Improved accountability:
The role of perpetrator intervention systems

DONNA CHUNG | KAREN UPTON-DAVIS | REINIE CORDIER | ELENA CAMPBELL | TIM WONG
MICHAEL SALTER | SIOBHAN AUSTEN | PATRICK O'LEARY | JAN BRECKENRIDGE | RODNEY VLAIS
DAMIAN GREEN | AMY PRACILIO | AMY YOUNG | ASHLEE GORE | LYNELLE WATTS
SARAH WILKES-GILLAN | RENÉE SPEYER | NATASHA MAHONEY
SARAH ANDERSON | TALLACE BISSETT

ANROWS

AUSTRALIA'S NATIONAL RESEARCH ORGANISATION FOR WOMEN'S SAFETY
to Reduce Violence against Women & their Children

RESEARCH REPORT
ISSUE 20 | JUNE 2020

ANROWS acknowledgement
This material was produced with funding from the Australian Government Department of Social Services. Australia's National Research Organisation for Women's Safety (ANROWS) gratefully acknowledges the financial and other support it has received from the government, without which this work would not have been possible. The findings and views reported in this paper are those of the authors and cannot be attributed to the Australian Government Department of Social Services.

Acknowledgement of Country
ANROWS acknowledges the Traditional Owners of the land across Australia on which we work and live. We pay our respects to Aboriginal and Torres Strait Islander Elders past, present, and future, and we value Aboriginal and Torres Strait Islander histories, cultures, and knowledge. We are committed to standing and working with Aboriginal and Torres Strait Islander peoples, honouring the truths set out in the Warawarni-gu Guma Statement.

Published by
Australia's National Research Organisation for Women's Safety Limited (ANROWS)
PO Box Q389, Queen Victoria Building, NSW 1230 | www.anrows.org.au | Phone +61 2 8374 4000
ABN 67 162 349 171

***Improved accountability: The role of perpetrator intervention systems* (Research report) / Chung et al.**
Sydney : ANROWS, 2020.
Pages ; 30cm. (Research report, Issue 20/2020)

I. Family violence -- Australia -- Prevention. II. Women -- Violence against -- Australia. III. Abusive men -- Services for -- Research.
I. Chung, Donna. II. Upton-Davis, Karen. III. Cordier, Reinie. IV. Campbell, Elena. V. Wong, Tim. VI. Salter, Michael. VII. Austen, Siobhan. VIII. O'Leary, Patrick. IX. Breckenridge, Jan. X. Vlais, Rodney. XI. Green, Damian. XII. Pracilio, Amy. XIII. Young, Amy. XIV. Gore, Ashlee. XV. Watts, Lynelle. XVI. Wilkes-Gillan, Sarah. XVII. Speyer, Renée. XVIII. Mahoney, Natasha. XIX. Anderson, Sarah. XX. Bissett, Tallace

ISBN: 978-1-925925-47-0 (print) | 978-1-925925-48-7 (online)

Improved accountability:
The role of perpetrator intervention systems

PROFESSOR DONNA CHUNG
Curtin University

DR KAREN UPTON-DAVIS
Curtin University

ASSOCIATE PROFESSOR REINIE CORDIER
Curtin University

ELENA CAMPBELL
RMIT University

DR TIM WONG
UNSW

ASSOCIATE PROFESSOR MICHAEL SALTER
UNSW

PROFESSOR SIOBHAN AUSTEN
Curtin University

PROFESSOR PATRICK O'LEARY
Griffith University

PROFESSOR JAN BRECKENRIDGE
UNSW

RODNEY VLAIS
Consultant Practitioner Expertise

DAMIAN GREEN
Curtin University

AMY PRACILIO
Curtin University

AMY YOUNG
Griffith University

ASHLEE GORE
Western Sydney University

DR LYNELLE WATTS
Curtin University

DR SARAH WILKES-GILLAN
Australian Catholic University

PROFESSOR RENÉE SPEYER
University of Oslo

NATASHA MAHONEY
Curtin University

SARAH ANDERSON
Curtin University

TALLACE BISSETT
RMIT University

This report addresses work covered in the ANROWS research project PI.17.01 "Improved accountability – the role of perpetrator intervention systems". Please consult the ANROWS website for more information on this project.

ANROWS research contributes to the six National Outcomes of the *National Plan to Reduce Violence against Women and their Children 2010–2022*. This research addresses National Plan Outcome 6—Perpetrators stop their violence and are held to account.

Suggested citation:
Chung, D., Upton-Davis, K., Cordier, R., Campbell, E., Wong, T., Salter, M. … Bissett, T. (2020). *Improved accountability: The role of perpetrator intervention systems* (Research report, 20/2020). Sydney: ANROWS

Curtin University
Address: Kent Street, Bentley, Perth
Western Australia, 6102
Postal address: GPO Box U1987, Perth
Western Australia, 6845

Acknowledgement of lived experiences of violence

ANROWS acknowledges the lives and experiences of the women and children affected by domestic, family and sexual violence who are represented in this report. We recognise the individual stories of courage, hope and resilience that form the basis of ANROWS research.

Caution: Some people may find parts of this content confronting or distressing. Recommended support services include 1800 RESPECT–1800 737 732 and Lifeline–13 11 14.

Contents

List of tables

List of figures

Abbreviations

ABS	Australian Bureau of Statistics
AIC	Australian Institute of Criminology
ANROWS	Australia's National Research Organisation for Women's Safety
AOD	Alcohol and other drugs
BPIFVP	Bayside Integrated Family Violence Partnership
CALD	Culturally and linguistically diverse
CIJ	Centre for Innovative Justice
CPU	Child Protection Unit
DFV	Domestic and family violence
DVO	Domestic violence order
FASS	Family Advocacy and Support Services
FV	Family violence
FVIU	Family Violence Investigation Unit
FVLO	Family Violence Liaison Officer
IDFVSS	Integrated Domestic and Family Violence Service System
IPV	Intimate partner violence
IVO	Intervention violence order
JCPR	Joint Child Protection Response program
LGA	Local government area
LGBTIQ+	Lesbian, gay, bisexual, transgender, intersex, queer

MBCP	Men's behaviour change program
MDC	Multidisciplinary centre
MDS	Minimum data set
MVAW	Men's violence against women
NATSEM	National Centre for Economic and Social Modelling
NCAS	National Community Attitudes Survey
NOSPI	National Outcome Standards for Perpetrator Interventions
PI systems	Perpetrator intervention systems
PMC	Prime Minister and Cabinet
PO	Protection order
PSS	Personal safety survey
PwC	PricewaterhouseCoopers
RCFV	Royal Commission into Family Violence (Victoria)
ROGS	Report on government services
SCHN	Sydney Children's Hospital Network
SFVC	Specialist Family Violence Courts
SSA	Sibling sexual abuse
SV	Sexual violence
TPO	Temporary protection order
WRAP	Women's Research Advocacy and Policy Centre

Executive summary

There is an urgent need in Australia for more effective responses aimed at stemming high rates of domestic and family violence (DFV) and halting the trauma and preventable deaths of women and children at the hands of their male partners, former partners or fathers. The past four decades have seen the development of responses aimed at those perpetrating DFV in an effort to stop re-victimisation and to prevent violence and coercion from occurring. While it is now recognised that a broader range of family violence dynamics can also be present that involve extended family members, the majority of responses to perpetrators target men perpetrating violence towards a female partner and their children, as the overwhelming majority of DFV occurs in this dynamic. This project, entitled "Improved accountability: The role of perpetrator intervention systems", therefore largely focuses on the current systems of organisations that respond to male perpetrators of DFV. However, there are increasing calls for a more diverse range of services to address DFV perpetration among individuals who fall outside this category. This is addressed conceptually in the project when considering what constitutes DFV perpetrator intervention systems (PI systems) and in the project's recommendations for future responses.

For the purposes of this project, PI systems are defined as those parts of the DFV service system of responses that pertain to identifying and responding to perpetrators of DFV. PI systems include the following services and agencies:

- specialist DFV services
- mainstream agencies with a specialist DFV response, such as police
- agencies that may engage with perpetrators regularly but whose core business is neither managing nor addressing DFV, such as alcohol and other drugs (AOD) services
- mainstream services and agencies that are central to PI systems but have a peripheral engagement with perpetrators, such as general practitioners and mental health services.

The goals of PI systems are to increase the safety of DFV-affected women and children; to hold perpetrators accountable for their use of DFV; and to provide a mechanism where perpetrators of DFV have the opportunity to reduce their use of violence, abuse and coercive control. All elements of PI systems are guided by the legislation, policies and resource allocations of their respective states and territories. PI systems engage with wider DFV systems, for example to collect information in order to understand the risks a perpetrator poses to the women and children who have been victimised. Local-level PI systems are varied in composition, depending on their location and their unique development in that locality.

In order to improve and enhance the robustness of responses to perpetrators, it is critical that PI systems' parts operate in ways that are coordinated, aligned and timely. In Australia, there is presently limited evidence about how PI systems interact and intersect. However, there is considerable knowledge among policymakers and service delivery staff about the programs for perpetrators within PI systems and how their individual parts operate.

The aim of this research was to develop a detailed understanding of Australian PI systems upon which the range and breadth of responses to DFV could be mapped; to ascertain the most common pathways of identification, assessment and intervention for DFV perpetrators; and to identify opportunities to further strengthen PI systems and perpetrator accountability. In developing an understanding of PI systems, it was important to acknowledge that perpetrators come into contact with government and non-government services in various capacities that may or may not address their violence, while most perpetrators do not come to the attention of any services. This research has highlighted the extent to which multiple systems are involved in responding to perpetrators, areas where there are strong and frequently used pathways, and areas where there are weak or no linkages to respond to perpetrators. This report also offers a series of case studies from various Australian locations that demonstrate how various parts of PI systems are responding to DFV perpetrators.

The project's objectives were as follows:

- Undertake a critical review of the foundational concepts of perpetrator responsibility and perpetrator accountability that underpin most Australian perpetrator interventions, and propose national definitions with indicators that

represent their operationalisation in policy and practice.

- Conduct a meta-analysis of the evidence about factors that are known to influence perpetrators' motivation to engage and continue with perpetrator interventions, including compliance with violence restraining orders to bring about change.
- Consolidate the best available evidence about coordinated/integrated systems designed to respond effectively to perpetrators from a range of pathways and intervention points, including specialist and mainstream services, to maximise opportunities to engage with and motivate perpetrators in change processes.
- Develop a conceptual framework that demonstrates linked perpetrator interventions that would provide a continuum of responses from primary prevention to early intervention and tertiary responses, with exemplars of proposed interventions that indicate areas where there is considerable effort at present.
- Develop a return on investment methodology for perpetrator interventions.
- Document key assumptions in the evidence about perpetrator interventions, identify aspects about which there is no or poor evidence, and identify areas for future evaluation and research of national importance.

Determining the boundaries of PI systems is not straightforward. While some services and agencies are known to play a key role in PI systems, such as police and those delivering men's behaviour change programs (MBCPs), other agencies may be engaging with DFV perpetrators for reasons other than their use of violence and coercive control (e.g. alcohol use). Therefore, decisions the researchers made for this project about the boundaries of PI systems were based on two related aspects: agencies or services where DFV perpetrators may present or engage, and where such presentations offer an opportunity to identify DFV that would otherwise be lost. For example, a perpetrator may attend an alcohol or drug program, which could provide the contact with PI systems necessary to engage or assess risk regarding his use of DFV.

PI systems do not exist in a vacuum; they are shaped by the context and individuals with which they work. Men from a wide range of backgrounds require perpetrator responses that are adapted to their lived experiences, for example, young men, men in rural and remote locations, Aboriginal and Torres Strait Islander men, and culturally and linguistically diverse (CALD) men. In this way, the goals of PI systems remain the same but the responses or strategies to attain the goals must be adaptable to the context of men's lives.

A mixed methods study design was developed for this research to show the operation of the PI systems, their underpinning foundations, and how PI systems have adapted and evolved to address perpetrators' diverse circumstances. This mixed methods design was required to both accommodate system-wide concerns and to document the specific contexts in which perpetrator responses are implemented.

The following research methods were employed:

- reviews of evidence and publications, including a scoping review and a narrative literature review that included peer-reviewed literature and grey literature
- a web-based mapping of jurisdictions' PI systems
- a survey of numerous practitioners in the field
- individual interviews with practitioners, policymakers, and program participants
- focus groups with practitioners
- economic costing methodologies
- case studies involving mixed methods to document perpetrator programs and participants' outcomes
- a meta-analysis of data relating to the effectiveness of protection orders.

This research into PI systems is presented as an edited collection in four parts, with individual sub-studies presented in chapters. In this way, these sub-studies (or chapters) can be read as individual research projects, while collectively providing a detailed account of Australian PI systems.

Main findings

A review of published literature and policy documents revealed that the two main aims of PI systems are to promote the safety of DFV-affected women and children and to hold perpetrators accountable for their violence and coercive control. These aims were acknowledged as key to the development of responses to

DFV perpetrators. An unexpected finding of this research was that examples of perpetrator accountability being explained and operationalised were scant. In Part 1, clear distinctions are made between perpetrator responsibility and perpetrator accountability, where the former is viewed as an internal decision-making process and the latter as externally imposed.

Responsibility within PI systems occurs when an individual takes ownership of their actions and attitude; it assumes individual human capacity to reason and to be self-governing. In DFV, this is reflected in the call for perpetrators to accept that violence is a choice and that responsibility requires a preparedness to take action to stop using violence and to make consistent non-violent choices in the future. Thus, responsibility means perpetrators need to acknowledge, and take up the capacity to control and direct, their own beliefs and actions.

Accountability within PI systems involves actions that impose obligations on individuals and organisations. Practitioners and service providers are held accountable within their organisations for the type, quality and responsiveness of their services to perpetrators and the victims of perpetrators, in order to deliver safe practice. In practice, this kind of accountability takes the form of various outcome measures, funding agreements, individual worker performance standards, and professional practice and ethical standards. In this respect, accountability is guided by contractual, legal and ethical obligations. Currently, individual DFV perpetrators can be accountable to the person they have harmed, via the justice system through the imposition of penalties for instance, or through compulsory attendance at an MBCP.

To better understand the operation of accountability within PI systems, the researchers have drawn on a broader notion of accountability, which has a multi-level framework. This framework is based on the assumption of multiple accountabilities co-existing across the following six levels:

- the whole-of-government level
- in DFV settings
- as a product of legal system intervention
- through MBCPs
- as language
- for individuals.

The framework is intended to broaden discussion about accountability within PI systems, and it recognises that these multiple accountabilities alter the PI systems through compliance requirements and changes and reforms (such as to legislation or programs). The framework aims to bring into focus that perpetrator accountability is more than an exercise with individual perpetrators. It also includes the obligations of governments and other agencies within PI systems to ensure, through a "web of accountability", that there are strategies or mechanisms in place to promote the future safety of victims/survivors as well as accountability mechanisms for individual perpetrators.

The findings of the research in Parts 2 and 3 detail how PI systems are operating across different states and territories in Australia, and how program practice is being implemented. They indicate that individuals who attend programs for perpetrating DFV are typically marginalised individuals with intersecting issues such as Child Protection involvement with their family, living on limited incomes, and problems associated with alcohol and other drug use. This places a heavy burden on PI systems' programs to address far more than DFV in order to meet the goals of safety and accountability. Such programs are more susceptible to fail if they are ill equipped or under-resourced to provide the type of multi-faceted interventions needed to address the intersecting concerns and their compounded effects. This is not a reflection of the workforce; the studies for this research involving practitioners and policymakers found highly committed individuals who were often limited by the policy silos that funding is delivered in, with varying responsibilities placed on them for different types of service delivery. Therefore, in order to have a more responsive set of DFV perpetrator interventions, services must have the flexibility to address mental health, alcohol and other drug concerns, and the life crises which often stem from being on a low income, such as the risk of homelessness and a lack of access to regular transport. While this research revealed the potential ability and knowledge of how to trial innovations that can offer medium- to longer-term responses, these innovations require a policy and funding environment conducive to fostering such innovation.

Finally, based on research involving practitioners, the report provides some proposed tools for the future national

development of PI systems. Part 4 includes a proposed national minimum data set for MBCPs. As outlined in Chapter 8, the data set was the result of a rigorous process of surveying and consulting practitioners across Australia and trialling it with some programs. It aims to capture information about the numbers of perpetrators entering, withdrawing from, and completing MBCPs, including demographic data about the individuals attending. Importantly, the national minimum data set offers program providers, managers, policymakers and researchers more comprehensive and consistent national data to inform their work and planning. The annual national collection of this data would enable a better understanding of important participant trends and the types of programs showing promising results, as well as the trends that suggest the need for tailoring interventions. The Australian Institute of Health and Welfare would provide a welcome home for such a data set. The return on investment method piloted as part of this project (Chapter 9) provides further evidence of the importance of intervening earlier with families affected by DFV. However, and most importantly, it does not just offer a total cost figure; rather, it offers a more nuanced way to understand how the effects of DFV are compounded when intervention is not early enough or suited to people's circumstances. The return on investment study provides a strong rationale for both earlier and innovative intervention trials.

Recommendations

To strengthen PI systems, it is recommended that:

1. A wider range of agencies have a role in detecting DFV perpetration and responding to it in ways that increase women's and children's safety. These responses are likely to vary across agencies. Agencies include but are not limited to the health sector (including mental health), disability services, and AOD services.
2. There is greater visibility of individual perpetrators through increased information sharing between agencies about the risks posed by the perpetrator, their whereabouts (where relevant), and electronic surveillance in situations of imminent and high risk.
3. Governments develop feedback loops, to enable sharing of information about perpetrators, that are consistent across PI systems pathways, bi-directional and well-understood. Information sharing should be rigorous and adhere to specific protocols.
4. MBCP providers, DFV specialist case managers or other men's service workers, such as telephone in-reach and outreach workers, are always key stakeholders in coordinated integrated responses to DFV to enhance local perpetrator interventions.
5. All human services workers working with perpetrators should receive focused training in line with what is appropriate to the worker's position within PI systems. This is consistent with the findings of recent research about the DFV national workforce (Cortis et al., 2018) which underscores that the skill and confidence of all human services workers working with perpetrators needs to be broadened. This will require the domestic violence sector to support and build the confidence of workers who do not have the specialisation to work with perpetrators in relation to their violent behaviour. Such support needs to include upskilling workers to safely and appropriately engage these clients within the confines of clear parameters about their role—about what they can do and what they should not attempt to do—and with clear objectives in mind that befit the opportunities and limitations of their role.

To increase women's and children's safety, it is recommended that:

6. Information is collected and shared, consistent with some jurisdictions' legislation, that prioritises women's and children's safety over perpetrator privacy. In addition to the information sharing legislation, information repositories (such as the Central Information Point in Victoria, and databases that link with one another) are developed to store and retrieve information, in line with the protocols to manage issues and concerns about privacy.
7. A greater focus is placed on gathering and sharing information about DFV perpetrators by agencies responsible for specialised work with victims/survivors.
8. All agencies within the DFV sector undertake to familiarise workers with the relevant information sharing legislation, providing examples of what can and cannot be shared under particular circumstances, and protocols for sharing.

To strengthen perpetrator interventions it is recommended that:

9. Coordinated, integrated, multi-agency responses are developed to include active engagement of alcohol and other drug services and mental health services in contributing to perpetrator responses.
10. Differential responses are trialled according to risk and perpetrator readiness to change violence-supportive behaviour and attitudes, for example, intervening earlier with perpetrators before risk escalates, as well as with those who pose medium and high risk.
11. Policymakers prioritise adapting perpetrator responses so that PI systems are better able to engage and work with diverse perpetrators, including those from CALD populations, regional and remote locations, LGBTIQ+ communities, and with problematic alcohol and other drug use.
12. Greater investment in services that directly target DFV perpetrators—including MBCPs—must be supported by communities of practice and collaborative professional development. This should increase awareness and information sharing between service types regarding each agency's objectives and practice, such as increased understanding of the objectives and practice of MBCPs by lawyers acting for respondents, as well as increased awareness regarding the role of court interventions among MBCP staff.
13. Increased investment in MBCPs or other specialist perpetrator interventions should include capacity for individual sessions and case management.
14. Waiting times between referral and intake for DFV perpetrator interventions need to be monitored to optimise effectiveness and increase compliance across PI systems.
15. Resources need to be invested in crisis and short-term accommodation for individuals removed from their homes as a result of police- or court-issued orders so as to reduce associated risks to victims/survivors.
16. Dedicated support should be funded in emergency departments and mental health crisis settings to increase opportunities for specialist intervention with DFV perpetrators, as well as to ensure the safety of staff in these settings.
17. Rapid intervention and support should be made available for women upon identification by police of predominant aggressors, including rapid access to specialist legal advice.

To improve the safety of victims/survivors of DFV, the following recommendations are made about police practices:

18. Police forces across Australia should explore the development of predominant aggressor identification tools, informed by input from specialist women's and men's DFV services. This should ensure that women with children are linked with immediate legal advice and other services to address the ramifications of misidentification.
19. Police forces in all Australian jurisdictions should increase their recruitment of multi-lingual members to ensure that parties to police call-outs, as well as parties served by police with court orders, can have swift access to explanations and information in their own language. Where repeat attendances at parties' houses are required and where police are aware that relevant parties speak a language other than English as their first language, every effort should be made to ensure that a member or other service provider who speaks that party's language is in attendance.
20. Police DFV protection orders (POs) should be made available in multiple languages.
21. Police codes of practice should be developed to include consistent and coherent accountability practices when dealing with suspected DFV perpetrators, either as respondents to police orders or when charged with offences, when individuals are brought to police stations. This should include follow-up visits to respondents, as well as making more proactive links with culturally appropriate supports, therapeutic interventions and legal advice.

To enhance the court and legal practices of PI systems, it is recommended that:

22. There is greater investment in the availability of multi-lingual respondent practitioners, as well as interpreters, at courts to explain court services and the content of court orders.
23. Protection orders should be made available in multiple languages or "easy English", which court staff can readily access to provide to parties who require this.

24. Magistrates and local courts across Australia should investigate opportunities for better follow-up of all protection orders once they are imposed by a court.
25. All Australian courts mandating referrals to MBCPs and other specialist perpetrator interventions should ensure that appropriate and nuanced processes are developed for assessing perpetrator eligibility and suitability for referral.

To better support non-specialist interventions and to strengthen the workforce response to DFV, it is recommended that:

26. There is greater investment and support across social and human services workforces to identify roles and responsibilities in relation to perpetrator interventions. Significant effort should be made to increase the recruitment of male workers into the human services workforce to conduct work with male DFV perpetrators in non-specialist settings.
27. A significant expansion of services that work with families where the perpetrator remains in the family home/relationship should occur in the context of specialist workforce development and deployment, as well as workforce training to support this neglected area of practice.
28. Greater attention is given to how the best interests of children can be a key focus for PI systems. This could involve greater collaboration with statutory Child Protection agencies and a greater focus on children in victim advocacy work, including documenting the impacts and experiences of children as part of the official records about the perpetrator.

In relation to future evidence development about PI systems, it is recommended that:

29. Commonwealth and state and territory governments trial the use of the minimum data set with MBCPs and other programs in the PI systems, collecting common national data items about perpetrators and their involvement with interventions on an annual basis.
30. The return on investment methodology developed and presented in this report should be taken up in jurisdictions to assist with policymaking and resource allocation. Future research needs to be funded to extend the current methodology to include the short- and long-term effects and service involvement of all parties affected by DFV. This could include costs to victims/survivors, such as relocating due to DFV and the impacts on children.

Introduction

Background

Domestic and family violence (DFV) systems in Australia have largely focused on providing crisis support to women and their children escaping violent and abusive partners, offering many women and children protection over the years. Perpetrator intervention (PI) systems that sit within these larger DFV systems are largely engaged as a result of women's reporting of DFV, where the perpetrator may have been required to comply with conditions placed on him by authorities, such as not contacting the victim/survivor, attending court and/or attending a DFV program. In situations when perpetrators have not complied, there may or may not have been consequences or effective deterrence depending on the various circumstances. Therefore, it has been increasingly acknowledged that a more assertive and extensive response to DFV perpetrators is necessary to reduce and ultimately stop DFV.

Consequently, there have been concerted efforts in recent years to consolidate PI systems; to extend their reach by placing a greater focus on identifying and responding to perpetrators earlier; to increase mechanisms to hold perpetrators accountable for their use of violence and breaching of court orders; and to increase the access and availability of men's behaviour change programs (MBCPs). This focus on intervention with the perpetrator assumes it is critical to engage with both victims/survivors and perpetrators to promote safety. Evidence about how to more effectively respond to current perpetrators and intervene earlier is still emerging. This report attempts to capture how some of these changes to PI systems are operating through the case studies presented in Part 3.

Accountability has been recognised in the Council of Australian Governments' (COAG) *National Plan to Reduce Violence against Women and their Children 2010–2022* (the National Plan), which underlines the importance of developing the existing systems of responses to perpetrators. The sixth national outcome of the Plan states: "Perpetrators stop their use of violence and are held to account." In the *Third Action Plan* (Department of Social Services, 2016), this priority is further described as "keeping perpetrators accountable across all systems". One strategy to support achieving this outcome was the creation of Australia's National Research Organisation for Women's Safety's (ANROWS's) perpetrator interventions research stream. As a result, this project received funding to review current perpetrator intervention systems (PI systems) and to identify areas of further development and consolidation.

In developing PI systems for the future, it is important to remember that the majority of DFV and sexual violence (SV) incidents are never reported (Australian Bureau of Statistics, 2017; Caretta, Burgess, & DeMarco, 2015). In those incidents reported, only a small proportion of all perpetrators comes into contact with the justice or other systems for their use of violence, and a smaller number again is referred to and attends programs for DFV or SV.[1] Therefore, many individuals perpetrating DFV and SV may not be deterred from continuing to use violence and/or face no consequences for their actions. As a result, individuals can continue to perpetrate violence and abuse, either upon the same or multiple victims, over an extended period of time. Those within this group perpetrating violence and abuse are often the most difficult to identify and therefore are not known to authorities and agencies, so addressing their continued offending is a challenge to PI systems.

This project focused on documenting the multiple parts of PI systems, including the mechanisms and practices through which these systems operate. A key challenge of the project was conceptualising PI systems as a whole, thus enabling the setting of some parameters around the focus of the research, not least because there is the potential for it to be so vast. The systems can be described as ones without sharp outer edges or defined boundaries, and as such there is the risk that they will become meaningless. It was intended that such a project could provide future directions about policy, service design, programming and practices to strengthen its cohesion and effectiveness. This meant being responsive to local contexts, including remote locations, regional differences and different population groups' experiences of PI systems. Attention to these various contexts in delivering perpetrator responses has given the research both breadth and depth, by facilitating the inclusion of more nuanced detail about the interaction between geography, population, and how PI systems do and do not adapt to the range of contexts in which they operate.

1 At present, it is impossible to ascertain exact numbers nationally as there are no nationally consistent and reliable data sets.

Project aim and objectives

The aim of this project was to develop a detailed understanding of DFV PI systems operating across Australia. This required mapping the range of perpetrator responses in place and their underpinning aspects, such as legislation and policies. This included documenting the PI systems' most common pathways of identification, assessment and intervention for perpetrators, as well as identifying opportunities to strengthen PI systems and perpetrator accountability.

The project was ambitious in attempting to capture a national, "big picture" view of PI systems. The PI systems in each Australian jurisdiction are complex and dynamic, making them difficult to capture at one point in time. This report also documents local experiences of working in PI systems as well as experiences of being a participant in their interventions. Longstanding orthodoxies such as the call for perpetrators to be held accountable for their use of violence require critical attention in order to operationalise what they mean and whether and how they increase the safety of women and children.

As such, the project's objectives were as follows:

- Undertake a critical review of the foundational concepts of perpetrator responsibility and perpetrator accountability that underpin most Australian perpetrator interventions, and propose national definitions with indicators that represent their operationalisation in policy and practice.
- Conduct a meta-analysis of the evidence about factors that are known to influence perpetrators' motivation to engage and continue with perpetrator interventions, including compliance with violence restraining orders to bring about change.
- Consolidate the best available evidence about coordinated/integrated systems designed to respond effectively to perpetrators from a range of pathways and intervention points, including specialist and mainstream services, to maximise opportunities to engage with and motivate perpetrators in change processes.
- Develop a conceptual framework that demonstrates the linked perpetrator interventions that would provide a continuum of responses from primary prevention to early intervention and tertiary responses, with exemplars of proposed interventions that indicate areas where there is considerable effort being made at present.
- Develop a return on investment methodology for perpetrator interventions.
- Document key assumptions in the evidence about perpetrator interventions, identify aspects about which there is no or poor evidence, and identify areas for future evaluation and research of national importance.

Project methodology

To meet the objectives, the research involved all Australian jurisdictions in various parts of the project. PI systems operate in a range of locations and with diverse groups within the Australian population, hence available services and responses within PI systems vary across localities. In an effort to describe these diverse and multiple circumstances in which perpetrator responses are implemented, a mixed methods approach was employed. This approach was necessary, as part of the project scope involved conceptualising PI systems. This required the collection of detailed primary data in each state and territory as well as the use of existing secondary data and prior research about various aspects of PI systems, including program evaluations, legislative and parliamentary reviews and previous academic research. To document different PI system responses in operation, case study methods were employed. The case studies offer a detailed account of the complexity, challenges and variation in the work directly carried out with perpetrators of DFV. All case studies involved a ground-up approach to collecting data about PI systems to enable a nuanced and localised account of system elements that would have been overlooked if the research team had adopted a method of examining the same aspects in every jurisdiction. Quantitative methods were employed for the meta-analysis of evidence about civil law protection orders and to pilot a return on investment method.

The project involved 10 different case studies, each of which contributes to knowledge about PI systems and what is important to future developments. The project involved a multi-disciplinary team of investigators and a number of research assistants from seven universities. The following research methods were employed:

- reviews of evidence and publications, including a scoping review and a narrative literature review that included peer-reviewed literature and grey literature
- a web-based mapping of jurisdictions' PI systems
- a survey of numerous practitioners in the field
- individual interviews with practitioners, policymakers, and program participants
- focus groups with practitioners
- economic costing methodologies
- case studies involving mixed methods to document perpetrator programs and participants' outcomes
- a meta-analysis of data relating to the effectiveness of protection orders.

The data collection methods varied according to the individual study aim, and the available evidence with the time and resources allocated. The project had an advisory group, whose role was to provide advice and feedback about the areas under study. Advisory group members were based in the jurisdictions where projects were being undertaken and included a cross-section of experience, including individuals involved in policy development, managers of DFV services, and MBCP trainers and practitioners. In addition to the advice from the advisory group, feedback was received from practitioners, managers and policymakers across all Australian jurisdictions, which was either ad hoc or occurred when team members were raising awareness about the project at events such as conferences or seminars.

It is worth noting that the research was conducted during 2017–2019, a period of rapid change, with Royal Commissions and Inquiries being finalised in several jurisdictions during the project's life.

The researchers came to this project aware of the limitations within current perpetrator responses in Australia. While the project aimed to encompass a diversity of contexts and locations by selecting a broad cross section of case studies, the researchers were constrained by the available DFV service responses, which mostly remain focused on heterosexual couples and families. Nevertheless, there are some diverse responses, such as the regional case study (Chapter 5) and the sibling sexual abuse case study (Chapter 6), both of which demonstrate how perpetrator interventions need to be adapted for the context in which they are operating. Sibling sexual abuse specialist responses are not typically considered within DFV perpetrator responses. This case study has been included for two reasons: it is one of the few examples of an earlier intervention for perpetrators (i.e. as children and young people), and the usual approaches guiding DFV services are not easily applied. For example, approaches taken to keep victims/survivors safe and facilitate behavioural change do not mirror responses to adults. The case studies push the existing boundaries of practices typically considered to be within PI systems. They reveal responses and interventions which require adapting to the context and the lived experiences of those involved.[2]

Structure of the report

This report on PI systems is presented as an edited collection in four parts, with individual sub-studies presented in chapters. In this way, they can be read as individual research projects as well as providing a detailed account of Australian PI systems overall. Given the breadth and depth of the project, an edited collection enables:

- an analysis of foundational ideas and concepts underpinning PI systems to be presented and debated
- a whole-of-system presentation of the range of responses to DFV perpetration
- a drilled-down look at specific parts of the system that require a more nuanced examination of accountability for perpetrators and safety for victims/survivors
- a presentation of detailed descriptions of new evidence collection methods.

The term "PI systems" is relatively new and it mostly features in policy-related documents. To contextualise this edited collection, the first section introduces the definition of PI systems and outlines how they relate to the wider DFV system. The researchers on this project believe it is critical that each study is considered as part of a larger whole in order to show

2 The researchers acknowledge that there are likely to be niche services not captured in this research and suggest that this is an area for further inquiry with regard to PI systems and accountability.

how the PI systems in Australia have multiple and complex elements that require connection. Common themes about PI systems are developed across the course of the whole report. Representing PI systems in this way focuses attention on possibilities for earlier intervention; demonstrates common strengths, challenges and areas of vulnerability; and makes recommendations of national relevance.

After a brief background section that gives an overview of the defining features of PI systems, this research report is organised into four parts. Part 1 presents the conceptual foundations which underpin both the purpose of PI systems and how such systems can be understood as forming part of a complex set of interrelated parts. Part 2 examines how PI systems are currently operating across different localities and with different groups of DFV perpetrators, and highlights how local PI systems adapt to their differing conditions and service system configurations. Part 3 presents the daily practices of perpetrator responses, including MBCPs. This provides insights into practitioners' and service users' experiences of perpetrator interventions. Finally, Part 4 presents research methodologies that can be used to further our knowledge and evidence about PI systems in the future.

Each of the four parts, as well as Appendix A, contains various research projects that can each be read as an independent, complete study, while also being linked, connected to and contributing to the overall project.

Part 1: Underpinning concepts of perpetrator intevention systems

Chapter 1 examines one of the foundational assumptions of PI systems: that they hold perpetrators accountable for their use of violence and coercion against women and children. The evidence reviewed in this chapter reveals that across DFV academic and grey literature, definitions of perpetrator accountability are largely absent. However, the broader concept of accountability has a long history in politics and public administration literature. The chapter therefore draws on the concept of accountability as articulated in this literature to present perpetrator accountability as multi-dimensional and linked to other forms of accountability within agencies in the PI systems. The chapter includes a distinction between perpetrator responsibility and accountability. The proposed framework of accountability provides the basis for further discussion, as it is premature to offer a definitive operationalisation of the term. The chapter concludes that in the absence of clearly defined understandings and processes of perpetrator accountability, it largely defaults to being equated with perpetrators being engaged with the justice system following incidents of DFV or non-compliance with DFV-related court orders (for example, breaching a civil law protection order). In most cases, mechanisms for perpetrators being held accountable for their actions are yet to be embedded across and within the various parts of PI systems.

Chapter 2 describes the Tree of Prevention model, which presents an alternative conceptualisation of responses to DFV and, more broadly, men's violence against women. The Tree of Prevention model takes a life-course approach and encompasses the familial, social, political, cultural and economic contexts which intersect not only in DFV but also more widely in other forms of gendered violence and child abuse. This conceptualisation enables governments and other institutions to plot the range of responses to DFV. It opens a window into areas that are being ignored, or where there is a lack of activity that will have a downstream impact on tertiary PI systems responses, such as the justice system and MBCPs. The Tree of Prevention model also invites consideration of the ways the experience of violence is mediated by multiple, intersecting factors such as ableism or racism.

Part 2: The breadth of perpetrator intevention systems and their complex interactions

Part 2 of the collection presents the studies that examined how PI systems operate at the local level across geographically and demographically diverse areas. It includes a chapter on mapping pathways through PI systems and two case study chapters (one on Victoria and one on Western Australia).

Chapter 3 demonstrates the breadth of PI systems through a mapping of their component parts. A PI systems map was developed for each state and territory that encompasses the following: the range of agencies involved in PI systems; the links between agencies that form the pathways by which perpetrators are referred through the PI systems; and the

responses provided by agencies along the various pathways. The PI systems maps for each state and territory are web-based, showing the various pathways from early identification through to criminal justice responses. The underpinning legislation, policies and processes for the PI systems are built into the maps as web-based pop-ups to explain how the pathways and agencies operate. The maps highlight commonly used pathways, as well as areas for future opportunities to identify and respond to DFV perpetrators earlier and in ways that are suited to their diverse circumstances.

Chapter 4 presents case studies of two developing coordinated approaches in Melbourne. These coordinated approaches are part of PI systems within their respective regions. The study of these approaches took place during a period of significant reform and change, as the Victorian Government was implementing the findings of the Victorian Royal Commission into Family Violence. The case studies drew upon a wide range of professionals and organisations involved in developing pathways and processes to engage with and respond to perpetrators of DFV. How practitioners are adapting to the changes being rolled out forms part of the findings from these case studies. The studies also highlight how multiple forms of marginalisation intersect when engaging perpetrators who, along with their families, are living in poverty and may be juggling concerns such as the risk of homelessness. These case studies reveal the complexities that MBCPs face as they engage with men who are also facing mental ill health, problematic drug and alcohol use, racism, and/or continuing unemployment.

Chapter 5 looks at a localised PI systems response in a regional area of Western Australia. The vastness of many regional and remote areas of Australia is captured in this case study, demonstrating the challenge of distance that cannot be overcome when there is a crisis and threat to the lives of women and children. As there are usually a much smaller number of workers that form the PI systems in regional and remote settings, the participants emphasised how critical good working relationships are to victim/survivor safety. If one worker resists working collaboratively, there may be nobody else undertaking DFV work in that agency, leaving a large gap in the local PI system, which could mean information about the perpetrator is not shared. While most PI systems struggle with workforce turnover and filling vacant positions, this is magnified outside metropolitan areas, especially when there is only one person in a specialist role. This case study demonstrates how being adaptable to local conditions is of crucial importance for PI systems workers and PI systems generally.

Part 3: Specific programs within perpetrator intevention systems

Part 3 drills down to the level of everyday practice across different parts of PI systems.

Chapter 6 presents research about a specialist program in New South Wales that addresses sibling sexual abuse. The program works with children and their parents in responding to this specialist area of intervention. This case study is important to the collection because this area is often overlooked as part of PI systems, despite being positioned as an early intervention response to abuse. The family engagement in this intervention also contrasts with the responses of other PI systems' parts. PI systems are largely oriented to adults' use of violence, with notions of accountability that are not easily translatable to this context. In addition to documenting this important area of practice, this case study challenges the conceptualisation of PI systems. It demonstrates that the concept of perpetrator accountability assumes an adult is the perpetrator, and the interventions that are used can differ due to age and the family dynamics in which abuse is occurring.

Chapter 7 examines men's personal pathways through a Queensland MBCP by gathering the male participants' accounts, analysing their case records and considering their practitioners' perspectives. This case study provides a more personalised account of program participants' journeys in a PI system. Similar to the Victorian case studies, the males in attendance were largely on the margins of society, either in low-paying employment or unemployed, as well as experiencing problems with mental health and drugs and alcohol. The study corroborates other perpetrator studies, as it also found that the participants minimised their past violence and offered no acknowledgement of any current violence. The practitioners echoed similar sentiments to their Victorian colleagues about the complexities of men's lives, and the challenge of how to engage and introduce change under these circumstances.

Part 4: Developments to strengthen the future evidence base

Chapters 8 and 9 present the findings of pilot studies that offer new directions for the future development of evidence about PI systems. A longstanding concern remains that there is no nationally comprehensive data about MBCP participation, motivating a continued call for a national minimum data set. Chapter 8 details a study in this project that developed, trialled and evaluated a minimum data set with MBCP providers over one year. One outcome of this project is a draft set of guidelines that could be adopted for the establishment of a national minimum data set for MBCP participants. An important component of the study was ensuring that the data items were authenticated by practitioners. As the study findings show, there are some items that are not easily available to MBCP providers, necessitating information sharing about perpetrators in order to obtain comprehensive and accurate knowledge about perpetrators.

Chapter 9 presents a return on investment methodology that has been developed for assessing the economic impacts and benefits of PI systems. The scenario-based methodology points to the importance of having an early and more comprehensive response. This innovative methodology broadens the base of economic evaluations available for use in examining the social return on investing in DFV responses.

The collection's conclusion highlights that PI systems in Australia are evolving, with various jurisdictions undertaking a number of reforms to improve them. These include legislative reform and increases in the number of MBCPs available to perpetrators. However, there are currently no robust strategies in place to identify and respond early to DFV perpetrators or to assess the range of risks individual perpetrators pose. In part, this is due to the often private nature of DFV; a continuing level of stigma attached to the disclosure of DFV and other forms of gendered violence; and the fact that perpetrators commonly deny or minimise their use of violence and coercive control. More extensive, earlier responses to perpetrators of DFV is an area where further evidence is needed to identify suitable responses and to ascertain how they should be delivered within PI systems.

The various studies within this project suggest how reaching the dual goals of the PI systems—to increase the safety of women and children and to hold perpetrators accountable for their violence—is mediated by factors such as location, culture and age. For example, Chapter 6, the study of the sibling sexual abuse service, indicates that the need for early intervention requires responses that are suited to the age of the children involved. In this situation, the emphasis is on behaviour change and not "perpetrator accountability" in the way it would be with adult offending. While both goals are central to PI systems, they are not interdependent, and one goal may be more easily attainable. The project has highlighted that PI systems require much development to operate more robustly in their dealings with DFV perpetrators. This is not to suggest that there are not already a substantial number of highly experienced and skilled workers in PI systems. However, challenges lie in being able to align the multiple organisations involved in PI into systems of responses that enable a web of accountability consisting of strong mechanisms and pathways for identification, referral and multiple responses according to the threat posed and what is needed to increase the safety of women and children. The recommendations are therefore intended to promote strengthened and aligned PI systems.

Appendix A: A systematic review and meta-analysis of civil law protection orders

A systematic review and meta-analysis of civil law protection orders conducted as part of this research revealed some useful findings, which are reported in Appendix A. The findings demonstrate that violation rates reported by victims were higher than in those studies relying on police reports. This confirms that not all violations were reported to police and subsequently included in official records. Victims/survivors often report that protection orders are beneficial, helpful or make them feel safer. This suggests a protection order can have a positive impact on victims'/survivors' sense of safety. However, this finding should be treated with caution because the factors found to influence increased protection order violation rates were as follows: the perpetrator stalking the victim/survivor; the perpetrator having prior arrests and charges for violence; the perpetrator and/or victim/survivor living on a low income; and the perpetrator and victim/survivor being in a relationship at the time of offence.

An important finding of the study was that re-offence rates were significantly lower when there was both a protection order issued and the perpetrator arrested, as opposed to when there was only a protection order issued. There was limited evidence examining the effectiveness of protection orders and how this influenced men's participation in an MBCP. There is still no agreed definition in the literature about what constitutes protection order effectiveness, which was a limitation of the meta-analysis and marked an area for future research.

References

Australian Bureau of Statistics. (2017). *Personal safety, Australia, 2016*. Retrieved from https://www.abs.gov.au/ausstats/abs@.nsf/mf/4906.0

Carretta, C. M., Burgess, A. W., & DeMarco, R. (2015). To tell or not to tell. *Violence Against Women*, 21(9), 1145–1165.

BACKGROUND:

Domestic and family violence perpetrator intervention systems

As integrated and coordinated efforts to respond to DFV have evolved, policies and programs targeting perpetrators have been introduced, such as MBCPs. With the more recent broadening in scope to encompass policy and practice initiatives designed to end DFV perpetration, it is useful to bring into view the systems of responses specifically designed to reduce the perpetration of DFV. These have been named PI systems, and they range from those that focus specifically on perpetrators and the perpetration of DFV through to mainstream services that may engage with perpetrators though the primary reason for service use may not be DFV.

In documenting PI systems during the life of this project, it became evident to the researchers that perpetrator intervention cannot be considered as a single system of responses. It is better understood as a number of overlapping systems. Conceptualising it in this way reflects the various locations where DFV perpetrators may be identified and the complex range of pathways, involving multiple service systems, through which they may be directed towards an intervention.

PI systems are part of the subset of DFV responses that pertain to identifying and responding to perpetrators of DFV. PI systems include the following services and agencies:

- specialist DFV services
- mainstream agencies with a specialist DFV response, such as police
- agencies that may engage with perpetrators regularly but whose core business is not managing or addressing DFV, such as alcohol and other drugs (AOD) services
- mainstream services and agencies that are central to PI systems but have a peripheral engagement with perpetrators, such as general practitioners and mental health services.

The goals of PI systems are to increase the safety of women and children; to hold perpetrators accountable for their use of DFV; and to provide a mechanism where perpetrators of DFV have the opportunity to reduce their use of violence, abuse and coercive control. PI systems are guided by the legislation, policies and resource allocations of their respective states and territories. PI systems engage with wider DFV systems, for example to collect information in order to understand the risks a perpetrator poses to victims/survivors and their children. There are local level PI systems that are varied in composition, depending on their location and their unique development in that locality. The involvement of agencies in PI systems where DFV is not core business, or the agency's involvement has been peripheral to PI systems, poses a challenge for DFV policy and service system design, as these agencies will often have competing goals and may have working practices that are not typically conducive to PI systems' ways of operating. For example, a general practitioner may be concerned primarily with a presenting physical health problem and not view their role at that time as being concerned with DFV. In other situations, confidentiality might be privileged over the sharing of information, which can limit the PI system's capacity to gather information about perpetrator risk.

The wider DFV service systems, which include responses to victims/survivors, have developed strategies to engage victims/survivors to work towards increasing their safety and liberation from coercive control; in contrast, the PI systems subset is only beginning to develop agency protocols, practices and interagency coordination mechanisms to engage perpetrators and work towards accountability-based and safety goals. In order to develop the PI systems to increase the identification and engagement of perpetrators, the various agencies involved must have clearly aligned roles and responsibilities, as well as pathways for coordinating with other parts of PI systems. The usefulness of this report in adopting a PI systems focus is that it enables a bird's eye view of the range of pathways that currently lead to identification and assessment of, and response to, DFV perpetrators. It also highlights areas where there are opportunities for earlier identification and intervention, and parts of PI systems where there may be little or no interagency collaboration—which could be improved in the future to strengthen PI systems. The PI systems perspective can offer an understanding of where to develop the system and its pathways in order to strengthen the perpetrator web of accountability in the future.

PART 1:

Underpinning concepts of PI systems

As previously discussed, PI systems may take a range of forms. They include systems that directly work with or respond to perpetrators (for example, delivering MBCPs); systems that aim to address the impact of perpetrators' violence, abuse and coercion (for example, women's refuge services); and systems that engage with perpetrators where the primary focus may not be DFV (for example, health screening services). This makes any analysis of PI systems complex, as they contain multiple entry and exit pathways for perpetrators. It is therefore crucial to establish a set of common concepts through which PI systems can be discussed and examined.

The first two chapters present these foundational concepts which underpin PI systems, two of which form the focus here: the notion of accountability and the Tree of Prevention as applied within PI systems. Each is dealt with in a separate chapter. Both concepts have operational definitions for different dimensions and indicators within PI systems. Such definitions, dimensions and indicators required mapping out within this research in order to allow a comprehensive picture of the PI systems to emerge.

The discussion commences with a consideration of the inceptions and limitations of "accountability". The intended purpose of much of the work across PI systems is to promote perpetrator accountability. While the concept of accountability is often used in both policy and practice in the DFV field, it remains generally undefined. Chapter 1 considers this issue by examining what it means to be accountable, to whom, and in what ways the concept of accountability is applied. Furthermore, the relationship between accountability and responsibility is explored, particularly since the terms are sometimes used interchangeably in literature and practice. A framework of accountability is presented as a means of examining the multiple forms of accountability operating within and across PI systems.

In Chapter 2, the Tree of Prevention model provides an explanatory framework for the various intervention components that comprise PI systems and the influences external to PI systems that impact their reach and effectiveness. The Tree of Prevention ranges from the primary prevention of DFV and sexual violence through to tertiary responses when such violence has occurred. The range of responses to reduce and end the violence is also considered across the life span of the Tree, which draws attention to how existing responses have often been built on assumptions about perpetrators being adult, heterosexual, English-speaking men who are responsive to deterrents. The Tree of Prevention points to how PI systems can be more encompassing in order to reduce the onset, duration and effects of violence and abuse.

CHAPTER 1:

Locating "accountability" within perpetrator intervention systems: Inceptions and limitations in current understanding

Professor Donna Chung, Elena Campbell, Rodney Vlais, and Dr Lynelle Watts

Introduction

This chapter presents the results of a review of the concept of accountability within published literature, grey literature and policy documents. The initial objective was to examine understandings of the use of this foundational concept as it is applied in DFV research, policy and practice. The intended outcome of the review was to propose national definitions with indicators that represent their operationalisation in policy and practice. However, this literature review revealed that the terms are used mostly without definition and that there is very little description of their operation in practice. This was an important, and somewhat surprising, finding. Moreover, it suggests that it may be premature to develop and operationalise indicators, as there is little consensus or even debate about what constitutes this foundational concept. This important conceptual work needs to occur before proceeding to the point of widespread adoption of operational definitions. The starting point of this review is a consideration of accountability more generally, before examining perpetrator accountability in particular. The rationale for this approach is that in considering perpetrator accountability, it became apparent to the researchers that there are multiple forms of accountability within PI systems, including individuals being accountable for using violence as well as various organisational and practitioner accountabilities that ultimately shape what forms perpetrator accountability can take in practice.

Therefore, "accountability" within PI systems takes the form of actions that impose obligations on individuals and organisations. Accountability in this context is layered. Practitioners and service providers are held accountable within their organisations for the type, quality and responsiveness of their services to perpetrators and the victims of perpetrators to deliver safe practice. This kind of accountability is diffused through PI systems and can be seen in various outcome measures, funding agreements, individual worker performance standards and professional practice and ethical standards. In this respect, accountability is guided by contractual, legal and ethical obligations. For instance, individual perpetrators can be accountable to the person they have harmed via the justice system through the imposition of penalties or through compulsory attendance at an MBCP.

"Responsibility" occurs when an individual takes responsibility for, and ownership of, their actions and attitudes. Responsibility thus suggests a notion of personal agency. Agency in this respect refers to that "distinctive feature of human beings, reason, [which] is therefore the capacity for normative self-government" (Korsgaard, 2009, p. xi). Responsibility is seen as calling on the human capacity to reason, as evidenced in the call for perpetrators to accept that violence is a choice and that responsibility requires a preparedness to take action to stop using violence. More broadly understood, taking responsibility requires the perpetrator to reflect on the totality of their use of violence in their current/previous and prior relationships, in order to form a mature and sustainable intention to make consistent non-violent choices in the future. Thus, responsibility means perpetrators need to acknowledge and take up the capacity to control and direct their own beliefs and actions. In other words, responsibility refers to the expectation that perpetrators are responsible for their own normative self-government.

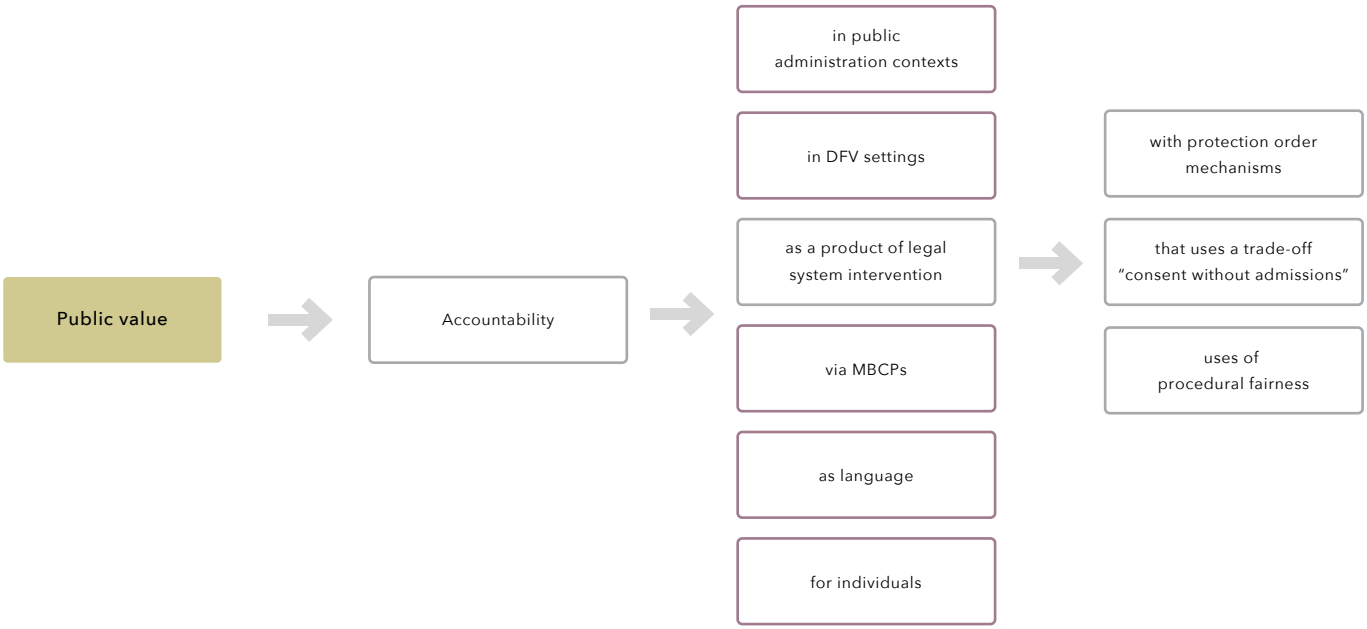
Accountability and responsibility do not always—or indeed often do not—co-occur; perpetrators can be held accountable without necessarily taking personal responsibility for their behaviour. Therein lies a dilemma to those trying to eliminate DFV; it also points to the importance of not conflating accountability with responsibility. Furthermore, a perpetrator may take partial responsibility or responsibility at a certain point in time, but may subsequently change the attribution of responsibility to other parties (e.g. the victim/survivor).

Methodology

This chapter samples the academic, grey and practice-based literature to trace concerning assumptions about and conceptions of accountability. Questions guiding the review were as follows:

- How is perpetrator accountability defined in the published literature?
- What are the different perspectives and debates about perpetrator accountability in the literature?
- What is important about perpetrator accountability in strengthening a system of perpetrator responses?

Figure 1.1: Public value



Initially, the methods used for this review followed conventional approaches for scoping reviews (Arksey & O'Malley, 2005). A scoping review method was adopted because the focus was on the definitions of accountability and on debates regarding the concept of accountability being understood and applied in response to DFV perpetrators. The purpose was therefore to examine understandings and practices, rather than to examine specific research studies for measures or particular outcomes. There are two ways to consider scoping reviews: either as part of an ongoing research process where "the ultimate aim … is to produce a full systematic review" or as a stand-alone research method for identifying gaps in knowledge (Arksey & O'Malley, 2005, p. 22). The scoping review here is a hybrid of these two positions as it is part of an ongoing research program examining PI systems. Despite this, the scoping review process here has been undertaken as a stand-alone research inquiry focused on understanding the assumptions and use of the concept of accountability.

Initially, results were limited to peer-reviewed English language publications dated from 2002 onwards,[3] including journal articles, reports and theses, which contained the following Boolean search terms:

- domestic violence AND perpetrator OR batterer AND accountability
- domestic violence AND accountability.

The areas searched were broad, as it was not straightforward to identify from titles, abstracts or subjects whether specific discussion of accountability was undertaken to any meaningful extent. In reviewing the available literature, it became evident to the researchers that a vast majority of papers did not provide a definition of perpetrator accountability or critically engage with this concept. Rather, accountability was predominantly described or listed as the "intent" of DFV interventions, with no further consideration of what this intent involved. This meant that a broader, snowball approach to the literature search was necessary. The researchers followed relevant citations in recent academic publications, government reports and DFV websites that include perpetrator interventions, and drew on their own engagement and networks across government and non-government organisations, including peak bodies that are responsible for or knowledgeable about aspects of PI systems. Grey literature, policy and practitioner-directed documents proved to be a rich source of descriptions of accountability and were therefore included in the corpus of literature and in the subsequent research analysis based on their relevance to the aforementioned research questions. The concept of accountability appeared to be critically interrogated in small pockets across different contexts and different disciplines, all of which nevertheless remained useful in terms of understanding how this concept is considered in relation to PI systems. These have all been drawn upon to inform the discussion throughout this chapter.

Conceptions of accountability

This section of the chapter outlines six broad ways that the concept of accountability is utilised within the literature surveyed in this review. There is one exception, and that

3 This year was chosen because Edward Gondolf's (2002) study of perpetrator programs was published at that time. It was the largest study of its kind and one of the first large projects to identify the importance of the perpetrator system response, moving beyond the prior research focus on whether individual MBCPs are effective.

is accountability as a public value. Conceptions of public value often frame policy responses, and so while the DFV literature surveyed did not explicitly address issues of public value and accountability, it is included as a theoretical frame for the rest of the scoping review. The section begins with this discussion.

Public value

This section largely draws on theoretical literature on public value, considering it in relation to accountability in the context of PI systems. Public value, at least in the context of broadly Western, democratic, Anglo–Celtic traditions, may be defined as the "collectively defined objectives that emerge from a process of collective decision-making" (Moore, 1995, p. 36). Public value has a long history in public administration contexts and refers to theory concerned with strategic management for public outcomes (Moore, 1995; Prebble, 2012). The formulation of public value has four main features:

1. "Government uses the power of the state to divert resources and options of private individuals to achieve public value." (Prebble, 2012, pp. 393–394)
2. Public value emerges from the wishes and perceptions of individuals and has to be deemed worth the restraint of private liberties.
3. Public value involves more than just efficiency, with Moore (1995, p. 48) remarking that "once public authority is engaged, issues of fairness are always present".
4. It is through politics that a collective will emerges and, from this, it is possible to discern the public value of specific policy and practice responses (Prebble, 2012, pp. 393–394).

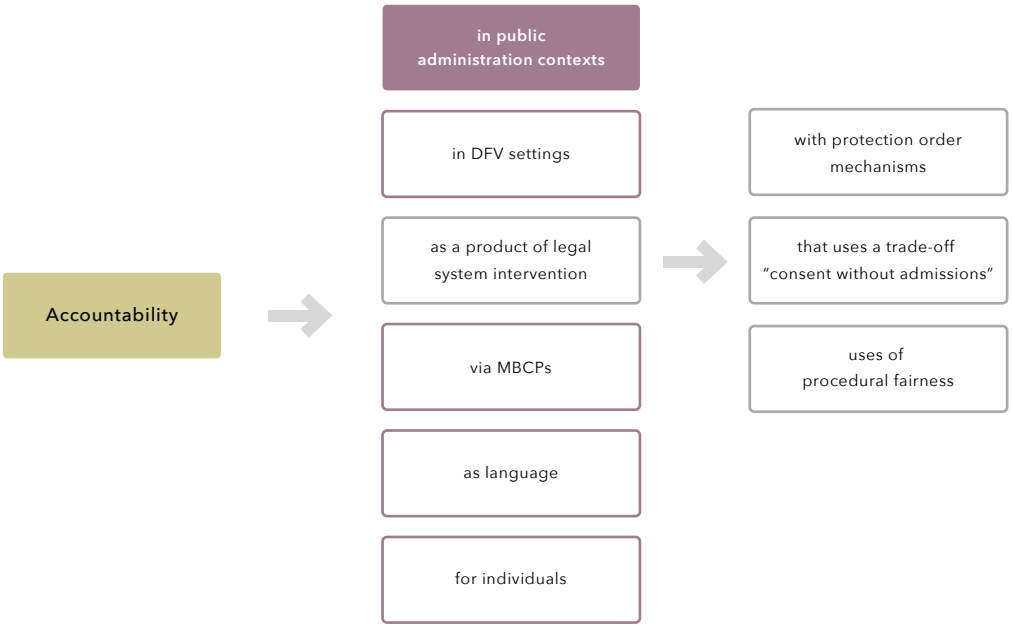
Taking each feature of public value in turn, it is possible to formulate the implications for accountability in PI systems. It should be said that these implications have not been the result of much critical engagement between DFV and public administration scholars. Feature 1 can be seen in the way that government, via the use of state resources, invests in the safety of women and children, and in turn provides for perpetrator programs and other accountability mechanisms via the legal and other service systems. Perpetrator interventions and protection order mechanisms may be considered to exemplify the public value of restraining the private liberties of some citizens when they perpetrate violence against women and children in the context of DFV; thus, this aspect might be viewed as meeting the requirements of Feature 2. Feature 3 points to the need for PI systems to be more than merely efficient. They need to also involve perceptions of fairness, which may be in the distribution of resources, access to programs and procedural fairness of treatment under different aspects of PI systems. In relation to Feature 4, the creation of the collective will to hold perpetrators accountable finds expression in public policy, practices and programs. The roles of activists, civil society, advocacy bodies and other actors are key to this final feature of accountability expressed in Moore's theory. Few sources in the DFV literature explicitly make the link to public value in the sense outlined here, although it has become a rationale used for the inclusion of co-production in service design (Poocharoen & Ting, 2015), albeit not with perpetrators but rather with victims of DFV. The concept of public value itself is multidimensional, complex and, to some degree, contested; however, it may be a fruitful area of exploration for considering how the wider PI systems demonstrate their contributions to accountability. The discussion now turns to the six areas of accountability that were found in the literature reviewed for this research, commencing with accountability in public administration contexts.

Accountability in public administration contexts

This section highlights some of the distinctions and assumptions inherent in discussions about accountability made by policymakers and communities in public administration settings. This is a vital area of understanding for the accountability of PI systems themselves; the individuals with whom these systems are attempting to intervene; and those whom PI systems are attempting to keep safe.

The concept of accountability has been conceived in what some scholars have described as a fragmented way, with no real demonstrable agreement about its definition (Bovens, 2010). Some have also described accountability as conceived in these contexts as a "complex and chameleon-like term" (Mulgan, 2000, p. 555).

Figure 1.2: Accountability in public administration



Its Anglo–Celtic history is noteworthy, as is the fact that accountability can take varied forms in different cultural traditions. For example, it has complex and multi-layered interpretations in Indigenous communities and can include obligations related to kinship relations that might be at odds with organisational accountabilities situated within public administrative governance norms (Topp, Edelman, & Taylor, 2018). Thus, there are complexities and additional considerations apparent at the intersection of Indigenous and public administration settings (Topp et al., 2018) which are important areas of further research but remain beyond the scope of the discussion here.

Nevertheless, accountabilities across public administrative contexts are characterised by being relational. For example, Mulgan (2000) describes accountability as follows:

> [Accountability] is *external,* in that the account is given to some other person or body outside the person or body being held accountable; it involves *social interaction and exchange,* in the one side, that calling for account, seeks answers and rectification while the other side, that being held accountable, responds and accepts sanctions; it implies *rights of authority,* in that those calling for an account assert rights of superior authority over those who are accountable, including the rights to demand answers and to impose sanctions. (p. 555, original emphasis)

Schmitter (2004) similarly defines "political accountability" (at least within the context of hierarchical political systems or certain schools of socio-political thought) as:

> [A] relationship between two sets of persons or (more often) organizations in which the former agree to keep the latter informed, to offer them explanations for decisions made, and to submit to any predetermined sanctions that they may impose. The latter, meanwhile, are subject to the command of the former, must provide required information, explain obedience or disobedience to the commands thereof, and accept the consequences for things done or left undone. Accountability, in short, implies an exchange of responsibilities and potential sanctions between rulers and citizens. (p. 47)

Here, Schmitter uses a wider conception of responsibility than that of the previous discussion, where the point was made about responsibility as a form of personal agency where perpetrators acknowledge and abstain from future use of violence and coercion. His use of the term responsibility more closely corresponds in meaning to the concept of accountability discussed as a relation between rulers and citizens in the broader sense. Leaving aside the extent to which citizens in most political settings actually agree to such an exchange, as is assumed in Schmitter's excerpt above, these descriptions of accountability by Schmitter (2004) and Mulgan (2000) prompt sobering reflections regarding the ways in which rights of authority are experienced as elusive by victims/survivors of DFV, or denied them altogether. They also give rise to queries about the extent to which this authority is recognised by perpetrators as inherent either in victims/survivors or PI systems alike. The description by Schmitter (2004, p. 47) suggests questions about the extent to which an exchange of responsibilities and potential sanctions between PI systems and an individual perpetrator has actually been agreed, in terms of a perpetrator of DFV acknowledging the appropriateness or applicability of these sanctions and therefore being likely to comply with them.

In addition to attempts to describe accountability in political and public administration contexts, various attempts have been made across this scholarship to categorise "types" of accountability. For example, Schmitter (2004) distinguishes between political and ethical accountability (p. 48), while Bovens (2010) categorises accountability in two forms: as a virtue and as a mechanism. In describing accountability as a virtue, Bovens (2010) suggests that the focus of this conceptualisation is on normative expectations of acceptable actions by individuals or organisations in public and private life, expectations which vary over time:

> Most of these [studies of accountability in public administration contexts] have in common that they focus on normative issues, on the assessment of the actual and active behaviour of public agents. This is a formidable task, because of the essentially contested and very broad character of accountability as a virtue. It is not easy to establish empirically whether an organisation lives up to this notion of accountability, as the standards depend on the type of organisation and on its institutional context. (p. 950)

In describing accountability as a mechanism, Bovens nominates the various means by which individual private citizens, political representatives and/or employees or organisations are held accountable for their actions and decisions. In this construction, accountability as a mechanism is underpinned by the assumption that individuals and organisations are obliged to explain and justify their actions, with these actions then judged or assessed by an authority of some kind. Accountability in this sense, albeit in a specific socio-political context, is the way in which individuals or organisations experience consequences for actions taken or not taken (Bovens, 2010). Accountability here is also about how organisations impose these consequences.

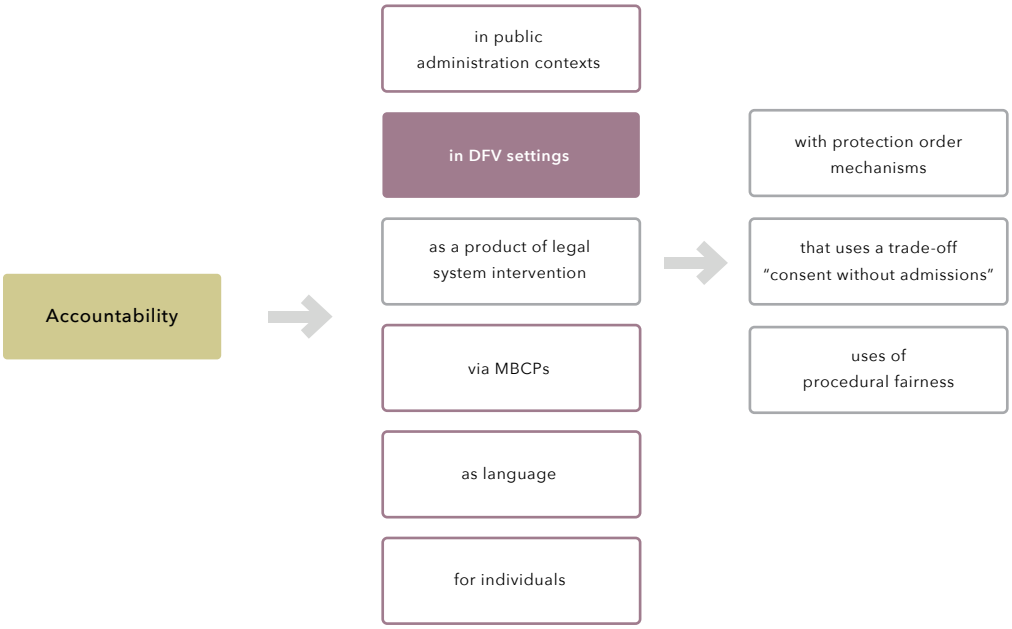
In the context of DFV and the development of PI systems, the conceptualisation of accountability as a virtue based on normative expectations is useful when considering the ways in which individual perpetrators of DFV may interpret and enact their own accountability in the context of shifting and fluctuating societal views. This includes where a dissonance persists between the normative expectations enshrined in policy and law and the reality in terms of wider community attitudes and behaviours as ingrained social practice.

The conceptualisation of accountability as mechanism, meanwhile, is a reminder that the enactment of consequences—and thereby the activities of those imposing these consequences—are also relevant to any assumptions about accountability. Further, shifting and contested normative expectations about acceptable behaviour may simultaneously shape the authority of those imposing the consequences and function as a barrier to these consequences having any effect. This means that accountability as virtue and accountability as mechanism may not always interact effectively.

In the context of PI systems, this critical engagement with accountability in public administration contexts has highlighted that it is not unitary and that multiple forms of accountability co-exist (Van Belle & Mayhew, 2016). This conception of accountability as multi-directional stems from the many agents to whom human service providers, especially, must account in terms of how their funding is expended, as well as how their services are designed, administered and delivered (Topp et al., 2018). For example, in the context of the provision of community health services, Van Belle and Mayhew (2016) describe accountability as flowing upwards to funders or regulators ("political accountability"); horizontally or across within organisations ("organisational accountability"); outwards to the broader community ("social accountability"); and "downwards" to service users ("provider accountability") (p. 134). Other authors describe the multiple forms of accountability as an accountability ecosystem (Fox & Aceron, 2016; Fox & Halloran, 2016).

In different contexts, service providers may sometimes experience these forms of accountability as operating in tension with each other. For example, Aboriginal and Torres Strait Islander service providers are often balancing a strong sense of social accountability to their communities' various political or cultural traditions, but this is not always applicable in the context of DFV perpetration. Across the PI systems, there are multiple forms of accountability within and between agencies. The extent to which the multiple agencies can align and form a web of accountability for DFV perpetrators demands a high level of robust coordination at multiple levels, from legislation and policy through to local practices of intervention and interagency working.

Figure 1.3: Accountability in DFV settings



Accountability in DFV settings: Conflating individual and systemic accountability

The term "perpetrator accountability" usually appears towards the end of any list of DFV policy objectives, with priorities understandably being to improve the safety of and support for individuals experiencing DFV. It has taken policy circles some time to extend a focus to those wielding, as well as those experiencing, DFV (Centre for Innovative Justice, 2015, 2016). This positioning may signal the reluctance of broader DFV responses and policies to be seen as redirecting resources and attention away from victims/survivors when existing—albeit still inadequate—resources and attention have been so hard-won (Centre for Innovative Justice, 2015, 2016). Arguably, it also signals an enduring ambivalence about the effectiveness of these perpetrator interventions—an ambivalence which, until perhaps more recently, has ironically seen MBCPs subjected to levels of resourcing that are insufficient to meet the expectations which policymakers have imposed (Day, Vlais, Chung, & Green, 2019).

A consequence of this overall ambivalence, however, is that the objective of "accountability" has not been thoroughly or critically interrogated across DFV policy development or literature. Instead, consideration has occurred across various pockets, with the focus variously being on

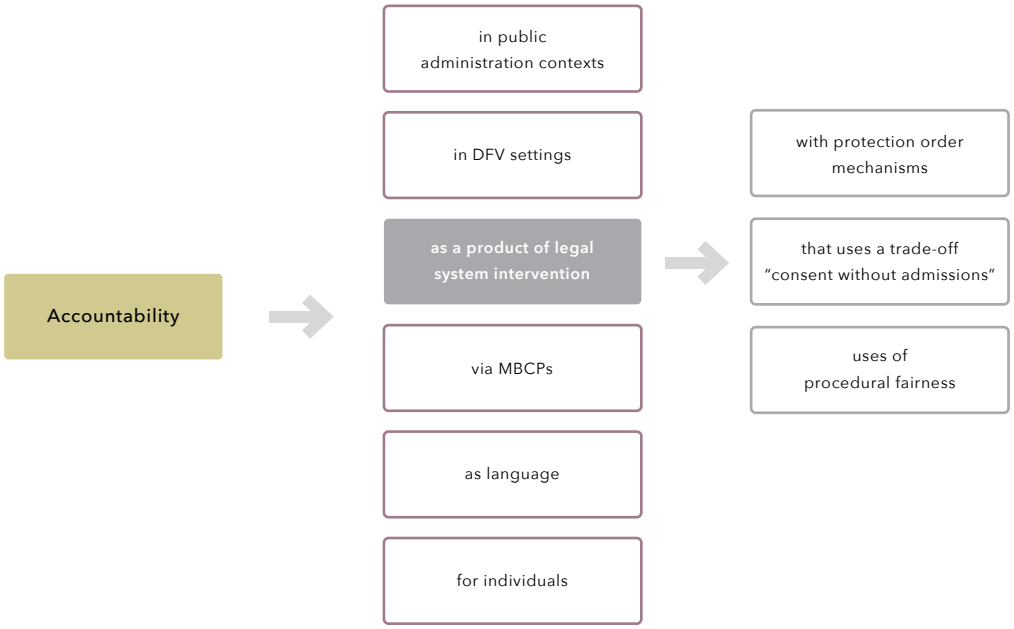
- the "success" or otherwise of legal or service interventions in "holding perpetrators accountable"
- the effectiveness of integrated or coordinated community responses
- the journeys of individual perpetrators towards assuming responsibility for their behaviour
- the ways in which individual perpetrators use discursive practices to avoid accountability
- a consideration of the accountability of PI systems, rather than just a focus on the accountability of individuals.

The next section of this chapter outlines current understandings of accountability as a product of the legal system. During this research, three key areas emerged in relation to accountability as an assumed consequence of the legal system: protection order mechanisms; trade-offs that use "consent without admission"; and the uses of procedural fairness. Each will be discussed in turn below.

Accountability as an expected product of legal system intervention

As violence against women and children became less socially acceptable and aspects of violence and abuse were legally endorsed as criminal acts, so the focus of many advocates turned to the inadequacy of criminal justice responses to DFV. Early references to accountability in DFV contexts advocated for DFV to be taken seriously as a public, rather than a private, offence by law enforcement and courts (Bailey, 2010; Scutt, 1983). The expectation was that these agencies would impose consequences of sufficient gravity so that not only would those using DFV have their individual behaviour curbed, but also that DFV would be publicly denounced as unacceptable behaviour (Hirschel, Buzawa, Pattavina, & Faggiani, 2007).

Figure 1.4: Accountability as an expected product of legal system intervention



Based on the earlier discussion of co-existing multiple accountabilities, it could therefore be argued that the expectations of law enforcement and court responses are that they would promote accountability as a virtue, while simultaneously enacting accountability as a mechanism. The tiered questions within these expectations, however, include whether this mechanism could ever genuinely realise the virtue. They also include whether the various forms of accountability conceived by some authors as political, organisational, social and provider accountabilities (Van Belle & Mayhew, 2016) could enable these mechanisms to ensure that those experiencing DFV remained the primary focus. Further questions involve whether the agreed exchange of responsibilities as described within political accountability discourses (Schmitter, 2004) or the rights of authority (Mulgan, 2000) to impose any consequences are recognised and then accepted by the majority of individuals using DFV.

These broader assumptions about what might be meant or implied by references to accountability are useful to remember when considering how the concept is seen to be operationalised in the context of legal responses. Devaney (2014) suggests that accountability has been operationalised in three ways in the context of legal responses to DFV:

- improved police responses
- a legal sanction, including protection orders (the most widespread legal response in Australia, as discussed elsewhere in this collection)
- court-directed attendance at MBCPs, either via a civil or corrections order.

These commonly adopted mechanisms of perpetrator accountability have been limited because of the low reporting rates of DFV overall; the high breach rates of protection orders which may not result in any consequences; the high attrition rates from MBCPs; and very few consequences when participants either breach or drop out of the program (Beldin, Lauritsen, D'Souza, & Moyer, 2015; Gondolf, 2012; Labriola, O'Sullivan, Frank, & Rempel 2010; Sartin, Hansen, & Huss, 2006).

Nevertheless, it is vital to remember that legal system responses to DFV have evolved significantly over recent decades, both in Australian and international jurisdictions, with many criminal justice responses now being described as pro-arrest and pro-prosecution (Wilcox, 2010). This approach is designed to address historical failures by law enforcement authorities to perceive DFV as behaviour warranting their resources and attention, and to encourage once reluctant police to both make arrests and gather evidence for prosecution. This was intended to remove the burden on victims/survivors to drive accountability mechanisms, with law-enforcement agencies driving it instead (Hirschel et al., 2007).

The emphasis on criminal justice systems' obligations to arrest, charge and prosecute perpetrators of DFV has been described as highly beneficial to victims/survivors—including in small but often very meaningful ways, such as supporting their capacity to relocate, or increasing their confidence in prosecution (Douglas & Godden, 2003). Criminal justice system responses have also been described as driving home to a perpetrator that his behaviour has been deemed unacceptable by the community (Smith, 2013). Despite this, numerous commentators argue that the assumption of these obligations by criminal justice systems has not achieved the overall objective for which activists were hoping. For example, Bailey (2010) argues that early activists

> envisaged that victims would have autonomy in determining when the criminal justice system would intervene in their lives. While this concept of victim autonomy made sense in the context of the battered women's movement, it got lost in the translation of the early battered women's movements' activism into current criminal justice policy, which is primarily focused on prosecution and punishment. (p. 1210)

Given the increasingly proactive policing and court response exhibited across international jurisdictions, Bailey (2010) further argues that pro-arrest responses

> make sense in a retributivist and prosecutorially-focused criminal justice system. If batterers are going to be considered criminals, then they need to be arrested and prosecuted. There is no room for victim ambivalence or hesitancy, and victim autonomy simply does not make sense in this context. (p. 1271)

These cautions reflect the reality that criminal justice interventions are conducted on behalf of the state, rather than on behalf of the victim of any crime. This reality, however, means that the activity of legal responses, in particular, often fails to consider wider forms of accountability on the part of these systems to victims/survivors of DFV. This is echoed in the Australian context, with Meyer (2011) similarly arguing that criminal justice responses can entrench DFV harm:

> Victims who do reach out for help from the criminal justice system often encounter a system that is marked by stereotypical and victim-blaming attitudes where professionals, including the police, judges and magistrates, lack the understanding of the dynamics surrounding IPV [intimate partner violence] and therefore fail to adequately address victims' needs. (p. 270)

In addition, it has been documented that the legal system can be utilised by perpetrators as a platform for further harassment and abuse (George & Harris, 2014; Laing, 2017). The conflicting imperatives between the emphases in Child Protection and family law have also been described as a further way in which legal system interventions in DFV fail to curb perpetration and instead seem to hold victims/survivors of violence accountable for the way in which they respond to their experiences. This includes the emphasis in Child Protection systems on mothers separating from violent fathers as the safest outcome for children (thereby placing the burden on mothers to manage perpetrator behaviour) and the contrasting emphasis in the family law system on continuing parental/child contact post-separation (thereby often placing the emphasis on mothers to facilitate contact with violent fathers) (Fish, McKenzie, & McDonald, 2009; Healey, Connolly, & Humphreys, 2018).

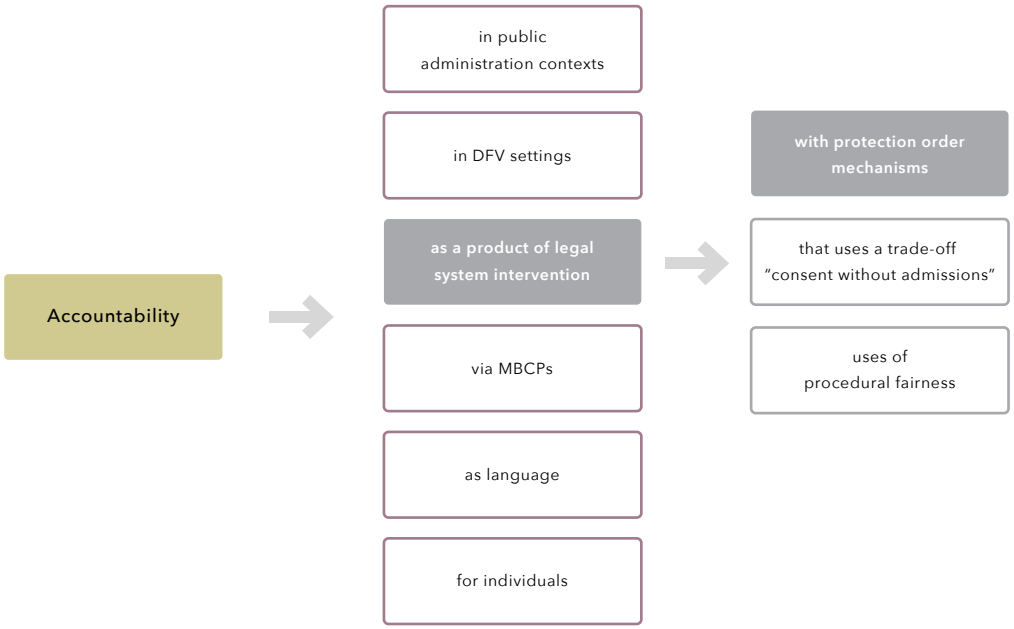
Similarly, Tolmie and colleagues argue that safety plans that place the onus on victims/survivors to keep themselves and children safe and use the language of empowerment fail to consider the degrees of entrapment experienced by victims/survivors of DFV, as well as the structural inequities and barriers facing members of marginalised groups (Tolmie, Smith, Short, Wilson, & Sach, 2018). Likewise, the language of victim/survivor vulnerabilities focuses attention on victim/survivor characteristics and inadvertently implies that they are in some way responsible for their own victimisation.

