise trauma-informed practice in support services for victim survivors;
- draw on comprehensive sector consultation and specialist expertise in developing trauma-informed practice for victim survivors and perpetrators of family violence;
- understand the risk of collusion in trauma-informed approaches; and
- provide appropriate workforce development, training and safeguards to ensure that trauma-informed practice with perpetrators is safe and effective.

The Committee believes that there is merit in examining the utility of trauma-informed practice in more detail, as part of a broader examination that also addresses victim survivors' experiences. This should include consideration of the issues outlined above, along with emerging national and international evidence on the effectiveness of trauma-informed approaches in reducing the perpetration of family violence.

Recommendation 12:

Conduct further research and consultation with relevant sectors and specialists to examine the benefits of incorporating trauma-informed principles and practices in key perpetrator and non-family violence specific services, while maintaining the focus on perpetrator accountability and victim survivor safety.

Use of technology in perpetrator interventions

Online programs have the potential to service unmet need for programs in rural and remote areas and address other circumstances that reduce access to programs, such as limited public transport, conflicting work commitments, and privacy and confidentiality issues which can be a significant barrier in small communities.¹⁹⁰

The use of technology in perpetrator interventions is a rapidly developing area of practice. Developments and new innovations are occurring in this field all the time. An online MBCP developed by Violence Free Families (VFF) was trialled in Victoria, reportedly a world first.¹⁹¹

In jurisdictions other than Victoria, online delivery of MBCPs is occurring, including in NSW and in the US. While the online program developed by VFF has not been endorsed by NTV in Victoria, it has been taken up in other places in Australia. In the US, many online Batterers Intervention Program (BIP) offerings are available, with programs of varying duration to accommodate the requirements of different US jurisdictions.¹⁹²

A Community Justice Coalition discussion paper in 2016 called for more availability of online domestic violence counselling support services for prisoners, citing studies that suggest online services may be as effective as face-to-face services.¹⁹³

However, concerns have been raised about online perpetrator programs replacing face-to-face program delivery. NTV submitted to the Royal Commission that additional risk assessment and safety planning would be required, and noted that online MBCPs do not meet the previous NTV Minimum Standards for MBCP providers, or similar standards set by overseas bodies.¹⁹⁴

Some US states require domestic violence classes to be taken in person only.¹⁹⁵ One such state is Colorado, where the Domestic Violence Offender Management Board has issued a ban on online courses, stating that face-to-face contact is critical to holding offenders accountable, developing a therapeutic relationship and promoting behaviour change through treatment.¹⁹⁶

There are a number of online and app-based resources currently being used or developed in Australia to support face-to-face perpetrator programs, and to support family violence court processes and perpetrator accountability more broadly.

190. Violence Free Families, Submission to the Royal Commission into Family Violence, Royal Commission into Family Violence, 29 May 2015, 7 <<https://violencefreefamilies.org.au/research-publications/submission-to-the-royal-commission/>>.

191. Ibid 8.

192. See, eg, Court Ordered Classes <<http://courtororderedclasses.com/BA.html>>; Logan Social Services <<http://www.logandvclasses.com/modules.php?name=files&file=guarantee>>.

193. Community Justice Coalition, 'Domestic Violence Prevention: Online Services for Prisoners' (Discussion Paper, 13 December 2016) Section 7 <<http://www.communityjusticecoalition.org/archive/domestic-violence-prevention-online-services-for-prisoners?showall=&start=8>>. The Community Justice Coalition is a non-government organisation of organisations and individuals formed in 2009 to advocate for reforms in the NSW justice and prison systems.

194. Royal Commission into Family Violence, above n 6, 265.

195. See DV Class <<https://www.dvclass.com/Guarantee.aspx>>.

196. Colorado Domestic Violence Offender Management Board, Appendix I: DVOMB Position Paper Regarding Interactive Electronic Therapy (adopted August 14, 2015) <<https://cdpsdocs.state.co.us/dvomb/Standards/Etherapy.pdf>>.

Non-program interventions using technology

- Men’s Referral Service *Live Chat* is a ‘soft entry’ webchat that encourages men to call and talk with a telephone counsellor who can provide free, brief, one-off counselling and referrals for family violence issues.¹⁹⁷
- *Changing For Good* is delivered by Men’s Line and provides free 24/7 telephone counselling for men and their partners after an MBCP to support violence-free relationships. It is available on a voluntary basis for men who have completed an MBCP in the past six months, and provides up to 12 months’ access to two specialist counsellors for counselling and psycho-education. It also provides newsletters and SMS messages with tips, strategies and tools, and online supporting materials.¹⁹⁸
- *Hello Cass*, soon to be launched in Victoria, enables men and women to live text (by SMS, WhatsApp or Telegram messaging) a ‘friendly chatbot’ that provides information and support for people experiencing or affected by family violence, including advice about counselling services, the legal system, safety planning and building stronger relationships. *Hello Cass* was developed in consultation with community health and violence-prevention organisations, including Domestic Violence Resource Centre Victoria, NTV, the Victorian Centres Against Sexual Assault Forum and Berry Street.¹⁹⁹
- *e-Mate*, an early intervention tool for men who use violence, is being developed by the University of Melbourne’s Sexual Abuse and Family Violence research group. Drawing on previous studies of early intervention and web-based tools, the team will develop and test an evidence-based app that raises awareness of abusive behaviour and encourages self-reflection and help-seeking. It is intended to be used either independently, or by men referred by the Men’s Referral Service who are on a waiting list to participate in an MBCP.²⁰⁰
- A smartphone app is being trialled by several MBCP providers in NSW. It acts as a holding measure and seeks to address the challenges MBCP participants may experience between group sessions. It provides additional learning tools, has a mindfulness section, explains and reminds perpetrators of the legal orders they must comply with, and includes a support network. It is tailored by MBCP facilitators for each participant according to individual needs and risk factors.²⁰¹
- The NSW Behavioural Insights Unit (BIU) is trialling personalised SMS reminders for family violence defendants, to test whether an SMS message sent 24 hours before the defendant’s court date will affect court attendance and compliance with apprehended domestic violence orders (ADVOs).²⁰² Initial findings show that court efficiency improved but there were no statistically significant reductions in ADVO breaches. The BIU is also developing a digital resource to provide information, tools and prompts to support behaviour change and improve ADVO compliance.

197. Men’s Referral Service LiveChat page (NTV) <<http://www.ntv.org.au/get-help/live-chat/>>.

198. Changing for Good (MensLine Australia) <<https://www.changingforgood.org.au/>>.

199. Hello Cass <<http://hellocass.com.au/>>.

200. Melbourne Medical School, ‘Early Intervention With Men Who Use Violence (eMATE)’ <<https://medicine.unimelb.edu.au/research-groups/general-practice-research/abuse-and-violence/emate>>.

201. No To Violence, ‘Position Statement On Online Programs For Men Who Use Violence’ (27 February 2018) 3 <<http://www.ntv.org.au/no-to-violences-position-statement-online-programs-for-men-who-use-family-violence/>>.

202. NSW, ‘Using Behavioural Insights To Reduce Domestic Violence’ (Discussion Paper, COAG 2016 National Summit) <<https://coagvawsummit.pmc.gov.au/using-behavioural-insights-to-reduce-domestic-violence>>.

Opportunities for further work

The potential for technology to support greater perpetrator accountability is worth exploring further. Online services are used extensively in the mental health sector, for example Big White Wall and the Mental Health Innovation Network (a global community of mental health innovators), and have facilitated an unprecedented increase in service and program reach.²⁰³ Online, SMS and app-based options are also used to improve connectivity, reduce transportation costs and enhance safety and access for victim survivors in the justice and courts system.

