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Bringing pathways towards accountability together —

Perpetrator journeys and system
roles and responsibilities

Centre for Innovative Justice

Report to Department of Premier and Cabinet



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Executive Summary

This report draws upon a range of work that the Centre for Innovative Justice (CIJ) has conducted to support the Victorian Government's increased focus on perpetrator interventions.

This work included producing a 'snapshot' of contemporary knowledge about opportunities for interventions with perpetrators of family violence in various service sub-sectors; as well as developing a framework of Roles and Responsibilities for services in relation to perpetrator interventions in support of Recommendation 85 of the Royal Commission into Family Violence (RCFV). This framework was ultimately tested with over 100 different service types and further refined as a result.


This current report brings the various phases of work together. Part One builds on the CIJ's original snapshot. It does so first with a discussion of the various complexities relevant to work with perpetrators of family violence, including what is known about desistance from violence more generally; moments of opportunity to engage; external and internal motivators; and capacity for change. It also explains that the CIJ views the concept of 'perpetrator accountability' as being about perpetrator intervention systems *themselves* being accountable – primarily to the family members of those using violence.

The report then moves to a more detailed explanation of existing qualitative research with perpetrators of family violence in equivalent jurisdictions. The research is set out in detail for the benefit of policymakers and practitioners. This includes a detailed description of the CIJ's own findings from focus groups with perpetrators which confirm how entrenched perpetrators' levels of denial and minimisation, and view of themselves as victims, can be. It also confirms that multiple internal and external factors need to be in place for many to start and maintain a journey towards genuine responsibility taking and behaviour change. Overall, the detail included in Part One of the report is intended to support readers' understanding of the challenges inherent in *any* work with perpetrators – a 'reality check' on the development of future perpetrator interventions.

Bearing this reality check in mind, Part Two of the report then offers a *starting point* to support the ongoing development of perpetrator intervention systems, particularly as Victoria continues to implement the recommendations from the RCFV. With several qualifications in mind, it does so first by exploring the above mentioned framework developed by the CIJ – dispensing with a siloed approach to service provision and focusing instead on the *context* in which a service may interact or intervene with perpetrators (Roles) and the *intent* behind this interaction (Responsibilities). Throughout this discussion of the framework, examples are provided of how these Roles and Responsibilities may apply to different service areas – albeit at a high-level – so as to provide a tangible context for readers.

Next, Part Two of the report proposes a 'magnifying glass' approach as a starting point for services to consider how this high-level framework of Roles and Responsibilities might apply to their own specific work. It does so by explaining that, before any service can begin to apply the framework of Roles and Responsibilities, it must take a closer look through the lens of three factors, being tailoring interventions to levels of risk and threat posed by perpetrators; consideration of cohort and individual perpetrator characteristics (including noting considerations which the CIJ suggests are not useful in this context); and the level of specialisation in the relevant service.

The report then provides concrete examples of how, using this 'magnifying glass' approach, *certain* Roles and Responsibilities may be applied to three nominated service types in certain situations. These examples are deliberately positioned towards the end of the report because the CIJ urges readers to bring *all* the considerations outlined throughout the report to bear when reviewing even these cautious offerings.



Finally, the report concludes with a discussion about the support which services need to receive before they can apply the Roles and Responsibilities framework in earnest. Certainly, the CIJ's consultations on the framework revealed widely varying levels of readiness and capacity to engage with the concept of perpetrator interventions. The report therefore flags issues of workforce capability, including expanding this capability specifically for perpetrator engagement; as well as the cultural change that will ultimately be required for services to conduct this work in a manner that is both effective and safe. The report then ends as it began, with a caution about the dangers of overconfidence when striding into the realm of perpetrator interventions, and a concluding note about the direction which this work could potentially take.

While this report was originally prepared for the Victorian context, the CIJ hopes that it functions as a practical tool for policymakers and practitioners to consider how to move forward in developing perpetrator intervention systems. Accordingly the report is not offered as an academic work, but rather, hopes to equip Government and a wide range of services with a starting point – a map which highlights the complexities of perpetrators' journeys towards accountability; and with which our service system can begin its own journey towards greater accountability for its response to domestic and family violence, intervening with purpose and awareness with those at the source of causing harm.

Introduction & Background

In 2016 the Centre for Innovative Justice was commissioned by the Department of Premier & Cabinet (DPC) to provide a high-level overview of the pathways that perpetrators of family violence can take as the service system becomes aware of their behaviour. The resulting report, *Pathways towards accountability: mapping the journey of perpetrators of family violence*, was a 'snapshot exercise' to inform Victoria's 10 Year Plan for Change.

This 'snapshot' report highlighted innovations across six different areas and articulated the barriers to perpetrator engagement that the system currently experienced. This piece also provided the platform for further work, this time through the CIJ's support for implementation of Recommendation 85 of the RCFV – **mapping the roles and responsibilities of services and agencies in relation to perpetrator interventions**. Accordingly, in early 2017, the CIJ was again engaged to develop a framework of Roles and Responsibilities and to map services and agencies against it. Having developed the framework, throughout 2017 the CIJ conducted workshops with over 100 different service types to test its value. Although details of the consultations on the framework are not specifically reported here, the consultations have substantially informed the discussions throughout this report, including refinement of the language and concepts used.

More broadly, this current report now brings the two phases of this work together. Part One does so by building on the initial thinking in the *Pathways towards accountability* report, primarily through more in-depth exploration of research concerning the experiences of perpetrators as they interact (or do not) with the service system and journey towards accountability. This review of existing research is then complemented by the CIJ's own qualitative research with 25 perpetrators who were participating in Men's Behaviour Change Programs (MBCPs). Important to note - existing research, as well as the CIJ's own research, focuses on the experience of the majority cohort of perpetrators, being adult males. This is in part because the opportunities for scrutiny of, and access to, participants are already in place.

Part Two of this report then looks at the mirror side of this experience – not by rehearsing barriers to engagement identified in earlier work, but by articulating the framework of Roles and Responsibilities for services and agencies which could guide how this interaction with perpetrators might occur. A range of considerations in relation to the framework are also explored in order to ground it in reality, reflecting the complexity of working with perpetrators that becomes apparent in Part One. Overall, this report:

- Explores the complexity of perpetrator intervention and engagement and then details relevant research which reflects this complexity, including the CIJ's own work (Part One)
- Proposes a web of Roles and Responsibilities which can apply to services and agencies in relation to interventions with individual perpetrators (Part Two).

As such this report does not involve a conventional literature review or discussion of empirical research, but draws on a range of sources, including the CIJ team's own practice expertise, to develop a framework as a starting point for discussion. In doing so, the CIJ seeks to encourage more considered, nuanced and purposeful understanding of perpetrator intervention; highlight the complexity and significant challenge of interventions with perpetrators, including the fact that any intervention may increase risk; and balance the 'reality check' of Part One with the cautious optimism of Part Two to provide a useful guide for reform in years to come.

Pathways towards responsibility-taking and desistance – a discussion

A word on diversity

As mentioned in the introduction, most of what is known about pathways towards – and resistance to – accountability concern the majority cohort of family violence perpetrators, being adult males. Similarly, the focus of much family violence policy assumes an adult male perpetrator, with legal systems and family violence sectors understandably focussed on those who, statistically, cause the most harm (including lethal harm) and who keep their family members (mostly women and children but sometimes male partners or other male family members) in fear.

Though warranted, this focus can make discussion around perpetrator interventions – including use of the word ‘perpetrator’ – seem alienating and therefore inapplicable to people using family violence who do not belong to this majority cohort. This includes, as the CIJ is keenly aware in the context of other work, adolescents who use violence against family members – young people who may also be victims and, by virtue of their age, are highly vulnerable. It also includes women who have been identified as primary perpetrators after a specific incident, despite experiencing longstanding violence from their partner who may in fact be the predominant aggressor. For these women, the label ‘perpetrator’ can have disastrous, long term effects.

It also includes individuals who – whether they belong to this majority cohort or not - are otherwise vulnerable or disadvantaged. For example, Aboriginal communities experience family violence at significant rates but are also disproportionately criminalised by the legal system. In this particular context, the language of ‘perpetrator accountability’ is fraught with implications of state based discrimination. The CIJ’s consultations on the framework of Roles and Responsibilities therefore confirmed that any discussion in this area needed to be led by community, as well as to highlight the strengths of existing Aboriginal and Torres Strait Islander community responses, which are not always acknowledged by the wider system.

Most challengingly, an exploration of ‘perpetrator interventions’ may seem difficult to apply to people who do not enjoy the same level of privilege as white, heterosexual males but who nevertheless wield a significant amount of coercion and control over their family members. For example, many working in the social services field may struggle to see their clients who are drug or alcohol affected, have mental health issues, or are living with intergenerational poverty, as people exerting power over others. In these situations, the violence these individuals are using might be seen as a symptom of another issue – reflecting the difficult line that services must walk. This is discussed further in Part Two.

The CIJ acknowledges this challenge and recognises that, for the most part, the service system (and accompanying research) is a considerable way from responding usefully – or taking an appropriate intersectional approach - to the full diversity of people who use family violence and who exhibit patterns of coercion and control. That said, as specialist family violence services will confirm, we are also a long way as a system from knowing how to prevent or respond effectively to men’s violence against women and children, which is the majority of family violence that the system sees.

Acknowledging the breadth of people who use family violence, though, should not prevent us from increasing understanding about the journeys and experiences of the majority cohort of perpetrators – those who cause the greatest overall harm. Nor should it prevent us from drawing lessons from this knowledge which can be applied in other contexts, albeit with caveats and care. This includes applying this knowledge where people are *experiencing* significant violence, coercion and control – no matter who is causing family violence harm. For these reasons, the majority of the discussion in Part One concerns what we know about men who use violence and coercion against women and children - recognising that observations about issues such as desistance, readiness to change, or internal and external motivators, may at times be just as relevant to other people causing family violence harm.

Similarly, much of what we know about perpetrator pathways arises from practitioner experiences in the course of engaging men through specialist perpetrator interventions, for the most part being MBCPs. This is largely because *conscious* work with perpetrators has not been occurring across other sectors, despite them frequently interacting with perpetrators in reality (whether or not they are aware of this at the time). The purpose of the framework of Roles and Responsibilities outlined in Part Two of this report, of course, is to start to support change in this regard.

Meanwhile, this practitioner experience is backed by research with adult male perpetrators who are also recruited through MBCPs, through to varying degrees the research explores the men's interaction with other services. Reasons for relevant research being conducted in this way are explored later in the report. Nevertheless, readers should keep this context in mind when reviewing the key themes outlined below.

Desistance from violence

A central concern of integrated responses to family violence is how to put people who cause family violence harm on pathways towards taking responsibility for their behaviour and desisting from violence.

These pathways involve substantial lengths of time for many perpetrators who do 'arrive' at a point of desistance. However, many do not arrive at this place and remain a risk to family members despite the best efforts of service system interventions. This is because to get to a place of *primary desistance* from the behaviour – that is, to stop their use of family violence – perpetrators need to:

- Develop a readiness to participate in a specialist behaviour change intervention, and a commitment to work hard through the program;¹
- Be in a stable enough life situation to benefit from the intervention;
- Acknowledge that they are using family violence;
- Understand family violence as involving more than physical violence and intimidation;
- Recognise the many forms of coercive controlling tactics they use as patterns of power, control and entrapment of family members;
- Develop and *strengthen* internal motivations to change behaviour;
- Feel the dissonance between their violent behaviour and their concept of the men, partners and fathers that they want (or wanted) to be;
- Identify and challenge the ways in which they minimise, deny and justify their behaviour, so that they loosen their victim stance and sense of entitlement;
- Change deeply seated attitudes towards women and children, and their practices of superiority and dehumanisation towards family members;

¹ Irrespective of the referral source – mandated or voluntary – it can take many weeks into the intervention before this commitment builds. Some participants never develop this commitment.

- Think differently about the meaning they attach to ideas of power, loyalty, respect, difference, relationships and masculinity;
- Focus on developing patterns of responsibility, care and partnership, rather than blame, control and possession;
- Learn and/or apply non-violent means to regulate emotions rather than choosing to use violence and self-defeating behaviours or habits;
- Become more attuned to the experiences, needs and perspectives of family members;
- Use any emotions of shame and guilt concerning their behaviour as positive motivators;
- Operationalise these new understandings and attitudes in behaviour;
- Identify and minimise the impact of destructive cultural and societal influences;
- Have a sound, personalised safety and accountability plan to take forward after completing the program, and be vigilant about situations in which they might pose risk in the future.

Not all people who use family violence need to journey in all these ways to reduce the risk that they pose. However, sustainable reductions in perpetrator patterns of coercive control often require most to occur.

Some perpetrators will require further or deeper changes for gains to be sustained, in other words, to work towards *secondary desistance* goals.² Perpetrators might:

- Make changes to their lives, habits and social networks in ways that support a new personal identity;
- Where possible, make some amends for the damage they have caused to family members, in ways that are sensitive to the needs and preferences of those affected by their violence;
- Keep some longer-term contact with the program or other supports as a prompt to help them sustain their path towards non-violence and gender equality;
- Participate in activities or campaigns that attempt to prevent men's violence against women.

High risk perpetrators who have used violence against multiple partners and possibly in other community or interpersonal settings – in other words, 'generally violent' men with significant criminal histories – might need to work towards tertiary desistance goals to support sustainable behaviour change.³ This occurs when the man's new identity which focuses on non-violence, care and partnership is reinforced and reflected in new or existing social networks to which he belongs.

While not all perpetrators will need to arrive at secondary or tertiary desistance points to sustain this new identity, the process of taking responsibility is nevertheless a journey. Many people who cause family violence harm will move only part of the way towards sustained risk reduction, despite the best efforts of the service system. This is further evident when we understand men's violence against women and children as patterns of coercive control and entrapment, rather than isolated incidents. The constellation of tactics that perpetrators use can be tightly interwoven, but can also shift over time in nature and intensity. Interventions can help to change patterns, hopefully in positive directions. Complete eradication of patterns of coercive control, however, is often beyond any single intervention.

² Morran, D. (2013). Desisting from domestic abuse: Influences, patterns and processes in the lives of formerly abusive men. *The Howard Journal of Criminal Justice*, 53(3), 306–320. Retrieved from http://jpo.wrlc.org/bitstream/handle/11204/4196/Desisting%20from%20Domestic%20Abuse_Influences,%20Patterns%20and%20Processes.pdf?sequence=1 and Morran, D. (2011). Re-education or recovery? Re-thinking some aspects of domestic violence perpetrator programmes. *Probation Journal*, 58(1), 23–36. Retrieved from <http://journals.sagepub.com/doi/pdf/10.1177/0264550510388968>

³ McNeill, F. (2016). Desistance and criminal justice in Scotland. In H. Croall, G. Mooney and M. Munro (Eds). *Crime, justice and society in Scotland*. Routledge.

Moments of opportunity

Some evidence from Western Australia and England highlights that carefully researched, designed and pre-tested social marketing campaigns can encourage perpetrators to call a domestic and family violence helpline or service designed to encourage them to participate in a MBCP.⁴ However, few contact a helpline like the Men's Referral Service or a MBCP directly on the basis of self-reflection alone. This is unsurprising, given the psychological investment most perpetrators make in convincing themselves and others that they are doing nothing wrong, and that whatever violent behaviours they are willing to acknowledge are justified and that others are at fault instead.

Most people who cause family violence harm will therefore need one or more of the following to occur to induce them to make contact with a referral or intervention service:

- The perceived or actual threat of a significant negative outcome(s) occurring for themselves and their own life – for example, the break-up of their intimate relationship; reduced access to their children; financial complexities; loss of face in their community – if they are not at least seen to obtain some 'help' (even if they do not believe, as is generally the case, that they need this help).
- Taking this one step further, a felt crisis occurring in their own life due to these or other negative consequences *actually occurring*. This may include housing insecurity due to police exclusion; or justice system processes or consequences. For some perpetrators, events such as these can be truly unsettling and create an opportunity to encourage participation in a specialist service. This opportunity may not stay open for long, given that perpetrators will generally invest time and effort into returning to the status quo. This may be, for example, by coercing partners into resuming the relationship, or rallying friends to affirm their belief that they have been wronged.
- Skilled and appropriate encouragement from a service provider in the community services; health; justice; or other sectors, and/or from others in the perpetrator's immediate community for whom they feel some respect, to make contact with an appropriate help.

The occurrence of one or more of these factors by no means guarantees that a perpetrator will contact an appropriate service. Indeed, to do so many perpetrators require these events occur on multiple occasions, sometimes over a period of years. Later in this part of the report, UK research is highlighted which indicates that it is the accumulation of events such as these – as well as the meaning that perpetrators make out of their own emotional responses to these events - that can produce forward movement towards an autonomous decision to change.

For some perpetrators, the degree of unsettlement associated with these events, as well as the degree to which the events might increase a readiness to participate in a service, might be low. These might be perpetrators who have already faced a life of marginalisation and contact with the justice system, and who therefore feel they have little to lose if the perceived negative consequences occur. This includes people who have little regard for the justice system and a low 'stake in conformity'.

Alternatively, they might be perpetrators who have sufficient socioeconomic or other forms of privilege to 'ring-fence' the effects of the negative consequences on their lives. For example, they may have access to – and resources for - highly skilled private family lawyers to play the family law system to their favour and to punish the former partner through legal and financial means.

Further, events that are unsettling for the perpetrator can also be associated with an increased risk for family members. Here, the perpetrator might attribute blame for these events towards the victim-survivor, and increase the range and intensity of his tactics to punish her and make her too afraid (and/or unable) to assert her and her children's rights.

⁴ Donovan, R. J., & Vlais, R. (2005). *VicHealth review of communication components of social marketing/public education campaigns focusing on violence against women*. VicHealth Paper Two of the Violence Against Women Community Attitudes Project. Melbourne: Victorian Health Promotion Foundation.

Stanley, N., Fell, B., Miller, M., Thomson, G., & Watson, J. (2009). *Men's talk: Research to inform Hull's social marketing initiative on domestic violence*. Preston, UK: University of Central Lancashire. Retrieved from http://clock.uclan.ac.uk/2028/1/Men's_Talk_full_report_pdf.pdf

External and internal motivators

As referred to above, many perpetrators will require a (hard or soft) mandate with criminal justice system, civil justice system, child protection or family law consequences to induce them to participate in an appropriate service. Hard mandates occur when the perpetrator faces criminal justice system consequences for not attending and participating sufficiently in the program. Civil justice system mandates are less 'hard', as are Child Protection mandates, with relatively few prosecutions occurring where men contravene the conditions of a Counselling Order or a Family Preservation/Reunification Order.⁵

Meanwhile, the context of a 'social' mandate refers to when perpetrators feel that they are compelled to attend a program as a result of an 'ultimatum' by their partner, or the urging of friends or a respected community leader. Few self-referred men commence a MBCP or other specialist intervention on the back of a strong, internal, autonomous decision to take responsibility for and change their behaviour. Men's motivations are therefore more complex than simple binary of 'mandated versus voluntary attendance', which is sometimes the focus of much debate.

While any form of mandate might increase a perpetrator's readiness to *contact or participate* in an appropriate service, this does not automatically infer readiness to *change*. Readiness to participate in a service is generally a necessary step towards developing some readiness to change, but the latter can lag behind the former for some time and might not develop until *a man* is some way through a MBCP.

Readiness to Change

Initial readiness to change is often driven mostly by *external* motivations, as described in the section above. At the same time, for many perpetrators some seeds or the beginnings of an *internal* motivation to change are present, though situated 'low in the mix'. Developing an internal motivation to change generally takes time. A wide range of service system agents can therefore help to sow these seeds or support the beginnings of internal motivation amongst the perpetrators with whom they engage. While external motivations are still generally required to scaffold the perpetrator to engage in an appropriate intervention service, building an *internal motivation to change* is crucial.

Even when stimulated by service system agents and/or by influential members of a 'community', internal motivation to change is generally quite low at the beginning of most perpetrators' participation in a MBCP. A core objective of men's behaviour change work is to assist participants to strengthen existing, and to develop new, internal motivations to change as an evolving process throughout the program. Importantly, as the CIJ emphasised in the first phase of this work, facilitating internal motivations for change should not be left for MBCPs to do alone. Rather, many government and non-government agencies and services can have responsibilities towards this goal, as the framework proposed in Part Two of this report signals.

The development of internal motivations to change can be a long-term and evolving process. This is in part because perpetrators (or at least those on a pathway towards change) are grappling with the question of *readiness to change ... what?* Perpetrator understandings of the depth and breadth of their use of violent and controlling behaviours evolves through the course of MBCP work. While in the beginning or middle stages of the program they might develop a readiness to change those aspects of their behaviour that *they* recognise as violent – what they see as 'one-off episodes' of outwardly visible violence. Only later might they develop readiness to address their whole patterns of coercive control, or to become truly accountable to the needs of family members for emotional and psychological safety.

⁵ In many situations, non-compliance with these conditions might contribute to the Department determining that preservation or reunification is not safe, leading to the children being removed from their mother and taken into care. In this sense, the perpetrator can use non-compliance with the conditions of the order to gear the child protection system to collude with his tactics of sabotaging the bond that she has with her children.

Even after commencing a MBCP, perpetrator pathways towards taking responsibility and sustainably reducing risk are generally not straightforward. At the same time as potentially strengthening internal motivations towards change, competing motivations to disengage from the program and to limit effort and work towards change often appear. For example, perpetrators might prematurely believe after a few sessions that they have now got their behaviour 'under control'. They might see other MBCP participants disclose one or two 'more serious' (in their view) manifestations of violence and feel 'reassured' that their behaviour 'isn't that bad' in comparison. They might enter a temporary 'honeymoon' phase with their partner and expect that they should be 'forgiven' now they are attending a program. When their partners are understandably still very wary, they may believe that their partner needs to 'go to a program instead'.

This mix of fluctuating motivation and disengagement differs for each perpetrator, though there are often common themes. How this mix pans out can help define different pathways for different perpetrators, at various points in time, including:

- Early drop-out from the program;
- Using participation in the program as a tactic or new tool for coercive control of family members (for example, to persuade Magistrates or Judges that they have 'reformed', or to disingenuously persuade their partner into believing that they have changed);
- Drop-out at the middle stages of the program, if perpetrators have foreclosed on a very narrow view of what needs to change about their behaviour and believe that this has been achieved;
- Taking responsibility for some tactics of violence but not others – for example, escalating emotional and social violence to substitute for decreased use of physical violence;
- Short-term reductions in the use of violent and controlling behaviour that do not sustain at later points in the program;
- Reductions achieved by the end of the program that do not sustain (and which might result, if the renewed violence becomes known to the service system, in a referral back to a different MBCP);
- Participation in the program enforced only by external motivators so that a perpetrator responds to events such as the cessation of a Community Corrections Order, or a recognition that his partner's decision to end the relationship is final, by dropping out of the program;
- The development of a sustained commitment towards change through the program, such that the initial external crisis that scaffolded or held them in the program is replaced by an 'internal crisis'. In such an internal crisis, they may realise the damage done and the changes they need to make.

Services and practitioners across a range of sub-systems have opportunities to open doors of engagement towards scaffolding perpetrators into specialist intervention programs, and to help manage the risks that can be associated with such engagement. They also have opportunities to keep these doors open during and after participation in a specialist intervention, to make it at least a bit more likely that perpetrators will follow a path of sustained commitment towards change.

In many situations, relying on a MBCP or any other specialist perpetrator intervention service alone to strengthen a perpetrator's internal motivations towards change is setting the perpetrator up to fail. Responsibility for short- and long-term scaffolding of perpetrator journeys and pathways towards responsibility-taking often requires a number of actions, by a number of service providers, and by people who they respect or have influence in their community, to keep the door to intervention open. This is explored in Part Two, including through specific examples provided at the end of the discussion.

Change capacity

For some people who perpetrate family violence, pathways towards reducing risk and taking responsibility also require increases in their *change capacity*. For perpetrators with chronic or particularly acute mental health or AOD issues; who have an Acquired Brain Injury; or who have no safe housing options, for example, some improvement in the basic conditions of their lives or in their physical or mental health might be required before they can participate in a MBCP or other deep perpetrator intervention.

Strengthening change capacity raises several questions for perpetrator intervention systems:

- How should sequencing be determined, in terms of which interventions are required in what order, and which can occur in parallel with the perpetrator's participation in specialist services?
- Who should make these decisions?
- How is the perpetrator's participation bridged from one intervention to the next?

Scaffolding processes of accountability

Perpetrator accountability is an oft-used term in domestic and family violence policy. The term can mean quite different things to different people, and in different contexts. These meanings greatly influence efforts to develop perpetrator intervention systems, and the governance, policy and practice environments in which they sit.

In this report, the CIJ views perpetrator accountability as the ability of family violence systems agencies to work together to keep the perpetrator within view, so as to assess, monitor and manage dynamic risk. Here perpetrator accountability is seen less as a set of singular actions or consequences to 'hold' perpetrators accountable for their behaviour, and more as an ongoing response that flips the system's focus from solely protecting victims from risk towards also responding to and containing risk at its source.

In the words of Dr Katreena Scott - Canadian perpetrator intervention research and policy specialist and founder of Caring Dads - this means grappling with how to move from placing a protective bubble around women and children, towards also placing a bubble around the perpetrator causing harm. In this way, rather than 'holding the perpetrator accountable', accountability rests on the system to create and hold opportunities for the perpetrator to work *with services* towards responsibility and accountability. Accountability here is seen as a process that government and non-government agencies, as well as community and cultural networks, can take collective responsibility to scaffold.

Genuine accountability also requires the operationalisation of what accountability means for *each specific perpetrator*, based on what those affected by his violence need to see change about his specific patterns of coercive control. Men can be invited to act more accountably, while family violence service systems can have important roles to perform in 'mandating' men's attendance and providing 'non-voluntary' interventions to 'hold' men in a journey towards that accountability.

Family violence service systems can also place restraints around the man's violent and controlling behaviours. They can use incarceration; monitoring; supervision; as well as predict consequences if the man does not change his behaviour, as various ways to restrain his behaviour and tighten the web of accountability around him. These are important and legitimate actions with many people who cause family violence harm to reduce risk. This is not the same, however, as holding the man accountable.

Ultimately, accountability needs to be internalised by the perpetrator on a journey of change.⁶ Accountability is therefore defined, in part, by what those affected by a perpetrator's use of violence need to see change in his behaviour and what specific patterns of coercive control are interfering with the victim's safety and space for action.

⁶ No To Violence and the Men's Referral Service (2015). Strengthening perpetrator accountability within the Victorian family violence system. Submission to the Victorian Royal Commission into Family Violence.

As David Mandel emphasises in his work in child welfare systems, true accountability is based on a specific understanding of each perpetrator's patterns of coercive control, as well as what his family members need from him in terms of behaviour change; cessation of controlling tactics; and active efforts to repair damage (to the best extent possible) and work towards responsible fathering.⁷

Specialist women's family violence services, child protection and family services systems have a crucial role in helping to assess these needs and how they change, transform and develop over time. They also have a crucial role in informing perpetrator interventions and accountability processes so that they are based on this specific assessment of needs and perpetrator patterns of coercive control.

Perpetrator tactics to control family member lives can be wide-ranging, pervasive and insidious, targeting family members' sense of worth and their connections with the community, health, educational and social service systems required for strong family functioning. In this context, single measures of criminal justice system based accountability (namely, recidivism) do not capture what is required to create a genuine web of accountability around perpetrators in terms of what their family needs to lead safe, dignified and self-determined lives.

Research regarding perpetrator pathways

Very little formal research exists mapping pathways or journeys by which perpetrators move towards responsibility-taking and desisting from using violence. Such research requires methodologies of intensive, time-consuming qualitative investigation with a sufficient diversity of perpetrators, ideally followed up with substantially scaled-up quantitative studies.

A small number of Australian and overseas qualitative studies do exist and are reviewed below, each generally obtaining a single snapshot of perpetrators' retrospective views on what helped them to get to their current point of desisting from violence. No studies of which the CIJ is aware take this to a second stage of quantitative analysis which longitudinally maps the events, factors and service system interactions through which perpetrators move closer to, or further away from, sustained risk reduction.

Due to the relatively small number of studies, and the importance of contextualising their research aims, each study will be reviewed separately. Qualitative studies of US participants in batterer intervention programs are not included here, because of the substantially different nature of the service system compared to the Victorian context.⁸ The results are discussed selectively in terms of their relevance to perpetrator pathways towards taking responsibility and being accountable for their behaviour - including their perceptions of service system touch points and the interventions in which they participated.

As evident in the following analysis, the focus of these studies varies. The pathways through which men come to participate in MBCPs, and what helps to maintain their involvement and to develop an internal motivation for change, is not explored directly in most of these studies. Each of these studies also provide important findings and analyses regarding multiple issues that are not covered in this review.

At the end of this section, the CIJ features summarised findings from its own research with perpetrators regarding their experience of service systems. This research involved focus groups conducted with 25 perpetrators recruited through MBCPs. The focus groups revealed significant synergies with the themes apparent in the existing literature – pointing to the challenges of engaging perpetrators as described above, as well as to the need for a more considered focus and investment by government concerning perpetrator interventions.