This small sample of critiques suggests that the increased activity of legal responses to DFV are not always being experienced in ways which improve accountability towards those experiencing DFV, but instead can sometimes impose consequences on victims/survivors. As later sections of this chapter suggest, this activity is not necessarily experienced as accountability by those perpetrating DFV either, but instead may be experienced or employed as a way to avoid taking responsibility for their behaviour.

Accountability of protection order mechanisms

Though critiques of the legal response to DFV are many and varied, the following section considers critiques specific to protection orders, given that these are the predominant legal response to DFV in the Australian and many international contexts. This is intended to complement the meta-evaluation of studies regarding the effectiveness of protection orders also included in this collection, which draws primarily on international studies due to their larger size and scope. These critiques are then considered in relation to the extent

Figure 1.5: Accountability of protection order mechanisms



to which protection orders promote accountability, as well as in relation to their vital aim of promoting safety.

Protection orders are in place to provide a legal intervention to supplement the more onerous route of criminal prosecution for alleged acts of DFV (Hunter, 2008). The aim was for this approach to function as a more accessible and immediate mechanism for people in need of protection, as well as to avoid the difficulties associated with prosecution (Wilcox, 2010).

Noting the recent increase in police-initiated applications for these orders, some authors have also suggested that benefits which flow from this practice include shifting the onus from victims/survivors of DFV to protect themselves; demonstrating community disapproval of DFV; and ensuring that victims/survivors have their interests represented in court (Stubbs & Wangmann, 2017). In many ways, therefore, this echoes broader assumptions about accountability, as well as the aspiration of early advocates for a more serious legal response to DFV. However, it is important to note the role of police in these applications: they do not represent the victim/survivor, but, rather, the state. Police therefore have an obligation to act in the public interest as police perceive it, rather than according to the victim's/survivor's instructions, which may be conflicting.

Nevertheless, a US study by Logan and colleagues concluded that most women *do* feel that their lives are improved and safer for having a protection order in place (Logan & Walker, 2009, 2010), a finding also supported by the meta-evaluation featured elsewhere in this collection. That said, Logan and Walker (2009, 2010) also found that 42 to 50 percent of protection order respondents breached them, with variable responses to such breaches. Similarly, the meta-evaluation in this collection indicates that measurements used in assessing the effectiveness of protection orders vary and point only to a reduction in, rather than cessation of, the future use of violence.

Observing apparent existing police reticence to charge and prosecute breaches, some feminist commentators have suggested that the increased use of these orders effectively decriminalised DFV (Douglas & Godden, 2003). Meyer (2009) also notes women's disappointment with police reluctance to charge or prosecute breaches as undermining accountability, with one research participant reporting:

> "He [ex-partner] got one $200 fine. I didn't even bother breaching him anymore, what's the point, $200 fine. He goes, 'Sucked in, I can get you again.' He thought it was funny." (p. 276)

Meyer's (2018) research into the use of protection orders in Queensland also found that the majority of victims (9 out of 11) who sought a protection order reported feeling traumatised and disrespected (p. 181). In particular, participants' testimony suggested that, at the time of the study at least, Queensland judicial officers were applying a narrow view of DFV (privileging physical violence) and were reluctant to include mutual children on orders unless there was evidence of physical violence against them (Meyer, 2018, p. 181).

Smith's (2013) research, discussed further below, also suggests that protection orders alone offered little comfort to women, but the process could be an entry point for referrals to support, which in turn improved outcomes and the women's feelings

of safety. Durfee and Messing's (2012) research in the United States also found that protection orders could be a pathway to support and advocacy services, and that such services increase the likelihood that the woman would go on to apply for a protection order.

In their research into practitioners' views regarding protection orders, Taylor and colleagues found that only a minority of those surveyed (judicial officers, lawyers, police and victim advocates) believed that they were effective protection for victims "often"—with the majority indicating that orders were only effective "sometimes" (Taylor et al., 2017, p. 18). Interestingly, judicial officers were the least sceptical and least likely to believe that breach penalties "rarely" or "never" kept victims safe (Taylor et al., 2017, pp. 18–19).

A range of further concerns regarding the effectiveness of protection orders persist, including the extent to which they are issued or initiated by police and are confined to standard conditions which do not sufficiently allow for the circumstances of the parties to be considered (Legal Affairs and Community Safety Committee, 2014), and which in turn leave open the potential for breaches, as well as the likelihood that victims/survivors may be forced to apply for variations or revocations.

Further, some jurisdictions have reported that law enforcement authorities rely too heavily on civil, rather than criminal, responses—charging perpetrators for breaches of protection orders, rather than for criminal assault (Legal Affairs and Community Safety Committee, 2014, p. 165). This has been described as communicating to a victim/survivor that "when he [perpetrator] hits her it is a breach of a domestic violence order, it is not assault" (Legal Affairs and Community Safety Committee, 2014, p. 165). In a statement to the Royal Commission into Family Violence (RCFV) in Victoria, Walker and Goodman (2015) outline similar concerns:

> Police should be protecting women, rather than making them witnesses to their own applications. Giving police the role of applying for [protection orders] is another expression of patriarchy and of the legal system treating women like children […] Keeping perpetrators in the civil jurisdiction rather than charging them with offences raises issues regarding their accountability […] Our current approach makes me question whether we have really moved on from family violence being only a private or civil issue. (p. 20)

Concerns also include the extent to which matters are often dealt with rapidly and perfunctorily once they reach court (Hunter, 2008), as well as the extent to which respondents understand the basis of an order, or the terms with which they are expected to comply (Chung, Green, Smith, & Leggett, 2014).

A small number of Australian studies have highlighted the ways in which respondents to protection orders may view the ("rights of") authority of the court and the significance of any protection order to which they have either consented or which may have been imposed. One example is Smith's (2013) research involving interviews with MBCP participants, current and former partners, and MBCP practitioners in Victoria. In relation to the court holding perpetrators accountable, Smith's (2013) research found an absence of accountability; this was indicated by the perpetrators not being required to appear before the judicial officer, multiple delays in court hearings, or the drawn-out nature of proceedings.

Almost half of the MBCP participants cited their experience of court attendance associated with the protection order process as being an example of their victimisation. This was because their former partner could make allegations about their behaviour and the perpetrator had no recourse to deny or challenge what he perceived as allegations. Such accounts have perpetrators denying responsibility for their violence and/or minimising its impacts on others.

> 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. (Smith, 2013, pp. 208–213)

In Western Australia, Chung and colleagues also undertook research with MBCP participants and similarly found that they denied or minimised their use of violence, instead

opting to emphasise how unfair it was to be the respondent of a protection order:

> 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 […] The perception of unfairness was exacerbated by a lack of understanding about the process for obtaining a police order or [protection order] 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 … order". (Chung et al., 2014, p. 2)

Further, a recent Victorian study about perpetrators' overall experiences of services related to PI systems also featured strong resentment and consistent re-casting of positions by men participating in an MBCP to put themselves in a better light. The authors reported that this included descriptions by men that they did not belong in the MBCP, having been forced to attend by a court, while they simultaneously insisted that it had been their own decision to attend (Vlais & Campbell, 2019). Their descriptions also conveyed their confusion, echoing the studies above, about the authority of the court to impose an order. This included one participant's complaint that he did not know why police or courts were involved, as the order "was a civil matter, between husband and wife" (Vlais & Campbell, 2019, p. 33).

Underpinning such accounts by male perpetrators is a perception that the justice system is biased towards women, with many participants feeling treated like a number; that police had processed matters with such speed that they had jumped to conclusions; and that courts were getting "only one side of the story" (Vlais & Campbell, 2019, p. 32).

These three studies alone suggest that rote interactions in the protection order process—particularly where these orders are made by consent, as discussed in the next section—are unlikely to encourage compliance, or any agreed exchange of responsibilities, with a court that is seen as having rights of authority. Instead, this exchange may entrench perpetrator denial, with individuals who have used DFV repositioning themselves as victims not only of their partners, but also of PI systems. These case studies similarly suggest a sense among male perpetrators participating in MBCPs or experiencing legal responses that the system is simultaneously *against men* but that it is also there to be *gamed* or used to their advantage. The findings of studies so far in Australia and internationally suggest that protection orders can offer some women a sense of safety and a smaller likelihood of being subjected to further violence. In essence, protection orders are more often viewed as being primarily about victim safety rather than perpetrator accountability, with the court order seen to be more about compliance than accountability.

Accountability of the trade-offs: "Consent without admissions"

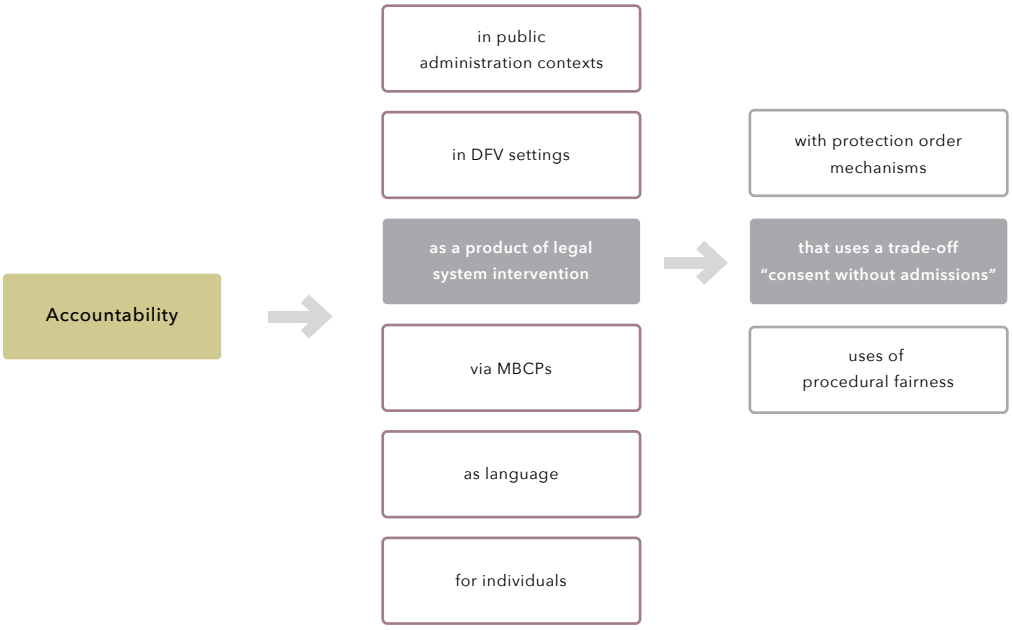
Relevant to accountability in the protection order context is the imposition of these orders by "consent without admissions". This was recognised in Recommendation 77 of the RCFV, with statements to the RCFV confirming that, in Victoria, the majority of protection orders are imposed in this way (State of Victoria, 2014–2016).

This process involves a respondent agreeing to the imposition of an order so that the matter does not need to go to contest, without conceding that the allegations in the application for the order are true. This has been described as a time-saving mechanism for managing court loads by community legal centres (see for example Darebin Community Legal Centre, 2015) and as relieving the burden on victims/survivors who are then generally not required to enter court or to return for subsequent court dates (Hunter, 2008).

Hunter (2008) summarises the apparent benefits and intentions behind this approach:

> Proponents of the practice argued that consent without admissions represented a win-win-win solution for all parties. It saved time for the court. The applicant got her

Figure 1.6: Accountability as a product of the legal system



> order without having to wait around and without having to go into the witness box and endure a potentially traumatic hearing, and the defendant was able to "save face" to some extent. (p.111)

The (very limited) relevant literature, however, also points to a number of negative outcomes potentially associated with the "by consent" mechanism. These include a focus by courts on expediting matters, rather than hearing them in detail, as well as the absence of opportunities for victims/survivors to be heard in court (Hunter, 2008, pp. 111–113).

Most specifically, the "without admissions" element of protection orders made by consent arguably undermines the potential seriousness with which respondents may view the alleged behaviours, and potentially also future adherence to any order made. Victims/survivors may also feel disappointed that they are not given an opportunity to have their experience appropriately acknowledged. This may in turn impact their readiness to report breaches or to seek further assistance from the legal system.

Hunter (2008) describes how, in her observation of the consent mechanism as it operated pursuant to older protection order provisions in Victoria, the "without admissions" provision functioned to "sweeten" this option for defendants. Hunter further observes:

> If the great majority of [protection orders] are granted either [without the respondent appearing] or by consent without admitting the allegations, there is an overall lack of institutional affirmation of women's stories of abuse […] The lack of such affirmation, in turn, tends to reinforce the non-feminist notions that women invent or exaggerate stories of abuse, and use the legal process for collateral purposes […] Men's denial and minimisation of violence is echoed by the state, not just in individual cases, but on a grand scale. (pp. 63–64)

Hunter notes that this minimisation can also be perpetuated in the family law system, where a respondent's denials, rather than a victim's/survivor's need for protection, may tend to be believed. Certainly, surveys indicate that views conceiving of deployment of the legal system as a form of manipulation by victims/survivors persist, including among the judiciary (Kaye & Tolmie, 1998; Parkinson, Webster, & Cashmore, 2010).

Useful in any analysis of PI systems, therefore, is consideration of the way in which the enactment of accountability as a mechanism—in the above case, the PI system's goal to put a protection order in place and move through the court list—in fact functions as a "trade-off" for the assumption of responsibility or accountability by individual perpetrators. Moreover, the perpetrator's opportunity to consent to an order without agreeing that any of the police's or victim's/survivor's allegations are "true" provides them with an opt-out which, arguably, may entrench further denial and minimisation down the line.

Here, a court may feel that its particular role in the accountability function has been completed, with the burden then lying on other agents in the system, such as an MBCP, to make the perpetrator accountable at a later stage. While the

legal system would obviously grind to a halt if all protection order matters were contested, it is nevertheless useful to consider whether this trade-off in accountability comes at too great a cost in terms of the increased work that an MBCP may need to do to reverse the harm that is caused by allowing denial and minimisation to be echoed by the state (Hunter, 2008). Equally, the trade-off in gaining perceived safety through the rapid imposition of a protection order may be undermined by a victim/survivor not having her experiences validated or affirmed in court.

This non-exhaustive catalogue of concerns regarding the protection order process highlights that the mere activity of the legal system should not be equated with perpetrators having assumed accountability for, and desisted from, their behaviour in line with any normative expectation of the community. While the move away from seeing DFV as an entirely private issue is undoubtedly an improvement, the complexities of operationalising accountability in the protection order process suggest that PI systems have a long way to go in terms of meeting the original expectations of advocates for a stronger legal response to DFV.

Nevertheless, Stubbs and Wangmann (2017) suggest that despite ongoing contention about the merits of civil, as opposed to criminal, justice systems in terms of the adequacy of their response to DFV, the "debate has shifted […] to a focus on the ways in which both systems can be strengthened in order to ensure safety by working in a complementary way" (p. 177).

This discussion of protection orders, which are a mainstay of the legal response to DFV, points towards the dispersed, relational and multi-directional nature of accountability as discussed in public administration and community service settings. The following three sections of this chapter therefore explore some of the potential for understanding accountabilities as a set of multiple, interrelated activities.

Lessons from specialist DFV jurisdictions

This section considers lessons in relation to specialist DFV courts, which have been analysed in some detail, particularly in international literature. The scope of this chapter does not allow for an exhaustive discussion of this literature. However, it is useful to recognise that much of the literature concerning specialist DFV jurisdictions examines courts operating primarily in criminal contexts which therefore have more levers at their disposal to encourage compliance with any sanctions that they impose (Labriola, Bradley, O'Sullivan, Rempel, & Moore, 2009).

Despite this, critical engagement with the term "perpetrator accountability" has been limited even in these contexts, with studies variously highlighting the extent to which different courts view accountability as a priority, absent of any interrogation of what this priority involves or how it might be achieved (Labriola et al., 2009, p. 92). In addition, studies have focused on the effectiveness of these courts without any critique of the measurements being used (Radatz & Wright, 2015), or the definition of perpetrator accountability being employed (Bond, Holder, Jeffries, & Fleming, 2017).

For example, multiple evaluations focus on recidivism as a measure (Department of Attorney-General, WA, 2014), without any real consideration of what this represents. This includes where a decrease in recidivism among perpetrators who have been through a specialist jurisdiction may reflect a genuine reduction in their use of violence, or simply a change in the tactics used which may be more difficult to prosecute, as observed in wider evaluations of perpetrator interventions (Gondolf, 2004). Alternatively, an increase in detected recidivism may not reflect a failure of the specialist court and MBCP intervention itself, but the increased confidence of a victim/survivor to report, or the surveillance of multiple PI systems agents (Centre for Innovative Justice, 2016, p. 16). For example, some programs in the United States that are connected with specialist courts limit themselves to measuring their capacity to monitor, rather than expecting a significant reduction in, risk (Minns, 2013). There has, however, been limited consideration given to whether these increased system activities focusing on perpetrators' actions contribute to perpetrator narratives of victimisation or otherwise escalate risk to victims/survivors (Thomas, Goodman, & Putnins, 2015; Wellman, 2013).

More broadly, analyses of specialist DFV courts have not always engaged with the dual focus of these courts. Other specialist jurisdictions usually have one party with whom they are primarily concerned—for example, a party who is being prosecuted in the context of a therapeutic court response to mental health or drug-related offending. However, specialist DFV courts' dual focus is a result of the initial rationale for their establishment, which was that those experiencing DFV were often overlooked or blamed for their victimisation and that specialist DFV courts could offer a safe and supportive response to victims/survivors. It was then assumed this would encourage reporting by victims/survivors and facilitate their engagement with the courts. However, this also required a dual focus because specialist DFV courts have to interact with offenders/perpetrators in order to prevent contact (through protection orders) or pursue charges associated with DFV (Centre for Innovative Justice, 2018). This has left little room for a more intensive focus on assessing risk and promoting accountability, however, arguably leaving the full potential of these courts unfulfilled (Centre for Innovative Justice, 2018).

Nevertheless, a growing consensus suggests that specialist jurisdictions (Bond et al., 2017), including one operating in Queensland which is the subject of a case study elsewhere in this collection (Chapter 7), are achieving more than mainstream courts in addressing the needs of victims/survivors, as well as in improving PI systems' contributions to accountability (Australian Law Reform Commission, 2010; Eley, 2005; Schwarz, 2004; Zhang, 2016). This is because these courts improve participant understanding and satisfaction (Bond et al., 2017) and focus increasingly on greater "coordination, cooperation and communication" between system players (Labriola et al., 2009, p. 70), which authors identify as both a strength and a practical challenge.

This collaboration includes holding service agencies to account for whether and how they deliver services, as well as assess risk and share information. As Field and Hyman (2017) observe:

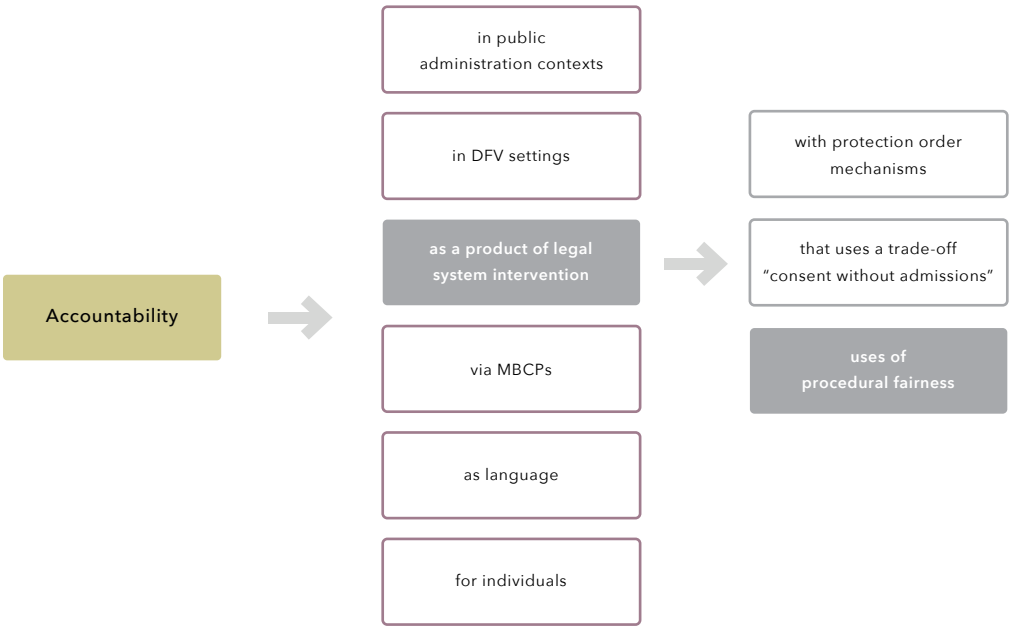
> The need for a specialist approach is based on an acknowledgement that the traditional adversarial court system is ineffective in this context because it is non-therapeutic and restricted by the rigidity of processes and procedures, limited in terms of available sanctions and lacks an ability to adequately coordinate government agencies and the information they hold to ensure victim safety. (p. 281)

This kind of description points to dispersed, multi-directional and relational forms of accountability which have been described in other contexts, noted above. This involves PI systems and the agencies working within them being accountable for the extent to which they understand and respond to the complexities of DFV, including dynamic risk as well as being accountable for the way in which they work to keep victims/survivors safe. This also includes the adequate services and supports being available to all parties, including publicly funded legal assistance (Trimboli, 2014).

The challenge here, however, involves ensuring that the *intent* behind the activity of accountability mechanisms is not assumed to equate with the *meaning* which parties make of this activity. This includes avoiding the assumption that an interaction with a judicial officer in a courtroom equates to a perpetrator experiencing this as having been judged by a body whose authority he accepts. As the findings about men's views of the protection order process described above indicate (e.g. Chung et al., 2014; Smith, 2013; Vlais & Campbell, 2019), perpetrators may simply see this as further evidence of their persecution by PI systems.

In addition to the support provision and information sharing that needs to occur in the context of specialist DFV jurisdictions, this means that *all* courts dealing with DFV matters must be accountable to victims/survivors for the ways in which transactional exchanges in courtrooms may reduce or, instead, escalate risk while courts are wielding their presumed authority. It also means ensuring that courts are accountable for how their decisions to refer perpetrators to MBCPs are followed up and relate to the wider interactions between PI systems and perpetrators, rather than being viewed as ends in and of themselves. The next section of this chapter considers the functions of judicial officers in this regard, with the following section highlighting some of the multiple accountabilities that MBCPs grapple with when courts expect them to take up the task of accountability.

Figure 1.7: Procedural fairness



Uses of procedural fairness

The way in which court proceedings are conducted can have an impact on parties, including victims/survivors, as well as perpetrators of DFV. Added to this is the growing body of contemporary evidence pointing to the complex and multi-directional nature of a judicial officer's accountabilities to parties in DFV courtroom settings (Centre for Innovative Justice, 2015).

Drawing on research interviews with protection order applicants and district judges, and a statistical analysis of protection orders, Ptacek (1999) found that applicants who were most satisfied referred to feeling heard, respected and believed by judges; feeling confident that police would respond and take a breach of the order seriously; and feeling that messages of accountability had been conveyed by judges (pp. 151–167).

Referring to the oft-cited expression that a protection order is "just a piece of paper", Ptacek (1999) argues that:

> Behind this common phrase […] lies a crisis of judicial authority. If judges are seen as tolerating men's violence against women, courts lose legitimacy. Do abusive men violate restraining orders with impunity? Are judges processing them with only token gestures of authority? Do women experience these orders as merely empty promises? (Ptacek, 1999, p. 9)

Ptacek's (1999) statement, which characterises a crisis of judicial authority as the sole cause of perceptions that an intervention order is "just a piece of paper", arguably ignores the multiple forms of accountabilities at work in any legal response, described above, as well as the complexity of perpetrator interpretations of their use of violence, described later in this chapter. Nevertheless, it relates directly to how the rights of authority of a courtroom are accepted by a perpetrator, with an emerging body of literature signalling that procedural justice experienced by perpetrators is just as relevant to the safety and support of victims/survivors as the way in which victims/survivors experience the courtroom.

Statements to the RCFV demonstrated significant appreciation of the impacts of judicial leadership in the courtroom. For example, the Darebin Community Legal Centre observes:

> The demeanour of presiding [judges] significantly affects the experience of clients in the Court, irrespective of the outcome of their cases. The best [judges] are able to put the parties, both of whom are stressed, at ease and demonstrate to the respondent the community's expectations about violence in a strong and respectful manner. This is able to hold the applicant in the system and send a clear message to the respondent without increasing his anger and alienation. (Darebin Community Legal Centre, 2015, p. 12)

In a statement to the RCFV, former United States Judge Hyman offers a plain language account of the "ideal" demeanour of judicial officers:

> The judge sets the tone […] The judge needs to know how to hold the offender accountable, speak to the victim in a supportive way and also hold police and the prosecutors accountable to ensure they are doing their job. (State of Victoria, 2015, p. 10)

Further afield, a large study by Paternoster and colleagues in the United States found a statistically significant relationship between perpetrators' perceptions of fair treatment by police and lower rates of recidivism (Paternoster et al., 1997). Petrucci's (2002) study of a specialist DFV court in California also correlated judicial officers' respectful engagement with perpetrator compliance and low rates of recidivism. Petrucci (2002) summarised attitudes of judicial officers in this court as "caring, genuine, consistent but firm" and observed that judicial behaviour in this court also involved

> actively listening to defendants and seldom interrupting them when they spoke, body-language that demonstrated attentiveness, and speaking slowly, clearly and loudly enough to be heard, while conveying concern and genuineness. (p. 299)

In contrast, Pike (2015, p. 117) identified that perpetrators who believe that they have experienced "assembly line justice" cling to minimising discourses which avoid engagement with accountability. As with the Victorian research referred to above (Vlais & Campbell, 2019), this includes perpetrators believing that they have not been given the opportunity to tell the court what really happened.

> The understandings perpetrators construct of the court process are critical to whether or not they view it as having the *legitimate authority* to impose extended control over them and the relationship. If perpetrators are willing to acquiesce to court directives, this holds potential benefits for victims and survivors, the courts and the larger community. (Pike, 2015, pp. 191–192, emphasis added)

To this extent, Pike (2015) found that "procedural fairness with domestic violence offenders was more important than their stake in conformity and the length of post arrest detention in terms of compliance with orders and consequent reduction in risk" (p. 75). In other words, Pike found that respondents' perceptions of the lack of procedural justice made it easier for them to avoid internalising, and therefore accepting, accountability for their behaviour.

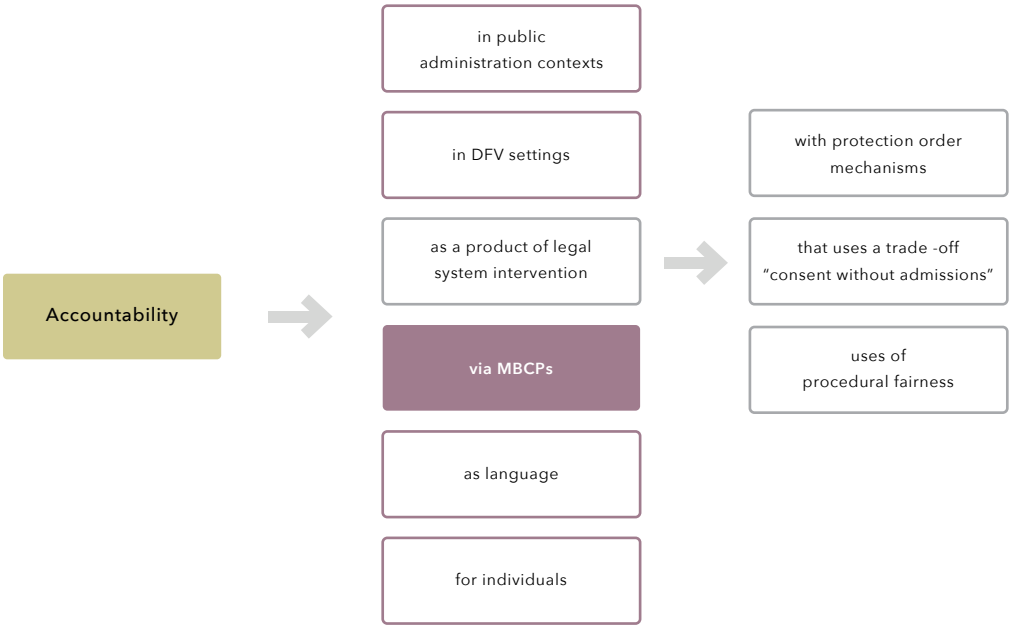
King and Batagol (2010) have also observed the negative impacts of some judicial interactions on perpetrator accountability:

> [Some judicial interventions can be] counter-productive, hindering offender motivation and retarding the effectiveness of mandated court programs. Thus, judging techniques, including those that convey the impression that perpetrators are dangerous people that have to be watched and coerced into compliance; that do not involve them in decision-making but instead order them into particular programs; and that confront them in open court about their cognitive distortions [have] the power to reinforce negative self-concept and resistance to change and lower self-efficacy. It may be asked whether this form of judging hinders perpetrator treatment outcomes. (p. 416)

In addition to perceptions of fair or unfair processes and treatment, Epstein (2002) argues that the effectiveness of legal responses to DFV is also dependent on the interventions available to deal with perpetrating DFV. The main legal responses to DFV are protection orders, community-based sentences, incarceration, and parole conditions. Epstein (2002) argues that the legal interventions to keep victims safe will be eroded if there is both a perception of unfair treatment by the perpetrator and an intervention where non-compliance will be of little consequence to the perpetrator. Epstein (2002) further explains that "ultimately, the safety of domestic violence victims is directly linked to the perceptions and experiences of their intimate partners [of the legal system]" (p. 1849). This means that victim/survivor safety requires that procedural justice is accorded to perpetrators as long as it promotes victim/survivor safety (Healey et al., 2018).

Obviously, procedural justice principles should not lead commentators or practitioners to ignore the risk that courts may inadvertently collude with perpetrators in an attempt to build rapport and engagement (Centre for Innovative Justice, 2016; Stewart, Flight, & Slavin-Stewart, 2013). This extends to the context of therapeutic justice approaches (Wexler, 1990), which proponents argue are essential to move a perpetrator beyond mere compliance with an order towards meaningful engagement in a constructive intervention. This requires the judicial officer to view MBCP attendance as more than an activity of legal compliance, that is, as one part of a mechanism by which the perpetrator may be motivated to make changes.

Figure 1.8: Accountability and expectations on MBCPS as the single perpetrator intervention



Certainly, some commentators caution against what they see as an apparently uncritical acceptance of the appropriateness of therapeutic jurisprudence in judicial responses to DFV (Stewart, 2011, p. 2), with others noting both promise and common reservations in the use of non-adversarial approaches (Field & Hyman, 2017). Where judicial responses can combine respectful, non-collusive interaction with an ongoing review of perpetrator-driven risk, the promise of these approaches is more likely to be realised (Centre for Innovative Justice, 2016).

This means that the benefits of judicial monitoring explored in more detail in international contexts (Burton, 2006; Labriola et al., 2009) need to be brought to bear in Australian contexts, both in criminal settings where procedural levers can compel return before the same judicial officer and in protection order settings where judicial monitoring functions have not been as readily available. Where this functions effectively, the legitimate authority of the court can not only be established, but also arguably be harnessed in a way which means that a perpetrator might be more likely to feel accountable for his ongoing behaviour to the judicial officer before whom he must return (Centre for Innovative Justice 2015, 2016).

Accountability and expectations on MBCPs as the single perpetrator intervention

This section does not rehearse the large volume of literature that debates the effectiveness of specialist perpetrator interventions. Rather, it draws on a selection of key literature which considers the ways in which accountabilities might be enacted and pursued in MBCP contexts, and then identifies some challenges that can make this especially difficult at a programmatic level.

The type and quality of any MBCP is influenced by a number of factors, such as the following: program accreditation and standard requirements (where they exist); the specificity and amount of funding provided when services are contracted; the dominant explanatory paradigm of DFV in the agency/program; and qualifications, skills and experience of the practitioners (Carson et al., 2012).

Highlighted by the proposal for a minimum data set for MBCPs elsewhere in this collection, MBCPs are also currently influenced—and limited—by variation in the data that they collect. This in turn can limit the capacity to measure their effectiveness, as noted in the first section of this chapter, with different accountabilities sometimes working against valuable components of MBCP service provision, including consistent adherence to partner contact as a program priority (Carson et al., 2009, 2012). Equally, workforce and funding issues can shape service delivery in ways that result in inconsistent program integrity or logic (Day, Chung, & O'Leary, 2009; Day et al., 2019).

Against the backdrop of these multiple challenges and accountabilities within an organisation, a wide range of studies over recent decades have engaged with the question of whether MBCPs work to change perpetrator behaviour, as the program description of those used in Australian contexts denotes. Many of these have been conducted in international contexts, with varying results, albeit with an expanding recognition of the diverse measures that should be taken

into account to assess success (Kelly & Westmarland, 2012, 2015). Challenges identified by multiple authors (Akoensi, Koehler, Lösel, & Humphreys, 2013; Black, Weisz, Mengo, & Lucero, 2015; Donovan & Griffiths, 2015; Gondolf, 2012; Haggård, Freij, Danielsson, Wenander, & Långström, 2017; Klein & Crowe, 2008; Scott, Heslop, Kelly, & Wiggins, 2015; Todd, Weaver-Dunlop, & Ogden, 2014; Walker, Bowen, & Brown, 2013) are as follows:

- variation in assessment of risk, readiness and motivation
- the content, duration, and variability of programs
- diversity of group participants
- the likelihood of having a positive impact
- the influential role of the rest of the response system on outcomes.

The effectiveness of MBCPs is often assumed to equate with the extent to which they "hold perpetrators accountable" on an individual basis—with MBCPs in turn being assumed to function as the part of any PI systems that is wholly concerned with promoting individual accountability. In reality, however, there is relatively little interrogation, other than in practice-based documents, about what is meant when the objective of "perpetrator accountability" is nominated.

One evaluation of a perpetrator program described the program having an accountability measure which involved participants' self-reports. This measure was worded as follows:

> Based on your behaviour in the last month, how would you rate your level of accountability (with 1 = not at all accountable, 2 = a slight level of accountability, 3 = somewhat accountable, 4 = usually accountable and 5 = consistently accountable). (Black et al., 2015, p. 142)

The survey invited MBCP participants to assess their accountability, asking them to identify whether they had done any of the following during the last two weeks of group:

> Increasing, continuing the same amount, or reducing minimizing, denying, and blaming; being able to identify problem behaviours in others or self; able to accept responsibility without any blaming; able to name behaviours that are more acceptable; or reported instances of new accountable behaviours to the group. (Black et al., 2015, p. 142)

These interpretations of accountability in the MBCP context reflect an anticipated shift in internal perceptions and attitudes on the part of participants during the course of their program.

This shift is expected as a direct result of the program group work—which encourages participants to take responsibility for violence; to cease blaming others; and to value respectful relationships—reflecting the promotion of this shift as a normative expectation of the community. Accordingly, MBCPs effectively work to promote accountability as a virtue and reflect societal aspirations of non-violence back to group participants. As later sections of this chapter suggest, however, the challenge inherent in this shift is enormous. At times, this can mean that interpretations by group facilitators and participants in terms of the extent to which men have achieved this shift may differ. For example, while the study referred to above did not define the measurement of accountability, it found that group facilitators and participants assessed men's levels of accountability very differently.

As such, while group members did not shift in the way they saw themselves as accountable for the violence they had used, practitioners tended to believe that men had become more accountable throughout the course of the program. Conversely, practitioners assessed the risk which men posed as higher at the end of the program than men assessed their own risk (Black et al., 2015). Where accountability is not defined, the question here is how facilitators and participants differed in their understanding and interpretation of the term.

Further recent research with practitioners in the field (Morrison et al., 2018) identified some of the multiple challenges that practitioners confront in their work. Among other things, these involved the following:

- the social acceptance of DFV, including the fact that the men with whom practitioners worked often still had their behaviour reinforced by peer networks
- a hyper-masculine culture which group participants found hard to avoid, even when trying to change their attitudes and behaviour
- denial, minimisation and blame, which practitioners noted was a particular challenge to shift in such a limited time.

As Vlais and Campbell (2019) observe, these factors can result in conflicting narratives about men's attendance, with men simultaneously insisting that they do not belong at a program to which they had been compelled to come by a court, yet had also chosen to be there. Similarly identified in the case studies elsewhere in this collection, a desire to achieve certain outcomes as a result of MBCP participation can mean that men attend for a range of different reasons which are disconnected from any acceptance of responsibility or accountability for their behaviour. In practice, this means that program facilitators are often working with groups of men who are reluctant to attend and who may not perceive that the program is relevant to their circumstances (Day et al., 2009).

Nevertheless, some authors and practitioners have pointed to the value of men's involvement in MBCPs, even where prospects of change or accountability are low, so that risk can be monitored and they can be kept within view (Centre for Innovative Justice, 2015; Minns, 2013; Salter, 2012). Other recent studies continue to identify specific aspects of MBCPs which contribute specifically to improved accountability. These include the group dynamic, well established as useful by a range of studies and which participants in one recent study described as "outstanding for accountability" (Morrison et al., 2018, pp. 485–487).

Despite this, the authors of the same study note that the extent to which the group dynamic may also conversely inhibit clients and prevent them from engaging is unclear (Morrison et al., 2018, pp. 485–487). Authors of another study found that men in an MBCP nominated the group component as a positive feature, but that where hyper-masculine cultures emerged in breaks, or where other men were disruptive or exhibited little change, this could undermine the value that participants saw in taking responsibility (Gray et al., 2014, 2016).

Another aspect of MBCPs promoting accountability is the reality check about a perpetrator's behaviour which the MBCPs receive via contact with the men's (former) partners. This may include the following:

- information being sought about the participant's behaviour outside of group
- actions to assess the extent and types of DFV and how this compares with the participant's accounts and the facilitators' assessments
- partners being referred and assisted to connect with support services
- partners having opportunities to find out about the MBCP and advised of realistic expectations from the participant's attendance. (Towards Safe Families, 2012)

These practices are crucial to program delivery, given that perpetrators often minimise their use of violence in their own reports, as well as attribute responsibility to others. Participants can also perform and be on their best behaviour for facilitators, who get a limited snapshot of them. Broadly, partner contact is designed to offer victims/survivors transparency; legitimise their experiences; and augment safety planning—an expectation from advocates from early in the development of MBCPs (Adams, 1988). The extent to which partner contact is operationalised as such and is not reduced just to information gathering for the purpose of triangulating assessments, as well as the extent to which it is then measured and recorded, is therefore crucial to accountability in the MBCP context (Carson et al., 2012).

Accountability to adult and child victims/survivors

A recent development in the push for MBCPs to promote accountability to victims/survivors is an increasing focus on group participants taking responsibility for future, as well as past, behaviour. Practitioners such as McMaster (2015) have emphasised the value of "accountability conferences" at the completion of MBCPs, in which exiting participants describe to their (former) partners how they are going to choose non-violence in the future. Similarly, Lee, Uken and Sebold (2004) have promoted a focus on accountability for future actions and consequences within program content.

More recently, Day and colleagues have proposed the development of safety and accountability plans during participation in a program, which on program completion are intended to focus on future actions and accountability (Day et al., 2019). Authors of this study suggest that these

plans could be distributed to all service agencies working with the relevant family and could thereby provide a more tangible measure against which to assess the ongoing risk that a perpetrator may pose following the completion of an MBCP (Day et al., 2019). These plans are also intended to shift thinking among participants, family members and practitioners, showing them that program completion does not equal responsibility and an absence of violence; rather, responsibility and accountability for stopping the use of coercive control and abuse continues beyond completion.

Just as importantly, however, studies of the effectiveness of MBCPs, once predominantly focused on recidivism, are beginning to focus increasingly on how a perpetrator's participation in a program has improved the safety and wellbeing of his family members. This includes expanding *space for action* for adult victims/survivors, as well as their feelings of agency in all domains of their lives, in addition to physical safety (Kelly & Westmarland, 2012, 2015).

One further area which has not yet been fully considered in terms of the individual accountability of perpetrators to family members is their accountability to their children. While multiple studies, including the case studies contained in this broader collection, have identified men's desire to have a relationship with their children as a motivating factor for their participation in interventions (e.g. Alderson, Westmarland & Kelly, 2013; Humphreys & Absler, 2011; Macvean et al., 2015), the extent to which programs are able to promote accountability towards children by violent fathers is only just beginning to be developed in MBCPs.

This is partly due to the complexity of this work and the fact that perpetrator programs are not funded to do this work, with practitioners in one study noting that "kids are our focus but we never see them" (Alderson et al., 2013, p. 187). Nevertheless, a number of studies (e.g. Heward-Belle, 2016; Lamb, Humphreys, & Hegarty, 2018; Meyer, 2018; Scott & Crooks, 2006) have highlighted the frequent lack of insight shown by perpetrators regarding their children's experiences and needs, including minimising or negating the harm done to children; blaming the children's mother for perceived deficits; and a prevailing sense of entitlement over their children (Heward-Belle, 2016; Laing, 2017; Meyer, 2018).

Research also demonstrates the tactics that many DFV perpetrators use to sabotage their partner's parenting: denigrating her perceived worth as a mother (including in front of the children); harming her relationship with her children; and obstructing the children's connections with the services and supports required for healthy development (Fish et al., 2009; Heward-Belle, 2016; Lapierre et al., 2017).

In this context, Meyer (2018) refers to a growing emphasis on "social accountability" from perpetrator fathers to their children, a form of accountability which lies outside the current consequences of legal and statutory interventions (p. 98). Similarly, Lamb et al. (2018) have found that children report feeling benefits from knowing that their fathers are participating in programs intended to address their violent behaviour. At present, most Australian MBCPs do not yet have the capacity to conduct and support work with children and with perpetrator fathers to promote this very complex form of "social accountability", though it is important to recognise that they do promote "social accountability" to adult victims/survivors, at least where partner contact functions effectively.

That said, Meyer (2018) points to the need to ensure that men's expressions of concern for their children's welfare do not function simply as licence for service systems to question their partner's suitability and thereby for men to avoid their own accountability—an example of the way in which language can be used in various ways to avoid and *manage*, rather than just *report,* accountability.

Overall, these considerations point to ways in which MBCPs should promote meaningful and concrete accountability to victims/survivors, both adults and children. This means that the ways in which MBCPs are able to work with and *for* victims/survivors at all levels of their operation is crucial to ensuring that these programs contribute to accountability as a mechanism—as well as promoting it as a virtue within the group work setting (Carson, Chung, & Evans, 2014).

Responsibilities for ensuring that this work occurs, however, cannot be borne by these programs alone. For example, as highlighted in relation to specialist DFV courts, where

facilitators report non-attendance at a program which is then not followed up by authorities, messages about systemic accountability to victims/survivors are undermined, while messages to perpetrators that they can avoid accountability are enforced (Centre for Innovative Justice, 2018).

Equally, where other agencies in PI systems seek to rely on reports of MBCP attendance as evidence of a perpetrator having been "held accountable", this ignores the challenges faced by MBCPs, some of which have been described above. Alternatively, where other agencies seek reports of progress as evidence of change, this fails to consider the multiple factors which may be at work to reduce a perpetrator's use of certain forms of violence during program participation (Shephard-Bayly, 2010).

For this reason, Carmichael (2008) suggests that understandings or definitions of the term "accountability" matter because they will have differing implications in practice:

> In this discourse accountability is synonymous with being held to account by the state, rather than men taking responsibility for their own behaviour. The underlying assumption is that most men will not take responsibility for their behaviour without an extrinsic motivator. (pp. 481–482)

Therefore, as the final sections of this chapter explore, accountability to victims/survivors from PI systems requires all parts of those systems to be working together. In addition, it requires that all parts of these systems perceive and contribute to the value of one another, as the return on investment study featured elsewhere in this collection (Chapter 9) highlights. In this way, rather than expecting that the task of holding perpetrators accountable should fall solely on MBCPs, or alternatively dismissing the potential of MBCPs because of the challenges which they face, other parts of PI systems, such as legal interventions, can support the work of MBCPs in holding perpetrators accountable.

Beyond the immediate remit of PI systems, however, the final sections in this chapter also signal the way in which PI systems must be nurtured by wider efforts and responses which can reveal and dismantle the normative expectations within a community about gendered violence as social practice. As nominated by MBCP practitioners in one of the studies above, community discourse that sustains the use of DFV is just one of the factors currently making the individual assumption of responsibility—and the aspiration for accountability as a virtue—unattainable for many of those experiencing the intervention of PI systems.

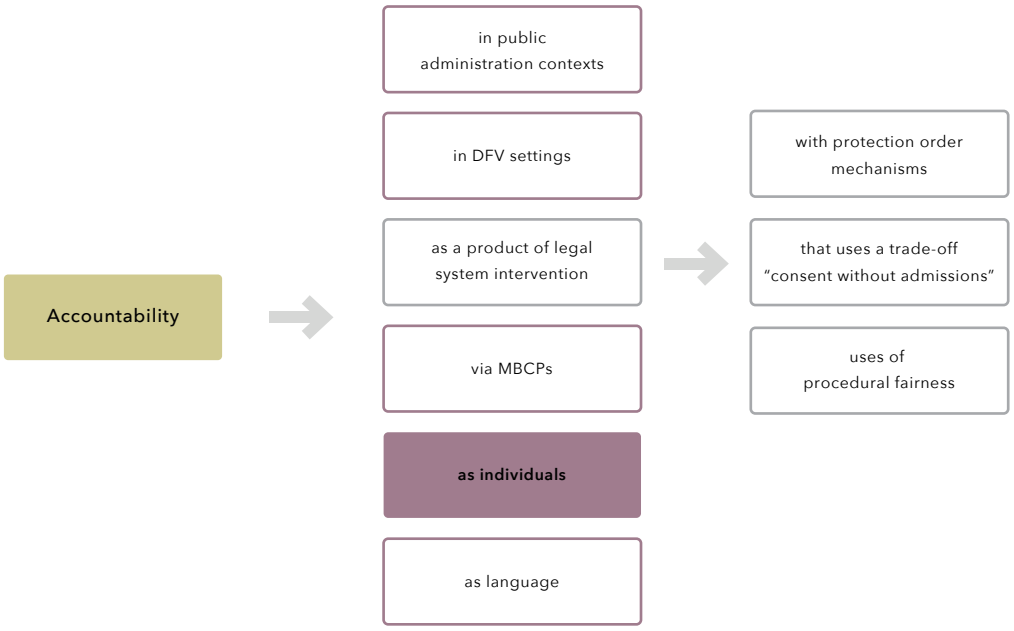
Accountability as individuals' accountability: Fluctuating pathways towards desistance

This section considers evidence regarding the experiences of perpetrators of DFV, including those who reduce their use of DFV. This is included because interrogation of the concept of perpetrator accountability needs to engage with the complexity of perpetrator experiences and pathways towards desisting from the use of violence and coercive control. In this section, a sample of research carried out directly with perpetrators is discussed. This is done in order to highlight some of the challenges and complexities involved in the task of getting individual perpetrators to take responsibility for their use of violence and therefore to be held accountable in a way which may see them desist from its use in the future.

These studies offer an insight into perpetrator interpretations of events as they were reported to researchers, in some cases repeated at a six-month interval (Smith, 2013). Notably, the south-east Queensland case study featured in this collection (Chapter 7) also offers insight into the way in which these interpretations can vary, even over the course of a perpetrator's participation in an MBCP.

One of the most recent studies especially relevant to the discussion throughout this collection is the study by Chung and colleagues regarding men's views of the protection order conditions and processes to which they had been subject (Chung et al., 2014). As noted in the section regarding protection orders earlier in this chapter, Chung et al. (2014) observed the deflection by men of their responsibility onto external forces, deflections which were then cemented by the lack of enforcement (and therefore the effective functioning of an external accountability mechanism) when protection orders were breached.

Figure 1.9: Accountability as individuals' accountability



Fluid notions of responsibility also emerged in the findings of Smith (2013) regarding men's interpretations of their interactions with PI systems' agencies. Smith (2013) reported that men in her study viewed police as having acted unfairly towards them or as being part of a system that had victimised them in a way which, again, functioned as a barrier to any assumption of personal responsibility by the men.

Similarly, Smith (2013) found that, while some men were prepared to take 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 the effects on their partners, the intervention of Child Protection was particularly resented in a way which functioned against accountability:

> For the men in this sample, accountability from CP [Child Protection] 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 brought tension to the discussion on the impact of children on men's behaviour change. (pp. 277–278)

Like other studies in relation to men's participation in MBCPs, as well as the case studies featured in this collection, Smith (2013) reported that men saw engagement in an MBCP as a way of maintaining or repairing their relationships, with men still involved with their partner or children expressing a greater willingness to take responsibility for their behaviour.

McLaren and Goodwin-Smith (2015, p. 45) reported scepticism from some victims/survivors about their partners' participation in a program as a way of men "getting out of trouble", either from the legal system or from their partners. Their study also found a need for multiple interventions over time, stressing that men's development of violent behaviours occurred over a lifetime and was supported by an intergenerational template, as well as micro-cultures, which normalised the use of violence to express masculinity and to solve problems (McLaren & Goodwin-Smith, 2015).

Research by Hegarty and colleagues (2016) examined the potential for engagement with perpetrators in primary healthcare settings and found that men's lack of self-awareness was a major barrier to seeking help or engaging with interventions. These participants perceived their behaviour as normal to such an extent that a significant trigger was required to erode this perception, pointing to the ingrained nature of masculine norms in the community expectations which they had experienced (Hegarty et al., 2016).

This study also reported men wanting to choose to act on the advice of others, rather than feeling forced to change. Several practitioners felt that if perpetrators were forced to attempt change, they would reject the process, although others stressed that being forced to seek help is the only way to engage men. Participants unsurprisingly perceived masculinity as a barrier, indicating that men do not speak up or seek help, and that to do so would result in them not feeling like a man. This reflection in turn involved some degree of inevitability—a belief that, by virtue of their gender, men do not become self-aware or seek support to change, or

take responsibility for doing so (Hegarty et al., 2016; Vlais & Campbell, 2019).

As will be seen later in this collection, participants in the Southern Melbourne study (Chapter 4) also indicated that negative conceptions of men as violent served as further barriers to men assuming accountability. In this way, men's assertions that society was imposing a violent identity on them were used as a further reason *not* to take responsibility or become accountable for their use of violence (Hegarty et al., 2016).

Clavijo Lopez (2016) found that desistance from DFV involved the adoption of non-violence as an *ongoing life project*, rather than as a set of concrete and discrete behaviour change goals:

> Desisters initiated their movement towards change when they got involved in MBCPs, and realized 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 […] 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 […] Desisters' motivations […] appear as multidimensional, dynamic, ethically guided, and closely linked to the reinterpretation of their lives throughout the intervention process and afterwards. (p. 227)

Clavijo Lopez (2016) further observed that:

> 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 […] this change involved a significant distancing from patriarchal masculine ways of being. (p. 235)

Clavijo Lopez's findings are consistent with qualitative research in the United Kingdom by Morran (2011, 2013) which found that long-term desisters from DFV identified the framing of non-violence as a lifetime project as essential, one that involved developing new social bonds and discarding old associations which reinforced their previous identity. This is echoed in a study by Marchetti and Daly (2016), who frame reduction of offending as being on a continuum "from persistence to desistance" which is not linear or binary, but which acknowledges the complexity and time involved in achieving sustained behaviour change.

Similarly, Walker and colleagues (2013) have identified the way in which perpetrators who have desisted from use of violence and control have moved to a "new way of being" through a "paradigm shift" in which they manage triggers in a different way and give themselves *permission* to be non-violent. These researchers found that a combination of catalysts of change, being both external and internal factors, needed to interact, accumulate and be internalised over time to facilitate autonomous motivation for change. Crucially, the authors also noted that the meaning that was made of these factors by each perpetrator was essential:

> This model highlights that the path from persistence to desistance is not a straightforward linear journey that is shared by all IPV offenders, but is complex, dynamic, and idiosyncratic. The process of desistance is distinct for each individual, and this requires individual assessments for each IPV perpetrator. Such assessments must identify the contextual and situational factors associated with each individual's use of violence, and also the functional relationship between antecedents and violent behaviors (i.e., what is his current lifestyle behaviors, and their autonomous reason for change). (p. 2743)

These findings are also consistent with a review by Sheehan, Thakor and Stewart (2012) of six qualitative studies of perpetrator experiences and perspectives (four studies from the United States, and one each from Canada and Finland), which showed that individuals desisting from their use of violence could usually identify key moments or turning points during which they recognised the necessity for change. These were often forms of external accountability or consequences resulting from violence such as justice system involvement or

family separation. However, there were also men that drew on narratives of unfairness and injustice when the justice system was involved, as has been noted in other studies described earlier in this chapter.

Recent research in Australia by Vlais and Campbell (2019) involved focus group discussions with 25 participants in an MBCP about their overall experience with service systems. As noted in an earlier section of this chapter, participants in these discussions tended to re-cast their experiences in a positive light, including contradictory assertions about their choice to participate in the program, despite being mandated to attend (Vlais & Campbell, 2019). Participants in this study also simultaneously indicated that they could not imagine any kind of service interaction that would have made a difference to their behaviour prior to justice system involvement, while at the same time insisting that they would have stopped using violence "if someone had just told me" it was unacceptable (Vlais & Campbell, 2019, p. 29).

Many participants in Vlais and Campbell's (2019) study emphasised that if this "someone" had included a trusted service provider or friend, it would have made a positive difference. For some participants, this someone also included their (former) partner, although others challenged the appropriateness of this idea, or the notion that men would have been open to being challenged by anyone at all about their behaviour prior to justice intervention (Vlais & Campbell, 2019). The idea that men are "not ready until they're ready" was a persistent theme throughout this study, and participants discussed this in relation to masculinities and help-seeking behaviour, commenting on men's general aversion to acknowledging that they have issues to address (Vlais & Campbell, 2019, p. 30).

Consistent across all participants in Vlais and Campbell's (2019) study was the insistence that any useful interaction with a friend, relative or service provider would need to involve comments that were not judgmental and which were more about men in general rather than being focused on the individual concerned. Here, participants contrasted their interaction with police who had "jumped to conclusions", "automatically taken the woman's side", and not got "to the bottom" of what was occurring (Vlais & Campbell, 2019, p. 31). Participants in one focus group suggested that police could have a positive influence provided they treat men "humanely, and not as scumbags" and present men with choices which could be perceived as positive opportunities, rather than as punishment (Vlais & Campbell, 2019, p. 31).

Overall, the desire of participants in this study was for someone to help *personalise* service system involvement to their situation, with the authors noting:

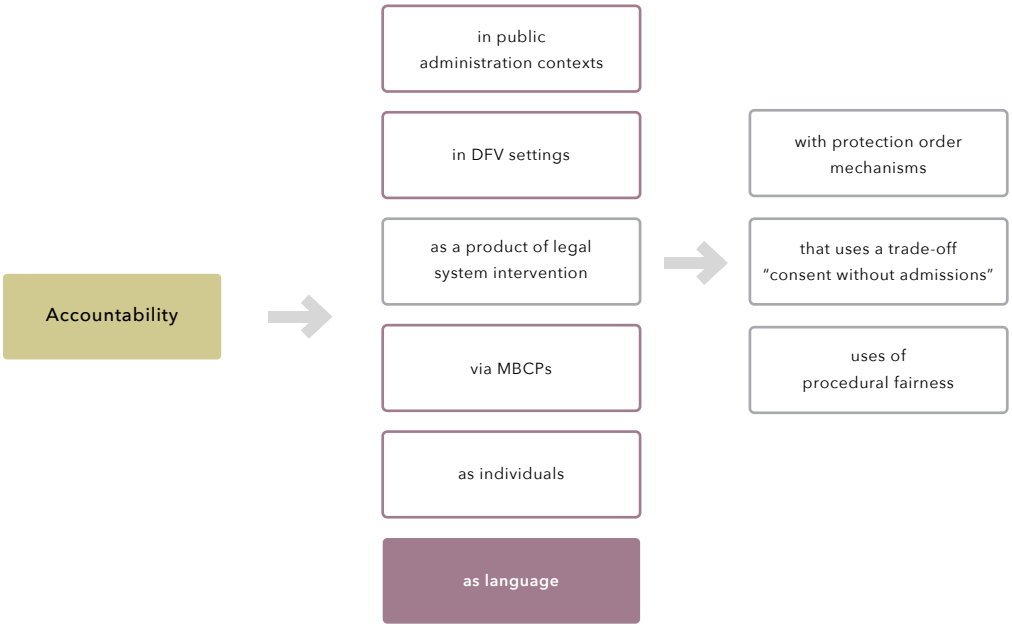
> Perpetrators' sense of vulnerability; isolation; that they have not been listened to; that no-one is taking an interest in their lives; and that the system is rigged against them, all hypothetically open a potential door to engaging these men in the days and weeks following police and court involvement. (Vlais & Campbell, 2019, p. 32)

However, the authors urged substantial cautions in relation to this suggestion. In particular, they identified that it is unknown whether such engagement is likely to decrease or increase risk to family members over the short and long term. This can include by entrenching perpetrator narratives of victimisation. The authors also noted:

> 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 [men from a particular cultural community] 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. (Vlais & Campbell, 2019, p. 34)

The sample of studies featured in this section signals the challenges involved in steering individual perpetrators of violence towards assuming responsibility for their behaviour and thereby demonstrating accountability towards victims/survivors. These studies demonstrate what is often well known to those in practice: that perpetrators' acknowledgement and responsibility for their actions and the harms they have caused

Figure 1.10: Accountability as language



do not follow a linear path towards reduced violence in the future. Their views of their experience can be contradictory and, depending on the audience and context, their level of responsibility and willingness to be accountable varies. For example, Smith's research (2013) shows how perpetrators' fluid notions of responsibility enabled men to express remorse for their use of violence, while at the same time to represent their use of violence as the result of external circumstances and not their individual decision. What is obvious across these studies is that unless there was external accountability in the form of the justice system or attendance at an MBCP, there was little likelihood of change for the family's safety. These studies point to the complex array of factors which need to be in place for accountability to start to take hold and for desistance to commence as a result. Further to this is the meaning which individuals who use DFV make out of these catalysts.

Accountability as language

Many studies reveal the way in which the interplay of language with persistent and insidious assumptions about DFV can demonstrate how difficult perpetrator attitudes and behaviours may be to shift, despite what assumptions and expectations the PI systems rests on. Some of these are explored in this section to demonstrate the ways in which assumptions about accountability—including assessments of accountability, whether by judicial officers, group facilitators or researchers—may be interpreted. Literature in the field of discursive psychology, in particular, examines the way in which language is used as a device to construct and manage, rather than simply to reflect, meaning and accountability.

This includes the silencing impact of ambiguity created by perpetrator descriptions of their own responsibility for violence and who is therefore to blame. Towns and Adams (2016) explain that positioning the male perpetrator as a victim of an unfair system focuses attention on elements of the system and what transpired. Doing so obscures what happened to the female victim/survivor and can prevent her victimisation and future safety being central to intervention.

Evidence in this field also indicates that men using DFV may negotiate positions between victimisation and masculinity, portraying their "victimhood in ways that allow them to avoid them being seen as powerless, while simultaneously denying the identity of a perpetrator" (Venäläinen, 2019, p. 3).

This can support attempts to activate a gender symmetry ("degendering the problem") discourse to deny the legitimacy of gender-sensitive analyses of violence (Venäläinen, 2019). This was evident in the Southern Melbourne case study (Chapter 4), with practitioner participants reporting a perception by men with whom they worked that the system was against men, despite this system not being especially apparent.

Authors such as Venäläinen (2019, p. 8) argue that claims of victimhood can "position men as victims, not only of their female intimate partners, but of prevailing gendered assumptions". As such, by "gendering the blame", constructions of gender simultaneously downplay and legitimise men's own use of violence, while casting doubt on the "truth" about the gendered nature of DFV (Venäläinen, 2019, p. 2).

In addition to perpetrators taking up the position of being victimised, women's lived experiences of violence can be further obscured through victim-blaming assumptions that can be inherent in the language of service and legal responses. This includes expectations about the need for victims/survivors to desist from victimisation, or redeem themselves as "deserving" of support (Meyer, 2016), and continuing community expectations questioning "Why doesn't she just leave?" and not "What needs to be done to stop his violence?"

Focusing on the language of perpetrators participating in MBCPs, studies in this field describe discursive constructions of violence not as a way of ascertaining what people really think, but instead as a way of performing social action and managing other people's perceptions. As LeCouteur and Oxland (2011, p. 6) observe:

> Analyses that adopt a discursive perspective seek to understand human action in a different way—fundamentally in terms of its *accountability*. By examining people's attempts to make their actions intelligible and accountable, discursive analysts aim to understand the complex ways in which issues such as blame, responsibility and minimization are accomplished.

These authors cite Berns (2001), identifying key discourses in language about DFV being about "degendering the problem" and "gendering the blame", which leads to what Berns calls "patriarchal resistance" to feminist constructions of domestic violence (LeCouteur & Oxland, 2011, p. 7). In "degendering the problem", patriarchal constructions assert that DFV is not a gendered issue, and that men experience DFV victimisation to the same extent as women.

By "gendering the blame", these constructions in turn assert that a gendered analysis of DFV has falsely constructed men as violent, thereby further victimising men and allowing them to avoid accountability for use of violence (LeCouteur & Oxland, 2011, p. 7). These authors further note (p. 6):

> how constructions of violence in intimate relationships are routinely worked up, how participants' accountability is managed and how particular identities around such violence are accomplished and maintained.

Other studies in this field also signal that people's beliefs and views are rarely stable, and that sometimes what research participants report to researchers and other professionals depends on what they want to achieve from the interaction. For example, if research participants (or respondents to protection orders) are describing their behaviour in a context where it is already known that they have used violence, then some concessions, but not all, are likely to be made (Goodman & Walker, 2016, p. 388).

Goodman and Walker (2016) also observe that participants may construct themselves as unable to remember things which would cast them in a bad light, but as able to remember enough to put them in a good light overall as reliable witnesses. These authors caution that:

> Rather than provide useful insight into what they may or may not actually be able to remember, [talking about memory] performs practical actions such as managing their accountability and identity. (Goodman & Walker, 2016, p. 389)

Similar studies explore the ways in which perpetrators make meaning of their relationships through certain collections of descriptions which suit their objectives.

One study found that a persistent repertoire of *companion love* (being a construction of relationships as based on mutual understanding and therefore mutual conflict resolution) as well as a repertoire of *passionate love* (being a construction of love as being out of control) work most effectively to explain men's own victim narratives (Conde, Goncalves, & Manita, 2018).

This particular study also found that conventional and gendered constructions of women— including as passive, nonaggressive caretakers—allowed men to position themselves as "disciplinarians" rather than "batterers". The authors noted "participants discursively recognise violent behaviours under shared social and cultural meanings that 'prescribe' or 'allow' conflict and violence in some situations" (Conde et al., 2018, p. 18).

Just as relevant, studies such as that by Walker and Goodman (2017, p. 1315) reveal the way in which perpetrators' reference to their "self-control is a discursive device used flexibly to manage accountability" for DFV. Walker and Goodman (2017) note that self-control can be constructed or perceived as a resource, the levels of which fluctuate over time in response to varying situations, including descriptions which demonstrate that

> when perpetrators are describing something problematic for which they are accountable, they are likely to claim to be lacking self-control, but when they are describing something positive for which they may be accountable (or where it would be good to be accountable), claims about having self-control are likely to be made. (Walker & Goodman, 2017, p. 1328)

In similar ways, other studies have noted that men who have perpetrated DFV use narratives about masculinity either to excuse the use of violence as defending themselves against women whom they claim are the "real" perpetrators or to show them as being honourable by restraining themselves in the face of women's irrational and (contradictorily) manipulative abuse (Edin & Nilsson, 2014). In either case, these authors note that perpetrators describe violence as separate from their own identity, rather than as connected (Edin & Nilsson, 2014, p. 104).

In this way, discourses that tolerate, justify and minimise DFV perpetuate ambiguity about its prevalence or perpetration that undermines accountability of individual perpetrators, as well as potentially in the PI systems which attempt to intervene with them. This means that a great deal more is required than simply expecting accountability to rest on MBCPs, the justice system's responses, or even PI systems alone. As Kilgore and colleagues (2019) observe in relation to intimate partner violence (IPV):

> Ultimately, BIPs [batterer intervention programs] may bear the responsibility of coping with IPV perpetration, but IPV-*sustaining* discourse is the responsibility of everyone in the Anglophone cultures whose ideologies it inhabits. (p. 610, original emphasis)

Integration of PI systems: Towards a web of accountability

The complexities apparent in assumptions about DFV which are indicated in the sections immediately above, as well as the tensions present in the various accountabilities described in earlier sections of this chapter, suggest that the task expected of PI systems across Australian jurisdictions is considerable. As this chapter has attempted to highlight, mere activity by system mechanisms is unlikely to have a significant impact on current DFV prevalence. This is particularly the case where the assumption of accountability by individuals using DFV is undermined by shifting and conflicting constructions of gender, as well as a contention from men that they are being persecuted by the system.

The literature reviewed in this chapter, as well as the case studies of MBCPs in Victoria (Chapter 4) and south-east Queensland (Chapter 7) that are featured in this collection, demonstrate that specialist perpetrator interventions working in isolation face substantial challenges in terms of the absence of broader services for perpetrators. They also work against a backdrop of DFV-sustaining discourse in the wider community, which keeps normative expectations about gender and violence intact. Similarly, the case studies of under-developed PI systems in Victoria (Chapter 4) and Western Australia (Chapter 5) featured in this collection reveal both promise and challenges in the extent to which shared understanding and mutual accountabilities of different agencies intersect.

As Gondolf (2002) has famously observed, however, "the system matters" in terms of how all responses and interventions work together to support the assumption of accountability:

> Batterer intervention programs are part of a broader intervention system. They depend on—or at least are related to—arrest practices, court procedures, probation supervision, battered-women's services and other community services. (p. 2)

Similarly, Blacklock (2001) has noted that "it is the layering and interlinking of interventions that produce the conditions in which individual change is fostered and sustained" (p.

71). The Duluth model, which has carried so much of the expectation on PI systems since its inception, was always designed to operate as part of a coordinated community response to DFV rather than as a standalone intervention (Vlais, Ridley, Green, & Chung, 2017).

The value of coordinated community responses, of course, has been recognised in the evolution of a wide range of multi-agency working arrangements nationally and internationally. Within these, formalised accountabilities vary and may be operationalised through policy, legislation, memoranda of understanding, program delivery guidance and/or contracting arrangements, and can be directed at specific functions, such as joint agency and assessment and triage or broader working relationships (Clarke & Wydall, 2013; Harvie & Manzi, 2011; Horwath, Cleaver, Cawson, Gorin, & Walker, 2009; Nowell, 2010; Ross, Healey, Diemer, & Humphreys, 2016).

Studies of specific, integrated, or coordinated community responses have noted the benefits to victims/survivors where multiple agencies work to support them and keep them safe (Meyer, 2016). Stewart (2019) has also observed the benefits of interagency work, which starts from the victim/survivor and traces threads of connection outward that may hang together as integrated service provision. To this end, Stewart (2019) notes that integrated practice is constantly evolving so that the emphasis on improvement can be on tracing connections from the victim, rather than resolving interagency differences.

Studies have also noted the capacity of integrated responses to monitor perpetrators of DFV; keep them in view; and contribute to their individual sense of accountability. Practitioners have described the value of an integrated response in south-east Queensland, the region which is the subject of one of the case studies featured in this wider collection. In this intervention, MBCPs, specialist women's DFV agencies, police and Corrections agencies work together to ensure that risk is monitored and responded to, including any breaches of court orders (O'Malley, 2013).

Other studies have similarly noted the benefits of responses that provide support to and scrutiny of perpetrators, as well as support to victims/survivors of DFV. This includes an evaluation of an intervention in the Bayside Peninsula area in Victoria, which focuses on linking victims/survivors, and then perpetrators, with key workers who can coordinate referrals and support (Powell, 2018). Another study of a similar intervention also points to the benefits of providing perpetrators with ongoing coordination support through key workers who can conduct needs assessments, provide intensive life skills support and facilitate links to housing (Clarke & Wydall, 2013). This echoes the findings of the Southern Melbourne case study (Chapter 4), which demonstrate that services for perpetrators, especially crisis accommodation, can be essential to supporting victim/survivor safety.

As observed in the first section of this chapter, however, various forms of accountability can sometimes work against each other in the context of service provision. This makes it critical that workers in agencies all have a clear sense of their responsibilities, both in working with individuals and with other agencies. As one practice-based safety and accountability audit tool developed in Western Australia notes, this involves very specific and varied directions of accountabilities in DFV service provision, notably, institution to victim; offender to victim; practitioner to practitioner; and agency to agency (cited in Smith, 2013).

Vlais and Campbell (2019) have observed that these different kinds of accountabilities mean that agencies also need to be accountable for understanding how their activities can scaffold individual accountability with perpetrators, as well as system accountability towards victims/survivors, ensuring that interventions do not increase risk instead. In this vein, Smith (2013) adapted the concept of the web of accountability first outlined in public administration contexts to describe how formal and informal accountabilities operate to reduce perpetrator-driven risk and increase individualised accountability. Smith's (2013) research found that perpetrators of DFV were most likely to be held accountable when there were formal and informal mechanisms of accountability simultaneously in operation:

> There are still significant gaps and inconsistences in how the service system responds to men who use violence. These inconsistencies compromise men's experiences of accountability and negatively impact on the safety of women and children who live with violence. Significant

> findings include the importance of empowering women; the importance of children and men's connection to their children; and the interplay between formal and informal consequences in creating an accountability web across a coordinated intervention system. (p. 333)

In 2015, the web of accountability was further developed by No to Violence, the peak body in Victoria and New South Wales responding to men's violence against women and children. Describing the ways in which accountabilities needed to be operationalised across PI systems in this interrelated web, No to Violence observed that local, regional and state-wide integrated DFV systems must:

- identify men who use family violence
- effectively engage with men during the "windows of opportunity" in the days and weeks following identification
- refer men to appropriate services
- make use of any applicable and appropriate external motivators or mandates to hold men's participation in these services
- support internal motivations towards change
- monitor risk on an ongoing basis, and manage significant risks through coordinated community responses, and share relevant information pertaining to any or all of the above with women's and children's services, police, courts and others involved in supporting women's and children's safety and wellbeing. (2015, pp. 13–14)

Other authors have expanded on the concept of interrelated accountability in the context of legal system interventions, particularly in Victoria. Magistrate Pauline Spencer (2016) explains:

> A web of accountability comprises various strands including the actions of legal systems (criminal, civil, Child Protection and family law), service systems and informal networks of victims, families and communities that together hold the perpetrator to account by intervening and monitoring ongoing behaviour. Women are much more able to assert themselves to hold men accountable for abuse when a "web of accountability" provides both informal and formal support. It is important that criminal courts work as an effective strand in this web of accountability. (p. 225)

Spencer (2016) notes that "risk assessment and management needed to be at the forefront of this process, with behavioural change and other interventions being employed only when it is safe to do so" (p. 229). This points to the benefit of formal and informal surveillance of the perpetrator, particularly when he has been excluded from the home; when his whereabouts may be unknown; and when risk is already likely to be heightened post-separation (Bugeja, Dawson, McIntyre, & Walsh, 2015; Dobash, Dobash, Cavanagh, & Lewis, 2004).

The Centre for Innovative Justice (2015) has similarly observed the role of legal interventions within a wider web of accountability:

> First and foremost, accountability means making victims of family violence safe. It means keeping the perpetrator firmly in view, not isolating him or propelling him from scrutiny. It means leveraging the authority of the justice system and whatever stake in conformity the perpetrator has to ensure that he complies with the law. It means measuring the right things. It means keeping not only the violence and its user visible but also the system's response. It means every part of the system bearing responsibility and the victim setting the pace. Just as importantly, it means coming to terms with the fact that family violence is core business in the legal system and has to be treated—and funded—as such. At its simplest, perpetrator accountability is about widening our gaze to include individuals who use family violence—bringing them squarely into the spotlight, making them responsible for their own behaviour, certainly, but *all* of us accountable for how the community steps up to meet it. (p. 88, original emphasis)

The descriptions above reveal how comprehensive, multi-faceted and linked PI systems' strategies must be for accountability of any kind—including as a mechanism—to be possible. If organisations do not remain accountable for providing a coordinated system of interdependent perpetrator and victim/survivor responses, then any web of accountability around individual perpetrators which promotes accountability as a virtue will not be robust or intact.

Scott describes the conceptual leap necessary as "grappling with how to move from placing a protective bubble around

women and children, towards also placing a bubble around the perpetrator causing harm". Similarly, in work regarding child welfare systems, Mandel (2014) emphasises that 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.

As Vlais and Campbell (2019) have also recently argued:

> Men can be invited to act more accountably, [and DFV] 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 […] They can use incarceration; monitoring; supervision; and 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 […] 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. (pp. 13–14, original emphasis)

Accordingly, Vlais and Campbell (2019) have built upon the "web of accountability" concept developed by Smith (2013) to propose a "web of interventions" in which services and agencies can locate their roles and responsibilities in relation to working or interacting with perpetrators of DFV. This web involves roles, or *contexts*, in which human service or legal agencies of any kind may find themselves when interacting with perpetrators of DFV, including in terms of timeframes after perpetration has first come to their attention. The responsibilities or functions that are proposed in this model then reflect the specific and tailored *intent* which an agency might have during the course of this interaction, 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" (Vlais & Campbell, 2019, p. 49).

Community accountability: Locating PI systems in transformational terrain

While PI systems and broader service agencies continue to grapple with ways in which these interrelated forms of accountability can work together, previous sections of this chapter have also identified the great many challenges facing this valuable work. As described in relation to legal system interventions, this can include when the activity of accountability mechanisms is not experienced as meaningful by perpetrators of DFV; or, alternatively, where the meaning made out of these activities actually reinforces a perpetrator's victim narratives or his sense that he is above the law. It can also include where different forms of accountabilities within service organisations work against accountability to victims/survivors.

Further, it includes where the meaning which perpetrators make out of their individual accountability shifts and is managed through constructions of gender and masculinities. Where these constructions reflect broader community values, these can in turn undermine the effectiveness of interventions (Jewkes, Flood, & Lang, 2015). Researchers have observed the ways in which hegemonic construction of male identity and self-description "reveal the models prescribed by our society and culture" (Conde et al., 2018, p. 19). "Hegemonic" refers to the way in which attitudes can become dominant in a society. The implicit challenge here, therefore, is for men to construct a positive framework of masculinity which is "gender transformative" (Morrison et al. 2018, p. 13).

This challenge is apparent even within efforts to respond to and prevent DFV. Here, authors note the ways in which male privilege can be rehearsed and repeatedly enacted even in feminist contexts, where the voices of male allies become privileged and positioned as good in relation to other men. This can include being unduly admired for conducting work that female activists have performed, without any acknowledgment, for decades. Macomber (2015) has observed:

> This widespread discourse about "accountability" is intended to address the problem of male privilege and sexism. What I found, however, is that activists' efforts to turn this discourse into effective practice is limited by two challenges: the lack of a unified definition of accountability and men's reluctance to hold other men accountable. My analysis, thus, highlights a gap between accountability discourse and practice. (p. 18)

Echoing Macomber's concerns, Pease and Carrington (2017) highlight the binary created between "good" and "bad" men, which enables the alleged "good" men to leave their own privilege unchecked:

> The concern, then, is that without actively and explicitly putting in place processes of accountability at the individual, organisational and structural levels, masculine power and privilege can go unchallenged and become problematic. That is, without the necessary checks, ally work and/or men's violence prevention work would contribute to violence against women. (p. 26)

These authors also note that if male activists must therefore be more accountable to women activists, then this needs to occur in a way which women find legitimate and authentic, and which does not add to women's existing burden of responsibilities (Pease & Carrington, 2017).

The privileging of male voices, even in the context of work designed to address DFV, functions as a reminder that PI systems cannot work in isolation but are situated in wider community discourses and social practices. Arguably, it also functions as a reminder that when efforts to prevent and intervene early in DFV treat gendered violence only as a public health issue, rather than a political and structural issue, this can also perpetuate and entrench this social practice.

Keeping these various challenges in mind, Vlais (2016, pp. 32–33) has separately argued in a practice context that accountability has a range of different meanings, including the following:

- criminal justice responses to place restraints on, as well as denounce, the [violent] behaviour
- integrated DFV systems providing an ongoing response which "flips" the focus from solely protecting victims/survivors from risk towards containing risk at the source
- a process of an individual man's journey towards taking responsibility for his behaviour
- individual and collective responsibilities within Indigenous communities
- *the community's responsibility to transform the underlying conditions that reproduce intersecting power hierarchies.* (emphasis added)

This latter form of accountability from the community is perhaps the form which has been least interrogated in literature and practice, arguably because it is the most nebulous and difficult. Citing Kim (2005), Hess, Allen, and Todd (2011, p. 1097) explain the crucial shift required to move towards community accountability:

> Typically, discussions of informal, citizen participation refer to basic efforts to educate, raise awareness and organize community members in supporting victims of domestic violence. Another less common, but especially promising form of citizen engagement is known as community accountability, defined as follows: "The ability of communities to intervene directly when violence occurs, so acts of violence are stopped not only by the police, but by community members and institutions. It relies upon the responsibility and capacity of the community to confront abusers and provide a process for abuser accountability which can include reparations to their victims, monitoring future abuse, and long-term measures that prevent violence." (Kim, 2005, p. 34)

Hess et al. (2011) further explain that, when there is no

> broad community infrastructure of support that actively fosters survivor safety and batterer accountability, [then] a criminal justice response will likely remain effective in only ameliorating, rather than eradicating domestic violence. (p. 1118)

Accordingly, authors such as Caulfield (2013) point to the value of community accountability, or transformative justice, efforts that promote collective responsibility for safety and that do not rely on punitive approaches where these simply replicate power and control.

Limitations

An unexpected limitation of this study was that there were not clear and well-developed understandings of the foundational concepts of accountability and responsibility from which the researchers could meet the objectives of the review. A second limitation was that the review was limited to English language publications.

Conclusion

What this final section and the overall chapter point to is the sobering realisation that establishing perpetrator accountability is an incredibly complex, multi-layered and long-term task, which should not be relegated to the end of a list of priorities. Neither should perpetrator accountability be left unexplained, with the implication that it will simply manifest through the imposition of a consequence by a system mechanism, or the participation of an individual perpetrator in a program where he becomes aware that his behaviour has been unacceptable and that he must aspire to meet different community expectations instead.

The enormity of the challenge does not mean that specialist perpetrator interventions or wider PI systems should abandon hope. Rather, expectations of accountability must become more realistic amid the work to keep victims/survivors safe, to monitor and manage risk, and to prevent further perpetration. Meanwhile, the focus from policymakers and funders alike needs to be on greater investment and coordination, if multiple forms of accountabilities are to be met.

Similarly, amid this work, assumptions about what different parts of any PI systems might mean by accountability should be interrogated. Foremost, accountability in the context of DFV perpetration should not be assumed to mean the same thing or be based on the same agreed exchange of responsibilities as accountability in the political or public sector context.

More specifically, however, while facilitators of MBCPs may have certain expectations about a man's journey towards accepting responsibility and being held accountable for his use of DFV, it should not be assumed that a program participant shares the same understanding. Crucially, it should not be assumed by someone in a position of authority in the justice system that a perpetrator of DFV acknowledges that authority, particularly where their interaction is brief, perfunctory and transactional.