However, the Committee agrees that at present, the evidence has not sufficiently established that online MBCPs can safely replace face-to-face programs because the group dynamics, visibility, sense of accountability, peer interaction and pressure inherent in face-to-face programs are critical to sustaining the behaviour change process. Caution must be exercised, considering the safety risks that online programs pose. For example, a participant's risk level may increase during participation in a program but this may not be clear to the facilitator if it occurs online, hence safety measures to mitigate the perpetrator's risk are not put into place. Victim survivors or children may also be exposed to distressing or re-traumatising content if a perpetrator accesses an online program at home. Finally, when a perpetrator's behaviour change happens out of sight, there is a risk that family violence will again be seen as something that occurs 'behind closed doors'.

Online interventions could be considered as a supplement to existing offerings, noting the utility of technology in reaching perpetrators in regional, rural and remote areas, as well as its potential use in ongoing monitoring of perpetrators post-program completion. Online tools could also be used to 'check in' with program participants and to conduct clinical supervision, increasing accessibility for people in rural or remote areas. Apps or e-learning modules could also be options for preparing men for programs, or for following up after program completion.

The Committee recommends that further work be undertaken to examine opportunities to use technology to improve the effectiveness and reach of face-to-face interventions. This work should occur in consultation with the family violence sector and people with lived experience, and examine initiatives underway in Victoria and elsewhere. Should this research identify opportunities for new initiatives, the Committee recommends that a clear strategy be developed to ensure that any new online interventions meet rigorous standards that are aligned with the Principles for Perpetrator Interventions.

Recommendation 13:

Examine opportunities to use technology to improve the effectiveness and reach of face-to-face perpetrator interventions.

203. See, eg, Sylvia Christie, 'Big White Wall: Transforming Mental Health Services Through Digital Technologies' (2013) 17 *Mental Health and Social Inclusion*.

Strengthening the foundations of the perpetrator interventions system

An integrated perpetrator interventions system

To make a real and tangible difference to the safety and wellbeing of victim survivors, the many agencies and services that interact with perpetrators need to work together as part of an integrated system with a shared understanding of purpose.

In the previous chapter, we discussed how Victoria's perpetrator programs could be strengthened and expanded to create a robust, effective and integrated suite of interventions for perpetrators of all risk levels. However, for these interventions to have the greatest chance of success over the long-term, the foundations of Victoria's perpetrator interventions system also need to be strengthened.

The government has set an ambitious family violence reform agenda that is unparalleled in any other Australian or international jurisdiction, and the Committee applauds the substantial progress made to date. At the same time, the size, pace and breadth of the reform program create challenges that need to be actively monitored and managed. With any system-wide reform involving multiple moving parts, there are risks of operating in siloes, of failing to appreciate interdependencies between initiatives, and of implementing changes without the governance, workforce supply and capability to sustain reforms over the longer-term. These risks are especially grave in the delivery of perpetrator interventions, in part because the agencies in contact with perpetrators have not operated in an integrated way in the past, and in part because if the system fails, it has direct, detrimental and sometimes fatal consequences for victim survivors.

In this chapter, the Committee outlines some of the key elements needed to overcome these challenges and continue working towards the delivery of robust, coordinated and consistent responses to perpetrators, no matter where they make contact with the service system.

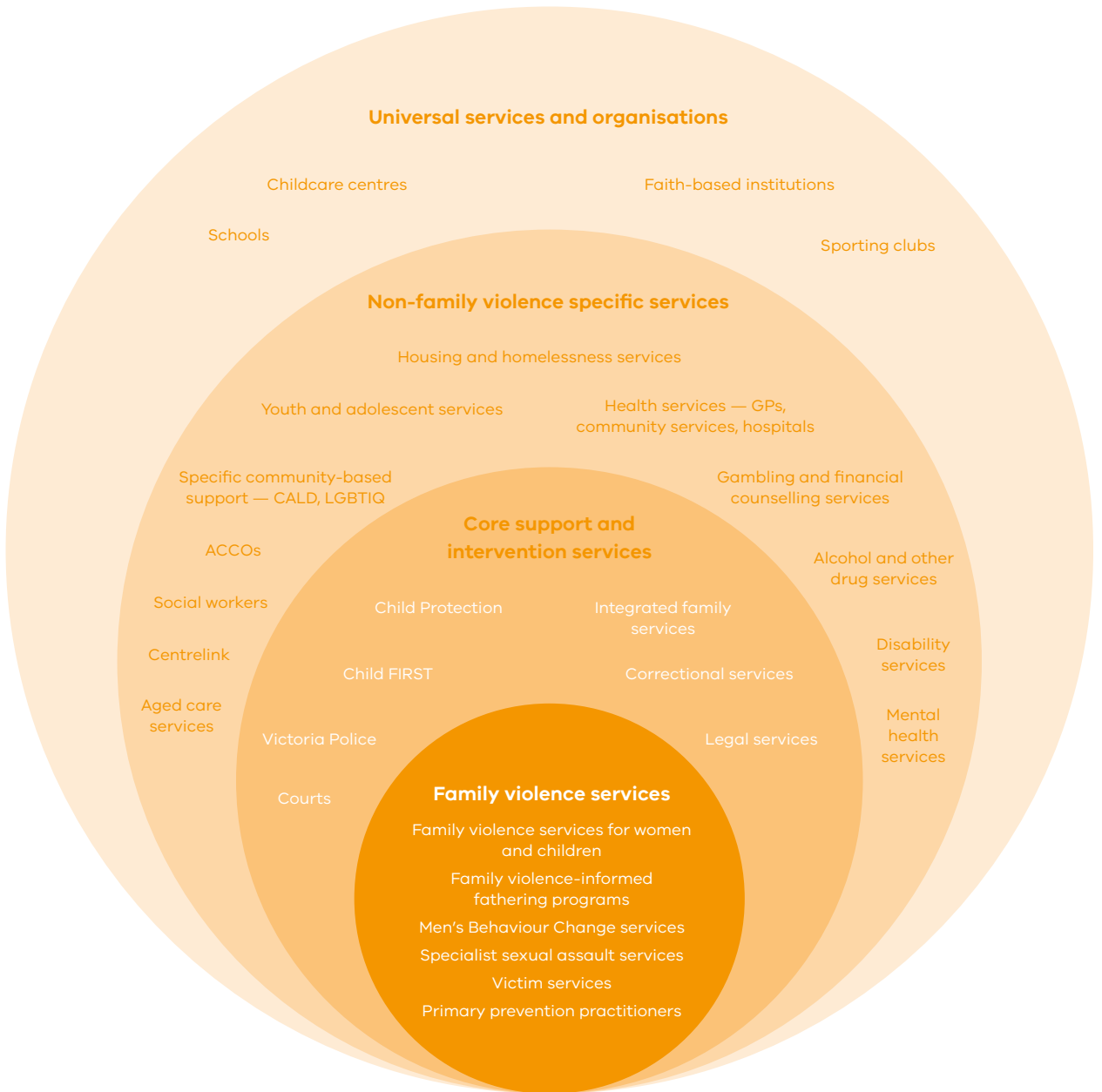
We define ‘perpetrator interventions system’ broadly, to encompass a wide range of services including family violence and victim services, police, courts, corrections, legal services, Child Protection, child and family services, and other non-family violence specific services such as primary health, mental health, drug and alcohol, housing and homelessness, gambling help, disability, aged care and culturally specific services.

Each time one of these services makes contact with a perpetrator, there is an opportunity to intervene and reduce the risk he poses to others. There are also risks of unintentionally empowering a perpetrator through collusion; for example, by listening to and affirming inappropriate attitudes towards women. These opportunities and risks differ across organisations, depending on the services they deliver, their legislative and professional obligations, and the level of skill and experience among staff. However, for the system as a whole to effectively reduce family violence, each agency has a role to play—whether by sharing information with other agencies, making ‘warm’²⁰⁴ and timely secondary referrals, monitoring the outcomes of referrals, monitoring compliance with a court order, delivering behaviour change programs, or delivering other services in a way that is conscious of the perpetrator’s use of family violence.