⁷ See <https://endingviolence.com/our-programs/safe-together/safe-together-overview/>

⁸ For an in-depth account of 11 men's journeys towards long-term desistance from family violence, see *Unclenching our fists: Abusive men on the journey to nonviolence* by Sara Elinoff Acker. See also:

Silvergleid, C., & Mankowski, E. (2006). How batterer intervention programs work: Participant and facilitator accounts of processes of change. *Journal of Interpersonal Violence*, 21, 139-159.

Holtrop K., Scott J., Parra-Cardona J., McNeil Smith S., Schmittel E., & Larance L. (2017). Exploring factors that contribute to positive change in a diverse, group-based male Batterer Intervention Program: Using qualitative data to inform implementation and adaptation efforts. *Journal of Interpersonal Violence*, 32(8) 1267-1290.

Western Australian research

Chung *et al* (2014) conducted qualitative research with ten men participating in a MBCP, to determine their understanding of and attitudes towards the Violence Restraining Order⁹ to which they were subject.¹⁰ The authors found:

FF *The men minimised their use of violence and externalised responsibility to 'the relationship' and/or their partner. They diminished or minimised the role and purpose of protection orders, commenting that they are 'just a piece of paper' and 'anyone can get one'. Most men agreed that protection orders were important for 'those that really need it' however they did not see their partners as being in need of protection describing them as being unreasonable or over-reacting. The men's deflections and minimisations about their violence including breaches of protection orders were reinforced (and strengthened) through, what they perceived to be, violence supportive responses by police or service providers, for example when breaches did not result in police investigation or charges.*

...The perception of unfairness was exacerbated by a lack of understanding about the process for obtaining a police order or violence restraining order (VRO) including the grounds in which an order can be made, court processes, the conditions an order can impose and penalties of a breach. For example, the participants conflated the civil process with criminal proceedings making comments like 'there was no evidence of violence so how could they get the protection order'.¹¹

Based on a focus group discussion of the results by women's and men's family violence services, family violence court stakeholders and the WA Department for Child Protection and Family Support, the authors recommended that VRO respondents be provided with a proactive contact and information service, who could be an ongoing contact throughout the protection order process.

South Australian research

Flinders University published a study of interviews with 20 family violence victim-survivors; 20 perpetrators; and 4 MBCP practitioners on their perceptions of what could help stop men's violence.¹² All 20 perpetrators were court-ordered through civil or criminal justice system levers to participate in a program. Although it was unclear in the research what proportion of these men had commenced participation, and to what types of programs they were referred, their discourse was quite different to those who were participating in a service for the first time. One such man told the researchers:

FF *I've done lots of things, Making Changes in [the Department of] Corrections, men's group with Kornar Winmil Yunti, counselling with Aboriginal Sobriety Group, and a psychologist for my ice addiction. They give me something to do while I'm on parole. I'm learning lots about how I'm feeling, changes and strategies when I get angry, how to talk with my partner. It is good learning. One short program does not do enough. I've already booked into my next program and that starts after I'm off parole. The way to keep getting better is to be committed to changing. You gotta do a lot of work at it...¹³*

The men's practitioners echoed the need for multiple interventions over time, stressing that men's development of violent behaviours over a lifetime - backed by an inter-generational 'template' of using violence to express masculinity and to 'solve problems' - is unlikely to be shifted through a single program.

⁹ The WA equivalent to a Family Violence Intervention Order at the time.

¹⁰ Chung, D., Green, D., Smith, G., & Leggett, N. (2014). *Breaching safety: Improving the effectiveness of Violence Restraining Orders for victims of family and domestic violence*. Curtin University, Communicare and the Western Australian Department for Child Protection and Family Support. Retrieved from www.womenscouncil.com.au/uploads/6/1/1/9/6119703/breaching_safety_final.pdf

¹¹ *Ibid*, p.2

¹² McLaren, H & Goodwin-Smith, I (2015). *Hearing their voices: Perceptions of women and men on reducing men's perpetration of domestic violence*. Adelaide: Australian Centre for Community Services Research, Flinders University, Bedford Park SA. Retrieved from www.ucwrsa.org.au/resources/hearing_their_voices.pdf

¹³ *Ibid*, p.38

In addition to childhood exposure to violence, a common theme in many of the men's histories was social disadvantage; low levels of social capital amongst their families and communities; substance abuse and violence in multiple contexts. These factors were part of micro-cultures that normalised violence against, and control over, women. Furthermore, in the context of poverty and labour market stresses, many of the men felt shame and increasing hopelessness where this undermined their expectations of being an economic provider.

Most women who were interviewed in the study stated that their partner would not engage with intervention or support services unless they were forced to attend. Women in rural areas also talked about the barriers of attending a program in a small town, due to the shame involved in being seen to need help. The role that masculinities play in forming a barrier to seek help was expressed by one man:

■ ■ *Getting men to go to a service is hard. If I was not locked up I wouldn't have gone. We're not like girls who sit and have a coffee.*¹⁴

Several of the women interviewed were also sceptical of their partner's participation in a program, as these separate accounts demonstrated:

■ ■ *Early on in our relationship he went to anger management. It was after an episode at home and he had to go to the doctor to get his hand fixed. The doctor put him on to anger management. He went for three to four weeks of an eight to 12-week course. Women from the service rang me to say he had stopped going, but he was lying to me and telling me he was still going. I put it down to the domestic violence honeymoon period. He went to anger management as a way to be seen as doing something, sort of like an apology, as part of the cycle of violence.*

They just do the anger management 'cos they want to get out of trouble'.¹⁵

Some of the men, looking back, talked about the missed opportunities by other service providers to give them prompts about the need to address their use of violence, as these separate accounts attest:

■ ■ *I was locked up. I asked police for help. I got laughed at. They had no pamphlets and no information that could help me with the drugs or the violence.*

At the drug and alcohol service, they knew that I got angry... when I was on ice and ...coming down. Never once did they ask whether my children were safe.

When you go to Centrelink they should ask you questions about how your life is going, not just give you money and that's it.

I went to the doctor with chest pain and I told him about what was going on. Doctor said, "Relax" – it's all easy to say.

There are services checking on the women who have Apprehension Violence Orders, but no one is checking on the men [from a female research participant]¹⁶

¹⁴ *ibid*, p.54

¹⁵ *ibid*, p.45

¹⁶ *ibid*, p.48, p.56

Some of the men also stressed that they not only needed referrals, but help in settling in and becoming comfortable or established in an intervention program:

FF *The worker at the Department of Corrections offered advice about services, but did not help me access them, so I didn't.*

There is information around, but some guidance getting started with connecting to those services is not there.

Before coming here [men's perpetrator group] I looked at other services and there was no opportunity to get in. They don't look at all your other issues and they are not really interested in helping men.¹⁷

Finally, some male participants and the men's practitioners emphasised the importance of exit strategies, transitions and post-program support for men who had completed an intervention program. As flagged in the CIJ's report *Pathways towards accountability*, some talked about how a place to drop-in would help.

FF *[As one men's worker reported] An extended service is likely to help some men achieve that rather than exiting to nothing. And men see the value in getting to know the other men, so we help men do that in challenging ways but in a safe environment and in a non-shameful way. Hence it is not so much the intervention, but ongoing accountability and responsibility that extended engagement via a drop-in voluntary group on exit from the program is more likely to make happen. So the importance is to build a sense of community among the men through ongoing engagement to keep the men socially connected and on track.¹⁸*

New South Wales research

Gray *et al* (2014) interviewed 24 participants across several MBCP sites and 14 partners/former partners of these men over a 2.5-year period between 2007 and 2009.¹⁹ The study focused in part on which aspects of the program assisted or impeded their attendance and overall motivation to change. Two overall themes pervaded the findings. First, the peer support culture in the group work process was a motivating factor:

FF *... Participants stated that external lifestyle pressures [such as work, financial concerns etc] made weekly attendance to group sessions difficult and [financially] costly, and at times the group was viewed with dread. Participants also stated that the therapeutic process was challenging and at times shameful. In these instances, participants perceived the discussions with fellow group-work clients to be beneficial for enhancing motivation to attend, to normalise feelings of shame, and to provide opportunities to gain insight into their own behaviour. In this way, participants were more able to see the group intervention as beneficial and increased the hope that change was possible.²⁰*

Counteracting this positive influence, however, was negative peer culture outside of the group sessions:

FF *... negative comments made outside of the group, during coffee breaks, were thought to impede the group experience by rendering the group climate as inauthentic. Participants stated that their enjoyment of the group process was reduced and that their belief in other clients' ability to change was negatively affected ... Most participants stated that witnessing a lack of change in other clients, or a lack of engagement with the program, could reduce group cohesion and the sense of motivation to attend and take part in the group process.*

¹⁷ *ibid*, p.57-58

¹⁸ *ibid*, p. 51

¹⁹ Gray, R., Lewis, P., Mokany, T., & O'Neill, B. (2014). Peer discussion and client motivation in men's domestic violence programs: an Australian qualitative interview study, *Australian Social Work*, 67(3), 390-404.

²⁰ *Ibid*, p.398

In a follow-up study, Gray and colleagues (2016) similarly reported that, at times, participants dreaded attending the group, and that their motivation was increased or diminished at different stages, and by certain events. The motivations that relate to their relationships were likewise complex and often shifted.²¹

The research found that the motivation to resume or maintain their romantic relationship was a major motivating factor for program participants. The men reported feeling under pressure to 'prove' the authenticity of their changes. The men's participation in the program created a dynamic environment for this motivational factor, given the possibility of the relationship strengthening or deteriorating based on the extent of the actual changes made, as well as their partner's decision-making regarding what was best for her and her family. This resulted in some men needing to find new motivation to participate in the program if it became apparent that the relationship had ended for good.

NSW research on a new perpetrator typology model

NSW research has also been conducted by Susan Heward-Belle (2015, 2017) focusing on in-depth interviews with 17 fathers who were at various stages of participation in a Sydney-based MBCP.²² Heward-Belle identified two main themes from the men's qualitative descriptions of their behaviour: the degree to which the perpetrator identified with hegemonic masculinities characterised by stereotypical traits of male power, strength, emotional detachment and control; and the perpetrator's perceptions of the degree of his perceived control over the use of family violence. Based on this analysis, Heward-Belle (2015) characterised four sub-groups of perpetrator-fathers:

- High (masculine) Identification, High (perceived) Control;
- High Identification, Low Control;
- Low Identification, High Control; and
- Low Identification Low Control.

Heward-Belle's research does not reflect on men's motivational or service pathways but found that:

FF ... multiple forces influenced men's choices to use violence and other coercive controlling behaviours. Paramount among these factors was men's constructions of masculinity and the associated level of control they ascribed to their use of violence and other controlling behaviours.

For example, men who identified strongly with hegemonic masculinity and expressed a high level of control over their use of violence and other controlling behaviours, described [using] an authoritarian fathering style characterised by rigidity, control, hierarchy, and physical punishment. On the other hand, men who identified less strongly with hegemonic masculinity and expressed a low level of control over violence and other controlling behaviours described a neglectful fathering style characterised by permissiveness, carelessness, and irresponsibility.

These different fathering styles posed significant, yet different, risks... For example, the risks posed... by a domestically violent father who strongly identifies with hegemonic masculinity, is a member of a privileged cultural and socioeconomic group, enjoys good health and gains his life's meaning from his fatherhood status may differ markedly to the risks posed by a father who is poor, has a history of drug dependence, mental health issues, is from a marginalised cultural group, and who practices a subordinated masculinity. Children of men in the former group may be particularly at risk of physical and sexual abuse as well as emotional neglect. Women and children may also be particularly at risk of separation retaliation... Children of men in the latter group may be particularly at risk of emotional abuse and all forms of neglect, particularly supervisory neglect.

²¹ Gray, R., Braody, T., Gaffney, I., Lewis, P., Mokany, T., & O'Neill, B. (2014). 'I'm working towards getting back together: Client accounts of motivation related to relationship status in men's behaviour change programs in NSW, Australia, *Child Abuse Review*, 25(3), 171-182. Ibid, pp.175-176

²² Heward-Belle, S. (2015): The diverse fathering practices of men who perpetrate domestic violence, *Australian Social Work*. Published online 1 Sep 2015, 1-15.

Heward-Belle, S. (2017). Exploiting the 'good mother' as a tactic of coercive control: Domestically violent men's assaults on women as mothers, *Journal of Women and Social Work*, 1-16.

Based on the one study, it is too early to determine the application of Heward-Belle's proposed typology for assessment and intervention with perpetrators. However, studies seeking to test the replicability of her findings may be a promising new avenue to explore typologies concerning the type of risk to family members that a perpetrator poses.

Victorian research

Three Victorian qualitative studies with men who cause family violence harm are reviewed in the section below:

- Three focus groups conducted by the Department of General Practice, University of Melbourne to investigate early help-seeking behaviour.
- A recently completed PhD employing in-depth interviews to focus on perpetrator pathways and considerations related to desistance from family violence.
- An earlier study of perpetrators and their partners in terms of the impact of a range of service system interactions on perpetrator accountability.

PEARL focus group research

As part of the PEARL (Promoting Early intervention with men's use of violence in Relationships through primary care) study²³ outlined in CIJ's earlier *Pathways to accountability* report, the Department of General Practice at the University of Melbourne conducted three focus groups with 23 men to explore their perceptions of help-seeking behaviour.²⁴ This research was conducted in part to assist knowledge and understanding of how General Practitioners and others in primary care settings could identify early intervention opportunities to engage family violence perpetrators towards pathways of responsibility-taking for their behaviour. Focus group participants were all existing participants in MBCPs, each of whom had participated in the program for at least several sessions up until that point.

The study's authors found that men's lack of self-awareness of their violent and controlling behaviour was, not surprisingly, a major barrier to help-seeking. Men had seen their behaviour as normal and acceptable to such an extent that a significant trigger or 'turning point' was required to break them out of this perception – for example, seeing the impact of their violence on family members. The men argued that this turning point needs to be sufficient to engender self-reflection to see their behaviour in a new way, and to reflect upon masculine norms.

Participants talked about finding the right person, at the right time, to help raise awareness of the choices they were making, as well as any awareness that they could actually take action to seek help. However, the men found it difficult to provide examples of who could fulfil this function, and how to know when the right time and opportunity would be. They discussed the potential value of peers in helping to persuade them to seek help, but indicated that such peers would need to be perceived as having similar experiences to them and being capable of understanding the particular issues that they were facing.

Overall, while participants understood the need for early intervention before their behaviour reached the point of police and court-based intervention, they found it difficult to identify specifically the points, places and contexts in which these opportunities might exist. There was little consensus about the right person, the right message and the right place to engage the men towards understanding the need to seek help.

The participants also discussed the importance of men coming to a decision of choosing to act on the advice of others, rather than feeling forced to change. Several participants felt that, if they were forced to attempt to make changes, they would reject the change process. One man, for example, talked about the experience of participating in a MBCP for the second time, with his participation the first time resulting in little change because he did not want to be there. Some participants stressed, however, that being forced to seek help is the only way to engage men in behaviour change processes.

²³ Hegarty, K., Tarzia, L., Forsdike-Young, K., Vlasis, R., Flood, M., Feder, M., & Humphreys, C. (2016). Final Report: Promoting Early intervention with men's use of violence in Relationships through primary care (PEARL study), APHCRI, Canberra.

²⁴ Forsdike, K., Tarzia, L., & Hegarty, K. (in production). A lightbulb moment': Using the theory of planned behaviour to explore the challenges and opportunities for early engagement of Australian men who use violence in their relationships.

Participants unsurprisingly perceived masculinity as a barrier towards seeking help for their behaviour, indicating that men do not speak up or seek help, and that to do so would result in them not feeling 'like a man'. There was some degree of pessimism or fatalism here - a belief that men, by virtue of their gender, do not become self-aware or seek support to change.

While they did not want to see men as 'beyond redemption' in these respects, it was clear that they were strongly invested in constructs of masculinity which were inconsistent with taking responsibility for self-awareness and help-seeking behaviour. The participants further indicated that negative societal perceptions about men and the tendency for men to be labelled as violent served as further barriers to help-seeking behaviour. Some men discussed their experiences of interactions with police and court in this light. In this context it seemed that the belief held by men who perpetrate family violence that society is imposing a violent identity on them – by virtue of their gender as men – was used as a further reason or excuse *not* to engage in help-seeking behaviour.

Overall, the authors of the PEARL study concluded that:

FF *...the act of help seeking is rarely a result of mere awareness raising and significant turning points are required. Whether an intervention can provide this through pre-crisis triggers such as, as the men suggested, powerful testimonies, peer influence or reflections on effects on children remains relatively unknown.*²⁵

Pathways to desistance

One of the deepest, most intricate qualitative studies into pathways towards desistance from family violence perpetration was recently conducted by Clavijo Lopez (2016) who, through Victorian MBCPs, interviewed six former perpetrators and five who were continuing to perpetrate.²⁶ As in most Australian qualitative studies with perpetrators, Clavijo Lopez did not focus on the pathways through which men came to participate in MBCPs. However, his findings on the factors associated with motivation to change are relevant to this report's discussion and, given the depth of the study, are quoted here at some length.

A central theme amongst those participants committed to desisting from family violence was the adoption of desistance as an *ongoing life project*, rather than as a set of concrete and discrete behaviour change goals met through attending a single program. Some of the men reported needing to attend more than one MBCP over a period of time, so that they could adopt a new framework different from the old 'patriarchal story', as well as to develop confidence in applying their new skills in emotional regulation. Clavijo Lopez studied the men's motivations towards change, both in terms of what got them to initiate their journey, and what helped to sustain the process once begun. With respect to the former, he found:

FF *Desisters initiated their movement towards change when they got involved in MBCPs, and realiz[ed] that they have hurt significant affective figures and felt that the connection with these figures was at serious risk due to the intervention of the justice system. They considered their children to be the most valued of these figures; and partnered men also considered their partner as equally significant. Men, however, did not realize autonomously the seriousness of their violent behaviour. They needed to be held accountable by the justice system or the police, and to be referred to an MBCP or similar at some point in their history. This [reflects previous research indicating] ...that spontaneous desistance from IPV is uncommon and that men need to be threatened by an authority to initiate change. In the same vein, research on stake in conformity has proven the relevance of having something to lose...*²⁷

²⁵ Ref correct page

²⁶ Clavijo Lopez, C. (2016). Desistance from intimate partner violence: A narrative study of men with histories of violence against their female partner. PhD thesis. Monash University.

²⁷ Ibid, p.227

Clavijo Lopez devoted considerable attention to the way in which perpetrators' motivation to change moved from extrinsic to intrinsic, as well as to the ingredients for maintaining this motivation:

FF *Desisters' motivations...appear as multidimensional, dynamic, ethically guided, and closely linked to the reinterpretation of their lives throughout the intervention process and afterwards ... [Desisters] could appreciate the contradiction between the "good life"...that they expected to give to their significant ones and what they had really done by subjecting them to such suffering.*

... But the internalization of the external triggers did not occur autonomously ... Desisters stressed the centrality of feeling respected, and of perceiving facilitators as competent, to facilitate their acknowledging of the responsibility for their violence and its effects. These two elements helped them to negotiate the meaning of the intervention, separating this from the punitive ethos of the justice system...The positive qualities of the relationship that [the program] facilitators established with the desisters...helped desisters to perceive the intervention as potential help...

The threat of losing significant affective relationships was a moving experience because all of the desisters had had painful experiences of loss... Men's experiences of victimization during childhood became central ... as men also realized they were tuning into the negative masculine figures of their lives, they became interested not only in preventing further harm, but they wanted to provide their children with the nurturance they did not receive and their partners with the respect and affection their mother had never been given...They believed they were capable of doing better, and accepted that they were...responsible for initiating and achieving this change.²⁸

Clavijo Lopez's findings on pathways towards secondary desistance are consistent with those of similar qualitative research in the UK by Morran (2011, 2013a, 2013b).²⁹ Morran found that long-term desisters of family violence identified the following as crucial to their ongoing journeys of accountability and change:

- Framing non-violence as a lifetime project requiring periodic external support even well after completion of a specialist program. Some men described never having 'graduated' from the program despite having formally completed it some years back, and appreciated the chance to return to the program occasionally for one-to-one counselling.
- Significant changes to personal identity consistent with non-violence ways of being.
- General maturation and responsibility-taking for one's life trajectories and choices.
- Developing new social bonds and shedding old ones that reinforced their old identity.
- The desire to make use of their journeys of change to give back to other men at a much earlier point in their journey, for example through exploring opportunities to become peer mentors.

Service system engagement and accountability

As part of the ARC Linkage Project *Safety and Accountability in Families: Evidence and Research*, in the late 2000s, Joanie Smith conducted 69 in-depth interviews with MBCP participants, current or former partners and program practitioners.³⁰ This included two in-depth interviews approximately six months apart with 20 perpetrators participating or recently participating in MBCPs.

²⁸ *ibid*, pp. 228-231

²⁹ Morran, D. (2011). Re-education or recovery? Re-thinking some aspects of domestic violence perpetrator programmes. *Probation Journal*, 58(1), 23-36.

Morran, D. (2013a). Desisting from domestic abuse: Influences, patterns and processes in the lives of formerly abusive men. *The Howard Journal of Criminal Justice*, 53(3), 306-320.

Morran, D. (2013b). Desistance practices and processes with formerly abusive men. *Ending Men's Violence Against Women and Children: The No To Violence Journal*, Spring, 72-88.

³⁰ Smith, J. (2013). Experiences of consequences, accountability and responsibility by men for their violence against women and children. PhD dissertation. University of Melbourne.

A major theme of the findings was how perpetrators moved in and out of narratives of responsibility, and the frequency with which contradictory notions or qualifiers were held that made their position less obvious than how it might first seem. For example, Smith commented:

FF *On the one hand, Mike...demonstrated a level of understanding and acceptance in saying what I did was intimidating; physically intimidating, emotionally intimidating. He actively reflects on his previous behaviour 'it's something that I'd never had a problem with...previously' and distinguished between violence against his partner and violence in the community; [never] behaving in a violent manner towards anyone previously...*

Mike demonstrated acceptance and reflected an emotional response 'I felt bad about it.' He then minimised his responsibility by pre-empting this responsibility statement with the axiom...'I've never felt obligated to have to behave', deflecting to an external locus of control. He reinforced this with a second qualifier, when 'I shouldn't have needed to'. Rather than; 'I am responsible for my behaviour' Mike puts qualifications around his responsibility....

Using discourse analysis we see that, whilst Mike expressed remorse and accepted the consequences of his actions, he constructed himself as subject to forces beyond his control. He struggled with violence as an inevitable response to external forces, rather than an internal decision. In the first extract, Mike appeared to own his behaviour and its consequences. Juxtaposed with the second extract, Mike used a raft of linguistic tools to deflect responsibility, and construct a picture of a person, compelled to use violence; who should not have needed to.³¹

The fluid and contradictory notions of responsibility, accountability and acceptance of consequences makes understanding men's pathways towards change a complex exercise. As part of her research, Smith focused on men's views of their engagement with different types of service system agencies, one of very few studies researching perpetrator experiences which was not limited to their participation in MBCPs.

Smith found that men viewed police predominantly as having acted unfairly towards them, as being part of a system that had victimised them. This sense of police as agents of a system that victimised them left little or no room for consideration of the role of police in assisting men to be accountable for their behaviour, and instead contributed towards men's denial and minimisation of their behaviour.

Three main themes were apparent in terms of engagement with Magistrates' Courts in Smith's research. Half of the 20 men had significant histories of protracted legal proceedings over many years focusing on their use of FV; other violence in the community; and regarding child custody matters. For these men, the involvement of courts was generally seen in terms of a 'here we go again' experience, that had no real bearing on pathways towards accountability and responsibility.

The sense of being shielded from court-based accountability processes was also a major theme for several participants. This was because their solicitor had conducted matters without the perpetrator being required to appear at Court, as well as through numerous delays and the drawn-out nature of proceedings. Third, for many of the men, court involvement added to their sense of being victimised by the system (that they felt took women's side against men) and by their partner. These themes obscured any sense of the valuable role that courts could play to support men's responsibility and accountability for men's behaviour.

³¹ Ibid, p.161

Further, with respect to Intervention Orders:

FF ... Almost half of the 17 men with intervention orders, discussed them in dismissive terms, from being ineffective and unfair, to an imposition ...by courts. There was little acknowledgement that orders were a consequence of men's choice to use violence...

... They believed their partners had taken out orders either to make them look bad in family court proceedings; to limit their access to children; or simply to make their life difficult... None of the men discussed receiving any legal/formal consequences for breaching orders... breaching was not seen as further violence, nor as a criminal act in itself.

... Throughout the interviews the men struggled to clearly articulate what orders they were on. Seven out of seventeen expressed uncertainty about the terms of the order, or why it had been imposed. It is difficult to judge which of these comments reflected genuine confusion with the process, an unwillingness to take responsibility, or a strategy to evade responsibility. Some men struggled with literacy, which affected their ability to understand court processes generally and intervention orders specifically ... Other men discussed feeling overwhelmed by the justice process, which contributed to not understanding what orders they had or why. Some of these feelings related to mental health issues, ranging from depression, to schizophrenia.³²

As identified elsewhere in the literature, children were a significant motivating factor for men to take steps towards accountability, with most of the research participants taking at least some responsibility for the effects of their violence on their children in a way that they were not prepared to do in terms of effects on their partners. However, these participants were much less likely to see that their violence against their partner was one of the mechanisms through which their behaviour affected their children. For 14 of the 20 men, Child Protection was viewed as mandating their attendance at the MBCP, which was clearly resented.

FF ... For the men in this sample, accountability from CP more than any other intervention, did not seem to translate into internal responsibility. However, Child Protection did place some boundaries around the men's behaviour. The accountability this afforded was often not recognised by the men. In many instances where the relationship with CP was conflicted, the adversarial nature of the interaction was an obstacle to change. This bought tension to the discussion on the impact of children on men's behaviour change.³³

With respect to journeys towards accountability through participation in MBCPs, Smith noted:

FF A number of men in this study identified their children as a significant pathway to behaviour change. When these men located themselves as fathers, they more readily acknowledged that their children were not at fault. They acknowledged that their own behaviour needed to change, because they wanted to be a better father.

... With their partners these men were primarily motivated to attend MBC by a desire to ensure their partner did not leave, without necessarily translating this into a need for real change. A number of partners reinforced the men's perceptions that the women had reached the end of their tolerance and attending the program was a last chance. Others saw this as a step in a process. That said, men still involved with their partner and/or their children, expressed a greater willingness to take responsibility for their violence and work at behaviour change...

... Returnees and all the partners interviewed did not believe the program was long enough to enable and sustain real behaviour change. From an intersectional perspective, those most reluctant to engage, who saw the program as unsuitable or not useful, were unemployed, had little education, were in conflicted relationships with their ex-partners and had little if any contact with their children.³⁴

³² Ibid, pp. 208-213

³³ Ibid, pp. 277-278.

³⁴ Ibid, pp. 250-251

It is also noteworthy that just over half of the men in the study were either participating in a MBCP for the second time, or choosing to participate in an ongoing group to maintain gains after the first, structured phase of the program. In some instances, re-attendance in the program occurred some years after their initial participation.

New Zealand research

As part of the Glenn Inquiry into NZ's family violence and child protection systems, Roguski and Gregory (2014) interviewed 26 former perpetrators (including one female) of family violence to understand their pathways towards change.³⁵ The authors identified four main journey types towards accepting responsibility, with two or more types possible for any given perpetrator's overall pathway.

Maturation and self-reflection: Approximately half of the interviewees described no major external influences or prompts that helped them begin to recognise their use of violence and to begin taking some responsibility for their behaviour. Rather, men reported that these beginnings occurred through self-reflection and maturation as they aged. Many reported that they were unable to obtain support to make changes to their behaviour, or were not satisfied with the support they did find. Some were motivated by an awareness that they did not want their children to learn violence like they had from their father.

Informal community connections: This was identified by the majority of participants, who were

FF ... either channelled into pro-social environments or, at the least, having met someone who they regarded as a role model, established a mentoring and support-based relationship. These connections were highly regarded as providing a point of human contact and an alternative non-violent frame of reference. In addition, participants valued the importance of positive role models and learning positive behaviours and attitudes through positive interactions. Importantly, participants stressed that these informal connections had proved vital in their insight journey, stressing a preference for community-based informal connections over formal psychological or counselling mechanisms. Such preferences were almost universal (n=25, 96%)...

... connections occurred accidentally and participants generally reported that, had they not stumbled across these settings, they would have continued to offend or re-engage in family violence.³⁶

Sudden realisation: This is associated with dramatic shifts in attitude and determination to seek help to change their behaviour. These participants discussed situations where they became suddenly aware of how their behaviour could result in the potential loss of their relationships. Some men also described breakthroughs in understanding the impact of their behaviour on family members, and developing empathy towards them.

Attendance at non-violence programs: This was summarised by the authors as:

FF Participants described attending a variety of non-violence programmes, with mixed feelings. Little impact was associated with court ordered attendance, as the individual, in being forced to attend, was not generally positioned as seeking behaviour change and / or exploring reasons underlying their offending.