Perhaps most importantly, agents working across PI systems should not assume that their activity in terms of accountability as a mechanism equates either to accountability being realised as a virtue or equates to accountability to victims/survivors of DFV. This includes ensuring that these service and legal interventions do not hold victims/survivors accountable for the behaviour or patterns of perpetrators of DFV instead.

The discussion in this chapter has not been conducted with an expectation that a firm or confined definition of accountability could be achieved. Rather, this chapter and the broader collection in which it is placed seek to debunk some assumptions about DFV perpetrator accountability by critically analysing the varying meanings that this concept may have had in different contexts; by identifying where the application of these meanings may be limited; and by indicating where they offer useful lessons to prompt further consideration in the development of well-functioning PI systems.

Overall, this chapter has sought to explore the conceptual shift that needs to occur to ensure that formal DFV perpetrator interventions are experienced as meaningful in the lives of individual perpetrators in ways that ultimately reduce risk, as well as in ways which support and assist DFV victims/survivors. To this end, perpetrator accountability is more about the accountability of PI systems themselves—accountability which ensures that the system is genuinely addressing the risk faced by victims/survivors of DFV, not just the risks to the *system* of ignoring potential harm. This also includes the obligations of PI systems to ensure, through a "web of accountability", that they are operationalising what accountability might mean in the lives of individual perpetrators and, most importantly, what victims/survivors need this accountability to reflect. Any formal interventions must then be reinforced by a range of informal mechanisms in a perpetrator's community and daily life, which can promote internal responsibility-taking

and ultimate desistance from patterns of coercive control. As such, the need for wider community accountability has been identified as an essential and transformative foundation for accountability at the systemic and individual level.

The prevention, reduction and ultimate elimination of gendered violence are inherently social and political acts. This means that interventions in DFV cannot just be left to wither from insufficient investment, or alternatively to "swing in the breeze"—disconnected from, or even disowned by, other prevention efforts or responses.

Ultimately, the ambition may be bigger than simply the imposition of a consequence, the activity of an authority, or a referral to a program—transactions which, on their own, are not achieving our stated objective of reducing risk and keeping people safe. As the final chapter in this broader collection highlights, however, for communities to be genuinely accountable to those who experience DFV, interventions must be interconnected and intertwined—nourished by strong and healthy structures which in turn are firmly rooted in transformational, rather than transactional, terrain.

References

Adams, D. (1988). Treatment models of men who batter: A profeminist analysis. In K. Yllö & M. Bograd (Eds.), *Feminist perspectives on wife abuse* (p. 176–199). Thousand Oaks: Sage.

Alderson, S., Westmarland, N., & Kelly, L. (2013). The need for accountability to, and support for, children of men on domestic violence perpetrator programmes. *Child Abuse Review, 22*(3), 182–193.

Akoensi, T. D., Koehler, J. A., Lösel, F., & Humphreys, D. K. (2013). Domestic violence perpetrator programs in Europe, Part II: A systematic review of the state of evidence. *International Journal of Offender Therapy and Comparative Criminology, 57*(10), 1206–1225. https://doi.org/10.1177/0306624x12468110

Arksey, H., & O'Malley, L. (2005). Scoping studies: Towards a methodological framework. *International Journal of Social Research Methodology, 8*(1), 19–32.

Australian Law Reform Commission. (2010). *Family Violence—A National Legal Response* (ALRC Report 114, NSWLRC Report 128, October 2010). Sydney: ALRC.

Bailey, K. D. (2010). Lost in translation: Domestic violence, "the personal is political", and the criminal justice system. *Journal of Criminal Law & Criminology, 100*(4), 1255–1300.

Beldin, K., Lauritsen, A., D'Souza, H., & Moyer, B. (2015). Citations and convictions: One community's coordinated response to intimate partner violence & efforts toward offender accountability. *Social Scences, 4*(2), 421–433. https://doi.org/10.3390/socsci4020421

Black, B. M., Weisz, A. N., Mengo, C. W., & Lucero, J. L. (2015). Accountability and risk assessment: Members' and leaders' perspectives about psychoeducational batterers' group. *Social Work with Groups, 38*(2), 136–151. https://doi.org/10.1080/01609513.2014.923363

Blacklock, N. (2001). Domestic violence: Working with perpetrators, the community and its institutions. *Advances in Psychiatric Treatment, 7*(1), 65–72.

Bond, C., Holder, R., Jeffries, S., & Fleming, C. (2017). *Evaluation of the specialist domestic and family violence court trial in Southport: Summary and final reports.* Brisbane: Griffith Criminology, Griffith University.

Bovens, M. (2010). Two concepts of accountability: Accountability as a virtue and as a mechanism. *West European Politics, 33*(5), 946–967. https://doi.org/10.1080/01402382.2010.486119

Burton, M. (2006). Judicial monitoring of compliance: Introducing problem solving approaches to domestic violence courts in England and Wales. *International Journal of Law, Policy and the Family, 20*(3), 366–378.

Bugeja, L., Dawson, M., McIntyre, S.-J., & Walsh, C. (2015). Domestic/family violence death reviews: An international comparison. *Trauma, Violence, & Abuse, 16*(2), 179–187. https://doi.org/10.1177/1524838013517561

Carmichael, M. (2008). *Experiences of domestic violence: Findings from the 2006/07 Northern Ireland crime survey.* Belfast: Northern Crime Office.

Carson, E., Chung, D., & Day, A. (2009). Evaluating contracted domestic violence programs: Standardisation and organisational culture. *Evaluation Journal of Australasia, 9*(1), 10–19.

Carson, E., Chung, D., & Day, A. (2012). Distant relations: Limits to relational contracting in domestic violence programmes. *The International Journal of Public Sector Management, 25*(2), 103–117.

Carson, E., Chung, D., & Evans, T. (2015). Complexities of discretion in social services in the third sector. *European Journal of Social Work*, *18*(2), 167–184. https://doi.org/10.1080/13691457.2014.888049

Caulfield, L. (2013). *To research community-based safety projects and strategies to combat gender violence—USA*. Retrieved from https://www.churchilltrust.com.au/media/fellows/Caulfield_L_2013_Community_based_safety_proejcts_to_combat_gender_violence.pdf

Centre for Innovative Justice. (2015). *Opportunities for early intervention: Bringing perpetrators of family violence into view.* Retrieved from http://mams.rmit.edu.au/r3qx75qh2913.pdf

Centre for Innovative Justice. (2016). *Pathways towards accountability: Mapping the journeys of perpetrators of family violence—Phase 1* (Report to Department of Premier and Cabinet). Retrieved from https://cij.org.au/cms/wp-content/uploads/2018/08/pathways-towards-accountability-phse-1-200519.pdf

Centre for Innovative Justice. (2018). *Beyond "getting him to a program": Towards best practice for perpetrator accountability in the Specialist Family Violence Court context* (Literature review). Melbourne: RMIT.

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.* Perth: Women's Council for Domestic and Family Violence Services.

Clarke, A., & Wydall, S. (2013). "Making safe": A coordinated community response to empowering victims and tackling perpetrators of domestic violence. *Social Policy and Society, 12*(3), 393–406. https://doi.org/10.1017/S147474641200070X

Conde, R., Gonçalves, R. A., & Manita, C. (2018). Narratives of those who "love" violently: Identity issues and construction of meaning of the batterers. *Journal of Humanistic Psychology.* https://doi.org/10.1177/0022167818784989

Cortis, N., Blaxland, M., Breckenridge, J., valentine, k., Mahoney, N., Chung, D., … Green, D. (2018). *National survey of workers in the domestic, family and sexual violence sectors* (SPRC report 5/2018). Retrieved from https://www.arts.unsw.edu.au/sites/default/files/documents/National_Survey_of_Workers_in_the_Domestic_Family_and_Sexual_Violence_Sectors.pdf

Council of Australian Governments. (2011). *The national plan to reduce violence against women and their children 2010–2022: Including the first three-year action plan*. Canberra: FAHCSIA.

Darebin Community Legal Centre. (2015). *Submission to the Royal Commission into Family Violence.* Retrieved from http://rcfv.archive.royalcommission.vic.gov.au/getattachment/86785B8A-BD22-4AD6-9C8D-8DA98C2ACE29/Darebin-Community-Legal-Centre.pdf

Day, A., Vlais, R., Chung, D., & Green, D. J. (2019). *Evaluation readiness, program quality and outcomes in men's behaviour change programs* (Research report, 01/2019). Sydney: ANROWS.

Department of Attorney-General, Government of Western Australia. (2015). *Report on criminal cases in the Magistrates Court of Western Australia 2010/11 to 2014/15*. Retrieved from https://department.justice.wa.gov.au/_files/Magistrates_Court_Criminal_Report_201011_to_201415.pdf

Department of Social Services. (2016). *Third action plan 2016–2019 of the national plan to reduce violence against women and their children 2010–2022*. Retrieved from https://www.dss.gov.au/sites/default/files/documents/10_2016/third_action_plan.pdf

Devaney, J. (2014). Male perpetrators of domestic violence: How should we hold them to account? *The Political Quarterly, 85*(4), 480–486. https://doi.org/10.1111/1467-923X.12111

Dobash, R. E., Dobash, R. P., Cavanagh, K., & Lewis, R. (2004). Not an ordinary killer, just an ordinary guy: When men murder an intimate woman partner. *Violence Against Women, 10*(6), 577–605. https://doi.org/10.1177/1077801204265015

Donovan, C., & Griffiths, S. (2015). Domestic violence and voluntary perpetrator programmes: Engaging men in the pre-commencement phase. *The British Journal of Social Work, 45*(4), 1155–1171. https://doi.org/10.1093/bjsw/bct182

Douglas H. & Godden, L. (2003). The decriminalisation of domestic violence: Examining the interaction between the criminal law and domestic violence. *Criminal Law Journal,* 27(1), 32–43.

Durfee, A., & Messing, J. T. (2012). Characteristics related to protection order use among victims of intimate partner violence. *Violence Against Women*, *18*(6), 701–710. https://doi.org/10.1177/1077801212454256

Edin, K., & Nilsson, B. (2014). Men's violence: Narratives of men attending anti-violence programmes in Sweden. *Women's Studies International Forum*, *46*, 96–106. https://doi.org/10.1016/j.wsif.2013.12.006

Eley, S. (2005). Changing practices: The specialised domestic violence court process. *The Howard Journal of Criminal Justice*, *44*(2), 113–124. https://doi.org/10.1111/j.1468-2311.2005.00361.x

Epstein, D. (2002). Procedural justice: Tempering the state's response to domestic violence. *Georgetown Law Faculty Publications and Other Works*, *83*, 1843–2181. Retrieved from https://scholarship.law.georgetown.edu/facpub/83/

Field, R. M., & Hyman, E. M. (2017). Non-adversarial approaches to domestic violence: Putting therapeutic jurisprudence theory into practice. *Journal of Judicial Administration, 26*(4), 275–292.

Fish, E., McKenzie, M., & McDonald, H. (2009). *Bad mothers and invisible fathers: Parenting in the context of domestic violence* (Discussion paper no. 7). https://www.dvrcv.org.au/sites/default/files/Bad%20mothers%20and%20invisible%20fathers%20%28full%20paper%29.pdf

Fox, J., & Aceron, J. (2016). *Doing accountability differently: A proposal for the vertical integration of civil society monitoring and advocacy* (Working paper). https://doi.org/10.13140/RG.2.2.20746.26568

Fox, J., & Halloran, B. (2016). *Connecting the dots for accountability: Civil society policy monitoring and advocacy strategies* (Working paper). https://doi.org/10.13140/RG.2.1.3359.6560

George, A., & Harris, B. (2015). *Landscapes of violence: Women surviving family violence in regional and rural Victoria*. Geelong, Vic: Centre for Rural and Regional Law and Justice, Deakin University.

Gondolf, E. W. (2002). *Batterer intervention systems: Issues, outcomes, and recommendations*. New York: Sage.

Gondolf, E. (2004). Evaluating batterer counseling programs: A difficult task showing some effects and implications. *Aggression and Violent Behaviour, 9*(6), 605–631.

Gondolf, E. (2012). *The future of batterer programs: Reassessing evidence-based practice*. Boston: Northeastern University Press.

Goodman, S., & Walker, K. (2016). 'Some I don't remember and some I do': Memory talk in accounts of intimate partner violence. *Discourse Studies*, *18*(4), 375–392. https://doi.org/10.1177/1461445616647884

Gray, R., Broady, T., Gaffney, I., Lewis, P., Mokany, T., & O'Neill, B. (2016). "I'm working towards getting back together": Client accounts of motivation related to relationship status in men's behaviour change programmes in New South Wales, Australia. *Child Abuse Review, 25*(3), 171–182. https://doi.org/10.1002/car.2318

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. https://doi.org/10.1080/0312407X.2013.853196

Gray, T., & Tracey, D. K. (2016). *Implementing a trauma informed framework in a disability non-government organisation*. Sydney: Enculture Press.

Haggård, U., Freij, I., Danielsson, M., Wenander, D., & Långström, N. (2017). Effectiveness of the IDAP treatment program for male perpetrators of intimate partner violence. *Journal of Interpersonal Violence, 32*(7), 1027–1043. https://doi.org/10.1177/0886260515586377

Harvie, P., & Manzi, T. (2011). Interpreting multi-agency partnerships: Ideology, discourse and domestic violence. *Social & Legal Studies, 20*(1), 79–95. https://doi.org/10.1177/0964663910384907

Healey, L., Connolly, M., & Humphreys, C. (2018). A collaborative practice framework for Child Protection and specialist domestic and family violence services: Bridging the research and practice divide. *Australian Social Work, 71*(2), 228–237. https://doi.org/10.1080/0312407X.2017.1409777

Hegarty, K., Tarzia, L., Fordsike-Young, K., Vlais, R., Flood, M., Feder, G., & Humphreys, C. (2016, March). *Final report: Promoting early intervention with men's use of violence in relationships through primary care (the PEARL study)*. Canberra: APHCRI.

Hess, J. Z., Allen, N. E., & Todd, N. R. (2011). Interpreting community accountability: Citizen views of responding to domestic violence (or not). *Qualitative Report, 16*(4), 1096–1123.

Heward-Belle, S. (2016). The diverse fathering practices of men who perpetrate domestic violence. *Australian Social Work, 69*(3), 323–337. https://doi.org/10.1080/0312407X.2015.1057748

Hirschel, D., Buzawa, E., Pattavina, A., & Faggiani, D. (2007). Domestic violence preferred and mandatory arrest laws: To what extent do they influence police arrest decisions? *Journal of Criminal Law and Criminology, 98*(1), 255–298.

Horwath, J., Cleaver, H., Cawson, P., Gorin, S., & Walker, S. (Eds.). (2009). *Safeguarding children*. New Jersey: John Wiley & Sons.

Hunter, R. (2008). *Domestic violence law reform and women's empowerment in court: The implementation of feminist reforms in civil proceedings*. Amherst, NY: Cambria Press.

Jewkes, R., Flood, M., & Lang, J. (2015). From work with men and boys to changes of social norms and reduction of inequities in gender relations: A conceptual shift in prevention of violence against women and girls. *Lancet, 385*(9977), 1580–1589. https://doi.org/10.1016/S0140-6736(14)61683-4

Kaye, M., & Tolmie, J. (1998). "Lollies at a children's party" and other myths: Violence, protection orders and fathers' rights groups. *Current Issues in Criminal Justice, 10*(1), 52–72.

Kelly, L., & Westmarland, N. (2015). *Domestic violence perpetrator programmes: Steps towards change. Project Mirabal final report*. London and Durham: London Metropolitan University and Durham University.

Kerstin, E., & Nillson, B. (2014). Men's violence: Narratives of men attending anti-violence programmes in Sweden. *Women's International Studies Forum, 46*(4), 96–106.

Kilgore, C. D., Lehmann, P., & Voth Schrag, R. (2019). Discourse after a batterer intervention program: A qualitative analysis of "letters from the future". *Violence Against Women, 25*(5), 593–613. https://doi.org/10.1177/1077801218794296

King, M., & Batagol, B. (2010). Enforcer, manager or leader? The judicial role in family violence courts. *International Journal of Law and Psychiatry, 33,* 406–416.

Klein, A. R., & Crowe, A. (2008). Findings from an outcome examination of Rhode Island's specialized domestic violence probation supervision program. *Violence Against Women, 14*(2), 226–246. https://doi.org/10.1177/1077801207312633

Korsgaard, C. M. (2009). *Self-constitution: Agency, identity, and integrity*. Oxford: Oxford University Press.

Labriola, M., Bradley, S., O'Sullivan, C. S., Rempel, M., & Moore, S. (2009). *National portrait of domestic violence courts*. Retrieved from https://www.ncjrs.gov/pdffiles1/nij/grants/229659.pdf

Labriola, M., O'Sullivan, C., Frank, P. B., & Rempel, M. (2010). Court responses to batterer program noncompliance: A national survey. *Judicature, 94*(2), 81–84.

Laing, L. (2017). Secondary victimization: Domestic violence survivors navigating the family law system. *Violence Against Women*, *23*(11), 1314–1335. https://doi.org/10.1177/1077801216659942

Lamb, K., Humphreys, C., & Hegarty, K. (2018). "Your behaviour has consequences": Children and young people's perspectives on reparation with their fathers after domestic violence. *Children and Youth Services Review*, *88*, 164–169.

Lapierre, S., Cote, I., Lambert, A., Buetti, D., Lavergne, C., Damant, D., & Courtourier, V. (2018). Difficult but close relationships: Children's perspectives on relationships with their mothers in the context of domestic violence. *Violence Against Women*, *24*(9), 1023–1038.

Lee, M. Y., Uken, A., & Sebold, J. (2004). Accountability for change: Solution-focused treatment with domestic violence offenders. *Families in Society: Journal of Contemporary Social Services*, *85*(4), 463–476.

Legal Affairs and Community Safety Committee. (2014, November). *Inquiry on strategies to prevent and reduce criminal activity in Queensland, Report No. 82*. Retrieved from https://www.parliament.qld.gov.au/documents/committees/LACSC/2014/CrimeInquiry2014/rpt-082-28Nov2014.pdf

Logan, T. K., & Walker, R. (2009). Civil protective order outcomes: Violations and perceptions of effectiveness. *Journal of Interpersonal Violence, 24*(4), 675–692.

Logan, T.K., & Walker, R. (2010). Civil protective order effectiveness: Justice or just a piece of paper? *Violence and Victims, 25*(3), 332–348.

Lopez, C. (2016). *Desistance from intimate partner violence: A narrative study of men with histories of violence against their female partner* (Doctoral dissertation). Monash University, Melbourne.

Macomber, K. (2018). "I'm sure as hell not putting any man on a pedestal": Male privilege and accountability in domestic and sexual violence work. *Journal of Interpersonal Violence, 33*(9), 1491–1518. https://doi.org/10.1177/0886260515618944

Macvean, M., Humphreys, C., Healey, L., Albers, B., Mildon, R., Connolly, M., … Spada-Rinaldis, S. (2015). *The PATRICIA Project: PAThways and Research In Collaborative Inter-Agency working: State of knowledge paper* (ANROWS Landscapes, 14/2015). Sydney: ANROWS.

Mandel, D. (2014). Beyond domestic violence perpetrator accountability in child welfare systems. *The No to Violence Journal*, *4*, 50–85.

Marchetti, E., & Daly, K. (2017). Indigenous partner violence, Indigenous sentencing courts, and pathways to desistance. *Violence against women*, *23*(12), 1513–1535. https://doi.org/10.1177/1077801216662341

McDonald, P., & Flood, M. G. (2012). *Encourage. Support. Act! Bystander approaches to sexual harassment in the workplace*. Sydney: AHRC.

McLaren, H., & Goodwin-Smith, I. (2015). *Hearing their voices: Providing an evidence base to underpin better practice domestic and Aboriginal family violence interventions through drawing on the knowledge and lived experience of people who have experienced such violence and interventions*. Retrieved from https://kwy.org.au/wp-content/uploads/2015/05/hearing_their_voices.pdf

McMaster, K. (2015). Restoring the balance: Restorative justice and intimate partner violence. Retrieved from https://restorativejustice.org.uk/sites/default/files/news/files/Final%20Report%20Restoring%20the%20Balance%20June%202015.pdf

Meyer, S. (2009). *Understanding the help-seeking decisions of female victims of intimate partner violence* (Doctoral dissertation). Griffith University, Brisbane.

Meyer, S. (2011). Seeking help for intimate partner violence: Victims' experiences when approaching the criminal justice system for IPV-related support and protection in an Australian jurisdiction. *Feminist Criminology, 6*(4), 268–290. https://doi.org/10.1177%2F1557085111414860

Meyer, S. (2016). Still blaming the victim of intimate partner violence? Women's narratives of victim desistance and redemption when seeking support. *Theoretical Criminology*, *20*(1), 75–90.

Meyer, S. (2018). Motivating perpetrators of domestic and family violence to engage in behaviour change: The role of fatherhood. *Child & Family Social Work, 23*(1), 97–104. https://doi.org/10.1111/cfs.12388

Minns, K. (2013). *To investigate men's domestic violence behaviour change programs particularly effective practice and integration with the justice and human service systems* (Winston Churchill Fellowship report). Retrieved from https://www.churchilltrust.com.au/media/fellows/2012_Minns_Kristy_1.pdf

Moore, M. H. (1995). *Creating public value: Strategic management in government*. Boston: Harvard University Press.

Morrison, P. K., Hawker, L., Cluss, P. A., Miller, E., Fleming, R., Bicehouse, T., … Chang, J. C. (2018). The challenges of working with men who perpetrate partner violence: Perspectives and observations of experts who work with batterer intervention programs. *Journal of Interpersonal Violence,* 1–23. https://doi.org/10.1177/0886260518778258

Morrison, S. E., Bruce, C., & Wilson, S. (2018). Children's disclosure of sexual abuse: A systematic review of qualitative research exploring barriers and facilitators. *Journal of Child Sexual Abuse, 27*(2), 176–194. https://doi.org/10.1080/10538712.2018.1425943

Mulgan, R. (2000). "Accountability": An ever-expanding concept? *Public Administration, 78*(3), 555–573.

No to Violence, & Men's Referral Service. (2015). *Strengthening perpetrator accountability within the Victorian family violence service system*. Retrieved from https://ntv.org.au/wp-content/uploads/2016/12/150622-Final-Final-FVRC-Submission-NTV-MRS-2015.pdf

Nowell, B. (2010). Out of sync and unaware? Exploring the effects of problem frame alignment and discordance in community collaboratives. *Journal of Public Administration Researchand Theory, 20*(1), 91–116. https://doi.org/10.1093/jopart/mup006

O'Malley, R. (2013) 'CollaborACTION': Ending men's violence against women and children. *The No To Violence Journal.* Spring 2013, 51–71.

Page, S. (2006). The web of managerial accountability: The impact of reinventing government. *Administration & Society, 38*(2), 166–197.

Parkinson, P., Webster, A., & Cashmore, J. (2010). Lawyers' interviews with clients about family violence. *University of New South Wales Journal, 33*(3), 929–944.

Paternoster, R., Brame, R., Bachman, R., & Sherman, L. W. (1997). Do fair procedures matter? The effect of procedural justice on spouse assault. *Law and Society Review*, *31*(1), 163–204. https://doi.org/10.2307/3054098

Pease, B., & Carrington, A. (2017). *Men as allies in preventing men's violence against women: Principles and practices for promoting accountability.* Sydney: White Ribbon Australia.

Petrucci, C. (2002). Respect as a component in the judge-defendence interaction in a specialised domestic violence court that utilises therapeutic jurisprudence. *Criminal Law Bulletin, 38,* 263–288.

Pike, J. L. (2015). *Demanding accountability in domestic violence courts: Defendants' perceptions of mandated batterer's intervention programs* (Doctoral dissertation). State University of New York at Buffalo.

Prebble, M. (2012). Public value and the ideal state: Rescuing public value from ambiguity. *Australian Journal of Public Administration*, *71*(4), 392–402.

Pronyk, P. M., Hargreaves, J. R., Kim, J. C., Morison, L. A., Phetla, G., Watts, C., … Porter, J. D. (2006). Effect of a structural intervention for the prevention of intimate-partner violence and HIV in rural South Africa: A cluster randomised trial. *Lancet*, *2*(9551), 1973–1983.

Ptacek, J. (1999) *Battered women in the courtroom: The power of judicial responses*. Boston: Northeastern University Press.

Radatz, D.L, & Wright, E. (2015). Integrating the principles of effective intervention into batterer intervention programming: The case for moving toward more evidence based programming. *Trauma, Violence, & Abuse, 17*(1), 72–87.

Romzek, B. (2015). Living accountability: Hot rhetoric, cool theory, and uneven practice. *PS: Political Science & Politics, 48*(1), 27–34.

Ross, S., Healey, L., Diemer, K., & Humphreys, C. (2016). Providing an integrated response to family violence: Governance attributes of local networks in Victoria. *Australian Journal of Public Administration*, *75*(2), 127–136. https://doi.org/10.1111/1467-8500.12162

Sartin, R. M., Hansen, D. J., & Huss, M. T. (2006). Domestic violence treatment response and recidivism: A review and implications for the study of family violence. *Aggression and Violent Behavior, 11*(5), 425–440. https://doi.org/10.1016/j.avb.2005.12.002

Schmitter, P. (2004). The quality of democracy: The ambiguous virtues of accountability. *Journal of Democracy, 15*(4), 47–60.

Schwarz, C. D. (2004). Unified family courts: A saving grace for victims of domestic violence living in nations with fragmented court systems. *Family Court Review, 42*(2), 304–320. https://doi.org/10.1111/j.174-1617.2004.tb00651.x

Scott, K., & Crooks, C. (2006). Intervention for abusive fathers: Promising practices in court and community responses. *Juvenile and Family Court Journal, 57*(3), 29–44.

Scott, K., Heslop, L., Kelly, T., & Wiggins, K. (2015). Intervening to prevent repeat offending among moderate- to high-risk domestic violence offenders: A second-responder program for men. *International Journal of Offender Therapy and Comparative Criminology, 59*(3), 273–294. https://doi.org/10.1177/0306624x13513709

Scutt, J. (1983). *Even in the best homes.* Melbourne: Penguin Books.

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

Shephard-Bayly, D. (2010). Working with men who use violence: The problem of reporting "progress". *Australian Domestic and Family Violence Clearinghouse Newsletter, 39*, 6–8.

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

Smith, J., Humphreys, C., & Laming, C. (2013). The central place of women's support and partner contact in men's behaviour change programs: Ending men's violence against women and children. *The No to Violence Journal*, *4*, 7–28.

Spencer, P. (2016). Strengthening the web of accountability: Criminal courts and family violence offenders. *Alternative Law Journal*, *41*(4), 225–229.

State of Victoria. (2014–16). *Royal Commission into Family Violence: Summary and recommendations,* Parl Paper no. 132. Retrieved from http://rcfv.archive.royalcommission.vic.gov.au/MediaLibraries/RCFamilyViolence/Reports/RCFV_Full_Report_Interactive.pdf

State of Victoria. (2015). Witness statement of Judge Eugene Michael Hyman. *Transcript of proceedings*. Retrieved from http://rcfv.archive.royalcommission.vic.gov.au/MediaLibraries/RCFamilyViolence/Transcripts/Transcript-RCFV_Day-013_05-Aug-2015_Public.pdf

State of Victoria. (2016). *Royal Commission into Family Violence: Summary and recommendations* (No 132, Session 2014–16). Victoria: Royal Commission into Family Violence.

Stewart, J. (2011). *Specialist domestic violence courts: What we know now—How far have Australian jurisdictions progressed?* Sydney: Australian Domestic & Family Violence Clearinghouse.

Stewart, L. A., Flight, J., & Slavin-Stewart, M. C. (2013). Applying effective corrections principles to partner abuse interventions. *Partner Abuse*, *4*(4), 494–534. https://doi.org/10.1891/1946-6560.4.4.494

Stewart, S. L. (2019). Enacting entangled practice: Interagency collaboration in domestic and family violence work. *Violence Against Women*, *26*(2), 191–212. https://doi.org/10.1177/1077801219832125

Stubbs, J., & Wangmann, J. (2017). Australian perspectives on domestic violence. In E. Buzawa & C. Buzawa (Eds.), *Global responses to domestic violence* (pp. 167–188). New York: Springer.

Taylor, A., Ibrahim, N., Lovatt, H., Wakefield, S., Cheyne, N., & Finn, K. (2017). *Domestic and family violence protection orders in Australia: An investigation of information sharing and enforcement with a focus on interstate orders: Final report*. Sydney: ANROWS.

Thomas, K. A., Goodman, L., & Putnins, S. T. (2015). "I have lost everything": Trade-offs of seeking safety from intimate partner violence. *The American Journal of Orthopsychiatry, 85*(3), 170–180.

Todd, N., Weaver-Dunlop, G., & Ogden, C. (2014). Approaching the subject of violence: A response-based approach to working with men who have abused others. *Violence Against Women, 20*(9), 1117–1137.

Tolmie, J., Smith, R., Short, J., Wilson, D., & Sach, J. (2018). Social entrapment: A realistic understanding of the criminal offending of primary victims of intimate partner violence. *NZ Law Review*, 181–218.

Topp, S. M., Edelman, A., & Taylor, S. (2018). "We are everything to everyone": A systematic review of factors influencing the accountability relationships of Aboriginal and Torres Strait Islander health workers (AHWs) in the Australian health system. *International Journal for Equity in Health*, *17*. https://doi.org/10.1186/s12939-018-0779-z

Towns, A. J., & Adams, P. J. (2016). "I didn't know whether I was right or wrong or just bewildered": Ambiguity, responsibility, and silencing women's talk of men's domestic violence. *Violence Against Women*, *22*(4), 496–520. https://doi.org/10.1177/1077801215605918

Trimboli, L. (2014). *Legal service for defendants in apprehended domestic violence order (ADVO) proceedings: An evaluation* (Crime and Justice Bulletin no. 179). Retrieved from http://www.bocsar.nsw.gov.au/Documents/cjb89.pdf

Tutty, L., Wyllie, K., Abbott, P., Mackenzie, J., Ursel, E.J., & Koshan, J.M. (2008). *The justice response to domestic violence: A literature review.* Calgary: RESOLVE Alberta.

Van Belle, S., & Mayhew, S. H. (2016). Public accountability practices of district health management teams: A realist inquiry in two local health systems in Ghana. *BMC Health Services Research, 14*(2), 134–135.

Venäläinen, S. (2019). Reversing positions: Constructions of masculine victimhood in online discussions about intimate partner violence committed by women. *Men and Masculinities*. https://doi.org/10.1177/1097184X18824374

Vlais, R. (2016). Recasting perpetrator accountability. *Parity, 29*(4), 32–33.

Vlais, R., & Campbell, E. (2019). *Bringing pathways towards accountability together: Perpetrator journeys and system roles and responsibilities*. Melbourne: Centre for Innovative Justice, RMIT University.

Vlais, R., Ridley, S., Green, D., & Chung, D. (2017). *Family and domestic violence perpetrator programs: Issues paper of current and emerging trends, developments and expectations.* Retrieved from http://sfv.org.au/wp-content/uploads/2017/05/FDV-perpetrator-programs-issues-paper.pdf

Walker, K., Bowen, E., & Brown, S. (2013). Desistance from intimate partner violence: A critical review. *Aggression and Violent Behaviour, 18*(2), 271–280.

Walker, K., & Goodman, S. (2017). How do intimate partner violent men talk about self-control? *Journal of Interpersonal Violence*, *32*(9), 1315–1331. https://doi.org/10.1177/0886260515588537

Wellman, K. (2013). Taking the next step in the legal response to domestic violence: The need to re-examine specialized domestic violence courts from a victim perspective. *Columbia Journal of Gender and the Law*, *24*(3), 444–478.

Wexler, D. B., & Winick, B. J. (1991). Therapeutic jurisprudence as a new approach to mental health law policy analysis and research. *University of Miami Law Review*, *45*(5). Retrieved from https://repository.law.miami.edu/umlr/vol45/iss5/3

Wilcox, K. (2010). Connecting systems, protecting victims: Towards vertical coordination of Australia's response to domestic and family violence. *University of New South Wales Law Journal*, *33*(3), 1013–1037.

Winick, B. (2000). Applying the law therapeutically in domestic violence cases. *University of Missouri–Kansas City Law Review, 69*(1), 33–91.

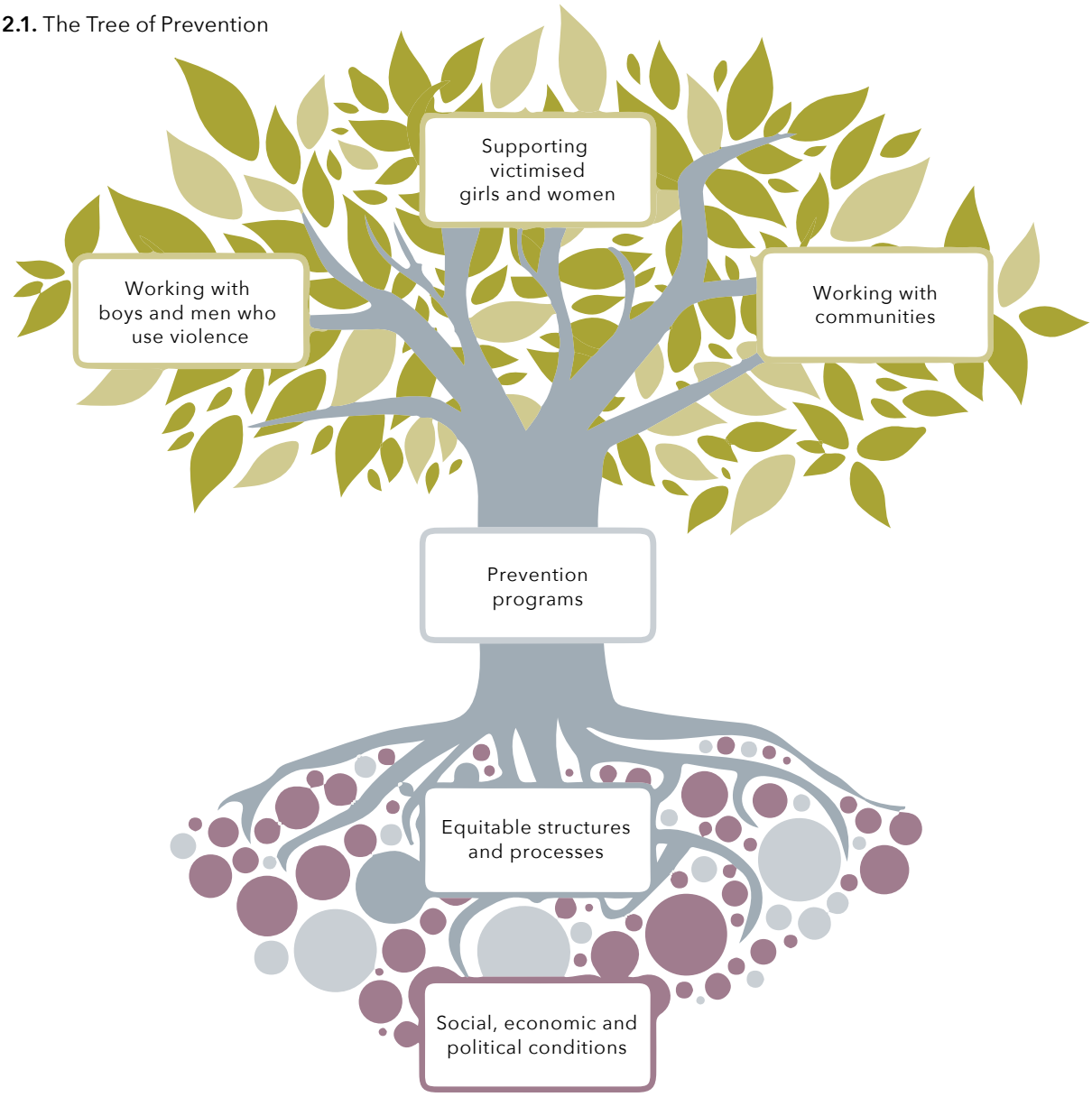
Zhang, A. (2016). One family, four courts: The case for implementing a specialist domestic and family violence court in the ACT. *Ethos: Official Publication of the Law Society of the Australian Capital Territory*, (241), 38–43.

CHAPTER 2:

The Tree of Prevention: Understanding the relationship between the primary, secondary, and tertiary prevention of violence against women

Associate Professor Michael Salter and Ashlee Gore

Figure 2.1. The Tree of Prevention



Introduction

This chapter introduces the "Tree of Prevention" as a conceptual model of the relationship between the primary, secondary, and tertiary types of prevention of men's violence against women or, as is the term used predominantly throughout this wider collection, DFV. Traditionally, responses to DFV have focused on the tertiary end of the prevention spectrum; that is, supporting victims/survivors and, as the previous chapter explored, holding perpetrators to account. A smaller range of programs and initiatives are in place to address the needs of individuals and groups who are at increased risk of perpetrating or experiencing violence, which are forms of secondary prevention. Finally, the primary prevention of DFV, which aims to prevent violence before it occurs, has become a national priority in recent years. Australian agencies such as VicHealth (2007) and Our Watch (2015, 2018) have been at the forefront of the development of primary prevention frameworks in the area of DFV. These frameworks identify high-level risk factors that can be reduced over time through

changes to public policy, social attitudes and practices that promote gender equality and women's security.

While primary prevention activities are understood as conceptually distinct from secondary and tertiary interventions, in practice, the delivery of primary prevention activities occurs frequently in institutional and community contexts and service systems in which secondary and tertiary interventions are also taking place. Despite this, the relationship between primary, secondary and tertiary prevention activities has, to date, been under-examined. To explore this relationship, the Tree of Prevention model presents primary, secondary and tertiary prevention as an interdependent system that is strengthened through investment across all levels of prevention. It encompasses the promotion of conducive social environments, policy settings, and service responses; effective prevention programs; early intervention for at-risk groups; stepped responses to victims/survivors and perpetrators according to their level of need and risk; and community mobilisation and development. Using the tree model, workers, agencies and policymakers can assess the relative "health" of the prevention system in their area or state, identifying areas of weakness and building on areas of strength. The tree model also expands on available points of engagement and activity for men and boys in their contribution to prevention.

This chapter, and the Tree of Prevention model overall, is intended to operate in dialogue with Chapter 1 in this collection, which explored conceptualisations of accountability as they operate in the PI system. These chapters challenge conventional delineations between prevention at one end and intervention or, specifically, perpetrator accountability, at the other.

Instead, these chapters and the other studies within this collection highlight the interdependent nature of fundamental preconditions to the prevention of DFV and the effectiveness of any interventions or responses which a system might deliver. The earlier chapter works backwards from PI systems "activity" to the preconditions in which this activity must be situated for accountability objectives to be met. This chapter works forwards from these preconditions for prevention which must be present in and on the ground, through the structural roots and then into the trunk for any interventions or responses at the tertiary end to be effective to any meaningful extent.

Methodology

This conceptual chapter is grounded in a narrative literature review. The tree model was developed in discussion between Associate Professor Michael Salter and Professor Andrew Day, and Salter developed the framework logic of the tree model. A narrative literature review was undertaken by Ashlee Gore, with a focus on empirical, peer-reviewed studies of risk and protective factors for the various forms of men's violence against women, including DFV and sexual violence (SV). The literature review built upon a recent review of primary prevention evidence (Webster & Flood, 2015) while examining other factors and determinants identified in the elaboration of the tree model.

Overview of the tree model

A tree provides an apt metaphor for the relationship between prevention activities, because it illustrates how interventions at multiple levels of the social ecology are mutually reinforcing and strengthening the whole of the prevention system, just as they strengthen the operation of PI systems. The Tree of Prevention situates prevention activities within their broader social, economic and political context ("the ground of prevention"), showing how structural prevention activities ("the roots") draw from this context to promote gender equality, while providing the foundation for interventions that aim to change attitudes and social practices ("the trunk"). Secondary and tertiary prevention activities then branch off to focus on communities and groups with specific needs, with interventions delivered with increasing intensity in response to increased need, risk and vulnerability.

From the ground to the branches, there is a transition in the tree model from focusing on those enabling conditions that facilitate primary prevention (as well as accountability) to the articulation of specific prevention activities and interventions. This shift from the general to the specific, and from context to activities, articulates how primary prevention and intervention activities take form within and with sensitivity to specific contexts and locales. This is a holistic rather than linear or causal model, which recognises the iterative relationship between male violence against women and its contexts.

Gendered violence has an unfolding and multi-directional relationship with the contexts in which it occurs, shaping its contexts even as it is shaped by those contexts. The tree provides a model of those interrelationships, recognising that the health of the prevention and intervention system is supported by action at all levels.

This approach signals a break from the behavioural model of primary prevention, in which violence is a behavioural category produced by risk factors. This is a highly abstract and decontextualised approach that does not elucidate what boys and men understand themselves to be doing when they engage in violence. Hence, this approach overlooks the social meanings of violence and the cultural complexities and material contexts in which it is embedded. The tree model is based on a conceptual shift from violence as *behaviour* to violence as a *social practice,* recognising that violence is expressive of social locations and cultural forms that are not only sites of risk but also, potentially, of prevention. Violence prevention, therefore, involves not only the reduction of identified risk factors but also the transformation of cultural and material relations in ways that promote non-violent norms, identities and practices. Similarly, accountability—whether of individuals or PI systems—cannot occur without this conceptual shift taking place.

The tree model is focused on the reduction of the future use of violence, which gives the model a broader scope than other prevention frameworks. The prevention system, as conceptualised here, incorporates a range of activities on the basis of their preventative contribution, rather than their preventative intent, including those activities that prevent the recurrence of violence among individuals and groups. A focus on recurrence lends prominence to the preventative role of secondary work with at-risk groups and tertiary responses to victims/survivors and perpetrators. In light of evidence of the unequal distribution of DFV and its heavy burden on particular individuals and groups, the prevention of recurrence is likely to make a significant contribution to prevention as a whole (Webster & Flood, 2015).

Notions of accountability as they currently exist through PI systems are highly individualistic, pertaining specifically to the conduct of the perpetrator and the response of relevant agencies. However, the tree model lends itself to a reformulation of accountability as socially embedded, with shared obligations that surface differently for individual perpetrators, helping professionals, agencies and governments alike. The tree model calls attention to a widely distributed responsibility to create and sustain conditions of safety and non-violence, with a particular focus on government decision-making and opportunities for early intervention and targeted support. When these opportunities are missed, or indeed when this responsibility is shirked, the question of what constitutes accountability for those decision-making bodies arises.

Similarly, the tree model suggests a shared responsibility for the care and support of victimised children and women, and the empowerment and strengthening of communities. This raises questions about systemic, service and community accountability when this responsibility is not met, questions which have been explored at length in Chapter 1.

Specific interventions related to accountability of individual perpetrators are apparent in the first branch of the tree model, which prioritises working with men and boys who use DFV. Perpetrator accountability is understood in the tree model in terms of expressions of self-reflection, insight and remorse that are more likely when intervention occurs early, and in a manner that is responsive to the unmet needs of the relevant individual. Ultimately, accountability is also dependent upon the presence of underlying conditions and the provision of opportunities for self-understanding. Accountability for DFV may therefore encompass early therapeutic interventions as well as later, more punitive options, though these are typically necessary where the former has not been available. Hence, the accountability of the perpetrator is not understood in this approach as distinct from our responsibilities to him. Nor does the importance of holding the perpetrator accountable mitigate a broader question of accountability, where opportunities to intervene early and prevent harm have been overlooked.

The framework levels

The ground

"The ground of prevention" refers to the enabling context of primary prevention activities. The enabling context includes the social, cultural and community foundations which can enable shifts towards primary prevention and early responses to DFV. The enabling context focuses on the conditions that are understood to reduce and prevent DFV. Equitable, stable and just societies with well-resourced systems to meet the needs of citizens are places where the risk of DFV and SV are lower, and primary prevention activities are more likely to be effective and sustained. These societies are also more likely to promote desistance from use of DFV as a normative expectation to which individuals should aspire. In the absence of these enabling contexts, primary prevention activities may be de-prioritised due to more pressing needs, or they may be undermined by intersecting pressures and inequalities. This echoes observations made in Chapter 1 about the way in which the presence of DFV-sustaining discourses in a wider community can prevent assumptions of responsibility or accountability by individual perpetrators, leaving it unchecked or unchallenged as social practice.

The ground of primary prevention includes the following concepts.

Gender equality

Gender equality sets the context in which primary prevention takes place, while also being a goal of primary prevention. Gender *in*equality is a social, political and economic condition in which men are valued over women, which results in an unequal distribution of power, resources and opportunity. According to Our Watch (2015, p. 22) "gender inequality has historical roots in cultural norms, laws and policies constraining the rights and opportunities of girls and women, and is maintained through formal and informal mechanisms". Webster and Flood's (2015) comprehensive review found a strong and sustained correlation between various measures of gender inequality and DFV. An understanding of gender inequality as the underlying or root cause of DFV underpins national and international frameworks and strategies to address DFV (Arango, Morton, Gennari Kiplesund, & Ellsberg, 2014; United Nations, 2006; Webster & Flood, 2015; World Health Organization, 2010).

Economic equality

Economic stability and development generally, as well as women's economic autonomy specifically, is protective against DFV (Remenyi, 2007). However, the relationship between economic inequality and DFV is not direct, but is mediated by cultural norms, expectations and values. Some studies have found that men who hold a breadwinner mentality are more likely to respond with violence when their female partner increases her share of household income, compared with men who have more gender-equitable attitudes (see e.g. Atkinson, Nelson, Brooks, Atkinson, & Ryan, 2005). Similarly, other studies have found that in circumstances where poverty and unemployment are obstacles to men meeting masculine role expectations, DFV becomes more salient as a strategy to reinforce structures of male dominance (e.g. Kiss et al., 2012). While research on the link between economic status and DFV is focused on IPV, there is evidence that low-income women are at increased risk of sexual violence (Myhill & Allen, 2002; Pazzani, 2007). There is also evidence that women from middle and higher income backgrounds are less likely to report DFV; however, it is also worth noting that when they did report it, the perpetrator was less likely to be arrested, resulting in this group of women being the least satisfied with police response (Cattaneo, 2010). The association between DFV and socioeconomic status is bi-directional, with victimisation linked to reduced financial participation and income (Monnier, Resnick, Kilpatrick, & Seals, 2002). As the return on investment study within this collection (Chapter 9) also highlights, there are significant ongoing costs to victims/survivors that follow into the period of post-separation that undermine economic equality and economic security for women.

Political stability

Exposure to political violence and to human rights abuses is associated with higher rates of DFV and SV perpetration by men during and after conflict (Clark et al., 2010; Gupta, Reed, Kelly, Stein, & Williams, 2010; Vinck & Pham, 2010). There are several potential factors contributing to the relationship between political instability and increased levels of gender-

based violence, including the effects of post-traumatic stress (Garbarino & Kostelny, 1996); the erosion of legal and social protections that constrain DFV (Weldon, 2002); and the normalisation of violence (Cummings et al., 2011). When militaristic cultures emerge in sites of political conflict, increases in rape and sexual harassment as well as DFV are reported (Morris, 1995, p. 655, p. 720). In these preconditions, violence as social practice can be a very palpable way of reinforcing and performing masculinity.

Aboriginal and Torres Strait Islander self-determination

Aboriginal and Torres Strait Islander women experience higher rates and more severe forms of violence compared to other women in Australia (Our Watch, 2018). This violence is committed by men from many different cultural backgrounds, with risk heightened by the historical legacy and intergenerational trauma of invasion and colonisation, and the disruption of Aboriginal and Torres Strait Islander family, social and economic life (Our Watch, 2018). This legacy manifests in multiple expressions of racism and discrimination, including through violent practices such as forced child removal and the rape of Aboriginal and Torres Strait Islander women and children, as well as broader restrictions on autonomy, including movement and association, and the restriction and management of income (Cripps & Webster, 2015). These patterns continue to the present day, with ongoing practices of child removal (Cunneen and Libesman, 2000), and ongoing reports of experiencing interpersonal and systematic racism (Ferdinand, Paradies, & Kelaher, 2013; Paradies & Cunningham, 2009). These experiences are underpinned by the continued over-representation of Aboriginal and Torres Strait Islander people in the criminal justice system (Bartels, 2010a; Webster & Flood, 2015).

According to Webster and Flood (2015, p. 47), one of the consequences of this continued legacy is that Aboriginal and Torres Strait Islander people are more likely to experience multiple forms of disadvantage, increasing their probability of exposure to the range of identified risk factors associated with DFV, including economic inequality and trauma (Cripps & Adams, 2014), as well as reducing their access to appropriate supports. Empirical research underscores the need for Aboriginal and Torres Strait Islander healing, empowerment and self-determination as a necessary condition for effective prevention of DFV (Our Watch, 2018). The ground for an effective prevention framework therefore requires the promotion of self-determination for Aboriginal and Torres Strait Islander peoples and healing above and beyond the other preconditions already outlined above. The grounds for this to take place also require ways of governing and working that promote cultural safety for Aboriginal and Torres Strait Islander peoples.

Anti-racism

Racism can be understood in terms of its structural, attitudinal and behavioural dimensions, encompassing the reproduction of inequalities within social and institutional structures; the manifestation of racial bias within norms and attitudes; and racist practices. Racism has rippling effects on individual and community life and therefore has multiple impacts on DFV. For instance, the intersection of racism with gender and class amplifies the oppression faced by women from ethnic and cultural communities, and constrains available choices in the face of abusive relationships or dangerous situations (Sokoloff & Dupont, 2005). Institutional and professional racism can result in diminished care or the denial of service for women experiencing violence, or the support on offer may not be culturally appropriate. Women may face gendered violence from racist perpetrators, or experience forms of violence shaped by cultural codes of kinship, family honour and obligation. Women's cultural and ethnic backgrounds also present specific obstacles to reporting DFV, including language and cultural barriers; perceived racism from providers and police; uncertain visa or immigration status; and a reluctance to implicate men in their community, as well as contribute further to their stigmatisation and oppression (Kasturirangan, Krishnan, & Riger, 2004). Anti-racist initiatives that aim to transform racist structures, attitudes and practices therefore make an important contribution to the prevention of DFV.

Non-violent norms

There is a well-recognised relationship between DFV and broader social norms about violence and gender. At the individual and relationship level, men who adhere to norms and attitudes that are supportive of violence are more likely

to perpetrate such violence. The link between attitudes and behaviour has been found in relation to rape-supportive beliefs and sexual coercion; traditional, rigid or misogynistic attitudes and marital violence; and broader social discourses of uncontrollable male aggression and female provocation, and the likelihood of justifying, excusing and rationalising violence (Flood & Pease, 2006, p. 18). Violent norms at the peer and community level are also influential here. There is consistent evidence that male peer support for DFV and SV is a significant factor in intensifying men's tolerance for violence against women and in increasing the likelihood of violence (Flood & Pease, 2006; Schwartz, DeKeseredy, Tait, & Alvi, 2006; Webster, 2007). Cross-cultural studies indicate that men's violence is more likely in communities that promote sexist or misogynist views, and that condone the use of violence as a means for adults to resolve conflict (Flood & Pease, 2006).

LGBTIQ+ rights and equality

Gender inequality is embedded in gender-normative ideas and privileges that sustain forms of inequality based on sexuality and gender identity. Homophobia and sexism are closely related and linked to increased acceptance of rape myths and victim-blaming (Aosved & Long, 2006; Davies, Gilston, & Rogers, 2012), while homophobia plays an important role in "policing" the bounds of acceptable masculinity and promoting gendered violence (McCann, Plummer, & Minichiello, 2010). The promotion of LGBTIQ+ rights and equality is therefore an important advance in community safety, not only for LGBTIQ+ people but also for women in general. The acceptance of gender and sexual diversity signals a diminishing rigidity in gender norms and attitudes that drive DFV.

At the ground level, the role of the state is to support robust and accessible forms of the following systems:

- healthcare
- mental health care
- reproductive care
- education
- disability care and empowerment.

Governments (the state) are key in shaping the social and economic outcomes of communities, in relation to the structural and attitudinal transformations described above, that are critical in reducing DFV and holding those responsible accountable for their continuing use of such violence. To reduce inequalities and promote citizens' freedoms, government support of robust and accessible health and human service systems is central to efforts which promote greater equality. Robust and accessible systems of care, support and education are a crucial foundation for effective prevention of, as well as responses to, DFV. These systems meet fundamental needs and empower women and communities in ways that reduce the prevalence of violence, while supporting women at risk of violence, and providing care in the aftermath of violence. The integration of programs which are related to violence against women into these systems provide important opportunities for synergistic programming and prevention (García-Moreno et al., 2015). Disinvestment, under-funding or the absence of these systems can diminish women's agency and amplify the impacts of gender inequality, coercive control and violence. High-quality care, support and education systems include an increased focus on equality and safety within those systems, providing employment to women and diverse groups and preventing abuse and discrimination within those systems.

The roots

"The roots" refers to structural prevention activities. These are activities that draw from, and seek to foster, those enabling background factors that make DFV less likely. Structural prevention aims to change the contexts in which violent practices take place. In reference to broader public health interventions, Parker and Aggleton (2003) highlight the importance of structural prevention, noting that social inequality tends to produce attitudes and beliefs that justify it, as well as reinforce it. Interventions that focus on individual-level phenomena, such as attitudes and practices, without addressing the influences that shape people's lives and may reinforce DFV-sustaining discourses are "insufficient to accomplish the stated public health goals of reducing morbidity and mortality" (Sommer & Parker, 2013, p. 2). Hence, those social structures and contextual factors that reinforce the norms, attitudes and practices linked to DFV are important targets of primary prevention. Recognising this, researchers at the Centers for Disease Control and Prevention have called

for larger-scale, structural-type interventions into DFV in order to achieve the goals of violence prevention (DeGue et al., 2012).

The roots of primary prevention include the following.

Gender-equal and respectful organisational and community cultures

Masculine-dominated organisational and community cultures correlate with higher rates of DFV. The workplace is a key site in the reproduction of gendered inequality via misogynist workplace cultures and practices, and it is also a space where violence against women occurs in the form of sexual harassment and assault (Holmes & Flood, 2013). Workplace practices discriminate both directly and indirectly, so that women are more likely to experience forms of inequality in this environment. Patriarchal cultures in the workplace may contribute to the community prevalence of DFV by normalising pro-violence, or DFV-sustaining attitudes, as well as notions of male superiority in both predominately male and female workforces (Flood, 2011). This can even occur in workforces and organisations that seek to address DFV. While institutions can be sites that are supportive of male violence against women and sexism, they can also be sites for social change, as is recognised in the DFV primary prevention literature; this has prompted the development of VicHealth's workplace DFV prevention programs (Chung, Zufferey, & Powell, 2012). Employment practices, training and policies that address male domination and peer culture have the potential to encourage respectful gender relations, which link to rates of DFV.[4]

Flexibility in gender roles, norms and practices

DFV is more likely to occur where there is adherence to rigid and stereotyped gender roles and constructions of masculinity and femininity. These include permissive beliefs about the normality and acceptability of DFV (Bohner, Siebler, & Schmelcher, 2006); stereotypical notions about appropriate roles for men and women in the public and private domains (Webster et al., 2014); and the enforcement of gender stereotypes (Flood & Pease, 2006). As explained earlier, rigidity in gender relations may serve as justification for the use of DFV by some men, particularly where women are perceived to have breached socially defined feminine roles or encroached on men's roles (Reidy, Shirk, Sloan, & Zeichner, 2009). Furthermore, gender norms and stereotypes can also inform women's views about the inevitability of violence and coercion. For instance, women who are conditioned to traditional gendered norms in sexual situations, including the belief that women should allow their partners to make sexual decisions, are at higher risk of sexually risky behaviours and report higher levels of sexual coercion from their male partners (Forbes, Doroszewicz, Card, & Adams-Curtis, 2004; Wild, Flisher, Bhana, & Lombard, 2004; Wingood, DiClemente, Harrington, & Davies, 2002). The promotion of greater flexibility and fluidity in gendered relations and norms necessarily reduces the anxiety and aggression associated with the policing of gendered expectations that currently promotes DFV.

Desegregation of gendered divisions of labour in the workforce and family

While Australian women are among the most highly educated in the world, these "women continue to be over-represented in areas linked to lower earning industries. Similarly, men continue to be over-represented in study areas linked to higher earning industries" (Australian Human Rights Commission, 2009, p. 8). For example, three employment sectors (health and community services, retail, and education) account for half of women's employment in Australia, while the higher paying sectors of construction and mining are almost exclusively male (81–86%) (NSW Council of Social Services, 2015). In the family, labour is also segregated, with women consistently reporting a higher burden of housework and child-rearing than men (Craig, Powell, & Brown, 2016). Facilitating women's equal involvement in the workforce and shared domestic labour with men can remove obstacles to women's social and economic participation, income and asset accumulation.

Gender equity in pay and asset accumulation

Gendered divisions in education, career pathway, paid labour and unpaid caring and domestic tasks lead to a disparity in the average and accumulated income and assets between men and women (Chung et al., 2012). This results in lower income

4 More information can be found at https://workplace.ourwatch.org.au/

across a woman's lifecycle and means that statistically women have lower lifetime earnings, superannuation and savings. For example, the National Centre for Economic and Social Modelling (NATSEM) estimates a 17 percent gender pay gap between men and women (Chung et al., 2012). On a structural level, low pay rates in female-dominated industries create and maintain inequality, while, on an individual level, the wage gap presents barriers to women's independence. Studies generally find that a wage gap between female and male workers also correlates to higher rates of DFV in individual relationships (Pronyk et al., 2006). Furthermore, a US-based study found that the decline in the wage gap correlated with an overall reduction in violence against women (Aizer, 2010). The author therefore argued that "in addition to a more equitable redistribution of resources, policies that serve to narrow the male–female wage gap also reduce DFV and the costs associated with it" (Aizer, 2010, p. 11).

Women's participation in decision-making

Women's representation in decision-making positions and processes can be understood as a macro-protective factor against DFV and SV. Women's decision-making participation includes the capability to make decisions, both in formal settings such as management positions and organisational processes, as well as in informal decision-making in institutional and familial cultures. When women participate in these processes, they are more likely to advance political discourses and policies that promote women's autonomy and freedom from violence (Webster & Flood, 2015). Although women presently hold less than one in five parliamentary seats globally, they are key drivers of debates and legislation on issues that impact women and children, and consistently promote women's safety at higher levels in comparison to male legislators (Grey, 2002; Jones, 1997; Taylor-Robinson & Heath, 2003). For example, in the United Kingdom, Norris (1996) found that higher proportions of women in Parliament led to changes in political agendas and policy priorities. Furthermore, Grey (2002) found that the increased female representation led to an increased "feminisation of the political agenda" (p. 28), and increased focus on childcare and parental leave.

Organisational and employment practices and provisions

Changes to workplace policies and practices can be effective in addressing a range of risk factors associated with DFV, including women's economic stability and decision-making power. Reforms may include practices to address hiring and wage inequity such as gender-blind recruitment practices, policies on pay equity, and leave provisions for DFV. Financial and employment insecurity is a "primary reason for victims returning to their abuser" (Widiss, 2008, p. 678). As such, secure employment has been found to be a "key enabler" for a victim/survivor to leave a violent situation (Baird, McFarran, & Wright, 2014, p. 192; Patton, 2003). Other strategies may include the provision of flexible leave; equitable work distribution practices; the promotion of constrained working hours to prevent overtime and overwork; and the integration of leisure activities or curricula into training and workplace culture that appeal to both males and females.

Family support, including financial support, parental leave and affordable childcare

Policies and practices such as the childcare rebate, national maternity leave scheme, and family tax benefit (which support women's workforce participation) have an important contribution to make to DFV prevention. Gartland, Hemphill, Hegarty, and Brown (2011) suggest that "policy initiatives that reduce the financial pressure on families during and after pregnancy may have positive flow-on effects" to women's safety, particularly for single mothers who are over-represented among the most socioeconomically disadvantaged (p. 577). Shifts in the Australian welfare system over the past decade, including compulsory participation in welfare-to-work programs in exchange for income support, have had particularly detrimental effects on single mothers in ways that make their lives more precarious (Winter, 2014). The National Council of Single Mothers and their Children (2017) has raised concerns about the impact of punitive welfare provisions on women affected by DFV, suggesting that such restrictions may prevent women leaving abusive relationships or force them to return to an abusive relationship due to financial insecurity (NCSMC, 2017). This is a theme highlighted in the Southern Melbourne case study featured elsewhere in this collection (Chapter 4).

Gender-sensitive legal systems: Criminal, civil, family and visa/migration

As a whole, a robust legal system can provide "both tertiary prevention (acting to prevent and respond to violence that has occurred) and primary prevention, in that legislation and legal processes communicate powerful messages to the community about the unacceptability of violence against women" (Walden & Wall, 2014, pp. 19–24). A substantial body of research has documented the positive impact of criminal and civil law reform (Morrison et al., 2007). Gender-sensitive reforms have included a focus on increasing reporting levels of DFV (Miller & Segal, 2014); improving the enforcement of protection orders (Taylor, Ibrahim, Wakefield, & Finn, 2015); raising the number of convictions (Cook, Burton, Robinson, & Vallely, 2004); and improving the quality of police and judicial responses. As other chapters in this collection outline, however, significant limitations on the effectiveness of these measures persist.

In addition, there are specific areas of legal practice that directly impact women who are experiencing DFV. Family law remains a significant area of controversy, with complaints that courts have not appropriately adjudicated complaints of DFV and child abuse (Chessler, 2011; Roberts, Chamberlain, & Delfabbro, 2015; Sudermann & Jaffe, 1999). Migration law is a significant issue for some women for whom stressors including language and cultural barriers, experiences of migration and settlement, and the constraints of visa status may increase their dependency on perpetrators for economic security and residency rights (Vaughan et al., 2016). As chapters elsewhere in this collection also outline, an over-reliance on mere activity of civil or criminal justice responses to DFV can have detrimental effects, particularly where these are not enforced or followed up, or where these are not integrated with other service responses. These responses can also entrap women within alienating or re-traumatising processes, with particular implications for already marginalised or oppressed communities (Douglas, 2008).

Promotion of gender-equal representation and non-violent norms in mass media, social media and the internet

Mass media and new media are crucial sites for the transmission and reproduction of attitudes and norms about gender and DFV and SV, firstly in terms of reporting and representation of DFV and SV, and secondly in terms of the symbolic construction of gender and DFV and SV. Research into media coverage of DFV and SV has highlighted the prevalence of negative gender stereotypes and victim-blaming, and provided strong evidence of the need for a code of practice and DFV-specific training and resources for journalists (Beard, 2018). New media technologies now feature in many cases of DFV as a tool of control and coercion (Dragiewicz et al., 2018), while the non-consensual circulation of intimate images of girls and women, or the unwanted receipt of naked images of boys and men, for example, are now a common form of gendered harassment and abuse (Salter, 2016). There are now widespread calls for sexuality education in schools that addresses the effects of social media and the internet on gendered expectations and sexual practices, including access to pornography (Family Planning Alliance Australia, 2017).

Alcohol regulation and transformation of cultures of drinking and substance use

Problematic alcohol use among men and women is consistently and strongly associated with DFV (see Foran & O'Leary, 2008). While alcohol may have a disinhibiting effect on behaviour, it is important to note that gendered expectations and social contexts affect how people behave when intoxicated. According to Webster and Flood (2015, p. 42), men and women tend to behave in ways that reflect their gender socialisation when drunk. Women are less likely to become aggressive when intoxicated (Taft & Toomey, 2005), and more likely to use drinking practices to construct a perceived desirable feminine identity (such as being "up for it"; see Lennox, Emslie, Sweeting, & Lyons, 2018). In contrast, alcohol consumption by men is linked to cultures of drinking that associate alcohol with male aggression, which is used to justify and excuse male violence while intoxicated (Abbey, 2008; Humphreys, Regan, River, & Thiara, 2005; Schwartz & DeKeseredy, 2000). Research is limited on the impact of other drugs on DFV. However, findings from the Alcohol/Drug-Involved Family Violence in Australia (ADIVA) study found that a drug-related DFV incident was twice as likely to result in a physical injury compared to a non-drug related incident (Miller et al., 2016). There is also evidence supporting the effectiveness of public policies regulating alcohol provision in the reduction of physical violence. Reduced availability of alcohol is associated

with substantially lower rates of drinking among men and reductions in DFV (Luca, Owens & Sharma, 2015).

The trunk

"The trunk" refers to interventions that seek to prevent DFV and SV by changing attitudes and practices. The impact of these interventions is situated in, and strengthened by, structural prevention activities as detailed above. These interventions engage individuals and groups in activities that provide new skills and insights into the negotiation of relationships and intimate life, which can be reinforced through strategies such as social marketing campaigns.

The trunk of primary prevention includes the following.

Respectful relationships programs

"Respectful relationships" programs in schools have been identified as an effective form of prevention that can create the generational change needed to reduce the overall context of DFV and SV (Gleeson, Kearney, Leung, & Brislane, 2015). The respectful relationships education agenda involves primary prevention programs integrated into institutional curricula, training and culture that aim to improve social and communicative skills in young people.[5]

Australian evaluation research of a respectful relationships program has shown it to have positive outcomes, with follow-up surveys finding positive changes in attitudes and behaviour at four to six months post-program (Carmody & Ovenden, 2013). International evaluations also suggest that respectful relationships can be effective if implemented correctly. Gleeson et al.'s (2015) evidence review identifies two longitudinal studies of programs in the United States and Canada (Foshee et al., 1998; Wolf et al., 2009) that suggest that respectful relationships education can have preventative effects on student populations. However, evaluation studies indicate that respectful relationships curricula are only effective in conjunction with changes to institutional policies and procedures (Taylor, Stein, & Burden, 2010).

5 In Australia, respectful relationship programs have mostly been implemented at the state/territory or local level. While there are some common goals as described, the content and structures of the programs have varied and there is no universal program.

Consent programs

After reviewing the prevention landscape in Australia, Carmody, Salter, and Presterudstuen (2014) found that high-school and university students were the most common targets for consent programs. These programs usually include discussion about the prevalence and impacts of gendered violence and the legal consequences of DFV, and focus on healthy relationships and negotiating consent (Carmody et al., 2014, p. 43). Evaluations of these programs have documented some short-term positive changes in attitudes to violence against women (see Carmody et al., 2014; Clinton-Sherrod et al., 2009; Smothers & Smothers, 2011; Whitaker, Murphy Eckhardt, Hodges, & Cowart, 2013). However, such findings rely on self-reported attitude and behaviour change, and lack rigorous evaluation (Carmody et al., 2014; Whitaker et al., 2013).

According to Jewkes, Flood, and Lang (2015), prevention initiatives with the strongest rationales are those that focus on changing social norms, specifically within male-dominated or masculine environments where violence prevalence is high, such as workplace sports, university fraternities, and military contexts. The focus of many prevention interventions has tended to be to "raise awareness and change gender attitudes, with an assumption that behaviour change will follow" (Jewkes et al., 2015, p. 1583). However, this change may be more readily adopted by those with the "least propensity to ever be violent" in the first place (Jewkes et al., 2015, p. 1583). For example, research from the United States with men in college attending sexual assault prevention programs suggests these programs have little impact on the men at the highest risk of perpetration (Jewkes et al., 2015; Stephens & George, 2009).

Bystander strategies

Among efforts oriented towards the primary prevention of DFV, mobilising bystanders to prevent and respond to violence ("bystander intervention") is understood to be an important form of primary prevention and is an increasingly prominent strategy (McDonald & Flood, 2012). Bystander strategies are usually conceived within secondary and tertiary prevention rationales. That is, they focus on the action of a bystander at the time of a potentially violent incident, and can therefore contribute to prevention by challenging the use of DFV, as

well as reducing its impact (see McDonald & Flood, 2012). This echoes the conception of community accountability outlined in Chapter 1 of this collection. However, bystander intervention can also contribute to primary prevention in several ways. Firstly, bystander intervention can prevent initial perpetration or victimisation, especially in the context of forms of violence against women that take place partially in public, such as date rape (McDonald & Flood, 2012). Secondly, at a broader level, an active ethics of bystander intervention can form part of the social conditions that work against the occurrence of violence, by challenging the "attitudes and norms, behaviours, institutional environments and power inequalities that drive violence against women" (McDonald & Flood, 2012, p. 26), and promoting the use of non-violence as a normative expectation of society (Powell, 2011).

Infant and parenting programs

The value of targeting parents to prevent DFV is well documented. The financial and psychosocial stresses associated with parenthood, and the changing roles associated with parenting, have been found to create an environment where DFV is more likely to occur (Carmody et al., 2014; Gartland et al., 2011). This may be exacerbated in situations where the man feels a perceived displacement or loss of control over the female partner, and where parenting responsibilities are marked by severe inequality. This further contributes to the intergenerational transmission of DFV, as childhood exposure is a common risk factor for future perpetration and victimisation (Carmody et al., 2014; Whitfield, Anda, Dube, & Felitti, 2003). For this reason, Carmody et al. (2014, p. 41) argue that supporting parents, infant and parenting programs may prevent both the onset of IPV and its intergenerational transmission. One such program that has shown success as a DFV intervention and prevention method is VicHealth's "Baby Makes 3" program (Carmody et al., 2014). The program targeted first-time parents and aimed to build and promote parenting skills, as well as maintain an equal and respectful relationship (Bouma, 2012). An evaluation of the program showed that it led to "a significant shift in couples' attitudes, characterised by greater understanding of their partner's role, and greater support for gender equality in new families" (Carmody et al., 2014, p. 41). The focus on equal and equitable gender relationships in parenting was a key achievement noted in the program, with the author of the evaluation noting the success of engaging men and overcoming their resistance to equality in their relationship (Carmody et al., 2014; Flynn, 2011).

Social marketing campaigns

There is evidence that social marketing campaigns can produce positive changes in attitudes, norms and practices associated with DFV (Flood, 2011). For example, evaluation results of exemplar projects show some small improvements in attitudes towards women among men exposed to campaigns, although more intensive involvement (through, for example, men's groups) in prevention messaging results in increased attitudinal change (Flood, 2011). The most useful role of social marketing in relation to DFV may be to raise awareness and supplement the effectiveness of other strategies (Potter, Moynihan, & Stapleton, 2011). Waldon and Wall (2014, p. 13) argue that "while public campaigns may be effective in increasing knowledge or community awareness, the deeper attitudinal and behaviour changes required to stop violence against women are likely to require more intensive, direct forms of intervention". Therefore, targeted public education is likely to be more successful than universal media campaigns (Walden & Wall, 2014).

In the digital age, cross-national campaigns, with locally led responses, are also being run by activists to raise awareness and to advocate political change to end violence against women, most prominently the #MeToo movement (Beard, 2018), which has given voice to what have been the silenced experiences of women over generations. As has occurred previously, there has also been the reactionary response from some sections of the community rushing to explain that "it's not all men" and the emergence of some men's digital presence such as the INCELS (involuntary celibate males), which positions women through a misogynistic lens (Williams, 2018). These responses add to the landscape of how communities are influenced in their attitudes and understandings of violence against women, and about the accountability of men perpetrating such violence and their supporters.

The three branches

"The three tree branches" refer to three key areas of secondary prevention, and their links to tertiary interventions. The branches incorporate diverse therapeutic, community-building, and organisation-strengthening activities, as well as perpetrator interventions. These activities are not necessarily preventative in their intent or focus. By bolstering individual and community wellbeing and safety, however, they make an important preventative contribution. They also find their effectiveness in the supports gained from the ground, roots and trunk, as described above. In addition, they support primary prevention activities by addressing those individuals, communities and institutions with a higher level of need than primary prevention is intended or resourced to address. As highlighted in Chapter 1 in this collection, however, all of these branches need to collaborate and be working effectively for their objectives—including the objective of holding perpetrators of DFV to account—to have real meaning and to function as effective mechanisms.

Branch 1: Violence cessation

This branch involves interventions that are primarily, although not exclusively, directed at men and boys who are at increased risk of committing or who have committed violence in their interpersonal relationships. This branch includes a range of interventions from early therapeutic support to risk-reduction strategies and finally to protection orders, as well as punitive, incapacitating options, such as imprisonment, for serious recidivists.

Therapeutic support for violence-exposed, at-risk boys

While it is important to avoid the "cycle of violence" fallacy, in which childhood victimisation inevitably predisposes boys to adult perpetration, men who engage in gendered violence have disproportionately high levels of childhood trauma exposure (Gil-González, Vives-Cases Ruiz, Carrasco-Portino, & Álvarez-Dardet, 2007). The relationship between childhood trauma and adult criminal perpetration is likely to be mediated by multiple factors, including the emotionally and physiologically dysregulating impacts of trauma, attachment and relationship patterns, developmental impacts and behavioural problems, and the normalisation of violence, abuse and misogyny (VicHealth, 2007; Webster & Flood, 2015; World Health Organization, 2010). There are now a range of promising programs that target adolescent boys exposed to IPV who are showing problematic or violent behaviours, including violence against their mothers (Holt, 2016).

Men's behaviour change programs (MBCPs)

Interventions that address the needs and risks of offending behaviour have had an effect on preventing some cohorts of men from reoffending (Kelly & Westmarland, 2015). The most common interventions for early or ongoing offending for men are variations of behaviour change programs, available to men who self-refer or are otherwise concerned about their own behaviours, as well as those mandated into interventions, including by social mandate by their partners or communities, or by formal mandate through courts or Corrections. These programs can be "broadly characterised as having a psycho-educational approach or a psychotherapeutic approach, or a combination of the two approaches" (Urbis, 2013, p. 10). These are discussed in much more detail in chapters elsewhere in this collection, as well as in the Victorian Bayside Peninsula and south-east Queensland case studies (Chapters 4 and 7 respectively).

Compliance-focused intervention for serial offenders

Recidivism rates for DFV in Australia and internationally demonstrate that there is a subset of high-risk repeat recidivists (Salter, 2012). The inconsistent effectiveness of the most common PI systems response—protection orders—as well as the limited effectiveness of short-term custodial sentences and suspended or community-based sentences have been examined in another study in this research project (see Appendix A). The evidence points to the need for specific interventions and supervision of DFV offenders, either once they are released from custody or while they are in the community (if serving a non-custodial sanction). Attention to respondent/offender needs, as well as to their risks, requires access to crucial rehabilitation services such as mental health treatment, substance abuse treatment, and housing assistance. These needs are highlighted in the Southern Melbourne case study featured elsewhere in this collection (Chapter 4).

Community protection from "hardline" offenders

Research demonstrates that there is a subset of offenders who are "intractable"; that is, not deterred by civil orders, criminal penalties or punishment. This includes recidivist DFV offenders with significant criminal histories, comorbid mental health and substance abuse issues, and limited connection to community or employment (Salter, 2012), as well as sexual offenders who are violent and/or psychopathic (Olver & Wong, 2013). In such cases, arrest and detention may provide victims/survivors with immediate protection and allow them time and opportunity to connect with safety services (Wilcox, 2010). However, it must be noted that the relatively negligible sanctions given to DFV offenders (see for example Ringland & Fitzgerald, 2010 for an overview of attrition rates) may encourage and enable re-offending. They therefore may only offer short-term protection, and not necessarily contribute to deterrence or to rehabilitation (Pence, 1999). As explained in Chapter 1, this involves acknowledgment that accountability mechanisms cannot merely rely on systemic activity to ensure that their interventions actually increase safety and reduce risk.

Branch 2: Prevention of re-victimisation

This section points to the range of responses available to provide care and support to victims/survivors of violence, predominantly girls and women, in order to bolster their wellbeing and safety, and in doing so reduce their risk of re-victimisation. As such, it also points to the various forms of accountability owed to victims/survivors by service and legal system interventions, as discussed in the previous chapter.

Early intervention for violence-exposed, at risk girls and women

There is a significant relationship between childhood exposure to DFV and abuse and later victimisation for girls and women (Roodman & Clum, 2001). The impact of trauma, however, "can be mediated by appropriate and sensitive interventions and systems' responses to children in need and the provision of ongoing support to women who have experienced abuse" (Cox 2015, p. 32). Identifying girls who have been physically, sexually or emotionally abused and/or exposed to DFV and providing them with evidence-based therapeutic care can improve their long-term outcomes and safety.

Support for women who have been victimised

Appropriate support for women who have experienced DFV and/or SV is a critical aspect of intervention and prevention. Huang, Son, and Wang (2010) examined male-to-female DFV perpetration and found that social support reduced the odds of re-victimisation for women. Lanier and Maume (2009) highlighted the role of receiving specialist care in the aftermath of domestic violence in reducing the likelihood of re-victimisation. Meyer (2014) found that effective integrated responses need to incorporate a two-fold approach which combines "short term crisis support" with "long term tangible support that holds perpetrators accountable and supports women to establish safe and sustainable home environments" (p. 6). Effective integrative responses therefore can facilitate women's access to services through interagency referral (Meyer, 2014), and foster victim safety by holding perpetrators to account, monitoring perpetrator behaviour, and mandating interventions (see Day, Chung, O'Leary, & Carson, 2009).

Branch 3: Working with communities and organisations with specific or complex needs

Community mobilisation and whole-of-organisation approaches can provide an effective response to people impacted by violence and can generate opportunities for primary and secondary prevention. Community mobilisation involves strengths-based strategies at the community level. This incorporates awareness-raising, dialogue, and capacity- and skill-building so that communities can identify and solve their own problems. Community mobilisation typically involves a number of key stages, including: "1) a mapping of conditions in communities, 2) building networks of support at different levels, 3) developing a community-based action plan, 4) investing in skilled workers and services, and 5) engaging in community activities and service delivery" (Carmody et al., 2014, pp. 79–80). The value of community mobilisation is echoed in the previous chapter regarding conceptualisations of community accountability.

Whole-of-organisation approaches apply a similar approach to institutions and can include delivering targeted curriculum and training within a broader review and transformation of institutional policy and processes (Carmody et al., 2014). As

discussed in Chapter 1, this includes an understanding of the different forms of accountability within and across organisations. The following section discusses communities with specific needs, before summarising whole-of-organisation approaches.

Aboriginal and Torres Strait Islander communities

As noted at the outset of this chapter, Aboriginal and Torres Strait Islander experts and scholars have called for more holistic approaches to DFV, recognising the continuing impact of colonisation, poverty, housing and other health and social issues, and that "the restoration of the fabric of the community and the culture is seen as integral and fundamental to addressing the problem of family violence" (Taylor et al., 2004, p. 81; see also Blagg et al., 2018; Hovane, 2007). Atkinson et al. (2014) call for trauma-informed approaches that include both "individual treatment" and "whole of community healing" (p. 292), emphasising that "community level interventions may be an essential precursor to the provision of individual care" (p. 298). The Healing Foundation (2017) agrees that community control and development of programs is integral to community-level interventions for Aboriginal and Torres Strait Islander communities. Programs that are Indigenous-led, community-focused, and driven by Indigenous self-determination have been shown to be more effective (Olsen & Lovett, 2016). Because DFV in Indigenous communities is contextualised by a history of colonisation and dispossession, "the restoration of the fabric of the community and the culture is seen as integral and fundamental to addressing the problem of family violence" (Taylor, Cheers, Weetra, & Gentle, 2004, p. 81). Therefore, effective strategies need to be attentive to all members of the community, be sensitive to the cultural context of the family, and aim to "heal rather than exclude perpetrators" (Olsen & Lovett, 2016, p. 57).

Culturally and linguistically diverse (CALD), refugee and migrant communities

The prevalence of DFV in CALD communities is difficult to determine; however, research does indicate that cultural values and immigration status enhance the complexity of DFV (Bartels, 2010a; Rees & Pease, 2007). Women from migrant and refugee backgrounds face compounding barriers to reporting and in general are less likely to report the experience of DFV to authorities (Bartels, 2010a). This has been attributed to language barriers, lack of translation services, lack of knowledge on Australian law, cultural and religious shame, and isolation (Bartels, 2010a). Cultural and religious mores may also inhibit the identification of some forms of DFV; for example, Taylor and Mouzos (2006) found that CALD women were less likely to regard forced sex within marriage as DFV. Furthermore, according the 2013 National Community Attitudes Survey, CALD populations had less support for gender equality, and were more likely to endorse attitudes that support violence against women (VicHealth, 2014). According to Chen (2017), DFV programs with immigrant and refugee communities should therefore be community-driven and led, and promote women's and girls' leadership. As highlighted in the Southern Melbourne case study in this collection (Chapter 4), however, intervention and prevention efforts should avoid conceptualisations which essentialise or stereotype CALD communities, and should adopt approaches which increase community understanding and which understand the complex needs of victims/survivors from CALD communities.