204. A warm referral involves a worker contacting another agency or service to refer a client and provide information about them, with the client’s consent and sometimes in their presence, rather than simply providing the contact details of that new service to the client. Warm referrals can facilitate client contact with a service, especially if they are vulnerable, have complex needs or may face other barriers, e.g. speak a first language other than English.

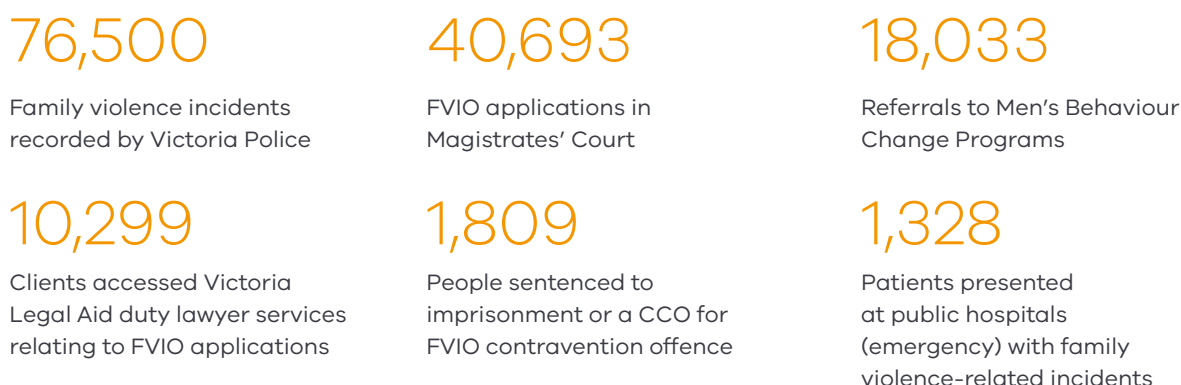
Figure 6: Services that may have contact with perpetrators of family violence ²⁰⁵

Opportunities exist in each of these services to intervene with perpetrators of family violence and reduce risks to victim survivors. Agencies need to be supported with training, guidance and resources so they have the capability, capacity and confidence to intervene safely with perpetrators and in line with their broader organisational roles and objections.



205. The categorisation of workforces in this diagram is also used throughout this report. It is adapted from the CIJ's research on mapping the roles and responsibilities of services that have contact with perpetrators (above n 11) as well as the workforce tiers in the *Industry Plan*, available at https://www.vic.gov.au/system/user_files/Documents/fv/FSV_Download.pdf. However, the roles and responsibilities of individual workers are varied and may not align perfectly with the categorisations in Figure 6 above. For example, some specialist family violence workers exist in non-family violence specific services.

Figure 7: Key data – Perpetrator and victim survivor contacts with services



Source: Crime Statistics Agency Family Violence Dashboard. Figures are for 2016-17, except for referrals to MBCPs which are for 2015-16, due to missing records in 2016-17 data, and FVIO contravention figures which are from Magistrates’ Court 2014-15 data (as cited by the Sentencing Advisory Council, December 2015)

As the CIJ research highlights, agencies have historically not operated as an integrated system in their contact with perpetrators. Rather, they have functioned as separate and disconnected entities, without a common reference point to guide their engagement with perpetrators and without necessarily holding perpetrators to account for their actions.²⁰⁶ Responses to perpetrators have also been reactive and episodic, focused on addressing a single incident or crisis. Yet many victim survivors experience family violence as a persistent pattern of behaviour—one that often requires continued intervention and risk management over a long period of time.

The Committee has heard that many of these system challenges remain. There are concerns about the lack of shared practice in assessing perpetrators’ risks and determining their suitability for programs. There are continued concerns about the inability to track perpetrator contact across different parts of the service system, allowing him to slip out of view at each stage—whether after a call-out by Victoria Police, referral to an MBCP, withdrawal from a program, expiry of an FVIO, or, where a criminal sanction has been imposed, on transition from prison into the community.

Several strands of work are underway within government to address these issues. The Magistrates’ Court is examining ways to improve referral and monitoring processes associated with counselling orders. Victoria Police is developing

a new family violence investigative model and working to improve supervision of FVIOs. The Minimum Standards for MBCPs have been revised, which include new requirements for sharing information with and making referrals to other services. Building on the family violence information sharing scheme, the MARAM will include perpetrator behaviour assessment practice guidance to provide more consistency and rigour in risk assessment and management across agencies. The Orange Door is expected to improve referral pathways by helping to connect people directly to services, and provide a coordinated response to a range of different needs.

However, building an integrated perpetrator interventions system is a long-term task, and its complexity should not be underestimated. It will take time to break down the organisational barriers that contribute to siloed and fragmented responses. The intersection between the justice system and community sector will continue to be a complex landscape. Contact with police, the courts, legal services and correctional services provide multiple opportunities for intervention in a perpetrator’s use of violence, yet contact with the justice system can also function to slow down or impede engagement in rehabilitative efforts.

As key reforms are implemented, the Committee encourages government and agencies to continue refining the model to improve and strengthen the linkages between services and sectors. This will include clearly articulating how the suite of reforms underway will intersect and collectively strengthen the system-wide response to perpetrators.

²⁰⁶ Centre for Innovative Justice, above n 11.

System governance

Robust and effective governance arrangements are needed to support continued improvement and integration of the perpetrator interventions system and ensure better outcomes for victim survivors.

The establishment of FSV in 2017 has been critical for driving and coordinating key elements of Victoria's family violence strategy. In addition, a range of governance bodies have been created to steer, oversee and monitor the implementation of family violence reforms, many supported by FSV and in partnership with the family violence services sector and people with lived experience.

To date, these committees and working groups have focused primarily on improving responses for victim survivors. This focus is critical and should continue. However, we also believe that perpetrator-focused reforms need to be closely integrated with broader family violence reforms. If they are not, it has the potential to reinforce existing system fragmentation and undermine the effectiveness of the substantial efforts underway to improve victim survivor safety.

We note that the Family Violence Reform Implementation Monitor, Tim Cartwright APM, who was appointed to provide independent oversight of the government's implementation of family violence reforms, has also encouraged government to continue pursuing a whole-of-system approach to family violence reform.

Consistent with this goal, the Committee recommends the establishment or expansion in function of an inter-departmental body with appropriate decision-making authority to embed this system-wide focus on more effective and integrated responses to family violence perpetrators. Key functions would ideally include:

- monitoring and overseeing the development of perpetrator-focused reforms and perpetrator-focused elements of broader family violence reforms, including through frequent and robust progress reports;
- ensuring that these reforms are underpinned by consistent objectives and approaches to perpetrator interventions;
- through partnership with the family violence services sector and people with lived experience, ensuring that reforms are informed by specialist expertise, best practice and available evidence, and that robust change management processes are in place; and
- monitoring the outcomes of perpetrator-focused reforms and making adjustments to achieve core objectives where necessary.

It will be critical that this body is linked with other whole-of-government family violence governance mechanisms and meets regularly to undertake real-time review and monitoring of the progress of reforms. It should have the authority to make decisions on the implementation of reforms, and to adjust the direction and approach as needed, recognising the pace and sequencing of family violence reforms already underway. Importantly, it must also closely consult and draw on diverse expertise from outside government, particularly seeking the advice of, and advising, the Family Violence Steering Committee, as well as people with lived experience and the broader family violence services sector. This view is in line with sector concerns raised with the Committee that an ongoing high-level sector engagement mechanism is required.