Those, however, who experienced positive impacts from programme attendance traced this to the importance of sharing experiences within a group environment and the context in which the programmes occur ... participants' turning point had been the emotional and cognitive impact of hearing others share similar stories in a group environment. For all participants who had attended a programme, this was the first time that they had heard others' accounts of abuse and violence and, importantly, the first time that they had shared their story...³⁷

³⁵ Roguski, M., & Gregory, N. (2014). Former family violence perpetrators' narratives of change. The Glenn Inquiry. Retrieved 22/4/14 from http://ndhadeliver.natlib.govt.nz/delivery/DeliveryManagerServlet?dps_pid=IE25596493&dps_custom_att_1=ilsdb

³⁶ *ibid.*, pp.29--30

³⁷ Insert ref

Consistent with other research findings discussed in this review, all participants in Roguski and Gregory's study also noted the lack of options for on-going support after the program ended. The authors reported that 'the bulk of participants reported feeling isolated and extremely fearful of re-engaging in behaviours and attitudes that could once again lead to family violence.'

Participants also stressed the importance of developing a violence free network to support change in the long-term. For some this involved moving to new locations and becoming part of new social settings. For others, it meant their communities making gradual shifts towards non-violence in a way that supported their new sense of self, through a more incremental process. Access to role models was important, through the men's association with various programs and support groups.

Returning to Victorian research with perpetrators referred to earlier, Clavijo Lopez comments that:

FF *A significant characteristic of the desistance process from IPV that emerged from the analysis is that desisting men have transformed their identity in such a way that they now consider **external assistance as a key factor in continuing their improvement of their behaviour** after program completion. Before the MBCP they were independent men who never spoke about their issues; while after the MBCP they have become responsible men who look for assistance when they feel they are at risk of going back into their old ways. As we will see below, this change involved a significant distancing from patriarchal masculine ways of being. (our emphasis)⁸⁸*

Examples of international research

Recent UK research has proposed an explanatory model focusing on FV perpetrator pathways towards desisting from violence, based on semi-structured interviews with 22 perpetrators, nine perpetrator program practitioners and seven female victim-survivors (Walker et al, 2015, 2017). The interviews took a long-term retrospective perspective on the individual, social and systemic factors that the research participants perceived as being influential in shaping their use of violence, as well as what this meant for pathways towards taking responsibility (or lack thereof) for their behaviour over time. Perpetrators were roughly evenly split between those court-mandated to attend a perpetrator program, and those attending community-based programs without a criminal justice system mandate.

While emphasising that pathways towards desistance is a non-linear process and not something that is 'arrived' at any particular point, the conceptual model that the authors developed from this research was quite simple. The model focused on the journey from what the authors described as an 'old way of being' – where the perpetrator uses a variety of means to give himself permission to use violence – to a 'new way of being', where he not only manages antecedents and triggers in a different way (rather than using them as an excuse to perpetrate violence), but where he also gives himself permission to be non-violent.

This latter process involves what the authors describe as a 'paradigm shift' in thinking, that starts with recognising and taking responsibility for abusive behaviour, and continues with positively attributing non-violent ways of behaving and being as an important part of identity. External support in the form of perpetrator programs as well as more informal, community-based sources were identified as helping the perpetrator know what to change and how.

While the research findings concerning what is involved in desistance from FV are not pioneering – for example, the authors' explanations of 'new ways of being' is highly reminiscent of the conceptualisation of secondary and tertiary desistance – the findings concerning *catalysts of change* from old to new ways of being are most relevant here. The authors described three central concepts to this transition: consequences of violence; negative emotional response; and points of resolve / autonomous decision to change. Rather than a single, defining moment or incident, the authors noted that the triggers accumulate and gain momentum over the course of time. When the triggers are perceived as important enough, they lead onto a new pathway of what they called 'Lifestyle behaviours (non-violent).

⁸⁸ Clavijo-Lopez (2016), p.235

In relation to the three central concepts the authors noted:

Consequences of violence: *Some triggers were external and included events, situations, or incidents that occurred and progressively activated the men's thought processes toward recognizing the need to change. Examples are the impact of violence on their family (children witnessing violence, seeing damage done to partner) or criminal justice involvement either in the form of fear of prison or actual arrest. All of the desisters experienced an accumulation of different triggers to desistance. The precise form and quantity of triggers differed from person to person, but they gained momentum over time and instigated thoughts that change was required ...*

Negative emotional response. *This trigger included the negative emotions of guilt, shame, and fear³⁹ which occurred as a consequence of the use of violence. These... cannot be considered in isolation. They increased in intensity over time until their presence reached a threshold at which point they began to act as a form of psychological punishment ...*

Point of resolve/ Autonomous decision to change. *Desistance was only initiated following an interaction between the external structural factors (consequences of using violence) and agency (internal negative emotional responses). However, each man reported experiencing an intrinsic trigger that came from within and which stimulated the recognition that change was required. This was not a spontaneous event, but resulted from experiencing several triggers. The men reached a point of resolve and made an autonomous decision to change. Without this happening, they could not start the process of desistance ... Change is triggered by an accumulation of external triggers over time which become internalized and facilitate the development of intrinsic autonomous motivation.⁴⁰*

Crucial to their model, the accumulation of negative consequences was not sufficient for perpetrators to make an autonomous decision to change. These consequences needed to be *internalised* as matters of personal concern. This is further described by the authors as:

FF *Theoretically, it is the case that triggers are not static single events that cause change but are incidents that build-up over time until they become meaningful or important enough to an individual. This suggests that it is not the actual events per se that are important but the meaning that these events have during an individual's offending... In the case of IPV offenders, the trigger is an interaction with something already present...in that person's life, such as a child or family member, which are likely to have different meaning at different stages of their lives.⁴¹*

Walker and colleagues could be criticised for positing a simplistic conceptualisation of a perpetrator's autonomous decisions to change. While the authors described desistance as a process, this concept is nevertheless described quite statically as a point that perpetrators reach after a sufficient accumulation of negative consequences and exploration of negative emotional states.⁴² The model's simplicity, however, lends itself to the current purpose of exploring perpetrator pathways towards responsibility and accountability.

This model is also consistent with the findings of a review by Sheehan, Thakor and Stewart (2012) of six qualitative studies of perpetrator experiences and perspectives (four studies from the US, and one each from Canada and Finland). The authors found:

FF *In the majority of studies reviewed, perpetrators who changed their abusive behavior recogni[z]ed a specific event or situation which constituted a turning point. These included criminal sanctions, fear of losing their partner or family, and an awareness that they were becoming like their abusive father. As noted by Silvergleid and Mankowski (2006), "previous research on processes of change has not explicitly identified the impact that community forces, such as the criminal justice system, have on [perpetrator's] change process."*

³⁹ This can include the perpetrator's fear about where his behaviour might lead to or what he might be capable of. This fear can be self-centred (fear of consequences of his use of violence to himself, or other-centred.

⁴⁰ Walker et al (2015), pp. 2738-2739.

⁴¹ Walker et al (2017), pp. 389-390

⁴² Clavijo's (2016) research stated earlier highlights this limitation in the model.

Their study compared BIP group facilitator and perpetrator accounts of behavioral change. They found that perpetrators were more likely than facilitators to identify that external factors such as criminal justice sanctions or fear of losing family relationships played a role in the change process and concluded that these events can provide a “wake-up call”...While most research focuses on the internal motivation for a perpetrator’s decision to change, this suggests that external and potentially negative events are seen by some perpetrators as motivational...⁴³

The CIJ’s research

Reflections on methodology

In the second half of 2017, the CIJ conducted focus groups with perpetrators recruited through a well-established MBCP provider which provides services in a range of geographic areas in Melbourne. As with other research reviewed in this report, the recruitment of participants through MBCPs is done to ensure – to the greatest extent possible – that participants are linked with ongoing scrutiny, as well as a service which is in contact with their partners.

The CIJ spoke with 25 men who were participating at the time in an MBCP. Men who participated ranged in age from their 20s to their 50s, though the majority were in their 30s. Most were in the middle to final stages of their participation in group work and approximately two thirds were court-ordered to attend the program through the Magistrates’ Court of Victoria counselling order provisions.

So as not to escalate the conversation immediately, participants were presented with a hypothetical scenario – read aloud to them as many times as needed to account for literacy or language difficulties – which described a man who was using family violence and who, initially, was not interacting with any services but who ultimately received a justice system intervention. Participants were asked to draw on their own experiences and to suggest the kinds of services with whom the protagonist in the scenario might interact. They were also asked about what kinds of people and conversations might increase interest and readiness to engage in a service; and what kinds of services or interactions would make a difference.

Engagement with the scenario varied, with some men (apparently) unable to imagine any kind of service interaction which would make a difference prior to justice system involvement. Unsurprisingly, some participants contributed more to the discussion than others, with each group having one or two participants who only provided minimal comments with encouragement and prompting. These were generally participants who were quite new to the MBCP (for example, only in their second or third session).

Though the discussion commenced with this ‘soft’ introduction via the scenario, ultimately the conversation moved to the participants’ own experiences of the service system, with researchers asking specific questions about how (and whether) participants had interacted with certain parts of the system. As the discussion went on, participants revealed more about themselves; the level of their use of violence; and their beliefs about how they had been treated. To this end, the limitations of the research reveal a significant amount about engagement with perpetrators. This is because one of the major difficulties with relying totally on focus groups with MBCP participants is their consistent recasting of experiences to present themselves in a positive light and to present views in line with the content of the MBCP. Themes emerging from the discussions are summarised below but include:

It was my idea to come here⁴⁴

Many participants initially presented themselves as having chosen to participate in the MBCP and being quite willing to do so. By the end of each discussion, however, it was clear that most were actually formally mandated by a court to attend (‘I was instructed to come here’) and that, as per the observations at the beginning of this Part of the report, were probably not likely to have done so without this mandate.

⁴³ Sheehan, K., Thakor, S., & Stewart, D. (2012). Turning points for perpetrators of intimate partner violence, *Trauma, Violence & Abuse*, 13(1), 2012, 30-40.

⁴⁴ The thematic headings are in the CIJ’s own words, and are not direct quotes from the participants.

I don't belong here

While some insisted that it was their idea to be there, others implied through broader comments their firm belief that they were in the wrong place. This included comments by one or two participants who were firmly focused on the idea that services had not gathered enough 'evidence' in their case. Another who had experienced significant mental health issues was firmly focused on the failures of the mental health system, implying that these failures were the reasons why he was in the program, not his violence. Some participants moved between the position that they were there of their own volition, to the idea that they did not belong there in the first place, and then back again. This reflects the findings from Smith's Victorian research that indicate the internal struggle and contradictions experienced by many MBCP participants.

It was only one time

Equally, many participants described their violence as a 'one-off' or 'isolated incident' which then came to the attention of police. As the discussion went on, however, it became clear that there was a pattern of behaviour and control involved. Participants simultaneously reflected that they had become aware of this pattern now that they were participating in an MBCP, while at the same time continuing to return to the 'incident' narrative. This similarly echoes Smith's findings in terms of the contradictions with which perpetrators are grappling during their passage through an MBCP, as well as the CIJ's earlier reflections that perpetrators can look forward and backwards on a pathway towards accountability at the same time.

If only someone had told me.

Some participants suggested that they would or might have sought help at an earlier stage if only their partner had expressed concern about their behaviour and its impacts. In fact, when asked what kind of service or conversation would have made a difference to the protagonist in the scenario, described above, a consistent proportion of participants across the focus groups nominated a conversation with their partners as the first port of call. In other words, to summarise the flavour of their comments, participants suggested that 'if she'd just told me, I would have changed'.

This of course contradicts overwhelming practitioner-based evidence in both the victim advocacy and MBCP fields that such partner feedback – including repeated feedback over a long period of time - generally makes little difference to men's awareness of, or motivations to change, their behaviour. Indeed, many victims are acutely aware that engaging the perpetrator about their behaviour – or continuing to engage the perpetrator where they have felt safe enough to try initially - can result in *increased risk*.

Further to this, some participants then also suggested that if *someone else* had talked to them about their behaviour in a calm and rational way that they would have responded favourably. Others challenged this idea, however, suggesting that nobody using family violence is ready to hear that there is a problem until the situation hits crisis point. This reflects, to some degree, the sense from the NZ research that informal community connections may play a part, as well as the 'right person, right time' suggestion in the PEARL research. It also reflects more broadly the complexity in the 'catalysts for change' which Walker and colleagues identified were required.

Overall, the recasting of their own scenarios by participants required CIJ researchers to 'sift through' the results of the discussions with a filter to identify particular suggestions or ideas that might not reflect the reality of men's attitudes before they have commenced MBCP work. While this required judgment calls, care was taken not to overly apply such filters to discount potentially useful ideas.

At the same time, all participants clearly had a long way to go in their behaviour change journeys. In other words, all were at an early stage of the process, with experiences of earlier service system touch points still raw for many. Further, and as mentioned above, while many participants made comments indicative of some initial steps towards taking responsibility for their behaviour, it did not take long for them to slip back into victim stance narratives and a sense that it was other people's responsibility.

As can be discerned through the review of research throughout this Part of the report, as well as the introductory observations, this reflects findings that it usually takes much longer than participation in one program for a perpetrator's readiness to *change* to progress, (Flinders University, 2016; Roguski and Gregory, 2015) even if his willingness to *participate* (albeit mandated) is there.

In other words, the 'lifetime project' of non-violence (Lopez) or even the move to a 'new way of being' (Walker and colleagues) was a long way off for the vast majority of these participants. With participants at this relatively 'raw' stage in their behaviour change journey – regardless of where they were in terms of numbers of MBCP sessions completed – this strengthened the authenticity of the results.

Major themes

Notwithstanding the methodological limitations identified above, a small number of consistent and important themes occurred across the discussions. These represented views that were expressed on several occasions across most of the groups, and where there appeared to be little dissent or counter-views. These themes are outlined below.

He's not ready until he's ready

One reason why many participants found it difficult to reflect on what might have been helpful in the hypothetical scenario to encourage readiness to seek help, was the view that little can be done until a man is ready to address his own behaviour. This was associated with another of the themes expressed, being that many men will not start to engage in services which might address their behaviour until police involvement forces the situation.

Many participants discussed this theme in relation to masculinities and help-seeking behaviour, commenting on men's general aversion towards considering that they have issues that need addressing; and that, when such recognition does (partially) occur, they prefer to attempt to address the situation themselves. This reflects findings from the research cited here concerning men's views about masculinity being a barrier to help-seeking – including Lopez's observations that help-seeking behaviour had been incorporated into the new sense of identity of those men who were desisting from violence.

When he's not ready to listen, it might still be possible to influence him ... somehow

Some participants were less pessimistic than others about the possibility of influencing a man's readiness to seek help to address his behaviour. However, not all suggestions were ethically sound or reality-based. As mentioned, some men suggested that the adult victim-survivor in the scenario has a responsibility to inform the perpetrator that his behaviour was out of line. This highlighted how early in the behaviour change process the participants were, inappropriately placing the burden on to the victim-survivor; and failing to recognise that their partner may well have commented either on her fear or on his behaviour (including associated contributors to risk, such as alcohol consumption) and had been ignored or even punished for doing so. Nor did they reflect an understanding of the multiple reasons why victim survivors might not say anything.

Some participants emphasised that a man's awareness of the impact of his behaviour on his children might be a strong motivator, though there were no practical suggestions concerning how this awareness could be raised. For example, when one group was asked whether contact by a school to discuss the children's concerning behaviour might result in a bit of a 'wake-up call', one participant argued that this would not be effective given that mothers handle most or all of the communication with the school, not fathers.

One participant did comment that, in theory, contact from the school expressing concerns about the *child's* behaviour, may have caused him to stop and think about why that behaviour was occurring. This said, although Child Protection or other Family Services involvement was not discussed with these participants (none seemed to have had any other social services interaction of which they were aware) the Flinders University (2016) and Smith (2013) research casts potential doubt on whether an intervention of this kind would have been viewed by the participant as a consequence of his own behaviour.

The potential influence of men's family-of-origin was raised in some of the discussions, in particular the men's parents. As one participant highlighted 'The one set of people you are going to listen to is your parents'. One participant talked about how a conversation with a female relative was helpful as he knew that she was a victim-survivor of family violence, and that he appreciated her being direct with him about his behaviour. This conversation occurred, however, after justice system involvement precipitated this conversation. A few participants suggested the potential of close male friends to exert a positive influence.

Three limitations were apparent, however, regarding the potential of family-of-origin members or friends to exert this influence. First, the participants emphasised that men would only listen to parents or friends who they deeply trusted and with whom they had a close relationship. Second, there was some discussion in one of the focus groups concerning whether parents or close friends would know enough about the impacts of the man's behaviour on his family, without it requiring the victim-survivor to inform them and thereby placing her at risk of retaliation from the perpetrator. Third, and while this was not explored in the discussions, it is doubtful how many parents or friends would have the family violence understanding required to have an effective and non-collusive conversation with the man about his behaviour.

Like the participants in the PEARL research, participants found it difficult to consider what services might have been helpful - either in the hypothetical scenario or in their own situation - to influence earlier help-seeking behaviour. Prompts provided by the researchers about the role that an AOD counsellor or GP could play in having useful conversations with the man did not generate much discussion, although some comments were made that a comment by a GP may be helpful if it 'were not judgmental' and 'more about men in general' rather than 'having a go'. While two participants across the focus groups reported on their own direct experiences with the mental health system or with GPs, this did not generate suggestions about how these practitioners should approach discussions with men who are perpetrating family violence to encourage them to acknowledge their behaviour.

One theme that was apparent in one of the discussions, however, was that the development of trust between a practitioner and the man is important for an effective conversation to occur along these lines. Without such trust, the man might be too wary to enter into a conversation with the practitioner about his behaviour, and certainly too defensive to respond usefully to any suggestion made. This reflects findings in the broader research about suggestions needing to come from 'the right person at the right time'.

It's not until the police are involved that he is forced to address the issue

As reflected in the Smith and broader research, attitudes towards the police were ambivalent and mixed across the discussions. The CIJ designed the questions and discussion prompts to avoid, as much as possible, participants' dissatisfaction with the actions taken by police and courts. However, it was clear that many participants perceived police involvement to have been unhelpful. Here police were seen to have 'jumped to conclusions'; 'automatically taken the woman's side'; and not got 'to the bottom' of what's occurring and what 'each party' should do to address the situation. One participant complained that police had not listened to his partner, who he believed had only told police 'to talk to him'.

At the same time, there was some acceptance of the need for police involvement to help keep things safe for victim-survivors, and some awareness of the actions they needed to take. This partial acceptance seemed to have been facilitated by the men's involvement in the MBCP. Furthermore, there was a strong theme in some of the group discussions that many men will not start acknowledging their behaviour and become open to seeking help until police involvement occurs. This reflected the pessimism outlined previously about any other means providing the necessary wake-up call, as well as echoing the broader research about the need for multiple catalysts for change, including external consequences.

Responses varied when participants were asked whether there were particular ways in which police could or should relate to men which might mean likely that this engagement would have a positive influence. Participants in one of the focus groups felt that, because police are perceived as 'too much of an enemy' to men who use family violence, there was little that they could do to influence men in these ways.

A different view was expressed in another focus group, that police do have some influence provided they treat men 'humanely, and not as scumbags'. Humane treatment was perceived as police:

- not 'coming down hard' on the man like a 'ton of bricks', as doing so was perceived to build resentment;
- taking at least something of an interest in the men's lives and his situation, perhaps inviting conversation as to 'what has got you to this point?';
- clearly explaining why they are taking the actions they need to take;

- presenting a ‘fork in the road’, emphasising that the man’s life will continue to go in an unsatisfying direction unless he acknowledges his behaviour and starts to get some assistance to work on it, and that if he keeps going down his current pathway it could lead to further consequences;
- mentioning the desirability of the men attending a MBCP (but without expecting that this would be taken much on board at the time, due to the highly charged contexts of engagement with police).

It all happens so fast ... follow-up can help towards a more personalised approach

Police and court involvement precipitated by the participants’ use of family violence was perceived by many participants to have occurred very quickly. In the space of a few days (or generally a week or two at most), participants described events occurring at a fairly rapid pace outside of their control, and having to absorb a lot of new information regarding options at court, including Intervention Orders.

A major theme associated with this speed of events was that many participants felt treated like a ‘number’, not like a person. They felt ‘processed’ through the system, not responded to as individual people or human beings. Many also felt that, because of this speed, police and the courts are getting ‘only one side of the story’ (her side), and that the system is not taking the time to ‘dig underneath’ to get to the bottom of events. In this context, participants seemed to express the desire to have someone available to help correct what they perceived as a bias against them; to slow things down; and to see if it could be possible for the man and his partner ‘to sort things out together’ based on a ‘deeper understanding’ of what’s transpiring than what the police, in their apparent haste, are able to obtain.

For some participants, this was articulated in the (inappropriate) suggestion of a counsellor to work with both the man and his partner to address the situation. This was so that it does not need to go down the pathway of further police and court action and that, instead, ‘someone can get to the bottom of things’ and ‘keep the family together’. This was an example of the relative rawness and authenticity of the men’s experiences which resulted in some suggestions that were clearly not appropriate. A strong sense pervaded the participants that the service system response was the problem in this regard and that - akin to the belief of many that their partners had not raised their concerns with them prior to police attendance - they would have been able to address their behaviour had someone just brought the matter politely to their attention.

The concept of mutual ‘couples counselling’ following a FV callout is, of course, widely recognised as totally inappropriate, due to the associated attribution of some or much responsibility for the violence to the victim; violation of her right to give her own independent account of the perpetrator’s behaviour and how she has experienced it, and because of the major safety concerns that this practice would raise.

More generally, however, several participants indicated the desirability of someone being available, after police and court involvement, to check that they are alright; to assist with practical needs which they might have as a result of police and court action; and to hear ‘their side of the story’. Overall, the desire was for someone to help *personalise* service system involvement to their situation.

Many participants emphasised how emotionally vulnerable and isolated men can be at this time, when police and courts have intervened to restrict their contact with their family. One focus group acknowledged the risk that this can present to family members, being that men’s vulnerability, isolation and perceived lack of support can raise the risk of men retaliating against their family.

While not raised by the participants, it is widely understood in the MBCP field that periods of heightened emotional variability and vulnerability can increase risk for family members, not the least of which is in situations where men have significantly reduced access to their families. For perpetrators who are used to managing their emotions through holding their partner responsible (for their negative emotions) and by using coercive controlling tactics to shut down behaviours that they perceive as causing their anger, the sudden reduced opportunity to use these tactics can result in increased risk to family members.

What's more, during this time, men's sense of 'feeling like the victim' or the victim stance they adopt in order to justify their use of violence, can be heightened. This is a result of them feeling unfairly treated by police, courts and their partner – all of whom are perceived as 'not caring' about him or his point of view. Given that their usual means of managing any anger arising from this situation is now constrained due to new circumstances imposed by the Intervention Order or criminal justice system restraints, some perpetrators are likely to respond to this new situation with new tactics to control and/or punish their partner. Put simply, men in this situation are angry at the system's response, while this anger is then compounded by the absence of their partner to bear the brunt of their reaction.

Lack of understanding of the system

Most of the participants said that they had not understood the mechanisms of the service system at the time of this point of crisis, though they were more aware of them now they had started participation in an MBCP. Some were still not clear about the terms of the protection order to which they were subject, although this was not pursued in detail. Perceptions were that 'police took her side' when they should be taking a more neutral, investigative stance. One participant indicated a lack of understanding about the authority of the court to impose a protection order - reminiscent of the lack of understanding in the Smith, as well as the research by Chung and colleagues. This participant commented that he did not even know why police or courts were involved as the protection order 'was a civil matter, between husband and wife'.

Risks and reality-check of a 'someone is there for men' approach

Perpetrators' sense of vulnerability; isolation; that they have not been listened to; that no-one is taking an interest in their lives; and that the system is rigged against them all hypothetically open a potential door to engaging these men in the days and weeks following police and court involvement. This theme of men wanting there to be 'someone available for them' during this period is perhaps the most consistent suggestion made by participants across the discussions.

However, the CIJ urges two substantial cautions in this suggestion. Perhaps most importantly, it is a complete unknown whether such engagement is likely to decrease or increase risk to family members over the short- and long-term. Significant and unanswered questions therefore remain, such as:

- To what extent would practitioners attempting to engage with men in these circumstances need to collude with this victim stance for men to be genuinely interested in participating in the engagement?
- Taking an interest in each individual man and the circumstances in his life is not inconsistent with quality MBCP practice, despite limitations on capacity, but how can this be done in a way that does not reinforce the perpetrator's victim stance narratives?
- What approach could engagement take to help the perpetrator manage emotions now that he might have reduced opportunities to use violence against his partner?

Questions such as these are central in relation to the impact of any engagement on short and longer term risk, and whether the potential of making use of men's victim stance as their primary motivation for engagement might outweigh the potential benefits.

One potential means to limit the amount of collusion required to engage men in this way is to focus on practical strategies to assist men in managing the objective of maintaining safety. Several participants in one focus group discussed using helplines, but said that, while these helplines provided temporary benefits in helping them to feel better and to 'get things off their chest', the use of these services provided no longer-term benefits as they did not focus on practice strategies or ways forward.

From the ways in which these men discussed these calls, it appears that these men contacted Mens Line Australia or an equivalent generalist men's helpline service, rather than a specialist helpline. While this discussion did not occur in all focus groups, men's desire for positive strategies can suggest interest in focusing on their behaviour, rather than rehearsing their victim stance. One participant did say that, in a call he received from the Child Support Agency when he was 'in a shitty mood', the CSA service provider clearly identified a concern and suggested that he call a Helpline. Unfortunately his call to a Helpline did not result in any further action and it was only when he was mandated by a court that he attended the MBCP. This reflects, to a degree, the frustrations of men expressed in the Flinders University (2015) research about attempts they had made to seek help being met with a fairly unproductive response.

The second caution concerns the practical limitations of men being contactable to be offered such support. A significant proportion of respondents who are called on the basis of active police referrals in the days following a police family violence call-out do not answer calls from MRS or a regional men's enhanced intake service (Centre for Innovative Justice, 2015). While many focus group participants expressed enthusiasm about being followed up in the days and weeks following court appearance, it is uncertain to what extent, back when this time occurred, it would have transpired into received calls.

Light at the end of the tunnel

A further suggestion from participants was that they would have appreciated someone explaining to them that participation in an MBCP or another kind of intervention was in their interests and therefore a positive, rather than a negative, consequence. Certainly, the research offers signs about what kind of messages could be conveyed. A number of participants across the different focus groups commented that, as they perceived it at the time, the idea of going to an MBCP was only presented to them as a negative consequence – a punishment, rather than an opportunity.⁴⁵ This included comments by police, as well as comments that had apparently been made to a handful of participants by their lawyers that men needed to 'get through the program' to demonstrate their *bona fides* to a court. By contrast, one participant said that the duty lawyer who represented them had taken the time to explain what the MBCP involved and had encouraged him to complete it as a beneficial opportunity for positive change.

This said, when put to them, many participants agreed that they were not likely to be receptive to a conversation about what was in their interests at a moment of crisis. Indeed, most said that they would not have taken notice of an advertisement or any information provided before this point of crisis. However, one participant suggested that police or others could provide them with a link to a 5 minute video which the man could watch at a later time and which focused on *another* man's experience of doing a program - including how it benefitted him and how this helped him to turn his life around. This generated interest in the relevant group and was seen to be better than police or other services simply handing men a phone number. Arguably this echoes the benefits which the broader research reveals about the benefits of hearing other group participants' experiences.

Overall, participants in this particular group felt that this would make trying to encourage them to do a program less confronting. This was consistent with a general theme that a productive approach to men in that situation would be not to focus too directly on own situation, but enable them to look at the experiences of other men and how they have benefitted from admitting that they have a problem and taking steps to address this. This included that comments from practitioners be indirect, such as 'we've seen with many men that things can get worse unless...' rather than 'you've got a problem, mate.'

⁴⁵ All who made comments along these lines then enthused about the value of the MBCP, but this was not the focus of the research, which was focused instead on service types the men had encountered *before* the MBCP. Further, given that a co-facilitator from the MBCP was in the room at the time, it is unlikely that the men would have made negative comments.

In other words, participants consistently felt that there needed to be a less confronting way to plant the idea about needing to change in men's minds – helping them to recognise their own behaviour in others; to draw their own conclusions; and to reflect by observing the experiences of other men. Participants in a group specifically for South Asian men also commented that it would be useful to see information or images using representatives from CALD communities, as current advertisements (which no doubt try to avoid stigmatising certain communities) did not resonate with them and allowed them to continue to assume that they were not individually implicated.

Balancing perpetrator experiences with perpetration realities

As is the case in all MBCP work, participants come with a wide array of vulnerabilities which often contribute to, or escalate, the risk that they pose. These participants were no exception. Although this was not the focus of the research and participants were not asked directly, many made comments which made clear that they had alcohol or other drug problems; mental health issues; or had self-harmed. Two volunteered that they had attempted suicide in response to the crisis that they experienced as a result of the justice system's intervention, which the MBCP co-facilitator later confirmed.