LGBTIQ+ communities

Available research suggests that incidence rates of DFV and SV in LGBTIQ+ communities are comparable to the general population (GLHV, 2014), but that LGBIQ people also face unique challenges and risk factors (Donovan & Hester, 2014). Sexual- and gender-diverse individuals can face significant violence and harassment from strangers, friends and family members, which in turn can increase risk factors for DFV and SV, such as poverty, substance abuse, and mental illness (Campo & Tayton, 2015). In particular, homophobia and heterosexism have been found to distinguish the dynamics between LGBTIQ+ and heterosexual DFV (Fileborn, 2012). Broader homophobia and heterosexism can prevent the victim from disclosing abuse, can be manipulated by the perpetrator to maintain control, and can prevent the broader recognition of violence in LGBTIQ+ relationships (Ristock, 2002). DFV and SV are emerging as core concerns for LGBTIQ+ communities and groups in the development of targeted victim support, perpetrator treatment and primary prevention activities.

People living with disability

Services and systems that aim to support people with disability have not always fully acknowledged their vulnerability to violence or high levels of trauma exposure. The advocacy leading up to the decision to hold a Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability in April 2019 and the media attention given to the problems of the National Disability Insurance Scheme implementation have both served to increase awareness of people living with disability and the higher levels of abuse, exploitation and neglect which they are subjected to when compared with the rest of the community.

In the PI system, mainstream services within the justice, health and human services systems have not always afforded people with disability access to justice when disclosing violence and abuse, nor the rights to safety from further violence, abuse and exploitation (Maher et al., 2018). Women with disability experiencing DFV sit at the intersection of gender, ableism and socioeconomic status, which are often not well understood or addressed within existing DFV responses.

At the level of practice, the overlooked issues for people with disability are being taken up through projects such as the NSW Family and Community Services and Berry Street "Taking Time" project, a framework for people with an intellectual disability (Jackson & Waters, 2015). The core principles of the Taking Time framework include a focus on trauma-informed practice, the foundational values of which include ensuring physical and emotional safety, maximising trustworthy relationships, maximising choice and control, and using person-centred practice. An evaluation of the implementation of the framework in two services in New South Wales resulted in workers describing themselves as feeling more confident, empathetic and empowered in working with traumatised clients (Gray & Tracey, 2016).

Rural and regional communities

The geographical isolation and cultural and social characteristics of regional, rural, and remote areas add to the complexity of DFV and create further barriers to women's safety. Campo and Tayton (2015) found that geographical remoteness was associated with less integrated DFV health, social, and legal services (see also George & Harris, 2015; Loddon Campaspe Community Legal Centre, 2015). Furthermore, the social and cultural characteristics of rural communities create specific experiences of DFV. This can include cultures of silence around DFV, community protection of perpetrators, lack of perpetrator accountability, and shaming of domestic violence victims (Campo & Tayton, 2015). This is exacerbated by the "lack of privacy" or "intimacy of rural life" (see Owen & Carrington, 2014, p. 5), where it is likely that the police and support services, as well as the community at large, know both the perpetrator and victim, which can create added publicity and increased risk to safety for women reporting abuse. Critically, rural and remote communities are not homogenous and therefore services and responses to DFV need to be tailored to the specific contexts in which DFV occurs (Campo & Tayton, 2015; see also Wendt, 2009). As with other contexts, research demonstrates that effective best practice models need services to be embedded within and collaborate with the local community (Campo & Tayton, 2015). Furthermore, local services need to be integrated and connected within a network of other programs and services. Wendt, Bryant, Chung, and Elder (2015) refer to this as the "hub and spoke" model, in which a central hub or a local generalist service provides outreach to remote populations. As the Goldfields study (Chapter 5) in this collection highlights, the PI systems can be both scant and highly fragile in rural and remote communities, which poses a continuing threat to the safety of women and children. The capacity for a PI system, composed of services, to have perpetrators visible and accountable is limited.

Disadvantaged and low-income communities

Economically distressed communities tend to suffer from high rates of other forms of social and economic disadvantage, including crime, substance abuse, mental and physical health problems, and family disruption (Sampson, Raudenbush, & Earls, 1997, p. 39). It has been hypothesised that community-level poverty increases the risk of DFV through a multitude of mechanisms, such as the following:

- increasing stress and maladaptive coping, such as alcohol and drug use
- promoting distrust in the criminal justice system, which decreases the likelihood of reporting and increases the risk of re-victimisation

- decreasing the available resources to put towards prevention, intervention and support
- fragmenting community cohesion through disadvantage
- promoting pro-violence attitudes and conservative gender norms due to a lack of education and opportunity (Edwards, Mattingly, Dixon, & Banyard, 2014; Emery & Wu, 2011; Pinchevsky & Wright, 2012; Ross & Mirowsky, 2009; Uthman, Moradi, & Lawoko, 2009).

Community development and mobilisation approaches, as well as neighbourhood renewal and justice reinvestment strategies, may also be promising DFV prevention interventions that counteract the effects of social disorganisation on DFV victimisation and perpetration.

Conclusion

This chapter locates the overall project of this edited collection within the wider social, political, economic and cultural structures and contexts shaping the landscape within which PI systems operate to promote the safety of women and children and perpetrator accountability. This wide-angled perspective demonstrates how gendered violence, which encompasses multiple forms of male violence against women, influences the dynamics and experiences of DFV across diverse contexts.

The Tree of Prevention model emphasises the interdependence of preventative responses to DFV and SV, and the broad spectrum of activities that are necessary to bring gendered violence of all forms to an end. The tree recognises that initiatives and movements for a more just and equitable society—including gender, economic and sexual equality and Aboriginal and Torres Strait Islander self-determination, as well as robust public services and systems—create the conditions in which prevention *and* intervention efforts can flourish. The model articulates the distinction and relationship between the roots of structural prevention initiatives, which aim to change the contexts in which DFV takes place, and primary prevention programs at the trunk of the model, which aim to change attitudes and practices. Finally, the model describes three branches that address specific and complex needs related to DFV for men and boys who use violence; girls and women who have been victimised; and diverse communities. As discussed earlier in this collection, these are equally interrelated and interdependent in efforts to promote accountability in individuals and PI systems alike.

There is an evident progression in the tree model from primary prevention (ground, roots, trunk) to secondary and tertiary prevention (branches) that mimics more familiar prevention models, in particular the prevention pyramid, which is also staggered in order of primary, secondary and tertiary prevention. Rather than illustrate the scope of prevention work from the universal to the targeted, however, the tree model demonstrates the contextual nature of prevention interventions, and provides a holistic framework for prevention advocates and policymakers to make decisions about how, when and where to target prevention interventions for maximum efficacy. For the project of primary prevention to be effective, certain conditions need to be in place ("the ground"). Where these conditions are absent or destabilised, then prevention advocates can expect additional complexity or challenges in their programmatic work. However, in such circumstances, structural prevention efforts ("the roots") can have a stabilising effect, promoting contexts that are more conducive to violence cessation and creating the foundation for programmatic interventions ("the trunk"). Indeed, structural prevention strategies may be vital for building the overall readiness of a community or institution for a programmatic intervention.

There are then a range of recognised programmatic interventions ("the trunk") that may be delivered upon the basis secured by work at the "root" and "ground" level. However, in order to be provided ethically and effectively, programmatic interventions depend upon the three "branches". Referral pathways for victims and survivors, and treatment and management options for men and boys who are at risk of, or are using, violence, ensure that the aims of secondary and tertiary prevention are being met, drawing the intensity of need evident in acute cases away from primary prevention programs that are not designed to address them. The third "branch" focuses on prevention work with diverse communities and emphasises the need for community-owned and self-determined programs that empower communities to identify problems and deliver solutions.

Programmatic interventions (such as prevention programs, treatment programs, and community development) take place within, and are dependent upon, broader social, political and economic determinants, as the previous chapter regarding accountability concepts has also explained. In some cases, working with institutions and communities to build prevention from the ground up (that is, working with them to address entrenched inequities and injustices) is a necessary precondition to a prevention intervention, as well as to the meaning which perpetrators and victims/survivors make of this intervention. The Tree of Prevention model suggests that where this important foundational work is absent, or when there is a lack of investment in secondary and tertiary responses, then the overall goal of primary prevention is compromised. The model provides not only an overall map to support advocates and policymakers to design prevention interventions, but it may also guide evaluations where primary prevention interventions have had suboptimal outcomes.

The identified role of men and boys in preventing DFV has often been limited to a comparatively small number of activities, with a focus on bystander intervention in sexism and misogyny and engaging with or supporting prevention programs and initiatives. The Tree of Prevention model identifies points of engagement and contribution for boys and men (and girls and women) across a wide spectrum of activity. Opportunities for men and boys to participate in the response to DFV ranges from the promotion of equitable social conditions, institutions and processes, to engagement in primary prevention activities, working with violent men and boys, supporting victimised girls and women, and building and developing strong communities and families. Recognising the diverse ways in which individuals make a contribution can provide new messages and strategies in engaging all of society in the prevention of DFV, and in the promotion of community forms of accountability, as well as the promotion of non-violence as a normative expectation or social practice of any society.

By highlighting the interdependence of multiple levels of response to DFV, from primary to secondary and tertiary, the tree model suggests a more expansive understanding of accountability than is typically applied within the PI system. The tree model highlights a broad responsibility for the maintenance of safe and protective communities and institutions and responsive and effective programs and services, and therefore also suggests a need to hold decision-making bodies to account in this regard. Efforts to enforce accountability at the individual level will undoubtedly be enhanced where cultures and processes of accountability are in place to secure and sustain contexts of non-violence.

Like the other bookend to this collection which explores concepts of accountability, the interrelated and interdependent nature of the Tree of Prevention model poses an ambitious challenge for the Australian community. However, until an understanding is reached of the way in which *all* efforts to prevent and respond to DFV inform each other, these efforts—whether they seek to foster prevention of DFV or to promote accountability in those who use it—will function as comparatively meaningless activities, rather than as essential steps along the road to a truly equitable and non-violent society.

References

Abbey, A. (2008). *Alcohol and sexual violence perpetration*. Harrisburg, PN: The National Online Resource Center on Violence Against Women.

Aizer, A. (2010). The gender wage gap and domestic violence. *The American Economic Review*, *100*(4), 1847–1859.

ANZ Bank. (2015). *ANZ women's report—Barriers to achieving financial gender equity*. Retrieved from https://www.agec.org.au/wp-content/uploads/2018/09/ANZ-Womens-Report-Barriers-to-Achieving-Financial-Gender-Equity-2015.pdf

Aosved, A., & Long, P. (2006). Co-occurrence of rape myth acceptance, sexism, racism, homophobia, ageism, classism, and religious intolerance. *Sex Roles, 55*(7–8), 481–492.

Arango, D., Morton, M., Gennari, F., Kiplesund, S., & Ellsberg, M. (2014). Interventions to prevent or reduce violence against women and girls: A systematic review of reviews. *Women's Voice and Agency Research Series*, *10*. Retrieved from http://documents.worldbank.org/curated/en/700731468149970518/pdf/927130NWP0Wome00Box385382B00PUBLIC0.pdf

Atkinson, M. P., Greenstein, T. N., & Lang, M. M. (2005). For women, breadwinning can be dangerous: Gendered resource theory and wife abuse. *Journal of Marriage and Family*, *67*(5), 1137–1148.

Atkinson, J., Nelson, J., Brooks, R., Atkinson, C., & Ryan, K. (2014). Addressing individual and community transgenerational trauma. In P. Dudgeon, H. Milroy, & R. Walker (Eds.), *Working together: Aboriginal and Torres Strait Islander mental health and wellbeing principles and practice*. Perth: Australian Government Department of the Prime Minister and Cabinet, Telethon Kids Institute/Kulunga Aboriginal Research Development Unit.

Baird, M., McFerran, L., & Wright, I. (2014). An equality bargaining breakthrough: Paid domestic violence leave. *Journal of Industrial Relations*, *56*(2), 190–207. https://doi.org/10.1177/0022185613517471

Barnes, R., & Donovan, C. (2018). Domestic violence in lesbian, gay, bisexual and/or transgender relationships. In N. Lombard (Ed.), *The Routledge Handbook of Gender and Violence* (pp. 67–81). https://doi.org/10.4324/9781315612997-6

Bartels, L. (2010a). *Indigenous women's offending patterns: A literature review* (Research and public policy series). Retrieved from https://aic.gov.au/publications/rpp/rpp107

Bartels, L. (2010b). *Emerging issues in domestic/family violence research* (Research in practice). Retrieved from http://www.aic.gov.au/publications/rip/rip10

Beard, D. (2018, Fall). The #MeToo moment: Social movement and challenge for media ethics. *Media Ethics, 30*(1). Retrieved from https://www.mediaethicsmagazine.com/index.php/browse-back-issues/210-fall-2018-vol/3999242-the-metoo-moment-social-movement-and-challenge-for-media-ethics

Blagg, H., Williams, E., Cummings, E., Hovane, V., Torres, M., & Woodley, K. N. (2018). *Innovative models in addressing violence against Indigenous women* (ANROWS Horizons). Sydney: ANROWS.

Bohner, G., Siebler, F., & Schmelcher, J. (2006). Social norms and the likelihood of raping: Perceived rape myth acceptance of others affects men's rape proclivity. *Personality and Social Psychology Bulletin, 32*(3), 286–297.

Bouma, M. (2012). Baby Makes 3: Educating new parents about equal relationships. *DVRCV Quarterly*, *1*, 1, 1–4. Retrieved from https://search.informit.com.au/documentSummary;dn=213337130140142;res=IELFSC

Campo, M., & Tayton, S. (2015). *Intimate partner violence in lesbian, gay, bisexual, trans, intersex and queer communities: Key issues* (CFCA practitioner resource). Melbourne: Australian Institute of Family Studies.

Carmody, M. (2009). *Sex and ethics: Young people and ethical sex*. Melbourne: Palgrave Macmillan Australia.

Carmody, M., & Ovenden, G. (2013). Putting ethical sex into practice: Sexual negotiation, gender and citizenship in the lives of young women and men. *Journal of Youth Studies*, *16*(6), 792–807.

Carmody, M., Salter, M., & Presterudstuen, G. H. (2014). *Less to lose and more to gain? Men and boys violence prevention research project final report*. Sydney: University of Western Sydney.

Cerise, S., O'Connell, K., Rosenman, E., & SaratChandran, P. (2009). *Accumulating poverty? Women's experiences of inequality over the lifecycle*. Sydney: AHRC.

Chen, J. (2017). *Working with immigrant and refugee communities to prevent violence against women*. Melbourne: Multicultural Centre for Women's Health.

Chessler, P. (2011). *Mothers on trial: The battle for children and custody* (2nd ed.). Chicago: Lawrence Hill.

Chung, D., Zufferey, C., & Powell, A. (2012). *Preventing violence against women in the workplace: An evidence review* (Full report). Retrieved from https://www.vichealth.vic.gov.au/~/media/ResourceCentre/PublicationsandResources/Economic%20participation/2012%20workplace/CHW_PVAW_Full_Web_Final.ashx

Clark, C. J., Everson-Rose, S. A., Suglia, S. F., Boush, R., Alonso, A., & Haj-Yahia, M. M. (2010). Association between exposure to political violence and intimate-partner violence in the occupied Palestinian territory: A cross-sectional study. *Lancet*, 375(9711), 310–316.

Clinton-Sherrod, A. M., Morgan-Lopez, A. A., Gibbs, D., Hawkins, S. R., Hart, L., Ball, B., … Littler, N. (2009). Factors contributing to the effectiveness of four school-based sexual violence interventions. *Health Promotion Practice*, 10(1_suppl), 19S–28S.

Cook, D., Burton, M., Robinson, A., & Vallely, C. (2004). *Evaluation of specialist domestic violence courts/fast track systems* (Report). Retrieved from https://www.researchgate.net/publication/32116545_Evaluation_of_Specialist_Domestic_Violence_CourtsFast_Track_Systems

Cox, P. (2015) *Sexual assault and domestic violence in the context of co-occurrence and re-victimisation: State of knowledge paper.* (ANROWS Landscapes, 13/2015). Sydney: ANROWS.

Craig, L., Powell, A., & Brown, J. E. (2016). Gender patterns in domestic labour among young adults in different living arrangements in Australia. *Journal of Sociology*, *52*(4), 772–788.

Cripps, K. (2007). Indigenous family violence: From emergency measures to committed long term action. *Australian Indigenous Law Review, 11*(2), 6–18.

Cripps, K. A., & Adams, M. (2014). Indigenous family violence: Pathways forward. In R. Walker, P. Dudgeon, & H. Milroy (Eds.), *Working together: Aboriginal and Torres Strait Islander mental health and wellbeing principles and practice* (pp. 399–416). Perth: Australian Government Department of the Prime Minister and Cabinet, Telethon Kids Institute/Kulunga Aboriginal Research Development Unit.

Cripps, K., & Webster, K. (2015). *The 2013 National Community Attitudes Towards Violence Against Women Survey: Aboriginal and Torres Straight Islanders' attitudes towards violence against women*. Melbourne: VicHealth.

Cummings, E. M., Merrilees, C. E., Schermerhorn, A. C., Goeke-Morey, M. C., Shirlow, P., & Cairns, E. (2011). Longitudinal pathways between political violence and child adjustment: The role of emotional security about the community in Northern Ireland. *Journal of Abnormal Child Psychology, 39*(2), 213–224.

Davies, M., Gilston, J., & Rogers, P. (2012). Examining the relationship between male rape myth acceptance, female rape myth acceptance, victim blame, homophobia, gender roles, and ambivalent sexism. *Journal of Interpersonal Violence, 27*(14), 2807–2823.

Day, A., Chung, D., O'Leary, P., & Carson, E. (2009). Programs for men who perpetrate domestic violence: An examination of the issues underlying the effectiveness of intervention programs. *Journal of Family Violence*, 24(3), 203–212.

DeGue, S., Holt, M. K., Massetti, G. M., Matjasko, J. L., Tharp, A. T., & Valle, L. A. (2012). Looking ahead toward community-level strategies to prevent sexual violence. *Journal of Women's Health*, *21*(1), 1–3.

Donovan, C., & Hester, M. (2014). *Domestic violence and sexuality: What's love got to do with it?* Bristol: Bristol University Press.

Douglas, H. (2008). The criminal law's response to domestic violence: What's going on? *Sydney Law Review*, *30*, 439–469.

Dragiewicz, M., Burgess, J., Matamoros-Fernández, A., Salter, M., Suzor, N. P., Woodlock, D., & Harris, B. (2018). Technology facilitated coercive control: Domestic violence and the competing roles of digital media platforms. *Feminist Media Studies*, *18*(4), 609–625.

Edwards, K., Mattingly, M., Dixon, K., & Banyard, V. (2014). Community matters: Intimate partner violence among rural young adults. *American Journal of Community Psychology*, *53*(1), 198–207.

Emery, C. R., Jolley, J. M., & Wu, S. (2011). Desistance from intimate partner violence: The role of legal cynicism, collective efficacy, and social disorganization in Chicago neighborhoods. *American Journal of Community Psychology*, *48*(3–4), 373–383.

Family Planning Alliance Australia. (2017). *Relationships and sexuality education in schools* (Position statement). Retrieved from https://www.familyplanningallianceaustralia.org.au/wp-content/uploads/2017/04/FPAA-Schools-Education_Position-Statement_001_v2c.pdf

Ferdinand, A. S., Paradies, Y., & Kelaher, M. A. (2013). The role of effective partnerships in an Australian place-based intervention to reduce race-based discrimination. *Public Health Reports*, *128*(3), 54–60. https://doi.org/10.1177/00333549131286S309

Fileborn, B. (2012). *Sexual violence and gay, lesbian, bisexual, trans, intersex, and queer communities* (ACSSA resource sheet no. 3–March 2012). Melbourne: Australian Institute of Family Studies.

Flood, M. (2011). Involving men in efforts to end violence against women. *Men and Masculinities*, *14*(3), 358–377.

Flood, M. & Pease, B. (2006). *The factors influencing community attitudes in relation to violence against women: A critical review of the literature*. Retrieved from http://dro.deakin.edu.au/eserv/DU:30010424/pease-factorsinfluencing community-2006.pdf

Flynn, D. (2011). *Baby Makes 3: Project report*. Box Hill, Vic: Whitehorse Community Health Service.

Foran, H. M., & O'Leary, K. D. (2008). Alcohol and intimate partner violence: A meta-analytic review. *Clinical Psychology Review*, *28*(7), 1222–1234.

Forbes, G. B., Doroszewicz, K., Card, K., & Adams-Curtis, L. (2004). Association of the thin body ideal, ambivalent sexism, and self-esteem with body acceptance and the preferred body size of college women in Poland and the United States. *Sex Roles, 50*(5–6), 331–345.

Foshee, V. A., Bauman, K. E., Arriaga, X. B., Helms, R. W., Koch, G. G., & Linder, G. F. (1998). An evaluation of Safe Dates, an adolescent dating violence prevention program. *American Journal of Public Health*, *88*(1), 45–50.

Garbarino, J., & Kostelny, K. (1996). The effects of political violence on Palestinian children's behavior problems: A risk accumulation model. *Child Development*, *67*(1), 33–45.

García-Moreno, C., Hegarty, K., Flavia, A., d'Oliveira, L., Koziol-McLain, J., Colombini, M., & Feder, G. (2015). The health system's response to violence against women. *Lancet, 385*(9977), 1567–1579.

Gartland, D., Hemphill, S., Hegarty, K., & Brown, S. (2011). Intimate partner violence during pregnancy and the first year postpartum in an Australian pregnancy cohort study. *Maternal Child Health Journal*, *15*(5), 570–578.

George, A., & Harris, B. (2015). *Landscapes of violence: Women surviving family violence in regional and rural Victoria*. Retrieved from https://www.deakin.edu.au/__data/assets/pdf_file/ 0003/287040/Landscapes-of-Violence-online-pdf-version.pdf

Gil-González, D., Vives-Cases, C., Ruiz, M. T., Carrasco-Portino, M., & Álvarez-Dardet, C. (2007). Childhood experiences of violence in perpetrators as a risk factor of intimate partner violence: A systematic review. *Journal of Public Health*, *30*(1), 14–22.

Gleeson, C., Kearney, S., Leung, L., & Brislane, J. (2015). *Respectful relationships education in schools: Evidence paper.* Retrieved from https://d2bb010tdzqaq7.cloudfront.net/wp-content/uploads/sites/ 2/2019/06/24035720/Evidence-paper-respectful-relationships-education-AA-updated_1.pdf

Gray, T., & Tracey, D. K. (2016). *Implementing a trauma informed framework in a disability non-government organisation*. Retrieved from https://www.westernsydney.edu.au/__data/assets/file/0010/1168066/GRAY_and_TRACEY_HWNS-Implementing_a_trauma_informed_framework_in_a_disability_non-government_organisation_RESEARCH_REPORT1.pdf

Grey, S. (2002). Does size matter? Critical mass and New Zealand's women MPs. *Parliamentary Affairs*, *55*(1), 19–29.

Gupta, J., Reed, E., Kelly, J., Stein, D. J., & Williams, D. R. (2010). Men's exposure to human rights violations and relations with perpetration of intimate partner violence in South Africa. *Journal of Epidemiology and Community Health*, *66*(6), e2.

Healing Foundation. (2017). *Healing for our Stolen Generations: Sharing our stories*. Retrieved from https://healingfoundation.org.au//app/uploads/ 2017/02/Healing-for-Our-Stolen-Generations-Sharing-Our-Stories-2.pdf

Holmes, S., & Flood, M. G. (2013). *Genders at work: Exploring the role of workplace equality in preventing men's violence against women*. Retrieved from https://www.whiteribbon.org.au/wp-content/uploads/2016/10/WRIB-470_Genders_At_Work_Paper_v03.pdf

Holt, A. (2016). Adolescent-to-parent abuse as a form of "domestic violence": A conceptual review. *Trauma, Violence, & Abuse, 17*(5), 490–499.

Hovane, V. (2007). *White privilege and the fiction of colour blindness: Implications for best practice standards for Aboriginal victims of family violence*. Sydney: Australian Domestic and Family Violence Clearinghouse.

Huang, C. C., Son, E., & Wang, L. R. (2010). Prevalence and factors of domestic violence among unmarried mothers with a young child. *Families in Society. 91*(2), 171–177.

Humphreys, C., Regan, L., River, D., & Thiara, R. (2005). Domestic violence and substance use: Tackling complexity. *British Journal of Social Work*, *34*(8), 1303–1320.

Jackson, A., & Walters, S. (2015). *Taking time: A literature review. Background for a trauma-informed framework for supporting people with intellectual disability*. Retrieved from https://learning.berrystreet.org.au/sites/default/files/2018-05/Taking-Time-Literature-Review.pdf

Jones, M. (1997). Legislator gender and legislator policy priorities in the Argentine Chamber of Deputies and the United States House of Representatives. *Policy Studies Journal, 25*(4), 613–629.

Kasturirangan, A., Krishnan, S., & Riger, S. (2004). The impact of culture and minority status on women's experience of domestic violence. *Trauma, Violence, & Abuse*, *5*(4), 318–332.

Kelly, L., & Westmarland, N. (2015). *Domestic violence perpetrator programmes: Steps towards change: Project Mirabal final report*. Retrieved from https://www.dur.ac.uk/resources/criva/ProjectMirabalfinalreport.pdf

Kiss, L., Schraiber, L.B., Heise, L., Zimmerman, C., Gouveia, N. & Watts, C. (2012). Gender-based violence and socioeconomic inequalities: Does living in a more deprived neighbourhood increase women's risk of intimate partner violence? *Social Science & Medicine, 74*(8), 1172–1179.

Lanier, C., & Maume, M. O. (2009). Intimate partner violence and social isolation across the rural/urban divide. *Violence against Women*, *15*(11), 1311–1330.

Lennox, J., Emslie, C., Sweeting, H., & Lyons, A. (2018). The role of alcohol in constructing gender and class identities among young women in the age of social media. *International Journal of Drug Policy*, *58*, 13–21. https://doi.org/10.1016/j.drugpo.2018.04.009

Loddon Campaspe Community Legal Centre. (2015).*Will somebody listen to me: Insight, actions and hope for women experiencing family violence in regional Victoria*. Retrieved from www.lcclc.org.au/wp-content/uploads/2015/05/FV_FULL_online_v2.pdf

Luca, D., Owens, E., & Sharma, G. (2015) Can alcohol prohibition reduce violence against women? *American Economic Review*, *105*(5), 625–629.

Maher, J. M., Spivakovsky, C., McCulloch, J., McGowan, J., Beavis, K., Lea, M., & Sands, T. (2018). *Women, disability and violence: Barriers to accessing justice: Final report* (ANROWS Horizons, 02/2018). Sydney: ANROWS.

McCann, P.D., Plummer, D., & Minichiello V. (2010) Being the butt of the joke: Homophobic humour, male identity, and its connection to emotional and physical violence for men. *Health Sociology Review: The Journal of the Health Section of the Australian Sociological Association*, *19*(4), 505–521.

Meyer, S. (2014). Victims' experiences of short-and long-term safety and wellbeing: Findings from an examination of an integrated response to domestic violence. *Trends and Issues in Crime and Criminal Justice*, (478), 1. Retrieved from: https://www.aic.gov.au/publications/tandi/tandi478

Miller, A., & Segal, C. (2014) *Do female officers improve law enforcement quality? Effects on crime reporting and domestic violence escalation* (Working paper no. 9). Zurich: University of Zurich, UBS International Center of Economics in Society.

Miller, P., Cox, E., Costa, B., Mayshak, R., Walker, A., Hyder, S., … Day, A. (2016). *Alcohol/drug-involved family violence in Australia (ADIVA): Key findings.* Retrieved from https://aic.gov.au/sites/default/files/monograph68-key-findings.pdf?v=1576128392

Monnier, J., Resnick, H., Kilpatrick, D., & Seals, B. (2002). The relationship between distress and resource loss following rape. *Violence and Victims*, *17*, 85–92.

Morgan, J. & Politoff, V. (2012). *Victorian print media coverage of violence against women: Summary report.* Melbourne: University of Melbourne & VicHealth.

Morris, M. (1995). By force of arms: Rape, war, and military culture. *Duke Law Journal*, *45*(4), 651–781.

Morrison, A., Ellsberg, M., & Bott, S. (2007). Addressing gender-based violence: A critical review of interventions. *The World Bank Research Observer*, *22*(1), 25–51.

Myhill, A., & Allen, J. (2002). *Rape and sexual assault of women: The extent and nature of the problem. Findings from the British crime survey.* London: Home Office Research, Development and Statistics Directorate.

National Centre for Social and Economic Modelling. (2010). *The impact of a sustained gender pay gap on the economy.* Canberra: NATSEM.

National Council of Single Mothers and their Children. (2018). *Changing the narrative: Intergenerational welfare dependence*. Retrieved from: https://www.dev.ncsmc.org.au/wp-content/uploads/2018/11/2018-8-18-Changing-the-Narrative-Intergenerational-Welfare-Dependence.pdf

Norris, P. (1996). Women politicians: Transforming Westminster? *Parliamentary Affairs, 49*(1), 89–102.

NSW Council of Social Services. (2015). *Senate inquiry into the gender retirement income gap.* Retrieved from https://www.ncoss.org.au/sites/default/ files/public/policy/151106%20NCOSS%20Submission%20Gender%20Gap%20in%20Retirement%20Savings.pdf

Olsen, A., & Lovett, R. (2016). *Existing knowledge, practice and responses to violence against women in Australian Indigenous communities* (PowerPoint presentation slides). Retrieved from: https://www.anrows.org.au/wp-content/uploads/2019/02/Violence-in-Indigenous-communities-slides-Anna-Olsen-and-Ray-Lovett_0.pdf

Olver, M. E., & Wong, S. C. P. (2013). A description and research review of the Clearwater Sex Offender Treatment Programme. *Psychology, Crime & Law*, *19*(5–6), 477–492.

Our Watch. (2017). *Putting the prevention of violence against women into practice: How to change the story.* Retrieved from: https://d2bb010tdzqaq7.cloudfront.net/wp-content/uploads/sites/2/2019/11/07042017/Putting-prevention-into-practice-AA-web.pdf

Our Watch. (2018). *Changing the picture: A national resource to support the prevention of violence against Aboriginal and Torres Strait Islander women and their children*. Melbourne: Our Watch.

Paradies, Y., Chandrakumar, L., Klocker, N., Frere, M., Webster, K., Burrell, M., & McLean, P. (2009). *Building on our strengths: A framework to reduce race-based discrimination and support diversity in Victoria*. Melbourne: VicHealth.

Parker, R., & Aggleton, P. (2003). HIV and AIDS-related stigma and discrimination: A conceptual framework and implications for action. *Social Science & Medicine*, *57*(1), 13–24.

Patton, S. (2003). *Pathways: How women leave violent men*. Hobart: Government of Tasmania.

Pazzani, L. (2007). The factors affecting sexual assaults committed by strangers and acquaintances. *Violence Against Women*, *13*(7), 717–749.

Pence, E. L. (1999). Some thoughts on philosophy. In M. F. Shepard, & E. L. Pence (Eds.), *Coordinating Community Responses to Domestic Violence: Lessons from Duluth and Beyond*. Thousand Oaks: Sage.

Pinchevsky, G. M., & Wright, E. M. (2012). The impact of neighborhoods on intimate partner violence and victimization. *Trauma, Violence, & Abuse*, *13*(2), 112–132.

Potter, S. J., Moynihan, M. M., & Stapleton, J. G. (2011). Using social self-identification in social marketing materials aimed at reducing violence against women on campus. *Journal of Interpersonal Violence*, *26*(5), 971–990.

Pronyk, P. M., Hargreaves, J. R., Kim, J. C., Morison, L. A., Phetla, G., Watts, C., … Porter, J. D. (2006). Effect of a structural intervention for the prevention of intimate-partner violence and HIV in rural South Africa: A cluster randomised trial. *Lancet*, *2*(9551), 1973–1983.

Rees, S., & Pease, B. (2007). Domestic violence in refugee families in Australia. *Journal of Immigrant & Refugee Studies, 5*(2), 1–19.

Reidy, D. E., Shirk, S. D., Sloan, C. A. & Zeichner, A. (2009). Men who aggress against women: Effects of feminine gender role violation on physical aggression in hypermasculine men. *Psychology of Men & Masculinity, 10*(1), 1–12.

Remenyi, M. A. (2007). Exploring the economic and social implications of violence against women and HIV. In Development Connections, UNIFEM, Pan American Health Organization, Inter-American Commission of Women & Latin American and Caribbean Women's Health Network (Eds.), *The multiple faces of the intersections between HIV and violence against women* (pp. 7–16). Washington, DC: Development Connections.

Ringland, C., & Fitzgerald, J. (2010). Factors which influence the sentencing of domestic violence offenders. *Bureau Brief*, (48). Retrieved from: https://apo.org.au/sites/default/files/resource-files/2010-09/apo-nid22642.pdf

Ristock, J. L. (2002). *No more secrets: Violence in lesbian relationships*. London: Psychology Press.

Roberts, D., Chamberlain, P. & Delfabbro, P. (2015). Women's experiences of the processes associated with the Family Court of Australia in the context of domestic violence: A thematic analysis. *Psychiatry, Psychology and Law*, *22*(4), 599–615.

Roodman, A. A., & Clum, G. A. (2001). Revictimization rates and method variance: A meta-analysis. *Clinical Psychology Review*, *21*(2), 183–204.

Ross, C. E., & Mirowsky, J. (2009). Neighborhood disorder, subjective alienation, and distress. *Journal of Health and Social Behavior*, *50*(1), 49–64.

Salter, M. (2012). *Managing recidivism among high risk violent men* (Issues paper 23). Sydney: Australian Domestic & Family Violence Clearinghouse.

Salter, M. (2016). Privates in the online public: Sex(ting) and reputation on social media. *New Media & Society*, *18*(11), 2723–2739.

Sampson, R. J., Raudenbush, S.W., & Earls, F. (1997). Neighborhoods and violent crime: A multilevel study of collective efficacy. *Science*, *277*, 918–924.

Schwartz, M., DeKeseredy, W., Tait, D., & Alvi, S. (2006). Male peer support and a feminist routing activities theory: Understanding sexual assault on the college campus. *Justice Quarterly*, *18*(3), 623–649.

Schwartz, M. D., & DeKeseredy, W. S. (2000). Aggregation bias and woman abuse: Variations by male peer support, region, language, and school type. *Journal of Interpersonal Violence*, *15*(6), 555–565. https://doi.org/10.1177/088626000015006001

Smothers, M. K., & Smothers, D. B. (2011). A sexual assault primary prevention model with diverse urban youth. *Journal of Child Sexual Abuse*, *20*(6), 708–727.

Sokoloff, N. J., & Dupont, I. (2005). Domestic violence at the intersections of race, class, and gender: Challenges and contributions to understanding violence against marginalized women in diverse communities. *Violence Against Women, 11*(1), 38–64.

Sommer, M., & Parker, R. (2013). Introduction. In M. Sommer & R. Parker (Eds.), *Structural approaches in public health* (pp. 1–14). Oxford: Routledge.

Stephens, K. A., & George, W. H. (2009). Rape prevention with college men: Evaluating risk status. *Journal of Interpersonal Violence*, *24*(6), 996–1013.

Sudermann, M., & Jaffe, P.G. (1999). *A handbook for health and social service providers and educators on children exposed to woman abuse/family violence.* Ottawa: National Clearinghouse on Family Violence.

Taft, A., & Toomey, L. (2005). *VicHealth review of links between and interventions to reduce alcohol related interpersonal violence: An evidence-based comprehensive literature review.* Melbourne: Mother and Child Health Research, Latrobe University and the Victorian Health Promotion Foundation.

Taylor B., Stein N., & Burden, F. (2010). The effects of gender violence/harassment prevention programming in middle schools: A randomized experimental evaluation. *Violence and Victims, 25*(2), 202–223.

Taylor, J., Cheers, B., Weetra, C., & Gentle, I. (2004). Supporting community solutions to family violence. *Australian Social Work*, *57*(1), 71–83.

Taylor, N. M., & Mouzos, J. (2006). *Community attitudes to violence against women survey: A full technical report* (Paper one of the Violence Against Women Community Attitudes Project). Melbourne: VicHealth.

Taylor-Robinson, M. M., & Heath, R. M. (2003). Do women legislators have different policy priorities than their male colleagues? *Women & Politics, 24*(4), 77–101.

Tayton, S., Kaspiew, R., Moore, S., & Campo, M. (2014). *Groups and communities at risk of domestic and family violence: A review and evaluation of domestic and family violence prevention and early intervention services focusing on at-risk groups and communities.* Melbourne: Australian Institute of Family Studies.

United Nations. (2006). *In-depth study on all forms of violence against women: Report of the Secretary General.* Retrieved from http://www.un.org/womenwatch/daw/vaw/violenceagainstwomenstudydoc.pdf

Uthman, O. A., Moradi, T., & Lawoko, S. (2009). The independent contribution of individual-, neighbourhood-, and country-level socioeconomic position on attitudes towards intimate partner violence against women in sub-Saharan Africa: A multilevel model of direct and moderating effects. *Social Science & Medicine*, *68*(10), 1801–1809.

Vaughan, C., Davis, E., Murdolo, A., Chen, J., Murray, L., Block, K., … Warr, D. (2016). *Promoting community-led responses to violence against immigrant and refugee women in metropolitan and regional Australia: The ASPIRE project: Key findings and future directions* (ANROWS Compass, 08/2016). Retrieved from https://www.secasa.com.au/assets/Documents/Promoting-community-led-responses-to-violence-against-immigrant-and-refugee-women-.pdf

VicHealth. (2007). *Preventing violence before it occurs: A framework and background paper to guide the prevention of violence against women in Victoria*. Retrieved from https://www.vichealth.vic.gov.au/-/media/ProgramsandProjects/ DiscriminationandViolence/PreventingViolence/framework-web.pdf?la=en&hash=A262B02E570F08D3B9740B19C9860E3C252571C2

VicHealth (2014). *Australians' attitudes to violence against women: Findings from the 2013 National Community Attitudes towards Violence Against Women Survey (NCAS).* Retrieved from https://www.vichealth.vic.gov.au/~/media/ResourceCentre/PublicationsandResources/PVAW/NCAS/NCAS-TechnicalReport_2014.ashx

Vinck P., & Pham P.N. (2010). Association of exposure to violence and potential traumatic events with self-reported physical and mental health status in the Central African Republic. *JAMA*, *304*(5), 544–552.

Walden, I., & Wall, L. (2014). *Reflecting on primary prevention of violence against women: The public health approach* (ACSSA Issues no. 9). Melbourne: Australian Centre for the Study of Sexual Assault, Australian Institute of Family Studies.

Webster, K., & Flood, M. (2015). *Framework foundations 1: A review of the evidence on correlates of violence against women and what works to prevent it*. Retrieved from http://www.ourwatch.org.au/getmedia/d53470da-fe53417-53474af53471-baca-bedfd53477f53479b53235/Change-the-story-framework-foundations-53471-updated.pdf.aspx

Webster, K., Pennay, P., Bricknall, R., Diemer, K., Flood, M., Powell, A., … Ward, A. (2014). *Australians' attitudes to violence against women: Full technical report, findings from the 2013 National Community Attitudes towards violence against women Survey (NCAS).* Retrieved from https://www.vichealth.vic.gov.au//media/ResourceCentre/PublicationsandResources/PVAW/NCAS/NCASTechnicalReport_2014

Weldon, S. L. (2002). *Protest, policy, and the problem of violence against women: A cross-national comparison*. Pittsburgh: University of Pittsburgh Press.

Wendt, S. (2009). Constructions of local culture and impacts on domestic violence in an Australian rural community. *Journal of Rural Studies*, *25*(2), 175–184.

Wendt, S., Chung, D., Elder, A., & Bryant, L. (2015). *Seeking help for domestic violence: Exploring rural women's coping experiences: State of knowledge paper* (ANROWS Landscapes, 04/2015). Sydney: ANROWS.

Whitaker, D. J., Murphy, C. M., Eckhardt, C. I., Hodges, A. E., & Cowart, M. (2013). Effectiveness of primary prevention efforts for intimate partner violence. *Partner Abuse*, *4*, 175–195.

Whitfield, C. L., Anda, R.F., Dube, S.R. &, Felitti, V. J. (2003). Violent childhood experiences and the risk of intimate partner violence in adults: Assessment in a large health maintenance organization. *Journal of Interpersonal Violence*, *18*(2), 166–185.

Widiss, D. (2008). Domestic violence and the workplace: The explosion of state legislation and the need for a comprehensive strategy. *Florida State University Law Review*, *35*, 669–728.

Wilcox, K. (2010). Connecting systems, protecting victims: Towards vertical coordination of Australia's response to domestic and family violence. *University of New South Wales Law Journal*, *33*(3), 1013–1037.

Wild, L. G., Flisher, A. J., Bhana, A., & Lombard, C. (2004). Associations among adolescent risk behaviours and self-esteem in six domains. *Journal of Child Psychology and Psychiatry*, *45*(8), 1454–1467.

Williams, Z. (2018, April 26). "Raw hatred": Why the "incel" movement targets and terrorises women. *The Guardian*. Retrieved from https://www.theguardian.com/world/2018/apr/25/raw-hatred-why-incel-movement-targets-terrorises-women

Wingood, G. M., DiClemente, R. J., Harrington, K., & Davies, S. L. (2002). Body image and African American females' sexual health. *Journal of Women's Health and Gender-Based Medicine*, *11*(5), 433–439.

Winter, M. E. (2014). *Silent voices, invisible violence: Welfare to work and the exploitation of single mothers who have experienced domestic violence* (Doctoral dissertation). Southern Cross University, Lismore.

Wolfe, D. A., Crooks, C., Jaffe, P., Chiodo, D., Hughes, R., Ellis, W., & Donner, A. (2009). A school-based program to prevent adolescent dating violence: A cluster randomized trial. *Archives of Pediatrics & Adolescent Medicine*, *163*(8), 692–699. https://doi.org/10.1001/archpediatrics.2009.69

World Health Organization. (2010). *Preventing Intimate Partner and Sexual Violence Against Women: Taking Action and Generating Evidence*. Geneva: World Health Organization.

PART 2:

Perpetrator intervention systems across jurisdictions

Part 2 presents research studies that detail how PI systems are developing in various Australian jurisdictions. This is firstly shown through a mapping process which gathered both a wide-angled view of the whole set of PI systems and the legislation, policies, programs, and practices that comprise the component parts of each jurisdictions' PI systems.

Key findings from the national mapping exercise highlight some common features, strengths and challenges at the national level. The remaining chapters in Part 2 are case studies describing how PI systems operate in different locations (in Victoria and Western Australia) within the broader DFV coordinated systems. These chapters show how the goals of PI systems to promote safety and perpetrator accountability are operationalised and adapted to local settings.

CHAPTER 3:

Mapping perpetrator pathways across systems of intervention

Dr Karen Upton Davis

Web-based maps, one for each state and territory of Australia, are available at dfvperpetratormapping.com.au and should be viewed in conjunction with this chapter.

ANROWS's important publications on PI systems in Australia (Mackay, Gibson, Lam, & Beecham, 2015a, 2015b) focused to a large extent on MBCPs and on justice system responses to perpetrators, explaining pathways through this system. Justice system pathways throughout Australia were represented diagrammatically, jurisdiction by jurisdiction. The interactive, web-based maps that are the focus of this chapter extends this earlier research by providing greater detail in relation to pathways through the justice system—police, courts, custody, Corrective Services and the law—where considerable change has occurred since the ANROWS reports were published. Importantly, the current research extends the mapping to cover PI systems that lie outside justice system responses. These include, in some detail, not only men's services such as MBCPs and telephone in-reach and outreach services, but also systems such as primary healthcare, education, Child Protection and other children's services, housing, welfare, and mental health. Influences from the broader community, such as interactions with family, friends, and spiritual, cultural and community persons are also mapped and discussed. The rationale for extending the mapping across multiple service systems is to give a complete picture of the role that each system plays in perpetrator interventions and the gaps that exist. This is needed so that every system can see the gaps that exist and recognise the important part they can play in reducing DFV. The picture is a macro view—that is, general information is provided—enough to give a broad understanding of each system's current engagement with perpetrators of DFV, rather than a detailed view of interventions within a particular service. Important differences between jurisdictions are outlined in the pop-ups that accompany the maps.

This chapter presents an overview of the methodology used in the mapping project, along with the findings and recommendations arising from the investigation. The chapter also provides a practical tool for workers—a newly developed model by the authors of the mapping project based on its findings—to assist them in their considerations of information gathering and sharing in relation to the perpetration of DFV. This tool is called the Detection and Action Wheel.

Methodology

Aims and purposes

The aim of the mapping exercise was to provide an overview of the pathways that perpetrators and/or perpetrator information follow through agencies and services. The maps show the movement—and, very often, the lack of movement—through the PI systems. In addition to the movement of perpetrators, the movement of information was considered important because this can be used to assess risk, as well as to instigate appropriate interventions. Perpetrator information may move while perpetrators themselves may not. Additionally, the aim was to indicate on the maps the volume and visibility of perpetrators as they move through the many possible agencies and services.

Mapping the entirety of PI systems across Australia was informed by the current focus by service systems on gaining a whole-of-system perspective as a way of improving their work with perpetrators and in keeping perpetrators in view. As the notion of PI systems is as new as this project, no prior studies have identified the need for a whole-of-system view that is specific to PI systems.

The purpose of providing a diagrammatic representation of perpetrator pathways was to create an easily accessible, understandable overview of the entire system (within each Australian state's and territory's boundaries). The maps condense a vast amount of information into a digestible form. As such, the maps are useful to the following stakeholders:

- practitioners working in the DFV sector, by increasing practitioners' understanding of where their work sits within the sector; what else is happening in the sector; and what opportunities for improved practice exist
- practitioners working outside the DFV sector, by expanding their knowledge of the ways in which they (and their service/agency) might assist in keeping women and children safe and facilitating perpetrator accountability and change

- policy-makers by clarifying strengths, weaknesses and gaps in service provision; offering a point of comparison with regard to what is happening in jurisdictions other than their own; and providing a resource to draw from for specific purposes such as to demonstrate the need for further policy development and funding
- service users (both victims/survivors and perpetrators), by helping them understand the service system, allowing them to navigate the paths more easily and to gain insight into what they could expect.

Additionally, both the maps and the Detection and Action Wheel are also useful as tools of reflection for policymakers and practitioners and can be utilised for the detection of perpetration, information recording and sharing along with actions taken in scaffolding perpetrators towards change.

Why mapping?

When designing this specific mapping study as a component part of the larger project, it became apparent that a visual technique to show the movement patterns of DFV perpetrators through various agencies would be an effective form of display—indeed, that this task *required* a visual method of representation. According to Powell (2010), mapping techniques have been used by many researchers to show movement patterns. Maps are "used as illustrations that are then explained through text" (Powell, 2010, p. 540). As a form of representation, mapping can illuminate processes in useful and comprehensible ways. According to Novak (1998, cited in Daley, 2004, p. 1), "a map can be used to frame a research project, reduce qualitative data, analyse themes and interconnections in a study, and present findings". Powell (2010) identified social mapping as particularly relevant for understanding responses to a social problem as it is "a method concerned with the nature of relationships between people and their social networks" (p. 540). Social maps are also a way of linking to social, cultural and political issues.

What are the maps about?

The maps comprise a diagrammatic representation of systems of perpetrator pathways, along with pop-ups that include, for the most part, general information that relates to all Australian states and territories. However, specific information about each jurisdiction is provided where there are differences that make a significant impact or change the course of pathways.

In particular, the pop-ups contain the following information:

- an outline of the reasons for, and the ways in which, perpetrators intersect with services, agencies and sectors. This includes broad descriptions of the function of services/agencies in relation to dealing with DFV
- the ways in which services, agencies and sectors respond to perpetrators
- the opportunities that workers, family, friends and community members located within the broader perpetrator landscape have at their disposal to deal effectively with perpetrators or perpetrator information
- the risks and lost opportunities for workers dealing with perpetrators or perpetrator information
- publicly available, related information such as police or court data, research evidence or media reports
- broader issues that impact on the implementation of best practice
- legislative information related to DFV.

Central to the mapping is a display of the volume and visibility of perpetrators (or perpetrator information) as they move from point to point across the mapped landscape. Due to the paucity of accessible data, it was impossible at the time of undertaking this research to quantify volume or visibility. Because of this, the pathways are educated guesses, provided initially by one or two key informants from each jurisdiction. These educated guesses were sufficient for the purposes of this study, because the informants—through their policy positions or broad involvement in the DFV sector, or through their research and publications—have a solid understanding of what is happening on the ground and why. The maps were later provided to many of the 100-odd informants around the country consulted as part of the mapping study for further input. Since the estimations of volume and visibility are based

on (subjective) educated guesses primarily by the initial key informants, they may be open to challenge and are also likely to change in the future, as responses to DFV—in particular to perpetrators—develop and increase.

Where volume is displayed within the maps, it refers to the number of perpetrators that exist on a pathway. Visibility refers to the amount of information that is available about their perpetration (i.e. low visibility arrows indicate that their perpetration of DFV remains undetected or not shared between pathways). Further explanation of the volume and visibility arrows is available in the pop-up associated with the map legend.

Data collection

A search of sector and agency websites and annual reports quickly revealed that information relating to perpetrator pathways through PI systems, or even within particular sub-systems, had seldom been laid out, at least not in publicly available ways.

From February 2017 to March 2019, data was collected in the following ways:

- undertaking extensive communication (including face-to-face, telephone calls, and emails) with over 100 informants across Australia. Key informants comprised a mix of government and non-government personnel—policymakers, departmental section heads and industry leaders who were identified by others in the field as holding knowledge pertinent to the study. These informants represented the service, sector, system or jurisdiction under review
- performing a comprehensive search of related websites, annual reports and research publications. Strategies included perusing government websites and reading annual reports ahead of, or in conjunction with, gathering information via consultation. It also included staying abreast of relevant reports published by the Australian Institute of Health and Welfare, which uses government data to produce reports on health and welfare issues, including on DFV. Publications by ANROWS (Mackay et al., 2015a, 2015b) were also useful, both to a broad understanding of perpetrator interventions and to specific areas of knowledge, such as community-led responses to violence against immigrant and refugee women (Vaughan et al., 2015); models in addressing violence against Indigenous women (Blagg et al., 2018); the burden of disease in IPV against women (Ayre, Lum On, Webster, Gourley, & Moon, 2016); interventions with fathers who use violence (Healey, Humphreys, Tsantefski, Heward-Belle, & Mandel, 2018); adolescent violence in the home (Campbell, 2018); information sharing in relation to DFV protection orders (Taylor, Ibrahim, Wakefield, & Finn, 2015); the impact of DFV on parenting (Hooker, Kaspiew, & Taft, 2016; Kaspiew et al., 2017); and an evaluation of existing interagency partnerships, collaboration, coordination and/or integrated interventions and service responses to violence against women (Breckenridge, Rees, valentine, & Murray, 2015)
- drawing data from publicly available data sources such as the Australian Bureau of Statistics (ABS), the NSW Bureau of Crime Statistics and Research (BOCSAR), the Victorian Crime Statistics Agency, the ACT Criminal Justice Statistical Profile, the Tasmanian Magistrates Court Statistical Report, and the Courts Administration Authority of South Australia, as well as various police, court and government agency statistical reports
- gathering information from legislation that relates to DFV and to DFV perpetration.

The sampling method for recruiting informants is set out below:

- Initially, two or three key individuals from each jurisdiction were approached, after being identified by the consultant appointed to this project, Rodney Vlais. Vlais had been invited onto the project because of his extensive experience in the DFV sector, particularly in relation to perpetrators, as a policymaker, researcher, adviser, trainer and consultant. The key individuals he identified were regarded as possessing a wealth of cross-systems knowledge within DFV policy and practice areas. These individuals then referred the researcher to other individuals who held further cross-systems knowledge.
- Thereafter, specific informants were identified who may not have had the same breadth of knowledge as the key informants, but who could address particular gaps in knowledge. These contacts emerged either as

contacts supplied by the initial informants (thus, by use of a snowball sampling method) or occasionally by the researcher making contact directly with someone via their organisational website (for instance, Changing for Good). These recruitment methods garnered senior staff within government departmental sections, and managers and key personnel within the non-government sector.

The questions that were asked of informants—representatives of particular services, sectors and PI systems—sought information in the following areas:

- information in relation to the referral pathways of perpetrators or perpetrator information into and out of, as well as through, services, sectors and systems
- whether any form of intervention for perpetrators took place and, if so, the ways in which intervention occurred
- publicly available data that would further add to, or reveal gaps in, knowledge of DFV perpetration.

Discussions with informants sometimes led to informants raising issues about, and obstacles to, dealing with the perpetration of DFV. Such discussions informed the "opportunities", "lost opportunities for workers", and "broader issues" categories in the pop-ups.

As with the maps, the pop-ups attached to the maps were shared with informants in each jurisdiction for the purpose of checking the accuracy of the information given. The number of informants with whom the pop-ups and maps were shared, as well as the informants' location within PI systems, varied from jurisdiction to jurisdiction. In Queensland, Tasmania, the Northern Territory, South Australia, Western Australia and Victoria, the maps and pop-ups were shared with the agency tasked with holding responsibility for DFV policy development. The maps were shared with personnel in every jurisdiction's justice sector, mostly Corrective Services personnel. In New South Wales, they were shared with and within the various offices of the Department of Justice, as well as with an individual identified as having a thorough knowledge of DFV jurisdictional processes, and with such an individual in Queensland. In the Australian Capital Territory, the maps were shared with the Domestic Violence Crisis Service, the agency tasked with providing DFV services to both victims and perpetrators and which forms part of the justice system response. Beyond that, sections of the pop-ups were shared with the individuals who had provided the information about their sectors or services, if that information was reasonably extensive. The maps and pop-ups were also shared with all other researchers on the team (from Western Australia, Victoria, New South Wales and Queensland), and comments invited.

Ethics approval

The Mapping Project received approval from Curtin University's Human Research Ethics Committee (Ref: HRE2018-0058).

Limitations of the study

In undertaking an innovative method that extensively maps PI systems of each jurisdiction, much of the detail about how pathways operate was not readily available in any public domain. Therefore, it is possible that not all information about perpetrator pathways was captured. There are multiple parts to PI systems: agencies, legislation, policies, procedures (both Commonwealth and state/territory), and local variations and adaptations. Because of the vastness of the undertaking, generalised information is displayed in the pop-ups rather than specific, nuanced information relating to particular services, agencies and sectors. PI systems are also highly dynamic; several systems have undergone recent reforms since the data for this study were collected, with more likely in the coming years. This will have implications for the accuracy of the maps and pop-ups. Hence, a final limitation of this study is that it only captures a point in time.

Findings and discussion

Finding 1: There remains a vast amount that could be done to achieve the reduction of DFV.

This is the most significant finding of the study, and it warrants mentioning as a reminder that every part of the system and every individual within it can play an important part in moving perpetrators towards change and in reducing the

risk to women and children. This, to a large extent, requires information pathways within and between PI systems to expand in both volume and visibility. Information sharing is what makes DFV perpetration visible.

Finding 2: The most likely PI systems pathways for the detection and visibility of perpetrators are within the various sub-systems of the justice system.

The vast majority of the work that takes place in relation to DFV perpetration is undertaken by police, through the courts both civil and criminal, in prisons, and by Corrective Services. While it is important that the justice system plays a vital role in holding perpetrators accountable, alternative system responses unrelated to justice may provide effective solutions in particular circumstances, as well as help to build a whole-of-system response.

Finding 3: There is a worrying extent of invisibility regarding the perpetration of DFV when perpetrators are in contact with the wider service system for reasons unrelated to DFV.

Anecdotal evidence suggests that perpetrators who are inpatients of mental health facilities are being discharged into the care of their victims; that perpetrators can actively participate in and complete addiction programs without their perpetration of DFV being detected; and that perpetrators can remain out of sight while women and children are caught up in the Child Protection system for reasons related to DFV. With isolated exceptions, there remain whole sectors—in particular, the mental health sector—where DFV is rarely addressed. Perpetrators who are inpatients of mental health facilities may have a practitioner engage with them about their violence; however, this is far from usual practice.

Of those perpetrators who enter the system because of their known perpetration—almost always on the justice system pathway—there are many openings for perpetrators to duck for cover, disappear beneath the radar, fall off referral pathways and remain unengaged with service system responses.

Finding 4: Many perpetrators who are caught up in a service system response quickly extricate themselves and disappear from view without behavioural and attitudinal change in relation to DFV having been effected.

This happens, for instance, when perpetrators do not present to referred services; prematurely withdraw from programs and services; or are non-compliant with court orders. It may also happen where there are limited manpower and resources in a service system, which thus curtails opportunities for follow-up. But just as importantly, this happens because of the structure of PI systems, with limited information flow between, and even through, systems. While exact numbers are not available, it can be reasonably argued that the number of perpetrators who make it into an MBCP or other perpetrator intervention are very few. This is firstly because most DFV is not picked up by PI systems, and secondly, because only a small proportion of those perpetrators who are recommended to attend an MBCP (generally by someone within the justice system) follow through on the recommendation. To give a concrete example of the gap between the number of known perpetrators and the number attending MBCPs, there was forecast to be around 4000 funded places in community-based MBCPs in Victoria in 2018–19 (State of Victoria, 2018b), a far greater number than for any other jurisdiction and a greater number per head of the population than any other jurisdiction. By comparison, the number of family violence intervention orders made in Victoria from July 2017 to June 2018 totalled 30,750 (Crime Statistics Agency, 2018). Despite the comparatively small number of perpetrators entering programs, an even smaller proportion leave an MBCP committed to stopping their violent behaviours (Gondolf, 2012). This leads to two conclusions. Firstly, the work of guiding men towards ceasing their violent behaviours, changing their violent-supportive attitudes, and stopping their use of coercive control of women and children needs to be shouldered by workers throughout the entire system, not just by MBCP providers or men's service workers, whose minimal numbers and small footprint mean that they cannot do this work alone. Secondly, there is a need for MBCPs to be valued not only for their work in motivating men to cease their violence, but also for their role in monitoring the risk level of perpetrators for the length of time they remain in the program. As long as this occurs, MBCPs will be contributing significantly to the immediate safety of victims/survivors.

As referred to in other chapters throughout this collection, including the proposed return on investment model (Chapter 9), the value of MBCPs is enhanced through the partner contact work that accompanies (or should, according to best practice standards) MBCPs (Smith, Humphreys, & Laming, 2013).

Finding 5: There is a dearth of available information, both quantitative and qualitative, about DFV perpetrators and their patterns of perpetration.

This limited the extent to which data about pathways could be quantified. Efforts are being made to improve information about aspects of PI systems; for instance, the development of a national minimum data set for MBCP providers (see Chapter 8). Furthermore, data that is currently collected is often not easily available beyond the service, agency or department that has collected the information, even as de-identified data. A whole-of-system response to perpetration requires transparency concerning the actions being taken in relation to DFV from individual services through to sector responses. This needs to include both accurate quantitative data and qualitative information that gives meaning and context to understanding DFV perpetrators and PI systems. Information about individual perpetrators and the risks they pose, as well as more general information relevant to perpetrator pathways—such as operational reviews, referral patterns, evaluations, and statistics about who accesses what services—would all contribute to the transparency needed to see what and where further efforts need to be directed.

Finding 6: There are very few information loops in place.

Presently, perpetrators enter PI systems (such as from an incident recorded by police), then only some move along to the court system and a yet smaller amount enter an MBCP or some other service directed to DFV perpetrators. As indicated in the mapping process, there are very few information loops to pass back to the referrer (such as the MBCP passing information back to the court) on the perpetrator's progress, or even arrival, at the subsequent port of call. This is often as much about whether the processes in the referring agency enable such information to be received as it is about the referred-to agency's willingness to share information. The consequences are that the accountability of agencies for protecting and increasing the safety of women and children is compromised and opportunities for the perpetrator to be held to account to reduce his use of violence and abuse in the future are lost. Furthermore, it negates the possibility of an integrated, coordinated, multi-agency team approach that is able to keep the perpetrator in view. It also enables perpetrators' non-arrival at the referred-to destination, something that perpetrators are already skilled at. Depending on what responsibility the initial agency or referrer has, it is not always appropriate to pass back detailed information, although informing the referrer whether the perpetrator arrived at the destination and whether he engaged in the service will always be relevant. It is when perpetrators get to specialist services, MBCPs or otherwise, that it is particularly important that information gets passed back to those service system agents who have some responsibility for managing risk and keeping the perpetrator in view.

Finding 7: There are chasms in service provision.

This relates to the capacity and adaptability of PI systems to operate in regional and remote settings and with diverse groups, such as Aboriginal and Torres Strait Islander people, those who are CALD, members of the LGBTIQ+ community, people with disability, older people, and those experiencing poverty and homelessness. Wide gaps also exist in the breadth of PI systems' responses, with some jurisdictions providing particular services—for example, court support workers for perpetrators or diversion to specialised DFV responses for young offenders—while other jurisdictions do not. The availability and accessibility of services caters for only a section of the jurisdictions' population, particularly in the larger states and territories, and those with the highest populations. In each state and territory, there exists an integrated, coordinated response to DFV mostly focusing on high-risk situations.

Finding 8: There are marked differences between jurisdictions in making perpetrators visible at coordinated, integrated response meetings.

In those jurisdictions where the response to DFV is focused primarily on the victim/survivor, an important opportunity to find out about the perpetrator, and to steer him towards

change, is lost. The jurisdictions that are performing the best when it comes to gathering information about perpetrators and keeping them in view are Victoria, which has a whole-of-system response to DFV and the legislation in place to enable information to be broadly shared, and South Australia, which has developed a framework for coordinated responses that clearly directs specific information about perpetrators to be gathered.

Finding 9: Those perpetrators who pose a less than life-threatening risk to their victims but who are nevertheless causing significant harm to them are much less likely to come to the attention of, or be given attention by, PI systems.

Given that most integrated, coordinated responses focus only on those situations involving the highest risk, the opportunity for intervention early or for less severe situations of DFV perpetration is largely absent.

Finding 10: Many workers, even those involved directly in the DFV sector, while holding specialised knowledge of their particular area, have limited understanding of the ways in which other services and workers fit within the broader system of responses to perpetration.

This applies to both government and non-government workers and to workers at every level of operation. The maps, and the pop-ups contained therein, provide the reader with a lens across the entirety of PI systems and act as a knowledge-building tool.

As is evident from the findings, doing more to reduce perpetration and risk, broadening the information and referral pathways between services, increasing the visibility of perpetrators, keeping perpetrators on referral pathways to services, building information loops back to referral services, and enlisting the involvement of services whose primary role is not DFV-related requires greater information sharing and transparency.

Fundamental to the diminution of DFV and to the accountability placed on individual perpetrators for their DFV is their visibility within and between PI systems. To this end, a practical tool—the Detection and Action Wheel—has been developed as part of this research project for workers to consider the ways in which to identify DFV perpetration, gather information relevant to it, share information gathered with relevant others, and take action on DFV perpetration. This tool can also enable reflection and evaluation for workers.

To date, some, if not most, information about perpetrators has been gathered from victims/survivors. It continues to be vital that information from victims/survivors is added to the pool of information; however, this exercise of reflection in relation to the Detection and Action Wheel is an opportunity to focus considerations (and eyes) specifically on perpetrators and the myriad sources of information about their violent, abusive behaviour.

Wherever practitioners and their team sit on the continuum of specialist to non-specialist DFV service provision, however distant they are from directly dealing with perpetrators, there are ways to improve practice in each aspect of the Detection and Action Wheel that can assist victims/survivors to stay safe and to scaffold perpetrators towards change.

The identification of DFV perpetration

The method of identifying perpetration of DFV will differ according to the mandate of each service/agency, the purpose of the practitioner's interaction with the perpetrator, and the perpetrator's reason for engagement with the practitioner. For example, there would be a different response when a perpetrator presents at a drug and alcohol service with no immediate indications of DFV perpetration, compared to presenting at a specialist family intervention service where the use of violence has been identified. Every point of contact with a perpetrator or with information about a perpetrator presents an opportunity to perform well on the Detection and Action Wheel.

At the non-specialist end of the continuum, identification of perpetration is primarily about being aware of the prevalence of DFV and being attuned to identifying when it is occurring. Practitioners should possess the following essential skills:

- being alert to the possibility of DFV
- making enquiries of a client that are non-threatening

but still likely to elicit incidental information about his thinking, attitudes and behaviours towards his partner, children, family and friends
- being vigilant about not saying or doing anything likely to increase the risk of violence to victims/survivors.

For instance, practitioners must not give the impression that they have learnt about the perpetration (use of control and/or violence) from the victim/survivor. Nor is it recommended to name someone as a perpetrator—such responses could escalate abuse towards the victim/survivor. The role at this end of the continuum is to stay alert and informally gather information.

At the other end of the intervention continuum, the perpetrator will know that the reason for his involvement with the service is because of his perpetration of DFV. Here, specialist workers can be open and transparent about the use of violence and obtain information directly, with a clear focus on exploring factors that point to, and exacerbate, risk. Specialist workers, according to the minimum standards set for specialist MBCP practitioners and some other specialists working with perpetrators, may also have contact with the perpetrator's partner and/or former partner/s to gather and share information with them designed to reduce the level of risk of further violence. At this end of the continuum, it is still vital that workers do not compromise the safety of victims/survivors by sharing information that they have learnt from them with the perpetrator, and instead use this knowledge to guide them in providing purposeful interventions. For example, they may include a specific topic in group practice or a specific line of conversation to have with the perpetrator.

Specialist workers assess for risk with the understanding that risk is dynamic and that it involves a mix of stable factors such as whether the perpetrator owns a firearm licence or has access to a gun, and shifting factors such as whether his partner has recently left him or he is experiencing some other immediate crisis (which is likely to escalate risk in the short term). Workers across the continuum can play a useful role in monitoring changing levels of risk, especially as human service provision often occurs at a nadir in a person's life, if not at a point of crisis.

It is very likely that a practitioner will work within a service that operates between the end points on the continuum. The Detection and Action Wheel provides an impetus for practitioners to consider the language, narratives, attitudes and actions that could be displayed by a client that would indicate his use of violence in each of its many and varied forms—physical, sexual, economic, emotional and psychological, social, and spiritual. The practitioner needs to give consideration to the question, "Does the client exhibit behaviours that are threatening, coercive or controlling, such that his victim has concerns for her safety and/or has a diminished space for personal autonomy?"

It is likely that only those services towards the specialist end of the continuum will have the skills to directly intervene to address the perpetration; however, every individual/team/section/agency/department/service/sector has a role in identifying perpetration and monitoring risk.

The systematic recording of perpetrator information

Information is quickly lost and limited in use if it is not recorded. It is also limited in its usefulness if it is not recorded in a way that is accessible to others, and to which further information can be conveniently added. Having in place service-level systematic processes of recording information regarding the perpetrator, along with guidelines about what to record, how, where, why (to what purpose) and for whom, is helpful. Having systems that have the possibility of integrating with systems in other agencies, and could potentially be shared, is also worth considering.

The primary purpose of recording perpetrator information is to have a tool with which to monitor and ultimately reduce risk to victims/survivors. The secondary purpose is to scaffold perpetrator access to services that may be able to assist him to change, and to motivate him to move in this direction. Determining the amount and the degree of sophistication of information to record will vary according to the mandate of the agency. Chiefly, the specific indicators of perpetration along with identified risks, plus the name and contact details of the perpetrator (and affected family members if possible), would form a solid base for the next step, if a next step was considered appropriate.

The systematic sharing of perpetrator information with appropriate other agencies and services

As a society, we are yet to reach common agreement about the merits and pitfalls of information sharing. Feedback from practitioners suggests that issues concerning confidentiality, consent, and data management are hotly debated in DFV workplaces and some aspects are not considered until there is a crisis such as a data breach. At present, legislation in each jurisdiction permits the sharing of information about the perpetration of DFV without the perpetrator's consent, to varying degrees and with certain provisos. An important consideration with this information sharing is that it never becomes known to the perpetrator that the victim/survivor was the source of the information. Given that the aim of sharing information about a DFV perpetrator is to reduce the risk of violence to the victim/survivor, invariably this involves sharing, at the least, basic information about the woman in question—such as her name and contact details. Some victims/survivors do not want information shared for a variety of reasons over and above the potential increased risk to her safety. This needs to be conveyed, particularly at the point of service engagement. A further level of complexity concerning information sharing is revealed in the Southern Melbourne case study presented elsewhere in this collection (Chapter 4); for those who have experienced DFV and are then wrongly identified as perpetrators or predominant aggressors, the ramifications of information sharing can have devastating results. It is worth considering whether the victim/survivor should have power of veto over whether information about the perpetrator or the perpetration is shared. A further issue is how widely individuals' information ought be shared when there are combinations of government, non-government and private practitioners all involved in DFV cases. Another point of view is that it is for the common good that information is shared. Violence-supportive attitudes may pass to others, children in particular; the use of coercive control by one perpetrator may include many victims/survivors—past, present and future partners, often children, and perhaps extended family and others in his social group. Stopping perpetration ultimately requires for it not to be hidden, for so long as perpetration can be hidden there is a real danger that it will continue unchecked. Many would agree that it is for the overarching health of society that perpetration is made visible and addressed, but this must not be done at the cost of victims/survivors.

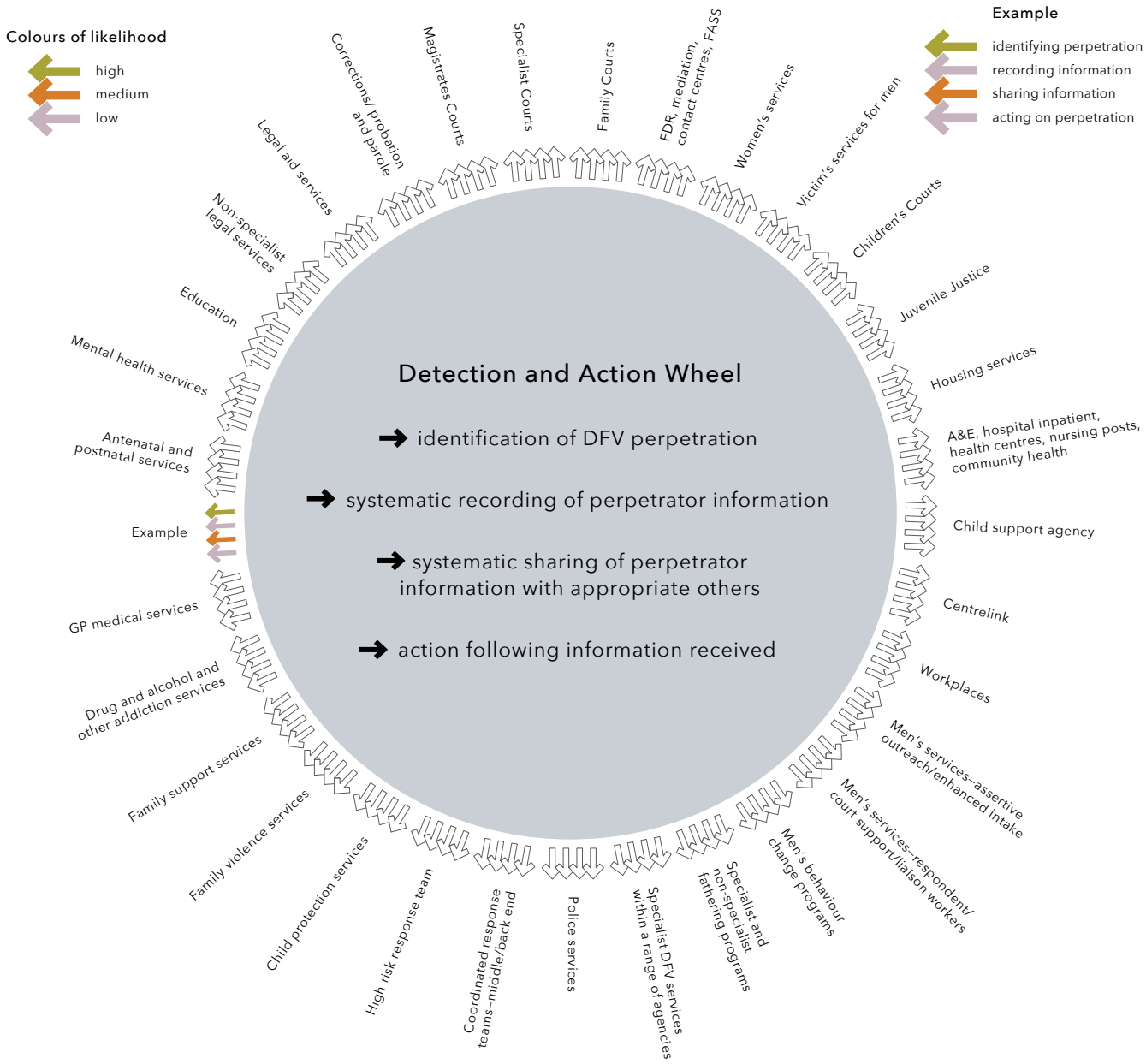
Keeping these varying perspectives and the accompanying dilemmas in mind, sharing collected information requires discernment. The primary question to consider is "To what purpose am I sharing this information?" Once again, the answer is to reduce the risk to victims/survivors and to scaffold the perpetrator towards behavioural and attitudinal change such that his risk of offending is reduced. In deciding with whom to share the information, what information to share, when to share it, how and why, the following questions need consideration: "How can I share this information without increasing the risk to the victim/survivor?" "Who am I allowed to share the information with?" These are both legal and moral considerations, remembering that significant risk of harm to others (or oneself) trumps confidentiality. Recent changes to information sharing legislation (noted on the maps) have also served to free up the flow of information. A practitioner's information may seem scant on its own, but it might be valuable in contributing to a larger volume of information about the perpetrator that has been contributed from a variety of sources. Perhaps nothing in the present can be done with the practitioner's small piece of information other than to use it to build a clearer picture from which later action can be taken.

The action taken following information received about perpetration

This begins with analysing the information, pulling any threads together to form a bigger picture, and making meaning from it. It answers "What does this information say about the immediate threat level of the perpetrator and what does it say about the perpetrator's pattern of behaviour over time?" DFV is rarely a one-off event but instead a pattern of coercive control, often with multiple victims (partners, children, former partners). The question to ask now is "How can I utilise this information to reduce the risk to victims/survivors and to scaffold the perpetrator towards change?"

Once again, the practitioner's role in taking action will depend on where their service sits on the continuum of interventions.

Figure 3.1 The Detection and Action Wheel



Information received by front-end services, such as the police or Child Protection authorities, might be sufficient to allow them to directly intervene to stop the violence. Specialist DFV men's services are in a position to conduct risk assessments, to monitor ongoing risk, to conduct safety planning, and to do so where possible in conjunction with victims/survivors.

However, most services will not be in a position nor be expected to offer such a direct response. The practitioner's role and that of their service/agency may be to play a part in reducing risk by managing factors that might be contributing to his use of violence, such as homelessness or unattended alcohol and drug and/or mental health issues. It is vital, however, that the perpetrator's choice to use violence remains central while surrounding matters are attended to. Dealing with surrounding dynamic risk factors does not of itself act to stop the perpetration of violence.

At the other end of the continuum, the action the practitioner takes may be limited to ensuring that the flow of information is clearly articulated and maintained so that it gets to a place where intervention with the perpetrator is possible.

Monitoring performance with the help of the Detection and Action Wheel

A diagram of the Detection and Action Wheel is presented below to assist in reflecting on and evaluating performance. The Wheel presents an opportunity for practitioners and their team/section/service/agency/department/sector to consider their performance on each of the aspects discussed above. The colours of the arrows represent low to high performance. Pink represents low performance, orange represents medium performance, green represents high performance. The Wheel allows practitioners to ascribe colours to the arrows,

with a view to everyone involved aiming to achieve high performance (green arrows). Practitioners would do this by asking themselves and each other: "What can I/we do to achieve green, high performance arrows on the wheel?" This may be a personal consideration by individual practitioners, or it may be part of a workplace approach in order to move towards systemic change in detecting and acting on the perpetration of DFV.

Recommendations

Emerging from the 10 findings are the following broad recommendations. All recommendations follow from the first finding—which is that much still needs to be done to decrease DFV perpetration—with broad recommendations for change presented below. Specific recommendations, couched as "opportunities for workers", are presented in the pop-ups attached to the web-based maps. These can be used to assist workforce development. As a starting point in knowledge building, the perpetrator pathways maps can be used as an important learning tool to gain a broad understanding of PI systems, key issues, and current thinking, as well as in providing practical guidance.

Broadening the range of perpetrator interventions to include options outside of the justice system follows from the second finding. While increasing intervention options works towards PI systems being more involved with and attuned to DFV, moving forward largely relies on increasing the visibility of perpetrators and increasing the transparency of PI systems.

Such transparency would work towards addressing the finding that perpetrators within PI systems easily become invisible within the service system of their own accord; just as importantly, this happens because of the structure of PI systems, with limited information flow between, and even through, systems and very few feedback loops in place.

To strengthen PI systems, it is recommended that:

- A wider range of agencies have a role in detecting DFV perpetration and responding to it in ways that can increase women's and children's safety. The responses will vary across agencies. Agencies include but are not limited to the health sector, including mental health, disability services, and AOD services.
- There is greater visibility of the individual perpetrator through increased information sharing between agencies about the perpetrator's risk and whereabouts (where relevant), and electronic surveillance in situations of imminent and high risk.
- The web of accountability and response to perpetrators, described in Chapter 1, is strengthened. This would require agencies to work closer together within and between PI systems, the beginnings of which are described in the Victorian case study (Chapter 4) of this collection.
- Attention is paid by governments to develop feedback loops to enable perpetrator pathways to be consistent, multi-directional and knowable. The information that flows along the pathways is rigorous in the sense that it is thorough and adheres to information sharing protocols.
- MBCP providers, DFV specialist case managers or other men's service workers, such as telephone in-reach and outreach workers, are always key stakeholders in coordinated integrated responses to DFV, to enhance local perpetrator interventions.

To increase women's safety, it is recommended that:

- Information is collected and shared that prioritises women's and children's safety over perpetrator privacy, consistent with some jurisdictions' legislation. In addition to PI systems' architecture that enables the sharing of information, namely information sharing legislation (see pop-ups), information repositories (such as the Central Information Point in Victoria, and databases that link with one another) are developed to store and retrieve information, in line with protocols to manage issues and concerns about privacy.

To strengthen perpetrator accountability, it is recommended that:

- Coordinated, integrated, multi-agency responses are developed to include active engagement of AOD services and mental health services in contributing to perpetrator responses.

- Differential responses are trialled according to risk and readiness, for example, intervening earlier with perpetrators before risk escalates, as well as with those who pose medium and high risk.
- Further consideration is given to how PI systems can be strengthened and adapt to increase the response to diverse perpetrators, including CALD populations, regional and remote locations, LGBTIQ+ communities, and those with substance misuse issues.

Conclusion

Mapping perpetrator pathways through each Australian jurisdiction has extended the reach of previous research by providing a whole-of-system illustration of PI systems, something not previously undertaken. As is typically the case in the use of mapping as methodology, maps were used as illustrations which were further explained by the use of text. The mapping technique allowed the display of movement patterns in terms of the volume and visibility of perpetrators through PI systems, which, although crude, presents a starting point from which quantitatively supported pathways can be developed as this information becomes available.

Through the knowledge gained from the visual information provided by the maps and by the vast amount of supporting information presented as text in the pop-ups, the study is useful to policymakers, practitioners, DFV victims and perpetrators, their family and friends, and community members. The opportunities and lost opportunities for workers, presented in each pop-up, provide a useful guide in enhancing effective practice and eliminating ineffective practice and attitudes. The Detection and Action Wheel provides a further tool for practitioners to play their part in information collection, recording, and sharing as well as action-taking on perpetration. The broader issues presented in the pop-ups highlight those factors that bear upon finding solutions to complex problems.

The study found many ways that PI systems could be improved so that DFV perpetration is reduced. These include expanding the pathways within PI systems so that the visibility of perpetrators increases. This will require whole-of-system information sharing practices, greater transparency in actions taken in relation to perpetrators, the systematic collection and dispersal of quantitative and qualitative information about service provision, and the formation of information loops between referral agencies.