Expanding governance arrangements to include a greater focus on perpetrator accountability would support improved system integration and more effective responses to both perpetrators and victim survivors. It would help to ensure that all parts of the service system understand what other parts are doing; that they are all working towards the same overarching goals; that when changes are made in one part of the system, the flow-on impacts to other parts of the system are considered and managed effectively; and that together, each part of the system is operating as a connected thread in the 'web of accountability' envisaged by the Royal Commission.

Recommendation 14:

Expand inter-departmental governance arrangements to include a greater focus on perpetrator accountability, monitor the progress of these reforms, and strengthen integration with broader family violence reforms, in partnership with the family violence services sector and people with lived experience.

While ongoing review of progress will be critical for continuous improvement and inter-agency coordination of reforms, the Committee is also conscious that the landscape is changing rapidly, and will look very different as initiatives are progressively rolled out.

We recommend that government commission an independent review of the perpetrator interventions system and perpetrator accountability reforms within two years. By this time, critical reforms such as the perpetrator intervention trials and The Orange Door will have been operating for some time. A dedicated review at this point would provide an opportunity for detailed reflection on the progress made and the additional steps needed to continue to build an integrated and cohesive perpetrator interventions system to ensure greater victim survivor safety.

Recommendation 15:

Conduct an independent review of the perpetrator interventions system and perpetrator accountability reforms within two years.

Workforce development and support

An integrated system will require government and non-government services to work differently than they have in the past. Many services will be expected to work in more conscious and informed ways with perpetrators—that is, to engage with them as perpetrators as well as patients, clients, parents or offenders. In addition to their own obligations, services will also need to better understand the roles of other agencies in holding perpetrators to account.

The Committee acknowledges that the family violence reform agenda is highly ambitious and depends to a large extent on the confidence and capability of the relevant workforces. There is a need to support the capacity and capabilities of the workforce to engage with perpetrators in a way that increases the safety and wellbeing of victim survivors. They must be trained and supported to feel ready and able to engage with family violence situations, and equipped to gather relevant data from perpetrators and share it with the system in a consistent manner.

The CIJ research highlighted the need to develop capability in non-family violence specific services to support their interactions with perpetrators. Health, mental health, drug and alcohol, housing and homelessness, gambling help, disability and aged care services are just some of the services that are in contact with perpetrators every day, but may currently lack the skill, experience and confidence to identify the signs of family violence, engage the perpetrator safely, and link him into relevant family violence services. More critically, they may not know how to engage in a way that avoids inadvertently colluding with the perpetrator and increasing risks to victim survivors. The Census of Workforces that Intersect with Family Violence 2017²⁰⁷ also found that most respondents across the service sector indicated interest in additional training on working with perpetrators.

207. The 'Census of Workforces that Intersect with Family Violence' is a companion report to the *Industry Plan* <https://www.vic.gov.au/system/user_files/Documents/fv/Census%20of%20Workforces%20that%20Intersect%20with%20Family%20Violence%20Factsheet.pdf>.

Building on work underway through the Centre for Workforce Excellence, the Industry Plan and other reforms, the Committee recommends the provision of training and policy and practice guidance for key non-family violence specific workforces on engaging with perpetrators. This should include information on the dynamics of power and control underpinning family violence, how to identify the risks or signs of family violence when interacting with a possible victim survivor or perpetrator, and how to avoid colluding with perpetrators. Drawing on the roles and responsibilities mapped through the CIJ research, training should focus on the practical steps workers can take to intervene, including referrals to relevant services.

It is important that training is nuanced and tailored to agencies' specific obligations and service delivery environments. In services such as mental health and legal services, important obligations relating to confidentiality and privilege must be upheld to protect the rights of clients. These obligations are not irreconcilable with working as part of an integrated perpetrator interventions system, but they do create complexities that agencies will need to grapple with. The nature of some professions, for example lawyers or Child Protection practitioners, require a focus on individual clients and protecting their rights, which can sometimes create inadvertent collusion, or result in reduced accountability for the individual perpetrator.

Recommendation 16:

Develop capability in key non-family violence specific services in engaging with perpetrators, building on existing or planned training to support the family violence information sharing scheme and Multi-Agency Risk Assessment and Management Framework.

Recognising the time and investment needed to train multiple workforces, the Committee also recommends that government develop supporting materials on safe and effective engagement with perpetrators. These materials should draw on the roles and responsibilities developed by CIJ, the Principles for Perpetrator Interventions, and complement the practice guidance being developed to support risk assessment and management responsibilities under the MARAM. Materials should also aim to support family violence and non-family violence specific workforces to operate as part of an integrated system, with guidance on engaging with other agencies and referring perpetrators into appropriate services, including family violence services, legal services, health, mental health and drug and alcohol services.

Recommendation 17:

Develop supporting resources on how to engage safely and effectively with perpetrators, including connecting perpetrators to relevant justice and community services, for non-family violence specific services to adapt and apply to their operations and align with relevant statutory and professional obligations.

Specialist work with perpetrators requires a high level of skill, experience and judgement in order to engage men safely and effectively towards behaviour change.²⁰⁸ The Committee has heard that this work is getting harder, with continued pressure on services to meet growing demand, fulfil new obligations, and transition to a new and more complex operating environment. There is also an ongoing challenge of attracting the right people to the workforce who will bring a gender balance and lived experience to perpetrator work which can be difficult and demanding.

²⁰⁸ Centre for Innovative Justice, above n 11.

Building on the government's investment in perpetrator services, practitioners will require support through and beyond this transition. Provider and peak body forums held annually or biannually could provide a valuable opportunity for practitioners to share their knowledge and experience, learn from each other, and identify ways to address the common challenges they face in their work with perpetrators. Other opportunities include greater collaboration and learning between perpetrator services and correctional services, both of which have deep expertise and experience in working with people who use violence.

Critical to ensuring the supply of competent and capable staff for new family violence programs and funding streams is the provision of appropriate training programs. This can be achieved, for example, through technical and further education (TAFE) courses, centres of excellence, and new content in university diplomas and degrees, such as Law and Social Work degrees. As discussed above, the Industry Plan will support this work, by articulating the skills and knowledge required to work with victim survivors and perpetrators of family violence across sectors.²⁰⁹

The Committee is conscious that family violence workforces are under particular pressure given the pace and scope of reforms. There is also a need to increase support to family violence and key non-family violence specific services to become more relevant and responsive to a broader range of perpetrators. The more perpetrators are engaged in services, the more opportunities there are to monitor, manage and reduce the risks they pose to victim survivors.

While there are some targeted perpetrator programs in place to meet the needs of people from CALD and Aboriginal communities, it is not feasible from a workforce and resourcing perspective to provide specific programs for every cohort. Further work is needed to make non-targeted perpetrator programs culturally safe, inclusive and accessible to diverse groups. It is also important that the broader family violence and non-family violence specific workforce is provided with cultural responsiveness capability training to ensure they can work with a range of perpetrators from different cultural backgrounds. The Committee recommends that cultural responsiveness capability be developed in family violence and non-family violence specific services.

Consistent with the government's expected *Inclusion and Equity Statement*, the development of cultural responsiveness capability should reinforce that diverse groups are not homogenous but unique and diverse in their own right, and being more inclusive means recognising that people experience and express multiple forms of identity and belonging.

Recommendation 18:

Develop cultural responsiveness capability in family violence and non-family violence specific services that have contact with perpetrators to provide inclusive and accessible services.

209. The knowledge and skill capability requirements are articulated in FSV's 'Responding to Family Violence Capability Framework' released December 2017 as part of the companion documents to the *Industry Plan* <https://www.vic.gov.au/system/user_files/Documents/fv/Responding%20to%20Family%20Violence%20Capability%20Framework.pdf>.

Practice leadership

Building and disseminating best practice advice and expertise on the design, development and delivery of perpetrator interventions will be critical to the continued improvement of interventions and their effectiveness in reducing risks to the safety and wellbeing of victim survivors.