Further background provided by the MBCP indicated that many men had experienced significant violence, neglect and/or abandonment in their own childhoods. During the focus group discussions, many exhibited a very palpable need for approval and/or attachment which were likely to have contributed to their attempts to control those around them.

These observations are made not to excuse or collude with the behaviour of the participants which led them to be referred or mandated to a program. Rather, they are a reminder of the realities with which those working with perpetrators – including MBCPs – are grappling and must navigate when focusing on the source and impacts of their behaviour. These include the barriers to any readiness to participate, let alone readiness to change.

If both the broader and the CIJ's own research suggest that multiple catalyst for change - including an accumulation of negative consequences, *and* the internalisation of these consequences over time - are required for a perpetrator to progress towards responsibility-taking and accountability, several key questions arise. For perpetrators to shift from an old way of being to a new way of being:

- What consequences can be imposed, or interventions experienced, as a result of their use of family violence, that contribute to this accumulation?
- In what ways might these consequences be imposed, or how can men be engaged, so that they lead to them making meaning of pathways towards responsibility and accountability?
- Given that some service system interactions are perceived by many perpetrators as unfair (to them), biased (against them) and victimising them (or victimising them further, given their already entrenched 'victim stance'), how might the service system help men to make different meaning out of these consequences?
- Are there situations in which the accumulation of negative consequences for the perpetrator might lead towards significant steps forward?

When starting to answer these questions, what is absolutely clear is that the answer (and burden) should not lie with one part of the service system. Nor should it involve a 'one size fits all' approach to intervention. Rather, in moving towards a systemic response which provides multiple catalysts for change, services must start to embrace a shared purpose and understanding around what 'perpetrator intervention' involves – of what the system's accountability should really be. Given that the CIJ was engaged to map the Roles and Responsibilities of services in relation to perpetrator interventions, the framework which was developed as a result was, just as importantly, designed to support services in commencing on this journey. The second Part of this Report therefore proposes how this particular stage of the system's journey might start.

Introduction to the roles and responsibilities framework

Part One of this Report attempts to explore just *some* of the complex considerations involved when attempting to engage and intervene with perpetrators of family violence, as well as attempting to help them find a path towards taking responsibility for their behaviour. The report does so to pre-empt any mistaken assumptions that it is purely lack of attention or hesitation that has left the area of ‘perpetrator interventions’ unaddressed.

In other words, the CIJ cautions that the Roles and Responsibilities which the report now moves to describe are not offered – and should not be taken – as a panacea; nor as a blueprint which, if implemented, will see ‘perpetrator accountability’ smoothly realised.

Rather, the Roles and Responsibilities are offered as the *inception* of a significant shift which the CIJ believes needs to occur before the service system can provide a more considered and consistent response when implementing perpetrator interventions. This includes shedding assumptions that the burden of work with perpetrators should fall predominantly on one sector, being the specialist men’s behaviour change, active referral and case management system. Just as vitally, however, it includes guarding against assumptions that everyone can be making an equal contribution – remembering that any intervention with perpetrators is, in fact, imbued with inherent risk.

Instead, the Roles and Responsibilities offer a high-level guide through which work in relation to perpetrator interventions can move forward, and which services can then unpack and interrogate to start making them their own. The conceptualisation has also been designed to encourage agencies to contemplate a more fluid understanding – seeing potential, for example, for each to make longer term contributions towards perpetrator interventions than might currently be the case; or to share knowledge despite not having direct interaction with a perpetrator. At the same time, the conceptualisation was designed to provide a reality check about the complex and granular nature of how these interventions must combine, and how at each point the safety of family members must be front of mind.

Accordingly, the CIJ has identified certain *kinds* of work that many other agencies already do or could potentially do in relation to the point at which the service system has become aware of a perpetrator’s behaviour; ways in which responses can be linked and accountability ‘scaffolded’ by multiple agency participation; and specific functions which clearly require specialist expertise. As such they look at:

- the **context** in which intervention might occur (Roles); as well as
- the **intent** behind the intervention (Responsibilities).

Consultations on the framework

The framework of Roles and Responsibilities described below was developed and then tested in two stages. The initial stage involved development of the framework and then consultation across a wide range of stakeholders within the Victorian Government, including those with direct responsibility for service provision. The second stage involved consultation with a wide range of non-government service providers and peak bodies (full list at Appendix A) to:

- test the conceptualisation of the framework overall, including service buy-in, as well as the resonance of the specific Roles and Responsibilities with services;
- hear about current 'leading practice' and where they might realistically see their practice sitting within the CIJ's framework in a few years' time once the remainder of the Royal Commission into Family Violence's recommendations were implemented;
- explore where confidence in engaging with perpetrators – and concepts of shared responsibility for perpetrator accountability – lies to varying extents and where it needs considerable support; and
- identify how frameworks designed to respond to mainstream intimate partner violence are not always appropriate in interventions with perpetrators from vulnerable populations.

Overall feedback

Most participants engaged with this concept of leading practice enthusiastically and saw it as a welcome opportunity to discuss what they wanted to be doing in the near future. That said, a small minority were reluctant to commit to 'obligations' which they could not currently meet, while others wanted to be sure not to suggest that they were already conducting practice for which they were still desperately seeking funding. In response, the CIJ team explained that the Roles and Responsibilities had been deliberately kept at a sufficiently high level so as not to be able to influence funding decisions.

Equally, while delighted with the *conceptualisation* of the Roles and Responsibilities, some participants indicated that their *realisation* depended a lot on how the remainder of the RCFV recommendations were implemented.

Another crucial point that many participants were keen to emphasise was the non-linear nature of perpetrator behaviour. Participants therefore appreciated that the Roles and Responsibilities were represented as a 'web' for this reason, and stressed their anxiety about perceiving perpetrator behaviour as a linear progression, given that this was rarely the reality. Significant discussion therefore occurred about the fact that, while delineating roles in relation to time makes sense, this delineation should only be perceived in terms of opportunities to engage a perpetrator, *not* in terms of key stages or phases in his use of violence.

Overall, however, the response from services was overwhelmingly positive, with the majority of consultations prompting the *addition* of icons to the mapping previously conducted by the CIJ team, rather than any subtraction.

Useful to note, many participants flagged the community and private sphere as sites in which to locate responsibility, given that workplaces and community groups (such as sporting clubs) are places in which perpetration (or violence supportive attitudes) may be apparent. In doing so they understood that this was beyond the scope of the CIJ's engagement.

Cross-cutting considerations

As with the research, certain cross-cutting considerations should be borne in mind when examining the Roles and Responsibilities.

Diversity of perpetrators and perpetration

The CIJ's work considered the full range of family violence defined by the Victorian *Family Violence Prevention Act* (2008). Service types and sectors which participated in the workshops to 'test' the web included: LGBTIQ+ services; CALD services; Adolescent violence services; Faith Leaders and a broad range of state funded services which might encounter family violence in non-intimate partner contexts. Separate and carefully developed consultations were conducted with a range of Aboriginal community controlled organisations though, as referred to above, this involved a wider discussion about how processes for conversations about systemic and individual accountability should move forward.

Situations of family violence of which the CIJ attempted to be particularly conscious, therefore, included family violence committed by young people; against older people; in the context of rainbow communities; in the context of Aboriginal communities; and in the context of co-habiting individuals who are not in a relationship (eg supported accommodation).

The complexity of contexts in which family violence is perpetrated; as well as the breadth of people who use family violence, must be central in interrogation of the web of Roles and Responsibilities. The web was designed to take account of this diversity, but the CIJ is mindful that the extent of its application will differ in different circumstances, including the extent to which a workforce may need support before considering its implementation.

Identifying the predominant aggressor

The CIJ was also aware of the complex issues of perpetration when the person experiencing harm is identified as a male. While acknowledging that men do experience family violence harm – including from other men - work is currently being conducted within the Victorian context to look at the proportion of men who are initially identified as victims but who further investigation reveal to be perpetrators.

Perpetrators who are assessed by the service system as victims can pose significant risk. Their 'identification' as victims by the service system masks their violence and can further isolate victims. It also colludes powerfully with their violence-supportive narratives and their victim stance, potentially entrenching the excuses, justifications and thinking that they use to control family members. A case can therefore be made for highly specialised work with male victims, because this opens doors to conducting work with perpetrators who might otherwise use the system to hide and/or support their use of violence.

Tasks inherent throughout the framework

Some overriding tasks central to perpetrator interventions will sit across and be inherent in multiple Roles and Responsibilities. These include the need to:

- Monitor perpetrators and their patterns of behaviour and coercive control;
- Provide consistent messages about the unacceptability of this behaviour and be able to walk the talk in terms of consequences;
- Avoid collusion in a perpetrator's victim stance or justifications.

Volume and visibility of perpetrator engagement opportunities

The strength and visibility of perpetrator engagement opportunities will vary in relation to the context of the intervention and the specialisation of the agency. Similarly, the relative volume of family violence perpetrators with whom each government and non-government service could potentially have contact and engagement was not a part of this project.

The strength, volume and visibility of perpetrators through various service pathways is being tentatively mapped in all Australian jurisdictions through an ANROWS funded project led by Curtin University. This service system pathway mapping project, using different research and consultation methodologies, will complement the work of the Victorian roles and responsibilities mapping project.

Disclaimer – a reality check about intervention with perpetrators

As much as the CIJ hopes to encourage collective responsibility – and, indeed, a sense of possibility - it does so *acutely* aware of the very real challenges inherent in perpetrator intervention. As Part One of this report explained. Such is the denial and minimisation of the majority of people who use patterns of coercive control over their family members, and so entrenched are their attitudes and behaviours, that we should not for a minute assume that a new - albeit more nuanced - framework is all that the system needs to propel perpetrators towards accountability. Certainly, it is not for want of trying that some systems around the world view their role in working with men as limited to imposing scrutiny and consequence, rather than expecting any change in behaviour.⁴⁶

As much as the CIJ hopes to make a contribution, therefore, we simultaneously stress that there is no easy fix. Behind this proposed framework – this web of Roles and Responsibilities – lies a very tough reality and lots of incredibly hard work required to put the framework into practice.

What's more, because the CIJ's web is pitched at a relatively high level, it cannot possibly attempt to account for all of the relevant implementation issues and complexities. Yet it is these issues and complexities that will help to ground the web in practice-based realities – a process which can only happen by services and agencies engaging with it in their own time, picking it to pieces, and determining how it resonates and applies to their own practices at a day to day level.

Answers to these questions rely to an extent on the trajectory of other RCFV recommendations, as was observed consistently throughout the consultations. They also rely, however, on services and agencies bringing a level of healthy scepticism to the task - applying the magnifying glass proposed by the CIJ at the end of this report to make visible all the challenges and complexities of working with people who use violence and patterns of coercive control against their family members.

This means that the CIJ does not offer this framework as a magic pill – certainly, there are no rose-coloured glasses in this line of work. Rather, it is offered as a *start* in a long, evolving journey for services which are better informed, supported and equipped to play a role in an incredibly difficult task.

⁴⁶ This includes programs in New York. See Centre for Innovative Justice, *Opportunities for early intervention: bringing perpetrators of family violence into view*, (2015) RMIT University.

Outline of the roles and responsibilities

In shaping the web of Roles and Responsibilities, the CIJ took a different approach to understanding practice. Rather than breaking down elements by specific service area, the CIJ's descriptions are shaped by:

- The context and timeframe in which an interaction may occur relative to the service system becoming aware of a perpetrator's behaviour;
- The degree of depth of an agency's involvement, as well as the intent of the intervention;
- The level of specialisation required; and, importantly
- Where this interaction sits in relation to other goals concerning perpetrator intervention.

Role settings

This first element of the web is designed to encourage services and agencies to consider where they 'sit' in the context of perpetrator intervention. This includes the context in which they may interact with a perpetrator or his family members; the timeframe in which this interaction may occur, relative to the service system becoming aware of a perpetrator's behaviour; and, of course, the level of depth of their involvement. This may be different for every perpetrator at different points of time; how entrenched they are in their patterns of violence; or how entrenched they are in the system.

Borrowing from the concept of a 'web of accountability'⁴⁷ first proposed in the context of family violence by Dr Joanie Smith in the research referred to in Part One, these various settings sit within what the CIJ has proposed as a 'web of interventions', as identified above. This concept is useful in conceptualising how multiple interventions need to occur – and be delivered consistently – in order to progress perpetrators towards reducing the harm they inflict on their families. It is also useful in recognising that perpetrator interventions at any point might represent early interventions in some situations. For example, some interventions may occur when someone has recently commenced using family violence or is at very high risk of doing so, while others will occur with perpetrators who have been using family violence for a long time.

In this sense, the roles described below do **not** represent a linear progression. As explained in Part One, potential journeys towards accountability are often stop-start affairs, where opportunities to engage a perpetrator might progress from one role setting to the next, then move 'back' two or three settings. Some months or years later, this same perpetrator might then be engaged through a role setting further down the list. Certainly, some perpetrators cycle through two or three settings several times, or re-appear in earlier settings after engagement in later ones.

Further, some perpetrators might participate in simultaneous interventions in quite different role settings. For example (and as will become clear throughout this Part of the report) a perpetrator working towards behaviour change goals through a MBCP (Role Seven or Eight) might simultaneously be engaged in family court proceedings with his former partner (Role Four).

⁴⁷ Smith J, 'Consequences for men who use violence. Perspectives of men attending men's behaviour change programs and women from partner/ex-partner contact programs', PhD research, University of Melbourne, At <http://ntv.org.au/conference/wp-content/uploads/2012-ntv-conference-workshop-1j.pdf>

Despite the non-linear relationships between the roles, research consistently indicates that there is something significant about the particular timeframes in which opportunities arise – or doors to intervention and windows onto risk open - after identification (or re-identification) or disclosure. This was explored in some detail in the report produced for Phase One of this project. Each timeframe is associated with overlapping but somewhat distinct sets of intervention objectives. Six of the eight roles are defined partly in terms of time in this way. Roles three and four are defined more in terms of whether the perpetrator is being engaged in relation to the presence of other family members.

The CIJ emphasises, however, that these timeframes are about delineating key periods or opportunities for the service system to engage, rather than key stages or phases in a perpetrator's use of violence. While the consultations confirmed that the delineation of roles in relation to timeframes made sense, services were also keen to emphasise the understanding of family violence perpetration as pattern-based, rather than incident based, as noted above.

To this end, the incident that may have brought a perpetrator to the service system's attention - and which a perpetrator may insist is a 'one-off' - could be one part of a longstanding pattern of coercive control, much of which his family may have experienced as far more damaging than the particular incident through which the system is now viewing his behaviour. The discussion about 'family violence incidents' which follows should therefore be viewed through this lens.

Role One: Initial engagement with the perpetrator, or on issues of perpetration, during or in the immediate or near aftermath of family violence incidents

This setting primarily involves situations where a perpetrator has first contact either with law enforcement or justice system personnel, or with cultural/community leaders or members of support networks, in the immediate or near aftermath of a reported FV incident. It also occurs less commonly in the context of services occurring outside of the justice system.

In the context of Role One, immediate or near aftermath usually refers to the hours after the reported incident of family violence has occurred. However, Role One can also apply in situations where a service observes the perpetrator using violence – for example, when a service overhears a perpetrator using emotional abuse against his partner, or when violence is still occurring when police arrive at a family violence call-out.

Obviously, any attempt to engage a perpetrator when he is using violence can be fraught with risks and must be done with utmost consideration to the safety of victim-survivors and staff. This contact is generally not welcome by the perpetrator, and is either not initiated by him or initiated because he feels he has no choice. Examples include:

- General duties police engagement with perpetrators arising from call-outs in the aftermath of reported family violence incidents;
- Subsequent engagement by other police personnel in situations where the perpetrator is kept at the station for a significant period or is remanded;
- Police serving protection order documentation to perpetrators where applications have been initiated by victim-survivors, but where there has been no initial police contact with the perpetrator;
- Emergency housing service engagement with perpetrators who are provided with interim conditions to stay away from the family home (for example, through the exclusion clause of a Family Violence Safety Notice or equivalent police order);⁴⁸

⁴⁸ Currently, in most situations, perpetrators removed from the family home have little or no contact with a housing service, and if so contact would generally occur on a following day to his exclusion.

- Magistrates' Court and legal services (public or private) engagement with perpetrators who have had little or no prior contact with police, for example due to the protection order application being initiated by the victim-survivor;⁴⁹
- Community Corrections or prison staff who overhear a perpetrator using emotional abuse or controlling behaviours during a phone call to his partner;
- Community mediators or cultural or faith leaders who might have contact prior to, or *instead of*, police, where this intervention has been initiated by the victim-survivor or other family or community members. In relation to this last point, while Aboriginal, newly arrived and other marginalised communities are often over-represented in law enforcement and justice systems, 'informal' responses from community and faith leaders, can play an integral role in a collaborative approach to perpetrator accountability. That said, this is for communities themselves to determine.

Important to note, initial engagement with perpetrators in the aftermath or near-aftermath of family violence incidents are conducted by personnel or community members who do not have any significant degree of perpetrator intervention specialisation. Exceptions do arise from time to time – for example, specialist police units who might occasionally respond to family violence call-outs, or a specialist Family Violence Registrar who engages with a perpetrator who has had no significant prior contact with police or the service system due to the victim initiating a protection order application.

It is also important to note that Role One is not limited to contexts where physical violence is being or has just been used. It can include engagement with the perpetrator during or in the immediate or near aftermath of his use of other tactics of coercive control. Our consultations revealed a number of service contexts, for example, where a perpetrator might be overheard or observed using emotional violence or controlling behaviours against his partner.

Role Two: Initial engagement with the perpetrator, or on issues of perpetration, in the aftermath of family violence disclosure or identification

This second Role is similar to the first, with the exception that initial engagement occurs in situations other than in response to a particular family violence incident or acute violence situation. Examples include:

- A perpetrator who discloses his use of violence for the first time to a general practitioner or other primary health network or community health practitioner;
- An alcohol and other drug practitioner who, when screening for family violence, facilitates a disclosure by a perpetrator;
- An adolescent's use of violence being disclosed for the first time through community youth services or the youth justice system.

As with Role One, this category often involves disclosures to, or identification by, services, practitioners and community members who are not specialised in perpetrator interventions. However, it also involves situations where a person perpetrating family violence first discloses to a specialist service, such as the Men's Referral Service in Victoria, or a MBCP. This could be in the context of a self-referral without any prior disclosure to another service. People who perpetrate family violence and who initially disclose their use of violence generally do not do so in ways that take much responsibility for their behaviour. Rather, they are likely to deny most of their use of violence; blame those towards whom their violence is directed for this behaviour; and minimise the scope of the problem and its impacts. They may also be likely to attempt to justify their behaviour, based on provocation or as an 'understandable response' to difficult or stressful situations. While responsibility-taking might be quite limited at this stage, this initial disclosure can still be an important step in a (long) journey towards some sort of accountability.

⁴⁹ In most situations, court and legal services engagement with perpetrators follows prior police involvement (for example, through a police initiated application for the Intervention Order).

Role Three: Bringing the perpetrator into view and adopting a perpetrator pattern-based lens in the context of services directed to victims

This category describes situations where departments or agencies are providing a service to another client – particularly the victim-survivor(s) experiencing violence from the perpetrator – and through this contact the perpetrator potentially comes into view. This can include the department or agency having indirect or incidental contact with the perpetrator when providing the service to the victim-survivor(s) or, just as importantly, obtaining relevant information related to risk about the perpetrator even when no contact occurs.

Examples include:

- Hospital emergency staff who attend to a victim-survivor’s injuries stemming from family violence, including where the perpetrator accompanies the victim-survivor to the Emergency Department;
- Health or community services working with a victim-survivor (with the service not necessarily focused on addressing the violence), including where the perpetrator accompanies the victim-survivor and waits in the waiting room;
- Specialist women’s and children’s family violence services, as well as other services working with victims, who obtain relevant information about a perpetrator’s patterns of coercive control during one-off and ongoing risk assessment processes;
- Child protection intake or investigation services who have some contact with the perpetrator and can use a perpetrator pattern-based lens in their assessments;
- A primary or secondary school that is aware of a situation of family violence, and has some contact with the perpetrator as the father of the child/ren, as well as with the mother;⁵⁰
- Federally funded Centrelink, Medicare or Child Support services having somewhat indirect or relatively brief contact with perpetrators regarding social welfare and financial matters.

In nominating this as a setting, the CIJ does not suggest in any way that services which work with victims should bear an additional burden above their considerable existing remit. Rather, the CIJ intends to challenge the view that perpetrator accountability can *only* be contributed to by those agencies which actually engage or work directly with perpetrators. Given that victim-survivor services often accumulate much relevant information about perpetrators and their behaviour, with some having the capacity to flag or track perpetrators, it is essential that these services start to be recognised and supported as having a central stake in perpetrator interventions.

For this to happen, the service system needs to be able to understand and navigate the complexities; risks and benefits of using information obtained by victim-survivor services. This is so that agencies who *do* work directly or engage with perpetrators can then be better attuned to the specific needs of family members affected by the perpetrator’s behaviour, as well as to the dynamic and acute dynamic risk that the perpetrator may pose. By its very nature this setting is generally relevant for services which do not have any degree of specialisation in perpetrator interventions.

A key principle of this role setting is the opportunity for the service system to use the wealth of information that victim-survivor focused services sometimes have, when it is safe to do so, to understand the perpetrator’s patterns of coercive control. The key ‘pivot’ here is to extend beyond an understanding of the impact of his behaviour on family members (as crucial as this is), to incorporate an *additional* understanding of the specifics of *what he does* – the specifics of his tactics of coercive control and how his behaviour threatens family members.

⁵⁰ This is an exception where roles and responsibilities are ascribed at the level of an organisation rather to a specific service.

Consultations with specialist women's family violence and sexual assault services affirmed the validity and importance of the Role Three setting, but also identified the need for men's services to be sensitive to the burden that can be placed on already stretched women's services through expecting them to provide information. It was emphasised that women's services need to be resourced to provide information to men's services on a regular basis. As noted above in relation to 'cross-cutting considerations', predominant aggressor assessments with men who present or are referred (for example, by police) as male victims of family violence is also a specific and difficult context related to Role Three, as a significant proportion of these men are the perpetrators in their relationship, in terms of exhibiting long-term patterns of coercive control.

Role Four: Contact in the context of relationship, family-focused or post-separation interventions

Each year, thousands of Victorian perpetrators are provided with interventions alongside their partner, former partner or other family members in the counselling, therapy or mediation room. In many, if not most, of these circumstances, the perpetrator's use of violence is not initially known to the relevant service. This creates a risky context for these interventions, given the dangers of relationship or family focused interventions when working with perpetrators and victim-survivors in the same room.⁵¹ Examples include:

- Relationship or family therapy services working with a couple or family where it becomes clear during assessment or ongoing work that the male partner is perpetrating family violence;
- Family dispute resolution, post-separation or other family law system agencies who encounter perpetrators in the context of mediation and dispute-resolution focused services
- Child contact services (both government-provided and private) who come into contact with perpetrators in the context of supervised visitation with children;
- Integrated family services work (both state and federally funded) with vulnerable families where it similarly becomes clear that a male family member is perpetrating violence, in the context where the family services practitioner makes visits or runs sessions with the family as a whole.

The fact that initial service engagement with the perpetrator in these settings occurs with the victim-survivor(s) in the room makes this a distinct category. Important to note, while some agencies which provide relationship counselling or post-separation work also provide specialist perpetrator interventions, the actual services conducting this particular relationship-focused work are not specialist, or may be only partially specialist in these specific interventions.

Importantly, while this role is defined by initial engagement with the perpetrator occurring in contexts where the victim(s) is also in the room, subsequent contact with the perpetrator need not occur in this context. Indeed, it is generally safest to enact responsibilities such as H and I (described later) through engagement with the perpetrator that is quite separate to the service's engagement with the victim-survivor. Enacting these responsibilities through engagement with the perpetrator in separate time and space to the victim-survivor can still occur through Role Four, however, if either initial or some periodic engagement occurred with them together.

Role Five: Opening an appropriate and safe door to intervention and window onto risk, in the days following initial or re-contact

The CIJ's previous report, *Pathways towards accountability: Mapping the journeys of perpetrators of family violence – Phase I* scoped opportunities to open doors to engagement with perpetrators within six service sub-systems. Analysis in this report was based on eight integral dimensions designed to maximise the likelihood that such engagement will increase victim-survivor safety, wellbeing and freedom from coercive control. These opportunities also potentially enable the service system to open windows to the specific and dynamic risks posed by the perpetrator, to bring him and keep him within view.

⁵¹ There are some circumstances where relationship or family focused work with both victims and perpetrators might be safe and appropriate. However, it generally requires specialist perpetrator intervention expertise to determine when such work is safe.

The fifth role in the framework would therefore include many of the examples provided in this previous report.⁵² It is the broadest of the various settings, encompassing a wide range of services provided by twenty or more agency types who have contact with perpetrators. It covers a range of relatively 'early' contact with perpetrators in the **days** following the service system's initial contact, or re-contact, with the perpetrator.

The initial days following contact or re-contact can be a very important time for perpetrator engagement. For example, some (but by no means all) perpetrators might experience contact by police as something of a crisis, particularly if they have a high stake in conformity; have been excluded from the family home by police; and have some degree of respect for justice system authority.⁵³

These perpetrators (at this point in time at least) generally take very little or no responsibility for their behaviour; blame their (ex) partner, police or others for service system contact; are focused predominantly on trying to return the situation 'back to normal'; and usually have low levels of readiness to participate in a specialist behaviour change intervention. Even in this context, however, the crisis of police involvement;⁵⁴ removal from the family home; change in family arrangements (albeit sometimes temporary); and justice system involvement can create opportunities for opening a door of engagement and a window onto the risk that a perpetrator presents.

The following examples represent only a fraction of the potential opportunities⁵⁵ in this setting and are provided to help readers make the category more concrete, rather than to cover the range:

- Efforts to identify and respond to perpetrators by GPs and other primary health care practitioners, supported by family violence specialists through training and consultation-liaison arrangements;
- Interventions conducted by men's enhanced intake services or the Victorian Men's Referral Service (and by equivalents interstate) involving assertive and proactive contact with perpetrators in the days following police attendance at a family violence call-out;
- Police 'administrative' engagement with the perpetrator in the days following initial imposition of an order, such as serving the Order on the perpetrator, or assisting the perpetrator to retrieve his clothes and possessions from the affected family members' residence. These are potentially more than administrative actions and represent real and intentional opportunities for skilled early engagement to reduce risk (for example, police responsiveness to the respondent's need to retrieve key belongings can reduce the near-term risk of contravention of a police or court order).
- Court Respondent Worker interventions located in Magistrates' Courts, linked in with legal aid duty lawyer services as per the Queensland DV Connect model, as one example.
- Other justice system interventions designed to strengthen perpetrator understanding of, and motivation to comply with, protection order or bail conditions.
- Magistrates using civil or criminal justice system levers to direct perpetrators along mandated pathways towards specialist interventions and/or supervision and monitoring systems; as well as using skilled courtcraft to explain these pathways to perpetrators in the court setting.
- The adoption of a family violence informed, perpetrator pattern approach by Child Protection practitioners,⁵⁶ with or without actual engagement with the perpetrator. This includes at the early stages of investigation of child protection concerns.

⁵² *Pathways towards accountability: Mapping the journeys of perpetrators of family violence – Phase I* did not focus exclusively on examples within this category but covered a broader spectrum.

⁵³ Other perpetrators, such as those with longer histories of police and criminal justice system involvement, who hold little regard for justice system authority, or who feel that their lives have not been shaken up in the aftermath of police call-out, might not experience this aftermath as a crisis.

⁵⁴ As emphasised elsewhere, police involvement represents a crisis situation only for some people who cause family violence harm; for others, it's part of the 'fall-out' they experience as a result of acute use of violence coming to the attention of the authorities, but without the situation being perceived as a crisis.

⁵⁵ Not all of these are being trialled or implemented at the current time – some were identified as new possibilities.

⁵⁶ As per the Safe and Together model developed by David Mandel and his colleagues.

- Community services focusing on substance abuse; mental health; problem gambling; and housing support which can identify and appropriately respond to perpetrators. This includes by ensuring that the issue which has led a perpetrator to present to their service is not treated as the cause of his use of violence, but *as an issue which can accentuate risk*. It can also include working with the perpetrator to strengthen pathways towards readiness to participate in a specialist family violence perpetrator intervention.
- Community based responses, including initiatives such as community representatives on-call to provide secondary responses to Aboriginal men referred by police due to their use of family violence.

As identified above, the defining feature for this role is that the contact occurs in the **days** after the service system's initial engagement or re-engagement with the perpetrator by police or other first responders. As the above examples demonstrate, engagement with perpetrators under this category can occur by non-specialist, partially specialist, or specialist perpetrator intervention services.