Emerging from the study is the need to provide alternative system responses unrelated to justice which, at present, accounts for almost the entirety of PI systems' response. Such responses could aim to address service gaps for less serious DFV offenders, Aboriginal and Torres Strait Islanders, those from LGBTIQ+ communities, CALD groups, and other vulnerable groups such as young offenders, the aged, those with disability, and those experiencing poverty and homelessness.

The need to focus attention and services on DFV perpetrators with the intention of moving them towards changing their abusive behaviours and violence-supportive attitudes, and of reducing their future risk of perpetration, is widely acknowledged. This study provides guidance to policymakers and practitioners in achieving this goal.

References

Australian Bureau of Statistics. (2017). *4906.0 Personal safety, Australia*. Retrieved from https://www.abs.gov.au/ausstats/abs@.nsf/mf/4906.0

Australian Institute of Health and Welfare. (2018). *Family, domestic and sexual violence in Australia 2018*. (Cat. no. FDV 2). Canberra: AIHW.

Ayre, J., Lum On, M., Webster, K., Gourley, M., & Moon, L. (2016). *Examination of the burden of disease of intimate partner violence against women in 2011: Final report*. Sydney: ANROWS.

Breckenridge, J., Rees, S., valentine, k., & Murray, S. (2015). *Meta-evaluation of existing interagency partnerships, collaboration, coordination and/or integrated interventions and service responses to violence against women*. Sydney: ANROWS.

Blagg, H., Williams, E., Cummings, E., Hovane, V., Torres, M., & Woodley, K. N. (2018). *Innovative models in addressing violence against Indigenous women: Final report* (ANROWS Horizons, 06/2016). Sydney: ANROWS.

Campbell, E. (2018, May). *Looking ahead–The PIPA project*. Paper presented at ANROWS 2nd National Research Conference, Sydney. Retrieved from http://1qgnit3uwusl47iixi3mo2yf-wpengine.netdna-ssl.com/wp-content/uploads/2018/06/ANROWS-Conf-Looking-ahead_The-PIPA-Project-PPT.pdf

Crime Statistics Agency. (2018). Magistrates' Court: Family violence intervention order applications heard in the Magistrates' Court. *Family violence data dashboard*. Retrieved from https://www.crimestatistics.vic.gov.au/family-violence-data-portal/family-violence-data-dashboard/magistrates-court

Daley, B. J. (2004, September). *Using concept maps in qualitative research*. Paper presented at the First International Conference on Concept Mapping, Pamplona. Retrieved from http://cmc.ihmc.us/Papers/cmc2004-060.pdf

Gondolf, E. (2012). *The future of batterer programs: Reassessing evidence-based practice*. Boston: Northeastern University Press.

Healey, L., Humphreys, C., Tsantefski, M., Heward-Belle, S., & Mandel, D. (2018). *Invisible practices: Intervention with fathers who use violence* (Research report, 04/2018). Sydney: ANROWS.

Hooker, L., Kaspiew, R., & Taft A. (2016). *Domestic and family violence and parenting: Mixed methods insights into impact and support needs* (State of knowledge paper) (ANROWS Landscapes, 01/2016). Sydney: ANROWS.

Kaspiew, R., Horsfall, B., Qu, L., Nicholson, J., Humphreys, C., Diemer, K., & Dunstan, J. (2017). *Domestic and family violence and parenting: Mixed method insights into impact and support needs: Key findings and future directions* (ANROWS Compass, 04/2017). Sydney: ANROWS.

Mackay, E., Gibson, A., Lam, H., & Beecham, D. (2015a). *Perpetrator interventions in Australia: Part one—Literature review* (State of knowledge paper) (ANROWS Landscapes, 01/2015). Sydney: ANROWS.

Mackay, E., Gibson, A., Lam, H., & Beecham, D. (2015b). *Perpetrator interventions in Australia: Part two—Perpetrator pathways and mapping* (State of knowledge paper) (ANROWS Landscapes, 01/2015). Sydney: ANROWS.

Mikakos, J. (2018, March 20). Furthering behavioural change to keep families safe (Media release). Retrieved from https://www.premier.vic.gov.au/wp-content/uploads/2018/03/180320-Furthering-Behavioural-Change-To-Keep-Families-Safe.pdf

Novak, J. (1998). *Learning, creating and using knowledge: Concept Maps™ as facilitative tools in schools and corporations*. Mahwah, NJ: Lawrence Erlbaum Associates.

Powell, K. (2010). Making sense of place: Mapping as a multi-sensory research method. *Qualitative Inquiry*, *16*(7), 539–555.

Smith, J., Humphreys, C., & Laming, C. (2013, Spring). The central place of women's support and partner contact in men's behaviour change programs. *Ending Men's Violence Against Women and Children: The No to Violence Journal*, 7–28.

Taylor, A., Ibrahim, N., Wakefield, S., & Finn, K. (2015). *Domestic and family violence protection orders in Australia: An investigation of information sharing and enforcement* (State of knowledge paper) (ANROWS Landscapes, 16/2015). Sydney: ANROWS.

Vaughan, C., Davis, E., Murdolo, A., Chen, J., Murray, L., Block, K., & Warr, D. (2015). *Promoting community-led responses to violence against immigrant and refugee women in metropolitan and regional Australia. The ASPIRE project* (State of knowledge paper) (ANROWS Landscapes, 12/2015). Sydney: ANROWS.

CHAPTER 4:

Emerging systems for perpetrator intervention: A case study of the Southern Metro region, Victoria

Elena Campbell and Tallace Bissett

> If I could leave you with one thing and people often think I sound crazy … what I think is the next step … I don't think it's going to be a particularly popular one … is money for perpetrators … kind of having a similar integrated system that's starting to emerge in relation to victims … Now, I understand why that is so difficult … but I think you are not going to get a successful decrease in family violence without looking at the funding for services, directly, specifically, for perpetrators. (Legal Interview 1)

> This is also supposed to be about … accountability and … responsibility and keeping the perpetrator in view … instead of just thinking that we'll be able to get them on the phone and magically engage with them and get them to come to a group and fix them up, because that's not how it works. (Participant 7, MBCP Focus Group 3)

Introduction

This chapter offers a consolidated case study of perpetrator intervention and engagement across the neighbouring service catchments of Bayside Peninsula and Southern Melbourne, situated in the Southern Metro Victoria Police region, Melbourne. The study represents a snapshot of evolving practices and challenges facing practitioners against a backdrop of reforms arising from the 2016 Victorian Royal Commission into Family Violence (RCFV). Conducted over six months in 2018, the study highlights shifts that were already occurring in the context of a growing focus on perpetrator interventions, as well as developments that were yet to emerge in terms of a genuinely integrated "system" or coordinated community response.

Accordingly, the chapter highlights an increased awareness among service providers of the need to bring perpetrators of DFV more clearly into the system's view, including examples of promising practice as this started to occur. The chapter also offers a glimpse into the various forms of disjuncture that were apparent across these two adjacent areas. These included a disconnection between the objectives of MBCP providers and those of other practitioners; between the legal system's efforts to impose "accountability" and cautions from some practitioners that this may be a blunt or "one size fits all" response; between reported perceptions by perpetrators that they were being targeted by the broader DFV system and the extent to which this system was actually functioning as such; and between formal policy developments and the extent to which resulting reforms were being felt or able to be delivered by practitioners "on the ground".

By highlighting strengths and limitations, the study offers a lens onto micro PI systems in development, as well as lessons for the development of other PI systems as they emerge. The overarching messages emanating from both these strengths and limitations are that shared objectives and understanding—including in relation to the frequently cited imperative of "perpetrator accountability"—should not simply be assumed, but should be interrogated and clearly articulated. Equally, a further overarching message is that accountability of any PI system is not only crucial but also takes significant time to build, and constant vigilance to maintain.

Project aims and methodology

As adjacent service catchments, Bayside Peninsula and Southern Melbourne form part of the wider Victoria Police region known as "Southern Metro"—a region with one of the consistently highest rates of DFV in Victoria (Crime Statistics Agency, 2019)—with these catchments often interacting across broader DFV responses as a result. Despite this interaction and despite the catchments sharing multiple service providers, this study involved the collection of two data sets, which the researchers initially expected to analyse independently. This was because the projects initially sought to meet different aims, as well as to draw out themes specific to each catchment.

The Bayside Peninsula catchment was chosen as a study site because of its unique concentration of MBCPs, allowing diverse MBCP practitioner perspectives to be gathered. For example, the four service providers in the region saw 3409 men's family violence service cases in 2016–2017, which, at the time of the report, was the most recent year with complete data available (Crime Statistics Agency, 2018).

At the time of undertaking this case study, the Good Shepherd Women's Research Advocacy and Policy (WRAP) Centre, with the Bayside Peninsula Integrated Family Violence Partnership (BPIFVP), was conducting research that examined practice development. In addition, our case study research coincided with Victoria's first local Support and Safety Hub (also referred to as "the Orange Door") being established in the Bayside Peninsula area. Members of the BPIFVP were interested in the research capturing the changing times and so the case study included consideration of the extent to which the agencies in the BPIFVP were integrated with the MBCP sector. This provided an opportunity to gain an early understanding of how they would work with perpetrators, and was important because the catchment's MBCP providers were interested in exploring strengths and opportunities against a backdrop of RCFV-related reform and investment.

By contrast, the Southern Melbourne focus groups engaged practitioners from a mix of agencies, some of whom were only beginning to grapple with perpetrator engagement, while others were experienced in very proactive responses. Features that distinguished the Southern Melbourne catchment included an overt DFV policing response; a multidisciplinary centre (MDC) to which specialist DFV police and DFV services had recently co-located with existing specialist sexual assault responses;[6] and a strong specialist women's DFV service. In addition, the Magistrates' Court of Victoria was trialling initiatives to expedite DFV-related prosecutions (the first court in Victoria to do so).

The Southern Melbourne catchment is also distinguished by its cultural diversity, as well as geographic reach and variation, which includes three local government areas (LGAs). One of these is a significant outer-suburban growth corridor (City of Casey); one combines a growth corridor with rural and regional areas (Cardinia Shire); and the third is an outer metropolitan hub (City of Greater Dandenong), which Census data recently indicated was the most CALD LGA in Australia (City of Greater Dandenong, 2018).

It should be noted here that the Bayside Peninsula is also marked by significant geographic reach in the Peninsula area, and that both catchments in the study shared numerous service providers that collaborated across various service alliances, including the BPIFVP and Southern Melbourne Integrated Family Violence Partnership (SMIFVP). Each of these partnerships formally endorsed the research at the project development and ethics approval stages and provided logistical support in the recruitment and conduct of focus groups.[7]

The shared providers expressed similar views and reported similar experiences, despite the distinct features of the catchments. This highlighted that the catchments were facing comparable challenges, as well benefitting from similar strengths. As a result, analysis of the data was ultimately conducted together and the findings merged. This included the MBCP focus group conducted in the Southern Melbourne catchment, which involved some practitioners from the Bayside Peninsula focus groups, given the shared service providers.[8] In addition, services providing behaviour change or anger management services in the Southern Melbourne region participated in a dedicated, separate focus group.

The overarching aim of this study, therefore, was to map and analyse PI systems in a region noted for having a proactive and expanding DFV response. Combining data from the two locations was done to compare observations by specialist practitioners experienced in perpetrator engagement with observations by others who did not necessarily bring a specialist perspective to their work—effectively zooming in and out of specialisation in the Southern Metro region of Victoria.

Study methodology

This study was conducted through engaging practitioners in focus group discussions, which were held between April and September 2018. The common goal of discussions was to identify existing good practice, as well as opportunities for improvement, in relation to engaging and retaining

6 This MDC was already in operation prior to 2016, combining specialist police with sexual assault services. However, it then expanded this collaboration in 2016 to include relevant specialist police and DFV service agencies.

7 Victoria's Integrated Family Violence Partnerships (IFVPs) are one of many different service alliances with coordination funded by different areas of government. Coordination for IFVPs is funded by the Department of Health & Human Services.

8 The researchers note that the Southern Melbourne catchment appeared to be serviced by a smaller number of MBCPs overall, or at least by a smaller number of programs which qualified as MBCPs as per No to Violence's current minimum standards.

perpetrators across service and statutory interventions, and the extent to which these were linked to the objectives of the wider DFV response. Discussions also explored participants' conceptualisation of accountability in terms of what it meant for individual perpetrators, as well as what it meant for accountability in the context of their own service activity. Finally, an aim of the Southern Melbourne component of the research was to explore and highlight the additional challenges that PI systems may face in the context of significant cultural diversity, as well as geographic reach.

While this project is described as a "case study", methodological literature notes that there remains little consensus on a single case study method (Ragin, 2009; Simons, 2014). In this project, the label case study therefore refers to the geographically bounded, in-depth examination of the DFV sector, specifically in relation to perpetrator engagement and retention. Unlike ethnographic versions of case study research in particular (e.g. Mack, Woodsong, MacQueen, Guest, & Namey, 2005), however, this study did not engage with a broad range of research materials. Instead, it primarily relied on the practice knowledge and perspectives of practitioners, or emic perspectives, as expressed in focus group discussions.

Given the distinctive features of the regions investigated, the researchers note that the findings are not able to be generalised, as might occur in relation to other case studies (e.g. Gerring, 2004). Despite this, the findings are instructive in relation to the emergence of innovative, or relatively advanced, responses. The value of a case study method for investigating and evaluating innovative programs is observed by Simons (2014), who argues that case studies are useful for "understand[ing] and represent[ing] complexity, for puzzling through the ambiguities that exist in many contexts and programs and for presenting and negotiating different values and interests in fair and just ways" (pp. 2–3). Similarly, Flyvberg (2006) argues that disciplines are enriched by in-depth studies of exemplar cases.

The research strategy was a genuinely collaborative endeavour between researchers and the BPIFVP and SMIFVP members to understand what was occurring at a particular moment in system reform. This approach is consistent with contemporary methodological reflections on the benefits of co-production of evidence with practitioners (Breckenridge & Hamer, 2014; Coutts, 2019). In this study, both the research goals and data content (corresponding to Coutts' stages 1 and 2 of the research process) were developed collaboratively to contribute to emerging knowledge as the RCFV reforms unfolded.

Focus groups were identified as the most appropriate method of data collection, both for the analytical value of discussions and interactions between participants and because focus groups are an efficient way of accessing a significant number of participants (Peek & Fothergill, 2009). In three instances, it was not possible to coordinate a group of participants at a single location, so the researchers conducted one-on-one interviews, using the focus group topic guide.

The researchers acknowledge the single data type (focus group and in-depth interviews being the same general kind of qualitative data) as a potential weakness of the research design. However, the researchers observed an immediate and organic process of data integrity-testing occurring in many focus groups, where participants readily disagreed with each other or, conversely, extended or argued a point, drawing on their particular expertise or location in the system.

In most focus groups, practitioners knew each other well. Many had participated in a range of DFV-related research projects over the preceding two years, in part as a result of the RCFV. Many were also regularly in contact through their work, as well as in the context of various service alliances, although this was not always the case. Despite these regular opportunities to liaise and contribute to research, most participants were enthusiastic about participating in this particular study.

This was expressed directly to the lead researcher in the development of the project, as well as demonstrated by some practitioners who assisted by organising meeting rooms for the purpose of focus groups and inviting colleagues to participate. During focus groups, participant enthusiasm was expressed explicitly and evidenced by the tone and manner of contributions. Many of the participants saw focus group engagement as an opportunity to liaise with colleagues and peers.

The fact that some practitioners exchanged contact details and made plans to connect with others at the conclusion of the focus group discussions highlighted a desire to continue to develop collaborative work practices. It also highlighted the benefits to practice, as well as to the production of evidence, offered by the use of practitioner focus groups (Belzile & Öberg, 2012).

The researchers actively included memoed reflections of group dynamics as a valuable dimension of the data (Pösö, Honkatukia, & Nyqvist, 2008; Warr, 2005).While social dynamics could potentially inhibit participants' capacity for frank reflection, the researchers observed only one focus group in which a practitioner appeared to cause discomfort for other participants by expressing particular views about DFV that were unaligned with contemporary specialist approaches. Consistent with the conceptualisation of focus groups as co-produced spaces in which researchers participate ethically as both interviewers and collaborators in the project (Simons, 2012), the lead researcher gently managed the discussion when this practitioner did not notice other participants' discomfort and therefore appeared to be reducing other participants' capacity to contribute.

In a number of cases, focus groups conducted on-site at workplaces approached the design that Brown (2015) refers to as focus groups in a "naturally occurring setting". Brown (2015) suggests that a key strength of this focus group method is the opportunity to observe existing social dynamics between participants. An example was a focus group conducted with police officers at their workplace, where officers participated at a time which worked around the demands of their duties on that particular day. In this case, the researchers had based themselves at the relevant workplace for the day.

Recruitment and conduct of focus groups

The Bayside Peninsula and Southern Melbourne components were approved by Curtin University's Human Research Ethics Committee (reference numbers 2018 0068 and 2018 0067 respectively) and RMIT University BCHEAN (reference numbers 24490 and 21491 respectively).

The BPIFVP assisted the research team to recruit practitioners from four relevant agencies involved in the delivery of MBCPs as part of the requested specific focus on specialist perpetrator interventions. Senior staff at these agencies assisted in identifying potential participants and the researchers then invited participants directly.

In doing so, the researchers stressed the voluntary nature of participation and ensured that all staff understood that participation was wholly voluntary and that there should be no penalty for employees who did not wish to participate. In addition to verbal and written introductory and follow-up explanations via phone and email contact between the researchers, senior staff and potential participants, these matters were clearly set out in a plain language statement for potential participants and via informed consent forms signed by participants.

The lead researcher conducted four separate focus groups with employees from the catchment's MBCPs, with a total of 23 participants. Focus group sizes ranged from two to eight participants, with focus group discussions ranging between 37 and 76 minutes. These were conducted in June and July 2018 and were conducted on-site, at times negotiated with participants to maximise their opportunities for participation.

Participants in these MBCP focus groups were asked to respond to a series of open-ended questions that sought to elicit information about the following:

- practitioner roles
- referral pathways
- intake and assessment processes
- perpetrator monitoring and engagement strategies between intake processes and program commencement
- the impacts of reforms such as information sharing statutory reforms, new MBCP standards and the Family Violence Support and Safety Hub ("the Orange Door").

In the Southern Melbourne catchment, focus group participants included:

- legal practitioners

- uniformed police at each local station in the region (Family Violence Liaison Officers), as well as the three relevant specialist Family Violence Units across the Southern Melbourne region
- a combination of MBCP providers in the catchment
- women's specialist DFV services
- housing and emergency relief providers
- AOD services, mental health and general health providers
- Child Protection, Child FIRST and broader family services
- youth services
- local government providers
- non-specialist providers offering services to men regarding their use of DFV
- broader victim assistance providers
- other co-located services situated at the MDC.

A similar recruitment approach was taken in the Southern Melbourne region, where the SMIFVP coordinator helped to recruit participants. The researchers also initiated some additional focus groups (such as local government and victim assistance program focus groups) and followed Victoria Police protocols in relation to recruiting police participants. This involved following up with phone calls to local police stations, after an introductory and authorising email from the Southern Metro Victoria Police Command. Some practitioners also spontaneously contributed to a snowball recruitment strategy, inviting colleagues and professional acquaintances or suggesting new invitees to the researchers.

Overall, the Southern Melbourne data collection involved the conduct of 18 focus groups and three interviews, with a total of 108 participants. Focus group sizes ranged between two and 14 participants, averaging approximately six participants per focus group. Focus group discussions ranged between 48 and 98 minutes, with longer times corresponding to larger numbers of participants. The duration of the three interviews ranged between 37 and 97 minutes. The focus groups and interviews were conducted in the catchment at various service delivery sites, between April and September 2018.

Generally, the composition of focus groups in the Southern Melbourne catchment was shaped by the broad type of service delivered by the agency, rather than by agency.[9] This allowed for connections, information sharing, and practice comparisons to occur, noted above as a key element of emerging models for the "co-production" of knowledge (Coutts, 2019).

In the Southern Melbourne catchment, participants were asked to respond to a series of open-ended questions about the following:

- practitioner roles
- referral and engagement of perpetrators
- risk assessment and management
- recent sector developments
- client needs and practitioner challenges, particularly in relation to the region's geographical spread and cultural diversity.

Data management and analysis

The researchers followed standard research protocols to protect participant confidentiality. Signed participant consent forms were stored securely in locked cabinets at RMIT University. All electronic documents were stored securely on the password-protected RMIT system.

Participants were de-identified in the transcripts and in subsequent analysis. Given the relatively small number of participants (and potential participants) in the Bayside Peninsula region, quotes from Bayside participants are not attributed to specific roles. This is because the provision of further details about respective practitioners' backgrounds or specific roles would risk identifying the participants. Where a dialogue between practitioners has been excerpted, participants are distinguished numerically (e.g. Participant 1).

9 The researchers were also responsive to practitioners' requests for different times and places to minimise impacts on practitioners' work. This meant that some focus groups were conducted exclusively with a large number of practitioners from one organisation, while others were with practitioners from a combination of organisations. In some cases, only one organisation delivered the relevant service, such as Victoria Police.

In the Southern Melbourne catchment, focus groups and interviews have been described by the grouping of service types represented at each discussion. Where exchanges are excerpted, participants are described by number, rather than any identifying detail being provided. While the number of participants was much higher in the Southern Melbourne focus groups, the researchers felt that similar issues in relation to identifying practitioners would apply, with participants identified by number instead of specific role.

The researchers used the computer-assisted qualitative data analysis (CAQDAS) tool, Dedoose, to code and analyse focus group transcripts. Fielding and Warnes (2009) suggest that use of CAQDAS is of benefit for case-based analysis, due to its capacity to organise and systematically engage with large amounts of data. Linnerberg and Korsgaard (2019) have also observed the rigour and in-depth engagement with data enabled through the line-by-line reading of texts required in the process of coding.

In this project, the researchers used a thematic coding-based analytical strategy to develop key themes and to organise data in relation to these themes. Each catchment was coded in separate data sets. The comparative and integrated analysis presented in this chapter was subsequently developed through an iterative collaboration between the researchers.

In relation to the Southern Melbourne data, the initial code trees were devised with reference to the goals and key themes for the overall research project, as well as perpetrator intervention literature (a deductive coding framework). The researchers did not conduct a stand-alone literature review as an element of this case study, having reference instead to the literature review developed for the purposes of this wider project.

As the researchers conducted focus groups and interviews over an extended period, an initial round of coding was conducted using the first 10 transcripts. Examples of the initial "parent codes" (major themes) included: "Engagement–factors that support retention"; "Engagement–barriers" and "Service gaps". These major theme codes were developed with "child codes" (sub-themes), which were designed to narrow the theme and/or pick up on a particular issue, such as the experience of CALD clients across the system.

The researchers expanded both parent and child code sets during the initial coding exercise, which revealed content or themes not yet accounted for, and this introduced an element of inductive analysis. For example, although not the focus of the project, participants referred to different patterns of DFV, leading to a parent code "Accounts of DFV scenarios/abuse" and child codes including "complex needs, AOD, mental health", "financial abuse" and "male victims". As qualitative methods authors concede, blended or "abductive" coding approaches are the most pragmatic coding model to be applied (Linneberg & Korsgaard, 2019).

A second round of coding of the subsequent transcripts preceded the final analytical phase. As some of the final transcripts were from police participants, additional themes arose that had not been identified in earlier focus group discussions. This can be attributed to the different viewpoints and roles of police, rather than a deficiency in the earlier code development process. In the final four transcripts coded, no further amendments or additions were required. This was interpreted as a measure of the rigour and validity of the thematic codes developed and applied.

As noted above, the data collection and analysis phases of the Bayside Peninsula focus groups were conducted simultaneously with the Southern Melbourne region data collection and analysis. The codes that were used in relation to the Bayside Peninsula data were a refined set culled from the larger code tree used in relation to the Southern Melbourne data. This was because the discussions in the Bayside Peninsula focus groups concentrated more than the Southern Melbourne focus groups on perpetrator service responses and barriers to engaging perpetrators, while broader service responses tended to be the subject of Southern Melbourne focus group discussions.

After initial coding, culling and merging of codes, the researchers did not identify new themes during coding of the final three transcripts, indicating that the codes were comprehensive and accurately reflected practitioner experience

and concerns. The thematic coding strategy employed in this project contrasts with the inductive coding strategy described by some methodologists in which codes are applied to small excerpts of text that are subsequently analysed and discussed in relation to emerging meta-categories or increasingly abstract themes (e.g. Charmaz, 2006). The decision to use predominantly a priori themes flowed from the nature of the data and project.

The perspectives that make up the data in this project are from practitioners who are understood as "expert informants", as they bring to bear considerable reflective and critical capacity in response to clearly defined practice questions. Nonetheless, the researchers did exercise critical reflection to evaluate and analyse practitioner assertions or perspectives. For example, participants made assertions about the availability or nature of MBCPs that were not consistent with the researchers' knowledge of contemporary programs and availability.[10]

Following the conclusion of coding of the Bayside and Southern Melbourne data sets, the researchers wrote "findings" memos in relation to the major themes, using the coding as a retrieval mechanism to view participant perspectives excerpted in relation to these themes. This process was not a mechanical or numbers-based exercise, but relied on researcher judgements in relation to the significance of themes in relation to the overarching goal of mapping PI systems and identifying effective practices and linkages that engage and keep perpetrators in view. As Linneberg and Korsgaard (2019) observe, "the process of teasing findings out of qualitative data requires craft and artfulness" (p. 259).

Initially, both data sets were written up as separate studies, drawing out major themes in each. The goal of bringing them together in this chapter is to draw out points of commonality, such as the consensus that "services for perpetrators" is a key gap in the current DFV system. The goal is also to contrast the relatively advanced thinking about perpetrator engagement that was evident in specialist MBCP provider organisations as opposed to the preliminary and developing points of intervention across other sectors, as well as to highlight the limited capacity for broader system engagement among many perpetrators and their families.

As noted earlier, the Bayside Peninsula data collection was also informed through triangulation against an earlier practice development project conducted by Good Shepherd's WRAP Centre. This involved consultations with service providers during the initial development of this current project. Key findings of the WRAP project reflected some of the data collected in the Bayside Peninsula focus groups, including the need for consistent program logics; flexible and tailored responses; training and resourcing of the sector; and, most specifically, an emphasis on intake and assessment mechanisms as key tools for engagement and retention (Holland et al., 2018).

However, the analysis in this chapter is system-focused and includes comparative analysis with the Southern Melbourne data, while Holland and colleagues articulate the goals of the WRAP project in terms of engagement and retention of perpetrators toward completing an MBCP (Holland et al., 2018). In summary, the WRAP project offers an in-depth account of current intake, assessment and engagement practices among MBCP providers, whereas the findings outlined in this chapter are concerned with tracking and engaging perpetrators across the system as a whole.

Limitations of the research

A limitation of this chapter is that an original aim of being able to draw on aggregate quantitative data from MBCPs within the wider study was not able to be met. This was because MBCP providers acknowledged that there were significant limitations and inconsistencies in their own data collection, compounded by the other service demands that the service sector was facing at the time. Rather than asking service providers to take additional time out of their service delivery to collate this data manually, their participation in the minimum data set study (see Chapter 8) was considered a more useful application of their time.

A further limitation is that the study's targeted scope does not allow for full exploration of some themes arising from the research discussions. These include the experience of

10 For critical perspectives on research with "key informants see McKenna & Main, 2013; for the need for reflexivity in academic-practitioner co-production of knowledge projects see Orr & Bennett, 2009.

children who use violence in the home, as well as women who are misidentified as predominant aggressors by police, though the latter is discussed in relation to systems abuse by perpetrators in Section 4. Because the primary focus of the overall research project was the existence of PI systems catering to the majority cohort of DFV perpetrators, being adult men, the use of the term "perpetrators" in the study therefore generally refers to adult men, unless otherwise specified.

Similarly, some limitations of this research arose from the absence of key perspectives, including practitioners working in Aboriginal-specific programs and Corrections staff. The absence of perspectives from Aboriginal-specific organisations was a condition of the project's ethical approval, grounded in preference for Aboriginal-led and controlled research with Aboriginal communities. The researchers note, however, that this required the team to decline requests by Aboriginal-specific organisations to participate in the study. Given that these organisations were members of the participating service alliance, this was a source of disappointment and discomfort for all concerned. The researchers recommend that future research identifies ways to include Aboriginal perspectives ethically, particularly where those organisations are existing members of research–partner alliances. The absence of formal participation from Corrections staff was due to the timing of relevant internal approval processes, though practitioners who were members of the endorsing service alliances were supportive of the research overall.

Finally, as noted at the outset of this chapter, the data collection for this case study occurred during a period of rapid change and expansion as part of the implementation of the findings of the RCFV. In particular, MBCPs had begun to receive a greater level of funding and were on the cusp of receiving further investment for delivering individualised case management. Equally, programs were in development to deliver specialist interventions for specific cohorts (Recommendation 87), but these were not yet being delivered.

The full effects of other reforms, such as the Family Violence Information Sharing Scheme and the Multi-Agency Risk Assessment and Management (MARAM) Framework had also not yet come into full effect (State of Victoria, 2019). As noted above, the rollout of the Support and Safety Hubs or "Orange Doors" had similarly just commenced (State of Victoria, 2018). This research therefore reflects the state of PI systems in mid- to late 2018, with ongoing developments potentially addressing deficits identified in this chapter.

The time-specific nature of this documenting exercise and the distinctive features of the case study catchments (also outlined at the beginning of the chapter) therefore work against attempts to generalise to other locations. That said, practitioners and policymakers can look to this in-depth and comparative study as indicative of challenges which may potentially arise as other regions move towards the development of more proactive PI systems of their own.

The following discussion of the findings are presented in key sections to document some of the main areas of work that are being undertaken as a result of the local partnerships. These include:

- perpetrator accountability
- services for perpetrators
- legal and policing responses.

Section 1: Perpetrator accountability–Who has responsibility?

Section 1 of this chapter is focused on the disjuncture that appeared to exist between the experiences and perspectives of MBCP providers and those of the majority of other participating service providers. This section also explores the tensions and occasional incompatibility between the objectives of different parts of these PI systems, as well as the gaps in awareness about these different objectives. Perhaps most significantly, it signals a tension in relation to expectations across PI systems about who carries the responsibility for "holding perpetrators accountable", and how this accountability might actually be achieved.

A sector in flux, facing increasing demand

As highlighted above, data collection for this study occurred at a time of substantial flux across the wider DFV systemic

response in Victoria, as well as across the MBCP sector specifically. Demand on MBCP providers had already increased dramatically over recent years, in turn contributing to significant wait lists, which MBCP providers had been struggling to manage. Increased funding had started to flow, with these wait lists beginning to be addressed.

New minimum standards for MBCPs, which included a requirement for programs to run for a minimum of 20 weeks, were also about to come into operation at the time of data collection. Meanwhile, MBCPs were increasingly expected to provide a wider suite of services, including individual counselling, with a small number of providers receiving additional funding to conduct specific and intensive men's case management. One participant explained that their organisation was expanding case management support, with increased funding for their existing case management, as targets had lifted from 42 clients per year to around 105 clients in 2018. At this point, and as noted above, the expanded range of specialist perpetrator interventions for specific cohorts in the community which was recommended by the RCFV had not yet begun to be delivered, but was in development, with a range of pilots and trials coming into operation in 2019.

Given the highly specialist nature of their work, the MBCP sector was facing multiple challenges in responding to these changes. This included an acute workforce shortage, with multiple participants noting that there were simply not enough practitioners who had the relevant training and experience to conduct specialist MBCP work across expanded caseloads, or to deliver similar services in emerging environments such as the Support and Safety Hubs.

Some services reported using sessional facilitators, while some focus group participants were new to MBCP work; as one participant noted, "it's really hard to recruit a workforce in this sector, especially now that there's more jobs and they didn't seem to put money into training people" (Participant 6, Bayside Focus Group 1).

In the Southern Melbourne catchment, the shortage of facilitators with specialist training may have contributed to the emergence of programs that did not meet the existing minimum standards, and as such could not be described as MBCPs. Instead, they were described as positive lifestyle or anger management programs.

MBCPs were also experiencing a delay between the full extent of anticipated increases in funding and the continuing pressure on service demand—including as a result of Victoria Police referrals, known in Victoria as "L17s". Some reported that the increase in referrals was impacting on the number of attempts that providers were able to make to contact men, with the preferred approach of multiple attempts being reduced to single call and subsequent SMS protocol (MBCP Focus Group 2). This meant that their initial engagement processes were responding to increased referrals with additional activity, without this necessarily resulting in more meaningful outcomes.

Overall, this meant that providers participating in this study had been operating in a context of significant pressure and under-resourcing for some time. This context also meant that, while additional resources were already flowing, a growing emphasis on the need to hold perpetrators to account was also placing substantial expectations on providers of perpetrator interventions to do significantly—perhaps disproportionately—more with these resources.

One practitioner observed the difficulties of developing their MBCP practice while also managing caseload demands:

> We've grown so rapidly in the last few years … I think we've run the groups to the best of our ability, but we've recently changed the way we run the groups in the last 6 months or so. And there's plenty of scope to do a better job than what we've done in the past and I think we're working towards that. But actually it takes time to do that. There's a lot of thinking time that's required that we haven't had the opportunity … to put in place. We need to spend time as a group, thinking about what, "Well this is how it looks and this is what we'd like to move towards to get the results that we want", we have to talk about that and work out exactly how it fits. (Participant 1, Bayside Focus Group 3)

To manage these workforce challenges and the increasing demand on the sector, almost all of the participants in MBCP focus groups were working across a number of different roles. This included across multiple sites, such as the new Support and Safety Hub or Orange Door established in the Bayside Peninsula catchment, as well as the MDC in the Southern Melbourne catchment.

Some participants reported that working across multiple roles was beneficial, but could have an impact on the quality and extent of their practice. As noted above, many were conscious that demands on their workload were about to increase further:

> There's new standards, so we have to have contact with [clients] every fortnight while they're on our wait list but that's a massive amount of work that we now have to magically fit in … If he's needing something else or he's needing to get engaged with other services, well, you have to case manage then. We're not funded for that. It's a hell of a lot more work for us to do. (Participant 4, Bayside MBCP Focus Group 3)

The significant numbers of roles being performed by participants was indicative of the sector's efforts to meet the shifting contours of the funding and referral landscape, as well to retain or expand services—such as case management and individual counselling—that could triage and prepare or scaffold a client's capacity to participate in group programs. It was also indicative of the sector's efforts to manage the significant demand it continued to face.

MBCP providers had varying approaches to managing this demand. One had dispensed with a wait list and asked men to call back if they were not able to be booked into another program immediately. Participants from a different organisation articulated a similar position in relation to clients needing to engage, but also described strategies to monitor and actively stay in contact with clients formally referred through the relevant Specialist Family Violence Courts (SFVC) counselling order program:

> From intake to when they attend group, it's not that long, because we want to hold the risk. We don't necessarily want a client attending but we'll do a phone call or we'll touch base with them before group and stay in touch. (Participant 6, Southern Melbourne MBCP Focus Group 1)

In addition, participants from MBCP providers were keenly aware of limited capacity to respond not only to the volume of referrals, but also of the diversity of perpetrators requiring intervention. MBCP practitioners noted the need for more services for members of LGBTIQ+ communities, as well as for adolescents using DFV which, as noted, was not within the scope of the study.

The need for greater diversity of MBCP service provision was particularly relevant to the Southern Melbourne catchment given its substantial CALD population, with participants recognising the limits of current service responses for CALD communities across Victoria.

> [Participant 1:] There's a lot of good work being done that needs to be recognised … But again, they're limited in resources. Like, they might run three groups a year, one might be [for men from] Afghanistan … that's okay if … Mohammed's offended in January so he can go in the April group. If he's offended any time after April he's in for a wait and so is the family. So that's where there's that huge gap.
>
> [Participant 2:] And there's no shortage of clients. … there really isn't.
>
> [Participant 1:] And like [name] said, we've got the Vietnamese groups [on the other side of Melbourne], you can't send every man from here … You're setting them up to fail. (Southern Melbourne MBCP Focus Group 1)

Despite the challenges and increasing demands, MBCP practitioners were supportive of pending changes, indicating that even more investment and reform needed to occur:

> There's a huge, huge need for work on either side for men's group in preparation for the men's group but also in follow up because the men, the groups are just such a small part of what these men need to do to turn their lives around really. Twenty weeks is not, it's a drop in the ocean. So we can't at the moment do much around either end of that, as much as we'd like to. There's a huge

amount of need for that really. (Participant 1, Bayside MBCP Focus Group 3)

Against this backdrop of increasing demand on the sector and the challenge of working towards "fixing" perpetrators of DFV when MBCP participation was only a "drop in the ocean", practitioners also talked about the sense that their work was not adequately funded or remunerated, and therefore less valued in a policy context:

> Some of the group sessions we have can be very traumatic for the facilitators … You finish at 6:30pm. You go home at 8pm or 9pm and go to bed. Your mind is still working. You get up in the morning—another crappy day. (Participant 6, Bayside MBCP Focus Group 2)

Under-valued and potentially misunderstood

The fact that MBCP practitioners recognised the limitations of the interventions that they were able to offer was not well understood by practitioners from other service sectors across the study. Arguably, this confirmed MBCP practitioners' sense that their work was not always valued, with participants from wider services often cynical about MBCPs.

In particular, many lawyers expressed their belief of MBCPs being ineffective, seeing them as "blaming" and therefore alienating men. Some also appeared to object to the overtly gendered response implied by the MBCP program name. Understanding about the function of MBCPs, as well as service and referral links into these interventions, appeared to be especially poor or under-developed. For example, one lawyer referred clients to mental health counselling because of perceived MBCP wait lists which, as noted above, were not necessarily as long as the lawyer assumed:

> We've got a six-month wait, minimum, it can be 12 months in some of them. So at the moment we're circumventing that by sending them to their local doctors and getting a mental health plan and sending them to a psychologist, that's the way we're getting round that, purely because if we don't, the Department of Human Services will not allow him back into the house, will not allow him to engage with his children, nothing. (Participant 3, Legal Focus Group 1)

To this end, multiple participants preferred to refer clients for one-on-one counselling:

> [Participant 4:] I would think that a really great way to deal with a perpetrator of family violence is to get them one on one with a really experienced psychologist who knows what they're doing … in a perfect world, that's the kind of thing that you would do. "Let's talk about all your childhood issues and your lack of secure attachment" … and hope that they have a bit of insight.
>
> [Participant 6:] When you make someone do a program, you can't make someone change, you can't make someone care, you can't make someone better. If this is what they're going to do, if this is what they plan to do, they're going to keep doing it whether or not we make them go to a 12-week program and tick a box, which is exactly what men's behaviour change is—why would they change? It's not like they go and do counselling, it's not like they go and do anger management where they try to think about how they control their feelings or how their feelings come out; they're being told that they're perpetrators, that their behaviour is wrong, that they have a court order, and that's why they're there. (Legal Focus Group 1)

Taking this a step further, one lawyer suggested that more drastic interventions had value:

> I've found that early psychiatric intervention [medication] is probably the most successful primer for engaging in men's behavioural change … that or spending time in custody, which, as I said, [is] essentially doing similar things … there's a massive drastic change in their kind of brain chemistry and their kind of—how their neurology works that jolts them out of their previous kind of performative patterns. (Lawyer Interview 1)

This view was not shared by all participants, many of whom were more likely to nominate housing and other basic needs being met as a pre-condition for men's engagement with behaviour change work. Practitioners also noted that for people in crisis, drug and alcohol counselling tended to be more accessible than any program, a service that might call for greater internal reflection.

While participants with specialist DFV training also saw value in one-on-one counselling, many noted associated risks of collusion and of cementing perpetrators' victim narratives. For example, while participants from one MBCP spoke at length about the need for therapeutic engagement, participants at another talked about a reluctance to delve too deeply into clients' experience of violence in their families of origin. This was albeit with the recognition that, unless that experience was addressed somewhere, trauma histories acted as a barrier to engagement:

> [Participant 1:] At the end of the day … it's not a therapeutic support group … it's psycho-education behaviour change … I think when you see facilitators starting to go down that therapeutic rabbit hole that's where that accountability and challenge gap can get a bit lost … So yes, there's always going to be elements of using the motivational interviewing—and having that trauma knowledge in the background so you can break it down and explain it to the men …
>
> [Participant 2:] … and support them on referrals.
>
> [Participant 1:] You don't want to open up a … [can of worms] … It's too hard to hold.
>
> [Participant 2:] It's around balancing, getting them to do the behaviour change, but also that wrap-around service to support them. Because we know, if they haven't worked through that trauma … to be able to take on new ways of thinking and change is going to be really hard.
>
> [Participant 1:] Some of them may still be entrenched in the trauma [such] that participation in a group isn't practical. They may need to go do some work for a few months individually and then come back for another assessment. (Bayside MBCP Focus Group 4)

In this context, practitioners used a trauma-informed approach while maintaining a focus in group work, ensuring that perpetrators took responsibility for their own use of violence against their family members. Accordingly, supplementary or concurrent provision of therapeutic support was described by practitioners as a factor which enabled perpetrators to move towards taking responsibility. Overall, practitioners appeared to suggest that the fact that wider PI systems are not equipped to address the pre-existing trauma that seems common for many perpetrators may in turn bring into question the capacity of the system's intervention to be effective, and therefore to support accountability.

Perhaps most pointedly, MBCP practitioners noted the crucial role of information from partners and other family members in understanding the real level of risk that any perpetrator posed, information which would not be available to psychologists or other practitioners providing one-on-one therapeutic support.

To this end, MBCP providers participating in the study had very clear concurrent goals of improving retention and engagement of perpetrators on the one hand, and improving the safety of victims/survivors through partner/family safety contact work,[11] case management and counselling options for women on the other.

All providers saw the latter goal as equally, if not more, important than the former. For example, one MBCP provider reported a recent change to commencing family safety contact at the time a man was referred to the MBCP, rather than waiting until he had started group work. This provider also emphasised the value of continuing family safety contact beyond program completion.

In this way, MBCP providers saw the imperative to increase safety for family members as a crucial part of their role in a coordinated community response, or form of systemic accountability, while contributing to perpetrator engagement and accountability—and therefore to individual accountability—at the same time.

> [Participant 3:] I interviewed a gentleman who I think is—at this point, he's playing the game. Telling me what I needed to hear. Gave me what I needed to know. And interestingly, I got a very different idea of who he was and what he was like from the partner contact calls. It's also very good knowing that, because it means that … when we're working with the [male] clients trying to change—sometimes we can target conversations around *what we*

11 Partner contact is now referred to as "family safety contact" in Victoria.

> *need that person to hear* [original emphasis]. They might not be ready to hear it, but sometimes it helps us sort of steer the work in a different direction if it needs to, based on the audience, I guess.
>
> [Participant 4:] Partner contact is absolutely critical. We've had a lot of really positive feedback from partners that actually says, "Yes, this guy is changing." We've had some horrible partner contact about a behaviour that a guy has done in the week and we have weaved something in. Even in his weekly check-in—"No, great week. Done nothing. Perfect." Whereas we find out from the partner that two days before he actually kidnapped her in the car and drove all around the suburbs before he let her out. (Bayside MBCP Focus Group 2)

Differing accounts between perpetrators and their family members bring into sharp focus the critical role of partner/family safety contact, as well as how safety and accountability are compromised when practitioners do not have access to multiple sources of information about a perpetrator's behaviour and risks.

Yet, this objective did not appear to be well understood by the majority of practitioners from other services participating across the study. This was despite the increased awareness of the value of partner contact at a government policy level. In particular, lawyers participating across the study did not appear to be well-attuned to the risks to safety and accountability when multiple sources of information are absent. To this end, lawyers did not seem to be integrated into a broader practice community that could contribute to their awareness of current best practice, although the researchers are aware of significant recent efforts by Victoria Legal Aid, in particular, to increase this (Victoria Legal Aid, 2017). This gap in awareness pointed to a need for much greater system integration and a shared understanding about this system's objectives.

Clash of objectives: "Getting him to a program"

Clear across the study, therefore, was an absence in understanding among other service providers about certain objectives of MBCP practice. In addition to the lack of understanding about why MBCPs do not work with pre-existing trauma, as well as a lack of awareness of the value of partner/family safety contact, some of the greatest tensions appeared to exist in relation to referral processes.

For example, all MBCP providers, albeit to varying degrees, expressed a firm view that men needed to demonstrate some levels of responsibility in relation to the intake process. One organisation only accepted contact from men themselves:

> It's part of … them taking ownership and calling in. If their partners call in, the [staff answering the phones] are lovely with them and explain to them that the men have to call them … We also have a number of clients who come through … on the [mandated court referral] counselling orders. We also facilitate some Correction[s] groups … Again, they'll still need to make contact with us … The case manager can do a warm referral to support it, but, at the end of the day, he's got to call. (Participant 1, Bayside MBCP Focus Group 4)

The same service required court-ordered men to provide copies of their relevant court order to secure a place in a program, noting that "we see it as a point of their responsibility" (Participant 2, MBCP Focus Group 4). This stemmed from past experience in which men had failed to provide these documents and attempted to minimise the extent of their court involvement.

This objective or reasoning was not well understood by wider service providers, suggesting a lack of time and opportunity for providers to communicate practice approaches:

> [Participant 3:] There's very much an expectation that our referral isn't a referral until the perpetrators initiate a contact too, because he needs to demonstrate that he's ready.
>
> [Participant 1:] Ready to change.
>
> [Participant 3:] So there are a lot of points where the work will break down.
> (Local Government Focus Group 1)

Participants explained that this emphasis on men assuming responsibility for making contact with an MBCP would often result in a loss of information that could have been conveyed along with the referral. Others reported experiencing a silo effect around information provided back from MBCPs, which in turn impacted on their own capacity to track perpetrator pathways:

> [Participant 4:] We might get the information that they are attending [the MBCP], but they're very closed in participating, in information sharing …
>
> [Interviewer:] And what about the other way? Are you providing information to them?
>
> [Participant 2:] They never ask for it …
>
> [Participant 4:] Even when we refer … "We'll take it from here."
>
> [Participant 2:] Yeah, "thank you very much".
> (Local Government Focus Group 1)

This was concerning given that when working with people using DFV, it is critical to gain information from others, particularly from (ex-)partners, to understand dynamic risk and safety. Of note, practitioners from non-specialist behaviour programs noted that they would lose access to relevant information from partners/family members in the wake of the new Family Violence Information Sharing Scheme (FVISS) recommended by the RCFV. Participants' accounts of gaps in information highlight a need for stronger shared accountability practices and for much greater effort to develop a coherent PI system in which all parts of this system can keep the perpetrator in view. As the new FVISS was just about to come into full effect at the time of data collection, the researchers note that work currently being conducted to review the effectiveness of this scheme since its implementation (Monash Gender and Family Violence Prevention Centre, 2019) could be expected to document and contribute to improvements in this regard.

In addition to gaps in information sharing, one of the greatest challenges facing some MBCP providers was the pressure to respond to referrals mandated by Victoria's SFVCs. Many participants reported that the current process for assessing respondents to POs as eligible for a counselling order is performed at court according to extremely broad legislative provisions. This process does not include questions around clients' motivations and participants reported that this then means that the burden of "weeding out" disruptive men falls to MBCP intake staff and/or group facilitators.

MBCP practitioners described attempts to conduct the (existing) 12-week group work program in a one-on-one scenario with men who had been mandated to attend by the court but who were "unsuitable". Practitioners agreed that this was rarely productive, with one noting that "it's quite a tortuous ordeal doing 12 sessions with a guy who doesn't shift at all" (Participant 3, Bayside MBCP Focus Group 1).

Practitioners from another MBCP felt that there were significant problems around exiting unsuitable clients from their programs:

> [Unsuitable but mandated clients] really undermine the group. There are some people, they can sit in the group and not participate at all for the whole time. And I think they're taking someone else's spot, but the court's made it a pretty difficult process for us. (Participant 6, Bayside MBCP Focus Group 1)

The blunt natures of court assessment and referral processes were identified by multiple practitioners as a significant problem. This can be contrasted, to an extent, with legislative environments in other jurisdictions that require that men must still formally agree to a referral, rather than being "mandated" (such as in the Queensland study in Chapter 7).

Rather than being based on the intent to avoid unsuitable referrals, reluctance to mandate individuals as part of a civil mechanism reflects a hesitance to create additional criminal pathways for behaviour which would not otherwise be considered criminal (Centre for Innovative Justice, 2018). This is not to suggest that mandated referrals are not appropriate; rather, nuance and follow-up need to be built into assessment and referral processes.

While court-referred pathways were creating challenges around managing unsuitable referrals, they were also correlated with the *retention* of men through to program completion:

> At the moment, the system is driving … it's not until things have reached the point where she's either called police and they've applied for an order or she sought an order, that then—yeah, that mandate … soft or harder—otherwise comes into play and they come to you. (Participant 2, MBCP Focus Group 4)

Adding further complexity, some MBCP practitioners framed the issue in terms of increased program retention, but decreased program engagement:

> [Participant 3:] It [a court-order] gives them the incentive to be there, but it actually, it's almost a *disincentive* to take responsibility … It does take the onus away from them in terms of self-determination … and responsibility.
>
> [Participant 6:] We get referrals where the court's ticked off, "no" [to the question, "Is he willing to do the group?"] … And then they put them through, so we know from the start, they really have absolutely no intent, which no man would be "I'm really excited." But it'll say on the EA [eligibility and assessment form], like, "was difficult or aggressive during this assessment" and then they send them through. (MBCP Focus Group 1)

In a separate discussion, participants reflected on the tendency of some clients to insist that they were there of their own volition, whether or not this was the reality. One observed:

> There's a quite a lot of resistance … if they really feel like they're being pushed through the door [by a court referral]. So if they feel like they've done it [referred themselves], then let them think that. (Participant 6, MBCP Focus Group 3)

MBCP practitioners also noted a tension in their role within mandated referral pathways where courts expected reports from MBCPs to include whether or not men engaged, but practitioners thought providing greater detail about participants' levels of engagement would be more valuable to the courts. This reflected a further gap in understanding between existing SFVCs and MBCPs, given that limiting reporting to attendance has been described by MBCPs as reducing the potential for courts to misinterpret any level of "engagement" as a reduction in risk or a degree of change despite this not necessarily being the reality (Shephard-Bayly, 2010).

Despite the challenges in working in court-mandated contexts, MBCP practitioners also noted the need for these potentially higher risk clients to be subject to ongoing scrutiny in some way. Existing research has also suggested that perpetrator interventions represent a potentially unique opportunity to engage victims/survivors of DFV, regardless of whether the perpetrator themselves remains engaged (Brown et al., 2016).

To this end, MBCPs were described as sometimes the only opportunity for this scrutiny and victim/survivor engagement to occur across the wider DFV system. As previously observed (Centre for Innovative Justice, 2015), a decision to exit a disruptive client from a program or otherwise disengage from the client can mean that perpetrators drop out of the PI system's view entirely. This is because the approach to court-mandated referrals in Victoria does not require any follow-up or judicial review. The need for improved monitoring perpetrator participation in court-mandated referrals to MBCPs was the aim of RCFV Recommendation 90 and the associated work being conducted by the Centre for Innovative Justice (Centre for Innovative Justice, 2018) during the same period as the data collection for this current study.[12] Improvements to this area of the PI system were therefore in development.

More broadly, however, the existing lack of nuance in eligibility assessments signals an assumption embedded within broader PI systems that mere output or activity—in this case, "getting him to a program" (Centre for Innovative Justice, 2018)—was sufficient for the system to have performed its part in perpetrator accountability.

12 During this period, the Centre for Innovative Justice separately conducted work for the Magistrates' Court of Victoria to design a single, best practice, court-mandated counselling order program which addressed many of these concerns, which is now in the process of being implemented though the recommendations are not publicly available. See https://cij.org.au/research-projects/counselling-order-review-development-of-a-single-best-practice-model/

Within this conceptualisation, and as reflected in participant comments throughout the MBCP focus groups, a systemic assumption appeared to be that a perpetrator had been held to account by the court simply through this referral to an MBCP, and that the MBCP would, in turn, "make him accountable". The expectation of accountability resulting from referral was one that participating MBCP practitioners noted was not always realistic, considering MBCPs only had a relatively short period during which to address what may be highly entrenched attitudes and behaviour. Overall, inflated expectations of MBCP referral, as well as a disconnection between MBCP program objectives and the objectives of the legal response and wider services, indicated that more work needed to occur to increase shared understanding and aims, across even the relatively well developed PI systems in the Southern Metro region of Victoria.

Section 2: Services for perpetrators

Beyond discussion relating to MBCPs, participants across the wider service sector nominated the value of greater investment and focus on services for perpetrators of DFV, as reflected in the quote at the beginning of this chapter. Practitioners acknowledging this included those who worked primarily with victims/survivors, such as specialist women's DFV services.

Participants' recommendations for the development and expansion of services for perpetrators, however, were frequently caveated by acknowledging the politically sensitive and, in many ways, unpalatable proposition of "services for perpetrators":

> You don't want to reward somebody because they've committed family violence, you definitely don't want to do that, but at the same time you want to be able to give that person some support … getting them engaged in work, getting them engaged in their community, to start altering that behaviour. (Participant 2, Police Focus Group 1)

> There's mixed beliefs in the communities that they are the pariahs, people do believe they should be removed and punished because they've committed an offence … But at the same time we know, as people in the field, that we're only just perpetuating the discrimination against women and that family violence cycle, we're not making any kind of effective change at all. (Participant 4, Housing & Health Focus Group 1)

Echoing the discussion in Chapter 1, practitioners from MBCPs and wider services alike commonly described services for perpetrators as a way to be accountable to victims/survivors:

> If we're going to keep women and children safe, the man needs to get support as well … They need to get housing and they need to get case management … The men that aren't doing so well [in MBCPs] are the men that are homeless and the men that don't have a job and the men that have mental health issues and don't have access to family. Because they're not doing well in their life. (Participant 5, MBCP Focus Group 2)

Practitioners also suggested that some men might be diverted from breaching POs if they received better support and explanation at the point at which POs were made. Without support and detailed explanation, this may allow perpetrators to dismiss the order as meaningless (Pike, 2015) or as symptomatic of a system that is biased against them.

Barriers to delivering those services

In many parts of the service response, interventions remained siloed or so poorly integrated that referral junctures were the point at which perpetrators appeared to drop out of the system's view. Participants in the study therefore reported that lack of system integration meant that many perpetrators were moving, largely un-tracked, in and out of sight of services.

Here it should be noted that the integration challenges facing practitioners in the Southern Melbourne region, in particular, were also associated with the geographic spread of the region and diversity in the catchment's demographics, although the Bayside Peninsula catchment was also very broad. For example, while inconsistent police practices were a source of frustration for other practitioners, discussed further below, it was apparent that variations could be attributed partly to the specific challenges in different geographic areas. Some stations were small, only open during business hours, and

relatively far from the central MDC, where specialist Family Violence Investigation Units (FVIUs) were co-located.

The wide parameters of the region therefore meant that, even with immediate dispatch, a response time could be around an hour. In contrast, police working in areas closer to central Melbourne had greater capacity to collaborate with other services and to participate in additional DFV training. These police often faced significant challenges, however, in responding to the greater cultural and language diversity in those areas, as described further below.

Practitioners from housing or family services provided outreach services and therefore spent many hours travelling. As much as they were trying to service clients across a large catchment, these practitioners generally agreed that many parts of the Southern Melbourne and Bayside Peninsula catchments remained poorly serviced.

Compounding the absence of local, accessible services, some "growth corridors" were also poorly serviced by public transport and experienced congested traffic. Risks in relation to outreach work also meant that sometimes case workers and social workers needed to attend in pairs, making the task of servicing the breadth of the Southern Melbourne region a time- and resource-intensive one. As one police officer put it, "We're just sort of at the end of the line, and we're happy with that, to a certain extent. But every now and then we cry out for some assistance and it's a bit hard to get." (Participant 2, Police Focus Group 3)

It therefore appeared that many practitioners, including police, who are required to respond to parties in situ, would appreciate the development of additional services centres. These would potentially be organised along the same lines as MDCs, but closer to local communities.

One size fits all

Researchers also observed frustration from participants that their daily work did not necessarily match the "neat" descriptions in policy, or even solutions proposed by the RCFV. Participants frequently referred to the complexity of DFV, which sat in tension with what was frequently described as the "one size fits all" nature of PI systems' responses on offer. Participants described DFV intersecting with gambling issues, cognitive impairment, intergenerational violence, and complex needs, including AOD and mental health issues.

As well as heterosexual intimate partner violence, specific scenarios included adult child abuse of parents; violence in same-sex and gender-diverse relationships; adolescents using violence within their families; women using force, or alternatively misidentified as predominant aggressors; serial perpetrators; and even high-risk perpetrators involved with outlaw motorcycle gangs. Issues around community and family complicity in—or even outright endorsement of—perpetrators using violence were also noted by a number of participants.

Participants reported that this complexity did not always match with the services and responses that were available to their clients. In particular, research participants overtly identified the lack of services for perpetrators and families from CALD communities as one of the biggest tensions with the "one size fits all" response, as well as one of the biggest gaps overall—in service delivery.

> [Participant 1:] Sometimes they need a lot of help, especially refugees … I think it's a big issue … A lot of them are traumatised because of what's occurred in their country, they have psychological issues … They come to a country where they feel like they can't support their family, you know, they're falling down also, they need just as much help as the victim does.
>
> [Participant 2:] 100 percent. It's almost as if we're—sometimes we kick someone out of the house, a lot of the times we're setting them up to fail.
>
> [Participant 1:] And the woman to fail too, especially if she's got young children, I mean how does she cope with say, five little ones? … And that is often the case, a lot of the times the women will take them back because, you know, money and childcare, they just cannot do it alone. (Police Focus Group 1)

Also present across some police discussions were ideas that some races were inherently more violent, or more likely to condone violence:

> So they'll come with set behaviours and set beliefs which is quite normal for where they come from and carry it on in Australia … where in our culture, some things are accepted and some things are not. (Police Interview 1)

> We are victim-centric and we don't do enough with the perpetrators, such as understanding Australian law, Australian values and Australian culture (Participant 1, Police Focus Group 2)

These ideas also emerged across other focus groups and are arguably reflective of dominant ideas in the broader population:

> We've got a couple of men in the group at the moment [for whom] culturally it's normal to hit women … We're not saying give up your culture, but this part of it needs to be looked at, and we seem to get good results with that, because you've let them off the hook, so to speak, because they feel, "Oh, yeah, now I have to be Aussie." (Participant 1, Non-specialist behaviour change Focus Group 1)

Practitioners who made this conflation of "Aussie" with a more progressive attitude towards women appeared to assume that non-Anglo or European cultures had a homogeneous, or single, attitude towards women, rather than acknowledging that diverse views and toxic masculinity may exist across these cultures as they do across the dominant Anglo or "white" Australian culture. For example, a wide array of religious scholars or leaders promote teachings which do not endorse violence against women in any way (Ibrahim, 2017).

> [Name of community leader] talks about how no faith, no culture supresses women. Our society has led us towards doing that. And so if we could come back to the realness of our faith and our religion and our cultures, then we'll realise that it's not actually acceptable. And so he is a leader among his own community. Now that's the best way to get the message across, using a leader from within their own community. (Participant 3, Local Government Focus Group 2)

As practitioners who worked predominantly with CALD communities noted, culturally appropriate—and potentially more effective—engagement with men from CALD communities could be framed primarily by a discussion about the Australian legal framework, rather than by a discussion about "Aussie" culture. It could also be framed around contemporary debates within their specific communities concerning gendered norms and attitudes to gendered violence, as well as framed around responsibilities for keeping families safe:

> What it requires is an element of trust and relationship building and that's a bit of work. And that requires a certain level of a shared understanding about where you're coming from to then identify what is the best way to communicate to build that knowledge up to then understand what fundamental role that some of these key community leaders, whether they're from faith leaders, Indigenous community or from different sectors of the community, how do you build up their skills and capabilities to give them the confidence in the role that they can actually play? (Participant 1, Local Government Focus Group 2)

Families still living with the perpetrator

Participants reported that women who remained living with the perpetrator—a scenario particularly common in CALD communities—were excluded from a number of victim-/survivor-specific services. Rather than operating within an integrated network, services working with couples or families appeared to be somewhat siloed from specialist DFV services funding, which therefore also left perpetrators completely out of view.

> It's like services are like, "Oh, she has gone back. Okay, notification to Child Protection, you are on your own" … Like even for applying for Family Violence packages, you cannot apply for a woman who is still in the relationship … I went into clients' homes where there was no food, [they are] walking a long distance to drop the first child, then walk across a different area to drop another child to kinder, then walk back home. By the time she goes home, the little one … will be crying because their feet are sore. Mum couldn't afford a [public transport pass] … couldn't afford food … because he was financially abusing her. She couldn't leave the relationship … mainly because of the visa conditions. And these women they don't have any

> form of assistance from the already established Family Violence Services. (Participant 13, Combined Women's DFV Focus Group)

Overwhelmingly, researchers heard that victims/survivors and perpetrators in these cohorts were instead receiving support through wider family support or universal services, including local councils, housing, CALD-specific support organisations, and organisations holding the Child FIRST (non-statutory child focused services) portfolio:

> [Participant 4:] So a lot of the victims, a lot of the survivors, who come to our service are unfortunately, they don't disclose it. So it's up to us to see the pattern.

> [Participant 5:] Whenever I come across a situation where I need to educate or support the perpetrator about family violence, I really find it very difficult where to, how to support him, or where to refer him. (CALD Organisations Focus Group)

While broader family support services had received specialist training, participants reported that they nevertheless felt isolated and unsupported by the broader system:

> There's a lack of services specific for the men … which makes it really hard for those of us in family services and every other service … to tap into. It would be fantastic—we've got our women specifics, if we had men's specific services that we could lean on for support. (Participant 7, Youth & family services Focus Group 1)

Despite the scarcity of family and housing support services, practitioners pointed to the relative lack of stigma associated with, and therefore likely uptake of, more generic support services:

> [Participant 7:] Because [housing] is such an important thing, it's a good way sometimes to get people involved … it's like a carrot at the end, "Well, I can help you with housing, or I might be able to help you with public housing", so that helps to keep the male involved.

> [Participant 8:] Yeah, and I think for men that's a bit more socially acceptable, to engage in a homelessness service. (Housing & Health Focus Group 2)

However, as with work directly with perpetrators, participants pointed to the complexity of the work and the need to be insightful and aware in relation to risks of manipulation. In these cases, participants across a range of non-specialist services felt uncertain and unsupported about how to conduct the work with which they were regularly presented in their daily service provision.

> I just think we have it in our heads now, if there's family violence the family is done, split them up, send them on their way, everything will be good, [but] it doesn't work that way. (Participant 7, Child and family services Focus Group 1)

Housing challenges: A failure of systemic accountability

A lack of crisis and longer-term accommodation for perpetrators excluded from the home was perhaps the most significant gap in services for perpetrators nominated across the study. Similarly reflected in the Queensland study in Chapter 7, men using DFV are often disconnected from any form of other service interaction or support, a challenge which MBCP practitioners described as limiting engagement in their own service.

> Where they've been highly vulnerable because they've become technically homeless because they've been removed because of the IVO [intervention order] … I've had to ring them on a regular basis to either refer them into another service to help them with accommodation and housing, or I've actually just rung them and said, "Is your Newstart money enough for this week? Do you want to come and collect a hamper?" And they'll come and collect a hamper … So I just do it to keep their mental health—just to keep in touch with them until the group is ready to start. (Participant 3, Bayside MBCP Focus Group 2)

More broadly, an overwhelming theme across the discussions was the inadvertent safety consequences of excluding perpetrators from the family home as a result of a (police-issued) family violence safety notice or a court-issued PO. Though all participants endorsed the value of enabling women and children to remain in their homes, a significant number noted that the failure to provide sufficient services to

perpetrators once removed was putting women and children at *greater* risk, including of retaliatory violence. In these situations, exclusion of perpetrators was functioning as an activity of the system that was occurring with significant frequency without sufficient consideration of the support that was needed to achieve the activity's aims.

> Let's just get him off the road and out of his car for tonight, because I'll sleep better, for a start, knowing that he's not out there prowling around, angry, iced out, drunk …

> I even said this to the magistrate, "So what do you want me to do with him?" … The magistrates are completely in the same boat because they don't think there's enough stuff out there for men either … The 13 weeks or the seven weeks after the initial separation is the most dangerous time for a woman, well you can triple that by putting him in his car with nothing and him sitting there stewing and freezing to death or cooking or whatever, whatever his situation is, you're making her risk factors go up by the hour, as far as I'm concerned. (Participant 1, Legal Focus Group 1)

> [Police would just say] "Here you go, here's your intervention order or your family violence safety notice … Out you hop. Good luck." And then, of course, probably in about nine cases out of ten they were either full as a boot [drunk] or had some kind of cognitive impairment and they'd go back. And police didn't sit them down and have a nice chat about, "Now Roger you understand what this means, it's going to be like this, this and this." So they'd be back within 10 minutes … and then they'd turn up in the cells. … all you're doing is … removing the problem from the house and putting it down the street. (Participant 1, Legal Focus Group 3)

Participants also described insufficient consideration of risk to perpetrators themselves.

> We need to make sure that the person we're removing has got accommodation to go to … because otherwise we're then putting the perpetrator at high risk … we've had people that have committed suicide … they've been kicked out and they've then gone and committed suicide. (Police Interview 1)

Focus group discussions indicated that people subject to exclusion clauses often ended up sleeping rough, or in their cars. One police family violence liaison officer (FVLO) observed that emergency accommodation was in such demand that people would be turned away if they had a car in which they could sleep. Lawyers in one discussion described a case of an adult child with significant mental health issues who had been violent towards his parents, and where the negotiated solution had been for his worried parents to give him a car as accommodation.

Participants from health services described such dire rooming house options that case workers and even Crisis Assessment and Treatment teams refused to attend these settings, leaving clients isolated. More specifically, practitioners working in a hospital setting were seeing increasing numbers of men admitted to psychiatric wards after they had been removed from home. This was either because police had nowhere else to take them or because a threat to self-harm would immediately trigger a mental health referral. Once in a hospital bed, this in turn diminished men's likelihood of finding emergency accommodation, because those crisis services knew that the men at least "had a warm bed for now" (Health and Housing Focus Group 1).

In addition to associated escalated risk, participants also described the lack of housing and other support services for perpetrators as a barrier to engaging with other services, including with MBCPs. Pragmatically, transience made it difficult for police or other agencies to locate or interact with perpetrators. Perpetrators living in their cars or in other adverse conditions were also not seen to be able to engage productively with MBCP work or with expectations of accountability generally, with their situation instead fuelling their adoption of victim narratives:

> If they're not getting their basic needs met, they're not going to connect at all—they're thinking, where's my food, when's my court date, how am I paying for this, my car's running out of fuel. (Participant 6, Housing & Health Focus Group 1)

Equally, participants noted the ineffectiveness of an exclusion notice where a lack of follow-up supports simply made victims/survivors re-assume the burden for the perpetrator's welfare.

In this situation, the activity of PI systems was not being accountable to victim/survivor needs or to their overall safety. This was also associated with victims'/survivors' subsequent disengagement from the system and lower likelihood of future help-seeking:

> The affected family member feels sorry for them, [they're thinking] "He's sleeping in the car, that's not fair, he has to go to work … It's my fault … Yeah, I'll just allow him back in and he'll be okay now." (Participant 5, MDC Focus Group)

In addition to inadequate crisis accommodation, participants described inadequate longer-term solutions. Participants reported two-year waits, even for clients who were placed on Department of Housing priority lists. Private rental prices were also described as increasing and hard to afford on any kind of welfare income. For people opting to move into rural or regional areas with more available and affordable housing stock, practitioners then reported that clients faced social isolation, disconnection from services and high levels of unemployment.

Disconnection from specialist interventions

Echoing the sentiments from MBCP practitioners described in Section 1, some participants from the wider service sector seemed very disconnected from specialist perpetrator interventions that existed in the region. Legal and other practitioners' cynicism about the approach of MBCPs was noted above. However, other participants also indicated that they were not necessarily aware of how MBCPs or other specialist services could bridge their own knowledge gaps:

> [Participant 8:] I think the overall feeling is that family services, Child Protection, Child FIRST … we can't do it alone. Even though we get to go into their homes, we need other, the Department of Justice working with us, all these other community levels.
>
> [Interviewer:] And to that extent do you have the capacity for secondary consults, can you ring up a behaviour change provider … and say "I've got this bloke I'm working with, how should I approach it?"
>
> [Participant 9:]Never done that.
>
> [Participant 8:] Never thought to.
>
> [Participant 10:] I didn't know you could do that. (Housing & Health Focus Group 2)

Participants indicated that the delicate and complex nature of perpetrator engagement was an ongoing challenge. Practitioners working directly with perpetrators or their families outside of specialist contexts spoke of their reluctance to jeopardise the therapeutic relationship by raising issues of DFV with male clients, while others pointed to the need to be aware of risks of manipulation:

> [Participant 3:] Some [perpetrators] are just absent, totally absent. But other partners will totally take control of that support situation, to the point that you almost can't talk to the woman at all.
>
> [Participant 4:] And it's only when you split them up that you [get a sense of the situation] …
>
> [Participant 5:] That's what we get a lot with our couples, especially in transitional housing, we see that a lot. It's quite a red flag, if they're really …
>
> [Participant 3:] Trying to manipulate it all.
>
> [Participant 6:] Always present, will not let you have a conversation with the woman alone, seeming very concerned, and then will call us secretly and say "Oh, I'm so concerned", and then we get the allegations of "She's got real mental health [problems]."
>
> [Participant 2:] Yeah, "She's got mental health issues, or she's doing this with the neighbour, or she's using drugs … "
>
> [Participant 1:] Oh yeah, they do [have] some incredible stories about the women. (Housing & Health Focus Group 2)

Participants acknowledged that practitioners who are unwilling to adapt their practice despite their awareness of perpetrators' use of DFV may be overlooking or even escalating risk to victims/survivors by prioritising the therapeutic relationship

with the perpetrator. This in turn has implications for how the accountability of PI systems is achieved or maintained.

The challenge of working with known or suspected perpetrators of DFV was particularly evident for participants who worked with men in the context of victims' assistance programs.[13] Some of these practitioners asserted that there was often no clear binary between victims and perpetrators. Where clients came to their service either as a victim of another kind of violent crime, or having been identified as a victim of DFV themselves, practitioners told the researchers that they felt that their clients were unable to disclose histories or instances of using violence because they had been referred to the service as victims:

> They have to come in as victims and even if they are perpetrators [too], they can't, they've got to keep it under the belt [or they will be excluded from the service]. (Participant 4, Victims Services Focus Group)

Despite tensions of this kind, many non-specialist participants were highly attuned to the nuances of perpetrator patterns, as well as to the way in which an intervention with an individual using violence could escalate risks to family members. Some suggested that approaches such as "surprise visits" were useful, which appeared to concern colleagues in the same focus group. Others relayed accounts of interactions with perpetrators which had heightened a man's anger and suspicion and expressed their reluctance to repeat this approach:

> [Participant 6:] You just don't know how far you can push. You don't want to challenge …
>
> [Participant 7:] And then leave the woman, leave the woman at risk. I mean, I think that's why a lot of services don't work with the man. (Housing & Health Focus Group 2)

Participants also reflected on the fact that the community and social services workforce was predominantly female. This was relevant both to the way in which most perpetrators of DFV perceived and engaged with the workforce, but also undermined worker confidence when they felt that their own safety was at risk. For example, local government participants spoke of concerns for Maternal and Child Health nurse safety when visiting family homes, while family services participants also spoke of male clients "trying to groom" colleagues. These workers in turn felt that they had to "appease" male clients in order to remain safe:

> I kind of find it intimidating working with people with anger issues … So how do we engage with men? We need more training around that, and what entices the man, because we have no clue. The motivators for the woman is so different from the men, and we don't have that training. (Participant 10, Housing & Health Focus Group 2)

Specialist DFV practitioners who were beginning to work in Child Protection clearly outlined the skills and delicate balancing acts required of practitioners working with perpetrators and/or their families.

> [Practitioner 4:] If you go in there too hard and you take away the power from the man that gets his power from assaulting his wife … then he's going to get that power back on her … If we go in there too hard and leave him feeling belittled and not heard and angry and resentful, then he's going to take that out on the people closest to him … I guess gauging how the perpetrator leaves the interview and challenging him without being punitive …
>
> [Participant 7:] And it's being really mindful … that if the practitioner's obtained information that's directly from the mother or the child, that you don't convey that to perpetrators …
>
> [Participant 4:] Let them be heard while not, you know, colluding. And it can be a bit of an art in doing that and if the father feels heard to an extent, he's more likely, in my experience, to be okay to have a longer conversation, not just shut it down and leave the room … We're trying to … challenge him to be better, while doing a risk assessment where he knows if he says the wrong thing to Child Protection, it's going to be used against him. So it's a very, very difficult process and a lot of these men know that the way to get out of these processes is to be violent or yell and scream and storm out of the room … So it's about trying to keep them in the room for the conversation while challenging, not colluding, doing a risk assessment and having a meaningful conversation

13 In Victoria, when men are identified by police as victims/survivors of DFV, associated L17 referrals are sent to the Victims of Crime Helpline delivered by the Department of Justice and Community Safety and are then referred on after further assessment to their local provider of the Statewide Victim Assistance Program.

> where they leave, hopefully feeling challenged to be a better version of themselves. (Youth & family services Focus Group 1)

The observations of these participants underline the complexity involved in interactions with DFV perpetrators. They also signal the significance of victim/survivor voices in understanding patterns of perpetrator behaviour and therefore in monitoring risk, consistent with the value of partner/family safety contact described in Section 1. The complexity described in the quote above also signals the need for professional development with practitioners who work with families, as well as in the context of non-specialist engagement with perpetrators—building up systemic accountability so that fully operational PI systems can start to take shape.

Section 3: Legal and policing responses

The RCFV, as well as the police who participated in this study, indicated that reported DFV incidents made up over half of the call-outs to which stations responded. Some police participants in this study estimated that closer to 80 percent of their work was DFV-related. This means that general organisational issues, such as out-dated police data management infrastructure and substantial workloads, also significantly impacted members' capacity to respond to DFV.

Acknowledging this context, practitioners expressed concerns about the limits of existing police practice. Specialist DFV practitioners, in particular, expressed concerns about inconsistent practices; failures to record or respond appropriately to alleged breaches of protection orders; failure to remand alleged offenders in custody; and misidentification of predominant aggressors. Police participants were also acutely aware of the limits of their existing remit:

> [Participant 1:] I wish we had something immediate, you know, that both parties can get help straight away and—the whole process is all expedited. I know we're trying to do that through the [fast-track] timeframes and things like that. The [protection] orders are pretty good, but again, with things like child access … that can cause a lot of conflict.
>
> [Participant 2:] And the reason we need it immediately is because we … see it at a level 9 and 10. It's one step away, if we reach level 11 she's being killed, so yeah, so that's why it's important that we need it at that level. (Police Focus Group 1)

Similarly, another police participant explained that demands for the relatively pragmatic task of assisting perpetrators with property retrievals required more organisational attention:

> There's a massive resourcing issue … most people are wanting to [retrieve property] Friday night, Saturday morning, Sunday morning, because that's when they've got the availability … More often than not, the perpetrator … will ring up "I want to go and get my property", "We've got no one available, come and sit in the foyer, as soon as someone's available, we'll do it." And we don't get anyone. "Sorry mate, we can't help you. Come back tomorrow." … In the end they go, "You're not helping me, I'll go and get it myself." And then we get called there for breaches of the [protection] order. (Police Interview 1)

Police participants defined their role in terms of an emergency response and short-term protective intervention, highlighting de-escalation of immediate and ongoing risks. For example, in contrast to legal practitioners' cynicism and concern about the displacing and exacerbating effects of exclusion orders, police participants described the pressure to impose exclusion orders, arrest, investigate and prosecute family violence matters:

> We've got to do it because at some point in time, someone's going to end up in a coroner's court explaining to the coroner … The coroner's … going to look at everything and say, "Why didn't you do this?" … [So when police impose a FVSN or apply for a protection order] it's covering the members here to make sure they do the right thing, but it's also protecting the victims. (Police Interview 1)

However, this imperative was not necessarily supported by a capacity for follow-up:

> We'll do everything we can to remove them from that [home] and to be honest, in probably a fair percentage of the events, by the next morning they're back in there anyway. We're not actively going round knocking on doors to enforce the law. (Participant 2, Police Focus Group 3)

Police participants also acknowledged limits in contributing to longer-term accountability:

> In terms of that change in [perpetrator] behaviour … we don't see that as our job per se … We assure … safety by arresting him and putting a family violence safety notice in place or an intervention order or criminally charging him and remanding him … and probably by extension of that, holding him to account is getting him in front of a court to show that hey, that behaviour is unacceptable. (Participant 1, Police Focus Group 1)

That said, one FVLO participant described "staging" their criminal justice interventions in a way that could communicate an immediate accountability message:

> Just to maximise effect sometimes, we will … when we're delaying an interview to investigate for whatever reason, we'll put them in the holding cell out there and … the fact is, yeah, you'll go into the cells now and you'll be held in there until we're ready to interview you and only then does it start to really sort of click for them that, hang on, this behaviour is unacceptable. (Participant 2, Police Focus Group 1)

This approach may arguably feed the resentment of men who feel that they have been treated unduly harshly by the system, as discussed later in this chapter. However, reflecting on recent changes to the *Bail Act 1977* (Vic), which have lowered the bar in terms of being able to remand someone in custody, police participants observed that it was useful to be able to remand more DFV perpetrators. Certainly, the researchers spoke with many practitioners, such as those working primarily in specialist DFV women's services, who would have agreed with this police participant's positive assessment of expanded powers to remand perpetrators.

This was putting further strain on the system, however, with police looking for spaces at distant stations/custody centres to lodge remanded people.[14] It also sat at odds with the sentiment from most lawyers and practitioners working with perpetrators in therapeutic or behaviour change contexts who saw negative outcomes from incarceration, as well as the experiences of participants working closely in family support roles and with women from CALD communities.

These participants described women feeling overwhelmed by and not necessarily thankful for, or supportive of, police interventions:

> The mother, especially in the culturally diverse [communities], [wonders,] "What's happening, why is he out of the house?" … The police comes in with the safety notice, slaps the order, sorry, he's gone. She is not explained properly by the police, there is a gap in the communication and language to go through all the conditions … The piece of paper becomes nothing. (Participant 4, CALD Organisations Focus Group)

In contrast to the multiple objectives of station-level FVLOs, specialist FVIU participants appeared to operate within a strict enforcement framework and reported significant success in locating repeat offenders and having them remanded:

> I think 14 out of the 20 have already been locked up and remanded, so it's just waiting to identify the next lot … The way family violence is here, unfortunately it's like shooting fish in a barrel … if we've [met] our target … we just go out and find the rest. (Participant 4, Police Focus Group 4)

FVIUs were also the only police participants to express some dissatisfaction with fast-tracked prosecution processes operating at the local Magistrates' Court, reporting difficulty with investigating and compiling criminal briefs within expedited time frames. FVLOs reported satisfaction with higher rates of guilty pleas to lower-level charges afforded by the expedited process, as well as what they saw as outcomes which linked perpetrators with support. The primary objective for FVIUs, however, appeared to be prosecution of more significant charges, which would in turn result in more significant, and therefore custodial, sentences.

14 This case study research was conducted at a time that a series of reforms, including the *Bail Act* reforms, had significantly impacted the numbers of people being remanded, refused bail and sentenced to custodial sentences in Victoria. Whereas remanded prisoners should be rapidly transferred to the more appropriate conditions of a prison, many if not all of Victoria's prisons have frequently been at capacity, forcing police to house prisoners in station cells and in the Melbourne Custody Centre (beneath the Magistrates' Court of Victoria) for periods of time for which those cells were never designed. For recent reportage on this nation-wide trend see Derkley (2018) and Knaus (2017).