The government has taken a number of steps to ensure that its family violence reform agenda is informed by specialist expertise and emerging best practice. Family Violence Principal Practitioners in DHHS, the Department of Education and Training (DET) and DJR provide specialist advice to enhance family violence practice, knowledge and capability in their departments. The Committee heard of positive work being led by the Principal Practitioners, including guidance and training on working with perpetrators for the Child Protection workforce and staff in DJR. The Centre for Workforce Excellence within FSV is also expected to play a key role in supporting interdisciplinary learning about family violence, building capability in working with perpetrators, promoting best practice, and contributing to the development of formal workforce training.

Significant practice expertise exists in the family violence sector, including in men's behaviour change program providers and referral services. The sector has been integral to system-wide reform efforts, with both government and the sector demonstrating a continued commitment to genuine collaboration and co-design. Through the creation of this Committee and other expert advisory groups, and the direct involvement of specialist researchers and practitioners, the Victorian Government has sought to ensure that its reforms draw on existing and emerging best practice.

While commending these efforts, we believe there is a need to continue building practice leadership in perpetrator interventions. This is an evolving area of practice in the sector that requires active input from, and connection to, practice innovation as well as a dynamic evidence base. The new resources within government, including the Centre for Workforce Excellence and Principal Practitioners, have responsibilities that cover the breadth of family violence reform, but have limited capacity to focus specifically on system-wide

perpetrator accountability reform. We are also conscious that this committee and other expert committees across government are time-limited.


To provide continued specialist expertise over the longer-term, the Committee recommends the expansion of practice leadership capacity within government, supported by an independent expert reference group made up of specialist researchers, key family violence sector organisations and people with lived experience, and focused specifically on building and disseminating system-wide best practice in perpetrator interventions. Working closely with the broader family violence sector and the Principal Practitioners within DHHS, DJR and DET, the Committee envisages that this practice leadership function would ideally have the following key responsibilities:

- drawing on emerging research and providing expert advice to support continuous improvement of perpetrator interventions;
- establishing a whole-of-system community of practice, working with Principal Practitioners in each department, to support consistent and coordinated perpetrator intervention practice across government, including building connections with, and learning from, areas working on responses to AVITH and elder abuse;
- ensuring cross-sector capability and communities of practice by encouraging exchange, shadowing or secondment opportunities across the sector and system;
- building partnerships with research organisations, universities and other relevant institutions with expertise in perpetrator interventions;


- providing specialist expertise to inform the development of system and program-level evaluations of perpetrator interventions;
- conducting research and analysis to determine service need and the extent to which existing interventions meet the current and projected demand; and
- conducting work to integrate existing and planned programs into a suite of interventions, including system-wide practice guidance on program connections and pathways.

Recommendation 19:

Expand capacity within government to build practice leadership to disseminate system-wide best practice advice and support to foster consistency, integration and safety in the delivery of perpetrator interventions. An expert reference group should be established to support this work.



Assessing outcomes and improving the evidence base



Measuring outcomes and building the evidence base

Understanding whether and how perpetrator interventions are working to reduce family violence is critical. However, measuring the effectiveness of interventions relies first on a clear articulation of the outcomes those interventions intend to achieve. As ending family violence is the ultimate goal, and one we should continue to strive towards, we must continue to improve the breadth and quality of evidence about which programs have the greatest impact, for whom and under what circumstances.

There is considerable debate about what should be considered ‘success’ when working with perpetrators. Justice responses are judged primarily by the recidivism of the perpetrator, which is an imperfect measure. Once a perpetrator is back in the community, his abuse may continue undetected or unreported. Recidivism data also fails to reflect the many detrimental impacts of family violence on victim survivors’ lives, including health, employment and educational outcomes. ANROWS recommends that reducing recidivism rates should not be the only goal of interventions, noting it is a narrow and often unreliable indicator of successful intervention.²¹⁰

Family Violence Outcomes Framework

In response to Royal Commission recommendation 194, the Victorian Government’s Family Violence Outcomes Framework was developed and released in November 2016 as part of Victoria’s *Plan for Change*. Indicators for each outcome were developed through sector consultation and released as part of the *Family Violence Rolling Action Plan 2017–2020*.²¹¹

The Outcomes Framework was designed to shape priorities and guide actions across government and in the community. It is helping all actors work together and monitor shared success. The Outcomes Framework is also helping to drive Victoria’s family violence reforms and is being used to help understand whether the reforms are making a difference, and to adjust and adapt accordingly. Outcomes 10–13 of the Framework relate specifically to perpetrators and are set out below.

At the time of writing, the government is developing outcome measures for inclusion in the Family Violence Outcomes Framework. The Committee has had the opportunity to provide input into a set of possible measures for the perpetrator domain of the Outcomes Framework.

210. ANROWS, ‘New Research Finds Men’s Behaviour Change Programs Should Aim To Do More Than Reducing Re-Offending Rates’ (Media Release, 9 December 2015) <<https://www.anrows.org.au/resources/media/media-releases/new-research-finds-men%E2%80%99s-behaviour-change-programs-should-aim-do-more>>.

211. Victorian Government, ‘Family Violence Rolling Action Plan 2017–2020’ <https://www.vic.gov.au/system/user_files/Documents/fv/Family%20Violence%20Rolling%20Action%20Plan%202017-2020.pdf>.

Figure 8: Family Violence Outcomes Framework: Perpetrator domain outcomes and indicators ²¹²

Domain Three: Perpetrators are held to account, engaged and connected

Outcome	Indicators
<p>Early intervention prevents escalation — people, including children and young adults, at risk of using family violence are identified early and provided with effective early interventions.</p>	<ul style="list-style-type: none"> – Increase rate of compliance with statutory orders – Decrease repeated family violence behaviour by individual perpetrators – Increase in positive parenting by people with a history of family violence.
<p>Perpetrators are accountable for their behaviour — people are supported to recognise factors contributing to their violent behaviours and provided with tools and strategies to act differently, preventing reoffending.</p>	<ul style="list-style-type: none"> – Increase awareness and understanding of the forms and impact of family violence by perpetrators – Increase self-identification and self-referral by people committing or at risk of committing family violence – Increase engagement and retention of perpetrators in behaviour change programs and other interventions.
<p>Perpetrators are held to account — perpetrators of family violence face timely and appropriate consequences.</p>	<ul style="list-style-type: none"> – Increase identification of and consequences for an FVIO breach – Increase enforcement of family financial obligations for people charged with family violence – Increase in consistency of criminal charges and sentencing for perpetrators.
<p>Perpetrators are in view — perpetrators are engaged and connected to relevant agencies. Collaborative approaches and information sharing infrastructure support systematic responsibility for holding perpetrators to account.</p>	<ul style="list-style-type: none"> – Increase sharing of information material to assessing and responding to family violence risk – Increase sharing of information to enable a tailored service response for perpetrators.

212. Ibid 32.

The Committee encourages government to apply the following overarching principles as it seeks to finalise the outcome measures for perpetrator interventions:

- Victim survivors' and children's voices should be central to assessing the effectiveness of perpetrator interventions.
- Both qualitative and quantitative measures should be included. Qualitative measures should include perpetrators' self-reports, along with victim survivors' reports of changes to their feelings and experience of safety, wellbeing, parenting and other aspects of family functioning.
- Reoffending is an important but imperfect measure. It is critical that measures also focus on the extent to which perpetrators demonstrate behaviour change and improved awareness and understanding of the impact of family violence, as reported by both perpetrators and victim survivors.
- Outcome measures relating to referrals, information sharing, monitoring and follow-up will be important to assessing the effectiveness of family violence reforms that are focused on improving system integration and strengthening multi-agency responses to perpetrators.
- Government should be aspirational in setting measures, recognising that while data may not be available for all relevant measures today, this should be the aim for the future.