Role six: Keeping the door and window open in the first weeks following initial or re-contact

While Role Five focuses on engagement with the perpetrator in the days following initial service system contact or re-contact, Role Six concerns contact over a period of subsequent **two – three weeks**. As the CIJ's earlier Phase 1 report explains, this can be a particularly important time for many reasons, more or less so for particular perpetrators in particular contexts:

- For some (a minority) of perpetrators, skilled Magistrate engagement and use of judicial levers can help to open up some readiness to change, or at least some readiness to participate in a service. This readiness can easily wane in subsequent weeks if appropriate, timely and proactive referral pathways into specialist services are not available.
- The two - three weeks following provision of a protection order can be a crucial time to assess the perpetrator's attitudes towards compliance with the Order, as well as to predict acute dynamic risk scenarios that might arise.
- The sense of crisis (and any associated openness to taking responsibility) in the days following police or justice system involvement can close down over the following two – three weeks if the perpetrator is able to return his family situation 'back to normal'; can envisage a pathway towards doing so; or if he has been able to adjust to his new life situation and living arrangements.
- Perpetrators who commence MBCP or other specialist intervention work during this time often do so due to external motivators, such as the potential for perceived or actual justice system; child protection; partner-imposed or other socially mediated consequences if they do not participate. Developing an *internal* motivation to change, however, can take much longer as the research in Part One revealed. This process can be seeded by multiple stakeholders in the two – three weeks following initial service system contact with the perpetrator.
- The first few weeks of intervention by a child protection, family services, substance abuse, mental health, housing support, primary health care or problem gambling practitioner can be an important time to keep the perpetrator's use of violence on the agenda, and to work towards motivating him to participate in a specialist intervention.

Related to this, these first few weeks can be an important time for *family violence informed coordinated case management* to commence with some perpetrators (see the discussion of Responsibilities for a more detailed reference to this). Consultations for this project identified that the time period encapsulated by Role Six can often be one where perpetrators become increasingly evasive and can tend to disappear from the service system, particularly once they perceive that any crisis stemming from the initial identification of them as a perpetrator has been resolved. Without attempts to respond to this evasiveness by the perpetrator intervention system, the responsibility for keeping a perpetrator within view can rest on specialist family violence women's services.

In some situations, responses and interventions provided to perpetrators in the days following initial service system contact or re-contact can continue seamlessly in the following weeks. Here, the distinction between interventions in these two separate time periods lies in the fact that the *objectives* of this engagement, while overlapping substantially, are not entirely the same. As for Role Five, Role Six responses and interventions should eventually be divided into the three sub-categories of non-specialist, partially specialist and fully specialist service provision.

Managing men on a wait list for a specialist perpetrator intervention service occurs within the parameters of Role Six, and also Role Seven. Without engagement during a lengthy wait list period, however, the perpetrator can be in a kind of 'no man's land', with his motivation to participate in a service declining. Indeed, Role Six (and in some situations, Role Seven) can be a distinct period after the immediacy of the initial crisis or acute episode of violence that brought the perpetrator to the attention of the service system, but before behaviour change interventions might commence. It can therefore be an 'in-between' space where the perpetrator can easily slip out of view of the service system.

The time period characteristic of Role Six can also be a time when a perpetrator backs away from his initial disclosure of using family violence. Consultations revealed that it is not uncommon a few weeks after a perpetrator has disclosed something of his use of violence to a service, for him to regret that disclosure and close-up to further attempts to engage him around his use of violence. This can make engagement in the context of Role Six (and Seven) particularly difficult in some circumstances.

Role Seven: Responses to perpetrators over a timeframe of months

Beyond the first few weeks of engagement after initial service system contact or re-contact, a distinct category of interventions arises over a timeframe of approximately **one to four months**. As identified in Phase One, evidence points to the way in which any motivation or readiness to participate in a specialist service may wane in this time period (currently the usual waiting time for participation in a specialist service) when other interventions do not occur. These interventions might be provided by non-specialist, partially-specialist or fully specialist services.

The concept of *family violence informed coordinated case management* outlined in the CIJ's previous report is relevant for this category of interventions. As explained then, this is an emerging concept to help ensure that the incorporation of services and interventions which are not directly violence-focused do not displace the overall focus on a perpetrator's violent and controlling behaviour and the risk he poses to family members.

In this way, coordinated case management is about maximising the potential of all services and interventions to play a role in ongoing risk assessment and risk management, and for all to have a consistent understanding of – and approach to – family violence. This is so that the perpetrator does not receive mixed messages regarding causality; responsibility; and accountability.

Accordingly, coordinated case management should involve these services and interventions, where possible, collaborating with or obtaining secondary consultations from specialist family violence services. This is so that a wide range of services can contribute towards the family violence service system's ability to keep the perpetrator within view, as well as to the system's ability to address particular dynamic risk factors as part of a longer-term and broader risk reduction plan. Examples explored in our previous report included:

- Short-term case management of perpetrators provided by Berry Street in collaboration with child protection responses.
- *Taskforce Alexis* short-term case management integrated with assertive police tactics to keep the perpetrator within view and place restraints around his inclination to use violence.
- Court Integrated Services Program case management of first-time offenders to address issues which have been accentuating (but not driving) risk.

- Intensive case management provided by Community Corrections Officers.⁵⁷
- Potentially, the first few months following initial contact or re-contact can be an important time during which service system and community accountability processes can scaffold pathways towards accountability; continue building internal motivations towards change; and continue to assess (acute) dynamic risk including fluctuations. These processes can include:
 - Any judicial oversight that brings the perpetrator back to court concerning his participation in specialist and other interventions.
 - Community correctional supervision of perpetrators on Community Corrections Orders.
 - Ongoing or renewed attempts at engagement by child protection and family services.
 - Involvement by community representatives, faith leaders or others with a sufficient understanding of family violence to help keep the perpetrator in ‘supportive accountability’ processes.
 - Involvement by other stakeholders who can help keep ‘an eye’ or lens on the perpetrator’s behaviour, and his participation in pathways towards taking responsibility for his behaviour.

This setting also includes specialist interventions such as men’s (family violence) case management to promote the readiness and capacity of perpetrators to participate in a MBCP, men’s behaviour change programs, and family violence focused individual counselling.

Role Eight: Longer-term responses

This category refers to longer-term responses over the course of many months or years. These include interventions provided by specialist men’s family violence providers, such as:

- Generic or ‘mainstream’ men’s behaviour change programs (MBCPs).
- MBCPs provided for particular cohorts, such as those provided in languages other than English or in context of cultural groupings, as well as with Aboriginal and Torres Strait Islander communities.
- Behaviour change program adaptations for LGBTIQ+ communities;
- Long-term, violence-focused individual counselling for perpetrators who are unable to participate in group-based programs.
- Longer-term men’s (family violence) case management for those perpetrators who require extended one-to-one interventions to build sufficient capacity for them to participate in a MBCP.
- Longer-term supervision and monitoring processes, such as those provided by Community Corrections or Magistrates’ Courts in terms of judicial oversight.

Services which provide initial referrals of perpetrators to specialist interventions – child protection, family services, courts, Corrections and others – have an important set of functions in this eighth category. Genuine collective responsibility for perpetrator accountability requires continued involvement by referring agencies into the medium and, potentially, long-term. In other words, these services need to continue to work alongside perpetrator participation in MBCPs and other specialist interventions, rather than ‘signing off’ on their involvement with the perpetrator after the initial referral is made.

⁵⁷ This intervention works across Role Six and Seven

Collaboration with the MBCP provider in case reviews; some continued contact with the perpetrator to motivate his participation in the specialist intervention; shared responsibility to assess and manage ongoing and fluctuating risk; and some joint involvement in exit planning processes can all form part of referrer responsibilities in this context.

Role Eight can also include potential and emerging possibilities to extend the scaffolding of accountability processes beyond the perpetrator's participation in specialist interventions. As indicated in Part One of this report, it is important to recognise the very long-term journeys that some perpetrators need to make to work towards sustained changes in their patterns of coercive control; as well as the potential for semi-formal, community-based processes to provide tapering levels of accountability scaffolding over time. Like categories Five, Six and Seven, Role Eight interventions can be provided by specialist, partially specialist or non-specialist services.

Responsibilities

Having described a range of role settings in which agencies and services may be located, this report now turns to a range of Responsibilities, or functions, which these agencies may be able to perform. Again, these Responsibilities are described not to limit or confine Departments or agencies, but to encourage them to consider the **intent** behind their intervention, including where they may either 'lean in' and potentially do more than they are currently doing; or where they should instead 'hold back' and collaborate with a specialist service. As with the previous section, examples are provided not to limit the inclusion of others, but to provide tangible prompts through which services and agencies may then turn a lens on their own work.

Responsibility A: Identification of family violence perpetration, or consolidation of identification, through engagement with the perpetrator

Active attempts to identify perpetration of family violence in particular contexts - through engaging with men and others in an attempt to identify who might be using violence - is an emerging practice. The CIJ's previous report, *Pathways towards accountability: mapping the journeys of perpetrators of family violence*, outlined the promise of General Practitioners being trained and supported to ask questions carefully about a male patient's behaviour given the presence of certain background factors (for example, recent break-up of an intimate relationship, substance abuse). The correlation of family violence perpetration with substance abuse; problem gambling; and other issues points to the benefits of services in these sectors developing the capacity to identify for family violence perpetration when engaging male clients as part of intake and assessment.

Another example of the enactment of Responsibility A are services that engage with men who are referred as victims of family violence by police and others. As outlined earlier, primary/predominant aggressor assessment is crucial in these contexts given that a significant proportion of these men are the predominant aggressors in their relationship.

This said, careful consideration needs to be given to engaging men in an attempt to identify perpetrators. For example, in health or community settings where the victim-survivor might also be receiving a service from the same organisation, or has some other form of connection, a perpetrator who is asked questions about his behaviour at home might assume that his partner has disclosed information and retaliate against her.

For this reason, Responsibility A is generally *not* about *screening* men or others for perpetration of family violence. There are many situations when attempting to ask even preliminary questions, or talking in a direct way about relationships, might arise suspicion in a perpetrator, especially if these questions are asked by services without specialist expertise in perpetrator engagement. The example given above of predominant aggressor assessments in the context of men referred to or presenting to a service as victims is one of the few examples where routine screening of perpetration is warranted.

As per the above comment regarding Role Two, identification of perpetration usually does not mean that the person perpetrating family violence harms admits total or even much responsibility for his behaviour. The practitioner might be able to engage with him in a way such that he admits that he has an ‘anger management problem’, or that ‘things are getting out of control at home’. The perpetrator is also not likely to admit or to be conscious of most of his choices, actions and tactics in using violence, nor is likely to describe his true intent behind such behaviour (for example, to control family members so that he gets his own way). In this respect, Responsibility A can lead to the perpetrator admitting only the ‘tip of the iceberg’ of his behaviour. However, this can be a very important initial step in a (long) journey towards responsibility-taking.

Indeed, due to perpetrators’ widespread denial and minimisation of their behaviour, men’s insistence when asked about their behaviour at home that they are not using violence should not be taken at face value. The existing research outlined in Part One does not indicate what proportion of people perpetrating family violence harm deny any perpetration when asked in different service contexts. Based on what it tells us about perpetrator victim stances and levels of denial, however, this is not likely to be low.

The identification of someone as a perpetrator of family violence can take more than one engagement. Sometimes, a perpetrator’s patterns of behaviour might not start to become evident straight away, or a practitioner’s suspicion that a client might be a perpetrator, may consolidate over the course of repeated contacts. Indeed, sometimes it might require two or more services sharing information about their observations of the perpetrator, or knowledge of his behaviour, to start to identify perpetration.

The identification or suspicion of a person as a perpetrator does not mean that the service or practitioner should always attempt to engage him as such. Indeed, for some services where it might not be safe to ask service users direct questions in attempt to identify whether they are perpetrators – even when red flag indicators are present – particular aspects about their behaviour might be observed which raises the service’s suspicion. For example, a health service might notice that a male client, or a partner of a female client who accompanies her to the health service:

- dehumanises or pathologises his partner;
- acts or talks in a way that makes him out to be superior to her;
- comments negatively on her decisions and actions;
- blames her for showing him ‘no respect’ or for being ‘disloyal’ to him;
- gatekeeps her access to services, always accompanying her to appointments;
- controls her access to financial or other resources;
- is clearly intent on getting his own way;
- is blind to, or does not appear to care about, her viewpoints and needs;
- presents or talks about being a victim of her ‘violence’;
- talks about her in emotionally abusive or degrading ways.

When a perpetrator of family violence has been identified or is suspected, one of the highest priorities for the service is to find a safe way to offer support to the victim-survivor(s), and to refer or link them in to specialist family violence services. It is vital to take a victim-survivor centred approach. Even if the victim-survivor is not a current client of the service, there might be a way for another service with which they have contact to explore what might be happening at home, and to offer support and links to specialist family violence services.

Indeed, a key consideration of Responsibility A is that, for some services, often the most important thing about identifying a perpetrator is that it *identifies the need to reach out to victim-survivors* – rather than attempt to engage the perpetrator himself about his violence. In fact, attempts by services and practitioners who do not have sufficient training and skill in perpetrator engagement to attempt to raise issues of family violence with the perpetrator can endanger the safety of those who experience his violence.

Responsibility B: Augmenting or contributing to ongoing risk and threat assessments

It is generally not possible to assess a perpetrator's risk based solely on engagement with the perpetrator alone. As reflected in Part One, this is because of many perpetrators' entrenched denial and minimisation about their behaviour; their sense of entitlement and feeling that they are in fact the victim; and their very limited understanding about what constitutes family violence. As a result, the majority of perpetrators consistently under-report their behaviour.

Nevertheless, services that do engage with perpetrators have an opportunity to identify risk-related information. Not only do some perpetrators make indirect or direct threats against family members, or present in ways that suggest that family members might be at increased risk, services can identify dynamic or acute dynamic risk factors that might not previously be known to the service system.

Services with a greater degree of specialisation in responding to perpetrators will have a stronger capacity to identify risk indicators. This can include assessing aspects of the perpetrator's violence-supporting narratives; attitudes focusing on entitlement and righteous aggression; the justifications he uses for his behaviour; and the circumstances under which he is more likely to choose to use violence.

Even those services with no such specialisation, however, can sometimes identify useful information to augment existing and ongoing assessments made by other services of the risk he poses to family members. As a general rule, the more services which can keep the perpetrator within view through appropriate engagement, the stronger the risk management potential to identify and respond to acute dynamic risk.

Due to the complexities in identifying risk indicators through perpetrator engagement, the CIJ has suggested categorising this as a distinct category, but one closely related to, the Responsibilities concerning *Information Sharing and Risk Management*, discussed below. The concept of augmenting existing and ongoing risk assessments through perpetrator engagement is still not widely understood across the service system, and needs its own particular focus. This was echoed in consultations.

Of course, it is central to establish the authority and pathways for this information to be shared. Often, most information pertaining to the risk of family members is held by victim-survivor services. This means that - in this and in many other senses - services that engage with perpetrators can contribute to the risk management and victim-survivor support work conducted by women's and children's services. In fact, supporting and contributing to the victim-survivor's safety must be the primary objective of *all* perpetrator interventions. This responsibility function maintains a theme throughout much of this framework of 'pivoting' to the perpetrator in ways that keeps victim-survivors firmly at the centre of the response process. The pivot here is to extend beyond assessments of the risk that particular victim-survivors are under from his behaviour (as crucial as these are) to include the ways in which the perpetrator's behaviour poses threats to them and to others. There is of course much overlap between the two, but some subtle but important differences in the lens that is applied to understand the nature of the threats that a perpetrator poses to family member safety and dignity; what is driving these threats; and in what situations might his behaviour become more threatening.

Responsibility C: Information sharing regarding perpetrator behavioural and attitudinal patterns, dynamics and risk situations

Establishment of the new information sharing regime recommended by the Royal Commission will of course continue to shape the practice of this Responsibility. At a broad level, however, understanding stakeholder roles and responsibilities with respect to information sharing arising from perpetrator contact and engagement requires an understanding of dynamic risk. Dynamic risk factors are those which are potentially changeable and can fluctuate over time, and can include:

- Internal states related to risk – such as the perpetrator’s beliefs, attitudes or other cognitions; sense of entitlement; violence-supporting narratives; emotional states; or mental health issues.
- Perpetrator behaviours in areas related to risk – such as substance abuse problems; problem gambling; dis/organisation or functioning in general life realms.
- External circumstances – such as the pregnancy of a current partner; separation; intervention by a law enforcement or justice system when that system is held in low regard by the perpetrator.

Knowledge about the dynamic risk factors relevant to a particular perpetrator is often not all held by a single agency. Departments and agencies are becoming increasingly adept at sharing information related to risk while attempting to respond to family members who are at risk, using Risk Assessment Management Panels and other processes to place a ‘protective bubble’ around victim-survivors. An approach that attempts to bring and keep the perpetrator within view of the service system however, and place a ‘bubble’ around his opportunities or inclinations to use violence, requires strong information sharing and multi-agency risk management approaches amongst agencies who have direct or indirect contact and engagement with the perpetrator, linked in strongly with victim-survivor services. As identified in Phase One of the CIJ’s work, it is also vital to note that dynamic risk factors can in turn be differentiated between:

- *stable dynamic risk* or factors which can change (e.g. through intervention) over the course of months or years, and
- *acute dynamic risk* which arise more over the course of hours or days, and which reflect more immediate or imminent changes in circumstances, or transient internal change and behaviour.

For example, while a significant and ongoing substance abuse problem can be a stable dynamic risk factor for family violence, current or imminent intoxication – either by someone with an ongoing substance abuse problem or someone without – can represent acute dynamic risk. Similarly, a perpetrator’s strong sense of entitlement and ownership over his children, and a strong betrayal narrative which he uses to give himself the ‘green light’ to punish his partner, are stable dynamic risk factors. An upcoming Federal Circuit Court or Children’s Court hearing where his access to his children might become limited, however, could represent a time of predictable acute dynamic risk in which he may be likely to ‘punish’ his former partner for perceived injustice.⁵⁸

Information sharing responsibilities with respect to perpetrator risk fall broadly into two categories:

- Providing information ‘outwards’ concerning threats, risk indicators and other information related to risk to other agencies involved in managing the risk posed by the perpetrator.
- Responding to requests from other agencies involved in managing the perpetrator’s risk for information that the service might hold on the perpetrator – an ‘inwards’ coming request to peer into the service’s information or database.

It was noted in the consultations for this project that the enactment of Responsibility C can differ when the service system has already identified a client as a perpetrator, versus when identification first happens through that service’s engagement with the client. The latter type of situations can sometimes be associated with more complexity about when to share information, and with which service.

It is important to note that information sharing is relevant not only to different services pooling information towards understanding the threat that the perpetrator poses to family members. It can also help the system to gain a more complete sense of his specific patterns of coercive control. Different services that engage with perpetrators on different issues can each gain a window onto the perpetrator’s behaviour that, when shared, enable the pieces to come together to reveal consistent patterns of coercive controlling behaviour. In this way, the system can build a narrative of exactly what he does to control family members, and his intentions behind these behaviours.

⁵⁸ Of course, the form of punishment might not be immediate, and in this sense acute dynamic risk does not necessarily have an immediate time frame. He might, for example, escalate his financial abuse tactics over the course of months to punish her.

It was noted in some of the consultations that Responsibility C is not a one-way process, and that non-specialist services that are in a position to share information about perpetrator-related risk would also like information to be shared with them when the system becomes aware that clients they are seeing are perpetrators. This was seen as important to help their ability to engage effectively with perpetrators, if they were provided with this information about which clients they are working with are perpetrators, and the risk that these perpetrators pose to family members.

Responsibility D: Risk management through coordinated (multi-agency) actions directed towards or involving perpetrators

Acute dynamic risk factors can temporarily (though often repeatedly over time) and quickly result in a spike in risk. As described above, these spikes can sometimes be predicted if enough is known about the perpetrator and his patterns of coercive control. While not all acute dynamic risk factors can be predicted, a family violence service system based in part on a strong, multi-agency focus on the perpetrator with appropriate information sharing can make some risk factors foreseeable.

Identifying (through direct or indirect contact or engagement with the perpetrator) and addressing spikes in risk due to acute dynamic risk factors can be a collective responsibility of services involved in bringing and keeping the perpetrator within view. Robust information-sharing processes and multi-agency risk management approaches, which include the central involvement of victim-survivor services, are required when the decision about how to address the spike in risk cannot or should not be made by any single service or agency alone.

Agencies will understandably differ in their involvement in risk management actions between those which *contribute to* multi-agency risk management processes, and those which *coordinate or drive* these processes. Currently, for each case presented at a Victorian Risk Assessment and Risk Management Panel (RAMP), separate risk management actions are identified in relation to the adult victim-survivor; any children involved; and the perpetrator. While several representatives at the RAMP might contribute towards decision-making regarding risk management actions to take directed towards the perpetrator, only one or two agencies might be responsible for coordinating this risk management plan in relation to these actions.

This represents another example of pivoting to the perpetrator without losing focus on keeping the safety and needs of victims central. RAMPs and other multi-agency high-risk client strategies that attempt to place a 'protective bubble' around women and children experiencing family violence are crucial. Equally important, however, are processes that piece together the system's existing understanding of the perpetrator's patterns of coercive control to predict and reduce the threats to family safety, dignity and freedom that he poses.

Enacting Responsibility D also involves the ability to keep track of what the rest of the family violence service system is doing to engage with and respond to the risk posed. This overall view of service system engagement will come more easily for some services than others, particularly those which are positioned closer to the 'inner ring' of partner agencies in an integrated or coordinated community response.

It is important to keep in mind that Responsibility D can, in some circumstances, fall on services where family violence is not a part of their core work. For a period of time at least, an AOD service; mental health service provider; or other community-based service might be the only service working with the perpetrator. This includes in situations where he cannot be mandated to attend a MBCP, and where there is no case management provided through the justice system or other means.

While the depth of responsibility for managing the risk posed by the perpetrator might not be the same for these services, and might not be a core part of that service's engagement with him, in many situations services such as these are 'carrying the can' in managing risk. It is therefore crucial that such services have support through secondary consultations and other means from specialist perpetrator intervention providers to assist their ability to do so. It is especially vital to have a transition plan so that Responsibility D can be passed on at a later point to another service where this is more of a core part of their work.

Responsibility E: Initial specialised perpetrator assessment

While a complete or even near-complete assessment of the risk that a perpetrator poses to family members is not possible through engagement with the perpetrator alone, some services are able to conduct a comprehensive assessment to help inform specialist interventions over time. These assessments cover a wide range of personal; historical; behavioural; health; contextual; service usage and motivational issues relevant to tailoring specialist interventions to the perpetrator. They are typically conducted by MBCPs or in correctional settings, and might take two or more hours to complete.

In some circumstances initial specialised assessments might at least partially be conducted by other specialist perpetrator intervention services or practitioners (for example, by Court Respondent Support workers). However, the depth and comprehensiveness of a specialised assessment will depend on the degree of specialisation in family violence perpetration held by the service or practitioner.

As with all specialised family violence assessments, including with victim-survivors, these specialist assessments are not merely ‘tick and flick’ exercises, though they can be guided by intake or initial assessment tools and templates.⁵⁹ Ideally, information obtained directly or indirectly (through specialist women’s and children’s family violence services or partner contact workers) would help to inform such assessments. This is consistent with the principle of services that engage with perpetrators being accountable to the specific needs of family members in terms of what safety and freedom from coercive control mean for them.

Responsibility F: Ongoing specialised perpetrator assessment and intervention planning

These above assessments are, of course, never static. Often, at least as much becomes known about a perpetrator’s patterns of coercive control and risk during the course of intervention than during the pre-intervention intake and assessment process. Specialist perpetrator intervention services, particularly those that work with perpetrators over the course of several or many months, can be in a unique position in the service system to come to know the perpetrator’s thinking; behaviour; life; and contextual factors, to the benefit of all systems agencies that have a role in reducing the risk that he poses.

Indeed, some perpetrators initially classified as low or moderate risk at intake or through initial assessment (for example, by police or Corrections) are later found to pose a higher risk than their initial categorisation would suggest. This is because of the ability of specialist perpetrator interventions, over the course of time, to discover more about the dynamics of his patterns of coercive control and the nature and degree of threat that his behaviour poses.

This Responsibility also acknowledges the vital role that a specialist perpetrator service has in ‘bottom lining’ an intervention with a perpetrator. In other words, this is the service at which ‘the buck stops’ in terms of pulling together relevant assessment and risk related information (sometimes from multiple agencies), and then from here to develop and, where necessary, modify (over time) an intervention plan.

This is not necessarily the same as case management. When case management is performed by a specialist perpetrator intervention service, this bottom-lining and case management can be woven into the same process. Specialist services have the depth of knowledge and understanding to analyse different bits of information to (attempt to) form an overall narrative regarding the perpetrator, at a particular point in time, in terms of the dynamics of his behaviour and the threat that he poses. For perpetrators who are not engaged with a specialist service, however, the ability of services without perpetrator intervention specialisation to provide this type of intervention coordination according to risk can be quite limited.

Responsibility G: Referral to services addressing risk

Timely referral to specialist perpetrator intervention services can be critical. This is because a perpetrator’s willingness to participate in a service concerning his use of violence is a door to engagement which does not usually stay open for very long.

⁵⁹ In the MBCP context, the comprehensive assessment template and tools provided in the resources section of *Towards safe families: A men’s domestic violence behaviour change guide* is an example of this.

Referral processes or scaffolding around the referral can also be important. In some circumstances, it can be beneficial to leave the onus on the perpetrator to act on the referral, through the provision of an informal referral. In others, however, various degrees of scaffolding might be required to keep the perpetrator within view and engaged with the service system. This can range from formal and active referrals where the onus is partially or fully on the referred service to make initial contact with the perpetrator; through to soft and hard mandates involving consequences if the perpetrator does not participate with the referred service.

Mechanisms which strengthen internal readiness – rather than compliance through external motivators alone – can also be embedded into the referral process where feasible. For example, while only possible selectively due to resource requirements, accompanying the perpetrator to an initial intake session might be worthwhile in situations where the perpetrator has developed some trust in the referring practitioner or service. A less resource intensive alternative is for the referring agent to sit in on an initial brief intake call where the perpetrator is introduced to the specialist service and makes a time for an initial assessment session. Overall, Responsibility G involves more than simply providing information about the (referred-to) agency to the perpetrator, but also supporting and, where appropriate, scaffolding his entry into the service.

Enacting Responsibility G can also include following up contact with either the perpetrator or the service to which he is being referred, in order to determine if the referral is in process. If the perpetrator has not acted on the referral (and if it was his responsibility to do so), Responsibility G can involve engaging the perpetrator in a discussion about the barriers and enablers to support referral uptake.

Responsibility H: Family violence informed coordinated case management of perpetrators

As described in the CIJ's Phase One report, *family violence informed coordinated case management* is an emerging concept to help ensure that services and interventions offered / provided to a perpetrator that are not directly violence-focused - but which address non-central dynamic risk factors - do not displace the overall focus on his violent and controlling behaviour.

Coordinated case management maximises the potential of all services and interventions to play a role in ongoing risk assessment and risk management; and for all to have a consistent understanding of family violence and approach, so that the perpetrator does not receive mixed messages regarding causality, responsibility, and accountability.

Family violence informed coordinated case management involves these services and interventions, where possible, collaborating with or obtaining secondary consultations from specialist family violence services. This is so that they contribute towards the family violence service system's ability to keep the perpetrator within view, and address particular dynamic risk factors as part of a longer-term and broader risk reduction plan.

An important consideration for perpetrator intervention systems when working with perpetrators who cannot be mandated and who are not willing to attend a MBCP is how to engage them in services to reduce those dynamic risk factors that they are willing to address. This needs to be done in a way that creates stepping stones towards their participation in a service or program focusing specifically on their use of family violence. This in turn requires substance abuse, mental health and other services which address non-central dynamic risk factors to be more closely integrated with, and supported by, the family violence sector than is currently the case.

Decisions about which services may be appropriate, and at which point in time, benefit from the application of a specialist perpetrator intervention lens. In situations where the case manager is not a perpetrator intervention specialist, secondary consultations or active collaboration with a specialist is beneficial. The risk of referring a perpetrator to the wrong service at the wrong time is too high without such input.

In some situations, a non-specialist service – for example, an AOD provider or mental health service – might be providing a service to a client without knowing that he is a family violence perpetrator, and then his identification as a perpetrator becomes known due to police attendance at a family violence incident.

Depending on the service system's engagement with the perpetrator during Roles One, Two, Five and Six that non-specialist service might find itself either the sole service engaging with him over the time periods of Roles Seven and Eight, or one of multiple services. In situations of the former, and as mentioned earlier, that particular service might be the one 'carrying the can' in terms of being the one service available to provide family violence informed coordinated case management.

Case management will therefore mean different things to different services. Expectations of the responsibilities of a General Practitioner providing case management would be quite different from that associated with a mental health or AOD service provider, which in turn would be different when case management is conducted by a specialist perpetrator intervention service.

When provided by a specialist perpetrator intervention provider, enacting Responsibility H refers to case management work that occurs, or at least begins, prior to a man participating in a MBCP. Case management work that commences as one component of the man's participation in a MBCP falls under Responsibilities M or N. Of course, case management enacted as part of Responsibility H can continue after the man has commenced a MBCP, such that the two work in tandem. The continuation of this case management role might particularly be required for those perpetrators whose capacity to participate and benefit from the program is tenuous, and who require additional support to do so.