Across both station and investigatory levels, police participants expressed appreciation of the need for their intervention to occur within an effective integrated and continuing response:

> We know for a fact that if you've called us for just about anything, you've tried everything you can to try and fix your problem. It's probably been going on for 20 years, and who's going to assist this person to get through this really, really hard stage which means that you have to stick to your guns, understand that that bit of paper mightn't look very tough but it will give you some sort of protection. That's what we're offering … [they] just need ongoing engagement. (Participant 5, Police Focus Group 4)

To this end, some described efforts to encourage police to be more involved in PI systems:

> I'm getting the members to engage with [Child Protection] … because then if they've got issues they can come back to you and if you've got issues you can go back to them and you're not going through the system, you can find out what [Child Protection] want, where they're going with it and what management they want us to do to protect the children. (Police Interview 1)

Overall, the majority of police participants were increasingly attuned to the need to work within a practice framework that is integrated with other services, with the volume of service activity often being a barrier to their day-to-day work contributing to more effective perpetrator accountability.

Legal system responses

Many non-legal (but non-specialist) practitioners tended to discuss accountability in a way that placed legal interventions at the centre of their focus, rather than MBCPs:

> When we talk about perpetrator interventions, we're thinking statutory interventions. So, we're thinking police intervention, Corrections, Child Protection interventions … I think [men's] behaviour change programs are just that little bit further down the line and I think if you're looking at interventions for perpetrators you've got to almost start at court. So, the [PO] hearings are usually two or three days after the incident, that's probably where they need to start. (Participant 4, MDC Focus Group)

Despite the criticisms of lack of follow-up and court oversight referred to in Section1, lawyers reflected especially positively on the effects of judicial supervision. This was not in the context of civil PO hearings, but in criminal matters where the opportunity arises:

> The longer somebody is under supervision of the court, the better they do. … Tragically, the justice system is sometimes the only … "wraparound" … someone is keeping an eye on you, even if it's a watchful eye … Judicial monitoring came in for this very reason. Post-sentence we still want to keep an eye on you. People actually ask … people articulate this constantly to the bench—"I want to come back and I want you to monitor me again." Someone's watching, aren't they? … It's a pretty stark sort of reality. There's nowhere to hide … But the flip side of that is there's actually people [around you] … [and] if you engage defence, then the people that are watching you might actually be helpful. (Participant 1, Legal Focus Group 3)

Other participants reported that some judicial officers were able to craft relatively creative ways of extending and reinforcing the judicial supervision effect.

> I know there's one judge over at the Family Courts who, whenever she orders men to attend men's behaviour change, she requires them to handwrite an affidavit after they've completed the course detailing what they have learned about their behaviour through the program. And that has to be in his handwriting and it is available to the other side for them to read it as well … She's the only one who I've heard who does it. (Participant 4, Specialist Women's DFV Services Focus Group)

Practitioner views concerning the value of judicial supervision are consistent with established literature, including commentary relating to therapeutic jurisprudence in the context of DFV cases, explored in greater detail in Chapter 1 of this collection (Winick, 2000; Winick, Wiener, Castro, Emmert, & Georges, 2010). Further, a recent inquiry by the Victorian Sentencing Advisory Council similarly reported that all legal sector stakeholders consulted supported the use of judicial supervision for DFV perpetrators, an approach which the Council ultimately recommended (Sentencing Advisory Council, 2017).

Contrasting with the benefits of judicial supervision or monitoring, however, lawyers also drew attention to cases in which perpetrators could not understand legal processes or documents:

> [Participant 6:] A lot of people can't read and write … someone else reading it for the first time has no idea what a quarter of those words mean, even if English is their first language … What does that really mean? And they very rarely have interpreters, the few times that they do, they're using a family member …
>
> [Participant 7:] Yeah, or a phone interpreter. I had a CALD client who was deaf, and they asked the … landlord, about his capability to lip-read … so they just gave [the landlord] the IVO to him to explain it to him, so I can't even begin to tell you how wrong that is. (Legal Focus Group 2)

Converging in their views with FVIUs, though from contrasting perspectives, lawyers representing perpetrators also expressed frustration with fast-tracking requirements which reduced time to prepare an adequate defence.

> I'm very much against the fast-tracking [expedited prosecution processes] thing [but] … it's a bit of a dirty word to say, you know, perpetrators or accused persons have legal rights, they have the right for an adjournment if there's not enough information [on the brief of evidence] … and I feel like fast-tracking's eroding … the safeguards of the legal system. (Participant 3, Legal Focus Group 2)

One lawyer who primarily represented women in the criminal jurisdiction appreciated the fast-track system because it meant that clients were able to have charges withdrawn more swiftly (since coming to court usually meant that clients were identified as victims/survivors) (Participant 1, Legal Focus Group 3).

Finally, many practitioners across service types were concerned that the lack of accountability when perpetrators failed to comply with orders reinforced some men's view that they were not required to comply with rules. As one practitioner described of the lack of court response—and implicit lack of systemic accountability—"They [the clients] fall through the gaps"; "It reinforces that, you know, you can do as you please, the rules don't apply to you." (Participant 4, Youth & family services Focus Group 1)

These examples of disconnection between activities that could be construed as part of the PI system, and the resourcing and effort required to ensure that these activities actually reduce risk, rather than potentially escalate it, signal a limit on this system's own accountability.

Section 4: Blaming a system that is still in development

Despite gaps in systemic accountability recounted across this study, participants also reported a sense from perpetrators that they were being unfairly persecuted by what they perceived to be "the system". Participants who did not work in specialist perpetrator interventions reported seeing this in the attitudes and behaviours of clients with whom they worked, while MBCP practitioners also reported significant engagement challenges in relation to perpetrators apparently "gaming" the system, or leveraging the system to their advantage.

To this end, "falling through the gaps" was described by multiple MBCP practitioners as a highly deliberate tactic for some clients. MBCP practitioners described clients having obtained a letter from their service as evidence of their engagement for the purpose of using it in relation to either a criminal or family law matter, with the service then seeing no further engagement. Practitioners also reported clients "program shopping", in order to be referred into a shorter program or to avoid fees, for example. In particular, participants associated family law proceedings with men adopting more calculated tactics.

> They'll always blame. Always blame. "I have to do it because I have to get the piece of paper that says I've done this course and show it to the judge to get access to my kids" … That's the frame of mind in which they come into the group. "I'm not bothered about what happens here; I want to get a piece of paper that says I've done this course." (Participant 6, Bayside MBCP Focus Group 2)

Participants in one MBCP focus group suggested that similar tactics could also be used by family lawyers who would suggest to women that they should apply for a PO to gain an advantage in proceedings. In this focus group, a minority of participants suggested that these "malicious" allegations resulted in clients losing their jobs or access to their children and displaying low motivation in group work. These suggestions appeared to align with a slightly different program logic and focus on a therapeutic approach by this particular provider.

One participant who interacted with men brought to a hospital psychiatric ward also suggested that there was some capacity for engaging perpetrators in the initial phases of identifying and acknowledging their behaviour, despite this tendency of men to blame:

> We do get a lot of men that come in, they're raging, they're angry … if they probably could punch me they would but obviously there's some level of restraint there. And they're like, *they've* done this, *they've* done that and you actually sit and listen to them while they're blaming the system, the police, the woman, their mother, everything, you actually listen to them saying "I didn't do anything" … and you listen to their behaviour and it is actually abusive … so it's around just talking to them like—and I guess it's a good time, despite it not being a particularly appropriate place to be doing it on a mental health unit, it's a good time to kind of educate and support and calm down and be able to identify [their behaviour as DFV]. (Participant 6, Housing & Health Focus Group 1)

Lawyer participants reported that they were seeing increasing numbers of contested protection order hearings, albeit by men who were likely to be responsible for serious physical violence. Lawyers attributed this to these men's sense of their own persecution, which in turn reinforced or underpinned a resistance to internal accountability:

> I think especially men in these situations are kind of trapped in this performative state where they're just constantly trying to perform for you … I have to use my refrain of "You don't need to convince me, you've got to convince the magistrate" all the time. It's like … "You don't need to convince me of how good a bloke you are or how bad she is or how hard done by you've been in terms of the system" and things like that … What I'm absolutely certain of is that that translates to being in a psychologist's office, they would perform exactly the same way … There's the overly aggressive performance; there's the overly kind of … "Oh woe is me I'm the victim" performance. There's the … "I just don't know what's going on" … you get those ones that have been through the process multiple times and are still performing "surprised": "I don't know what's happening. I don't know why this is happening." And you know, "Well, this is the fourth and fifth time it's happening, you know. Maybe it's time to start looking at why you don't understand what's happening" … And often … they've performed that way for so long that there is no Wizard of Oz behind the curtain, the performance is all that they're capable of doing, unless there's some pretty drastic intervention. (Lawyer Interview 1)

Here the researchers note that the reference above to perpetrator performances is a reminder of the extent to which an account from a perpetrator which is not supported by information from family members or wider system responses can potentially escalate risk. More broadly, participants overtly acknowledged the risks associated with perpetrators becoming engaged with a men's rights movement that characterises the broader DFV system as a "feminist conspiracy". Some lawyer participants suggested that men's perceptions about "the system" were becoming a more prevalent concern:

> You've got a lot of perps who went through the family law system, and part of the reason why they don't have this realisation as to what their conduct has led to is because I think they have those warranted or unwarranted feelings of persecution, so to speak … Usually in the background you've got the [protection] order … . which has meant that they probably haven't seen their kids for a number of weeks which they feel is not right because it's their right to see their children … Sometimes you might have an independent children's lawyer or a judge saying you can only see the kids through a supervised contact centre, in which case there's a six-month waiting list … so this adds to that feeling of persecution, and so from a [perpetrator's] point of view why would you want to acknowledge, why would you want to change in that process when I think they feel as if there's nothing in it for them, because they feel as if they've been picked on

> and persecuted accordingly, and at the end of the day that's not the court's fault, that's not anyone's fault, it's a resourcing issue. (Participant 9, Legal Focus Group 2)

Participants also spoke regularly of perpetrators making allegations against their (former) partner in a bid to gain an advantage in their family law matter, an observation that has also been noted and discussed fairly widely in existing literature (Hickey & Cumines, 1999; Kaye & Tolmie, 1998; Parkinson, Webster, & Cashmore, 2010). This observation accords with observations in the south-east Queensland study in Chapter 7, noting the way in which men's engagement in an MBCP can wax and wane, depending on whether they see their participation as meeting a particular objective.

Misidentification of predominant aggressors

Participants also observed that male DFV perpetrators had become "wise" to the system and would be the party to call the police and/or make allegations of violence, knowing that police are subject to a directive to identify only one perpetrator or predominant aggressor. This included practitioners working in non-DFV victim support programs noting that they frequently identified male "victims" referred through the police notification system as being, in fact, the predominant aggressor.

It also included women being identified by police as predominant aggressors and subsequently arrested or made the respondent to a protection order, when they were in fact the victim/survivor of longstanding DFV. These observations are consistent with the Victorian Women's Legal Service's recent advocacy on this subject (Younger, 2018) and were a common theme across the study.

For example, researchers heard an account of a man from a CALD background who had staged an episode in which he filmed his partner making threats against her own life, then showed it to police and explained that she was threatening him. Because of a lack of interpreters who spoke her language, this woman was arrested and lawyer participants reported that it was not until several court appearances had occurred that an interpreter was available to translate what the woman was actually saying and the charges were dropped (Legal Focus Group 2).

Some police participants suggested that the police force would benefit from recruitment and retention of female, multilingual members. One participant reported that their station had recently lost a female officer who spoke five languages, a skillset which they considered incredibly helpful at call-outs.

More broadly, specialist DFV women's and broader family support services participants recounted the devastating impact when women were misidentified as predominant aggressors and were not only separated from their children, but also from the services to which they would otherwise be entitled had they been assessed as victims/survivors.

To this end, some police participants gave pragmatic accounts of how, rather than conduct a detailed risk assessment, the well-intentioned aim of linking women with services sometimes drives practice, particularly given that Victoria Police are directed to identify only one respondent/perpetrator for each incident:

> [Participant 1:] We basically take all of our stuff at face value … There's obviously some where we can see that it's just literally been the other party has called first, they've had an argument and rather them be kicked out of home, they've called 000 first to have that other person kicked out … Generally speaking these people have had a lot of dealing with [DFV responses] and they know how the system works …
>
> [Participant 2:] A lot of times there's … no one person to blame, they're both as bad as each other but because the members who write up the reports, they just know it's a lot easier to make the bloke the respondent and that way the female can get the support services and hopefully the support she gets will … help [overall]. (Police Focus Group 4)

Through reflecting the challenges faced by those working at the frontline of emergency response, the above account sits in tension with current best practice efforts in Victoria to develop a predominant aggressor identification tool, as

well as the increasing push to understand and respond to patterns, rather than incidents, of DFV. It also reflects a significant theme across all focus groups concerning an increasing tendency of male DFV perpetrators to "call first" or otherwise "game" the system.

Overall, multiple accounts of perpetrators feeling acutely wronged and persecuted by "the system"—blaming not just the victim, but this system for their predicament—contrast starkly with the service gaps, lack of integration and under-developed or -resourced workforces described across this study. This characterisation calls into question whether existing DFV systems are functioning as genuine systems, or simply an assortment of separate services and interventions.

Certainly, this study suggests that perpetrators believe that a system of responses is in place that is biased against them, whereas it could be argued that there is increased intervention available for perpetrators as a result of Victorian government reforms. The capacity of perpetrators to blame and "game" a system that is still very much in development suggests that it is far from the nuanced collaboration that victims/survivors require. It also suggests that the volume of service activity—in which police were described by other participants as "getting hammered" and in which lawyers describe court hearings as "a sausage factory"—is not functioning as the web of accountability that Chapter 1 indicates is sorely needed.

Section 5: System integration–A work in progress

In addition to challenges of emerging backlash against "the system", the researchers also observed considerable "reform fatigue" across this system. Multiple participants across the study had been involved in numerous consultation and co-design processes without necessarily having seen any meaningful results. In particular—and in contrast with the widespread support for the MDC—many participants reported that they did not understand or feel confident in the design of the Support and Safety Hub, or Orange Door. Primary concerns included the highly visible design and location of the service and planned co-location of victim and perpetrator services, as well as the relative lack of training and experience in the servicing workforce.

Reform fatigue also extended to cynicism about beneficial programs regularly being piloted and then discontinued when a new "silver bullet" emerged:

> There's always funding that gets dropped and then taken away … It's a pilot program and then after two years the pilot program is gone … so you get tired. You get tired of the services system and the way that works and you try to find different ways to manage it. (Participant 4, Local Government Focus Group 1)

Practitioners' observations, particularly in the context of the MDC described below, about the value of personal networks in relation to developing collaborative practices across the sector highlighted the importance of stable funding and program offerings in producing stronger collaborative working practices, as well as the risks of cynicism and disengagement arising in the absence of service and policy consistency.

These indications suggest that practitioners may be facing increased challenges when working with people who perpetrate DFV, despite increased policy and resourcing attention to DFV in Victoria, increased information sharing and collaborative practice, and increased awareness of the complexity of perpetrator interventions.

Even with these barriers to system integration and increasing reform fatigue, participants in the study reported several examples of promising practice which signalled the direction in which these Victorian PI systems were nevertheless developing. Many of these promising practices were occurring at the MDC, in which a range of services were co-located with police FVIUs and where collaborative practice was rapidly developing.

Multidisciplinary centre (MDC)

Practitioners working at the MDC, as well as others working in the Southern Melbourne catchment, explicitly observed that the proximity and collaboration of specialist and universal services with police had helped all parties to improve their working relationship:

> Once you meet people and get to know them and there's a better understanding of each other's roles … it's through

> that joined up practice that they get a better understanding of the limitations of each other's respective role and how we can … work together to get a better outcome … Sometimes we might have competing priorities based on our client, but we all have the same outcome goal for children and families to be safe. (Participant 1, Youth & family services Focus Group 1)

> Suddenly we were sharing information with a whole bunch of people that normally you don't share [with], so a couple of us found it a little bit difficult at first … But as the trust grows … and the relationships grow … they've [police] got a better understanding of what women's services do and what we can do and what our limitations are, but also we've got a better understanding of their [police] limitations and what they can do. And I think because of the relationships we've built up … if one of us go over and say, "We've got real concerns for this woman" they're not going to say, "Well, why?" You know, "What makes you think that?" They're like … "Okay, we trust your judgment. Okay, what do you want us to do?" (Participant 12, Specialist Women's DFV Services Focus Group)

To this end, the FVIUs based at the MDC were widely commended by participants for their information sharing and management of high-risk cases. Multiple accounts suggested that the FVIUs were engaging effectively with victims/survivors, including women from CALD communities. One practitioner noted that the FVIUs' plain clothes policy helped to assuage some people's negative associations with uniformed police.

MDC participants gave examples of how this relationship of trust contributed to victim/survivor safety. This included an example where services had grave concerns for a woman who had recently arrived in Australia, spoke no English and was terrified of police intervention. Participants described a collaboration between women's services and police where police met with the woman over a number of weeks at her regular English lesson, being the only place that the perpetrator allowed her to attend by herself. Eventually, having developed trust in police, this woman decided that she wanted to leave the relationship.

> [Participant 3:] So, she started secretly bringing things like clothes to the English lessons and then, [with her consent] the police … picked her up from there safely and took her to our crisis refuge. That afternoon, the police served [multiple intervention orders] on the whole family who all just stood there going … "What do you mean? … You can't do that, we bought her. We paid for her."
>
> [Participant 4:] And she was already safe.
>
> [Participant 3:] Then we had a worker who spoke her language so we assisted with her emotional and cultural support and immigration. (MDC Focus Group)

Similarly, MDC participants described examples in which police have a warrant to execute against a perpetrator whose whereabouts are unknown. Information shared at the daily MDC Coordination and Assessment Meetings (CAM), however, could reveal that the perpetrator had an appointment at Corrections or Child Protection, meaning that police could apprehend him leaving those appointments. Just as vitally, participants noted the value of involving practitioners with specialist MBCP experience, where this was able to occur:

> One [CAM], Child Protection brought up a case and the father was in total denial … but he had a meeting with Child Protection that morning … [CP] actually said to [MBCP worker], "Would you mind attending?" … So, he literally sprinted down the road, sat in and the feedback from Child Protection was it put a totally different lens on the situation … and probably a different outcome because, while not being confrontational with the father saying "you're doing the wrong thing"—you could almost see light bulbs go off in the guy's head. (Participant 7, MDC Focus Group)

At present, however, it appeared that the relevant MBCP-provider was the least well integrated in the MBCP, at least at the time that this study was conducted. Participants reported not having regularly seen representatives of the organisation at MDC meetings and feeling that there was a need to prompt engagement. They attributed this to staffing and resourcing issues, however, rather than lack of commitment by MBCP providers.

Overall, MDC participants explained that their working relationships and practices had emerged through a process

of trial and error, in which practitioners gradually developed more streamlined and effective ways of convening meetings and collaborating. Practitioners reported that the MDC's information sharing arrangements placed them "well ahead" of the new Family Violence Information Sharing Scheme being implemented across the sector at the time of the study (Family Safety Victoria, 2018).

One significant practice emanating from the MDC also appeared to be an improved capacity to coordinate conditions across different orders in relation to a single perpetrator. Practitioners described POs, community corrections orders and child protection orders that "mirrored" conditions, so as to improve the consistency of accountability messaging and create greater opportunities to reinforce those protective conditions. These were examples of effective systemic accountability in action.

Co-location and collaborative practices across the sector

Collaborative practices were not just the remit of the MDC. Focus groups included a number of participants who worked in LGAs and in healthcare settings who identified opportunities for referral pathways and intervention for perpetrators of DFV. These included, as referred to above, emergency department and emergency psychiatric wards, as well as Men's Sheds, maternal child health services, community development soccer programs, parenting programs and campaigns with interfaith leaders. Participants identified working with schools and principals as a key site of identification of DFV.

These participants' emerging practices highlighted the importance of support for collaborative and specialist practice which extends beyond services explicitly working in the specialist field. Partnerships, such as the regional Integrated Family Services Partnerships which supported the research, were crucial mechanisms for improving the integration of organisations and services, such as LGA councils, with the established DFV sector. This said, LGA participants reported that it had been a struggle for them to be recognised as a valuable site of intervention, including by the recent RCFV.

Examples of LGA efforts to improve contributions to wider DFV responses included the delivery of specialist DFV training by local councils for all workers, from rubbish collectors to sheriffs. The rationale for this training was that *all* personnel interacting with the public should be aware of how rate-payers could be affected by DFV, as well as how this interaction—such as when an LGA employee attended a house to seize a dangerous dog—could actually escalate risk to family members.

Within the legal system context, participants across multiple focus groups lauded the previous co-location of a Child Protection worker at the local Magistrates' Court. Though discontinued (as participants understood it, because of considerations about consistency), police, Child Protection and lawyers all reflected on the multidirectional benefits of having a worker physically present at court. This was because this worker could access Child Protection records on her laptop, make phone calls on the spot, provide referrals, or arrange family visits expeditiously. One Child Protection worker explained:

> We had some really good outcomes, because cases would come back through [the system] and Child Protection would have closed … and our worker at court could look it up and say under no circumstances can you put that in that order because you know, Child Protection would have to go out and remove the kids. And so we prevented a lot of re-reports. (Participant 1, Youth & family services Focus Group 1)

Child Protection participants also described internal efforts to develop collaborative practice. This included the employment of a worker with specialist experience who could engage perpetrator fathers, and who described his practice in the following way:

> The biggest shortfall in Child Protection is engaging the perpetrators … the default can be sometimes to avoid that confrontation and put extra responsibility on mum because mum's not as scary as dad and I guess what [we] are trying to do is … redirect everyone's attention to the actual risk in the family, which is the male perpetrator … We've been trying to … collate all the evidence about his violence … so that when you actually sit down to meet with this perpetrator you know … where you're going to challenge him and what his violence is based around

> and what he's trying to achieve with his violence … Too often … we'll get an intake report … and the worker will go and try and engage the guy on this specific report and it's "I didn't do it" and that's where the conversation ends, whereas if you have done all the background and all the preparation you can go "well actually" … Focusing on the pattern of history rather than the incident … if workers feel prepared to engage these perpetrators, the conversations change … they're focusing on the pattern of history and how that whole historical abuse is impacting on his family. (Participant 4, Youth & family services Focus Group 1)

Child Protection participants also described the benefits of the full-time co-location of a specialist DFV women's worker, noting that this worker and the specialist men's worker quoted above were able to conduct joint visits to engage women and men respectively. Similarly, a women's DFV services participant also described a recent practice of conducting joint visits with the FVIUs to reduce the number of times in which a woman needed to tell her story:

> We're very conscious about women telling their story over and over again to so many different people … I think as a family violence worker, you bring a different perspective in explaining what services are available … So, while she's giving her statement to police we can do an intake at the same time. So, the theory is that she only has to tell her story once and we're also looking that if she comes in to make a statement that she can be supported by a family violence worker while she makes a statement, just so she's got somebody sitting there with her to support her. (Participant 12, MDC Focus Group)

Finally, participants also referred to the promising collaboration of social work and legal assistance being offered by Victoria Legal Aid at Dandenong Federal Circuit Court (a family law jurisdiction). Family Advocacy and Support Services (FASS), which has been in operation as a pilot since mid-2017, provides social workers on site to assist parties in family law proceedings (Victoria Legal Aid, 2017). However, participants reported that the numbers accessing the service had been lower than projected, with a particularly notable reluctance from male clients.

Expanding the reach of specialist interventions

As noted in the introduction to this chapter, the Bayside Peninsula area was one of the first regions in Victoria identified for the rollout of Family Violence Support and Safety Hubs, now known as Orange Doors. The first of these Orange Doors had just opened in the Bayside Peninsula area at the time at which this study was conducted. While participants across multiple focus groups revealed ambivalence and confusion about the implementation of this RCFV-related reform—including about the role of specialist men's providers in this context—one participant offered a glimpse of the opportunities that improved information sharing may start to offer in the future.

This particular participant was dividing his time between an MBCP provider and the Orange Door. The following excerpts from a detailed description of his work at the Orange Door were heard with interest and curiosity by other participants in the relevant focus group. This reflected the minimal opportunity that practitioners had to share their experiences amid increasing service demand and a constantly changing service environment.

> Because I've got access to all those systems, I've ascertained there was one guy who … [committed] a repeated number of breaches in a relatively short space of time … When I checked our list … he'd started attending counselling [at the MBCP] because there was a court case coming up in relation to breaches for his previous order so he'd asked for a letter to say he was attending counselling, attended the first session, got the letter but then didn't attend any more counselling sessions …
>
> Normally I'd just be getting on the phone and … trying to call or sending a text but if I happen to get him on the phone I now know "you've been to counselling once … .but haven't followed through", straight-up conversation … not shaming, not blaming, but honest and forthright.
>
> … When the Hub first started, the sense that was apparent … as far as men's specialist services was concerned, was that we were going to be there … to engage the perpetrator and the point I've been making is the reality is—and it hasn't changed just because the Hub started off—most of

> the time we don't get to talk to these men on the phone because they either don't answer or they don't engage … so that's not where the real value lies in terms of this exercise … .
>
> It's the fact that we're no longer taking a siloed approach and we can talk to each other … including having more regular conversations with the police … so if men are breaching regularly and it's now indictable and they need to be breached or they need to be issued a remand, or warrant … so that they can actually hold them to account … That's what I see as the value that's coming out of the space … realising what they first thought it was going to be about and what the practice actually is. (Participant 5, MBCP Focus Group 3)

These comments point to the ways in which the expertise in the MBCP sector needs to be shared with other workforces and organisations, and how engagement strategies need to be harnessed for risk management and safety purposes, rather than engagement solely for engagement's sake. As the MBCP practitioners featured in this study freely admitted, however, this does not mean that an MBCP or other specialist intervention is the only answer, given that these interventions are just "a drop in the ocean".

Rather, an opportunity exists to increase specialist understanding across the wider system about the challenges and complexity involved in interactions and interventions with perpetrators of DFV, as well as to strengthen the specialist perpetrator intervention workforce. An experienced practitioner articulated the skills and critical eye required of these workforces:

> There's a balance between hearing [clients] and understanding what their experience has been and still holding them accountable. The accountability stuff is really important … but we have to have a balance because if you don't balance it somehow they're defensive all the way through because they haven't been heard … You can still hear them and not agree with them … I don't think we do enough listening in the first part and that's all it is, is listening because we're not agreeing with them necessarily but we're *hearing* them, and that improves engagement down the track.
>
> We're still accepting that, yes, something might have happened in your background but this group is about now moving on and doing the work that you need to do, taking responsibility, apologising to whoever it is that you need to apologise to and doing some hard work. (Participant 1, MBCP Focus Group 3)

Participants also argued it is desirable that practitioners should have wider experience working across the DFV sector, particularly with survivors of violence:

> It works better when they've had that experience and they know, really, about the impacts on women and children, they're able to work in a way that holds that accountability with the men. (Participant 2, MBCP Focus Group 4)

Nevertheless, participants explained that effective family support services also have the capacity to perform a cross-checking and buttressing effect, similar to partner/family safety contact work. Even in cases where practitioners described the perpetrator as "avoidant" and not really engaged with the case worker, participants also reported a common pattern of reduction in risk:

> It's not the rule, but generally during that time if there's oversight, they will—it's almost as if the risk decreases slightly, just because there [are] people asking questions and having a bit of oversight. (Participant 6, Child and family services Focus Group 1)

Overall, the limited investment up to this point in workforce development to support PI systems reflects a disconnection in understanding about the relationships of these kind of interventions with broader efforts to prevent and respond to violence against women and children. It also suggests an ambivalence about the effectiveness or value of the work, converging with a reluctance to invest in services which may be perceived as support or "money for perpetrators" when "money for victims" has historically been in such short supply.

Conclusion and future directions for policymakers and practitioners

The participants who contributed to this research did so while managing significant existing demands on their time. Many were acting in multiple roles, as organisations continued to deliver services in the dynamic environment of ongoing reform. The focus group discussions highlighted the extent to which practitioners were also engaged reflexively in their work and in dialogue with each other, including in the co-production of knowledge. Discussions also highlighted the extent to which all practitioners, regardless of context, were extremely committed to their work and to the objective of increasing victim/survivor safety within their particular practice remit.

However, participants' accounts of their work and its challenges also signalled key areas for system development and, in particular, ongoing gaps in understanding between different system components. Therefore, while the researchers have made recommendations for specific reform—described at a relatively high level so as to be applicable across different jurisdictional contexts—a primary finding of this case study is that practitioners across all PI systems, even relatively well advanced ones, need to be supported with increased opportunities for communication and for the development of shared objectives.

Shared objectives need to be developed to counter the effects of another predominant finding of this study, which is that the various components across any PI system appear to have divergent—and sometimes contradictory—conceptualisations of "perpetrator accountability". In particular, conversations need to occur across PI systems about whether "accountability" is about the imposition of external consequences, the emergence of internal responsibility, or both. Conversations also need to occur which ensure that assumptions do not prevail that equate increased system activity with system effectiveness.

Accordingly, a referral to an MBCP by a court or another part of a PI system should not be seen to be sufficient for this part of the system to have met its obligations in terms of "holding perpetrators accountable". Equally, the exclusion of a perpetrator from the home, the imposition of a PO, remanding of a perpetrator in custody, or the imposition of a criminal penalty should not be assumed as sufficient for keeping victims/survivors safe.

Rather, risk needs to be assessed, monitored and addressed on an ongoing basis in ways which share information and link system responses. This includes ensuring that all system components have a clear understanding of each other's approaches, aims and limitations, as well as that perpetrators do not "fall through the gaps" or slip out of view when one component steps in and another steps away.

As such, this chapter highlights that the accountability of a PI system is just as relevant to victim/survivor safety as to the longer-term aim of individual behaviour change. Equally, the role of "perpetrator interventions" is not just about activity or support at the tertiary end of a system response, but about keeping perpetrator patterns and risk in view from the beginning. As far as wider DFV responses have come in terms of recognising the value of "perpetrator interventions", therefore, this and other chapters in this collection signal that understanding of the complexity inherent in these interventions has only just begun to emerge.

Recommendations: Key areas for ongoing improvement

The following recommendations are made with the acknowledgment that in the Victorian context some reforms are in the process of being addressed by relevant RCFV recommendations.

Increased "services for perpetrators" and awareness of existing services

1. Greater investment in services that directly target DFV perpetrators—including MBCPs—must be supported by communities of practice and collaborative professional development. This should increase awareness and information sharing between service types regarding each agency's objectives and practice, such as increased

understanding of the objectives and practice of MBCPs by lawyers acting for respondents, as well as increased awareness regarding the role of court interventions among MBCP staff.

2. Increased investment in MBCPs or other specialist perpetrator interventions should include the development and resourcing of programs that are culturally and linguistically appropriate for a wider range of communities.[15]
3. Increased investment in MBCPs or other specialist perpetrator interventions should include capacity for individual sessions and case management.
4. Significant resources need to be invested in crisis and short-term accommodation for individuals removed from their homes as a result of police- or court- issued orders so as to reduce associated risks to victims/survivors.
5. Dedicated support should be funded in emergency department and mental health crisis settings to increase opportunities for specialist intervention with DFV perpetrators, as well as to ensure safety for staff in these settings.
6. Rapid intervention and support should be made available for women upon identification by police as predominant aggressors, including rapid access to specialist legal advice.

Police practices

7. Police forces across Australia should explore the development of predominant aggressor identification tools, informed by input from specialist women's and men's DFV services. This should ensure that women with children are linked with immediate legal advice and other services to address the ramifications of misidentification.
8. Police forces in all Australian jurisdictions should increase recruitment of multi-lingual members to ensure that parties to police call-outs, as well as parties served by police with court orders, can have swift access to explanations and information in their own language. Where repeat attendances at parties' houses are required and where police are aware that relevant parties speak a language other than English as their first language, every effort should be made to ensure that a member or other service provider who speaks that party's language is in attendance.
9. Police DFV protection orders should be made available in multiple languages.
10. Police forces should ensure that a role dedicated to assisting with property retrieval for parties to protection orders is rostered on at a proportion of stations each weekend.
11. Police codes of practice should be developed to include consistent and coherent accountability practices when dealing with suspected DFV perpetrators, either as respondents to police orders or when charged with offences, when individuals are brought to police stations. This should include follow-up visits to respondents, as well as making more proactive links with culturally appropriate supports, therapeutic interventions and legal advice.

Court and legal practices

12. Greater investment should be made in the availability of multi-lingual respondent practitioners, as well as interpreters, at courts to explain court services and the content of court orders.
13. Protection orders should be made available in multiple languages or "easy English", which court staff can readily access to provide to parties who require this.
14. Magistrates and local courts across Australia should investigate opportunities for better follow-up of all protection orders once they are imposed by a court. This can be conducted by respondent practitioners and, in Victoria, could be supported to an extent by the expansion of the Specialist Family Violence Courts which are flagged for eventual expansion to all headquarter courts. Alternatively, this could include linking respondents with improved case management services offered by local MBCPs.
15. The Magistrates' Court of Victoria and all Australian courts mandating referrals to MBCPs and other specialist perpetrator interventions should ensure that appropriate and nuanced processes are developed for assessing perpetrator eligibility and suitability for referral.
16. In addition to the existing quantitative review, the Magistrates' Court of Victoria should conduct a qualitative review of the impact of its fast-tracking initiative to ensure that the intended benefits are being derived from expedited prosecution processes.

15 The Department of Justice & Community Safety in Victoria has funded a small number of pilots, one of which is a program increasing readiness to participate in an MBCP for men from CALD communities.

Support for non-specialist interventions and workforce issues

17. Greater investment and support should occur across social and human services workforces to identify roles and responsibilities in relation to perpetrator interventions. In Victoria, this should be informed by work conducted to support the implementation of Recommendation 85 of the RCFV, and across all jurisdictions should also incorporate safety considerations for a predominantly female human services workforce.
18. Significant effort should be made to increase recruitment of male workers into the human services workforce to conduct work with male DFV perpetrators in non-specialist settings.
19. A significant expansion of services which work with families where the perpetrator remains in the family home/relationship should occur in the context of specialist workforce development and deployment, as well as workforce training to support this neglected area of practice.

Greater integration and collaboration

20. Opportunities for co-location and collaborative practice should be explored and/or reinstated where they have been discontinued. This includes drawing on the Victorian model for information sharing and ensuring consistency of court, Corrections and Child Protection orders in place at the Multidisciplinary Centre.
21. Improved collaborative practice also includes exploring opportunities for the co-location of Child Protection workers at all headquarter Magistrates' or Local Courts; co-location of specialist men's and women's DFV workers in Child Protection services; and co-location of specialist men's and women's DFV services with police DFV units.
22. Collaborative practice should also involve specialist DFV services being included in visits by statutory authorities (such as police and Child Protection) to reduce the need for victims/survivors to retell their stories, and to maximise opportunities for early intervention with perpetrators.
23. Improved collaborative practice should also include consideration of how service co-locations can be expanded to address population growth and change in areas of wide geographic reach and increasing cultural diversity.

References

Belzile, J. A., & Öberg, G. (2012). Where to begin? Grappling with how to use participant interaction in focus group design. *Qualitative Research*, *12*(4), 459–472.

Breckenridge, J. & Hamer, J. (2014, May). Traversing the maze of "evidence" and "best practice" in domestic and family violence service provision in Australia. *ADFV Clearing House Issues Paper 26,* 1–15. Retrieved from https://d2rn9gno7zhxqg.cloudfront.net/wp-content/uploads/2019/02/19030110/IssuesPaper26-May2014.pdf

Brown, S. (2015). Using focus groups in naturally occurring settings. *Qualitative Research Journal*, *15,* 86–97.

Brown, T., Flynn, C., Arias P. F., & Clavijo, C. (2016). *A study of the impact on men and their partners in the short term and in the long term of attending men's behaviour change programs.* Melbourne: Violence Free Families.

Carson, E., Chung, D., & Day, A. (2009). Evaluating contracted domestic violence programs: Standardisation and organisational culture. *Evaluation Journal of Australasia*, *9*(1), 10–19.

Centre for Innovative Justice. (2015). *Opportunities for early intervention: Bringing perpetrators of family violence into view.* Melbourne: RMIT University.

Centre for Innovative Justice. (2018). *Beyond "getting him to a program": Towards best practice for perpetrator accountability in the specialist Family Violence Court context: Literature review.* Melbourne: RMIT University.

City of Greater Dandenong. (2018, February 12). Greater Dandenong officially nation's most culturally diverse community (News). Retrieved from: https://greaterdandenong.com/news/2319/greater-dandenong-officially-nations-most-culturally-diverse-communityCommunity%20Profile,%20City%20of%20Greater%20Dandenong

Charmaz, K. (2006). C*onstructing grounded theory: A practical guide through qualitative analysis*. Los Angeles: SAGE Publications.

Clarke, A., & Wydall, S. (2013). "Making safe": A coordinated community response to empowering victims and tackling perpetrators of domestic violence. *Social Policy & Society, 12*(3), 393–406.

Coutts, P. (2019). *The many shades of co-produced evidence*. Dunfermline, UK: Carnegie UK Trust.

Crime Statistics Agency. (2018). Victorian emergency minimum dataset. *Family violence data dashboard*. Retrieved from https://www.crimestatistics.vic.gov.au/family-violence-data-portal/family-violence-data-dashboard/victorian-emergency-minimum-dataset

Crime Statistics Agency. (2019). Victoria Police. *Family violence data dashboard*. Retrieved from https://www.crimestatistics.vic.gov.au/family-violence-data-portal/family-violence-data-dashboard/victoria-police

Day, A., Chung D., O'Leary, P., & Carson, E. (2009). Programs for men who perpetrate domestic violence: An examination of the issues underlying the effectiveness of intervention programs. *Journal of Family Violence, 24*(3), 203–212.

Derkley, K. (2018, May 1). Lawyers warn of bail crisis. *Law Institute Journal*. Retrieved from https://www.liv.asn.au/Staying-Informed/LIJ/LIJ/October-2018/Lawyers-warn-of-bail-crisis

Family Safety Victoria. (2018). *The family violence information sharing scheme*. Retrieved from https://w.www.vic.gov.au/familyviolence/family-safety-victoria/information sharing-and-risk-management/the-family-violence-information sharing-scheme.html

Farnsworth, J., & Bronwyn, B. (2010). Analysing group dynamics within the focus group. *Qualitative Research*, *10*, 605–624.

Fielding, N., & Warnes, R. (2009). Computer-based qualitative methods in case study research. In D. Byrne & C. C. Ragin (Eds.), *The SAGE handbook of case-based methods* (pp. 270–288). London: SAGE Publications.

Flyvbjerg, B. (2006). Five misunderstandings about case-study research. *Qualitative Inquiry, 12*(2), 219–245.

Gerring, John. (2004). What is a case study and what is it good for? *The American Political Science Review, 98*(2), 341–354.

Holland, J., Forster, H., Lay, Y., & Squire, S. (2018). *Start of change: Mapping engagement with male perpetrators of violence*. Melbourne: Good Shepherd Australia New Zealand.

Humphreys, C., & Campo, M. (2017). *Fathers who use violence: Options for safe practice where there is ongoing contact with children* (CFCA paper no. 43). Melbourne: Child Family Community Australia Information Exchange, Australian Institute of Family Studies.

Ibrahim, N. (2017, June 13). Explainer: What Islam actually says about domestic violence. *The Conversation*. Retrieved from https://theconversation.com/explainer-what-islam-actually-says-about-domestic-violence-77245

Kaye, M., & Tolmie, J. (1998). "Lollies at a children's party" and other myths: Violence, protection orders and fathers' rights groups. *Current Issues in Criminal Justice, 10*(1), 52–72.

King, M., & Batagol, B. (2010). Enforcer, manager or leader? The judicial role in family violence courts. *International Journal of Law and Psychiatry, 33*, 406–416.

Knaus, C., (2017, December 29). Prisons at breaking point but Australia is still addicted to incarceration. *The Guardian*. Retrieved from https://www.theguardian.com/australia-news/2017/dec/29/prisons-at-breaking-point-but-australia-is-still-addicted-to-incarceration

Linneberg, M. S., & Korsgaard, S. (2019). Coding qualitative data: A synthesis guiding the novice. *Qualitative Research Journal, 19*(3), 259–270.

Mack, N., Woodsong, C., MacQueen, K. M., Guest, G., & Namey, E. (2005). *Qualitative research methods: A data collector's field guide*. Durham, NC: Family Health International.

McKenna, S. A., & Main, D. S. (2013). The role and influence of key informants in community-engaged research: A critical perspective. *Action Research, 11*(2), 113–124. https://doi.org/10.1177/1476750312473342

Miller, W. R., & Rollnick, S. (1991). *Motivational interviewing: Preparing people to change addictive behavior*. New York: Guilford Press.

Monash Gender and Family Violence Prevention Centre. (2020). *Hearing the voices of those accessing family violence services in the new information sharing regimes.* Retrieved from: https://www.monash.edu/arts/gender-and-family-violence/research-projects/review-of-the-victorian-information-sharing-scheme

New South Wales Department of Attorney-General and Justice. (2012). *Towards Safe Families: A practice guide for men's domestic violence behaviour change programs*. Sydney: Department of Attorney General and Justice, NSW Government.

Orange Door. (2018). *Bayside Peninsula area: Facts and figures*. Retrieved from https://southsafe.com.au/wp-content/uploads/2018/05/Fact-Sheet-The-Orange-Door-Bayside-Peninsula.pdf

Orr, K., & Bennett, M. (2009). Reflexivity in the co-production of academic–practitioner research. *Qualitative Research in Organizations and Management: An International Journal, 4*(1), 85–102.

Peek, L., & Fothergill, A. (2009). Using focus groups: Lessons from studying daycare centers, 9/11, and Hurricane Katrina. *Qualitative Research, 9*(1) 31–59.

Pike, J. L. (2015). *Demanding accountability in domestic violence courts: Defendants' perceptions of mandated batterer's intervention programs* (Doctoral dissertation). State University of New York at Buffalo.

Pösö, T., Honkatukia, P., & Nyqvist, L. (2008). Focus groups and the study of violence. *Qualitative Research*, *8*(1), 73–89. https://doi.org/10.1177/1468794107085297

Ragin, C. C. (2009). Reflections on casing and case-oriented research. In D. Byrne & C. C. Ragin (Eds.), *The SAGE handbook of case-based methods* (pp. 522–534). London: SAGE Publications Ltd.

Saldaña, J. (2014). Coding and analysis strategies. In P. Leavy (Ed.), *The Oxford handbook of qualitative research* (pp. 581–606). Oxford: Oxford University Press.

Scott, K. L., & Crooks, C. V. (2006). Intervention for abusive fathers: Promising practices in court and community responses. *Juvenile and Family Court Journal*, *57*(3), 29–44.

Sentencing Advisory Council. (2017). *Swift, certain and fair approaches to sentencing family violence offenders*. Melbourne: SAC.

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

Shephard-Bayly, D. (2010). Working with men who use violence: The problem of reporting "progress". *Australian Domestic and Family Violence Clearinghouse Newsletter,* 39, 6–8.

Simons, H. (2012). *Case study research in practice*. London: SAGE Publications.

Simons, H. (2014). Case study research: In-depth understanding in context. In P. Leavy (Ed.), *The Oxford handbook of qualitative research* (pp. 1–29). Oxford: Oxford University Press.

Victoria Legal Aid. (2017, April 26). New integrated services to help address family violence start 1 May in Dandenong and Melbourne. Retrieved from https://www.legalaid.vic.gov.au/about-us/news/new-integrated-services-to-help-address-family-violence-start-1-may-in-dandenong-and-melbourne

Vlais, R., Ridley, S., Green, D., & Chung, D. (2017*). Family and domestic violence perpetrator programs: Issues paper of current and emerging trends, developments and expectations*. Retrieved from http://sfv.org.au/wp-content/uploads/2017/05/FDV-perpetrator-programs-issues-paper.pdf

Warr, D. J. (2005). "It was fun … but we don't usually talk about these things": Analyzing sociable interaction in focus groups. *Qualitative Inquiry, 11*(2), 200–225.

Westmarland, N., & Kelly, L. (2013). Why extending measurements of "success" in domestic violence perpetrator programmes matters for social work. *The British Journal of Social Work*, *43*(6), 1092–1110.

Winick, B. (2000). Applying the law therapeutically in domestic violence cases. *University of Missouri–Kansas City Law Review*, *69*(1), 33–91.

Winick, B., Wiener, R., Castro, A., Emmert, A., & Georges, L. S. (2010). Dealing with mentally ill domestic violence perpetrators: A therapeutic jurisprudence judicial model. *International Journal of Law and Psychiatry, 33*, 428–439.

CHAPTER 5:

Finding a safe way forward and keeping the perpetrator in view outside the city: A Western Australia case study

Dr Karen Upton-Davis, Professor Donna Chung, Damian Green, Elena Campbell

Introduction

The aim of this study was to investigate PI systems in a regional and remote location. This was to gain a practical understanding of the flows and blockages, obstacles and opportunities associated with delivering perpetrator interventions in such a setting, and to compare them to PI systems in metropolitan areas. Characteristics of regional and remote areas across Australia vary in terms of their main economies and relative wealth, population size, distance from capital cities or large regional towns, and demographic composition. This case study is intended to be illustrative of how PI systems can operate in non-metropolitan areas, rather than being representative of all regional and remote PI systems.

The case study site is the Goldfields region (Western Australia), which spans an area of 771,276 square kilometres. It is three times the size of the state of Victoria and is just under one-third of Western Australia's total land mass (Government of WA, 2018). On Census night in 2016, the population of the region was recorded as 55,061, of which 9.57 percent identified as Aboriginal (Goldfields Esperance Development Commission, n.d.). The main towns that lie within the region are Kalgoorlie-Boulder ("Kalgoorlie"), with a population in 2016 of 30,059, and Esperance, with a population of 14,236 (ABS, 2018). Kalgoorlie is located 593 kilometres from Perth, while Esperance lies 714 kilometres from Perth. Lying to the north, an area commonly referred to as "the Lands" is home to approximately 12 Aboriginal communities, including Warburton, Warakurna, and Kiwirrkurra, the latter of which is the most northerly community in the Goldfields region. Kiwirrkurra, which has been described as the most remote community in Australia, lies 1200 kilometres east of Port Hedland, 1455 kilometres north of Kalgoorlie, and 850 kilometres west of Alice Springs.

Most services for the region operate in or from Kalgoorlie. Additionally, Esperance, which is 392 kilometres away, has a number of services. Towns with lesser populations such as Laverton, Leonora and Coolgardie usually receive community services from Kalgoorlie delivered by outreach workers who visit on a regular basis, often fortnightly or monthly. A few smaller towns have a Child Protection office, while several more are home to a police station. The remote Aboriginal communities lying to the far north have a community health nurse occupying a nursing post in each community, and some have a police officer stationed in the community. The larger Aboriginal communities of Warburton, Warakurna, Jameson (Mantamaru) and Blackstone (Papulankutja) are either visited by a Circuit Court magistrate on a regular basis or else court matters are dealt with electronically in these locations. Alleged offenders can be held in custody in these communities or they may be bailed to live in the community until their court appearance. Justice system responses designed to hold perpetrators to account thin out and take longer to implement the more remote the location.

Participants who consented to be interviewed for the case study included workers from non-government human service agencies, children's services, legal, and health services. Some participants were long-term residents with experience in a number of agencies; other participants were newer arrivals to the area. This also provided a useful insight into the dynamics of DFV systems in the region.

As the Goldfields region is the largest regional and remote area in Australia, it faces challenges because of its sheer size and scattered population. The Goldfields region was chosen as the research site because it has a number of government and non-government services directed towards DFV, including perpetrator responses and outreach services to some regional and remote locations within the region, plus a diverse population.

The Goldfields therefore presented an opportunity to explore the perception of PI systems on the ground, in a location facing the tyranny of distance and other challenges, such as a higher rate of DFV per capita when compared to less remote regions. According to the ABS's 2012 Personal safety survey (ABS, 2013), 21 percent of women living outside of capital cities had experienced violence from an intimate partner (since the age of 15) compared to 15 percent of women living in a capital city.

Study context: Situating the study in the Goldfields and within PI systems

Perpetrator pathways specific to DFV in the Goldfields

The justice system accounts for the majority of perpetrator pathways in the Goldfields region. Justice responses to perpetration may include police involvement, court processes, engagement with Corrective Services, imprisonment, and court-ordered attendance at an MBCP. (In the Goldfields, the MBCP is provided by a non-government human service agency.) More specifically, this pathway may involve the police attending a DFV incident, issuing a police order and/or arresting the perpetrator, or the court issuing a family violence restraining order as a civil proceeding or on the criminal pathway pursuing a charge following arrest. A criminal conviction results in various sentencing possibilities. In 2017–18, sentences for DFV offences in Western Australia, in order of likelihood, were as follows: monetary orders; community supervision/work orders; custody in a correctional institution; other non-custodial orders (including good behaviour bond/recognisance orders, licence disqualification/suspension/amendment); forfeiture of property orders; nominal penalty; and other non-custodial orders (ABS, 2019).

Another justice system pathway is through the Cross Borders Indigenous Family Violence Program, which operates in the Ngaanyatjarra Pitjanjatjara Yankunytjatjara (NPY) Lands of Western Australia, South Australia, and the Northern Territory through the agreement of each state's justice department. Staff are employed by Corrective Services to run a rolling MBCP in the larger communities (Blackstone, Jamieson, Warburton and Warakurna in Western Australia, and other communities in South Australia and the Northern Territory) as well as in the custodial settings of Kalgoorlie Prison (a single program has run on a trial basis), Alice Springs Prison and Port Augusta Prison. The Cross Borders program runs for 54 hours over three weeks, and includes participants who have been court-ordered to attend, those who have been referred by the police located in the community, and those who have self-referred. The program is an exception to other Corrective Services–funded programs in accepting non-court-ordered participants, including those on bail and on remand as well as those who voluntarily join from the community. One study participant reported that although mandated clients generally comprise most of the client group, this can vary considerably, with police being a significant referrer of non-mandated clients. The Cross Borders program is one of the PI systems interventions that has evolved to respond to the local context in which it operates. A different service known as the Tri-State Team, which operates from Alice Springs and works across the NPY Lands of Western Australia, the Northern Territory and South Australia, provides parallel women's services.

Another pathway to the MBCP is via the Western Australian Government's Family and Domestic Violence Response Team (FDVRT). The FDVRT comprises representatives from police, the statutory Child Protection agency and a non-government organisation that provides DFV services. If there is a police call-out, it usually generates a domestic violence incident report. Through this report, the police can alert all members of the team to the presence of risk that a perpetrator poses to his family. The FDVRT then assesses the nature and degree of risk with the information it has gathered from various sources, and consequently develops further risk assessment and risk-management strategies in an attempt to keep the victim/survivor safe. The main focus of the FDVRT is working towards the safety of the victim/survivor; however, perpetrator-focused intervention might occur concurrently. The intervention utilises telephone communication with the perpetrator, known as telephone-based assertive outreach. The primary purpose of this intervention is to assess the level of risk the perpetrator poses. It is also an opportunity to de-escalate the perpetrator's response and provide information and support, and by these means increase his readiness to engage in a change process and with appropriate services—although, as the findings reveal, this is rarely attained.

Another perpetrator pathway in the Goldfields is a specialised DFV counselling service for individual clients provided by a non-government human service agency based in Kalgoorlie. Individuals may self-refer; however, interview participants in this study explained that most perpetrators are "socially

mandated". This means, for example, that perpetrators may come to the service after their partner threatens to leave if they do not get help, or as a pre-emptive move ahead of a family violence restraining order hearing in the Magistrates Court, or that a consideration regarding parenting orders in the Family Court prompts them to seek counselling. This is consistent with other research about men's motivation to attend MBCPs when not court-ordered to do so (Bagshaw et al., 2000; Heward-Belle, 2016).

A worker in a specialist perpetrator service reported that another pathway for men to attend individual counselling occurs after couples' counsellors detect men's use of DFV. In such instances, and in recognition of good practice guidelines, counsellors meet the individuals in separate sessions, because the imbalance of power and the perpetrator's use of coercive control can increase the risk of violence if couples engage in joint counselling sessions (Deboer, Rowe, Frousakis, Dimidjian, & Christensen, 2012; Rivera, Zeoli, & Sullivan, 2012). Despite the possible voluntary nature of attendance at specialised DFV individual counselling, at the time of the research interviews, it was reported that the most common referral sources for individual counselling was from the courts via Corrective Services—a mandated pathway. At the time that fieldwork for this study was conducted, a change in the non-government human service organisation providing perpetrator services (in this case, specifically individual counselling to perpetrators) had just occurred, and referrals for individual counselling had not yet been received by the new service provider. Therefore, at that point in time, there was no alternative to entry to an MBCP for individual counselling for mandated clients deemed unsuitable to enter a group program.

A new community-based MBCP called Connect and Respect, for legally mandated participants and funded by the Western Australia Department of Justice, presents another perpetrator pathway. This MBCP, which commenced in Kalgoorlie in early July 2018, was developed as a partnership between two large non-government human service organisations. An extension of this service, a prison-based program, commenced in late 2018. A participant who worked in a specialist perpetrator service noted that prior to the establishment of this MBCP, perpetrators who were sentenced to longer than 12 months' imprisonment and who were eligible to participate in an MBCP were transferred to another prison in order to access a program (with the exception of a one-off pilot operated in Kalgoorlie prison by the Cross Borders team).

Partner contact work is attached to the Connect and Respect program. According to the Western Australian practice standards for running MBCPs, this is essential practice for programs to be run safely (Department for Child Protection and Family Support, 2015, Standard 1.2). Having contact with the perpetrator's present and past victims/survivors as he undertakes the program allows workers to more effectively monitor the risk the perpetrator poses, the safety of the victim/survivor, and his progress in stemming his violent, coercive behaviour in the home. However, in Kalgoorlie at the time of the fieldwork interviews, communication between the partner contact worker and the MBCP facilitators was limited to an exchange of information via a computer-based platform.

Services for victims/survivors

In the Goldfields, services focused on providing a specialised DFV response to victims include the following: Child Protection; refuge; legal advice; counselling, advocacy and support through the courts; counselling and support following sexual assault; and support following an FDVRT referral from the services outlined above. Child Protection offices are located in Kalgoorlie, Esperance and in two outlying towns.

Perpetrator and victim pathways through non-specialised DFV services

Research participants in non-specialised DFV services reported very high levels of contact with DFV victims, but little contact with perpetrators. However, it is likely that they do encounter perpetrators but remain unaware of their perpetration. For example, participants reported that most of the work of mental health workers and those providing general counselling involves work with individuals who have been, or currently are, the victims of DFV. This includes people who were also subjected to childhood sexual abuse. Because of working predominantly with victims/survivors, participants who work in this sector reported having scant knowledge of possible interventions or referral points for perpetrators.

Methodology

While most of the information gathered for the study was from participants, some information was drawn from knowledge acquired while undertaking the mapping component of the broader project (see Chapter 1) and from a desktop review. The latter sources were used to inform the introduction and study context sections of this report.

Recruitment

Participants in this study were drawn from the following services:

- those that are either specialist DFV services, or that have some degree of DFV specialisation in their range of programs. These are services called upon the most to assess and respond to perpetrator-driven risk.
- those that have no specialisation in DFV but are highly relevant to an integrated response because they work with many clients who are victims/survivors or perpetrators of DFV, even though DFV may not be seen as part of the agency's core business.

Workers from those agencies that provide services to either perpetrators or to victims/survivors were therefore invited to participate. The research team made the decision to approach all agencies offering a service specifically in relation to DFV perpetration; to key services offered to female DFV victims/survivors; and to those services that are known by the researchers through their earlier research and practice to be services that DFV perpetrators utilise, such as AOD services, mental health services and homelessness services. Invitations to participate were initially made through telephone communication to agencies and then by follow-up; ethics were approved; and invitations sent via email. Interviews were conducted from early March to late June 2018. The researchers' metropolitan contacts provided the initial contact details for some study participants. Snowball sampling was used thereafter, whereby participants were asked to recommend other services, agencies or contacts who could be invited to participate. Because the person with the greatest knowledge about, or who worked most closely with, perpetrators or victims/survivors was identified from within the agency, sometimes recommended invitees changed once contact with the agency was made. In this way, sampling was purposeful, inasmuch as it aimed to identify those individuals who held the most practical knowledge of perpetrator interventions in the region.

Not all services approached were able to participate or chose to participate. Nineteen agencies were approached, and this resulted in 18 participants from 16 agencies initially agreeing to participate. However, two participants subsequently withdrew after their employing organisations did not agree to their participation. Another participant withdrew consent after the interview, leaving 15 participants from 13 agencies. There were two cases where two workers from a single agency were interviewed; in one case, two participants were interviewed together, and in the other case, the participants represented different service teams within a large agency and were interviewed separately. Of the 15 participants interviewed, some were managers of a service, but all worked directly with clients.

Five participants were drawn from specialist perpetrator intervention services, six from specialist DFV services for victims/survivors, and four from services that do not specialise in DFV.

Data collection

Because of the privacy offered by one-on-one, semi-structured interviews, this method was selected as the way of collecting data. It allowed individual participants to each provide relevant information important to the study, such as the role of their agency within PI systems, as well as an opportunity to provide any overarching or specific comments about the local response to DFV in the area. The interviews were all conducted by the first author. Semi-structured interviews were chosen over focus groups because the research team was uncertain about whether participants would be as willing and open to discuss their views and perspectives in a group setting, given the sensitive nature of some of the topics. Similarly, questionnaires were not considered suitable as they would not allow for in-depth and nuanced explorations of issues that semi-structured interviews would. Due to limited resources for the study, the interviews were conducted

over the telephone and lasted, on average, for 90 minutes (ranging between 60 and 120 minutes).

Topics explored in the interviews were as follows:

- the participant's role and the role of the agency
- the systematic collection, recording and distribution of perpetrator information
- the specific actions taken with/for/about perpetrators
- referral pathways in and out of the agency
- how the agency attends to diversity
- the particular challenges and opportunities faced by the agency/worker that are unique to working in a regional and remote setting
- whether DFV responses have changed in the last five years and in what ways
- collaborative work with other agencies.

In addition to these operational topics, questions were also asked about governance. These included the following:

- how DFV is understood within the agency (shared language, vision, purpose, theoretical framework)
- what formal arrangements are in place in working with other agencies around DFV.

A question was also asked about where leadership is located and who provides leadership (locally, regionally, from the metropolitan area). Two final questions were asked around the following topics:

- the education and training of the participant in working with DFV and specifically with perpetrators
- the participant's understanding of perpetrator accountability.

Data recording and analysis

Interviews were recorded, transcribed and manually coded, with the interview data analysed thematically. The transcripts were initially coded into 78 themes, and as the process of coding continued, codes were added, renamed and refined, culminating at 71 "essence-capturing" attributes (Saldana, 2013, p. 3) under five broad headings. From there, the 71 descriptive codes were categorised; that is, they were "clustered together according to similarity and regularity (a pattern)" (Saldana, 2013, p. 8). This resulted in 15 categories spread between the five headings. Following a period of reflection and contemplation, broad themes emerged: those of context, worker-to-worker relationships and challenges. Each theme has considerable overlap with the other themes, meaning that for most findings, aspects of each of the themes can be seen. In this way, the themes "capture the essence and spread of meaning … they (often) explain large portions of a dataset … [they capture] implicit ideas 'beneath the surface' of the data, but can also capture more explicit and concrete meaning" (Braun, Clarke, Hayfield, & Terry, 2019, p. 845).

Preliminary analysis commenced during the data collection phase in the form of interviewer reflexivity: that is, the interviewer recorded salient points in a journal both during and after each interview, closely followed by reflecting on the interview data with another researcher on the team. The data analysis phase included processes of reading, coding, categorising and theming the transcribed words of the participants, as the researchers continued to reflect on and make meaning from participant responses. Creswell and Creswell (2018, p. 192) refer to this process as applying "simultaneous procedures" to data analysis. Using a qualitative orientation which "usually emphasizes meaning as contextual or situated, reality or *realities* as multiple, and researchers' subjectivity as not just valid but a resource" (Braun et al., 2019, p. 848, original emphasis), the researchers engaged in the knowledge production process by way of a reflexive thematic analysis, the step-by-step process outlined above.

Ethical considerations

Because of the small sample size and because of the nature of conducting a study in a region where there is a relatively small number of agencies, services and human service workers—mostly known to each other—the task of protecting individual participants' identity when reporting their responses was a difficult one. In an attempt to ameliorate this problem, both the regional towns and the participants' organisations and roles have not been identified.

Limitations

There are a number of limitations to this study. Firstly, the data collected and used in this study provides "indirect information filtered through the views of interviewees" (Creswell & Creswell, 2018, p. 189). While this provides a first-hand account of worker experiences, it is understood that situations may be experienced in different ways by different individuals fulfilling the same or similar roles. The subjective nature of qualitative work, while adding richness of meaning to the data, also does not allow for applicability beyond the study sample.

Secondly, the case study took place in 2018, a time of change, where PI systems in the Goldfields were still being developed. As the number of practitioners involved in MBCPs in the region is small, if practitioners leave the role it can easily lead to disruptions in the continuity of program delivery, which also impacts on other agencies that rely on referring the perpetrators. Therefore, if the MBCP had been fully operational when the research was undertaken, the findings may have differed in some ways.

Thirdly, the breadth of this study, and the resources available to undertake it, precluded the possibility of interviewing perpetrators themselves, although it is acknowledged that doing so would provide a different but valuable perspective on what happens within and between PI systems. The time available for the case study was not sufficient to have received the required government ethics committee approvals from all departments where perpetrators were using services.

Findings

The findings outline how services in a large non-metropolitan region, located a considerable distance from the state's capital city, respond to DFV perpetrators and promote women's and children's safety. The findings are presented within the three broad categories: context, worker-to-worker relationships, and challenges. The Melbourne studies reported in Chapter 4 of this collection showed that metropolitan settings experience challenges relating to quality, service demand and workforce capacity. These challenges are amplified when rurality, remoteness and factors associated with these are considered, such as difficulties in workforce retention. However, individuals within PI systems are working hard, and some individuals can be seen effecting considerable, positive progress, as is evidenced by the practitioner comments that follow.

Theme 1: Context

Participants provided explanations around various systems—for instance, the courts, Corrective Services, the newly established MBCP outlined in the study context section above, the demographics of outlying towns, and how services are delivered to the NPY Lands (which extend beyond the Goldfields region). This information, along with knowledge gained about the roles of workers, services and agencies, and of referral pathways, allowed the authors to gain deeper understanding of the context in which agencies and services operate in the Goldfields.

Distance

PI systems are shaped by the context in which they operate. In the case of the Goldfields, the effect of long distance from the capital city, distance between outlying towns, and the vast distances between communities in the NPY Lands makes the task of seamlessly delivering services challenging. The geographical isolation and distances for travel have previously been identified by Wendt (2009) as a challenge in health and human services; such a context negatively impacts on those affected by DFV and how workers practice. Previous research has also shown how distances impact on the availability and cost of running services; for example, a visit to meet with a family may take a whole day or involve an overnight stay (Wendt, Chung, Elder, Hendrick, & Hartwig, 2017).

In the Goldfields, many of the human services delivered to outlying towns (which lie hundreds of kilometres from Kalgoorlie) are delivered by workers visiting towns for a couple or a few days, once a fortnight or once a month. Services to communities in the NPY Lands are delivered far less frequently or not at all. The ways in which distance directly impacts the opportunities for engagement and timely intervention was described by a participant:

> Yes, I think because I'm only visiting [outlying town] and [outlying town] you're not there when things happened. The referral will come but I might not be there for another five to 10 days. By the time you get there, there may have been a window of opportunity to engage them [perpetrators] maybe, but that's gone because you're travelling … that window of opportunity might be "Holy crap, what have I done, I need to do something about this", it might last 24 hours or 12 hours, if you're not on the spot you can't even sow the seed with them. (Perpetrator intervention [PI] service)

Distance works against effective intervention in other ways. In the following statement, the worker, whose service covers 350,000 square kilometres, explains what happens in the NPY Lands when perpetrators evade police:

> They've got to travel hundreds of kilometres to get to that other community and he just runs off into the bush, and they can spend days out there or walk hundreds of kilometres. They know the waterholes and can get to another community and just go into hiding and the police don't have the resources to follow them up. They won't attend them if the police don't get a response out of them. The women are in fear and they might go off to Alice Springs or Kalgoorlie and then it's sort of lost in the system. There's no follow-up. He's not held accountable for what he's done. (Victim/survivor [V/S] service)

Another participant expressed their opinion that services are not effective in terms of servicing satellite towns, outlining the nature of delivering programs to towns in the region:

> [Programs will] run, they'll be centralised in the bigger towns, and some people do outreach services [individual work with service users] … but they don't do the programs in the smaller towns, so like [outlying town] or [outlying town] would also benefit from having a domestic violence perpetrator program, but I don't think [agency] is going to go out there and do a six-month course. So, you've got the people who live out there who aren't covered by the [program in the Lands] because they cover the Lands, which is all the community around the border, but no one does [outlying town] and [outlying town], and all we've got out there is substance abuse counselling, and anger management services. (PI service)

In speaking of the difficulty of getting clients to services in Kalgoorlie from a satellite town, another participant commented:

> There's only one bus a week, so you get the bus on Friday from here to Kalgoorlie, but you can't come back until the following Thursday. So then for instance you've got to have accommodation and it's quite a tricky thing. (V/S service)

Information about perpetrators

Particular note was taken of how participants reported behaving in relation to collecting, sharing and taking action on information about perpetrators, and how this differed depending on participants' location within the PI systems structure.

Information collection

Information collection depends on workers being able to identify service users as DFV perpetrators, and then to collect information relevant to the perpetration that might then be used to contribute to victims'/survivors' safety and move perpetrators towards change. Such information needs to be recorded and shared or acted upon in order to be useful (see the subsection on the Detection and Action Wheel in Chapter 3 for a full explanation of the relevance and importance of information collection, recording, and sharing, and action taken on information).

Participants were asked how they identify a service user as a DFV perpetrator. To a large extent, the ways of identifying perpetrators were determined by the position of the service within the PI systems. Police identify perpetrators following a call-out to an incident; once present at the scene, they make an assessment of the situation, part of which is to determine who the perpetrator is and who are the victims. The process is relatively similar to what occurs in metropolitan areas in Australia and internationally (Boivin & Leclerc, 2016; Messing & Campbell, 2016). Beyond that, those who are tasked with directly dealing with perpetrators generally identify them through police reports, justice system documentation, or notification from the FDVRT (for the purpose of assertive outreach, for example). However, one participant reported that he is often aware of a DFV incident occurring in the regional town where he is based before the paperwork comes through

from Kalgoorlie. He needs to wait until the procedures have been completed before he can act and occasionally needs to telephone the Kalgoorlie office in order to move the process along through the system.

Those services that are tasked with providing specialist DFV services to victims/survivors identify perpetrators through secondary means—that is, through information obtained through their risk assessments of, and contact with, victims/survivors or, to a greater or lesser extent, from police reports. Participants whose roles are in specialist DFV services for women reported that they do not systematically collect, record or share information about perpetrators. However, they may be more familiar with identifying perpetrator behaviour patterns and risks, because of their overt dealings with DFV victims and their knowledge of the dynamics of DFV. Non-specialist DFV workers, whose access to information about DFV is mostly from victims/survivors, also reported not systematically collecting, recording or sharing information about perpetrators. Workers who offer generalist rather than specialist DFV services reported encountering victims/survivors or perpetrators in the course of delivering their services. These participants explained that the majority of those using these generalist services have current or past experiences of DFV, including sexual abuse. When asked how many, one participant responded:

> Oh gosh, a huge proportion. Absolutely huge proportion. Like if you go back to childhood sexual abuse, absolutely. Oh gosh. I couldn't give you—let me really think about it. I would say at least 60 percent of the people I see have had some problem, probably more. That would be the minimum, I reckon. Every day I go home going, "Oh my god, another story, another story, another story." Yeah. (Non-specialist DFV service)

One non-specialist DFV worker felt that she was readily able to identify victims of DFV through asking about relationships, doing genograms, and enquiring about women's safety. As a worker in a women's service, she only has female clients. Other participants from non-DFV specialist services (for example, in mental health, AOD and general counselling services), whose clients are both male and female, believed that they have no clients who are perpetrators. The exception was one participant who recounted that she had discovered during a session with the victim that she is also working with a very violent perpetrator—the husband of the victim. This worker felt at a loss as to how to deal with his perpetration of violence, even indirectly, and at the time of the interview had avoided the issue altogether in her work with him. None of the participants from non-specialist DFV services systematically gathered, recorded or shared information about perpetrators that they had garnered from their work with victims. Because DFV often happens concurrently with relationship problems, alcohol and drug misuse and mental health issues (Deakin University, 2015; Miller et al., 2016), it is highly likely that these workers come face to face with perpetrators in the course of their everyday work without realising or responding to it.

Information recording

For the Goldfields participants, information recorded about a perpetrator either goes to the service funder (as an audit requirement), as is the case for DFV services for men, or it is recorded on an intra-agency database for the benefit of other workers in the agency who may work with the same client. However, according to one participant, intra-agency data is seldom accessed by other workers, resulting in the possibility that victims/survivors or perpetrators could access different services within the agency, or similar services in the same agency, over time, unbeknown to the current worker.

Information sharing

Evidence gathered from interviews suggests there is much scope for information sharing in addition to that which is presently being shared. The police share information with the FDVRT. A participant from a specialist women's service also noted:

> The police will often give us a call and do a welfare check on someone they dropped off and they will fill us in as to "we found him, he appears in court next Wednesday and he's probably going to go to prison for a time", that sort of thing. They're happy to share that information with us. (V/S service)

Another service explained the circumstances under which they may share information derived from their work with victims: "It might go into our advocacy with police if we've

identified patterns [in the perpetrator's behaviour]" (V/S service). The same participant said that:

> We also provide reports to the men's program that does come out, that one that I mentioned earlier [on the Lands]. They get the list of names to us ideally a month before because it takes some time to write the report. And we provide them with our analysis. (V/S service)

This service also passes insightful information to the men's program:

> So, and particularly what we're seeing now with the younger people coming through, yeah, the dynamics are different so the conversations we have with [the MBCP in the Lands] are more to kind of make them aware of those particular dynamics. They can then weave that into their program accordingly or, as is currently happening I think, you know, it's making them think about, particularly with that younger cohort coming through, how the program needs to be able to reflect that. (V/S service)

This level of information sharing was not evidenced in the then newly operational MBCP in Kalgoorlie, where, at the time of the interviews, information sharing was limited to an exchange with the funding organisation, while the role and function of partner contact work was yet to be fully developed. At the time of the interviews, information sharing with the partner contact worker was confined to joint access to a shared computer program.

More often than not, when participants were asked, "Do you share the information you know about the perpetrator with others?" the answer was generally a resounding "no". An adherence to client confidentiality, or a fear of compromising victim safety, was offered most often as the rationale for their response:

> One of the issues is the *Privacy Act* because we're not meant to share anything unless we get permission from … unless we get permission from the victims, we're not meant to share their details. Then we never share the details of the perpetrators. (V/S service)

No one interviewed discussed the use of the Western Australian information sharing legislation. This allows for the sharing of relevant information within and between government and non-government sectors about concerns for the safety of those subjected or exposed to DFV. Information about the perpetrator may be shared without the perpetrator's consent. Western Australian legislation regarding information sharing is contained in the 2015 amendments to the *Children and Community Services Act 2004*, Division 6, s 28A, 28B and 28C (Government of WA), and within s 70A of the *Restraining Orders Act 1997* (Government of WA).

Another participant explained the paucity of information sharing as a result of rules set by the service or the service funder:

> You know, we also have to acknowledge that each other of us is funded by a different body and we've got different rules and different goalposts and we're afraid to move those at all, and so if I talk to you about a client, am I breaking the rules in terms of my employer and my funder, so I think there's that fear of that. (V/S service)

This participant went on to recognise the issue, in part, as a systemic problem: "So I think the issues are far higher than just we have around town, it's about those who make the rules." (V/S service) While this participant presented the agency's inability to share information as being the result of high-level decisions out of the agency's control, it was concerning that other participants did not see a need to share information.

For others, it was about the need to trust workers in other services enough to share information with them:

> I absolutely acknowledge the need for privacy and confidentiality, but I think there comes a point where we have to trust that sharing information is about what's best for the client and having an holistic plan as opposed to "I'll do my bit and you do yours", there's still that sense of working in silos in this town, I'm afraid, and quite often you hear that going to the interagency meetings and whatnot. (V/S service)

Some participants expressed frustration that it was difficult to obtain information from government departments about individuals they were working with, with the result that "it just simply slows the whole process down" (V/S service).

Another participant expressed the view, "It's that attitude if you're not government then you're not privy, and that comes through at times, that NGOs don't really have the right to certain information." (V/S service)

Interviews revealed that the exception to disclosure came when workers recognised a situation of extremely high risk. However, without a designated pathway to an agency whose role it is to receive such information and take action on it (other than a police referral, which is not always an appropriate response), workers found themselves at a loss as to an effective path to follow.

When victims/survivors engage with services specifically about DFV, there are important opportunities for workers to exchange information that would help others who work more closely with perpetrators to be aware of dangers and risks to the victim/survivor and to act on them. This combined effort could be employed to help navigate perpetrators towards change, and, at present, is a missed opportunity for perpetrator intervention. It also contrasts significantly with the work in progress about information sharing that was described in the Victorian Bayside case study (see Chapter 4). Practitioners there were already sharing information to some degree, and offered examples that demonstrated how extending information sharing provided important new details about perpetrators' risk levels. Just as importantly, there is scope for those working in specialist DFV men's services to share the risks they identify with the services working with the victim of the perpetrator.

Accountability

Accountability refers to both PI systems' attempts to hold perpetrators to account, for example through a justice system response, and internal responsibility-taking of the individual perpetrator for his use of violence (see Chapter 1 for a detailed discussion of this). Research participants were asked how they understood perpetrator accountability. The responses ranged from not being sure what it included to descriptions that the use of violence is a choice:

> I think if a man can sit there and go, "I did this, I take total responsibility and know it's the fault of my own and that I need to work on that", I think that's incredible … Yes, because I just think that if they can't accept … A lot of guys who come in here go, "Well, the court told me I should come here because of this", "She did this, she did that", but they're shifting the blame, they forget about their responsibility and everything. (PI service)

> It's like that whole, the wheel of violence—"she should not have said that" and then it's like "No, but you … those were *your* actions. You're responsible for you. You can't blame someone for your reaction." So I think that that's what I would sort of perceive as perpetrator accountability. (Non-specialist DFV service)

Some participants equated perpetrator accountability with an individual perpetrator accepting responsibility for his use of violence. Therefore, a lack of accountability was described as perpetrators shifting the blame for their perpetration to the victim/survivor:

> Perpetrator accountability—I guess it's when someone has reached the point of awareness where they actually acknowledge without blaming the victim, I mean blaming someone else because when I worked in the prison that was a huge problem. It was never their fault. It was always someone else's fault and we always were trying to work with that for someone to say, "Yes, it's me, it's my fault." (PI service)

This understanding of accountability refers to the individual perpetrator's preparedness to accept responsibility for his actions and to move forward through a change process. As was shown in Chapter 1, there are pitfalls in assuming that being held to account (generally via a justice system response) equates with internal responsibility-taking. Interrogating the mechanisms that hold perpetrators to account and how the imposition of these mechanisms could plausibly lead to internal responsibility-taking are addressed in greater detail in Chapter 1.

Another participant's response aligned with the understanding of a perpetrator being held to account by facing justice system consequences.

> No, I think it just comes down to having to face up to what they have done. And, you know, whether that means

> hurting family, facing a prison sentence—it is about accountability. (V/S service)

Several participants saw a service system role in holding perpetrators to account:

> … that they take responsibility for their actions, and acknowledge what they've done, and are told that that behaviour is not appropriate, it's not what you do in a loving relationship. And then part of that accountability is teaching them how to change that. (PI service)

> I think for me it would be an honest discussion with a perpetrator, a challenging discussion, a difficult conversation, about their choices that they're making, and their behaviour in their family, towards their partner, and the effect on the children. So it's really getting that dialogue going and putting the responsibility where it should be—that his choices—they're choosing to behave like that and what are they going to do about that really. So I think that's the key of it, key crux of it. (V/S service)

Participants lamented the lack of accountability when, for instance, a perpetrator evades police; for example, one participant said, "[He is] lost in the system. There's no follow-up. He's not held accountable for what he's done." (V/S service) Another spoke of measures that he takes to write reports using language which emphasises perpetrator accountability:

> Yeah. Well we've been pushing that here and I've been thinking about it in writing reports—is using language that addresses that accountability. That John is making choices in his relationship with Mary, and the choices are that he's violent towards her in front of the children and this that and—and they're choices he is making, which is behaviour he is choosing to do—et cetera, et cetera. So using that language in what we do and in the discourse, in the dialogue with people … So that's something we're pushing a lot here. (V/S service)

Responses to DFV perpetration, however, are not only impacted by the context of attempted interventions but also through, and because of, the quality of the work relationships of those doing the intervening.

Theme 2: Worker-to-worker relationships

In low-density population areas where DFV services are staffed by only a few individuals—sometimes only one or two, as is not unusual in the Goldfields—and where no similar service exists, the knowledge, skills and motivation of individual workers can and does have a significant impact on service delivery. Similarly important is these individuals' ability to work with other workers within PI systems. For this reason, the quality of worker-to-worker relationships was identified as being an important dimension of the study findings. The theme of worker-to-worker relationships is further coded into the following categories: enthusiasm; significant connections; high staff turnover; effective interagency work; and attempts and innovations.

Enthusiasm

Workers expressed enthusiasm towards the work they undertake, with comments such as:

> We're really glad we came. It's so different and so exciting and challenging. (V/S service)

> I love sitting in this seat, I love seeing one person out of every 20 walk out the door with a smile on their face and tell me that it's a new beginning. It's a, yes, I think we have a worthwhile service, I think we do good in our community, I think we need to be in this community. (Non-specialised DFV service)

> I love this job. And this environment is beautiful. I work with a beautiful—they're not necessarily my team professionally, but they're a lovely team of ladies. (Non-specialised DFV service)

Significant connections

For some participants, the significant connections they had made with other workers enabled them to stay positive and achieve progress in their role. One participant spoke of the influence one school principal had on service use in the Lands: "The new principal there is very welcoming of other services and the community to come and go." (V/S service)

Others spoke of the outcomes of having a positive connection with police:

> I mean I think you're right, that generally the focus has been on the victim, and the task is to get rid of the perpetrator and who cares where they've gone and who they are, as long as they're not in the home doing the same thing again. So I think you're right, that traditionally has been the approach. But I think here my close liaison with the police makes a difference inasmuch as we would discuss the case on where we thought father was and was he in town and what was he going to do next? So we've been dealing with that locally by good working with the police—well, I have anyway, and always wanted to know where these people were, what we're doing, and what they thought the likelihood was of him coming back and how we might find him and have a talk about that. So I think I've tried to deal with that locally in that way. (V/S service)

> … but the police are pretty amazing in terms of supporting us and doing as much as they can to get our [victim/survivor] clients and keeping them safe. (V/S service)

One study participant, who was the sole representative for a government department within the area, spoke about his relationship with another government employee who worked for a different agency in the same building:

> So when I first came, there was someone who'd been in a post a while, we were kindred spirits and it was wonderful, that first few months. He showed me the ropes, took me out to meet families. We shared so much information and about violent perpetrators—about everything. We worked very closely as if we were one little team. (V/S service)

Several times during the interview, this participant returned to the significance of this connection while lamenting the loss of it and the loss of the feeling of being part of a local team after a subsequent worker did not operate in the same way.