Our ambition is for outcome measures that allow us to track tangible improvements and real change in outcomes for all Victorians. The Committee notes that current data is often limited to output measures (which track what and how much was delivered) and that there is a need to develop a more comprehensive set of outcome measures (what impact did we have). Nevertheless, output measures will continue to be critical for understanding how effectively our systems are working.

The Crime Statistics Agency's Family Violence Data Portal reports outputs like the total number of unique MBCP cases and clients and the number of legal services provided for family violence matters. It also reports critical prevalence data, like the total number of family violence incidents by local government area. An outcomes approach requires a logical and evidence-informed 'theory of change' about how these activities and outputs are intended to contribute to positive and tangible outcomes. An outcomes approach also helps establish the capacity to measure whether meaningful change is being achieved.

The Committee notes that tools developed under the new MARAM will also enhance our understanding of the spectrum of seriousness and different presentations of risk across diverse communities, including some that were previously not measured—for example, through the inclusion of additional risk factors for LGBTIQ communities. Using these tools, and sharing the information that is gathered through their use, will assist with building the evidence base for diverse experiences of family violence and nuanced understandings of risk across the community.

Recommendation 20:

Finalise the outcome measures for the Family Violence Outcomes Framework perpetrator domain, incorporating both quantitative and qualitative measures, to maintain the focus on improving outcomes for victim survivors.

National Outcome Standards for Perpetrator Interventions

The National Outcome Standards for Perpetrator Interventions (NOSPI) were endorsed by the Council of Australian Governments (COAG) on 11 December 2015. The NOSPI form part of actions to implement the *National Plan to Reduce Violence against Women and their Children 2012–2022*. The NOSPI Headline Standards, shown below, were developed through consultation with various Australian jurisdictions and non-government experts.²¹³

It is intended that the NOSPI will be reported against annually to measure Australia’s performance on perpetrator interventions over time. The first NOSPI report will be released in 2018, using 2015–16 data. The Committee understands that in its work with the Commonwealth and other states and territories on the first NOSPI report, Victoria has emphasised the need for future reports to shift their focus to outcome rather than output measures. We agree with this position, and with the acknowledgement in the report that the NOSPI indicators will need continual improvement and refinement over time. We also encourage governments to work towards the inclusion of more measures relating to community-based interventions, in addition to justice system interventions.

Figure 9: NOSPI Headline Standards



213. National Plan to Reduce Violence Against Women and Their Children, ‘National Outcome Standards for Perpetrator Interventions’ (Council of Australian Governments, 2015) 8-10 <https://plan4womenssafety.dss.gov.au/wp-content/uploads/2015/04/nospi_coag_paper.pdf>.

Evaluation of perpetrator interventions

Evaluating perpetrator interventions—by which we mean not just monitoring inputs, activities and outputs, but also measuring the extent to which desired program outcomes have been achieved—and developing the evidence base for perpetrator interventions is critical to provide assurance that programs are working effectively to improve victim survivor safety; enable government and services to continue refining and improving the design and delivery of interventions over time; and guide future government investment in perpetrator interventions.

Alongside development of the Outcomes Framework, the Victorian Government is investing in improving the quality and use of evaluations at both the system level and program level, to review how well government-funded services are delivering outcomes for Victorians and to build the evidence base for what works.²¹⁴ The Outcomes Framework identifies what success looks like and allows government to track whether the family violence reforms as a whole are achieving their intended outcomes for victim survivors. Rigorous program-level evaluations of perpetrator interventions will ensure that each program is having an impact and contributing to the outcomes the family violence sector and the broader community are collectively working towards.

A new ANROWS report on evaluating interventions related to reducing and preventing violence against women also provides useful guidance for community and health workers, clinicians and practitioners, educators, activists and advocates, policymakers, academics and researchers.²¹⁵ It is designed to be used to improve services, secure funding and acknowledge the quality of work being done. Along with the report, ANROWS has produced a quick reference resource that summarises the eight key steps (divided into three stages) in evaluating interventions related to reducing family violence. The following diagram is taken from the reference resource.

214. Rolling Action Plan 2017-2020, above n 211, 55.

215. Celina McEwen, 'A Guide To Evaluating Interventions Related To Violence Against Women' (ANROWS, Insights Issue 3, 2018) <https://d2c0iky46o3b1.cloudfront.net/anrows.org.au/ANROWS_IN18.03_McEwen_Guide-to-Evaluating-Interventions-related-to-VAW.pdf>.

Figure 10: Evaluation stages and steps ²¹⁶



- Stage 1: Preparing an evaluation project
- Stage 2: Producing evidence
- Stage 3: Incorporating findings and recommendations

Evaluating perpetrator interventions presents opportunities, but also poses some challenges, as illustrated in the table below. However, some of these historical challenges are not unique to perpetrator programs, but can also apply to evaluations of other programs and social services. The Committee believes that with appropriate strategies, these challenges can be overcome.

216. Celina McEwen, 'Key Steps in Evaluating Interventions Related to Violence Against Women' (ANROWS, 2018) 6 <https://d2c0ikyv46o3b1.cloudfront.net/anrows.org.au/ANROWS_McEwen_Key-Steps-to-Evaluating-Interventions-Related-to-VAW1.pdf>.

Historical challenges in evaluating perpetrator programs

Measuring impacts	<ul style="list-style-type: none">– It is often difficult to measure the desired outcome of a program, which might only be achieved some time after the program has ended, and funding or evaluation design may not be set up to be long-term.– Programs are implemented as part of a larger system in which a number of other factors may shape perpetrator behaviour, including police practices, court orders, coordinated community responses and the delivery of social services, which makes it difficult to isolate the impact of perpetrator programs.
Recidivism is a problematic indicator of success	<ul style="list-style-type: none">– Many evaluations rely on a reduction in perpetrator reoffending (as measured by contact with the justice system) as the sole indicator of success, but most family violence incidents (in particular non-physical violence) often go unreported. In addition, recidivism data does not capture the other detrimental impacts of family violence on victim survivors and family functioning.
Robust evaluation methodologies are difficult to implement	<ul style="list-style-type: none">– Some evaluations rely on sample populations too small to infer statistically significant outcomes from.– To be considered 'rigorous', studies often require a control group, which is difficult to achieve in perpetrator program evaluations, as it would mean refusing program access for otherwise eligible perpetrators. Instead of this, some studies use program drop-outs or screened out participants, who are not true comparators. Studies that exclude attrition may artificially inflate program success rates and lead to undue confidence in program effectiveness.– Evaluations may rely on self-assessment by perpetrators, which can be biased. It is also difficult to include interviews with new partners of perpetrators in the evaluation design.

Academics continue to debate the design and quality of evaluation studies of perpetrator programs, and in particular, how effectiveness should be defined and determined.²¹⁷

Evaluations of MBCPs in Australia and other jurisdictions have used various methods, measured different outcomes and produced different results. Some have found MBCPs to be quite effective at achieving some measure of behaviour change,²¹⁸ while others have found that MBCP-type programs produce limited or negligible change in perpetrators' behaviour.²¹⁹ The outcomes measures used to evaluate the program can influence its perceived effectiveness.²²⁰

Adopting an innovative approach to the evaluation of MBCPs, Project Mirabal in the UK identified six qualitative measures for effective programs, taking into account what "success" meant to women and children who had experienced violence:

- improved relationship including respect and effective communication;
- expanded space for action for women, restoring their voice and ability to make choices;
- safety and freedom from violence and abuse for women and children;
- safe, positive, shared parenting;
- awareness of self, others and the impact of family violence on partner and children; and
- safer, healthier childhoods.²²¹

A common evaluation framework for perpetrator interventions could address some of the challenges outlined above, and set out some general principles to ensure rigour and consistency in evaluations and better comparison of outcomes.