It is beyond the scope of the CIJ's work to offer guidelines or practice guidance concerning what effective case management involves in the context of people who perpetuate family violence harm. However, many of the principles of effective case management practice in other health, human services and justice system contexts apply.

That said, there are also some significant and important differences in providing case management for family violence perpetrators than for clients in these other service contexts. For example, through their evaluation of Victorian men's family violence case management services, Thomson Goodall and Associates highlighted that, unlike more traditional case management, men's family violence case management must focus on:

- The safety needs of women and children, and not primarily the needs of the perpetrator (the client in the room).
- Assessment and management of the risk that the perpetrator poses to others.
- Case work that supports men to make good decisions, and to stay with these decisions.
- Case coordination that goes beyond linking men to required services and which contributes to changing behaviour, but also increases the number of organisations which have the perpetrator in view to weave together stronger risk assessment and risk management.
- An agreed case plan that helps with accountability of his behaviour towards others.
- Contact with his partner.⁶⁰

Thomson Goodall and Associates also emphasised that men's family violence case management practice is informed by behaviour change principles, and that the traditional case management functions of empowerment, advocacy and strengthening supports for the client is mostly relevant only to the extent that they result in positive flow-on effects for the safety and wellbeing of those affected by the client's use of violence. They further highlighted that some men's family violence case management might not be provided on a voluntary basis (but rather, might be part of mandated referral pathways), and that in all men's family violence case management situations, case managers need a strong background and knowledge base in responding to men who use violence, and experience working with men with high and complex needs.

⁶⁰ Thomson Goodall & Associates, report provided to the authors.

In situations where perpetrators are grappling with several complex issues related to their risk of using and escalating their use of violence, family violence informed coordinated case management can require a *service coordination* function. This might be needed to make sure that the services being case managed are accountable to what's being asked of them to work on the issues to reduce risk; to review the service mix in the light of the perpetrator's history of service use; to make complex decisions regarding service sequencing to ensure that the perpetrator is not overloaded with service requirements at any point of time; and to make sure that different services work in synergistic rather than contradictory ways. While necessary only for some perpetrators in some contexts, service coordination requires a skill set that goes beyond the core skills involved in case management.

Responsibility I: Scaffolding the perpetrator's participation in services, building the perpetrator's capacity to participate, and strengthening internal motivations to change

As with their actual readiness to change – and as explored in Part One - readiness to participate in a specialist service can vary considerably between perpetrators, as well as over time. In general, however, this readiness starts at quite low levels.⁶¹ Further, it can take some time to evolve, especially in terms of the crucial development of internal motivation to *change*. In fact, a sense of strong internal motivation does not usually develop until well into the course of a specialist perpetrator intervention.

Indeed, few perpetrators contact a helpline like the Men's Referral Service or a MBCP directly based on self-reflection alone. As discussed earlier, this is because of the enormous psychological investment most perpetrators have already made in convincing themselves and others that they are doing nothing wrong, and that whatever violent behaviours to which they may be willing to admit are justified.

To engage with a specialist service, therefore, most will need either the perceived or actual likelihood that a significant negative outcome(s) will occur if they are not at least seen to obtain some 'help'. Alternatively, they might need to experience a crisis in their own life due to these or other negative consequences actually occurring. While this sense of crisis can increase readiness to participate in a service, the question of whether this readiness is sustained and turns into a readiness to change depends on the steps that the service system has taken towards improving his internal motivation.

As described in the CIJ's Phase One report, pathways towards stronger service participation and change readiness are not linear. One step forward, two back, two forward and one back is often the case. Different factors relevant to a perpetrator's motivation to participate in a specialist service and to work towards taking responsibility for his behaviour can all change at the same time, with some leading to increased motivation and others simultaneously leading in the opposite direction.

Obviously, it is the obligation of individual perpetrators (and of the communities of influence around them) to seize opportunities to take responsibility for their behaviour through many will not travel far on this journey – with or without support. It is the responsibility of service system departments and agencies that engage with the perpetrator, however, as well as those at the community or cultural level who are influential in his life, to scaffold the possibilities of journeying towards change.

A variety of services or agencies – not only specialist perpetrator intervention services – can therefore have responsibilities to:

- Identify opportunities and processes through which perpetrator accountability and responsibility can evolve, and track their engagement via these spaces.

⁶¹ As detailed above, in general, readiness to participate actively in a service to address the use of family violence is a precursor to developing readiness to change actual behaviour. Increasing readiness to participate in a specialist service – especially for a perpetrator with negative, suspicious or fearful attitudes or expectations concerning what such participation might entail – can be a first step towards strengthening an internal motivation towards change. However, there are some situations where readiness to change might be moderate (that is, not necessarily low) while readiness to participate in a particular specialist intervention remains lower.

- Engage with the perpetrator to increase his readiness to participate in a specialist perpetrator intervention service, at least to ‘plant a seed’ or create an opportunity for him to articulate reasons why working on his behaviour might help him to be the person, man or father he wants to be.
- Track changes in the perpetrator’s external and internal motivations to change (in both directions with respect to each).
- Identify and strengthen potential points of *internal* motivation to change – such that they gradually replace external motivators as the main driving factors.

An important consideration in enacting Responsibility I is that ‘planting seeds’ with the perpetrator in an attempt to generate or increase readiness to participate in a specialist service, might not result in immediate outcomes in this respect. Some perpetrators will require an accumulation of respectful, motivational engagement conversations over time - sometimes by different service providers - for such readiness to spark. The benefits of enacting Responsibility I might therefore not be immediately discernible.

Enacting Responsibility I at the same time as minimising collusion with a perpetrator’s violence-supporting narratives can be challenging for practitioners - even from specialist perpetrator intervention services, let alone from non-specialist ones. Engaging with perpetrators to seed or enhance service participation and change readiness – and doing so in ways that do not strengthen his justifications and belief systems that drive his use of violence - requires relevant training and skill development so that this responsibility can be enacted safely. A range of practice considerations are involved here that is beyond the scope of this report to outline.

In addition to service participation readiness and change readiness, as detailed in Part One, pathways towards risk reduction and responsibility-taking also requires increases in their *change capacity* for some perpetrators. For example, some perpetrators may need improvement in their basic living conditions or mental health before they can participate in a MBCP or other back-end perpetrator intervention, and therefore focus on actual behaviour change.

An important consideration with respect to Responsibility I, therefore, is for services to document when they have not been able to ‘inch’ the perpetrator forward in terms of accepting some responsibility for his behaviour, and/or have been unable to strengthen his capacity to participate in specialist services. Repeated attempts by different services that make no ground in promoting readiness and/or capacity to participate in specialist services provide important information to the service system regarding the perpetrator’s likelihood of reducing the risk he poses to family members.

Responsibility J: Active collaboration with specialist intervention services after referral

In many situations, solely relying on a MBCP or any other specialist perpetrator intervention service to do everything – to strengthen the perpetrator’s internal motivations towards change; to address and minimise barriers in the way of responsibility-taking; and to help him make the changes in identity and his social networks - is setting the intervention up to fail. Instead, responsibility for short and long-term scaffolding towards sustained risk reduction requires a number of actions, by a number of service providers and by people who a perpetrator respects or who have influence in his community.

In practical terms, non-specialist services can collaborate with MBCPs and other specialist intervention services after the initial referral of a perpetrator through avenues such as:

- Information sharing regarding dynamic and acute dynamic risk, and joint risk management efforts where indicated.
- Input into initial and ongoing goal setting processes or plans concerning the objectives of the intervention for that particular perpetrator.

- Checking-in with the perpetrator regarding his perspectives and experiences of participating in the specialist intervention.
- Motivational enhancement strategies to help build an internal motivation to change over time, and to address newly arising or reactivated motivational barriers.
- Reinforcing the core messages of the program, and exploring the meaning a perpetrator takes from these messages.
- Joint case reviews conducted with the specialist service provider concerning the perpetrator's participation and any changes in the risk that he poses to family members.
- When the referrer holds justice system or other forms of statutory authority, engagement with the perpetrator when he is not complying with the conditions of participation in the specialist service.

Of course, only some referrers will have these responsibilities, more or less so depending on the circumstances and referral pathways. The more the referring agent is likely to remain involved with the perpetrator and/or his family in terms of addressing or making decisions about current and future risk, the greater these responsibilities. Other referrers who have one-off or limited contact with perpetrators will generally not have the full extent of these responsibilities.

Responsibility K: Limiting the perpetrator's opportunities or inclinations to use violence

Family violence service system agencies can interrupt and place restraints around the perpetrator's violent and controlling behaviours. They can use incarceration; monitoring; supervision; and predict consequences if the perpetrator does not change his behaviour. These are important and legitimate actions with many perpetrators to reduce risk.

These actions include the relatively traditional, more well-known measures delivered through justice systems, such as police or court-imposed protection orders, bail conditions, remand, Community Corrections Orders and other sentencing options, including custodial ones. These civil and criminal justice systems restraints on - and consequences for - violent behaviour are designed to show - or attempt to show - that the community will not tolerate this behaviour. Equally important, these measures are also designed to protect victim-survivors from this behaviour, through limiting the perpetrator's opportunities to use violence.

Responsibility K does not emphasise punishment as the driving intent of these consequences, as punishment does not stimulate behaviour change or stimulate pathways towards internalised accountability. Rather - as per Coordinated Community Responses in the Duluth approach - swift, consistent criminal justice system approaches towards family violence perpetration are designed to provide no avenue or 'hole' in the system where the perpetrator can hide or find allegiance for his behaviour.

While the difference might seem subtle, Responsibility K focuses on coordinated responses that provide *no tolerance* for the perpetrator's violent and controlling behaviour, rather than on punishment. In addition to these more traditional civil and criminal justice system responses, Responsibility K can also include:

- Children's Court measures to limit the opportunities that family violence perpetrators have to harm children through restricting access or providing conditions on access.
- Unannounced visits and drug screening to high risk offenders by police Family Violence Team representatives.
- Police profiling and investigative measures to pursue other potentially illegal behaviour by the perpetrator in order to keep a heightened police presence in his life.

- Cultural, community or faith leaders or persons of influence making it clear that his violent and controlling behaviour (or of perpetrators in general) will not be accepted.
- Increasing the constellation of service activity engaging with the perpetrator who can keep him under scrutiny.
- Interventions to assist the perpetrator to understand the details of civil or criminal justice system orders designed to protect his family members; to predict and problem-solve acute dynamic risk situations where he might be likely to contravene; and to explore his motivations to comply.

Indeed, this last point is a crucial aspect to Responsibility K. Services that can provide this responsibility function for perpetrator engagement are not limited to those that administer restraints, consequences or sanctions through the criminal or civil justice systems, or through the Children’s Court. They also include services that attempt to engage the perpetrator around the restraints imposed by the system; to assist their understanding of these restraints; to assess the likelihood of his compliance with the conditions associated with the restraint; and to attempt to motivate compliance.

The CIJ’s previous report, *Pathways towards accountability: mapping the journeys of perpetrators of family violence*, highlighted the importance, for example, of engaging respondents on their understanding of and attitudes towards complying with protection orders. As Part One of this current report also explained, research demonstrates the relatively poor understanding and quite negative attitudes towards the conditions in these orders, as well as the process through which they are imposed. While Respondent Support Practitioners can provide such engagement, other services working with the person perpetrating family violence can also remind him of the importance of complying, and be on the alert for indications that his motivation of doing so is dropping.

Responsibility L: Interventions addressing dynamic risk factors and criminogenic needs

Long-term behaviour change objectives are important for some perpetrator interventions, particularly those occurring more at the back-end of the continuum. The focus, however, on ‘changing the perpetrator’ can unfortunately sometimes displace attention away from more short-term goals related to the acute dynamic risk he poses. In reality, only back-end interventions should directly concern themselves with long-term behaviour change goals. All interventions, at all points along the continuum, however, need to include a focus on identifying and responding to acute dynamic risk.

Some stable dynamic risk factors are more central for working towards sustained risk reduction and long-term behaviour change than others. These include the perpetrator’s hostility towards or objectification of women; heightened commitment to male entitlement and privilege; cognitions that fuel his victim stance and denial of responsibility for his use of violence; and general emotional illiteracy. It can be very difficult to shift these without involvement from specialist perpetrator intervention services.

Other stable dynamic risk factors - such as substance abuse; significant mental health problems; gambling problems; homelessness; and poor life skills - have a less central, but still important, role. Unlike the more central risk factors, of course, they do not drive risk. This means that interventions directed specifically towards these risk factors are generally insufficient to produce sustained risk reduction or long-term change.

Addressing these non-central factors, however, *can* be associated with reduction in the frequency and severity of the perpetrator’s use of violent and controlling tactics. What’s more, addressing these factors might be a necessary stepping stone for some perpetrators to strengthen their *capacity* to participate in a specialist perpetrator intervention at all.

This said, it is crucial to note that interventions designed to address one or more non-central risk factors are not an alternative to the need for specialist perpetrator interventions, and cannot achieve the same objectives. Further, keeping the perpetrator within view does not mean referring him to an AOD or case management intervention and then either forgetting him, or simply handing him a brochure once that intervention concludes. Rather, a much stronger bridge needs to be formed to the next step. This means that, where possible, specialist perpetrator interventions and other interventions should occur concurrently. When this is not possible, the latter need to be an active stepping stone to the former.

Responsibility M: Contributing to behaviour change objectives

Many specialist perpetrator interventions are currently funded and designed to work towards short to medium-term behaviour change goals. MBCPs, for example, are currently funded to provide interventions over the course of 3-5 months. As indicated in Part One, this is too brief to facilitate long-term, sustainable change for some perpetrators - particularly for those with entrenched patterns of coercive controlling tactics across many years and/or multiple relationships, as well as for those with particularly low levels of internal motivation to change.

Nevertheless, specialist perpetrator intervention services can conduct valuable work towards addressing central dynamic risk factors over the timespan of 3-5 months of intervention, as well as addressing non-central factors, either directly or through case managing with other services. Like shorter-term harm minimisation approaches and longer-term change work, the goals and case planning processes of these interventions should be informed, where possible, by the needs of family members affected by a perpetrator's violence.

While MBCPs provided by NGOs or Corrections often first come to mind in terms of Responsibility M (and N, to follow), they are by no means the only service type with these responsibilities. Fathering programs driven by a strong specialist family violence lens, specialist 1-1 interventions, and partially specialised Corrections supervision of family violence offenders are further examples.

Responsibility N: Contributing to sustainable behaviour change and secondary desistance from violence

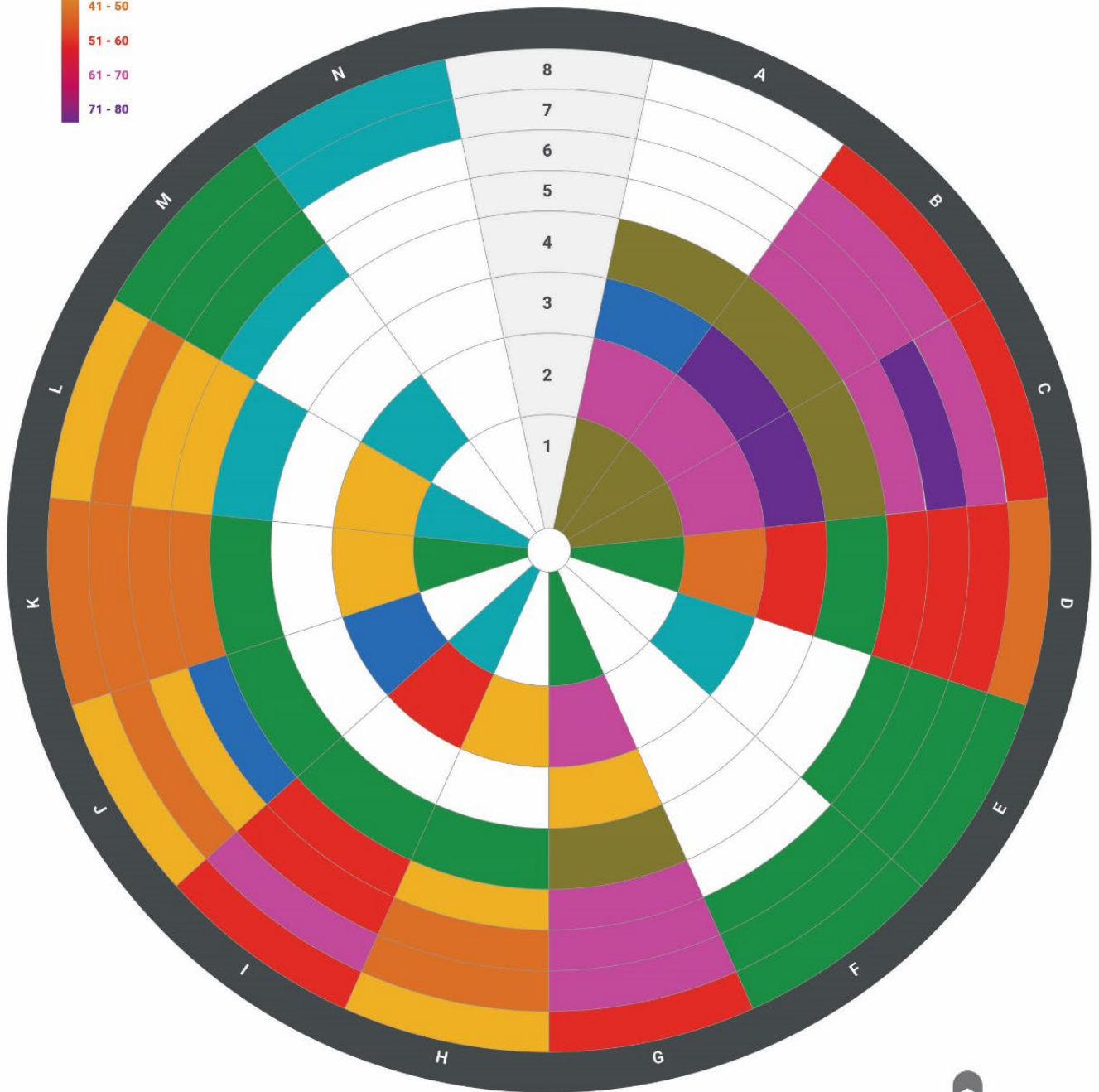
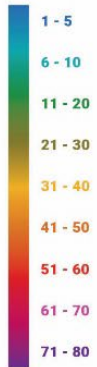
The line between short/medium and long-term sustainable behaviour change can be somewhat arbitrary. However, features of the latter work might include (but are not limited to):

- Efforts to work towards secondary desistance goals, being changes in identity, social networks and choices that makes the perpetrator's day to day life more compatible with non-violence.
- Specialist interventions of six months or more.
- Post-intervention processes that help the perpetrator stay focused on accountability plans.
- Transitional programs that operate 'in-between' professional service provision and informal community supports.

Having developed a framework based on these detailed Roles and Responsibilities, the CIJ represented them in visual depiction of a 'web' to indicate the non-linear nature of the interventions and the fact that multiple interventions need to be occurring at the same time to function as catalysts for change.

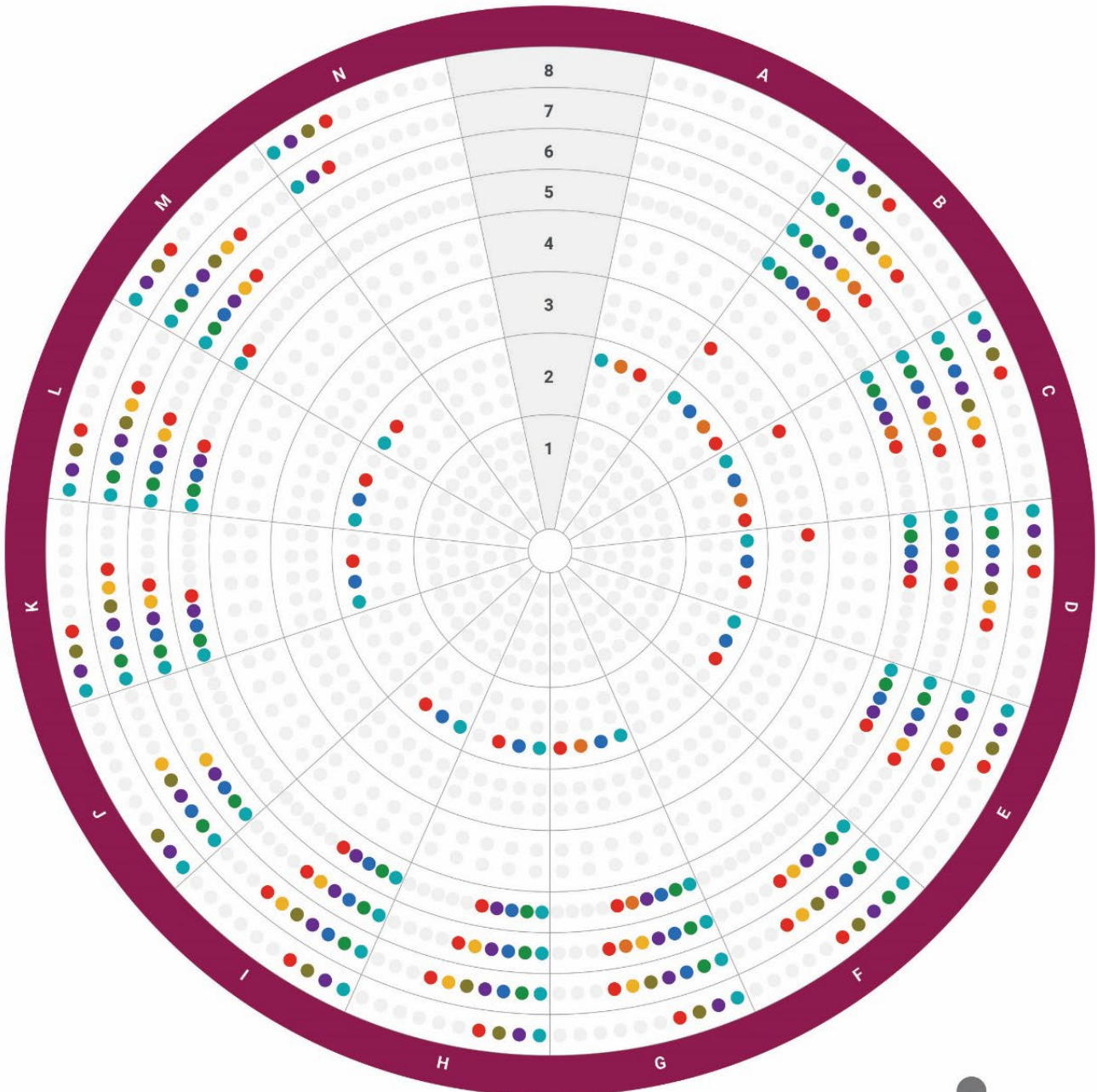
Service ecosystem

Number of agents:



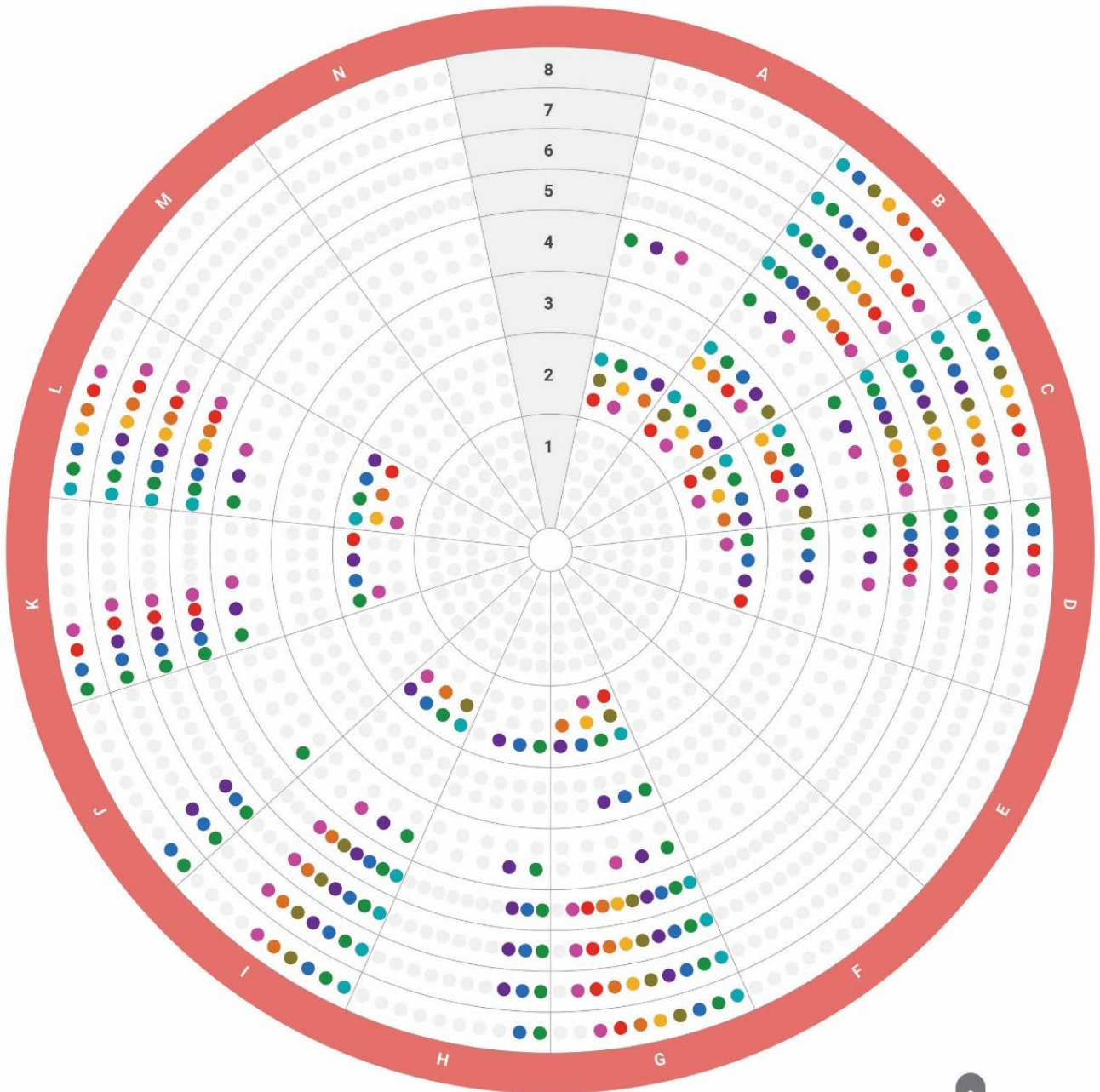
Service area 1

- Aliquam in lorem sit amet leo
- Neque porro quisquam est
- Integer rutrum, orci vestibulum ullamcorper ultricies
- Nullam sit amet magna in magna
- Aenean placerat mauris metus
- Fusce wisi
- Neque porro quisquam est, qui dolorem ipsum quia
- Lacus quam ultricies odio



Service area 2

- Aliquam quaerat voluptatem
- Integer rutrum, orci vestibulum
- Abore et dolore magnam
- Quaerat voluptatem
- Fusce wisi donec iaculis gravida
- Neque porro quisquam est
- Neque porro quisquam
- lacus quam ultricies odio
- Aenean placerat

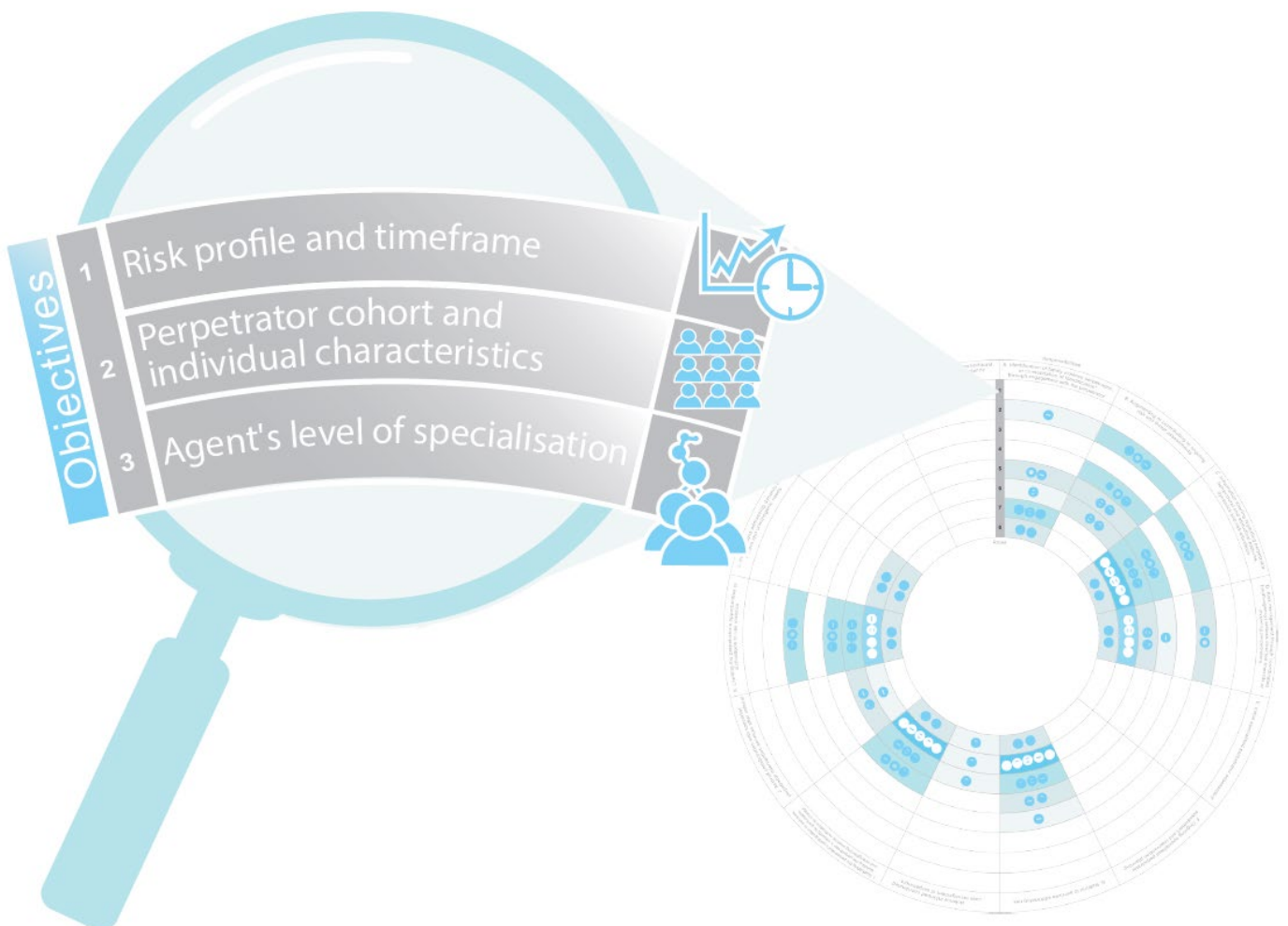


Magnifying glass focus on roles and responsibilities

So what is the next stage for the framework of Roles and Responsibilities? Having presented it to Government and introduced it to a broad range of highly engaged service sectors, the CIJ proposes the concept of the magnifying glass to enable each service or sector to take a closer look at what might be specifically involved in enacting a given Responsibility within a particular Role.