Other participants spoke of colleagues they trusted and admired:

> So she's been someone who I feel—you know, whenever she sends an email, let's have a look at it because it's the latest thinking and the latest ideas, and she's getting that through the team in Perth and disseminating it. So that's been really good. (V/S service)

> … but when she's got to pull us up or if we're not quite doing it right her experience and her professionalism means that we can take the critique and we can take the criticism much better than we can when it's someone at the end of the phone says you must do this or you must do that, you're not doing this right. So, yes, we're very lucky we have a really good contract manager. (V/S service)

High staff turnover

Rural and remote workforce turnover is a challenge in Australia in many sectors, and has previously been identified in DFV (Wendt et al., 2017). This study re-affirms findings from past research. The challenges posed by a high turnover of staff in the Goldfields featured predominantly in interviews, with one participant who had earlier reported progress due to the strong relationship he had built with police now reporting "wobbling":

> In fact, it's wobbled a bit recently because the staff—talking of transients—the entire police station has changed in the last two months. Everyone did their two years in the Lands, they've all gone to work in Bunbury or Perth and now I've got an entirely new police station with a new sergeant and I'm having to build relationships again and prove that working together and sharing information is the best way to go. (V/S service)

This comment resonated with stories from other participants about staff shortages, positions that cannot be filled, the difficulty of retaining skilled workers, a specific short-term contract model for Western Australian police, and the impact these have on service delivery:

> If you look up in [outlying town] and [outlying town], they're always short of police, they have so much work up there. When you don't have the resources, you can't make a change, you can only maintain. (PI service)

> Look, there's a lack of resources when it comes to getting counsellors. Hence, I know that we've got teams here, but the staff change so often that there's no consistency. (Non-specialised DFV service)

Speaking of police working on the NPY Lands, participants noted the following:

> In WA, you have a bit of a different model where you have people on contract for a couple of years, kind of either 12 months or about two years and so that kind of first six months, if you haven't been out there before, that's the coppers finding their feet and probably being given the run-around from community that's there. (V/S service)

> So it takes time to build up those connections and that trust with the community … and that's depending on the kind of the support that the police officers themselves received at some point. There's not many current police out there that have been there for a substantial period of time, have they? (V/S service) … No, no. (V/S service) … None. (V/S service) [two participants from the same service interviewed together]

> We don't have a lot of contact with [other agency] but we seldom speak to the same person twice. (Non-specialised DFV service)

> Those work relationships with the turnover of staff it takes a lot of effort and time into that. (V/S service)

Other participants provided corroborating evidence of staff transience:

> I've only been here since the beginning of October … and I probably will leave in a year, two years, I don't know, and I'll go somewhere else, I'm not going to live here for the rest of my life. (Non-specialised DFV service)

> I understand WA, most people want to be based in Perth, or near Perth, or Margaret River, it seems to me—and that people do a stint out here and then go, you know after a year or a couple of years. They've done their time in the Lands. So that is a problem, I think, getting people to stick at it and with the churn it's very hard isn't it, with the population and staff. So that is a challenge, yeah. (V/S service)

A participant confided: "Our previous managers that we had in this service were kind of in the job for, one, seven months and one for a year and a bit" (V/S service). They went on to explain that with a change in culture, the high staff turnover had greatly reduced in their agency:

> We've changed a huge amount. We've really focused on team culture and what that means and what it means to value the experience of the staff we've got, what it means to have a really multifaceted team with different strengths … And it can be a very, very difficult and challenging job, so we have to really consider a level of support we give to our staff, whether that's supervision, de-briefing, external supervision, the training that goes in and all of that … So and stable management I think has helped a little bit. (V/S service)

Staff transience affects the ability to build working relationships and interagency collaborations, maintain a significant number of experienced DFV workers, and even to plan and develop services. Despite the oft-reported problem of a high turnover of staff, three participants (generally with family or historical ties to the area) had lived and worked in the Goldfields for a considerable length of time. At least two of them had worked in multiple agencies, often moving from agency to agency but retaining a similar role, following the funding for their program or area of expertise.

Effective interagency work

Effective interagency work in a regional and remote setting was often described as being the result of good relationships between individuals in the agencies. Because of the relatively small number of human service workers, dealings with an agency or a service often entailed dealing with one particular individual. As one participant put it, "But yeah, and in a remote setting there's no one else to go to is there? In a city you can go, 'Oh I hate that person, but I'll deal with their colleague.'" (V/S service)

This contrasts with metropolitan services, where there is often more than one individual based in an agency. Referral and case management therefore does not rely on individual relationships to the same extent. In response to the question, "How are relationships between agencies?" participants mostly had mixed feelings, reporting very positive and successful relationships with some colleagues, and varied

relationships with others. Quite a number of participants reported tensions or relationship breakdowns, due to reasons such as the following:

- how a particular case was managed
- competition for funding
- workers not answering emails, not sharing information that would help them do their job, or sidestepping their duties to clients, thereby leaving workers in other agencies to pick up the work
- not engaging in collaborations that would provide a more holistic service to clients
- other agencies' ignorance of the mandate of participants' services and what other services are available to clients.

The following responses capture some of these elements:

> Trying to get the best out of [relationships], that's the key thing … I think in Kalgoorlie, there's been a lot of tension with different agencies—someone was telling me the other day about the relationship with [agency] had broken down at one point. I think there was a story I heard that there was a dispute between [agency] and [another agency] over the handling of a particular case … which is still going on months and months after that episode. There are still people who ring us up, won't talk to each other, which I was quite surprised by. I don't know—there seem to be a lot of tensions. (V/S service)

> I think you've got to work at it, haven't you, a bit. And I think here the non-government agencies, they're not statutory and sometimes—I felt there was a bit of tension when I first came with a couple of referrals I made for families who needed some help and support. They didn't get it and then I was told: "Oh well they didn't let us in, or they didn't want to see us, so we don't come back anymore." And I wondered: "Well how far did you go to engage them or did you just turn up?" Because I was feeling the family wanted a bit of help and I sold the idea with this agency coming in to help them. But then I got the message that the family didn't want them. And I thought: "Well how did you do that? Did you just turn up—how hard did you try to get your foot in the door and do that work?" … So I felt a bit frustrated about that. And as I say that person hid behind the fact that we're voluntary—[if] people don't want us we can't do any work. And I thought: "Well you're the only hope for this family, there's no one else [who] can do it." (V/S service)

> I know the level above us all fight over money, you know, and I'm not in that, my work is at the table and if it's going to be advantageous to my client to get involved with another organisation, then I will make that happen. (PI service)

> So there is a very tense relationship with [agency] here and also [with another agency]. They say "Oh, we don't deal with this." And everyone's trying to pass the buck and clients don't want to go to [agency] on their own. They always want, "Oh, can you please come, can you please be there" because they've had lots and lots of negative experiences. (Non-specialist DFV service)

Conversely, two participants spoke of willingly lending a helping hand to other agencies and of particular alliances:

> I don't know management-wise, but I get on with everyone, I work with everybody because we're all working for the same end goal frankly. So, if I can help out [agency] or [agency] can help me out, I can help with assessments. I have good relationships with all the agencies I work with. (PI service)

> [Assessment] does happen at [agency] but we have been doing the intake to help out because there has been quite a large workload. (PI service)

The second participant went on to say:

> Well, it's very important to maintain good relationships between organisations and I feel that in Kalgoorlie we have that, for sure. We all work very hard to remain in contact and have good rapport, so I think we're probably one of the really lucky places, so we've got that. (PI service)

Attempts and innovations to improve responses to perpetration

Some participants talked about their ideas of improving responses and services. Some ideas were abandoned because of difficulties encountered with implementation; some were in the pipeline

at the time interviews for this study were conducted; some blossomed into innovative, on-the-ground practices.

One such idea that blossomed was focused, educative and collaborative interagency meetings:

> We've taken a lead, we've taken a lead here because once a month there's this interagency meeting where agencies in town and those who come to town are all supposed to meet round the table to share information and ideas. And we've actually taken a new direction with that … So we've had a meeting for example about family and domestic violence and what was interesting is that I ran a workshop approach to the meeting, did a presentation, basic ideas about family and domestic violence. And what was interesting was around the table people were at very different levels of understanding. Some people had done a lot of training and had a really good grasp of family and domestic violence. Other people said things like: "Well, often it's the woman to blame isn't it?" You know, people had lots of different views and understandings. So our strategy was developed in such a way that we would try and get some basic training here so agencies in town, people in town, all got to base camp having an understanding of FDV and what it's about. (V/S service)

The participant went on to explain more about these meetings:

> The workshops we've been running here—20 so far, family and domestic violence, alcohol and Child Protection, with more to come on different things. But we title them: "What does a good response look like?" And the idea was to focus people on, if somebody was a victim of domestic violence on Monday, what's the best outcome we could deliver as a team of people so that by Friday the situation had vastly improved? And it made people focus not just on their little bit, i.e. the hospital said: "Well if you came in on Monday with a cut on the head we'd put stitches and a plaster on it, then our job's done"—and they didn't know about anything else that was going on. We actually get everyone to work together to think in the model case, what would be the best we could all do? Where would we want the person to be by Friday? And it focused people to get out of their silos, I think the word is, start thinking as a team, or a group of people, what the best service could be for that person, so they were really helped and there was a difference. And it's been a really interesting approach, I think. (V/S service)

One participant had the following idea in development with another agency worker:

> We're thinking of having a men's morning—probably in my office—and seeing if we can get some kind of hook that brings people in and that guys come in and we just have a yarn. And there's not particularly a focus to start with but just a place where men might come … And maybe from that, some other things could follow on—guest speakers, themes, and issues. (V/S service)

Another participant proposed the following innovation with the idea of helping the victims/survivors of DFV:

> And we have to—that's part of the domestic violence thing, too. If you've got women that are victims, we have to let them talk. You know, they have an Alcoholics Anonymous. Why don't we have victim—Domestic Violence Anonymous? (Non-specialised DFV service)

For another participant, the hurdles in implementing a great idea became too difficult and the idea was dropped:

> We wanted to actually do a support group for DV—so I think when I first got here I did an agency visit with the [agency] in Kalgoorlie, and they were like, "Oh, yeah, we would love you to do something like that." And when I started to research it, I'm like, oh my gosh, this is going to be bigger than Ben Hur. We've got to be so careful, we've got to have at least two or three facilitators in case—you know, like one of the women gets upset, or—you know, we need to provide counselling, we need to screen them. It just became bigger than Ben Hur. (Non-specialised DFV service)

One non-government agency is working towards running some kind of group for perpetrators in outlying towns, but needs to build the skills of the second facilitator before this can happen:

> So, we're trying to develop a better response within each town in terms of how does it look and how do we do this as a group working with full time people and the fly in, fly out people like me. (PI service)

Another development was in its initial stages:

> So I'm just piloting a thing that I want on a couple of cases—I want to invite the police, health and the school to come and meet me with mum and dad to talk about the issues together and what we're trying to do and how we all work together. But that's not a normal thing here in [outlying town]. It doesn't happen that often. (V/S service)

Theme 3: Challenges

Alongside the attempts and innovations in delivering quality services, and the enthusiasm and positive outlook of workers, are the challenges. Some challenges have surfaced in the findings reported in the other themes. Here, a selection of the most pervasive or striking challenges are reported.

Responding to violence in Aboriginal and Torres Strait Islander family and community contexts

The 2016 Census revealed that 3.3 percent of the Australian population identified as Aboriginal or as Torres Strait Islander (ABS, 2017). In the same Census, the Aboriginal population of the Goldfields was recorded as 9.57 percent (ABS, 2017). Many of them are residents on the NPY Lands, while others are in the towns, with considerable movement from one place to the other.

As is the case with all cultures, variations exist both within and between the cultures of Aboriginal people living within the Goldfields region. Participants talked about many cultural challenges in relation to DFV perpetration: challenges from within Aboriginal cultures; challenges for practitioners in their work with individuals and families from the many different Aboriginal groups in the region; and the challenges for Aboriginal people that the broader community create.

Challenges confronting Aboriginal communities in the region

Although not unique to Aboriginal communities, high rates of DFV were linked to violence-supportive attitudes adopted by adolescent males:

> So, they [adolescent males] get taught when they're 15 and they're taken away that they are the most important person, and they go through certain procedures that is culturally required of them to do, and then if the women talk about that, then that's shaming them in front of the other people of the family, and they have to put them back in their place. So many times, I've heard that … "I have to tell her that she can't do that. She can't be talking to me like that. It's not her role. It's not her role, it's not her place." (Non-specialised DFV service)

> But once they've done business with peers I don't often see, I don't know what goes on, but they come out different people. Yeah, they come out with dominance over women. They'll take a girlfriend, drag her down to the ground by her hair and then it starts, the violence starts. (V/S service)

Lateral violence was also described by an Aboriginal worker:

> And this one woman said, "I've got a baseball bat in my car. I'm going to take his kneecaps out" and I'm, like, "Let's talk about other ways …" and it's like "No, no, no, fuck him." Like that mentality. It's really, it's out there. (Non-specialised DFV service)

Participants spoke of the added difficulty for Aboriginal people of achieving change away from DFV perpetration because of their close cultural ties with family—who often collude in their behaviour, not only around violence but also alcohol consumption and drug use:

> But perpetrators are still not willing to engage because their lifestyle doesn't, why change their lifestyle? And ultimately that's caught up with the drinking and there's so much family involved in it. So, even when they make that decision and they stop drinking and they want to address the issue, the family come in and take over the house and drinking and they end up getting back into that stuff. So, I think they're really challenged in terms of being able to make changes and sustain them. (PI service)

> Yes, and I think it's hard for Aboriginal people because the likes of a white family, they're [in a bind] but they have the opportunity to start again. Aboriginal people, their friends are their family and if it's their family they need to avoid because they all use together then they become very isolated if they choose to keep away from their family. (Non-specialised DFV service)

Although acknowledging the added difficulties of breaking free from damaging behaviour, one participant told the story of a success:

> One thing I talked about to the Aboriginal perpetrator who gave up everything, was the amount of family he had to avoid because that's who he used with … And that's a big loss for an Aboriginal person. (PI service)

But close family ties and bonds within the community can also be a supportive factor if others intervene in helpful ways with the perpetrator:

> We have men saying things like you know, to other men, you know, if you keep the door open, we might need to help you. That, in itself, is men taking action to alleviating the harm. So we have to try and tap into that in some way. (V/S service)

> We don't send people out there [the Lands] with battle armour on so they're not expected to intervene and especially not after hours. But one of the kind of tips I guess, that we did start … if something happens, who can talk that young fellow or whoever it is, down, who does he listen to? And it's often another man. (V/S service)

Other participants recognised the need for a whole-of-community Aboriginal response to DFV:

> So if there's a board of Elders in the remote community, and they don't deal with the issue of how they're going to address domestic violence, then it doesn't get addressed. So firstly, if you're going to go into a community, someone in that community has to say, "All right, we're all living here, no policemen here, women get bashed, how are we going to deal with this?" And they'll all have to agree on that plan. (Non-specialised DFV service)

In this case, the participant regretted that such a response from Aboriginal Elders isn't often forthcoming. This view was supported by another participant who works in the Lands and believes that men won't intervene because they use violence themselves: "The best to hope for is to find men who no longer use violence nor heavily involved in bringing in ganja and drink." (V/S service)

The difficulty of making change amid other concerns, such as family feuding, was also recognised: "It's also family feuding in the land, so when there's family problems it's very difficult for them to address something else." (Non-specialised DFV service).

Making change requires the individual's motivation to do so, as well as a supportive community that recognises and rewards non-violent, non-abusive ways of being. It is also greatly assisted by the stability in a perpetrator's life. If an individual is contending with problems around alcohol, drugs, mental health, unemployment, poverty, relationship upheaval or loss, then changing personal attitudes and behaviour is made that much more difficult to sustain.

Consequences of a Westernised service orientation

While acknowledging the over-simplification of labelling these consequences as the result of a Westernised service orientation, doing so does hopefully capture the essence of the problem. A number of service providers reported that disproportionally few Aboriginal people access their services in Kalgoorlie, despite DFV being a significant problem for many Aboriginal people in the region. Participants attributed this to a variety of factors, such as the fee-paying nature of the service (for those who can afford to pay); the perception of the service as "a white women's service"; the understanding that a culturally appropriate service was not offered; and finally, the prejudice that exists towards Aboriginal people:

> And there is a—I mean I think it was racist before, but the racism is huge in this town. I have to just bite my tongue all the time because it's just huge. There's a huge divide in people's opinions, it's a very polarised community, and there's lots and lots of racism here. And people don't even know they're racist … "I'm not racist, but …" Ooh, I think you might be. [Laughs.] You know? So that's huge as well, so why would—I mean going back to the barrier of coming in here, why would an Aboriginal woman or an Aboriginal person want to engage with a white person service? Like … Yeah. They wouldn't. Because there's so much racism here, and so much judgement. (Non-specialised DF service)

Participants recognised that a risk factor leading to DFV, as well as alcohol and drug consumption, is the high unemployment rates of Aboriginal people and the resultant lack of purpose in their lives.

> They have no purpose, when you get up in the morning and there's no work and there's no anything, when people haven't got purpose or a goal, their goal is to get up and find drink, it's very difficult to work on anything else. (PI service)

> My biggest issue here is people here don't have a purpose in life, and I think philosophically, psychologically—I just have a belief that each one of us needs a purpose. And thinking about men and domestic violence, you know often men have a purpose through some kind of activity, often work, but some other thing that they do and they're good at, and that's what they do, that's their contribution. But often I feel, when I walk through the town, for many people there isn't that purpose really. That they're just adrift each day with no work, there's no college, there's no other project they're working on. (V/S service)

One participant explained why she thought only small numbers of Aboriginal women were using the service:

> Believe it or not, no [I don't have a lot of Aboriginal clients] because a lot of them often don't come forward. And my theory with Aboriginal clients, especially the ones from the communities, is because they are so used to payback, once something happens, they don't want to revisit anything. So if you say, if something happens in the community and there's payback, then it's just over and done with; then they move on with their life … Under the Western law, say a crime happens, they go and make statements and then two years down the track, up to two years down the track they may have to revisit the whole thing in a trial … What a lot of the perpetrators are doing, particularly with DV, is they will plead not guilty because they know, or they believe that they know that the victim will never give evidence against them … Yeah, because they're too scared to, so what I'm trying to do is I work with the [other agency] from Alice Springs and they work with a lot of the DV victims that I get referrals for. So quite often they're able to bring the victim down to Kalgoorlie for the trial. We can get the victim to give her evidence via CCTV and then even the fact that the perpetrator knows that the victim is in town and is willing to give evidence, they will change their plea. (V/S service)

The perspective of this participant does not include consideration of the Western justice system approach being unsuitable or at odds with what Aboriginal women may feel is best for them in order to keep them and their families safe.

Challenges for practitioners

Working cross-culturally was reported as challenging for some participants. One participant presented the challenge as being that they could not undertake their practice in ways with which they are familiar. This participant perceived that the cultural accommodations necessary in working with Aboriginal people resulted in his work being less efficient. The participant struggled with the loss of the formal structure, which he previously relied on to address child safety concerns with families. The participant explained that the formal structure involved a series of formal meetings with parents to air child safety concerns and which involve a range of professionals, followed by a gradual process of increasing contact with parents about the safety concerns so that they had plenty of warning that their situation was moving towards court proceedings and the possible removal of their children from their care. In his current position, such an approach did not lead to engagement of Aboriginal families about their children's safety. The participant spoke of the need in his present circumstances to have a yarn with Aboriginal people in the street, because requesting attendance at a formal meeting was often not met with attendance.

> And much of my work I've learnt is out in the street sitting on a bench, sitting on the grass with somebody, catching someone at the right moment, to have a yarn … I think here it's either we're trying to have a yarn with you on the town steps or on the seat outside, or we're going to remove your kids. And there doesn't feel to me—sort of intervening steps for people … There isn't that sort of sense of bringing people on the journey and saying: "Guys, please come in, because otherwise that's all I can do." And I've struggled a bit with that here. (V/S service)

Participants in the study reported that the justice system operation of an MBCP was not well matched to members of the Aboriginal community, where there can be traditional and family responsibilities that are prioritised. Living in isolated locations and transience also made Aboriginal people difficult to reach. One participant noted that this could impact on the operation of the newly begun MBCP:

> See, the thing that we were concerned about in the Goldfields, particularly, was that a lot of Aboriginal offenders need to travel for funerals or for cultural business, and so sometimes that can take, I don't know, four to eight weeks, depending on what they're travelling for. So, standard practice for a program is, if you miss three sessions, you're out … Well, how do we accommodate that in the Goldfields, because this is a very specific thing for our Indigenous offenders? (PI service)

In an anticipated but amplified experience of metropolitan assertive outreach workers, engaging perpetrators, both Aboriginal and non-Aboriginal, was reported to be often impossible. Several barriers to effective outreach were identified:

> Of course, we try and contact them three times. If their phone's disconnected or you can't contact them, I try and do a home visit. I have to make sure I've got someone with me, but I have never had a perpetrator engage from a DVIR [domestic violence incident report] referral … Because they don't have to, we're there to offer them some support, counselling, a program … but you never get that far with them. They'll either not engage, or you never find them. (PI service)

> What I found the most different thing and challenging thing here—is how to engage people, and particularly perpetrators because men in particular don't want to talk about these things. So you've got to be creative to find that perpetrator and engage him at the right time in the right moment in the right language to hook them in … and that's quite a challenge. (V/S service)

However, several participants had developed strategies to work in ways that were culturally thoughtful; for instance, the following participant was from a generalist service where Aboriginal clients are the vast majority accessing the service:

> We actually started a process, so we'll contact them about four times and then also a lot of people haven't got phones or they've got a phone and when you call that phone it's been disconnected. Then we will contact the clinic. I'll send a letter to the doctor, saying, "I'm unable to contact this client. Can you please ring me if they present at the clinic for other health reasons?"—and you'll make an appointment. So you've got to be really flexible. We offer home visits. We offer to meet at a location of their choice so where they feel safe. So you've almost got to jump through hoops but it's part of the whole thing … (Non-specialised DFV service)

Another participant's approach was to openly acknowledge with his clients the differences in culture:

> [It's good to] get it out as an issue straight away, where: "I'm from a different culture to you, this is what I would do—well, how do you deal with that issue, and what would you do?" (V/S service)

One participant from a specialist DFV women's service spoke of the indispensable knowledge of the Aboriginal worker in the service, so that tribal affiliations and family feuding were considered when there were Aboriginal women and children using the service.

Working with diversity

Participants also described other areas of diversity they addressed in their practice. Participants spoke of working with diversity in their dealings with people with disability and those from LGBTIQ+ communities, as well as those who have recently moved to Australia. Challenges included, once again, making contact with CALD individuals impacted by DFV, the lack of specialist services and resources for clients with a range of different needs, and the extra challenges of working effectively when there were differences between the worker and the service user.

A worker from a specialist DFV women's service said:

> It's interesting you mentioned CALD clients because the last 18 months has seen quite a spike in the number of foreign non-English speaking families who've come through our [service]; interestingly, they're from the

> mining industry … Yes, their husbands work in the mining industry. So we've had to learn over the last 18 months a number of legal issues [to do with migration and citizenship] that we weren't confronted with in the past. (V/S service)

In relation to working with those with a cognitive disability:

> It's often cognitive disability that is the difficult thing. If they have difficulty understanding the police system or their safety needs, they're with carers, et cetera. We have to work really closely with our disability team around that to make sure that we're giving as good work as we can, I guess. (V/S service)

Alcohol, drugs and violence

Participants consistently identified misuse of alcohol and other drugs as a substantial contributor to DFV perpetration. Those who had been in the region for a period of time felt strongly that the problem of DFV has worsened and that it is now harder to address due to the increased use and more dangerous forms of drugs being used by perpetrators:

> Yes, I'd say methamphetamine's a big contributor in town, and I'd say alcohol remains the same in places like [outlying town] and [outlying town]. (PI service)

> Yeah, so there's a lot of problems with ganja in the community, marijuana, so all of the young people will be making … so they'll, yeah, force their grandmothers or mothers for money, take their money off them. (V/S service)

> Methamphetamines is bad, alcoholism in the country is bad. (PI service)

Structural problems/system breakdown/ workforce problems

The central challenge, which is structural in its origins, relates to the inadequate coordination of DFV services and resources as well as their inaccessibility, as is reflected in the following comment:

> And that's the sort of template for what happens out here [outlying town] sometimes, is that there are these services who get money in Perth and Kalgoorlie to deliver something here, but on the ground not much actually happens … And I think that really frustrates and upsets me that a lot of time and money is thrown at [outlying town] and other places but on the ground how many people are actually seen and do something different in their life? I think it's not that many, is my experience … So my experience is people often—the people on the ground often don't get the help they need, and there is very little difference made. And I think that will be a challenge with perpetrators wouldn't it, because getting the service—even if I could engage a guy who'd been violent to his partner, getting to sign up, to thinking about it, talking to another man about it, saying that there might be—getting some concrete help here on a day when he's in town ready to do that, and the outcome is something different. It's a huge challenge isn't it, in a little place like this—it's very hard. (V/S service)

The lack of coordination and planning was also voiced as a concern in relation to events that come to town with too short notice. One participant believed that greater efforts to coordinate and partner on new initiatives, training and events would be beneficial. They thought this would provide more opportunities for broad participation.

> A year ago, what would happen, suddenly a flyer would come saying: next week we've booked the hall and there's a course on resilience. And all those people come out, it's all set up—two people turn up, because it's not been planned and joined up with anything else. (V/S service)

Likewise, meetings would be organised at the last minute: "[The organisers would say] 'Apologies for the late notice.' And I haven't got the luxury of just upping and attending so that's the thing." (Non-specialised DFV service) In these ways, opportunities and resources are wasted. Participants spoke of services not fulfilling previous agreements to work with each other, of agencies receiving funding to deliver services to Aboriginal people but (for a whole variety of reasons) not delivering them, and of services that don't function in the way they should. Participants spoke of delays in getting programs operational or even off the ground and of workers being uncertain about the timeline for changes to occur once funding affiliations transfer to different agencies.

For those workers whose service spans the NPY Lands of Western Australia, South Australia and the Northern Territory, each jurisdiction has its own systems and legislation. This complexity—and the complications that go along with that, such as operating in different ways according to the jurisdiction—can be challenging.

Of notable concern is the paucity of MBCPs and ongoing responses to perpetrators, particularly in the NPY Lands, in their attempts not to resort to violence. Participants not involved in the Cross Borders program, but who visit and work with victims/survivors in the same communities, reported:

> The Cross Borders program that is available, they've kept a large part of their staffing since 2008, so it's the same men [conducting the program]. Although they only run it say, for example, once a year in a particular community, so Warburton, Warakurna and Blackstone, it is actually the same [male workers] going out.

> So those men now, when they go out, even though, particularly in WA, even though Corrections may not have referred … you know, they would only refer the people currently going through court to the program, they get swamped when they go to the store by previous participants wanting to let them know how they've gone and wanting to talk to them. This has been some of our feedback; back to Cross Borders is that the men are kind of crying out for, in a sense, continuous support. (V/S service)

Other structural challenges were mentioned, this time more in relation to workers, including staff shortages, staff positions being difficult to fill, and unworkable contracts. For example, one participant's contract required them to visit the Lands three times a year, including a community that would take two or three days to reach. This participant managed to work with families on the Lands at other times by working with a colleague from another agency who visits more frequently:

> So rather than just go up there and then go back and actually achieve nothing, I get a lot more done now by sitting in my office and getting on the telephone and communicating with people [both families living on the Lands and workers located there]. (V/S service)

Channels of communication within large organisations can be inefficient. For example, a Kalgoorlie-based worker has to report to a manager located in Perth; this information then goes to another Perth-based manager of a different service and from there back to the corresponding worker in Kalgoorlie. This can cause communication delays and frustrations as well as uncertainty over whether those based in the city have a full understanding of the regional and remote context or what is happening on the ground.

Two participants with university degrees expressed surprise and alarm that other workers, even in high-level positions, had minimal or no professional qualifications on which to base their practice. Furthermore, DFV training was described as thin on the ground. Available training is generally in Perth or interstate. Despite participants' desire for more training, there were finite resources in terms of both money and time. The distance from Perth, where training is more likely to be offered, makes the travel costs prohibitive compared with geographically smaller states. While a number of participants reported having had at least some training in the area of DFV, only participants dealing directly with perpetrators possessed any training in working with perpetrators and, as a result, felt some confidence in doing so. Those not working in a service specialising in working with perpetrators, but who nevertheless had clients whom they knew to be perpetrators, reported that they felt ill-equipped to work with perpetrators in such a way that perpetrators would be steered towards services that could safely work with them around their use of violence. Only one participant expressed confidence to do so. Additionally, two participants reported that it is difficult to hire workers with appropriate training at all points across PI systems.

Several participants expressed their belief that agencies and services are operating very much as silos, a situation that affects both information sharing and coordination and collaboration.

Discussion

The intertwined themes of context, worker-to-worker relationships and challenges point to the complexity of effectively responding to DFV perpetration within this

regional and remote landscape. With perpetrators living in remote Aboriginal communities "crying out for continuous support" (V/S service) comes not only the problem of delivering services to the extent needed, but also recognition of the desire of many perpetrators to stop using violence. This is an encouraging sign. If the system is able to make progress towards achieving the goal of adequate service provision to DFV perpetrators in the region, then it is timely to consider the work of Blagg et al. (2018), who found that programs developed by and for the local Aboriginal community are the way forward. Blagg et al. (2018) stress the importance of grass-roots program development, owned and run by local Aboriginal people, rather than a one-size-fits-all approach, something imposed from outside and above. This may require, as one of the participants suggested, seeking men who *no longer use violence* as well as those who have never used violence as guides and leaders. In speaking of opportunities one participant contributed: "There are opportunities for areas of work I guess … [with] men sitting down to talk about what they want for their community and how they're going to solve it." (V/S service)

The findings speak of a system that has a way still to go before it can be truly said that DFV perpetration in the Goldfields is receiving a coordinated, integrated, multi-agency response from a highly trained and skilled workforce, although efforts are being made in this direction. Information sharing legislation is in place, which validates the sharing of perpetrator information in order to minimise the risk of further harm to victims. Yet, there is still much evidence of information not being shared. Is it, as one participant suggested (V/S service) that information sharing is stymied by agencies' (including government) internal policies about what information can be shared and with whom? As is highlighted in the chapter in this collection on mapping (Chapter 3), a whole-of-system response to perpetration requires transparency concerning the actions being taken in relation to DFV from individual services through to sector responses. Information about individual perpetrators and the risks they pose, as well as more general information relevant to perpetrator pathways—such as operational reviews, referral patterns, evaluations, and statistics about who accesses what services—would all contribute to an integrated response, in other words, one where all agencies communicate efficiently with each other and act together purposefully and effectively to provide a united response to DFV perpetration.

The monthly managers' meeting was a commonly cited example of a collaborative effort by participants. However, many participants did not believe that this meeting prioritised the details they needed to work more collaboratively and safely on a day to day basis. Some suggested that it would be more beneficial to also meet regularly with other on-the-ground workers to discuss, share, compare and find a way forward for individual situations of DFV. Commenting on the cross-jurisdictional nature of her work, one participant reported that she found the South Australian Family Safety Framework meetings a useful model. Although the Family Safety Framework meetings have a primary focus on victim safety, there is recognition that this can only be achieved by effectively addressing the behaviour of the alleged perpetrator. Guidelines spell out the particular information that participating agencies can contribute to meetings about the perpetrator's behaviour and his situation. The onus is on the Chair of the meeting to collect this information (Government of South Australia, 2018).

Participants were wary about metro-centric, top-down implementation of services and programs that may have worked well elsewhere, when there has been no previous investigation or local engagement about whether such a program or service would work within the local region. Most concerning for participants was that valuable resources are often wasted when this occurs.

Recommendations

The following recommendations are aimed at strengthening the Goldfields PI systems, increasing perpetrator accountability and increasing women's safety:[16]

1. There needs to be a systematic collection and sharing of information about perpetrators between agencies that are working with their families and services that may work with perpetrators or victims/survivors.
2. A greater focus should be placed on gathering and sharing information about DFV perpetrators by agencies responsible for specialised work with victims/survivors.

16 The recommendations are directed towards the Goldfields region; however, they may also be relevant to other locations.

3. Locally based multi-agency coordinated responses (FDVRT in Western Australia) need to have a consistent focus on specific information gathering, sharing, and actions taken in relation to perpetrators. Therefore, agencies responsible for perpetrator interventions should be key members of multi-agency response teams.
4. All human service agencies across the country, both government and non-government, should review their information sharing policies with the aim of loosening up the flow of perpetrator information. Furthermore, all agencies need to familiarise workers with the relevant information sharing legislation, providing examples of what can and can't be shared under particular circumstances, and protocols for sharing.
5. Clearer pathways are required between information acquisition about perpetrators and the actions to be taken, to improve interagency accountability and outcomes of the PI systems.
6. A suitable repository/service should be developed in Western Australia, similar to the electronic database that has been developed in Victoria as part of the Family Violence Information Sharing Scheme or the New South Wales Central Referral Point (Government of New South Wales, 2014). A centralised and accessible repository of information could contain concerns about, and knowledge of, perpetrators' patterns of coercive control and DFV incidents, which could assist workers in their assessments of and interventions for DFV.
7. Regular interagency meetings in the Goldfields region should be held with the range of direct service providers involved in PI systems, so that particular DFV situations can be jointly assessed and responses from all involved coordinated. This would be valuable for both high-risk situations (which under the current arrangements may be called by the Family Domestic Violence Response Team, known as Multi Agency Case Management), and for less than high-risk situations that could nevertheless benefit from earlier intervention.
8. A wider range of agencies should have a role in detecting DFV perpetration and responding in ways that increase women's and children's safety. These responses are likely to vary across agencies. Agencies include, but are not limited to, the health sector, including mental health, disability services, and AOD services.
9. Men's services should be developed within the context of the Goldfields and according to the needs of the local community; for example, the implementation of healing programs for Aboriginal men, which could include components around DFV and accountability to the family and community.
10. All human service workers working with perpetrators should receive focused training in line with what is appropriate to the workers' position within PI systems. This is consistent with the findings of recent research about the DFV national workforce (Cortis et al., 2018) which underscores that the skill and confidence of all human service workers working with perpetrators needs to be broadened. This will require the domestic violence sector to support and build the confidence of workers who do not have the specialisation to work with perpetrators in relation to their violent behaviour. Such support needs to include upskilling workers to safely and appropriately engage these clients within the confines of clear parameters about their role—about what they can do and what they should not attempt to do—and with clear objectives in mind that befit the opportunities and limitations of their role.
11. This supervision and training should be delivered on a regular cycle, with the expectation that all workers will undertake training regularly in order to be current.

This regional case study affirms previous studies (Wendt et al., 2017) showing particular challenges in responding to DFV in regional and remote Australia. Previous research has mostly focused on the experience of women and children and shown the unique circumstances and challenges associated with location. This case study has found similar concerns about workforce experience and capacity, limited options and scarcity of intervention options. In viewing participant responses through the lens of PI systems, this study has identified additional barriers to keeping perpetrators in view, managing their risk and ultimately holding them accountable in a regional and remote setting.

References

Australian Bureau of Statistics [ABS]. (2013). *Personal safety, Australia, December 2012 No. 4906.0*. Retrieved from https://www.abs.gov.au/ausstats/abs@.nsf/Lookup/4906.0Chapter1002012

ABS. (2017). *Personal Safety, Australia, 2016 No. 4906.0*. Retrieved from https://www.abs.gov.au/ausstats/abs@.nsf/mf/4906.0

ABS. (2018). *2016 Census QuickStats*. Retrieved from http://www.censusdata.abs.gov.au/census_services/getproduct/census/2016/quickstat/LGA54280

ABS. (2019). *4513.0 Criminal Courts, Australia 2017-18*. Retrieved from https://www.abs.gov.au/Ausstats/abs@.nsf/0/4BC54F34DFC618ACCA2573DA0016FB63?OpenDocument

Australian Institute of Health and Welfare (2018). *Family, domestic and sexual violence in Australia 2018*. (Cat. no. FDV 2). Canberra: AIHW.

Bagshaw, D., Chung, D., Couch, M., Lilburn, S., & Wadham, B. (2000). *Reshaping responses to domestic violence: Final report*. Adelaide: University of South Australia.

Biddle, N., & Markham, M. (2017, June 28). Census 2016: What's changed for Indigenous Australians? *The Conversation*. Retrieved from http://theconversation.com/census-2016-whats-changed-for-indigenous-australians-79836

Blagg, H., Williams, E., Cummings, E., Hovane, V., Torres, M., & Woodley, K. N. (2018). *Innovative models in addressing violence against Indigenous women: Final report* (ANROWS Horizons, 01/2018). Sydney: ANROWS.

Boivin, R., & Leclerc, C. (2016). Domestic violence reported to the police: Correlates of victims reporting behavior and support to legal proceedings. *Violence and Victims 31*(3), 402–415.

Braun, V., Clarke, V., Hayfield, N., & Terry, G. (2019). Thematic analysis. In P. Liamputtong (Ed.), *Handbook of research methods in health social sciences* (Vol. 2) (pp. 843–860). Singapore: Springer.

Cortis, N., Blaxland, M., Breckenridge, J., valentine, k., Mahoney, N., Chung, D., … Green, D. (2018). *National survey of workers in the domestic, family and sexual violence sectors* (SPRC report 5/2018). Sydney: Social Policy Research Centre and Gendered Violence Research Network, UNSW Sydney.

Creswell, J. W., & Creswell, J. D. (2018) *Research design: Qualitative, quantitative, and mixed methods approaches* (5th ed.). London: Sage.

Deakin University. (2016, December 15). Study shows alcohol and drugs play a significant role in domestic violence (Media release). Retrieved from http://www.deakin.edu.au/about-deakin/media-releases/articles/study-shows-alcohol-and-drugs-play-significant-role-in-domestic-violence

DeBoer, K. M., Rowe, L. S., Frousakis, N. N., Dimidjian, S., & Christensen, A. (2012). Couples excluded from a therapy trial due to intimate partner violence: Subsequent treatment-seeking and occurrence of IPV. *Psychology of Violence*, *2*(1), 28–39.

Department for Child Protection and Family Support (2015). *Practice standards for perpetrator intervention: Engaging and responding to men who are perpetrators of family and domestic violence*. Perth: Western Australian Government.

Goldfields Esperance Development Commission. (n.d.). Goldfields Esperance Region. Population—Indigenous Status. Retrieved from http://www.communityprofile.com.au/ goldfieldsesperance/population/indigenous-status#!bar-chart;i=0

Government of New South Wales. (2014). *Domestic violence information sharing protocol*. Retrieved from http://www.crimeprevention.nsw.gov.au/domesticviolence/Documents/It%20stop/DV-info-Sharing-Protocol.pdf

Government of South Australia. (2018). *Addressing abusive behaviour of alleged perpetrators: Guidelines for family safety meetings*. Retrieved from https://officeforwomen.sa.gov.au/__data/assets/pdf_file/0014/51332/Family-Safey-Framework-Perpetrator-Guidelines-for-Family-Safety-Meetings.pdf

Government of Western Australia (2018). *Regional development*. Retrieved from http://www.drd.wa.gov.au/regions/Pages/Goldfields-Esperance.aspx

Government of Western Australia. (2019). *Children and Community Services Act 2004* (WA). Retrieved from https://www.legislation.wa.gov.au/legislation/ statutes.nsf/law_a9243.html

Government of Western Australia. (2020). *Restraining Orders Act 1997* (WA). Retrieved from https://www.legislation.wa.gov.au/legislation/statutes.nsf/ main_mrtitle_822_homepage.html

Heward-Belle, S. (2016). The diverse fathering practices of men who perpetrate domestic violence. Australian Social Work, *69*(3), 323–337. https://doi.org/10.1080/0312407X.2015.1057748

Indermaur, D. (2001). Young Australians and domestic violence. *Australian Institute of Criminology trends and issues in crime and criminology*, *195*(2), 1–6.

Messing, J. T., & Campbell, J. (2016). Informing collaborative interventions: Intimate partner violence risk assessment for front line police officers. *Policing*: *A Journal of Policy and Practice, 10*(4), 328–340. https://doi.org/10.1093/police/paw013

Miller, P., Cox, E., Costa, B., Mayshak, R., Walker, A., Hyder, S., … Day, A. (2016). *Alcohol/drug-involved family violence in Australia (ADIVA): Key findings.* Retrieved from https://aic.gov.au/sites/default/files/monograph68-key-findings.pdf?v=1576128392

Pin, P. (2018, November 16). Event garners community support against violence. *The Kalgoorlie Miner.* Retrieved from https://thewest.com.au/news/kalgoorlie-miner/event-garners-community-support-against-violence-ng-b881021208z

Rivera, E. A., Zeoli, A. M., & Sullivan, C. M. (2012). Abused mothers' safety concerns and court mediators' custody recommendations. *Journal of Family Violence*, *27*(4), 321–332. https://doi.org/10.1007/s10896-012-9426-4

Saldana, J. (2013) *The coding manual for qualitative researchers* (2nd ed.). London: Sage.

Victorian Government. (n.d.). *Family violence reform*. Retrieved from https://w.www.vic.gov.au/familyviolence/family-safety-victoria/information sharing-and-risk-management/resources.html

Wendt, S. (2009). Constructions of local culture and impacts on domestic violence in an Australian rural community. *Journal of Rural Studies*, *25*(2), 175–184.

Wendt, S., Chung, D., Elder, A., Hendrick, A., & Hartwig, A. (2017). *Seeking help for domestic and family violence: Exploring regional, rural, and remote women's coping experiences: Final report* (ANROWS Horizons, 06/2017). Sydney: ANROWS.

PART 3:

Specific programs within PI systems

Part 3 of the collection provides descriptions of programs being delivered to increase the safety of victims/survivors and to bring about perpetrators' behaviour change. Very different programs within PI systems have been selected, as they indicate how wide-ranging the responses are to the perpetrating of DFV. The first case study of a specialist response to sibling sexual abuse demonstrates how the focus on perpetrator accountability is not easily adopted when working with children and young people in this context. It also demonstrates how family responses to violence need to be very different in order for safety to be increased and for the risk of further abuse to be reduced. The second case study examines an MBCP and men's pathways through such a program. It gives a detailed account of how many program participants have complex lives which intersect with their capacity and motivation to accept responsibility and make changes. While not the specific intent of the study, it also shows how these MBCP participants did not have a clear understanding of the how the justice system operated in relation to their own DFV justice system involvement. Participants did have an understanding of the conditions of PO and, where it was the case, that the court had ordered them to the MBCP. The case study also gives an insight into how MBCP facilitators view those they work with, and the challenges of bringing about a difference with the current MBCP methods.

CHAPTER 6:

Sibling sexual abuse: Responding to everyone involved. New South Wales case study: Clinicians' experiences of providing services to families affected by sibling sexual abuse: An exploration of service engagement and best practice strategies

Dr Tim Wong, Professor Jan Breckenridge, Associate Professor Michael Salter, Robyn Lamb, Melissa James, Dr Dimitra Tzioumi

Introduction and context

Responses to perpetrators are largely focused on adult men using violence towards their partner and their children or others. However, DFV auspices a broader range of violent and abusive relations within the nuclear and extended family. For example, there is growing awareness of the violence of children towards parents, most often mothers (Holt, 2016), with child exposure to domestic violence a key risk factor for child-perpetrated violence against parents (Beckmann, Bergmann, Fischer, & Mößle 2017). Furthermore, ambient violence exposure, including violence in the home and community, is linked to increased aggression between siblings (Miller, Grabell, Thomas, Bermann, & Graham-Bermann, 2012). Research suggests that sexually harmful behaviour between siblings is also correlated with domestic violence exposure (Latzman, Viljoen, Scalora, & Ullman, 2011); however, sibling sexual abuse (SSA) is often overlooked as a potential outcome of growing up in a violent household.

Responses to violence in the family perpetrated by young people (under 18 years old) have predominantly been addressed within the juvenile justice system, and Child Protection to a lesser extent. Pathways and responses are often embedded in the justice system, within civil law and criminal law responses for physical and sexual assault. However, the problem of SSA foregrounds the need for varied responses tailored to the diversity of circumstances and impacts of violence against women and children, and raises questions about simple distinctions between "perpetrators" and "victims" of family violence.

This case study on SSA demonstrates the ways in which different accountability objectives of wider PI systems can have different outcomes for families who might need support. The established response pathways to deal with violence are not suited to these circumstances. This case study provides a useful contrast and comparison in the context of accountability frameworks, while highlighting the acute needs and complexities with which a variety of interventions are attempting to grapple. Equally, it highlights the way in which prevention and early intervention efforts must be intrinsically linked with responses to different forms of violence if further perpetration is to be addressed in the future.

While all forms of intra-familial sexual abuse of children traumatises family members and destabilises family dynamics, the perpetration of sexual abuse by one child/adolescent sibling on another sibling(s) creates a situation where parents and all siblings are confronted by unique challenges and dilemmas (McNevin, 2010). SSA is defined in this case study as coercive sexual contact between biological, half-, step- and adopted siblings that is not age appropriate and not motivated by developmentally appropriate curiosity, and which might be ongoing or one-off. SSA might involve a range of contact sexual behaviours (Morrill & Bachman, 2013), such as forced and unwanted fondling and touching, oral and/or vaginal and/or anal penetration (digital or penile), or non-contact sexual behaviours such as exposure to pornography and voyeurism.

Determining whether a sexual interaction between siblings is abusive cannot be based solely on the assessment of behaviours. Consideration of the age difference and power dynamic between siblings, consent and coercion are crucial in assessing the abusiveness of the interaction (Boyd & Bromfield, 2006). Morrill and Bachman (2013) propose three facets to any assessment of SSA: perception, intent, and severity. "Perception" refers to the way the involved siblings frame the interaction, and how they make sense of the experience. "Intent" involves assessment of the motivation of the abusing sibling, that is, their aim or what they chose to achieve through their action or behaviour. "Severity" refers to the duration and intensity of the behaviour. An increase in the severity of the interaction increases the likelihood that the interaction is abusive. Stressing the importance of this dynamic, Caspi and Barrios (2016) propose the term SSA is the more appropriate descriptor for this form of abuse than "sibling incest", which might suggest mutuality and consent.

Some researchers propose SSA is less likely to be disclosed to adults or to authorities than abuse perpetrated by an adult (Carlson, Maciol, & Schneider, 2006). Shame, guilt and stigma experienced by the siblings and their families are obstacles to the reporting of these events (McDonald & Martinez, 2017), particularly where parents are concerned about the impact of reporting on the offending child as well as the victimised child. The positioning of sexual behaviours between siblings

as normative might also reduce disclosure and contribute to under-reporting (Tener, Tarshish, & Turgeman, 2017). Arguably the line between "normal" sexual play or exploration in young people and sexual abuse can be difficult to identify. However, it is also likely that in some situations, the significance and deleterious effects of child/adolescent SSA have been deliberately diminished by the labelling of the abuse as an act of "normal, acceptable sexual play or exploration" (Adler & Schutz, 1995, p. 811). Alongside this conceptual slippage, differing definitions and methodological variations in the study of SSA can make comparisons between studies and robust conclusions difficult (Caspi & Barrios, 2016; Katz & Hamama, 2017; Krienert & Walsh, 2011).

Despite possible under-reporting, as well as noted conceptual, definitional and methodological variations, select literature on SSA suggests it is three to five times more prevalent than sexual abuse by a parent (Ballantine, 2012; Caffaro & Conn-Caffaro, 2005; Stathopoulos, 2012). In a study conducted with university students, 11 percent of male participants and 5 percent of female participants reported sexually coercing a sibling (Relva, Fernandes, & Alarcão, 2017). In the general population, the estimated prevalence of SSA ranges from 2 to 13 percent (Yates, 2017). In the recent Australian Personal safety survey (ABS, 2017), both men and women who experienced sexual abuse before the age of 15 identified siblings as perpetrators, but it is likely that definitional inconsistency has made it difficult to substantiate an actual prevalence rate.

The long-term and negative effects of child sexual abuse are well recognised (Breckenridge & Flax, 2016; Breckenridge, James, & Salter, 2014; Papalia, Luebbers, Ogloff, Cutajar, & Mullen, 2017). Traumatisation in child sexual abuse is best understood within a multi-factorial and dynamic model that acknowledges the contexts and characteristics of abuse, responses to the abuse by others, and the impact of pre- and post-abuse experiences (Salter, 2018). In the case of SSA, victims/survivors are faced with the prospect of managing the disruption of family dynamics, and the destabilisation of the family unit itself, following disclosure. The potential for parents to be aligned with one sibling over another, or being forced to separate if the child who offends is required to leave the family home, brings with it an additional layer of complexity and family disruption.

In this context, notions of perpetrator accountability and responsibility as described in Chapter 1 become blurred when the needs of the offending-sibling are considered alongside the needs of the victim-sibling. Responsibility for offending where the offender is a minor, and the form that accountability takes, is not always clear. When the imperative for the offending-sibling, who might be a child, to be "held to account" is juxtaposed with the high probability that the offending-sibling is also a victim of past and/or current abuse (Aebi et al., 2015), the relevance of widely employed notions of perpetrator accountability and responsibility becomes unclear. For instance, accountability conceived in terms of the punishment of the offending-sibling might have deleterious impacts on family dynamics and cohesion, resulting in negative outcomes for the victim-sibling. From this perspective, while the need for the offending-sibling to understand the harmful effects of their actions remains crucial, interventions that are based on fixed accountability mechanisms as described previously in this collection might not be effective in achieving positive outcomes for the victim-sibling, offending-sibling, and their family.

Here it is useful to reflect on the contrast with legal system intervention in relation to responses to broader forms of interpersonal violence by adolescents, as described in the Southern Melbourne case study, where fixed accountability mechanisms might be unlikely to achieve positive outcomes for the family as a whole. Similar to the focus of the intervention, which is the subject of the current case study, reparative and therapeutic goals might be more appropriate, and are adopted by community-based interventions that employ both accountability and restorative goals (Howard et al., 2018). As some data sets include forms of SSA within broader categories of "sibling violence" (Crime Statistics Agency of Victoria, 2018), it is valuable to consider the varying ways in which PI systems respond to and categorise these sub-types of behaviours.

There has been some attention given to addressing the treatment needs of those who were victims/survivors of SSA (e.g. Caffaro, 2014, 2016) and adolescents/young people who sexually harm other children, including their siblings (e.g. Pratt, 2013; Shlonsky et al., 2017; Worling & Langton, 2012).

However, the most effective way of supporting all people affected by SSA (i.e. victim-sibling, offending-sibling, and their family) remains elusive. Furthermore, services within the PI system focusing on children who have sexually harmed others (e.g. SSA) are limited. Moral and therapeutic positions underpinning intervention and/or treatment principles for adult perpetrators of physical and sexual violence might not be altogether appropriate or effective when working with children who have sexually harmed their siblings. Exposure to DFV is common among children who perpetrate SSA (Latzman et al., 2011), as it is among children who perpetrate broader forms of DFV. However, such lateral effects of DFV on children are also poorly addressed within PI systems. Furthermore, as noted in the final chapter in this collection, early exposure to trauma such as SSA is likely to increase the risk of future DFV perpetration for boys and future victimisation for girls (see Tener et al., 2017; Willie, Kershaw, & Sullivan, 2018); hence, early intervention in SSA might have an important preventative effect.

Principles underpinning best practice guidelines for health professionals working in SSA have been proposed (e.g. Tapara, 2012). The SSA literature emphasises the importance of engaging the family in treatment and managing relational dynamics to avoid contributing to further negative effects for the victim-sibling, offending-sibling and other family members (Ballantine, 2012; Yates, 2017). Nonetheless, the safety of the victim/survivor remains paramount for treating professionals and services, which might not be easily reconciled with other considerations, such as the impact on the child who sexually harms, as well as the impact on other family members.

To date, there is limited research focused on what constitutes "treatment success" in supporting and treating families affected by SSA, and practice and service arrangements that result in positive outcomes (El-Murr, 2017; Porter & Nuntavisit, 2016). There remains a need for rigorous examination of how treatment success is affected by other outcomes beyond clinical practice as well as what constitutes best practice in working in SSA. The aim of this case study is to identify effective service arrangements and practices in supporting children who have engaged in SSA, their victimised siblings and families. This will be achieved by providing a profile of the children involved in SSA through analysing extracted case file data and by examining clinicians' perspectives of some unique issues and challenges when working the victim-sibling, offending-sibling, and their family through individual semi-structured interviews. While the needs of people affected by SSA must be considered, the focus on clinicians' perspectives is offered here to provide a more systemic rather than experiential focus on issues relating to therapeutic engagement and treatment outcomes. The findings from this case study will provide clarity about the complexity of SSA and offer a deeper understanding of the embedded issues and challenges when working with children and families affected by SSA. In this regard, studying SSA treatment within its service and systemic context, and recognising that outcomes are impacted by referral pathways in and out of treatment, as well as client and service interaction with other agencies, provides a basis for broad-based recommendations that span treatment as well as service and system reform.

Methodology

This case study identifies self-reported service arrangements and practices in the provision of counselling and support to children who have engaged in SSA, their victimised siblings and families in two Child Protection Units (CPUs) in New South Wales.

Research design

This was a two-stage mixed methods study involving: 1) a desktop audit of demographic data and treatment information collected by two CPUs, which are part of the Sydney Children's Hospitals Network (SCHN); and 2) semi-structured interviews with clinical professionals (i.e social workers and psychologists) working with people affected by SSA.

Ethics approval was obtained from the SCHN Human Research Ethics Committee (LNR/18/SCHN/85), and site-specific assessment approvals were then obtained from participating sites before commencement of the study.

Stage 1: Desktop audit of de-identified clinical SSA case information

A desktop audit was conducted to examine de-identified clinical SSA case information from two CPUs over a two-year period (2013–15) to identify and map contexts of abuse; background information about the victim-siblings, offending-siblings and their families; disclosure and reporting information; and outcomes. This data was collated following a retrospective review of SSA cases presented at the two CPUs.

Analysis of this data informed the questions asked of clinicians in Stage 2.

Stage 2: Interviews with clinical professionals working with people affected by SSA

The interview questions in Stage 2 were based on information gained from the Stage 1 desktop audit. An interview schedule was developed canvassing participants' experiences of working with family members affected by SSA and their work practices with this client group.

Data collection and participants

Clinician data was collected through semi-structured interviews with eight workers from Child Protection services (seven female and one male). The participants were recruited through the two CPUs in Sydney. Because of their clinical roles, some participants were recruited when they contacted a member of the research team to indicate their interest in participating after receiving information about the study from their colleagues. Other participants were recruited through a snowball sampling strategy (Bryman, 2012); i.e. participants who had taken part in the study circulated the study information to their colleagues who might be interested in participating. The participant group consisted of seven social workers and one psychologist. The participants worked in CPUs (n = 5), Child Protection counselling services (n = 2), and a government service specialising in the assessment and treatment of children, adolescents and their families affected by complex mental health issues (n = 1).

Each interview was between 60 and 90 minutes in duration and was conducted by a member of the research team at the participant's workplace. All interviews were digitally audio-recorded and transcribed.

Analysis

Thematic analysis (see Braun & Clarke, 2006) was the strategy employed for analysing clinician interview data. The interview transcripts were manually coded for pertinent themes, and these themes were then used to check for consistency and variability across all participant transcripts. This process of identifying themes involved discussion with members of the research team, and the identified themes were examined to determine their significance in the context of this study. Some themes were identified when they were able to be read in the information provided by the participants, while others were generated inductively from their information. This part of the analysis was informed by knowledge gained from reviewing the relevant literature and the research team's existing knowledge developed from previous research findings.

Key findings

Stage 1: Desktop review

Background details of cases

There were 30 cases of SSA identified by the two CPUs in Sydney during the period 2013–15. In one of these cases, there were two offending-siblings and one victim-sibling, which meant that there were 30 victim-siblings and 31 offending-siblings represented. Of the 30 victim-siblings, there were 25 females and five males, and of the 31 offending-siblings, there were three females and 28 males. In six dyad cases, both the victim-sibling and offending-sibling were of the same sex (two females and four males).

The age ranges of the victim-siblings and offending-siblings when SSA occurred were from four to 13 years old and from 10 to 18–19 years old, respectively. The average age of the victim-siblings and offending-siblings, and their average age at presentation, are noted in Table 6.1. Consistent with other

Table 6.1: Average age at incident and at presentation

	At incident		At presentation	
	Victim-sibling	Offending-sibling	Victim-sibling	Offending-sibling
Male	11 yrs	13.25 yrs	10.4 yrs	15 yrs
Female	7.8 yrs	14.4 yrs	9.2 yrs	14.6 yrs

research findings (e.g. Daly & Wade, 2012), the average age of the offending-sibling was older than the average age of the victim-sibling, and in these 30 cases, they were older on average by approximately five years, with the smallest age gap being one year and the largest age gap 10 years.

In five cases, the sibling who perpetrated abuse was over 18 years old when the CPUs became involved. In two of these five cases, one offending-sibling was 18–19 years old and the victim-sibling was eight years old, and the other was 18 years old and the victim-sibling was 12–14 years old when SSA occurred.

As noted in Table 6.2, two-parent, heterosexual nuclear and blended families were the most common family structure from which the victim-siblings and offending-siblings came when SSA presented at the CPUs.

Table 6.2: Family structure

	Victim-sibling	Offending-sibling
Foster care: NGO	3	2
Heterosexual: nuclear	8	8
Heterosexual: blended	8	9
Homosexual: blended	3	2
Single mother	3	2
Single father	1	1
Kinship (maternal)	3	3
Kinship (paternal)	1	0
Unknown	0	4

Note: In one case, there were two offending-siblings, which meant there were 30 victim-siblings and 31 offending-siblings.

The data from the 30 cases reflect key issues and concerns raised in existing studies regarding the potential link between SSA and other family risk factors, including DFV, neglect and prior sexual abuse (Latzman et al., 2011). Table 6.3 notes issues identified at referral/intake affecting the families in this case study. It is of note that mental health issues were identified in the case files of just under one third (9/31) of offending-siblings and just under one quarter of victim-siblings (7/30), and that DFV was reported to be a factor in the histories of both victim-siblings (8/30) and offending-siblings (5/31). The number of siblings in the 30 cases (7/30 victim-siblings and 3/31 offending-siblings) who experienced out-of-home care might reflect the adverse childhood experiences among children and adolescents who have engaged in, and been affected by, sexually abusive behaviours (Biehal, Baldwin, Cusworth, Wade, & Allgar, 2018; Hall, Stinson, & Moser, 2018).

Table 6.3: Issues affecting family at referral

	Victim-sibling	Offending-sibling
Domestic and family violence	8	5
Parental mental health	2	0
Parental drug & alcohol	1	0
Homelessness	1	0
Child/young person mental health	7	9
Out-of-home care	7	3
Sexual abuse	2	3
Neglect	1	1
Known sex offender prior to the offence reported to CPU	0	5
Physical abuse	3	4
Emotional neglect	1	1
Poor supervision	2	2
Disability	2	0
Information not available	1	1
Nil	7	1

Presentation of cases

While non-reporting of child sexual abuse or delayed disclosure are common occurrences for individuals who experience SSA (London, Bruck, Wright, & Ceci, 2008; Morrison, Bruce, & Wilson, 2018), it is of interest to note that of the 24 cases where information was available for the elapsed time between incidents of SSA and being referred to CPUs, over half (13 cases) were reported within 12 months.

As shown in Table 6.4, over two thirds (22) of the offending-siblings and one third (10) of victim-siblings were removed from their residences as a result of the SSA. There were two cases where neither sibling was removed, and four cases where the victim-sibling was removed due to informal arrangements made by the families. In the five cases where both victim- and offending-siblings were removed from their residences, one was a result of informal arrangements made by the family, two were a result of the parents separating, and two were a result of the siblings living in out-of-home care residences.

Table 6.4: Removal of sibling

	Victim-sibling	Offending-sibling
Yes	10	22
No	19	6
No information	1	3

Table 6.5: Involvement of other agencies in victim- and offending-siblings

Services	No. of victim- and offending-siblings
Family and Community Services	22
Non-government organisations	17
Police	12
Private psychologists	9
Department of Public Prosecutions	6
Legal services	5
School	5
Child Protection Counselling Service	3
Health Department	2
Juvenile Justice	2
New Street Services[a]	2
Child and Adolescent Mental Health Service	1
Witness assistance service	1

Note: [a]New Street Services (NSW Health) provide therapeutic services for children and young people (10–17 years old) who have engaged in harmful sexual behaviours towards others, their families and caregivers.

Reflecting the effect of adverse childhood events on SSA discussed previously, over half of the 30 cases of SSA were identified as having previous contact with the NSW Department of Communities and Justice (formerly known as the Department of Family and Community Services), and the Joint Child Protection Response program (JCPR program).[17] Indeed, in over two thirds (22) of the SSA cases referred to the CPUs were from government and non-government agencies (e.g. the Department of Communities and Justice, JCPR, out-of-home care agencies). The other eight cases were referred to the CPUs after the parents or step-parents presented at a hospital emergency department with the victim-sibling or directly to the CPUs.

The complexity of SSA cases is well demonstrated by the number of agencies involved in addition to the CPUs. Almost two thirds (19) of the SSA cases had at least three and up to five agencies involved, while the remaining cases had at least one and up to two agencies involved. As indicated in Table 6.5, the range of agencies varied, including private and public service providers, legal and health practitioners, and government and non-government agencies.

Unsurprisingly, the Department of Communities and Justice was involved with the largest number of victim- and offending-siblings. Following the intervention delivered by the CPUs, adding to the issues noted in Table 6.3, clinicians recorded in the case files that psychological abuse and drug and alcohol use were also reported by offending-siblings, with one victim-sibling reporting having experienced psychological abuse in addition to other forms of SSA.

17 Formerly known as the Joint Investigation Response Team (JIRT), the JCPR model commenced in 1997. It is a statewide (New South Wales) operation providing a multidisciplinary and cooperative response to allegations of child abuse that constitute a criminal offence between the Department of Communities and Justice, the Child Abuse Squad (NSW Police), and NSW Health (of which the CPUs are a part). The aims of the JIRT model are to ensure children are safe and protected, a response is timely and appropriate, the investigation and prosecution process is effective, and the stress on children and non-offending caregivers arising from the investigation and prosecution process is minimised (Herbert & Bromfield, 2017).

Table 6.6: Reasons for case closure

Reasons	No. of cases
Referred to local service	10
Information not available in file	8
Client disengage –parent/carer	5
Client disengage –child/young person	4
Client signed discontinuation with JCPR program	3
Therapy complete	2
JCPR program did not substantiate/closed case	3
Staff availability	2

Services provided

Following the parties' presentation at the CPUs, the types of treatment provided included individual therapy with victim-siblings, individual therapy with parents, family therapy, and group therapy. The most common type of treatment provided was individual therapy with parents, followed by individual therapy and family therapy. The CPU services do not offer clinical services to children over 10 years old who sexually harm, instead referring them to other services, such as New Street Service or accredited private practitioners.

Of the 30 cases, almost two thirds (19) of the cases were closed. The reasons for case closure can be multiple for an individual case and the reasons identified by the clinicians in the case files are presented in Table 6.6.

Evidently, case closure was unlikely to be a result of therapy completion but more likely to be a result of discontinuation or disengagement with the CPUs by the siblings and/or their families, the JCPR program closing the case, or the family/individuals being referred to another service. It is important to note that the case file audit reflects only what an individual clinician recorded in the case notes and might not represent the extent or intensity of the interventions undertaken by the CPU.

The information contained in the case files showed that reunification of the siblings was the recorded outcome in only seven of the 28 cases where either one or both siblings were removed from their family home. Recent research (e.g. Font, Sattler, & Gershoff, 2018; Tabachnick & Pollard, 2016) suggests that the process of reunification following children being removed from their residences due to sexual abuse can be an extended one, particularly for children who experienced sexual abuse in families with complex needs. The possibility of family reunification needs to be balanced with victim/survivor safety and management of reoffending risk, meaning that family reunification might not be a treatment goal or indicator of treatment success in all cases.

The question of what and how an "ideal" therapeutic or intervention outcome can be constituted and defined in the context of SSA is a vexed one. In this context, treatment aims and outcomes for the family as well as the child who sexually harms and the child who is harmed are critical issues in SSA. Here it is worth considering a comparison with "treatment" or interventions in relation to children who use other forms of interpersonal violence, such as children who perpetrate adolescent violence in the home. As indicated in the Southern Melbourne case study (Chapter 4), the imposition of blunt legal system responses which are predominantly designed for adult DFV perpetrators has the potential to escalate harm to children and, in turn, discourage families from seeking service system help.

For the purposes of the current study in relation to SSA, however, issues in relation to accountability objectives and the link between responses to this form of perpetration and efforts to prevent future perpetration were further examined in interviews with clinicians.

Stage 2: Clinician interviews

The aim of the Stage 2 interviews with participants was to explore the clinical experiences of working with children and their families affected by SSA. Specifically, the interviews sought to explore clinicians' experiences of the following: identification of complex issues inherent in working with

families affected by SSA; therapeutic considerations for working with the offending-siblings; and circumstances/factors contributing to an "ideal" therapeutic or intervention outcome. This arguably includes the extent to which an offending-sibling is "held to account" for their behaviour.

The data reflects the practice wisdom and experiences gained by the participants throughout their careers and across the range of services and organisations in which they had worked. There were three main themes that emerged from the analysis of data with respect to the aim of this case study:

1. ambiguous caring
2. labels and language matters
3. ideal treatment outcomes.

Ambiguous caring

The potential for divided parental loyalty when caring for children impacted by SSA—victims/survivors, offenders and others—can produce a dichotomous experience, which this case study has named "ambiguous caring". In ambiguous caring, parental loyalties are divided between offending and victimised siblings, with the implication that supporting one child can occur (or be seen to occur) at the cost of the other, a contentious balance in light of accountability objectives for perpetration of interpersonal violence more broadly. Where parents express their support for both children, they can experience conflict and uncertainty from support services. As parents work with services to address SSA, one clinician suggested an "invitation is there to have a good guy and a bad guy, even though they're actually both your children" (Participant 7). This clinician went on to elaborate:

> I think that can be really complicated and difficult for parents, because I think if they've got a victim child, there can be an expectation that they focus wholly on the victim child. Parents will say, "I know I shouldn't say this, but I have got two children." I've had someone say that to me once, and I had to kind of do some work with them around saying … "Yes, you're being pulled, equally, in two different directions. We can say what we want about the behaviours, but these are two children of yours, and this is your family." (Participant 7)

Parents might experience an imperative to be perceived as responsible and cooperative by services despite the emotional conflicts and practical difficulties they face in dealing with SSA. This echoes the failure of wider PI systems to accommodate the complexity of a diversity of contexts in addressing gendered violence perpetration. From this perspective, as the harming child is also their child, parents could be "held to account" for the harming child's behaviour by services and positioned as complicit in the harm that has been caused. This is arguably a reflection of a systemic objective to locate accountability in individuals without necessarily interrogating the broader accountability of systems. Yates (2018) argues that some parents of children involved in SSA aim to be "well-intentioned protective" (p. 188) and to convey to services that they want the best for their child who has been harmed as well as their child who has harmed.

Denial is also common for parents of children who have been abused (London et al., 2008; Yamamoto, 2015). Clinicians suggested that parents with a child who sexually harms their sibling might experience stronger impulses towards denial and trivialisation:

> What probably comes to mind is that often we see parents perhaps rallying around the offending child more than the victim child. And I guess that's probably the shame of having one of your children do this to another one of your children, and almost wanting to excuse the behaviour. (Participant 2)

The process of accepting that their child has perpetrated abuse and then engaging with support services was a difficult one, with significant implications for the abused child. Parental disbelief has grave impacts on the child victim/survivor in SSA (Morrison et al., 2018; Tener, Lusky, Tarshish, & Turjeman, 2018), and as one participant indicated, parental disbelief can also affect the work required for the offending-sibling in SSA:

> The child who was responsible for harm, whether it be sibling or not, would rarely take any responsibility or even say that they had done it at all, until after the parents believed that they had. I personally think that's very much linked to protecting their parents, not wanting to hurt their parents. I think that's even more intensified when it is a sibling … they know the parent is struggling to actually own it … [when] the parents would start to

> believe it happened and then almost the next session, or two sessions later, the kid would actually start talking about the fact that they'd done it. (Participant 6)

The above excerpt suggests the dynamics between the offending-sibling and the significant people in their life, and others' perceptions of their harmful behaviours, has a significant impact on clinical practice with this group. In this instance, parental acceptance of SSA is not only important for the victim-sibling, but can also have a determining influence on the therapeutic engagement of the offending-sibling.

Labels and language matters

While clinicians were able to identify particular therapeutic practices and programs as appropriate and effective in meeting the needs of families affected by SSA, they emphasised the role of language and labelling in the trajectory and outcomes of the offending-sibling. Within the offending-sibling treatment process, the use of particular language and labels—specifically, identifying the child as a perpetrator, offender or paedophile—overlooks the complex histories and experiences that shape the behaviours of children who sexually harm, potentially diminishing the effectiveness of the intervention. Furthermore, language can discursively construct and position the children who have sexually harmed their siblings in ways that demand a degree of accountability that might not be beneficial from a therapeutic perspective. For example, research findings have indicated that individuals who have sexually harmed are likely to have experienced some form of trauma, including child sexual abuse (Levenson, 2014; Wolff & Shi, 2012). When discussing the use of the term "perpetrator" as the term to refer to the offending-sibling, Participant 1 offered the following account.

> Perpetrators are viewed as having harmed someone in that [feminist/social justice] framework, and I think it looks very different in sibling sexual abuse cases of one child who's harmed another child … Because of my experiences, a lot of the children who have done the harming, towards a sibling, themselves in a lot of the situations have experienced some type of harm too, and a developmental trauma. And it may not be that the harming experience was directly sexual abuse, but it's things like witnessing domestic violence or extreme neglect and other things … Clearly there is a child who's experienced harm … I've worked in organisations who take a very strong view that that particular child that harmed is a perpetrator, and almost be viewing them with this very adult lens, that they've got this cognitive capacity of someone who's in their 30s and 40s and they're really 11.

Participants preferred the descriptive language of the "child who has harmed" or "offending-sibling" instead of "perpetrator". Avoiding the label of "perpetrator" had non-trivial impacts on the child's treatment opportunities and trajectory. The harming child might also have been harmed, and require therapy for their own victimisation, although such an opportunity might be foreclosed if they are understood primarily as a perpetrator. Clinicians emphasised the power of labels, suggesting that the harming child can be "really demonised in the system, they can now be seen as a safety risk … and [people] will use words like predatory behaviours" to describe them (Participant 7) or "if we label them perpetrator … it actually does a lot more harm" (Participant 8). Participant 7 offered the following thoughts about the possibility of the offending-sibling not being therapeutically supported:

> So, this idea that we write off this child because of their behaviours or we, I don't know, what's the word when you send someone off to some island somewhere and they have to … exiled, yeah, they're exiled off to—who cares where, as long as they're away from this victim and this victim is safe and the parents are responding in that way.

The balance between addressing the needs of the harmed and harming children was, therefore, present for clinicians as well as parents. A focus on the victim-sibling's needs and experiences can potentially obscure the underlying therapeutic needs of the offending-sibling. To avoid this problem, clinicians emphasised the therapeutic value of attending to the function of the child's harming behaviours. Such a view not only diminishes the demonisation of the offending-sibling but facilitates an effective therapeutic engagement with them, founded on the conviction that they are a child requiring support rather than punishment.

> So to me, trying to take a step back and say what's happening and why is it happening and what impact does it have on everybody involved … We would be suggesting strongly that we try to understand how that child's experiences of harm might be contributing towards their

> harming behaviour, that they're harmed and harming. So I'll often talk about being wounded and wounding … and I think being able to understand the function of that behaviour and trying to help them find that function in other ways and normalising—so limiting the aversive or the damaging behaviour while trying to acknowledge the function that it serves. (Participant 8)

SSA treatment consistently challenged simple delineations between "victim" and "perpetrator", and "harmed" and "harming", in a manner that required clinicians to hold in mind a complex set of ethical and treatment issues. In this regard, the application of notions of accountability and responsibility, and expectations of the offending-sibling, need not adhere to a model of adult perpetration but rather should reflect the complexities of SSA. Here it is again important to reflect on comparisons with responses to perpetration of broader DFV by children, in which children using other forms of violence against family members are readily labelled as "perpetrators" yet may similarly be victims/survivors of DFV themselves (Campo, 2015; Cochran, Sellers, Wiesbrock, & Palcios, 2011; Douglas & Walsh, 2018; Fergusson, Boden, & Horwood, 2006; Holt, 2013; Kwong, Bartholomew, Henderson, & Trinke, 2003).

As Tolliday, Spangaro, and Laing (2018) argue, when the parent or adult is responsible for intra-familial sexual offending, their risks and underlying needs can be conceptualised more discretely than where the victim/survivor and offender are both children and dependent on the support provided by their parents. Similar distinctions can arguably be made in relation to the use of broader DFV by adolescents in their home. In this regard, working with a family affected by SSA where both the needs of the victim/survivor and offender are connected and intertwined raises unique challenges, and the notion of an ideal outcome for the family can be contested and even elusive. An ideal outcome for victims/survivors of adolescent physical or emotional abuse who are parents or siblings might be equally elusive, where criminal justice responses discourage further help-seeking behaviour or rely on the victim's/survivor's parent(s) to ensure the offending child's participation in services. Similarly, outcomes for families in the context of adolescents' use of violence in the home might differ depending on the circumstances and composition of each family. In the next section, the notion of what this ideal outcome might be in the context of SSA is examined through the clinicians' accounts.

Ideal treatment outcomes

When exploring possible intervention or treatment goals in relation to SSA, participants identified two points of focus—safety for the victim-sibling and behaviour change for the offending-sibling. However, when the family context and individual needs and issues are taken into consideration, defining treatment success or an ideal treatment outcome was a difficult task, particularly when "accountability" is assumed to be intrinsic to behaviour change. Clinicians reported that individual and collective treatment goals for the victim-child, offending-child and their family are instead contextual, relational and evolving, for it "really depends on the family, you'd adjust that [the goal] once you begin to work" (Participant 5). For some participants, their definition of safety was varied and multiple, and often was not shared or prioritised by families.

> In my experience generally, we're kind of going through the grey, trying to work out what's going to be best for them, and try and collaborate with the family and come to some sort of agreement about what's going to satisfy everybody. But I think more often than not, we don't find that, and families just drop off … We never reach this perfect, "Everyone's done really well. We're happy for you to go out into the world and be safe and happy." Yeah, my experience, I don't think I've ever got to that point. (Participant 4)

While intervention was focused on providing victim-siblings and offending-siblings with support for the issues and harms associated with SSA, shifting levels of engagement by families introduced considerable uncertainty. The competing individual needs of the children and the broader needs of the family can produce tension within the family and between the family and the service. Conflicts between individual and collective needs underscored the challenge of defining ideal treatment outcomes, as well as what sufficient levels of accountability might be to shift behaviour and to improve outcomes for families.

> I think sometimes the decisions that are made and the way that therapists come at things don't actually speak to the complexity of the lived experience for people, of having their family changed and the massive amount of loss that people feel … For one family, success might mean restoration of a child to the parents, or might mean a family remaining living together, whereas for another family, success might be that I make multiple helpline reports and the children are removed, and that's a successful intervention. (Participant 7)

Success in working with children and families affected by SSA can be constituted differently depending on the needs and the circumstances of those involved. While the goal for many families within which sexual abuse has occurred is for reunification or reconnection, its utility in serving the needs of the individuals separately and collectively is contested (Digiorgio-Miller, 2002; Pence, 1993; Welfare, 2008). Indeed, reconnecting the victim/survivor and offender and reunifying the family unit requires a considered and measured process (Tabachnick & Pollard, 2016). The notion of separating the victim/survivor and offender temporarily or permanently, while appropriate and necessary in many instances, might not always be an effective treatment outcome for the family unit.

Concluding remarks

This case study has illustrated the complexities of SSA for affected families as well as clinicians who are tasked to provide them with effective therapeutic support. De-identified SSA case information provided important details on the demographics of families in contact with the agency about SSA and the characteristics of abuse, including the gender and age difference between perpetrators and victims, delays between abuse and disclosure/notification, and family structure. The families in this sample had relatively high rates of contact with the Child Protection agencies and authorities for previous issues, which might reflect the increased likelihood that SSA will be detected within families already in contact with services. Many families were simultaneously working with multiple agencies. The complexity of these families as well as that of the service system provides an important background to the finding that two thirds of the cases were closed, but rarely was therapy completed. Instead, case closure was typically due to referral to another service or the disengagement of parents or children, underscoring the difficulty of maintaining continuity and engagement with family units faced with multiple and competing pressures and demands.

The interviews with clinicians emphasised the uncertainties of SSA for parents and professional responders. Parents could be torn between their loyalties to both children, whether harming or harmed, while clinicians described a lack of clarity over what exactly constituted an ideal therapeutic outcome or goal in the aftermath of SSA. The complexities embedded in the relational dynamics between the victim-sibling, offending-sibling, and their parents in confronting and addressing the effects and harm caused by SSA were particularly challenging. Clinicians rejected the labels of "perpetrator" and "victim" that predominate in PI systems, and described the further harms that such labels can cause to children. The "accountability and responsibility" construct, and its application in the SSA context, potentially produces a contested site for parents who have to care for a child who has been harmed, and manage the child who has harmed.

Although the imperative for the offending-sibling to be "held to account" for their harming behaviours should not be minimised, the process of being held to account can have implications on the victim-sibling through the destabilisation of the family unit. In this context, the response pathways informed by accountability objectives of wider PI systems need to be appropriate and sensitive to the unique issues highlighted in this case study. Interventions that are based on fixed accountability mechanisms described in this collection might not only be ineffective in achieving positive outcomes, but can also potentially produce further distress for the people affected by SSA. Clinicians suggested that defining "success" in SSA responses be done on a case-by-case basis considering the particular context and dynamics of each family and the balance of needs and capabilities within them. In this regard, the findings reported in this case study provide a perspective of accountability frameworks by highlighting the complexities of some relational dynamics, and the needs of some population groups, which demand different engagement and consideration.

Limitations

As noted earlier, there are limitations to this case study. It is important to recognise that de-identified clinical SSA case data used for this case study were derived from case files not intended to capture data specific to SSA and not designed for research purposes. Clinicians recorded information they assessed as relevant to a case at a particular point in time and might not have always recorded information that might have been of interest to this case study. This is a limitation of any secondary data set. As such, no information was available explaining the circumstances of some of the SSA cases. The clinicians who participated in the case study were self-selected and might only reflect particular views about SSA and related issues, which limits the extent to which findings can be extrapolated beyond this group of clinicians. Another limitation was that it was not possible to directly interview parents and children who had contact with the services. Both ethical and time considerations were paramount in the decision to not involve families who had used the services.

Implications for practice

The de-identified data from the 30 case files in Stage 1, which maps SSA cases managed over a two-year period by two CPUs, provides one of the first Australian studies with data including matched sets of siblings. The extracted case file data indicate that the children had presented with experiences of other forms of intra-familial and extra-familial issues and distress, and were likely to already have been involved with services and agencies related to issues such as DFV. The issues experienced by the children in this data set reveal the contexts of abuse and neglect that can facilitate SSA. It is likely that the research cohort reflects the organisational context of CPUs and their relationship with the JCPR program on Child Protection cases outside of SSA. It is important to note that there might be other contexts not captured in this data, including where the abuse is framed as "normal" sexual play or exploration among children and young people. Such cases might or might not be seen by private practitioners or understood as abuse, and the child harmed might not feel that they can disclose their actual experience of the abuse because of such framing. SSA is not a subject that is directly addressed in medical and therapeutic training, nor in primary prevention programs in schools. Training in SSA and sensitivity to the prevalence of SSA in primary prevention programs might support improved detection and disclosure, pointing to the need for greater interrogation of the relationship between prevention and intervention efforts over the long term.

The multiple services and agencies commonly involved with SSA cases was indicative of the complexity of the family environment and families' engagement with a range of systems. It is perhaps unsurprising that the data indicated that treatment was unlikely to be completed to the satisfaction of clinicians. Disengagement from treatment was common and linked to family demands and dynamics. In these family contexts, assessment of safety and risk can be difficult and there need to be shared protocols across organisations to ensure a consistency in risk assessment. These include the safety needs of the child who has been harmed and the risks posed by the child/young person who is engaging in sexually harmful behaviour. Interagency partnerships and integrated service provision have been proposed previously (Breckenridge, Rees, valentine, & Murray, 2016) as a means to ensure consistency of risk and safety assessments across interventions.

The information provided by the clinicians offered a deeper understanding of the embedded complexities—both in terms of issues and dynamics—when working with children and families affected by SSA. Clinicians observed the parental challenges involved in supporting both the victim/survivor and offender of SSA, which in turn produces a sense of uncertainty as to how to effectively and caringly support the victim-sibling and the offending-sibling. Indeed, discursively positioning the offending-sibling as "bad" because of the harm caused has implications on familial dynamics and treatment outcomes.