A framework for evaluations of perpetrator interventions

Given the importance of consistent and rigorous evaluation, the Committee recommends that the Victorian Government develop a common evaluation framework for perpetrator interventions, including a requirement that findings and data from evaluations be shared to support government's incorporation of 'what works' into policy and program design.

We have considered key elements for inclusion in this common evaluation framework, while recognising that specific evaluation design will necessarily differ between programs due to the different outcomes they may be seeking to achieve (for example, case management may seek to achieve different outcomes to an MBCP, a program for high risk perpetrators, or a fathering program). An evaluation framework needs to be flexible enough to inform evaluation design of specific programs, while including general principles that can be usefully applied across all perpetrator interventions. In our view, the framework should include:

- a clear theory of change—the outcomes that programs are trying to achieve should determine evaluation design;
- principles to which all evaluations should adhere to ensure consistency and reliability; for example, robustness, transparency and compliance with all relevant ethical standards;

217. John Ashcroft, Deborah J. Daniels and Sarah V. Hart, 'Do Batterer Intervention Programs Work? Two Studies' (*National Institute of Justice Research for Practice*, U.S. Department of Justice, 2003) <<https://www.ncjrs.gov/pdffiles1/nij/200331.pdf>>; Andrew Day et al, 'Programs for Men who Perpetrate Domestic Violence: An Examination of the Issues Underlying the Effectiveness of Intervention Programs' (2009) 24 *Journal of Family Violence*; Christopher Eckhardt et al, 'Intervention Programs for Perpetrators of Intimate Partner Violence: Conclusions from a Clinical Research Perspective' (2006) 121 *Public Health Reports*; and Urbis, 'Literature Review on Domestic Violence Perpetrators', <https://www.dss.gov.au/sites/default/files/documents/09_2013/literature_review_on_domestic_violence_perpetrators.pdf 11-14>.

218. See, eg, Kelly and Westmarland, above n 25.

219. See eg, Marna Miller, Elizabeth Drake and Mia Nafziger, 'What Works To Reduce Recidivism By Domestic Violence Offenders' (Document No. 13-01-1201, Washington State Institute for Public Policy, 2013) <http://www.wsipp.wa.gov/ReportFile/1119/Wsipp_What-Works-to-Reduce-Recidivism-by-Domestic-Violence-Offenders_Full-Report.pdf>.

220. The Urbis review cited meta analyses that found that: "intervention programs... lead to greater reductions in recidivism when official records rather than victim reports of reoffence are used as the outcome measure" (p 12).

221. Kelly and Westmarland, above n 25.

- the promotion of consistent program outcomes that are aligned to the broader Family Violence Outcomes Framework;
- indicators that measure not only short term, but also medium and longer-term impact;
- guidance on the collection, recording and provision of appropriate and comparable data, and on the consistent use of relevant tools, for evaluation purposes;
- guidance on the comparison of like programs and like perpetrators;
- different types of evaluation to measure program outcomes as well as their adherence to standards and guidelines;
- a focus on using multiple indicators of success, including qualitative (e.g. increase in respectful communication; victim survivor experiences of safety, improved relationships and, where relevant, positive parenting) and quantitative (e.g. reduced family violence reoffending as indicated by recidivism data or police contact data);
- measurement of attrition rates so that positive program results are not skewed, and alternatives to the use of a control group as a comparator are developed; and
- in addition to the direct effects of interventions, measures to evaluate programs in terms of their efficiency and return on government investment.

The common evaluation framework should be developed in close consultation with community and correctional program providers, given their expertise in the content and delivery of perpetrator programs. The significant body of literature on evaluation of programs for other types of offending behaviour, and a separate ANROWS project, *Evaluation Readiness, Program Quality and Outcomes in Men's Behaviour Change Programs*,²²² which will help to develop best practice in perpetrator interventions evaluation and is due for completion in 2018, should also be used to inform the development of this framework.

Recommendation 21:

Develop a common evaluation framework for Victoria's perpetrator interventions that aligns with the Family Violence Outcomes Framework and the Principles for Perpetrator Interventions.

Evaluating new and existing interventions

The Committee recommends that new and existing perpetrator programs be evaluated against this common evaluation framework.

The revised Men's Behaviour Change Minimum Standards require providers to conduct operational reviews every 12 months, drawing on quantitative and qualitative data, including information collected from perpetrators, partners, children and other stakeholders.²²³ While this is a very positive development, evaluating Victoria's MBCPs against a standard framework would provide greater assurance to government that providers are not only delivering programs to the required standards, but that clear outcomes are being achieved for MBCP participants. An evaluation is likely to be of greater depth and comparability than an operational review.

222. ANROWS, 'Evaluation Readiness, Program Quality and Outcomes in Men's Behaviour Change Programs' (underway) <<https://www.anrows.org.au/node/1304>>.

223. Family Safety Victoria, Men's Behaviour Change Minimum Standards, above n 22.

The Committee suggests that new interventions could be required to develop an evaluation plan consistent with the common evaluation framework, included as part of the contract for service provision, and this evaluation plan could be required in any grant or ongoing funding application. Programs will need to be designed in such a way to allow for the collection of necessary evaluation data.

Existing program providers will need to be cognisant that a new common evaluation framework will impact on their practice, potentially requiring them to conduct intake, assessment, exit surveys, interviews and follow-up differently than they have in the past, and to collect different sets of data so as to compare outcomes across programs, as well as across the broader perpetrator interventions system. A condition of ongoing or new accreditation for any program could be that they include an evaluation plan consistent with the overarching evaluation framework. Again, ANROWS' anticipated work on the development of practice guidelines to support evaluation practice in Men's Behaviour Change programs will be very helpful in this regard.²²⁴

The Committee notes that the funding announced for FSV and DJR trials of innovative perpetrator interventions includes funding for evaluation, but due to the short nature of the trials, evaluation of outcomes will necessarily be very limited, if possible at all. Any trials of new interventions in future should be of appropriate length (and funded adequately) to enable rigorous outcome-focused evaluation.

Recommendation 22:

Require all new and existing interventions to be evaluated against a common evaluation framework.

While the evidence suggests that a perpetrator program can begin the process of behaviour change, we wish to reiterate that a single intervention is unlikely to be sufficient for most perpetrators to sustain long-term positive behaviour change. Many men will require multiple, concurrent or consecutive interventions. It is important that we do not hold services to unrealistic goals in the delivery of perpetrator programs, and recognise that the extent to which a perpetrator changes his behaviour will be influenced by a broader range of factors and interventions across the service system, and most fundamentally, by his own willingness to stop using family violence. In this vein, programs should not be abandoned if they do not deliver immediate or significant improvements for all participants. Evaluation offers a valuable opportunity to learn from the outcomes of interventions, continually refine and improve those interventions, and build the evidence base for what works.

We must also remember that even when no improvements are seen in a perpetrator's behaviour or his attitudes after his participation in an intervention, there might still be positive outcomes for women and children such as knowledge of and contact with the family violence service system. This underscores how critical it is to ensure that the voices of victim survivors continue to inform the development of perpetrator interventions and the way success is measured into the future.

²²⁴. ANROWS, above n 222.



Conclusion



Embedding the suite of family violence reforms and improving system-wide responses to family violence perpetrators will take long-term commitment. Throughout this process, government should support agencies and services to continually reflect on progress, and evaluate and adjust along the way as required. Modification will no doubt be needed over time—this is the reality of Victoria being prepared to try new things and meeting the challenge to end family violence.

The Committee is acutely aware of the major reforms already taking place across the Victorian family violence services system to improve safety for victim survivors and strengthen responses to perpetrators of family violence. Government should be commended on these efforts. An overly cautious or risk averse approach would not serve victim survivors well, nor meet the community's expectations of family violence reforms.