As depicted in the visual representation below, how a particular Responsibility is enacted can depend on three broad factors:

- The risk that a particular perpetrator may be presenting in any particular timeframe.
- The cohort and individual characteristics of the perpetrator which may impact on the intervention, including:
 - responsivity factors in terms of culture, social circumstances and identity;
 - the complexity and nature of relevant dynamic risk factors and criminogenic needs; and
 - the perpetrator's previous experiences (if any) of engagement with the service system.
- The level of specialisation that is required in this context.



Applying the magnifying glass

The next section will explore the operationalization of *some* Responsibilities in the context of these three broad themes. As such, the intention behind this more detailed consideration is *not* to design an exhaustive volume of directions to each agency or service about what should be done in relation to every possible situation they encounter. Rather, the purpose is to offer examples of how this could be applied, so as to encourage each service or agency to grapple with the nuances of their work, as well as to develop their own tailored set of Role statements and Responsibility descriptions which can respond to these nuances.

While the first two categories focus on characteristics and circumstances relating to the perpetrator, and the third on service specialisation, it is vital to emphasise that the experiences and needs of family members affected by the person's use of violence is a crucial consideration in services tailoring their responses. This fundamental principle of perpetrator intervention systems – that responses act on behalf of, and in solidarity with, family member goals and struggles – needs to be taken into account, when possible, when applying the magnifying glass to perpetrator-specific characteristics and circumstances. The specific needs and experiences of family members must be visible in this process.

The following section explores several key considerations under each of these broad headings before the report moves to provide specific examples. Moving to this level of detail is important so that service and program coordinators and practitioners can answer 'What does enacting that particular Responsibility, within this particular Role, or across the applicable role settings, actually look like in practice?'. Further, applying the magnifying glass in this way is also helpful to answer 'What essential skills in direct and/or indirect perpetrator contact and engagement will the practitioners in my service require in order to work towards these objectives?'

The headline descriptions of the Responsibilities do not in themselves provide sufficient detail to answer these questions. Indeed this reflects the high-level and systems focus of the framework. The framework is designed for service and program coordinators, managers, executive staff, policy workers and organisers of integrated responses to family violence. The magnifying glass concept enables managerial staff to use the framework as an *entry point* into delineating more specific contact and engagement Responsibilities – written in ways that make sense for their own practitioners. In this sense, the magnifying glass helps to operationalise the Responsibilities in the context of day-to-day service delivery, in a way that the high-level framework cannot do.

This more specific delineation can be used to:

- Build in perpetrator engagement threads in program logic and service operational models;
- Add detail in service implementation and procedure manuals;
- Inform position descriptions for practitioner and support roles, particularly when the service has a significant range and volume of perpetrator engagement responsibilities;
- Make transparent to all agencies involved in a perpetrator intervention system, the specific direct and indirect perpetrator engagement responsibilities for each service that contributes to the system – and in this respect help to inform inter and multi-agency MOUs and protocols.

Tailoring roles and responsibilities to questions of risk and threat

The first two categories are influenced partly by the Risk Needs Responsivity (RNR) framework, one of the most frequently applied models in working with violent offenders in Corrections contexts. The application of the RNR model to specialist, community-based MBCP work has been outlined elsewhere.⁶² Nevertheless, a priority factor in tailoring responses to perpetrators is the degree of risk or threat that they pose to family members. As the discussion below indicates, much of the existing focus on tailoring responses according to perpetrator risk has occurred in the realm of specialised interventions.

Differentiating risk in the context of specialised interventions

Correctional and probation services in many jurisdictions classify violent offenders (including those with family violence related offences) into high, medium and low risk categories. As discussed in Part One, this is often based on the assumption that the degree of family violence risk is highly correlated with the offender's *general*/recidivist risk of physically violent and associated criminal behaviour, irrespective of the context of this behaviour.

In this sense, family violence perpetrators who use an extensive array of coercive controlling tactics and who are potentially very dangerous to their family members could be deemed as 'low risk' if they have chosen to use physical violence infrequently; have not engaged in other criminal behaviour; and have at least an average 'stake in conformity' with many social norms. This is a matter of obvious concern and a challenge nominated by those working with perpetrators across a range of services that the CIJ consulted.

Beyond Correctional contexts, there is more general difficulty in attempting to isolate a cohort of perpetrators that can be considered 'low risk'. No reliable means have yet been developed to differentiate low-risk from moderate/medium-risk perpetrators at the point of intake, triage or initial assessment. This reflects the need for a more thorough assessment (than what is achievable at intake) to minimise the occurrence of 'false positives' – inaccurately identifying a perpetrator as low risk when in reality he poses more of a threat to family members. Indeed, it can take some weeks of participation in a MBCP or similar intervention before some perpetrators can be differentiated between low and moderate/medium-risk (high-risk perpetrators can sometimes be more obvious, however).

The general 'idea' of attempting to identify a cohort of family violence perpetrators defined by low risk is an understandable and laudable pursuit to provide a relatively less intense intervention to those at lower risk. However, care should be taken not to miss the real danger that some perpetrators may pose to their family.

For example, it might be tempting to make the sweeping generalisation that perpetrators who have come into contact with the civil or criminal justice system for the first time, particularly those with a high stake in conformity (for example, an intimate partner relationship they want to hold on to or resume; children they want to see; a job that they want to keep) represent a lower risk than those who are recycling through the system several times and/or who have less things of value to lose through their continued use of violence.

While this might be true in many situations, it is possible that, in the former situation, a perpetrator with a particularly strong victim stance and degree of possessive jealousy might give little credence to protection order conditions. Meanwhile, the latter perpetrator about to present to a Magistrate for the third time might find that the 'penny drops' that this is his final chance to turn his life around.

Critical, therefore, is the ability to re-stream perpetrators into a higher risk category if the initial identification of low risk proves to be inaccurate. It is not at all uncommon for further significant information about the perpetrator's patterns of coercive control to become available through the course of his participation in an intervention, both through more extensive victim-survivor reports and disclosures (for example, as her trust in family safety contact or other victim-survivor services builds over time); and through observation of how he responds to situations or 'triggers' of acute dynamic risk. It is crucial that the intervention system has the flexibility and the 'transit points' for perpetrators to be streamed up to a higher risk category, when necessary, involving a more intense intervention.⁶³

⁶² See *The Practice Context* in Vlasis, R., Ridley, S., Green, D., & Chung, D. (2017). Family and domestic violence perpetrator programs: Issues paper of current and emerging trends, developments and expectations. Perth: Stopping Family Violence. sfv.org.au

⁶³ Dr Katreena Scott, personal communication, 26 January 2017

Hence the readiness of a system to trial innovative approaches depends on the system's ability to re-assign risk over time when it has got the initial assessment of the threat that he poses wrong.⁶⁴ This requires any such lower-intensity interventions to be conducted by specialist perpetrator intervention services and practitioners who are as skilled in ongoing and dynamic perpetrator risk assessment as those services and practitioners working with perpetrators streamed as higher risk. The careful choice of criteria or indicators initially used to identify a low-risk cohort is important. What is more important, however, is the development of a context attuned to escalating perpetrators into a higher risk category when required, and for 'elevator' transition points to be available to change the nature and intensity of the intervention.

High-risk perpetrators are an important cohort to identify and provide with a differential response. While a sub-category of high-risk perpetrators score high on psychopathy traits, many high-risk perpetrators are not in this category. Many (but not all) do have significant histories of the use of violence in one or more contexts/settings, and have a range of criminogenic needs that can accelerate or exacerbate risk. These might include significant substance abuse; mental health issues (not necessarily mental illness); homelessness or itinerant patterns of housing; and general life instability and deterioration. Part of the differential response to high-risk perpetrators involves sufficient intervention intensity and longevity designed to address the specific criminogenic needs that might accelerate risk for a particular perpetrator, in combination with violence-focused behaviour change work. For some perpetrators, addressing these needs is required to stabilise their life sufficiently so that they have the capacity to participate in a MBCP.

It is vital to recognise, however, that not all high-risk perpetrators have significant violent offending behaviour histories, or other issues such as substance abuse and an anti-social orientation. Some high-risk perpetrators – particularly those with more stable lives and some level of class privilege – have had little or no criminal justice system involvement, and might present to MBCPs as a result of child protection, civil justice system or other referral mechanisms. Michael Salter's 2012 review of high-risk family violence perpetrators still holds up as a useful review of issues and challenges in responding to this cohort.^{65,66}

Applying the magnifying glass to risk more generally

In many situations, government and non-government services without specialisation in perpetrator interventions that engage with people who cause family violence harm will not know the degree of risk or threat involved. Particularly when the identification of the perpetrator is new, and/or the service does not have access to or has not accessed other information that the system holds about his behaviour and thinking, it will not be possible for the service to tailor their response according to the degree of risk.

Of course, this landscape is in a process of transition. The redevelopment of risk assessment and management tools in Victoria will provide a comprehensive set of minimum standards for screening; risk identification; assessment and management; information sharing and referral. In addition, the passage of the *Family Violence Protection Amendment (Information Sharing) Act 2017* enables a select group of agencies who previously had limited information when assessing risk will now have the legal basis to share risk assessment and risk management information.

⁶⁴ One of the most developed models in being able to seamlessly transition family violence perpetrators between different categories of risk and corresponding intervention intensity is implemented in Colorado – see <https://www.colorado.gov/pacific/dcj/domestic-violence-offender-management>

⁶⁵ Salter, M (2012). Managing recidivism amongst high risk violent men. Australian Domestic and Family Violence Clearinghouse, Issues Paper 23. See https://www.researchgate.net/publication/294787687_Managing_recidivism_amongst_high_risk_violent_men

⁶⁶ The violent behaviour of particularly high-risk family violence perpetrators can be particularly hard to shift through standard MBCPs. One potential explanation for equivocal results concerning the effectiveness of MBCPs has been the difficulty of effecting change in this high-risk cohort, thereby dragging the overall results down. The degree to which MBCPs are embedded within a broader, multi-faceted and long-term systems response is crucial for reducing the level of risk posed by these perpetrators.

Nonetheless, for many services without perpetrator intervention specialisation, attempting to categorise perpetrators according to risk would be counterproductive in most situations. They simply will not have the information or expertise to do so. Given how much they will *not* know about his behaviour and thinking, the safest stance for non-specialist services to take is to assume that every perpetrator they engage with poses significant risk to family members.

However, there are at least two general types of situations where this differentiation is both apt and important. First, even without any information provided by other services or the system in general, non-specialist services can be presented with information that may or does suggest that the perpetrator represents heightened danger to family members. He might make direct or significant indirect threats; reveal particularly worrying aspects of the thinking he uses to justify violence; or present in a way or be associated with circumstances that indicate a current spike in (acute dynamic) risk.

The way in which the service enacts several Responsibilities such as B, C and D would clearly be affected by such information.

Second, in some situations a non-specialist service will have access to information from other services about the risk that the perpetrator poses, prior to initial engagement or at later points during ongoing contact. Knowing that a perpetrator poses a particularly high risk can have implications for how a service enacts Responsibilities during direct and indirect engagement. This can affect decisions concerning:

- who within the service would engage him;
- the context around the engagement;
- risk minimisation strategies built around the engagement, regarding the potential harm this could cause to family members, as well as in some situations the risk to the practitioner;
- the priority given to particular responsibility functions (for example, B, C and if applicable D, K); and
- the degree of effort in wrapping support around the practitioner, such as through supervision around the engagement and access to secondary consultations with a specialist perpetrator intervention service to help plan the engagement.

Cohort and individual perpetrator characteristics

This section will outline three general considerations of perpetrators and their situations that can impact upon how services might enact their responsibilities in perpetrator engagement. First, however, the CIJ describes two forms of perpetrator differentiation identified in the literature that we do not believe should be the focus of magnifying glass closer examinations, at least not at the current time.

Perpetrator cohort differentiation with insufficient evidence or utility

For the reasons outlined below, the CIJ does not recommend using the magnifying glass to differentiate perpetrators according to perpetrator typologies, or by their position on a stages of change continuum. The most frequently cited typology approach was initially suggested in 1994 by Holtzworth-Munroe & Stuart.⁶⁷ This typology divides intimate partner violence perpetrators into three categories: *generally violent (GV)* perpetrators who commit acts of violence both within and outside the family context; *family only (FO)* perpetrators who commit family violence exclusively; and a third group characterised by significant psychopathy and personality disordered traits.

⁶⁷ Wangmann, J. (2011). Different types of intimate partner violence: An exploration of the literature. Australian Domestic and Family Violence Clearinghouse, Issues Paper 22. https://papers.ssm.com/sol3/papers.cfm?abstract_id=2361189

A recent Australian study by the Crime Statistics Agency found that 60% of family violence perpetrators identified through the Victoria Police LEAP database over a period of five years were classified as having offences only related to family violence, with the remaining 40% having additional types of offences during this period.⁶⁸ The authors, however, erroneously concluded that this provides support for the Holtzworth-Munroe and Stuart typology differentiating GV from FO perpetrators – when many of these additional offences by the 40% classified as ‘generalist perpetrators’ were not crimes against the person.⁶⁹

A current analysis of the literature on perpetrator typologies suggests that there is some validity to differentiating a cohort of family violence perpetrators who are ‘generally violent’. The analysis concludes, however, that evidence on the utility of this differentiation for intervention and treatment is insufficient, and that there is little guidance at a systemic or practice level for how responses should be different to GV versus FO perpetrators.⁷⁰ This literature is still in an early stage and should be watched closely in the coming years for any new developments and consensus that might arise.

There is more of a current consensus about the need to differentiate the third cohort within the Holtzworth-Munroe and Stuart typology – family violence perpetrators with particularly high psychopathy traits. These perpetrators, many of whom have extensive criminal histories and entrenched and strong antisocial or narcissistic belief systems, can pose a high to very high threat to family members (and sometimes to others). A key defining feature of this cohort is the *inability* to empathise and exert a conscience – rather than making the choice not to empathise with those towards whom his violence is directed.

As outlined in Part One, Susan Heward-Belle’s NSW qualitative research led to the proposition of a typology where perpetrators can be defined based on the extent of their identification with hegemonic masculinities characterised by stereotypical traits of male power, strength, emotional detachment, and control, as well as their perceptions of their degree of perceived control over their use of family violence.⁷¹ These show promise in relation to the type of risk a perpetrator poses to family members.

Overall, aside from the differentiation of perpetrators with high psychopathy traits, the CIJ cautions that there is currently not sufficient evidence to support the relevance of perpetrator typologies for assisting services to enact roles and responsibilities with respect to perpetrator engagement.

Theories of change and how they relate to readiness to participate in a service

Over the past decade there has been growing interest in differentiating people who cause family violence harm via the application of Prochaska and DiClemente’s Transtheoretical Stages of Change model.⁷² The model posits that people move through a predictable series of stages when attempting to modify *health-related* behaviours – pre-contemplation; contemplation; preparation; action; and maintenance – and that particular tasks are required to assist people to move from one particular stage to the next.

The use of motivational enhancement interventions based on this model has been shown to assist with treatment *compliance* for some family violence perpetrators, though there is no evidence of this translating into improved *outcomes*.⁷³ Classification of perpetrators according to their position on the Stages of Change continuum has also been found to have some use in terms of treatment *attrition*.⁷⁴

⁶⁸ See <https://www.crimestatistics.vic.gov.au/media-centre/news/research-paper-released-identifying-the-differences-between-generalist-and>

⁶⁹ It is not possible to tell from the data presented in the report what proportion of the offences not related to family violence committed by these generalist perpetrators were crimes against the person. However, as the proportion of generalist perpetrators who committed a crime against the person in any context – family violence or otherwise – was 48%, it’s likely that (significantly) less than half of this 40% conducted one or more crimes against the person in contexts other than family violence.

⁷⁰ Vlais, R. (in preparation). *Family and Domestic Violence Perpetrator Programs: Issues Paper of Current and Emerging Trends, Developments and Expectations*. Perth, Australia: Stopping Family Violence Inc.

⁷¹ Heward-Belle, S. (2015): The diverse fathering practices of men who perpetrate domestic violence, Australian Social Work. Published online 1 Sep 2015, 1-15.

⁷² See <http://www.prochange.com/transtheoretical-model-of-behavior-change> for a description of this model.

⁷³ Crane, C., & Eckhardt, C. (2013). Evaluation of a single-session brief motivational enhancement intervention for partner abusive men. *Journal of Counseling Psychology*, 60(2), 180-187.

⁷⁴ Scott, K. (2004). Stages of change as a predictor of attrition among men in a batterer treatment program. *Journal of Family Violence*, 19(1), 37-47.

Overall, however, the Stages of Change model has limitations in the field of family violence. As described in Part One, the factors that affect perpetrator readiness to participate in a service, and readiness to change, are often cyclical and non-linear – Often there are factors promoting increased readiness to change while other factors, at the same time, exert backward movement.⁷⁵

Furthermore – and as outlined in Part One – due to family violence being a patterned, rather than incident-based behaviour, a perpetrator might be at a preparation or action stage with respect to changing some aspects of his behaviour (for example, his use of physical violence and intimidation). However, a perpetrator might be completely unaware or defensive about other aspects (for example, the more subtle tactics he uses to control his partner or to diminish her worth in their children’s eyes).

There is also no practice guidance or pathways analysis available on the relevance of attempting to differentiate perpetrators according to their stage of change for intervention or treatment.⁷⁶ This is not to say that readiness to participate in a service, and readiness to change, are not important variables.

Rather, it is arguable whether perpetrators should be placed in *cohorts* defined by level of change readiness. As Part One explained, the factors which affect participation and change readiness are fluid, and perpetrator motivations wax and wane over the course of intervention and accountability journeys. The (vast) majority of perpetrators commence a MBCP with only a modicum to small amount of internal motivation to change. Differentiating cohorts according to change readiness therefore has little utility.

More broadly, services without specialisation in interventions with people who perpetrate family violence harm are likely to find differentiation according to change readiness difficult. Assessing levels of change readiness can be complex and involve consideration of factors and a depth of engagement around family violence issues that many services might not be privy to, or may be outside the service’s role. A readiness of engagement tool in the MBCP practice guide *Towards Safe Families*, for example, posits 19 indicators that can be tracked to provide a picture of the man’s readiness to change and to engage in a behaviour change process.⁷⁷ This depth of assessment and monitoring will be outside the purview of most services.

Rather than change readiness, it is more feasible for many services to apply the magnifying glass to consider the perpetrator’s *readiness to participate in a specialised service* (specialised in the sense of family violence perpetrator interventions). This readiness is central to how a service might enact Responsibilities C, D, G, H and J. For example, if a perpetrator is (at least initially) quite unwilling to participate in a specialist family violence perpetrator intervention, this can have implications for:

- what type of service(s) he might be referred to initially, to work on factors exacerbating the threat he poses to family members as distinct from the core drivers of his use of violence;
- how those services will need to collaborate in building his readiness to participate in a specialist service as the next step in the case management plan;
- the patience required for family violence informed coordinated case management provided by a non-specialist service to, where possible, build this participation readiness over time, or to sow seeds for its development at a future point (potentially months or years down the track);
- the perpetrator intervention system’s overall assessment of risk for his family members.

⁷⁵ Ronan, G., Gerhart, J., Bannister, D., & Udell, C. (2010). Relevance of a stage of change analysis for violence reduction training. *The Journal of Forensic Psychiatry & Psychology*, 21(5), 761-772.

⁷⁶ Vlais, R. (in preparation). *Family and Domestic Violence Perpetrator Programs: Issues Paper of Current and Emerging Trends, Developments and Expectations*. Perth, Australia: Stopping Family Violence Inc

⁷⁷ See pages 259-260 of

http://www.crimeprevention.nsw.gov.au/domesticviolence/Documents/Mini/agj_domestic_violence_practice_guide_final_consolidated_sec.pdf

Participation readiness is related to change readiness – it is a necessary but not sufficient condition for the latter – and as such does share some of the challenges and complexities in accurately gauging it. However, the two components of participation readiness – the perpetrator’s willingness to be referred to a specialist service, and whether he starts engaging with the service – can be more readily discernible than his motivation to participate in the service in such a way that leads to change. Furthermore, discerning service participation readiness does not require a service to assess the depth of the perpetrator’s internal motivation to change, nor predict what the quality of his participation in a specialist service is likely to be if he gets there.

Type of family violence situation

As indicated earlier, consultations with a wide range of services to test the mapping process reinforced the diversity of family violence situations that they collectively, and individually, encounter. Beyond heterosexual intimate partner violence and violence directed towards or affecting children, these included:

- Elder abuse
- Adolescent violence in the home⁷⁸
- Adolescent relationship violence / teenage dating violence
- Men identified by police or other initial assessment or triage points as victims
- The involvement of extended family members in perpetrating collective tactics of abuse (for example, dowry-related violence)
- Violence (including sexualised) by one resident against another in residential accommodation.

The ‘type’ of family violence situation is, of course, an important consideration in how services enact Responsibilities with respect to perpetrator contact and engagement. While some engagement principles are fairly constant or similar across these situations, others are somewhat context-specific. Consultations revealed, for example, the complexity involved in services enacting Responsibilities in several Roles directed towards adolescents who might be both victim-survivors of family violence (from their father), and also using family violence (for example, against their mother or siblings). Other work by the CIJ, funded by ANROWS and across multiple jurisdictions, is currently examining the response to this issue. The diversity of elder abuse contexts is a further case in point. A Commonwealth report highlighted that:

FF *...elder abuse focusing predominantly on financial abuse tactics might differ significantly from abuse involving substantial caregiver neglect. Even within the latter, there are substantially different implications for intervention when neglect is accompanied by deliberate emotional abuse tactics in the context of exerting power and control over the victim, as distinct from carers who begin to neglect their parents’ needs out of sheer exhaustion from the logistical and emotional demands of their caring role in the context of other life demands...Attempting to pull out a homogeneous group of elder abuse perpetrators ...appears premature.*⁷⁹

As indicated earlier, the CIJ also consulted with Aboriginal Community Controlled Organisations and confirmed the need for community driven conversations about what safety and accountability – including the accountability of the system – means for communities which experience multiple forms of family violence; and for whom the intervention of the service system has had disastrous consequences.

⁷⁸ Campbell, E and Richter, J, (forthcoming) Legal responses to adolescent family violence: systems perpetuating harm? ANROWS.

⁷⁹ Department of Social Services (2017). Scoping study of innovations in family and domestic violence perpetrator interventions: Informing the development of the Perpetrator Innovation Fund. Commonwealth of Australia. p.97

Responsivity factors

A wide range of what can be termed ‘responsivity factors’ can significantly affect how a service enacts its Roles and Responsibilities in contact and engagement with a person causing family violence harm. These include key diversity and identity issues such as when a perpetrator is part of an Aboriginal or Torres Strait Islander community; comes from a Culturally and Linguistically Diverse background; and/or has a diverse gender identity and/or sexual orientation. Where the perpetrator lives can also affect how services might need to be responsive to engage him – for example, in rural and remote communities, or if he works as part of a FIFO (fly-in, fly-out) arrangement.

Responsivity factors can also include:

- As discussed previously, perpetrators’ level of readiness to participate in services focusing on their use of family violence.
- Consideration of what might motivate them to engage with services on their use of violence.
- Any significant pressing health (physical or mental), housing or basic social welfare needs that perpetrators have to which the service system should be responsive.
- Perpetrators having an ABI, intellectual disability or other cognitive impairment, or living with another form of disability.
- Perpetrators being part of a particular sub-cultural setting that is influential in helping to shape their violence-supporting narratives, such as being a serving member of a defence force.
- The experience of severe trauma and dislocation through refugee experiences.
- Engaging with perpetrators in the context of natural disasters.
- Perpetrators’ preferred learning styles.

Some responsivity factors will be central to any service’s direct engagement with a perpetrator, even when Roles and Responsibilities are rather confined. Others apply more to specialist interventions, or at the very least contexts in which a service has sustained contact with the perpetrator over a period of many weeks or months. For example, a key consideration in the consideration of responsivity factors in a Corrections context – through the application of the Risk Needs Responsivity framework – is how an offender’s existing relevant strengths can be identified and channelled into efforts towards responsibility-taking. Safe and non-collusive strengths-based work with perpetrators is only likely to be possible in some contexts.

How factors such as those listed above can impact on the enactment of Roles and Responsibilities is beyond the scope of this report. Policy, practice guidance and training is required to tease out these specifics of how to strengthen the responsiveness of perpetrator engagement in ways that maintain a firm eye on the goals of responsibility-taking and accountability.

Complexity of dynamic risk factors and ‘criminogenic needs’

Dynamic risk factors are those related to the threat that a perpetrator poses to family members and which are potentially amenable to intervention and change. These can include:

- The perpetrator’s beliefs, attitudes, narratives, emotional (dis)regulation, mental health issues and other *internal factors* related to risk.
- *Behaviours that complicate or exacerbate risk*, including substance misuse; gambling problems; lifestyle issues related to general lack of responsibility-taking or emotional maturation, etc.

- *External circumstances* such as separation by his partner or other signature or incremental gains in her autonomy and freedom from his coercive control; partner's pregnancy; separation; and, in some situations, law enforcement or justice system interventions.

Dynamic risk factors are sometimes referred to as 'criminogenic needs'. Rather than just be conceptualised as a list, in some instances they can synergise to escalate and *compound* risk. For example, the combined dynamic risk factors of a perpetrator experiencing depression, a significant level of hopelessness⁸⁰ and his partner gaining increasing confidence and autonomy in her life might increase risk in a multiplicative, rather than additive, way. Dynamic risk factors (such as substance abuse, mental health issues) can also at times affect a perpetrator's capacity to participate in a specialised intervention.

The complexity and nature of dynamic risk factors can have a major bearing on the enactment of most Responsibilities, in ways too numerous to outline here. While also relevant across all eight Roles, an accurate understanding of these factors can be particularly crucial when planning interventions across Roles 6, 7 and 8. Dynamic risk is also discussed in relation to Responsibility L, above.⁸¹

Perpetrator's previous engagement with the service system

A perpetrator's prior engagement with the service system can have obvious ramifications for how a government or non-government service enacts a Responsibility, and the specific objectives of the engagement within a given Role. This not only includes the perpetrator's recent prior engagement, but also the nature of any service system engagement going back years.

The meaning to the perpetrator, and the specific patterns of any prior engagement with the service system is relevant here to the perpetrator's journey (or absence thereof) towards responsibility-taking – not just the mere fact of prior engagement. A history of multiple engagement periods with the service system going back several years could mean that momentum is building towards the person perpetrating family violence to reach an autonomous decision to change, through the accumulation of negative consequences of his behaviour over time. Alternatively it could mean something totally different, being that these consequences have little meaning for him and that his behaviour is escalating in severity.

Knowing a perpetrator's history of engagement with the service system; the patterns of this engagement; and the meaning of this engagement for the perpetrator can help services to:

- Identify, contextualise and share risk-related information in the present and, where relevant, to help manage this risk (Responsibilities B, C & D);
- Conduct comprehensive, specialised assessments (Responsibility E, for specialist services);
- Identify the referrals that might be needed given the history and outcomes of prior engagement with particular services (Responsibilities G & J);
- Plan and conduct family violence informed coordinated case management in a way that considers these past patterns of service system engagement, including whether such case management should ideally be performed by specialist services (Responsibility H);
- Approach how to engage him around readiness to participate in a service, and what might be feasible with this respect (Responsibility I);
- Identify the restraints that might be needed to reduce the threat that he poses to family members; his attitudes to such restraints; and what engagement might be required to attempt to increase his likelihood of compliance with the conditions of such restraints (Responsibility K);

⁸⁰ Hopelessness is present to a greater or lesser extent in clinical depression; when significant, it can be associated with increased suicide risk.

⁸¹ For a more complete explanation of the nature of dynamic risks and criminogenic needs with respect to family violence perpetrators, including acute dynamic risk, see Vlasis et al (2017), *Family and domestic violence perpetrator programs: Issues paper of current and emerging trends, developments and expectations*. Perth: Stopping Family Violence .

- Plan interventions focusing on Responsibilities L, M and N.

Looked at another way, the history, patterns and meaning to the perpetrator of past service system engagement can impact on how services might:

- Engage with him when responding to a current incident of family violence (Role 1)
- Re-identify him as a perpetrator if there has been a significant period since his previous involvement with the service system (Role 2)
- Approach family-centred work with multiple family members, including the perpetrator (Role 4)
- Approach the days after service system engagement, for example, in terms of whether civil or criminal justice system involvement might be part of an accumulating impact towards a ‘light bulb moment’ or whether this appears to be of little consequence to him (Role 5)
- Attempt to keep him within view of the service system in the following weeks (Role 6), and approach longer-term goals of engagement (Roles 7 and 8).

Of course, the degree to which a service would take into account past history of service system engagement would depend on the extent of its engagement responsibilities. Some services with very confined Roles and Responsibilities would not need to know the full extent of the perpetrator’s prior service system engagement to enact these Responsibilities – this would be too much information for them to absorb and interpret in the course of their day-to-day service delivery obligations.

For example, in some situations it would be sufficient to know that a perpetrator has a long history of service system engagement suggestive of continuing high risk, without needing to know the specifics of this engagement. This would be sufficient for the service to plan how to do its best to keep his family members, as well as its own staff, safe when engagement with the perpetrator cannot be avoided. It may also help to be attuned to picking up indicators of threat and sharing this information appropriately with other services.

Degree of specialisation of the service

Considerations regarding service specialisation in family violence perpetrator interventions have been outlined previously, including in relation to questions of risk and perpetrator diversity. More specifically, however, the degree of a service’s specialisation will affect how it enacts many of the 14 Responsibilities. A greater degree of specialisation can mean that the service:

- Might be able to attempt to identify family violence perpetration safely through a wider range of perpetrator engagement contexts, and to consolidate identification over time (Responsibility A).
- Is able to generate a wider range of information pertinent to augmenting family violence risk assessments (Responsibility B), and to be more centrally involved in information sharing processes (Responsibility C).
- Should have a more central role in risk management processes involving the perpetrator (Responsibility D).
- Enacts family violence informed coordinated case management (Responsibility H) in a more intense fashion, with the perpetrator’s use of family violence more directly front and centre through most aspects of case management.
- Has the capacity to attempt to develop the perpetrator’s change readiness in a more comprehensive and nuanced way (Responsibility I), often over the course of months.
- Should be expected to engage the perpetrator regarding any justice system or child protection restraints placed on his behaviour in a similarly more comprehensive fashion (Responsibility K).

Of course, specialisation is a requirement for the enactment of other responsibilities as, in general, Responsibilities E, F, M and N are not the purview of non-specialist services.

Of course, the lack of family violence perpetrator intervention specialisation by no means absolves services from applicable responsibilities in perpetrator contact and engagement. However, as the above examples show, the degree of specialisation is a very important consideration in terms of the breadth and depth entailed in enacting a responsibility within one or more role settings.

Examples of applying the magnifying glass

Three examples of more detailed specification of responsibilities of perpetrator engagement are provided below. It is important to note that these examples reflect CIJ's working knowledge of the services and service contexts covered by these examples – informed by the consultations, but with specific input from the sectors involved. These examples are meant to concretise the concept of the magnifying glass for readers, rather than to pre-empt specific outcomes for these sectors.

So as to minimise such pre-emption, the delineations are kept somewhat broad in the sense that they focus at the sector level, rather than look sufficiently closely to differentiate objectives and responsibilities for each service type. This is important to keep in mind, as Responsibility differentiation at the sector, rather than service type, level can significantly reduce the effectiveness of applying the magnifying glass, given the differences between some services and service types within a particular sector in terms of applicable Roles and Responsibilities. In keeping these delineations broad, the CIJ is also aware that current Victorian family violence reforms in several areas will shape the specifics of how some responsibility functions might be enacted.

Further, not all examples are specified in relation to particular Roles, though some comments are made to this effect at some points. Again, this is done for simplicity purposes and to avoid pre-emption. However, it also reflects that differentiation of Responsibilities across different Roles is more important in some areas than others. Some of the specific perpetrator engagement responsibilities outlined in Example One, for instance, would be different with respect to Role Four, and/or some additional considerations would apply.

As is evident from these examples, the specificity of the wording of each delineation varies. While the CIJ has attempted to keep them broad for the reasons outlined above, some resemble specific statements of practice guidance. This reflects the complexity and the risks associated with perpetrator contact and engagement, as specificity is often required to promote potentially safe (or safer) engagement, and to reduce the risks of doing inadvertent harm.

It is very important not to generalise the examples provided in relation to the delineation of Responsibilities in one service or sector context to others – though obviously some degree of overlap will occur between sectors, to a greater or lesser extent. For instance, in Example One the suggestion that financial counsellors do not ask questions of a client where red flags arise to explore whether he might be a perpetrator would not apply to some other services and sectors where the context, or the level of perpetrator engagement skill, might enable this to be a relatively safe course of action on occasion.

It is also important to note that the specific delineation examples provided are not a comprehensive list of those that could fall under the headline responsibility statements for these services. Readers will likely identify several others that were not included that might apply. Equally, these examples are offered separate from the feedback from consultations which gave insights into the varying readiness of different sectors to enact the Roles and Responsibilities at the current time; or even in the near future.

Finally, the CIJ welcomes interrogation of our examples in the spirit of the intention to stimulate thinking and ownership of the process by relevant services and sectors themselves.

Example one – Financial counselling service enactment of Responsibilities A, B & C across Roles 2,5,6,7 & 8

Headline Responsibility descriptions:

- Identify family violence perpetration, or consolidate identification, through engagement with the perpetrator (Responsibility A);
- Augment or contribute to ongoing risk and threat assessments (Responsibility B);
- Share information regarding perpetrator behavioural and attitudinal patterns, dynamics and risk situations (Responsibility C).

Specific description of responsibilities:

Identify possible indicators of a client being a perpetrator through observations of how he talks about his (ex)partner and other family members; talks about his relationships; and how / to whom he attributes responsibility for his current financial situation.

Identify financial abuse tactics through analysis of the specifics of a client's request for financial counselling assistance, and of the finance-related documentation they provide.

Use identification or suspicion of the client as a perpetrator to prioritise:

- Consideration of how the financial counselling service, or another service with which the victim(s) is engaging, could safely reach out to these victim-survivors to offer support and assisted referral to specialist family violence services.
- Appropriate Information sharing about perpetrator behavioural and attitudinal patterns, dynamics and risk situations with a service(s) that has responsibility for managing the risk that the perpetrator poses to victims.

When indicators suggest the possibility that a client might be a perpetrator of family violence, the financial counselling service should **not** apply 'screening' questions with the client to identify perpetration.

Financial counselling services should only engage with a client about their use of family violence in circumstances where the client discloses use of family violence to the financial counselling service, or provides direct indications there-of (for example, discloses an 'anger management problem', or is 'losing it' at home).

During such engagement, the financial counsellor could:⁸²

- Hold a sufficiently long discussion on family violence so that the client gets the clear message that the issue is very important, but not of a length that would necessitate the financial counselling practitioner moving beyond the parameters of their responsibilities and perpetrator-engagement skills.
- Use language that reflects the perpetrator's 100% responsibility for their choices to use violent and controlling behaviour.
- If the conversation allows, indicate the likelihood that the perpetrator's behaviour has significant impacts on family members, including on children.
- Minimise collusion with the perpetrator's thinking, narratives and language that they use to justify and minimise their use of violence.

⁸² These engagement delineations draw partly from pp.54-60 of Ministry of Social Development (2017). Family violence, sexual violence and violence within whānau: Workforce capability framework. New Zealand Government.

- Maintain a ‘healthy scepticism’ and ‘respectful uncertainty’ about the perpetrator’s narratives of avoiding responsibility and minimising their use of violence, remembering that most perpetrators adopt a strong ‘victim stance’.
- Engage in a respectful, non-judgmental manner, with the focus on the perpetrator’s behaviour rather than on their character or personality.
- Provide an appropriate referral and if the conversation allows, explore the benefits to the client of acting on the referral. If the client is motivated to do so, consider facilitating the client to phone a helpline such as the Men’s Referral Service in a private space at the financial counselling service office.
- If at any point engagement with the perpetrator about their use of family violence results in the perpetrator becoming agitated or excessively defensive, use de-escalating strategies and transition towards a different focus in the session.
- When a client is suspected or has been identified as a perpetrator, note aspects of the client’s thinking, language and/or behaviour, and/or the presence of evidence-based risk factors, that indicate risk to one or more family members.
- For information obtained about, or observations relevant to, perpetrator-driven risk to family members, consider information sharing obligations and opportunities under the Family Violence Protection Amendment (Information Sharing) Bill 2017.
- Share risk-related information about perpetrator behavioural and attitudinal patterns, dynamics and risk situations with the local Orange Door, and/or a service which has responsibility for managing the risk that the perpetrator poses to family members.

Example two – Family support services (FSS) enactment of Responsibilities I & J in Role 4

Headline Responsibility descriptions:

- Scaffold the perpetrator’s participation in services; build the perpetrator’s capacity to participate; and strengthen internal motivations to change.
- Actively collaborate with specialist intervention services after referral.

Specific description of responsibilities:

Create separate, one-to-one spaces to attempt to enhance the perpetrator’s motivation to participate in specialist perpetrator intervention services – **do not** engage the perpetrator on these issues when adult or child victim-survivors of their violent and controlling behaviour are present.

Scaffold conversations that provide opportunities for the perpetrator to consider and articulate their goals and aspirations for being a father/parent and a family man/person. Sensitively explore, in detail if possible:

- the specifics of what the perpetrator means by these goals and aspirations, rather than settle on general statements or catch-all phrases
- how the perpetrator developed these goals and aspirations, including what people or circumstances were influential in their development
- the ways in which these goals and aspirations are currently important to them
- how these goals and aspirations might be important to their family members

- how the perpetrator thinks their family members, including their children, experience them in relation to these goals and aspirations
- what the perpetrator is willing to discuss or disclose about their violent and controlling behaviour that sabotages their ability to achieve these goals and aspirations.
- potential (appropriate) reasons and motivations for them to participate in a specialist service (ie rather than suggesting that these reasons are ‘to get the system off their back’).

Use a warm referral process to refer them to a specialist service, if the perpetrator agrees to the referral:

- Provide information about the specialist service, particularly what the perpetrator can expect during the initial assessment phase.
- Normalise participation in the service – that services like the one the perpetrator is being referred to are accessed by large numbers of others whose behaviour is similarly working against their goals and aspirations.
- Discuss the perpetrator’s doubts, hesitations and concerns about participating in the service, attempting to address each one to the best extent possible.
- Ask whether the perpetrator would like to contact the service while in the FSS office to set up an initial appointment time.
- Follow-up during subsequent contact with the perpetrator to explore whether they contacted the service; explore the reasons and continue motivational enhancement conversations if the perpetrator did not do so.
- If the perpetrator agrees to the referral, obtain signed consent for exchange of information between the FSS and the specialist service (unless the FSS is part of the information sharing regime).
- Where possible, liaise with the specialist service before referral is made to discuss the nature and specifics of active collaboration between the two services.

To the extent that the FSS is aware, provide the following information⁸³ to the specialist perpetrator intervention service upon referral:

- Names and contact details of adult and child victims of the perpetrator’s use of violent and controlling behaviour.
- Specifics of the perpetrator’s violent and controlling behaviours, and the nature of the risk posed to adult and child victim-survivors in the family.
- Ways in which the perpetrator organises their family around the perpetrator’s wishes and needs, including patterns of coercive control.
- Ways in which the perpetrator sabotages or affects the parenting of their co-parent(s), and the bond/relationship between their co-parent(s) and their children.
- Pertinent aspects of the impact of the perpetrator’s violence on each adult and child victim-survivor.
- Liaise with the specialist service about the goals of intervening with the perpetrator as the FSS sees it, including the specifics of what the perpetrator might need to stop doing, and to start doing, to become a safer parent.

⁸³ Obtain consent from the perpetrator to share information with the specialist service.

- Maintain regular, ongoing contact with the specialist service regarding the perpetrator’s participation in the specialist intervention, the content and nature of the intervention, and what might or might not be changing in terms of their patterns of coercive control and risk posed to adult and child victim-survivors.

Where possible - and in one-to-one context without adult or child victims present - discuss with the perpetrator their participation in the specialist service. Explore:

- The perpetrator’s motivation to continue to participate in the specialist intervention and to participate genuinely, through conversation that strengthens motivational enablers and problem-solves barriers.
- The perpetrator’s experience of the program, and offer encouragement if there are aspects of this experience that they find challenging or difficult.
- What the perpetrator says they are learning through the program in terms of taking responsibility for their behaviour and becoming more focused on the needs and experiences of family members, and why, from the perpetrator’s perspective, these changes matter.
- If the FSS has a strong working relationship with the perpetrator, consider participating in joint case reviews with the perpetrator at the specialist intervention service.
- Liaise with the specialist service concerning the specifics of the perpetrator’s exit plan from the service, or safety and accountability plan, including what they continue to need to work on to strengthen safe parenting capacity and to support the parenting of their co-parent(s).

Example three – Mental health services enactment of Responsibility K

Headline Responsibility description:

Limiting the perpetrator’s opportunities or inclinations to use violence

Specific description of Responsibilities:

Identify existing legal, statutory or other formal restraints on the perpetrator’s use of family violence, such as a police or court-imposed order, bail conditions, Community Corrections Order, Children’s Court order, or family law order.

If appropriate – for example, if the perpetrator’s mental health is conducive – inquire about the perpetrator’s understanding about the relevant order. Ask/explore:

- whether a legal or other practitioner has talked with them about the order, and has helped them to understand each of the conditions of the order;
- the perpetrator’s understanding of each of the conditions of the order;
- the perpetrator’s understanding of the consequences of contravening the conditions of the order;
- the reasons the perpetrator states as to why they might be motivated to comply with the order;
- any of the conditions of the order with which the perpetrator identifies as a challenge to comply.

The service can also use motivational enhancement strategies to strengthen the perpetrator’s motivation to comply with the conditions of the order, beginning with the perpetrator’s own stated (genuine and appropriate) reasons for compliance. If the perpetrator appears to have little understanding of the conditions of the order, a practitioner may be able to ask him to bring in a copy of the order, or identify other services who may be able to provide some advice about what the order contains.

If the perpetrator has little regard for the order; shows little interest in understanding its conditions or little/no motivation to comply; and/or has little concern about the consequences of contravening the order (for example, has little or no anxiety about police contact and charges in relation to contraventions), this indicates potentially heightened risk to the people who the order is designed to protect. The practitioner can then share this risk-related information with a service(s) responsible for managing the risk posed by the perpetrator, and/or with the local Orange Door.

If a mental health patient or client is subject to an order designed to protect family members from violence, the practitioner may then take the order into account when making decisions regarding discharge or community supports for the management of the mental health condition. In these situations, for example, the practitioner should ensure that they do not discharge the perpetrator into the care of a person that an order is designed to protect. In decisions about whether to apply the Victorian *Mental Health Act* (2014) or equivalent to make an Assessment Order, Temporary Treatment Order, or Treatment Order with respect to a person with acute mental health issues who is also a perpetrator of family violence, the practitioner should consider the threat that the person poses to family members in addition to any threat of self-harm or harm to non-family members.

Workforce capability

The application of the magnifying glass to a service's Roles and Responsibilities enables delineation of the essential knowledge, understanding and skills required for practitioners within the service to enact these Responsibilities. As mentioned in the previous section, the framework in itself is unlikely to be read or considered by most practitioners. Furthermore, the headline descriptors of the Responsibilities do not provide sufficient detail for practitioners to be clear about how to enact that Responsibility, and what knowledge, understanding and skills are required to do so.

The application of the magnifying glass to specify perpetrator engagement Responsibilities will reveal gaps across most of the sectors consulted. These workforce capability gaps are one of the reasons why it might take some years before services are able to fully, or even mostly, enact the relevant Responsibilities in safe and appropriate ways – that is, before practitioners in these services could reasonably be expected to enact these Responsibilities, or even be obliged to do so. These workforce capability needs, and the time required to build knowledge, understanding and capacity, will obviously vary significantly.

An analysis of the knowledge, understanding and skill gaps of each service type can help inform the learning outcomes, modalities, format and intensity of the training and ongoing professional development and supervision support required. While workforce capability analyses would need to be conducted for each service type separately, there is definite potential for services that have similar perpetrator engagement responsibilities, *and* which have similar levels of gaps in terms of the required knowledge, understanding and skill to enact these responsibilities, to be clustered together. Indeed, developing workforce capability plans for one hundred or more separate services is impractical. A dozen clusters or capability profiles might be more feasible and could operate cross-sector to some extent.⁸⁴

The development of these workforce capability clusters or profiles would not necessitate that training and other activities designed to improve capability be done jointly across all services and sectors that constitute the profile. For example, without wanting to predict the outcomes of workforce capability analyses, it is possible that some aged care and financial counselling services might be in a similar position in terms of both the types of Responsibilities, and the existing knowledge, understanding and skills gaps required to enact these functions. As part of the same workforce capability profile, the same broad capacity building plan could be developed for both sectors, and for other sectors that constitute this profile. However, training and other capability improving activities need not be delivered to these sectors jointly, but might benefit from separate implementation tuned to their specific contexts.

⁸⁴ Our categorisation into clusters was partly on a visually pragmatic and face validity basis, which might not reflect the outcomes of workforce capability analysis.

This concept of workforce capability profiles or clusters is analogous to the family violence workforce tiers developed as part of the current Victorian family violence reforms. Due to the newness and intricacies of enacting perpetrator engagement responsibilities for so many sectors, the four tiers involved in this framework might not be the right delineation, or be sufficiently fine-tuned, to serve the purposes of workforce capability planning for perpetrator engagement. For a range of reasons, however, developing workforce capability plans in ways that align to some degree with these workforce tiers would be desirable. New Zealand's current family violence and sexualised assault workforce capability framework demonstrates the advantages of combining responsibilities for engaging victim-survivors (including children), perpetrators and communities all in the one framework.⁸⁵

Expanding workforce capability for perpetrator engagement

Currently, most existing training in family violence perpetrator engagement takes three forms:

- Highly specialised training for MBCP practitioners, through Graduate Certificate level courses run or soon to be run in Victoria (No To Violence in partnership with a Registered Training Organisation), NSW (NSW Education Centre Against Violence; ECAV) and Queensland (CQU).
- Briefer, non-competency based entry-level or 'bridging' courses for MBCP practitioners, typically run over 4-5 days, that are run or soon to be run in Victoria (No To Violence), NSW (ECAV), Western Australia (Stopping Family Violence) and possibly Queensland (SPEAQ).
- Trainings ranging from ½ to 2 days in recognising and responding to perpetrators, often delivered to particular sectors or workforces, and sometimes embedded within broader training programs or streams focusing on family violence including responding to victim-survivors. For example, one of the authors of this report provides two-day training for child protection practitioners in the ACT in taking a perpetrator-pattern based lens to perpetrator engagement, as part of a 5-6-day overall program in increasing child protection system sensitivity to family violence.⁸⁶

While the third of these training types has particular relevance to expanding perpetrator engagement capability across a range of sectors, workforce capability development for this engagement requires more than one-off training events. Some of the key elements of workforce capability strategies for each of the profiles or clusters could include, beyond the initial capability gap analysis:

- Liaison with service coordinators and managers to develop a shared understanding of the nature, dynamics and causes of family violence, so that there is high level and managerial support for the specific workforce capability measures enacted for/with their sector. For those sectors with quite a somewhat different understanding of family violence than that held by government family violence policy and the family violence sector, this liaison might take some time, and involve a range of strategies (for example, joint projects between family violence services and a sector to address overlapping issues of common need; practitioners from the family violence and other sector shadowing each other's work for a day to get a better understanding of their service realities and contexts).
- Specific training for managers and service coordinators, to help establish an authorising environment for safe and appropriate perpetrator engagement.
- Attention to how the sector records data on service engagement – direct or indirect – with perpetrators, to make this engagement more visible to the system and to enable the volume and contexts of such engagement to be monitored.

⁸⁵ Ministry of Social Development (2017). Family violence, sexual violence and violence within whanau: Workforce capability framework. New Zealand Government.

⁸⁶ ECAV are trialling 5-day Essential Skills in Male Family Violence Intervention trainings in urban and rural locations in NSW, due to the demand for more in-depth recognise-and-respond training that that afforded in 1-2-day formats. Two variants of this training program have been developed, one for contexts in which most or no participants are MBCP practitioners or perpetrator intervention specialists but rather are drawn from a wide range of agencies who would not be enacting Responsibilities M and N, and a second with a strong focus on MBCP work depending on the participant mix.

- The development of policies that help to provide an authorising environment and the parameters of safe and appropriate practice for perpetrator engagement.
- Where required, operational procedures, tools and templates to help scaffold perpetrator engagement by services in the sector.
- Practitioner training – the learning outcomes, format, modality and depth determined by the workforce capability analysis relevant to that sector.⁸⁷
- Training and support for practice leaders in the sector to help embed new and strengthened lessons and skills introduced through other workforce capability activities.
- Processes to train, induct and support new staff over time in the required knowledge, understanding and skills.

Cultural change

A common theme throughout the consultations related to expanding workforce capability for perpetrator engagement is the need for many sectors and services to embark on a ‘cultural change process’ to understand family violence from a gendered lens. One consultation participant described this as the need for these sectors to interrogate their own ‘theory of change’ with respect to what interventions need to focus on in order to stop or reduce family violence perpetration.

Consultation participants emphasised that, without a process to support a range of sectors to come to a shared understanding of family violence based on a gendered analysis, their execution of perpetrator engagement responsibilities could be counterproductive and dangerous. For example, if many services used their existing perspectives on what causes family violence perpetration to guide case management with perpetrators (Responsibility H), they might focus on interventions that miss the mark of what’s really required to reduce risk. In the process, they may strengthen some of the perpetrator’s excuses and narratives that he uses to avoid taking responsibility for his behaviour.

Consultation participants stressed the enormity of this cultural change process for some sectors, projecting that it could take many years in some instances. Without this cultural change, the potential of unsafe engagement with perpetrators involving high levels of collusion with their violence-supporting narratives is significant.


Ensuring safe practice and the dangers of over-confidence

A crucial consideration in building workforce capability is how to do so without creating the conditions for services and practitioners to engage in unsafe engagement with perpetrators that inadvertently cause harm.

The risk of this is very real. Up until very recently, little attention has been given to family violence perpetrators outside the context of MBCPs and other specialist perpetrator intervention services. Perpetrators’ presence in a range of sub-systems and across a range of sectors has been invisible, with substantial anxiety and understandable hesitancy amongst practitioners to engage them where they do come into view.

Much of this anxiety is likely to remain, and can be an important starting point for practitioner desire to do no harm. However, the introduction of policy work, frameworks and training on perpetrator engagement – to ‘pivot’ to perpetrators and make them more visible across service sub-systems and sectors – can potentially instil over-confidence by some services and practitioners in engaging with them.

⁸⁷ It is important here to stress that recommended training length is influenced not only by the nature and extent of perpetrator engagement responsibilities that apply to the service or sector. Services with much anxiety about contact with perpetrators, who have a relatively low level of understanding of family violence in general, and where perpetrators are largely invisible to the sector, might require as much training as sectors who have more involved responsibilities but with a stronger base of family violence understanding and with less intense anxiety about perpetrator engagement.



This means that it is crucial that all workforce capability strengthening activities clearly delineate the parameters of participant services' Roles and Responsibilities, and the specificities of safe and appropriate practice. Over-confident engagement with perpetrators - engagement which goes beyond the parameters of a service's specific roles and responsibilities and beyond the skillset of the specific practitioner - can inadvertently contribute to significant harm for those who experience his violence.

Conclusion - where to from here?

The aim of this report has been to provide a deeper sense of the complexity inherent in perpetrator interventions, as well as to provide a guide about how this complexity might *start* to be navigated. In other words, the aim has been to provide a sense of 'sober possibility' – a cautious and realistic path which services can start to tread when contributing more effectively to perpetrator accountability.

As such, it is offered as an inception, rather than a culmination, of more nuanced conversation in policy circles about perpetrator engagement. Some of this conversation was occurring well before this, of course, across a variety of sectors, as the CIJ's earlier report *Pathways towards accountability*, highlighted. As the CIJ's consultations revealed, however, this conversation is not occurring system wide. Nor is it occurring in those sectors which are only just beginning to grapple with the existence of family violence overall and have not even fully grappled with the question of appropriate intervention with those *experiencing* family violence, let alone those using it.

Though the purpose of the consultations was to test the framework of Roles and Responsibilities, rather than to research and document further examples of promising practice, the CIJ did hear about additional examples that suggest that the momentum described in its first report is still occurring. That said, the CIJ also heard examples which appeared to be concerning – examples of an overreach or overconfidence where services might be assuming that 'any intervention is better than none'.

As the CIJ hopes it has conveyed throughout this report and its broader work, this assumption is not safe. Because of the entrenched denial and minimisation employed by many perpetrators; because of the sense of entitlement and gendered attitudes of many men who cause harm to their families; and conversely, but just as importantly, because of the *diversity* of people who cause family violence harm and the contexts in which this occurs, any intervention can also escalate this harm or drive people experiencing it further away from support. This means that the magnifying glass described in the last section of this report needs to be applied before services can go rushing into perpetrator intervention with abandon. It also means that workforces need to be supported in order to develop the skills, capacity and links with each other to bring the Roles and Responsibilities to life.

To caution that the terrain is difficult, however, does not mean that the path should not be taken. Certainly, the CIJ's review of research with perpetrators, as well as its own qualitative research, reveals that unpacking a lifetime of attitudes and behaviours is not going to be achieved in the context of the limited offering that Australian jurisdictions have thus far construed as 'perpetrator interventions'. What's more, amidst all the publicity and activity around family violence that policy makers and researchers know is occurring, the messages are still not going to get through – or even be perceived – by people not interested in acknowledging that there is anything wrong with their behaviour.

That said, the research also reveals that we are beginning to learn more about how to shift – or at least start to loosen – the hold on these attitudes and behaviours. Equally, it reveals that additional service system support and intervention would contribute to this shift. As much as we need to keep the framework of Roles and Responsibilities grounded in reality, therefore, the CIJ offers it and the supporting research with a sense of cautious optimism, and with a sense of clarity that - if the perceptions of men currently participating in Victorian MBCPs are anything to go by - much more investment is needed right across the service system to address family violence at its source.

Appendix A

Services areas ultimately consulted by the CIJ during this process included:

1. Perpetrator intervention services (MBCPs; MRS; Enhanced Intake; Specialist Men's FV case management; Fathering Programs; Former MBCP practitioners in private practice)
2. Services directed towards victims (Specialist family violence services for women and children and sexual assault services; Victims' Assistance Program)
3. Child welfare services (Child FIRST; Child Protection; Integrated Family Services; Out of Home Care)
4. Alcohol and Other Drug services
5. Mental Health services
6. Community and Primary Health services (NB: Hospitals and Emergency Departments were not included)
7. Education services
8. Housing and homelessness services
9. Aged Care and Disability services
10. Youth and adolescent services
11. Specific community-based support networks and services (LGBTIQ+ and CALD)
12. Gambling and Financial Counselling services
13. Faith Leaders
14. Legal Assistance (public)
15. Law Enforcement
16. Offender Management (including community based support)
17. Magistrates' Court of Victoria (including Children's Court)
18. Family Mediation & Dispute Settlement Services
19. Aboriginal Community Controlled Organisations and services
20. A regional Family Violence Integrated Partnership to provide an example of an integrated and regional service delivery perspective.



Authors:

Elena Campbell

Rodney Vlais

The Centre for Innovative Justice ('the CIJ') was established by RMIT University in 2012 and formally opened in March 2013 by former Prime Minister, Julia Gillard. The CIJ was established to research, advocate, teach and translate into practice innovative approaches to justice. The CIJ is about designing and driving better ways to do justice – ways that better fit the diverse needs of the people who use the system.

Centre for Innovative Justice

Building 97 Level 2

106 – 108 Victoria Street Melbourne VIC 3000 Australia

cij.org.au