However, the Committee's proposed suite of perpetrator interventions system and perpetrator accountability reforms will require strengthened inter-agency governance and integration to have the best chance of effectiveness. Victoria's services for perpetrators are only in the early stages of operating as a coordinated and cohesive system. Continued commitment is needed to sustain progress over the longer-term.

Though this report has necessarily focused on early through to tertiary perpetrator interventions, sustained commitment to primary prevention to end family violence for future generations is essential. Building on national work by COAG, White Ribbon and Our Watch, Victoria has continued to demonstrate leadership in its focus on the prevention of family violence. *Free from Violence* and the establishment of Respect Victoria²²⁵ as an independent Statutory Authority is the essential foundation needed to ensure that primary family violence prevention remains a priority over the coming years. Primary prevention is a critical support to the suite of perpetrator interventions that will keep more communities, women and children safe into the future.

225. Respect Victoria is an independent Statutory Authority with a dedicated focus on the primary prevention of family violence for all Victorians. Its role is focused on stopping violence before it starts by changing the attitudes and culture that allow and excuse violent behaviour. Respect Victoria was established under the *Prevention of Family Violence Act 2008* to fulfil Recommendation 188 of the Royal Commission. It is also central to the commitments made by the Victorian Government in *Free from violence* relating to research and evaluation and community engagement: <https://www.respectvictoria.vic.gov.au/role.html>.

Appendix A: Committee Members

- Robyn Kruk AO, Chairperson
- Roshan Bhandary, Executive Manager, Capacity Building and Projects, InTouch Multicultural Centre Against Family Violence
- Michael Brandenburg, Liaison Officer— Respectful Relationships, Department of Education and Training
- Helen Fatouros, Commissioner, Law Reform Commission; Council Director, Sentencing Advisory Council
- Doctor Kate Fitz-Gibbon, Senior Lecturer, Monash University; Honorary Research Fellow, University of Liverpool
- David Mandel, Principal, Safe and Together Institute
- Fiona McCormack, CEO, Domestic Violence Victoria
- Kristy McKellar, Deputy Chair, Victim Survivors' Advisory Council
- Professor James Ogloff AM, Director, Centre for Forensic Behavioural Science, Swinburne University of Technology; Executive Director of Psychological Services and Research, Forensicare
- Alan Thorpe, Director/Facilitator, Dardi Munwurro
- Jacqui Watt, CEO, No To Violence
- Professor Nicole Westmarland, Director, Centre for Research into Violence and Abuse (CRiVA), University of Durham, United Kingdom

The Committee wishes to acknowledge the contribution of former Committee members:

- Maya Avdibegovic, Strategic Advisor, Sector and Diversity, Family Safety Victoria (formerly CEO, InTouch Multicultural Centre Against Family Violence)
- Daniela Schneider, former member of the Victim Survivors' Advisory Council

Appendix B: CIJ's Framework of roles and responsibilities of services that have contact with perpetrators

Roles (context)

1. Initial engagement with the perpetrator, or on issues of perpetration, in the aftermath of family violence incidents
2. Initial engagement with the perpetrator, or on issues of perpetration, in the aftermath of family violence disclosure or identification
3. Bringing the perpetrator into view and identifying perpetrator patterns in the context of services to victims
4. Contact in the context of relationship, family-focused or post-separation interventions
5. Opening an appropriate and safe door to intervention and a window into risk
6. Keeping the door and window open in the first weeks following initial contact or re-contact
7. Responses to perpetrators over a timeframe of months
8. Longer-term responses e.g. Men's Behaviour Change Programs

Responsibilities (intent)

- A. Identification of family violence perpetration, or consolidation of identification, through engagement with the perpetrator
- B. Augmenting or contributing to ongoing risk and threat assessments
- C. Information sharing regarding perpetrator behavioural and attitudinal patterns, dynamics and risk situations
- D. Risk management through coordinated (multi-agency) actions
- E. Initial specialised perpetrator assessment
- F. Ongoing specialised perpetrator assessment and intervention planning
- G. Referral to services addressing risk
- H. Family violence informed coordinated case management
- I. Scaffolding the perpetrator's participation in services, building the perpetrator's capacity to participate, and strengthening internal motivations to change
- J. Active collaboration with specialist intervention services after referral
- K. Limiting the perpetrator's opportunities or inclinations to use violence
- L. Interventions addressing dynamic risk factors and criminogenic needs
- M. Contributing to behaviour change objectives
- N. Contributing to sustainable behaviour change from violence

Appendix C: ANROWS Perpetrator Interventions Research Stream projects

Project stream	Project	Purpose
System effectiveness	Improved accountability—the role of the perpetrator intervention systems	<ul style="list-style-type: none"> – To provide a comprehensive analysis of research on integrated systems and interventions for perpetrators, and undertake service mapping of current domestic and family violence and sexual violence responses – To examine how the tracking, engagement and retention of perpetrators within perpetrator intervention systems can be enhanced.
	Perpetrator interventions in Australia: a national study of judicial views and sentencing practice for domestic violence offenders	<ul style="list-style-type: none"> – To examine the use, influence and management of perpetrator interventions in sentencing of recidivist and high risk perpetrators of family violence.
Effectiveness of interventions	Evaluation readiness, program quality and outcomes in men's behaviour change programs	<ul style="list-style-type: none"> – To review existing evidence on outcomes for mandated referrals, develop logic models and undertake a systematic evaluation of psychometric assessment tools and qualitative methods to assess change.
	Defining quality of life indicators for measuring perpetrator intervention effectiveness	<ul style="list-style-type: none"> – To develop quality of life indicators and associated definitions to measure effectiveness of MBCPs, including for victim survivors of family violence.
	Engaging men: invitational-narrative approaches	<ul style="list-style-type: none"> – To evaluate narrative therapy approaches used by Uniting Care and Relationships Australia NSW, and document the processes of engagement when domestic violence is noticed in individual, couple and family counselling.
	Exploring the client-worker relationship in men's behaviour change programs	<ul style="list-style-type: none"> – To explore the perceptions of multiple stakeholders about how the client/worker relationship influences each man's change in behaviour and retention in programs.

Project stream	Project	Purpose
Models to address diversity of perpetrators	Evaluating community-based approaches to sexual offender reintegration	<ul style="list-style-type: none"> - To evaluate two sex offender programs for high risk offenders exiting prison, based in South Australia and Queensland.
	Invisible practices: intervention with fathers who use violence	<ul style="list-style-type: none"> - To explore the work of practitioners and their organisations who engage and investigate fathers who use violence.
	Good practice in delivering and evaluating interventions for young people with sexually abusive behaviours	<ul style="list-style-type: none"> - To evaluate services for young people with sexually abusive behaviours and examine how to improve the implementation of these services.
	The PIPA project: positive interventions for perpetrators of adolescent violence in the home	<ul style="list-style-type: none"> - To improve evidence on the prevalence of adolescent violence in the home as it presents in different justice and service contexts, its co-occurrence with other issues and juvenile offending, and current responses and gaps in service delivery.
	Developing and testing LGBTIQ programs for perpetrators and survivors of domestic and family violence	<ul style="list-style-type: none"> - To tailor and trial the Relationships Australia Family Safety Program with perpetrators and victims of family violence who are part of LGBTIQ communities.
	Best practice principles for interventions with domestic and family violence perpetrators from refugee backgrounds	<ul style="list-style-type: none"> - To identify best practice principles to inform and underpin culturally appropriate family violence interventions for perpetrators from refugee backgrounds, with a focus on five countries of origin (Afghanistan, Burma, Iran, Iraq and Sudan).
Interventions developed by, with and for Indigenous communities	<i>Research projects to be announced in 2018</i>	