Instead, SSA is best conceptualised in terms of the sexually harmful behaviours that can occur in children exposed to specific risk factors and stressors, particularly DFV and neglect. This suggests that SSA may be a failure of prevention efforts which are grounded in community-wide interventions. More research needs to be undertaken to ensure that this language and framing is appropriate for all SSA cases. The

data in Stage 1 showed that two offending-siblings were just over 18 years old at the time of perpetration, and so the helpfulness/appropriateness of understanding these cases as a young person who harms, as opposed to implementing a criminal justice response for an adult, also requires further examination. As noted above, this highlights the way in which the objectives of PI systems can vary when directed at different cohorts of individuals who use violence.

In summary, findings from this case study highlight the need for a cooperative, collaborative and flexible system response to SSA that can address the underlying needs of families and children. SSA is a form of family violence that commonly co-occurs with IPV, as do broader forms of adolescent use of DFV, but is largely overlooked within current PI systems. The wide-ranging needs of the family unit of which the offending-sibling and victim-sibling are members underscore the need for contextual understandings of responsibility and accountability, and the potential drawbacks of imposing simplistic understandings of perpetration and victimisation.

As evidenced in the clinicians' accounts, agencies that are victim-/survivor–focused, or those that only work with children who are harmed, might provide insufficient coverage of the intersecting needs of siblings and parents affected by SSA. A shared understanding and coordinated approach to the factors underlying SSA might avoid the partial, punitive and labelling approaches that compromise treatment outcomes. Therapeutic change in children, adults and families who are coping with an SSA disclosure and its implications, alongside other problems and challenges, is difficult to secure. Engagement with treatment might be improved where families are adequately supported in other aspects of their lives. Optimal treatment outcomes are contextual and need to develop in partnership with parents to minimise the risk and harms of SSA.

References

Adler, N. A., & Schutz, J. (1995). Sibling incest offenders. *Child Abuse & Neglect, 19*(7), 811–819. https://doi.org/10.1016/0145-2134(95)00040-F

Aebi, M., Landolt, M. A., Mueller-Pfeiffer, C., Schnyder, U., Maier, T., & Mohler-Kuo, M. (2015). Testing the "sexually abused–abuser hypothesis" in adolescents: A population-based study. *Archives of Sexual Behavior, 44*(8), 2189–2199. https://doi.org/10.1007/s10508-014-0440-x

Australian Bureau of Statistics. (2017). *Personal Safety, Australia, 2016*. Retrieved from http://www.abs.gov.au/ausstats/abs@.nsf/mf/4906.0

Ballantine, M. (2012). Sibling incest dynamics: Therapeutic themes and clinical challenges. *Clinical Social Work Journal, 40*(1), 56–65. https://doi.org/10.1007/s10615-011-0331-8

Beckmann, L., Bergmann, M. C., Fischer, F., & Mößle, T. (2017). Risk and protective factors of child-to-parent violence: A comparison between physical and verbal aggression. *Journal of Interpersonal Violence*. https://doi.org/10.1177/0886260517746129

Biehal, N., Baldwin, H., Cusworth, L., Wade, J., & Allgar, V. (2018). In-home support or out-of-home care? Thresholds for intervention with abused and neglected children. *Children and Youth Services Review, 89*, 263–271. https://doi.org/10.1016/j.childyouth.2018.04.041

Bonner, K. M. (2001). Reflexivity and interpretive sociology: The case of analysis and the problem of nihilism. *Human Studies, 24*(4), 267–292. https://doi.org/10.1023/a:1012214826614

Boyd, C., & Bromfield, L. (2006). *Young people who sexually abuse: Key issues*. Melbourne: Australian Institute of Family Studies.

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*(2), 77–101. https://doi.org/10.1191/1478088706qp063oa

Breckenridge, J., & Flax, G. (2016). *Service and support needs of specific population groups that have experienced child sexual abuse: Report for the Royal Commission into Institutional Responses to Child Sexual Abuse*. Sydney: UNSW Sydney.

Breckenridge, J., James, K., & Salter, M. (2014). Child sexual abuse—The contribution of social work to the legal process. In S. Rice & A. Day (Eds.), *Social work in the shadow of the law* (pp. 63–79). Leichhardt, NSW: The Federation Press.

Breckenridge, J., Rees, S., valentine, k., & Murray, S. (2016). *Meta-evaluation of existing interagency partnerships, collaboration, coordination and/or integrated interventions and service responses to violence against women: Final report*. Sydney: Australia's National Research Organisation for Women's Safety.

Bryman, A. (2012). *Social research methods* (4th ed.). New York: Oxford University Press.

Caffaro, J. (2014). *Sibling abuse trauma: Assessment and intervention strategies for children, families, and adults* (2nd ed.). New York: Routledge.

Caffaro, J. (2016). Treating adult survivors of sibling sexual abuse: A relational strengths-based approach. *Journal of Family Violence, 32*(5), 543–552. https://doi.org/10.1007/s10896-016-9877-0

Caffaro, J., & Conn-Caffaro, A. (2005). Treating sibling abuse families. *Aggression and Violent Behavior, 10*(5), 604–623. https://doi.org/10.1016/j.avb.2004.12.001

Campo, M. (2015). Children's exposure to domestic and family violence: Key issues and responses. *Child Family Community Australia Paper* (No. 36). Melbourne: Australian Institute of Family Studies.

Carlson, B. E., Maciol, K., & Schneider, J. (2006). Sibling incest: Reports from forty-one survivors. *Journal of Child Sexual Abuse, 15*(4), 19–34. https://doi.org/10.1300/J070v15n04_02

Caspi, J., & Barrios, V. R. (2016). Destructive sibling aggression. In C. A. Cuevas & C. M. Rennison (Eds.), *The Wiley handbook on the psychology of violence* (pp. 297–323). Chichester, West Sussex: Wiley Blackwell.

Cochran, J. K., Sellers, C. S., Wiesbrock, V., & Palcios, W. R. (2011). Repetitive intimate partner victimisation: An exploratory application of social learning theory. *Deviant Behaviour, 32*(9), 790–817.

Crime Statistics Victoria. (2019). *Family Violence Intervention Orders (FVIO) finalised applications in the Children's Court 2014–2019*. Retrieved from: https://www.crimestatistics.vic.gov.au/family-violence-data-portal/family-violence-data-dashboard/childrens-court

Daly, K., & Wade, D. (2012). In-depth study of sexual assault and family violence cases: Part II. *South Australia Juvenile Justice and Criminal Justice Research on Conferencing and Sentencing* (Technical report no. 5). Retrieved from https://www.griffith.edu.au/__data/assets/pdf_file/0020/226730/2012-Daly-and-Wade-SAJJ-CJ-Technical-report-5.pdf

Digiorgio-Miller, J. (2002). A comprehensive approach to family reunification following incest in an era of legislatively mandated community notification. *Journal of Offender Rehabilitation, 35*(2), 83–91. https://doi.org/10.1300/J076v35n02_06

Douglas, H., & Walsh, T. (2018). Adolescent family violence: What is the role for legal response? *Sydney Law Review, 40*(4), 499.

El-Murr, A. (2017). *Problem sexual behaviours and sexually abusive behaviours in Australian children and young people: A review of available literature* (CFCA paper no. 46). Canberra: Australian Institute of Family Studies.

Fergusson, D. M., Boden, J. M., & Horwood, L. J. (2006). Examining the intergenerational transmission of violence in a New Zealand birth cohort. *Child Abuse & Neglect, 30*, 89–108.

Font, S. A., Sattler, K. M. P., & Gershoff, E. (2018). When home is still unsafe: From family reunification to foster care reentry. *Journal of Marriage and Family, 80*(5), 1333–1343. https://doi.org/10.1111/jomf.12499

Hall, K. L., Stinson, J. D., & Moser, M. R. (2018). Impact of childhood adversity and out-of-home placement for male adolescents who have engaged in sexually abusive behavior. *Child Maltreatment, 23*(1), 63–73. https://doi.org/10.1177/1077559517720726

Holt, A. (2013), *Adolescent-to-parent abuse: Current understandings in research, policy & practice*. Bristol: Policy Press.

Holt, A. (2016). Adolescent-to-parent abuse as a form of "domestic violence": A conceptual review. *Trauma, Violence, & Abuse, 17*(5), 490–499.

Herbert, J., & Bromfield, L. (2017). *Components of effective cross-agency responses to abuse—A report for the NSW Ombudsman's Office*. Adelaide: Australian Centre for Child Protection, University of South Australia.

Howard, J., López Franco, E., & Shaw, J. (2018). *Navigating the pathways from exclusion to accountability: From understanding intersecting inequalities to building accountable relationships.* Brighton: Institute of Development Studies.

Katz, C., & Hamama, L. (2017). From my own brother in my own home: Children's experiences and perception following alleged sibling incest. *Journal of Interpersonal Violence, 32*(23), 3648–3668. https://doi.org/10.1177/0886260515600876

Krienert, J. L., & Walsh, J. A. (2011). Sibling sexual abuse: An empirical analysis of offender, victim, and event characteristics in National Incident-Based Reporting System (NIBRS) data, 2000–2007. *Journal of Child Sexual Abuse, 20*(4), 353–372. https://doi.org/10.1080/10538712.2011.588190

Kwong, M. J., Bartholomew, K., Henderson, A. J. Z., & Trinke, S. J. (2003). The intergenerational transmission of relationship violence. *Journal of Family Psychology, 17*(3), 288–301.

Latzman, N. E., Viljoen, J. L., Scalora, M. J., & Ullman, D. (2011). Sexual offending in adolescence: A comparison of sibling offenders and non-sibling offenders across domains of risk and treatment need. *Journal of Child Sexual Abuse, 20*(3), 245–263. https://doi.org/10.1080/10538712.2011.571233

Levenson, J. (2014). Incorporating trauma-informed care into evidence-based sex offender treatment. *Journal of Sexual Aggression, 20*(1), 9–22. https://doi.org/10.1080/13552600.2013.861523

London, K., Bruck, M., Wright, D. B., & Ceci, S. J. (2008). Review of the contemporary literature on how children report sexual abuse to others: Findings, methodological issues, and implications for forensic interviewers. *Memory, 16*(1), 29–47. https://doi.org/10.1080/09658210701725732

McDonald, C., & Martinez, K. (2017). Victims' retrospective explanations of sibling sexual violence. *Journal of Child Sexual Abuse, 26*(7), 874–888. https://doi.org/10.1080/10538712.2017.1354953

McNevin, E. (2010). Applied restorative justice as a complement to systemic family therapy: Theory and practice implications for families experiencing intra-familial adolescent sibling incest. *Australian & New Zealand Journal of Family Therapy, 31*(1), 60–72.

Miller, L. E., Grabell, A., Thomas, A., Bermann, E., & Graham-Bermann, S. A. (2012). The associations between community violence, television violence, intimate partner violence, parent–child aggression, and aggression in sibling relationships of a sample of preschoolers. *Psychology of Violence, 2*(2), 165–178. Retrieved from https://psycnet.apa.org/doi/10.1037/a0027254

Morrill, M., & Bachman, C. (2013). Confronting the gender myth: An exploration of variance in male versus female experience with sibling abuse. *Journal of Interpersonal Violence, 28*(8), 1693–1708. https://doi.org/10.1177/0886260512468324

Morrison, S. E., Bruce, C., & Wilson, S. (2018). Children's disclosure of sexual abuse: A systematic review of qualitative research exploring barriers and facilitators. *Journal of Child Sexual Abuse, 27*(2), 176–194. https://doi.org/10.1080/10538712.2018.1425943

Papalia, N. L., Luebbers, S., Ogloff, J. R., Cutajar, M., & Mullen, P. E. (2017). The long-term co-occurrence of psychiatric illness and behavioral problems following child sexual abuse. *Australian & New Zealand Journal of Psychiatry, 51*(6), 604–613. https://doi.org/10.1177/0004867416667232

Pence, D. M. (1993). Family preservation and reunification in intrafamilial sexual abuse cases: A law enforcement perspective. *Journal of Child Sexual Abuse, 2*(2), 103–108.

Porter, M., & Nuntavisit, L. (2016). Multisystemic therapy with Australian families. *Australian and New Zealand Journal of Family Therapy, 37*, 443–462.

Pratt, R. (2013). A community treatment model for adolescents who sexually harm: Diverting youth from criminal justice to therapeutic responses. *International Journal of Behavioral Consultation and Therapy, 8*(3–4), 37–42.

Relva, I. C., Fernandes, O. M., & Alarcão, M. (2017). Dyadic types of sibling sexual coercion. *Journal of Family Violence, 32*(6), 577–583. https://doi.org/10.1007/s10896-017-9918-3

Salter, M. (2018). Child sexual abuse. In W. S. DeKeseredy, C. M. Rennison, & A. Hall-Sanchez (Eds.), *Routledge international handbook of violence studies* (pp. 254–263). London: Routledge.

Shlonsky, A., Albers, B., Tolliday, D., Wilson, S., Norvell, J., & Kissinger, L. (2017). *Rapid evidence assessment: Current best evidence in the therapeutic treatment of children with problem or harmful sexual behaviours, and children who have sexually offended*. Sydney: Royal Commission into Institutional Responses to Child Sexual Abuse.

Stathopoulos, M. (2012). *Sibling sexual abuse*. Melbourne: Australian Institute of Family Studies.

Tabachnick, J., & Pollard, P. (2016). *Considering family reconnections and reunification after child sexual abuse: A road map for advocates and service providers*. Enola, PA: National Sexual Violence Resource Center.

Tapara, A. (2012). Best practice guidelines for health service professionals who receive initial disclosures of sibling sexual abuse. *Kotuitui: New Zealand Journal of Social Sciences Online, 7*(2), 83–97. https://doi.org/10.1080/1177083x.2012.729513

Tener, D., Lusky, E., Tarshish, N., & Turjeman, S. (2018). Parental attitudes following disclosure of sibling sexual abuse: A child advocacy center intervention study. *American Journal of Orthopsychiatry*. https://doi.org/10.1037/ort0000311

Tener, D., Tarshish, N., & Turgeman, S. (2017). "Victim, perpetrator, or just my brother?" Sibling sexual abuse in large families: A child advocacy center study. *Journal of Interpersonal Violence*. https://doi.org/10.1177/0886260517718831

Tolliday, D., Spangaro, J., & Laing, L. (2018). *Therapy with harming fathers, victimized children and their mothers after parental child sexual assault*. London: Routledge.

Welfare, A. (2008). How qualitative research can inform clinical interventions in families recovering from sibling sexual abuse. *Australian & New Zealand Journal of Family Therapy, 29*(3), 139–147. https://doi.org/10.1375/anft.29.3.139

Willie, T. C., Kershaw, T., & Sullivan, T. P. (2018). The impact of adverse childhood events on the sexual and mental health of women experiencing intimate partner violence. *Journal of Interpersonal Violence*. https://doi.org/10.1177/0886260518802852

Wolff, N., & Shi, J. (2012). Childhood and adult trauma experiences of incarcerated persons and their relationship to adult behavioral health problems and treatment. *International Journal of Environmental Research and Public Health, 9*(5), 1908–1926. https://doi.org/10.3390/ijerph9051908

Worling, J. R., & Langton, C. M. (2012). Assessment and treatment of adolescents who sexually offend. *Criminal Justice and Behavior, 39*(6), 814–841. https://doi.org/10.1177/0093854812439378

Yamamoto, D. (2015). *The advocate's guide: Working with parents of children who have been sexually assaulted*. Enola, PA: National Sexual Violence Resource Center.

Yates, P. (2017). Sibling sexual abuse: Why don't we talk about it? *Journal of Clinical Nursing, 26*(15–16), 2482–2494. https://doi.org/10.1111/jocn.13531

Yates, P. (2018). "Siblings as better together": Social worker decision making in cases involving sibling sexual behaviour. *British Journal of Social Work, 48*(1), 176–194. https://doi.org/10.1093/bjsw/bcx018

CHAPTER 7:

What happens once men commence a DFV perpetrator program? A case study of service users and practitioner experiences of DFV in referral pathways and interventions in south-east Queensland

Professor Patrick O'Leary and Dr Amy Young

Men who are perpetrators of DFV can easily drop out of the view of PI systems. The chapters in this collection on accountability and mapping perpetrator pathways (Chapters 1 and 3) pointed to the various systemic reasons why this occurs, some of which are as follows:

- the lack of points in the systems in which to identify and provide a response to perpetrators
- the number of practitioners in the system whose work is not DFV-informed or do not see DFV as their responsibility
- the pathways and processes in PI systems which are not always robust in maintaining a focus on perpetrators' actions, both when acting abusively and when not meeting court-ordered directives, such as breaching POs with no consequence or not attending an MBCP.

At the individual level, many factors account for the lack of system retention—not only the men's own self-serving motivations and behaviour, but also both internal (e.g. mental health issues) and external circumstances (e.g. men's unemployment). Through the voices of men participating in MBCPs and the practitioners who work with them, this chapter documents and examines these factors. It draws on a case study of an MBCP in south-east Queensland to investigate the level of perpetrators' program engagement by exploring men's experiences and actions as well as local system responses to perpetrators. To maintain anonymity and confidentiality, the name of the MBCP is not revealed in this chapter.

Background and context

As outlined in Chapter 1, apart from criminal and civil justice sanctions, the most direct perpetrator intervention comes in the form of MBCPs. While there are variances in content, duration, compliance measures and referral pathways, most government-funded MBCPs state that their prime aim is improving the safety of women and children, while promoting accountability for men's use of violence. While these dual intentions are the most commonly stated intentions of MBCPs in Australia, the extent to and ways in which such intentions are realised is not well documented, aside from a few exceptions (Westmarland & Kelly, 2013).

There are significant knowledge gaps in how men who enter MBCPs are retained within PI systems, both while attending the program and post-referral or post-program. As discussed elsewhere regarding accountability and POs (Chapter 1 and Appendix A), recidivism or re-victimisation as a measure of outcome is too blunt an instrument to be meaningful. It can also be misleading, as an increase in recidivism could also indicate the better policing of breaches and/or more confidence of victims/survivors to report breaches.

In Queensland, where this study was conducted, current responses to addressing DFV are being reformed, guided by the recommendations in the *Not Now, Not Ever* report (Bryce, 2015). This report, which was compiled in response to the increasing rate of reported DFV in the state, called for greater focus on intervention and justice responses for men using violence (Bryce, 2015).

MBCPs attempt to engage and educate men about their use of DFV, with an aim to identify and cease abusive behaviours, while also engaging and supporting the women and children who are victims/survivors of their violence. This is because MBCPs are embedded in wider PI systems that aim to provide coordinated responses to DFV through monitoring perpetrator behaviour (Day, Chung, O'Leary, & Carson, 2009). As discussed in Chapter 1, the concepts of accountability and responsibility are, problematically, rarely defined and operationalised at the policy or program delivery levels, making it difficult to determine what these look like at the level of individual MBCPs.

In Australia, the program content of MBCPs is traditionally underpinned by feminist and sociological understandings of DFV, linking men's use of violence to gender inequity. Consistent components of MBCPs include gender role modelling by including female and male facilitators; delivering education to men that confronts beliefs underpinning their use of violence; and therapeutic group work (Day et al., 2009; Gondolf, 2007). Recent research has identified a clear need for improving outcomes from MBCPs (Diemer, Humphreys, Laming, & Smith, 2015; McGinn, Taylor, McColgan, & Lagdon, 2016), as policy reviews have recognised the inadequacy of programs to be accountable (Bryce, 2015; Neave, Faulkner, & Nicholson, 2016).

Some victims/survivors have reported little change in violence from men attending MBCPs (Arias, Arce & Vilarino, 2013; Feder & Dugan, 2002; Feder & Wilson, 2005; Feder, Wilson & Austin, 2008; Gondolf, 1999; Gondolf, 2004). As well as questioning these programs' capacity to make a difference (Day et al., 2009), attrition and inconsistent attendance are common concerns (see Chapter 3). Most men using violence are either court-ordered to attend MBCPs or else are motivated to attend by external factors, such as hope of relationship reconciliation or as an avenue to child custody through the Family Court or Federal Circuit Court. In these situations, men's motivation and readiness for change are often linked to seeking desired outcomes from others, rather than a primary goal to change attitudes and behaviours within themselves. Therefore, change is often quite slow and progress might be limited or not occur at all, meaning that systemic expectations of internalised perpetrator accountability are unlikely to be realised.

A key concern is that perpetrators can still pose a significant risk to their (ex-)partner and children during their participation in an MBCP, so it is critical that the perpetrator's risk and whereabouts are monitored, along with motivational factors (for example, wanting revenge or to see children). Engagement and retention in PI systems are important for monitoring safety and building accountability, both in terms of individual MBCP participants and in terms of the accountability of PI systems. MBCPs often have difficulties keeping men within the system because of men's reluctance to take responsibility for their violence, and as a result they may not comply with an order to attend (Day, et. al., 2009; Gondolf, et al., 2007). The complexity of men's lives and entrenched beliefs and behavioural patterns also add to the difficulty of keeping men in PI systems. This complexity relates to the intersectionality of problems (for example, mental health and substance abuse) that men may experience concurrently with their perpetration of violence (Morrison et al., 2018). These issues often intersect with entrenched beliefs and behaviour, such as undermining a mother's relationship with her children and family (Potito, Day, Carson, & O'Leary, 2009).

Professionals engaged in PI systems often report that there are limited options for referral of DFV perpetrators and that there are gaps when engaging with other services, which may hold differing values, leading to mistrust and critical information not being shared (O'Leary, Young, Wilde, & Tsantefski, 2018). Gaps across social services, health and statutory responses are identified in the following case study.

Methodology

This case study examined local area responses to the engagement and support of DFV perpetrators by reviewing both the system responses and the men's experiences and actions. The results of the study will assist in considering how men are engaged in the system; attempts to respond when they disengage; and how concerns about men's use of violence can be addressed in the future. The impact that men's transience and instability has on engagement with PI systems was explored throughout the case study. This helped to identify points in time when men were considered to be held accountable or took responsibility for their use of violence.

This research used a case study design, involving mixed methods of data collection to document and map perpetrator intervention responses in the Logan and Gold Coast regions. The data collected for this case study included interviews with men attending MBCPs; agency case notes about the MBCP participants interviewed; focus groups with practitioners; and administrative data and referral information made available from DFV and Child Protection services across south-east Queensland. The project was approved by Griffith University Human Research Ethics Committee (2018/319). The data being collected from multiple sources were triangulated.

Data triangulation is underpinned by the belief that more can be known about a phenomenon when findings are brought together from multiple data sources (Moran-Ellis et al., 2006). In this case, the findings from the three data sources were used to strengthen understandings of men's engagement in PI systems holistically. Seven men attending a local MBCP were recruited. The MBCP was chosen because it has a rolling intake process—which assisted in timely recruitment of research participants—and also because it includes mandated and non-mandated clients. The program runs for 16 weeks, with men commencing at various points across the group. Thus, during the course of the research, men were recruited at different stages of their intervention. Some participants

were subject to intervention orders (IOs), with others referred by court following temporary protection orders (TPOs) for DFV. Throughout this chapter, domestic violence orders (DVOs), TPOs and IOs are referred to and thus need to be defined. DVOs are civil court orders that designate specific rules that perpetrators need to follow to ensure the safety of victims/survivors (Queensland Courts, 2018). TPOs are specific types of DVOs made by a magistrate, typically for a restricted time to ensure protection for victims/survivors until a magistrate can approve an application for a full PO (Queensland Courts, 2018). IOs are usually addendums to a DVO that order the man to attend intervention (mostly MBCPs) to address his violence.

Other participants had been involved though Corrections and court referral but were now attending the MBCP voluntarily after completing a program under an order. One man was not referred by any statutory agency. All participants had been assessed by the NGO offering the MBCP and had consented to attend the program through an IO or without any current order.

Men were initially approached by MBCP facilitators to gauge their interest in the research. If they were interested and gave their consent, then their details were passed to the research team, who provided detailed information about the project and arranged a time for interview. Men were advised that they would be invited to participate in a follow-up interview at first contact by the research team, and again at the completion of the initial interview. The program that men were recruited from includes men mandated to attend through court orders, men who are socially mandated (for example, men who hope to reconcile with their partner), and men who benefit in system responses from being involved (i.e. men hoping it will be viewed favourably in child custody arrangements). Participants were recruited from all three categories. Seven men participated in an interview, of which five participated in follow-up interviews. Two participants did not respond to contact requests to complete the follow-up interview. The follow-up interviews were conducted after the participants were either more than halfway through the program content; at completion; or had disengaged from the program. Follow-up interviews were incorporated into the research design to illustrate where men may engage and disengage with services over time, and to understand changes in risk, circumstances and motivations. The follow-up interviews relied on a similar structure to initial interviews, with similar questions asked to see if the men's circumstances and responses had shifted. Initial and follow-up interviews were between 30 and 60 minutes in duration. Participants were not offered honorariums, but interviews were scheduled immediately prior to their group session, or were carried out via phone, to minimise inconvenience. All men agreed to have their interviews audio-recorded. The interviews were conducted by researchers experienced in DFV work and took place over a six-month period. Pseudonyms have been used throughout to ensure confidentiality. Data were de-identified following collection, and the name of the service has not been reported to protect the identity of participants.

The seven men ranged in age from 25 to 51 years old. No men identified as Aboriginal or Torres Strait Islander and only one man's first language was not English. Two of the men had been living in the region at the time of initial engagement with the program. Others had travelled from a nearby location due to being unable to access appropriate services in their region, or due to their preference for this particular MBCP provider. All men participating were fathers to biological children, with some also parenting non-biological children.

Men were invited to talk on their experiences of the program, their experiences with different agencies, their hopes for the program, and their use of violence. For men who could not participate in face-to-face interviews prior to the MBCP, interviews were conducted via phone.

All seven men gave permission for the research team to examine their case files held at the MBCP. This was an optional part of participation (i.e. participants could consent to taking part in the interview only), and this was clearly explained in the written consent form given to men. Organisational consent for case file material review was also obtained from the MBCP provider. Participants were advised that case file information was primarily reviewed to establish which services were engaged with the participant. Case file review also assisted in validating interview data, as well as providing worker-informed perspectives on the safety of women and children. However, to protect the safety of women and children,

case files contained limited reference to or information on women and children. This means that when men ask to access their files, victims'/survivors' confidentiality and safety are not compromised.

Insight into victims'/survivors' experiences was gained through narratives told by the women's advocates during focus group discussions, and through mentions in case files, such as in police reports and Family Court or Federal Circuit Court documents. Interactions with MBCP facilitators also assisted the research team in understanding the participants' levels of violence and risk to their partners, as well as the services available to participants and their partners.

Two focus groups with practitioners were conducted in the Logan and Gold Coast regions. Fifteen practitioners participated, including MBCP managers, facilitators and women's advocates. They were recruited through local MBCP program providers, which advertised recruitment materials through their networks. Given the casualisation of MBCP facilitators, focus group participants also often held positions in other PI systems organisations outside of program facilitation (such as in statutory Child Protection agencies) and thus were able to relay their experiences engaging men in these spaces. These workers held dual positions as MBCP facilitators and as workers in the external PI systems. Focus group discussions explored topics such as initial engagement with perpetrators of violence; PI systems' functioning; information sharing; practice around mental health; concerns specific to the local area; and managing those disengaged from system responses. The focus groups took between 60 and 120 minutes, and were recorded with the permission of all participants.

Following the completion of data collection from all data sources, interviews and focus group recordings were transcribed. Each data set was firstly coded and thematically analysed by two researchers. The researchers' data sets were then cross-referenced with each other for an examination of consistencies and inconsistencies between the application of thematic codes by the individual coders. The process involved a consultative process of identifying recurring themes so that propositions could be advanced to classify data (Grbich, 2012). The interpretation of the data was iterative. Information from practitioners about referral pathways and processes in their agencies was triangulated with interview data from the men participating in the program. Information collected from case files was used to compare with interview data and system engagement. Data analysis highlighted points such as service referral, system interaction, points of engagement, retention of men and inconsistencies in case files and men's interviews. Syntheses of the results across time were used to show how the situations and perceptions of the men participating in the MBCP had changed over time while in PI systems.

Key findings

The presentation of the key findings below is structured to illustrate the progress of the participant through the MBCP—from initial engagement through to retention in the program and system, through to completion of the program and/or disengagement from the program. Findings are derived from the interview transcripts, focus group discussions and case-file reviews. At all points of contact, the male participants described the instability, uncertainty and complexity of daily lives for themselves and their partners and children. Complexity included intersecting concerns about mental health, housing disruption, disruption to employment, and the social isolation of men and their partners. This is referenced throughout and summarised in the final sub-theme. It is also echoed across other studies in this collection.

Initial engagement with the MBCP

Three of the seven participants were participating in their second MBCP. Only one of these three men completed the second program. One of these men was served with his first DVO at week four of his second MBCP and subsequently dropped out. Despite the low number of participants who had previously engaged with an MBCP, participants had had previous contact with a variety of services. For example, two men had extensive previous histories with mental health services and three had known criminal convictions. This demonstrated that, in the majority of cases, there was an opportunity for system intervention prior to the most recent referral to an MBCP for violence.

> [Interviewer:] And you said that someone had tried to get you into a program like this before?
>
> [Eddie:] Yes. I had a good behaviour bond and something on my name ages ago—a similar situation—and the police recommended I go see someone—the courts, my partner, everyone—to mind just how I deal with things.

During the interviews, all men disclosed that they had used abusive and/or violent behaviours in their current relationship. However, these were normally positioned in mutualising and relational terms, such as "we argued". At time of initial interview, the majority of participants situated their intervention in relation to a specific incidence of violence, rather than a pattern of coercive control, despite descriptions (in case files) indicating ongoing use of violence.

> So then the first fight happen[ed], and she had some drinking issues too I guess, and she's saying it's because of the stress she started drinking …
>
> So she used to come to me all the time like trying to talk things out and used to just escalate … she starts hitting me … and after some time I just couldn't take it anymore and I would just hit back or push her away and then she gets injured. So … I pushed her back away from me and she got some bruises somewhere, so she went to police, filled a complaint and I got the DVO because of that. (Lee)

Participants used externalised phrases, such as "the incident", and described in detail interactions with police and other services at this point. As can be seen from Lee's quote, the connection to the intervention by police beyond this "incident" was not made. Thus, there was little reflection on patterns of abusive behaviours in initial engagement. For five of the seven interview participants, the police were called and charges were laid.

Engagement with police was mixed, with some participants reporting that they felt respected, while others did not feel they had been treated well. All participants who had spent time in the watch house or had previously been incarcerated described the experience as one of the worst of their lives. Descriptions included having panic attacks in cells and not receiving any response from officers. Court experiences were also mixed, with some participants again reporting feeling respected and others describing the experience as "not good".

> It's not good. I've been in and out of court a lot before … just for driving offences … But you always feel like even though you're not a criminal you feel like you are a criminal, so it is a depressing thing. (Nat)

Nat's statement indicates that he did not see his behaviour as criminal. The men accessed legal support through Legal Aid at the time of interview, though in one case this had unexpected financial costs attached. Participants then reported being bailed out and entering a period of housing and financial instability. Some participants took responsibility for incident-specific cases of violence, but rarely was responsibility taken for patterns of behaviour over time. While on bail, little system engagement beyond the MBCP was evident. For five of the interview participants, the MBCP intervention began while they were on bail. For men referred by courts, there were waiting times and in two cases the men did not contact the MBCP after initial registration. In one case, it required further court action before he finally attended. This points to limited processes of system accountability from the point of court referral to the MBCP. In this case, PI systems engagement was left to the MBCP, rather than the statutory body which had direct, mandated power over the men's accountability.

Despite system intervention in the majority of cases, men saw their involvement with the MBCP as something which they initiated, enabling them to feel control over the process. For example, a participant who was on bail and required to attend the program reiterated through his interview that it was his choice to attend and address his behaviours, motivated by a desire to be a better parent and husband. His case file highlighted that he had not initiated contact with the MBCP until further statutory action was taken. This is also discussed in the Victorian Bayside Peninsula case study (Chapter 4). One man did initiate contact with the MBCP with no system prompts, though his explicit motivation was similar to the majority of other participants, being relationship reconciliation.

> I found that [previous MBCP] really beneficial. I just wanted to get back into the system, I guess, and redo it again … I just felt that I got a lot of benefit out of that, and I wanted to do something similar because I found that we were going down the same track. (Frank)

Beyond court referral, the program was suggested to men through sources such as the Domestic Violence Men's Line, other MBCP providers that were at capacity, and lawyers from Legal Aid.

System retention, resistance and disengagement

Participants' accounts illustrated disengagement from systems and communities. Active attempts to disengage were noted. For example, in one case, a participant went four months without intervention between the initiation of the IO and starting at the MBCP. He disclosed during the interview that during this period, he was breaching the order by residing in the house with the victim/survivor and their children. This contrasts with efforts by MBCPs outlined in the Victorian Bayside Peninsula study (Chapter 4) to maintain engagement with men on their waiting list between referral and group commencement, an indication of additional resourcing flowing from relevant Victorian reforms.

Data from case file review as well as interviews indicated that six of the seven participants had an active DVO, IO or TPO at the time they were engaged with the program. One participant had overlapping orders with different conditions. Breaches of these orders had occurred, with inconsistent responses to breaches reported, and suggesting little consequence for non-compliance. A variety of conditions were also noted in relation to DVOs, with some participants having no conditions and others having conditions which allowed them contact with their children. In the review of participant case files, some orders were different to what men described in the interviews. For example, one man had a no contact order but openly discussed ongoing contact with his partner.

> I'm allowed to be in [victim's/survivor's] presence, the kids' presence and everything, as long as I get written permission because of the DVO, I have every single exception you can get. So, it sort of works in her favour and not in her favour because if I was to go to the house, I'd have to get permission … in a text message or written consent. (Eddie)

This example starkly shows the importance of MBCPs having access to all sources of information about the participant, an imperative similarly highlighted in the Victorian Bayside Peninsula study (Chapter 4). However, the majority of participants did recognise that DVOs restricted their behaviours. This illustrates the limited understanding men had of legal documents and how they applied to their lives. Participants reported being upset that they could not speak to their children or to the victim/survivor. The participants did not explicitly link the DVO conditions to their behaviours, instead blaming the victim/survivor or external services (e.g. statutory Child Protection agencies) for preventing contact with children or survivors. These feelings of resentment and externalisation of blame were aligned with escalation in risk behaviours and disengagement with the MBCP, a theme also explored in the Victorian case studies.

Participants talked about seeking reconciliation, yet it was evident from case files and follow-up interviews that men fluctuated between wanting separation and reconciliation. This was often related to the woman's attempt to increase her safety through new orders or changing contact conditions with children. This was the basis for men to disengage and resist system follow-up. Similarly, changes in system accountability and responses to safety concerns, combined with moves away from reconciliation or reunification, also corresponded with how men viewed their responsibility for violence. For example, one man in the initial interview articulated a level of responsibility for his violent behaviour, but in the second interview when relationship reconciliation had been rejected by his partner, his sense of responsibility for his violence had now shifted to blame of his partner and wider systems:

> I still love her. I still respect her. I haven't … even been able to speak to my children … even though there has been no abuse whatsoever since I started the course … But at the same time, I can see it as this is my responsibility. It's been my behaviour, my actions that have pushed her to the point where she feels she needs to protect the

> children … Whenever a bad thought comes up of "Why is she doing this?" it's because of my behaviour, because I treated her badly and she never wants the children to be exposed to that again. In a weird sort of way, it makes me respect her more that she's protecting the children from that abuse. (Nelson, initial interview)

> I've found out since then that she's got a new boyfriend and she lodged a DVO two days after she started this relationship with the new boyfriend, so unfortunately it seems like it's just a bit of a spite thing. (Nelson, follow-up interview)

This illustrates the fragile nature of the task of taking responsibility for many of the men, which easily shifts when circumstances have changed. The DVO, in Nelson's account, was seen as being about "spite", not that the victim/survivor may still be worried about the threats of violence and abuse. This also has implications for PI systems retention and capacity to review risk if he is not within the PI system. Participants often gave conflicting statements demonstrating their shifting levels of responsibility within a single interview. This raises a question about how their thinking about their use of violence and abuse had changed.

Men's behaviour change program: Engagement and disengagement

There were limited system consequences for MBCP disengagement. Participants attended the MBCP with the hope that this would provide them with some type of change in their relationship or family contact conditions. Three participants had not missed any of the group sessions during the time the research was undertaken. Other participants had missed groups due to work, inability to access transport, accidents and family situations. Participant absences were consistently noted in case files, and comprehensive risk assessments were undertaken at intake and updated throughout the intervention. Participants who did not miss group sessions reported being motivated to complete the course before their next appearance in a criminal or Family Court jurisdiction. As Lee noted: "I just want to get it done because this is my requirement as well for the court."

Tensions were present between participants and facilitators if it looked like they would not complete the MBCP before their next court appearance. For example, one participant described his anger at not being able to schedule an exit interview before he completed the program. He had only joined the program as he felt it would reflect well on him in court, and was concerned that he would not have his completion letter in time for his next court appearance. His behaviours in group sessions were disruptive during this period. The facilitator counselled the man on this behaviour (noted in file) but it did not result in any official sanction.

Reconciliation with the victim/survivor, and therefore greater access to children, was a main stated reason for engagement with the program.

> When I got the message that she wasn't coming back, that she was filing for divorce … I went into freak-out mode and started actually self-reflecting … I started actually looking at my own behaviours, my own actions and the toxic person that I had become … I started researching everything on domestic abuse … The program came up and I enrolled in it straight away … I'm a fixer. I'm a man. I find the problem. I'm the problem. I need to fix me. What can I do to get in this course sort of thing? (Nelson)

Participants had little awareness of MBCPs prior to attending, with the majority stating that they had not known about this type of intervention until it was suggested to them.

Upon contact with the program, men were classified into risk categories. Participants in this study were categorised as both low and high risk, with risk determined by the MBCP and noted in their case file. It was evident from reading case files that risk changed during their attendance at the MBCP, but this was not always recorded as a change in risk category. The consequences of this were not conclusive from the research findings. Future research should include interviews with women so that the consequences of changes in risk category can be established. PI systems' follow-up was therefore not adapted to reflect increased risk or potential disengagement.

The facilitators of the MBCP excluded one participant from the group as he had missed too many sessions (he had

previously completed the program). The participant remained compliant with the court order, but this did not include MBCP attendance. Other participants were anxious to complete the program in time for their next court appearance. One participant, upon completion, voiced a wish to join another MBCP program so that it would act as a reminder not to slip into past behaviours.

Practitioners in focus groups discussed resourcing of programs and how they felt programs were under-resourced. This is consistent with other Australian research (Brown, Flynn, Fernandez Arias, & Clavijo, 2016).

The reality of the MBCP participants' sporadic engagement with the program or any intervention following this presents a contrast with the expectations of perpetrator accountability that are arguably disproportionately placed on MBCPs as a crucial, but small, part of PI systems. It functions as a reminder that referral or other system activity cannot achieve the objective of accountability alone, but must be grounded and supported by wider structures and resources in the community (see Chapter 1 for more on this).

Attempts to retain/engage in PI system

Most of the participants in this research were not subject to supervision by statutory services (e.g. police) during the time the research was undertaken. The onus of keeping the participants retained in the system therefore fell upon the victims/survivors, an indication that systemic accountability was not necessarily functioning well.

> I was called into the police station a bit over a week ago for questioning, she had handed in all of my compound bows and things and tried to get me done on weapons charges … She's just trying anything and everything at the moment unfortunately. (Nelson)

The quote above illustrates that men placed the blame on their partners, rather than the statutory agency, for their engagement in the PI system. Nelson recognised that his partner was trying different strategies, such as reporting the weapons he used, to ensure he continued to be engaged in the PI system. Placing the onus on women to retain the men in the system may place these women at higher risk. In the above case, the victim/survivor needed to prompt the system to reengage the man in some form of accountability by reducing risk posed by his access to weapons. This occurred at a time when the man had disengaged from the MBCP, during which he had continued access to weapons.

Women and child victims/survivors were also motivators for participants to remain engaged in responses, with participants hoping for reconciliation or contact arrangements with children to be adjusted. If PI systems rely on men's hope for reconciliation to ensure engagement, then it increases the likelihood of disengagement when victims/survivors no longer wish for reconciliation. Participants' accounts highlighted that such news often led to efforts to disengage, and some participants' whereabouts also changed, making retention challenging.

All participants stated in their interviews that they were invested in having an ongoing relationship with their biological and non-biological children. Despite all participants being parents, there was very low engagement with Child Protection organisations, with only one participant engaged with statutory Child Protection services. Analysis of interview data revealed silence in relation to recognising the impact that participants' use of violence may have on their children—only two of the seven participants spoke about this. Instead, most participants reported that their partners or ex-partners had acted in ways that the men perceived as inappropriate around children, including detailed descriptions of victims'/survivors' use of alcohol and drugs. This corroborates previous research where there was little acknowledgement from fathers participating in MBCPs of the effects of their violence on their children and where perpetrators were largely critical of the victims'/survivors' mothering (Heward-Belle, 2016). Despite descriptions of their own histories of drug and alcohol use, only one participant had ever engaged with alcohol and drug services, and this had been many years previously.

Only two of the seven participants recognised the impact their behaviours had on their children:

> It's funny … she's 17 and only on the weekend she stayed over her friend's place, and she never would … I only found this out on the weekend—the reason she wouldn't

> stay over is because she felt that something would happen if she wasn't there. She felt like she was in a protective role or mediator and she thought that without her being there, something could happen and it could get really escalated and I never knew that … But it was good as she felt comfortable enough to tell us and started staying at her friend's place so that was really good. (Frank)

This participant had the lowest levels of recorded violence among the cohort and was not the subject of orders. His quote highlights the impact that witnessing verbal violence can have on children, and notably the participants' recognition of it. The impact that witnessing violence has on children has been well established in the literature (Evans, Davies, & DiLillo, 2008; Kitzmann, Gaylord, Holt, & Kenny, 2003; Margolin & Vickerman, 2011; Russell, Springer, & Greenfield, 2010; Wolfe, Crooks, Lee, McIntyre-Smith, & Jaffe, 2003). Documented evidence from case files showed that children of participants classified as high risk were present when participants had used physical violence against their partners, despite the participants saying this was not the case in interviews. Perhaps this is because the impacts that this had on participants' children were not recognised by the participants, and the impacts on children were also seemingly invisible to the system.

One participant was linked in with statutory Child Protection services and viewed the agency and police as perpetrating further abuse against his wife:

> So she's in a really, really tough position. It's just horrible what everyone's doing to [her]. She's the person that people are trying to say they're protecting her and they're treating her worse than they are treating me. It's been horrible and it's just not right. I can't do anything for [her] so I'm upset about it. (Nick, initial interview)

> The officer in charge of the case … was threatening my wife that if she supported me in the DV matter then it'll show them that supporting me is not putting the kids' best interest at heart and they could take the kids off her. (Nick, follow-up interview)

The participant used the interactions with Child Protection services to minimise his own use of violence, placing blame on the agency for his partner currently being "miserable". This example highlights how the main engagement of the system continues to be with women, despite the participant's violence being the reason for Child Protection involvement. This signals a further weakness in overall accountability of PI systems. Other recent Australian research has similarly highlighted these concerns (Humphreys et al., 2019).

One participant engaged in a post-separation parenting program as part of a mediation process. He viewed the program positively and was able to articulate learnings from the program. However, he did not complete the program due to external circumstances. Another participant had engagement with the Family Court to increase his contact time with his children and viewed the MBCP as an avenue to achieving this objective. The documentation from the independent children's lawyer present in the case file showed low levels of understandings around DFV. For example, the lawyer equated the impact of DFV on the children with the impact of the victim's/survivor's alcohol consumption.

Analysis highlighted that there were low levels of statutory monitoring with PI systems across the cohort. Only one participant was on probation with Correctional Services, and this participant described his involvement as minimal. The participant continued to report his attendance at the MBCP as voluntary and self-motivated, despite the involvement of Correctional Services. Information sharing occurred between the MBCP and Correctional Services. No participants were current parolees, though one participant spoke of his previous experience years earlier when on parole.

> My last week of parole … I looked at them and I was like, "You know, you've never drug tested me, never breathalysed me, you've never done this, you never done that. I'm pretty sure you're going to get in trouble if you don't do it at least once." And they're like, "Yeah, we will." And then they finally did it, you know. (Mal)

In focus groups, practitioners described the information sharing between statutory agencies and their NGOs as good. Information sharing is integral to collaborative work between agencies that manage risk and assist in holding perpetrators accountable (O'Leary et al., 2018). Practitioners reported that misunderstandings about system responses, such as

not understanding the link between MBCPs and parole attendance, were common among men who participated in their programs.

Two men voluntarily made contact with mental health services and were invested in this type of response. Other men had previously engaged with mental health services. The two participants who were currently engaged with mental health services had self-reported suicidality, and data from their interviews and case files indicated that they had used their suicidality to control their partners. They reported finding the mental health interventions positive, though "emotionally exhausting". One participant described how the MBCP had assisted him in understanding what domestic violence is, and how threats of suicide may be acts of domestic violence:

> Even … when I was arrested I didn't know that—like people thinking about committing suicide for instance was domestic violence—I had no idea that there was all this stuff and it was just lucky that I started on Week 1 here … where it was what is domestic violence and they put it up there and they listed all these things for domestic violence and I had no idea. (Nick)

The second participant disengaged from mental health services after he left the MBCP.

Complexity and structural constraints

Six of the seven participants had difficult social and economic circumstances, such as housing instability, casual and under-employment, debts and complex broader family systems. Five participants also experienced poverty and social isolation. For six participants, attendance at the MBCP was one of their most significant social interactions. These issues added to the challenge of system retention, but also impacted on their economic responsibilities to women and children. These circumstances often meant that participants were inconsistent in their interactions with formal and informal systems. This was similarly described in the focus groups of the Victorian case studies (Chapter 4), where participants spoke of the perpetrators having limited income, unstable housing and problematic drug and alcohol use.

Transiency was another problem some participants experienced. These participants' living situation, work and community connections fluctuated between initial and subsequent interviews. Transiency presented challenges for practitioners and services in maintaining contact with participants. For example, one participant entered a period of transitory housing and became distressed when information about his child was not passed on by a medical service.

Housing was in flux for three participants, with one participant reporting previous homelessness. Three participants were forced to leave the residence they shared with their partner and children after a reported incident. The system reinforced this consequence through the use of a DVO or ouster order (an order where the respondent must leave the house they share with the aggrieved). While these responses ensured the immediate safety of women and children, they also resulted in men entering a period of transitory housing. Participants reported making decisions about housing quickly to ensure they could be bailed. This resulted in them living in temporary housing such as in a hostel or with friends and family members, where they were often living with children.

This transience, and lack of access to adequate housing after leaving the home, was also a theme that emerged in both Victorian case studies (Chapter 4). Practitioners in those studies highlighted this as a serious issue impacting on men's engagement in programs, as well as the ongoing risk that they may pose to their family members. This issue in turn suggests a failure of PI systems to follow through in terms of systemic accountability. Exclusion or ouster orders are relied upon as an accountability mechanism, without full consideration of the extent to which this needs to be supported by other mechanisms to create the intended effect of increased safety for women and children remaining in their home.

All participants described being socially isolated, either through having no or limited connection with extended family, friends or community. This may have run parallel with their actions to isolate the victim/survivor. It also may have inhibited the ability of workers to connect with community leaders or informal actors who may have some social control over men's use of gendered violence. One participant spoke about his father's death, and how this contributed to a lack of guidance:

> … because the guidance is not there anymore too, you know, having to stand on your own two feet trying to make responsible sensible choices, sometimes getting flustered with everything. It's very hard to think the right way. (Nat)

This participant spoke at length about grief, which he stated added to his feelings of stress. However, the absence of a family member who was able to provide guidance around his behaviours may also increase risk for his partner. Participant descriptions also highlighted that they were forming problematic and fragile connections. For example, one man had found support from a local church, but at the follow-up interview, this contact had ended.

The majority of participants reported being under financial stress, through cost of living pressures, underemployment or unemployment. Participants partly blamed victims/survivors for this situation, as participants saw themselves as having to provide for their partner and children. Despite the financial stress, participants were reluctant to receive support from Centrelink:

> I can help anyone else but I can't receive it, I'm too proud. Especially you go from being 19 years old on a single income with three children, building your own house and running your own business to being 25, divorced, your house being ripped out from under you and having to go to Centrelink because you're literally about to declare bankruptcy is not the proudest moment of your life. (Nelson)

In Nelson's case, Centrelink was one of the few services with which he was engaged post-MBCP, when he entered a period of transiency, living elsewhere but regularly returning to the area. Participants' financial control of victims/survivors was recognised in all interviews. Financial control through systems continued post-separation and during the MBCP, through actions such as declaring bankruptcy. This in turn impacted on childcare and child support payments, including resulting in women having to contact the Family Court to keep the men engaged with the system. This finding was identified in men's narratives obtained via interview, and verified by practitioner commentary in the focus groups.

System information

The ongoing crises in the MBCP participants' lives discussed above presented challenges for workers trying to engage participants across the system. For example, practitioners in the focus groups reported that keeping in contact with the male participants was complicated for workers, given that the men often changed addresses and phone numbers. The complexity of maintaining contact with men was also highlighted in the men's accounts:

> The police took my phone because they wanted to see if there was any evidence of domestic violence on the phone, for some reason. I still haven't got my phone so they [statutory agency] probably couldn't contact me. (Nick)

Practitioners in the focus groups indicated that there were often numerous attempts by workers to keep in contact with men in the program. The barriers for successful contact relied on having accurate, up-to-date contact details; on workers having time in their practice to locate and contact men; and on the men's motivation to respond.

Some practitioners who participated in focus groups were casual workers, contracted to facilitate groups, as well as working full-time for other agencies across PI systems. If not managed, this could contribute to worker burnout. The casualisation of the workforce impacted on the time which workers had to review and obtain information from other agencies, as well as monitor men's use of violence. Wider workforce challenges were also discussed in the Western Australian Goldfields case study (Chapter 5), as well as both Victorian case studies featured elsewhere in this collection (Chapter 4).

Workforce issues were also recognised by interview participants. For example, one participant was in disagreement with a female facilitator from his group. When his next individual review session was scheduled, he requested that this session be conducted by the other facilitator. As the male facilitator was casually employed, this was not possible, and the session was then scheduled with the female facilitator at a time which meant that the participant had to take leave from work. This contributed to the participant feeling frustrated with the MBCP response, but is also a possible indication

of how entrenched negative attitudes towards women are among men using violence and participating in an MBCP.

Casual workers also did not have capacity to deal with unexpected contact from men, such as men calling to speak to someone when in crisis. Given the marginalisation and social isolation of the men described earlier, the MBCP facilitator may be one of the few people they can contact at a time of crisis, whether it is related to the DFV or something else. It was also noted in focus groups that there are different levels of specialist skills among MBCP facilitators and that this can lead to different and inconsistent engagement.

Inconsistencies in information flow were noted between agencies. For example, facilitators were given little information about men's alcohol and drug use or mental health before they began a group. This increased the risk of adverse outcomes. Often, the worker who had completed the intake and assessment form and risk assessment was not the group facilitator. Workers in focus groups reported that internal information sharing between women's advocates and facilitators was effective, as was information sharing with those on the high-risk teams. Nevertheless, the Minimum Data Set project described later in this collection (Chapter 8) highlights the need for MBCPs to gather as well as to receive more detailed information to form part of a properly functioning PI system and to optimise the knowledge available prior to intervention.

The safety of workers was also a concern. This was reinforced in the interviews with male MBCP participants. For example, one man reported that he had harassed statutory Child Protection workers and police to obtain information and had also seized property.

Practitioners and men participating in interviews also recognised that MBCPs were at capacity across their regions. This placed women at risk because no intervention, beyond monitoring by the MBCP worker, could be offered to men while they were on waiting lists. One of the interview participants could not get into a program in his region and was travelling more than four hours on public transport to the group sessions. Practitioners also acknowledged other gaps in the PI systems in the region, such as limited services for CALD men, and that little work was done with incarcerated men.

Men's behaviour change experiences

Men reported taking specific learnings from the program, including strategies to manage stress and a greater understanding of what DFV was beyond the use of physical violence. Participants were mostly positive about their interactions with facilitators, though conflict between female facilitators and men was described by two participants.

> She's kind of like an A-type personality like me. So, it's like really aggressive. And yeah, there was two guys that didn't handle it. It was an argument over something silly … so she sort of laughed at them, sniggered and that really pissed them off. They end up walking out of the class. And then I worked out straightaway, "Well you two really have a problem dealing with women, don't you" … because I knew what [female facilitator] was doing, she was trying to take them out of their comfort zone, trying to put them in that spot to find out what they really are inside. I worked that out straightaway. It was like just ask me, I'll just tell you whatever you want to know. (Mal)

Data from the interviews and focus groups highlighted that some men felt challenged by having a female hold them accountable for their actions. Only one participant's account suggested changes towards gendered attitudes between initial interview and follow-up, with others still using gendered stereotypes. The participant who demonstrated change in this area felt that other men's attitudes towards gender also shifted during the course of the program.

> That's come up quite a lot and the bigger picture of other females in your world like your mum, your sister or ex-partners or ladies in general, I guess. But yeah, kids are also obviously mentioned but it's more so the impact on the attitudes towards women and how you behave around them and how you would talk and how you think of them and all of those things. And a lot of those deep-rooted beliefs and attitudes are challenged—I know a lot of the guys have that really old-school attitudes. Yeah, it's confronting to listen to some of that stuff, but you also do see guys change after a while. (Frank)

Another participant, Mal, raised the issue of the role that men in the group play in each other's experiences. The group method has always been the orthodox way of working in MBCPs (Vlais, Ridley, Green & Chung, 2017), with the dynamics of behaviour of the men in relation to their peers, and the talking therapy processes, being notable. Despite assurances from practitioners that this was not encouraged, men felt encouraged to give advice to others in the group. Also highlighted in the Victorian Bayside Peninsula case study, participants with lesser levels of violence felt unable to form connections with men who had used more severe violence and were sometimes confronted by their use of violence, especially sexual violence.

> A lot of the guys are ex-jail, really severe charges and criminal elements and I'm not judging, it's just that I haven't really been around that so I find connecting with some of that conversation difficult because some of the stuff is really quite confronting and I haven't heard those stories before … I got used to it and I don't find it scary or anything … They're nice to me and they're nice to everybody and they're respectful but … I find that quite difficult to relate to. It's a world away from me and I've made a lot of mistakes but never probably gone to that extreme to get myself in that sort of strife. So, hearing that is a bit confronting. (Frank)

Participants were positive about the rolling enrolment process, as they liked the way that it changed the dynamic of the group, and meant that they were able to enter the program soon after contacting the MBCP. The rolling enrolment also led to men feeling that there were others in the group to whom they could look for guidance. For example, seeing other men willing to speak up in the group setting encouraged participants to do likewise. Conversely, participants felt it impacted negatively on their group experience when other men in the group were not committed to interacting appropriately, either dominating group time, or not speaking up.

As participants had not experienced group therapy before, they were hesitant when first entering the group, noting that sharing in groups "is not what guys really do". At completion of the program, one participant was self-reflective about the experience. This man stated that while he did find the group useful, he would have preferred more "hands-on" activities, as he felt that they were more likely to match his learning style. The challenges of requiring participants to engage in group-based conversational work are also referred to in the Victorian Bayside Peninsula study (Chapter 4).

Complexity of engagement

At the completion of interviews, six men remained engaged in system responses, though five could be classed as likely to disengage, depending on outcomes from upcoming court appearances. As Nat commented, "I haven't had any contact with the court since I've been doing the group. I mean [partner] did say that she was going to drop the DVO."

The interviews with participants highlighted constant complexities in engaging men across PI systems. These include ongoing crises, in terms of underemployment/unemployment, financial stresses, transiency and financial irregularities. These constant elements of crisis were accompanied by fluctuation in men's risks and beliefs. As well as changes to men's attitudes towards relationship reconciliation, participants also changed the ways in which they viewed their pasts and current belief systems. For example, changes were noted between the ways in which Nelson described his past from the initial interview to the follow-up interview:

> Dad was extremely angry, extremely abusive, physically, verbally. He used to beat us kids and nearly killed mum a couple of times … Mum had chronic fatigue and major, major depression because of what she was going through. (Nelson, initial interview)

> I didn't talk to my father for five years because unfortunately my mother had alienated him and set us kids against him and I kind of feel like the same thing's happening now with my kids. (Nelson, follow-up interview)

While Nelson said that he had a good relationship with his father in both interviews, his attitude towards his mother had changed in the second interview. Concurrently, his attitudes towards reconciliation in his own relationship had changed. Other participants showed flux in how they described their beliefs, such as when being challenged around gendered stereotypes, stating that it was because they held

"traditional" beliefs, and using this label to justify continued gendered beliefs.

This was also evident in transiency of responsibility for violent behaviour, where men in this study sometimes took responsibility, but later attributed violence to external factors, or to the victim/survivor. Participants also shifted positions around how they viewed themselves and their mental health, adopting new labels such as "co-dependent" over the course of the MBCP. Shifts in motivations, beliefs and identity markers among men can complicate therapeutic intervention. This study in part showed that men using violence were invested in therapy from mental health services and that their engagement with the MBCP was understood in a similar way. As a result, they did not see attendance at an MBCP as an obligation or requirement or, alternatively, as a step towards internalising accountability.

Limitations

This study was a short-term case study that gathered and analysed men's experiences within PI systems, triangulating the findings from interviews with a review of men's case files and focus groups with practitioners. Integrating the three data sources to draw conclusions was a strength of the study, with the rich data gathered from the men's interviews contextualised. Findings from the study could be further verified by the replication of the study in other locations, such as regions with an established integrated response or a rural/regional area, where it is assumed men and practitioners would have different experiences of service engagement. It is recommended that future research include interviews with the men's current or former partners and/or children. It was a limitation of this study that these perspectives were not comprehensively included in the research design beyond including the perspectives of women's advocates. Their exclusion was due to project resourcing issues. Conclusions drawn from the study benefitted from men completing both initial and follow-up interviews, over a period of six months. However, undertaking subsequent follow up interviews over a two-year period would have provided a more comprehensive understanding of the men's interactions (or lack thereof) with system responses post-MBCP. Research such as Brown et al. (2016) have successfully employed this methodology in the Australian context.

Implications and recommendations for policy, practice and research

Increasing women's and children's safety

The visibility of ongoing risk assessment in men's case recordings is critical to ensure that services to women and children are aware of changes in circumstances and risk. There should be regular reviews of case files and processes. Clear messaging to men about "being in the system" should be reinforced constantly. The Tree of Prevention model described earlier in this collection (Chapter 2) highlights the importance of MBCPs having a focus on the service needs of women and children so as to prevent re-victimisation. One initiative for this is the need for men to fully understand their legal orders (such as DVOs), which should be reinforced consistently. This may form part of greater system leveraging for men's retention in PI systems.

Legislation, policy, program and practice

Women's participation with advocates in the MBCP is critical. This should include ongoing monitoring of safety risks and concerns. Information sharing between women's advocates and program facilitators needs to occur with attention to high quality exchanges. Structures and employment arrangements therefore need to maximise interactions between women's advocates and program facilitators to ensure that these accountability processes occur both formally and informally.

Greater recognition is needed across PI systems as to which agency initiates and retains information and case management responsibility for men identified as using DFV. As is evident in the findings, women's concerns about safety were the main reason that PI systems engaged the participants. As much as possible, the burden of managing risk needs to be shifted from the women to the system response to monitor and retain the men. In this context, efforts should be made to ensure that women are able to voice their concerns to system responses.

Perpetrator responsibility and accountability

Given the lack of conclusive evidence for current approaches to preventing DFV, it is important to trial approaches that draw from related fields to reduce violence against women and children and to promote safety. This could include a case management approach to perpetrators outside of programs, so as to manage complex intersecting factors (such as mental health concerns) to assist engagement with services. Further, approaches could be trialled that include reciprocal justice approaches and that engage men around giving back to the community.

The intersectionality of men's needs, psychosocial status, and changing motivations cumulatively added to risk. These factors require attention and management, but should not be the basis for the men avoiding responsibility or accountability. This has important considerations as to how men track through a PI system. For example, when the men in this study engaged mental health services, it was with the desire for symptom relief and for some personal change, often independent of their understanding of responsibility. PI systems can manage these engagements rather than simply refer men on to other services. This would require resourcing for case management that ensures responses and referrals take into account the changing nature of men's needs and circumstances. This is particularly important when working with perpetrators that are economically and socially disadvantaged—for example, if a perpetrator is excluded from the family home, he may need support with housing. PI systems can respond to these needs, through the provision of adequate crisis accommodation or case-managing the man to work with other social service agencies.

Legislation, policy, program and practice

Utilising case management responses (as discussed above) might help to address issues that threaten men's retention in PI systems given that the men in this study reported their lives to be chaotic and that they have been socially excluded, and also to combat challenges such as homelessness. This may involve contracting services addressing a range of issues, such as drug usage, parenting, child safety, and mental health. These measures might improve men's lives, but will also likely increase the safety of DFV-affected women and children. Case management processes need to be centred on safety and on the retention of men within PI systems for accountability. Statutory orders might consider specialist case management for men to ensure greater compliance, as this has been found to be successful (Klein & Crowe, 2008).

Strengthening PI systems

Participants in this study showed that they would disengage from PI systems when they believed that they may not achieve the outcome they wanted from attending the MBCP, such as reunification with their partner or increased child contact. The systems often invested trust that referral to the MBCP would result in retention, whereas the MBCP was limited by orders and broader systems to keep the participant engaged and attending. This potential for discrepancies in the men's pathways to MBCP requires methods to ensure compliance and retention.

Part of the challenge for MBCPs is their reliance on casually employed professionals. This can compromise the amount of information that workers can access from PI systems to shape their intervention with the men. Casualisation also results in considerable variability in workforce skills for those working with DFV perpetrators. Sometimes keeping men therapeutically engaged compromised the focus on ways to ensure the men complied with orders. Workforce planning is needed to mitigate the impact of these issues.

Legislation, policy, program and practice: Monitoring and order compliance

> You know how they just changed all the domestic violence laws and everything in the courts and all that? If that didn't happen I reckon at the point back then, I think I would have gone to jail. But because of the laws the way they were, I virtually got away with it. I didn't go to jail. I got a two-year sentence, released straightaway. So I did parole, then probation and all that. And still didn't learn much from the whole ordeal. (Mal)

Mal's description of how he was held accountable for his use of violence in the past compared to what he thinks would happen under current laws and policies highlights the importance of interventions to stop DFV perpetration being coupled with legislation reforms. PI systems can then increase compliance and responsiveness, such as by decreasing waiting times between referral and intake and increasing monitoring. Participants need to be monitored for transience across jurisdictions. During waiting times, more attention is needed on compliance and retention. In addition, innovation is needed to find ways to ensure that contact and tracking of men through PI systems is conducted with some statutory authority and resourcing, especially when there are motivational or structural reasons for disengagement. Innovation could include monitoring and case management when men are waiting to attend an MBCP, along with alternative service and monitoring options for men who fail to engage with an MBCP or are unsuitable for participation.

Such initiatives will lessen the burden currently placed on victims/survivors who are left with the responsibility to prompt PI systems to reengage men when women's safety may be at serious risk. It will also allow for greater accountability and responsiveness to intersectionality in the operation of PI systems.

Conclusion

Effective PI systems have an important role to play in preventing the re-victimisation of women and children, as well as in providing opportunities for men using violence to make positive change. In this study, multiple sources of data (interviews with men using violence, case files and worker focus groups) showed that the pathways of DFV perpetrators in PI systems is not linear. Engagement is often compromised by fluctuations in statutory requirements, structural circumstances, and the men's motivations. No single aspect of PI systems is consistently able to maintain engagement through these unpredictable variations. This has implications for maintaining victims'/survivors' safety and offenders' accountability.

The findings from this case study highlight the weaknesses in existing PI systems, and that making them more robust demands that they are grounded in, and linked with, other efforts to prevent and reduce violence against women and children as entrenched social practice. They also need to be supported by the recognition that accountability for this violence rests not just on individuals taking responsibility for their behaviour, but also on systems taking responsibility for the way in which they assess and respond to risk, as well as to support the safety of those who experience it. As the return on investment model proposed in the next chapter suggests, when the place of PI systems and particular interventions are valued within broader efforts to prevent and reduce violence against women and children, the benefits can be significant.

References

Arias, E., Arce, R., & Vilariño, M. (2013). Batterer intervention programmes: A meta-analytic review of effectiveness. *Psychosocial Intervention*, *22*(2), 153–160. https://doi.org/10.5093/in2013a1

Brown, T., Flynn, C., Fernandez Arias, P., & Clavijo, C. (2016). *A study of the impact on men and their partners in the short term and in the long term of attending men's behaviour change programs.* Brighton North, Vic: Violence Free Families.

Bryce, Q. (2015). *Not now, not ever: Putting an end to domestic and family violence in Queensland.* Brisbane: Queensland Government.

Day, A., Chung, D., O'Leary, P., & Carson, E. (2009). Programs for men who perpetrate domestic violence: An examination of the issues underlying the effectiveness of intervention programs. *Journal of Family Violence*, *24*(3), 203–212.

Diemer, K., Humphreys, C., Laming, C., & Smith, J. (2015). Researching collaborative processes in domestic violence perpetrator programs: Benchmarking for situation improvement. *Journal of Social Work, 15*(1), 65–86. https://doi.org/10.1177/1468017313504682

Evans, S., Davies, C., & DiLillo, D. (2008). Exposure to domestic violence: A meta-analysis of child and adolescent outcomes. *Aggression and Violent Behaviour, 13*, 131–140.

Feder, L., & Dugan, L. (2002) A test of the efficacy of court-mandated counselling for domestic violence offenders: The Broward experiment. *Justice Quarterly, 19*(2), 343–375, https://doi.org/10.1080/07418820200095271

Feder, L., & Wilson, D. B. (2005). A meta-analytic review of court-mandated batterer intervention programs: Can courts affect abusers' behavior? *Journal of Experimental Criminology, 1*(2), 239–262.

Feder, L., Wilson D., & Austin S. (2008). Court-mandated interventions for individuals convicted of domestic violence. *Campbell Systematic Reviews 12*. Retrieved from https://campbellcollaboration.org/better-evidence/domestic-violence-individuals-court-mandated-interventions.html

Gondolf, E. (1999). A comparison of four batterer intervention systems: Do court referral, program length, and services matter? *Journal of Interpersonal Violence, 14*(1), 41–61. https://doi.org/10.1177/088626099014001003

Gondolf, E. (2004). Evaluating batterer counseling programs: A difficult task showing some effects and implications. *Aggression and Violent Behavior, 9*(6), 605–631. https://doi.org/10.1016/j.avb.2003.06.001

Gondolf, E. (2007). Theoretical and research support for the Duluth model: A reply to Dutton and Corvo. *Aggression and Violent Behavior, 12*(6), 644–657. https://doi.org/10.1016/j.avb.2007.03.001

Grbich, C. (2012). *Qualitative data analysis: An introduction*. London: Sage.

Heward-Belle, S. (2016). The diverse fathering practices of men who perpetrate domestic violence. *Australian Social Work, 69*(3), 323–337. https://doi.org/10.1080/0312407X.2015.1057748

Humphreys, C., Diemer, K., Bornemisza, A., Spiteri-Staines, A., Kaspiew, R., & Horsfall, B. (2019). More present than absent: Men who use domestic violence and their fathering. *Child & Family Social Work*, *24*(2), 321–329.

Kitzmann, K., Gaylord, N., Holt, A., & Kenny, E. (2003). Child witnesses to domestic violence: A meta-analytic review. *Journal of Consulting and Clinical Psychology, 71*(2), 339–352.

Klein, A. R., & Crowe, A. (2008). Findings from an outcome examination of Rhode Island's specialized domestic violence probation supervision program. *Violence against Women, 14*(2), 226–246. https://doi.org/10.1177/1077801207312633

Margolin, G., & Vickerman, K. (2011). Posttraumatic stress in children and adolescents exposed to family violence: Overviews and issues. *Couple and Family Psychology: Research and Practice, 1*(s), 63–73.

McGinn, T., Taylor, B., McColgan, M., & Lagdon, S. (2016). Survivor perspectives on IPV perpetrator interventions: A systematic narrative review. *Trauma, Violence & Abuse*, *17*(3), 239–255. https://doi.org/10.1177/1524838015584358

Moran-Ellis, J., Alexander, V., Cronin, A., Dickinson, M., Fielding, J., Sleney, J., & Thomas, H. (2006). Triangulation and integration: Processes, claims and implications. *Qualitative Research, 6*(1), 45–59.

Morrison, P. K., Hawker, L, Cluss, P. A., Miller, E., Fleming, R., Bicehouse, T., … Chang, J. C. (2018). The challenges of working with men who perpetrate partner violence: Perspectives and observations of experts who work with batterer intervention programs. *Journal of Interpersonal Violence,* 1–23. https://doi.org/10.1177/0886260518778258

Neave, M., Faulkner, P., & Nicholson, T. (2016). *Royal Commission into Family Violence: Summary and recommendations*. Melbourne: Victorian Government Printer.

O'Leary, P., Young, A., Wilde, T., & Tsantefski, M. (2018). Interagency working in Child Protection and domestic violence. *Australian Social Work*, *71*(2), 175–188. https://doi.org/10.1080/0312407X.2017.1422773

Potito, C., Day, A., Carson, E., & O'Leary, P. (2009). Domestic violence and Child Protection: Partnerships and collaboration. *Australian Social Work*, *62*(3), 369–387.

Queensland Courts. (2018). *What is a domestic violence order?* Retrieved from https://www.courts.qld.gov.au/going-to-court/domestic-violence/domestic-violence-orders/what-is-a-domestic-violence-order

Russell, D., Springer, K., & Greenfield, E. (2010). Witnessing domestic abuse in childhood as an independent risk factor for depressive symptoms in young adulthood. *Child Abuse and Neglect, 34*(6), 448–453.

Vlais, R., Ridley, S., Green, D., & Chung, D. (2017). *Family and domestic violence perpetrator programs: Issues paper of current and emerging trends, developments and expectations.* Retrieved from http://sfv.org.au/wp-content/uploads/2017/05/FDV-perpetrator-programs-issues-paper.pdf

Westmarland, N., & Kelly, L. (2013). Why extending measurements of "success" in domestic violence perpetrator programmes matters for social work. *The British Journal of Social Work*, *43*(6), 1092–1110. https://doi.org/10.1093/bjsw/bcs049

Wolfe, D., Crooks, C., Lee, V., McIntyre-Smith, A., & Jaffe, P. (2003). The effects of children's exposure to domestic violence: a meta-analysis and critique. *Clinical Child and Family Psychology Review, 6*(3), 171–187.

PART 4:

Developments to strengthen the future evidence base supporting PI systems

Part 4 of the collection presents two studies on key evidence about the central aspects of PI systems and common responses to perpetrators of DFV. In the spirit of developing a nationally collaborative response to DFV MBCP interventions, a minimum data set has been developed based on existing administrative data collections in Australian programs. This has been completed with the participation of service providers to identify what information would be most helpful for MBCP facilitators and others working with perpetrators to accurately assess their risk and program suitability. This study involved both surveying workers and trialling a draft data set by providers. The minimum data set aims to provide nationally aggregated data over time to build the evidence base about MBCPs and their participants. Secondly, a return on investment methodology has been developed. This can be used to model the consequences and costs of DFV across a continuum from early intervention with adult perpetrators to the cost of no intervention. These chapters provide important findings and tools to inform policy and practice and to develop sound evidence into the future.

CHAPTER 8:

Developing a minimum data set for domestic and family violence perpetrator interventions

Professor Reinie Cordier, Amy Pracilio and Natasha Mahoney

Context

Extensive research has evaluated the effectiveness of interventions aimed at changing the behaviour of perpetrators of DFV and SV, which is assumed to increase the safety of women and children. There has been limited research conducted with varying methodologies in Australia on the role offender characteristics may play on recidivism and attrition from MBCPs. Further, as there is no coordinated national administrative data set collating how many men have commenced, withdrawn and completed MBCPs, there is no national picture of overall participation in MBCPs.

To date, Australia has only had a series of single program evaluations of varying size, scale and methodology, which have offered some insights into how MBCPs have operated and what have been the throughput and outcomes for some men who have committed DFV offences. It is therefore timely to look at what information ought to be collected nationally to further develop evidence that can inform future expenditure on MBCPs and other perpetrator responses. No research has been conducted in Australia to investigate the factors that predict DFV recidivism and attrition in MBCPs. Being able to identify individuals who are at risk for dropping out may minimise their likelihood of attrition by providing them with additional supports. Alternatively, it may highlight a lack of suitability of the intervention for particular groups of perpetrators.

International findings about MBCPs suggest that the variables that predict attrition tend to be the same variables that predict recidivism. That is, men who are likely to complete MBCPs have similar traits to those who are less likely to reoffend. In previous studies, theoretical orientation of the treatment program (e.g. feminist psycho-educational or cognitive behaviour therapy) has been found to be an important variable adjusting for education level, age and MBCP attrition. Jewell and Wormith (2010) found that older men were more likely than younger men to complete cognitive behaviour therapy, rather than feminist psycho-educational programs; and that men who had less education were more likely than men with higher levels of education to drop out of feminist psycho-educational programs, rather than cognitive behaviour therapy. These results underscore the importance of using demographic, violence-related, and intrapersonal variables to determine which individuals may be most likely to drop out of MBCPs.

While there is substantial data collected on victims of DFV in Australia, there remains a critical need for development of data about perpetrators. Currently, there is no coherent way of monitoring the number of perpetrators of DFV who are engaged in the justice or PI systems in Australia. Furthermore, there is no uniform and systematic recording of data on variables associated with increased risks of continued DFV perpetration. In 2010, following the establishment of *National Outcome Standards for Perpetrator Interventions* (NOSPI), federal, state and territory jurisdictions committed to implementing these standards across MBCPs. Standard 5 of the NOSPI states: "Perpetrator interventions are driven by credible evidence to continuously improve" (Commonwealth of Australia, 2015). Yet, there has been limited research on the role that offender characteristics and social contexts may play in recidivism and attrition from MBCPs or the usefulness of other potential interventions for perpetrators.

Study aim

There is no uniform interagency data collection and management instrument in Australia to collect key variables related to participants' demographics, recidivism, attrition and retention in MBCPs. The aim of this study is to fill this gap by developing a national minimum data set (MDS) for MBCPs in Australia.

Importance of an MDS in PI systems and landscape

An MDS is important in PI systems and landscape for a number of reasons:

- Knowledge of how many participants are referred to and/or attend MBCPs in Australia is needed to determine how referral and attendance rates compare with the estimated DFV perpetrator population and with expenditure on this type of intervention.

- An understanding of participant characteristics and social contexts with attrition, completion and recidivism during and after the MBCP is required.[18]
- An MDS supports an overarching systemic aim of holding perpetrators accountable by keeping them "visible".
- An MDS also offers a mechanism for keeping programs accountable for the services they provide and for funding allocation.

Earlier attempt to compile an MDS

Following the NOSPI, one jurisdiction attempted to implement an MDS. In 2012, the NSW Department of Justice developed an MDS as part of their minimum standards for MBCPs (NSW Department of Justice, 2016). In 2018, following proposed changes by NSW National Plan Senior Officials, Women NSW began revising the data collection tool. It is anticipated that this MDS will build an evidence base of effective programs.

Methodology

An audit of existing systematic reviews and meta-analyses concerning MBCPs was conducted to identify key factors influencing effectiveness, attendance and attrition. These important factors were extracted and compiled into a list of key variables, which was then refined with experts in the PI sector. Following consultation with Rodney Vlais as well as utilising data collection tools from the MBCP space,[19] a list of initial variables was further refined.

The minimum data set study received approval from Curtin University's Human Research Ethics Committee (Ref: HRE2018-0113).

Stage 1: Survey design

The Stage 1 survey instrument was developed in consultation with the broader research team involved in this project. For every variable, MBCP service providers were asked if the item was collected, collated, the frequency of data collection, and the perceived importance of individual variables being included in a data collection instrument. Collection was defined as gathering information in a systematic fashion, and collation as the summarisation of that data once collected. A data variable was considered important if participants believed that its collection was useful in a variety of situations, including individual client assessments, developing behavioural profiles and social circumstances of clients, predicting program suitability and attrition rates, evaluating program effectiveness, and reporting to funding sources.

For those variables deemed appropriate, survey participants were asked how frequently data were collected, their source, and whether their integrity was verified. Data frequency was defined as recording the same data item at differing intervals for those items likely to change over time, such as risk factors for increased perpetration of violence. The survey also included a question about the sources of data to determine accuracy and credibility, for example, the source(s) used to report behaviour change. Data integrity was defined as the process of checking data accuracy by comparing it to other credible sources and checking for missing data. For example, self-reported criminal history could be verified by official Corrective Services reports.

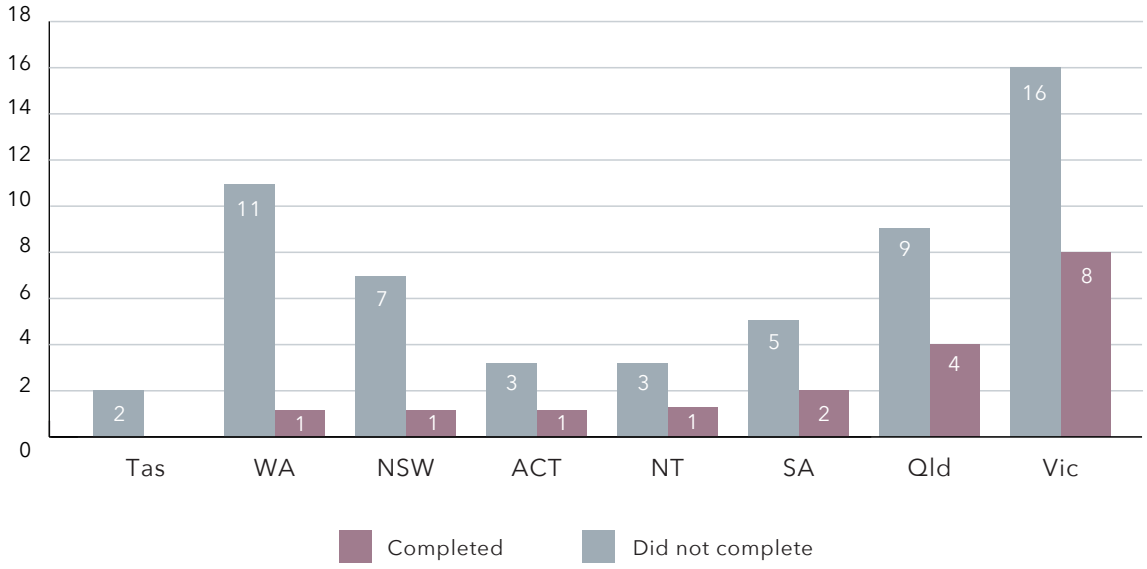
Distribution

As there is no comprehensive national list of MBCP providers, the development of a sampling framework involved several stages. Following consultation with relevant peak organisations in each state and territory, the researchers compiled an initial list of MBCP providers. This distribution list was further developed by contacting each organisation to verify that

18 The authors are assuming a broader definition of recidivism that includes reports from ex-partners and partners of continued forms of abuse and coercive control that may or may not be defined as criminal, and data from administrative systems such as courts, police, child safety and homelessness services.

19 Data collection and risk management tools consulted included the NSW Minimum Data Set; the Brief Spousal Assault Form for the Evaluation of Risk (B-Safer); Domestic Violence Risk and Needs Assessment (DVRNA); Project IMPACT toolkit, Common Risk Assessment and Risk Management Framework (CRARMF); Common Risk Assessment Framework (CRAF), Spousal Assault Risk Assessment (SARA); Family Safety Framework (FSF) the Ontario Domestic Assault Risk Assessment (ODARA).

Figure 8.1: Program response



their current MBCPs were still running; to identify any new programs that were running; and to identify practitioners involved in data collection and/or collation practices who were most appropriate to complete the survey.

The Stage 1 survey was distributed to representatives from 74 MBCPs nationwide and completed by 56 of them (75.6% response rate).

- There was a small proportion of representation from smaller states, due to having fewer programs.
- Some smaller states had a high participation rate (i.e. 100% of Tasmanian programs responded).

For further breakdown of the regional and remote completion rates, please see Appendix B.

Nationwide distribution

Demographic variables

The percentage of MBCP service providers collecting information on participant demographics and rating those variables as important or very important (response options combined) is shown in Figure 8.1. The most frequently collected variables were age and Indigenous identity (n = 54, 96.4%), followed by employment status (n = 50,

Figure 8.2: Nationwide distribution

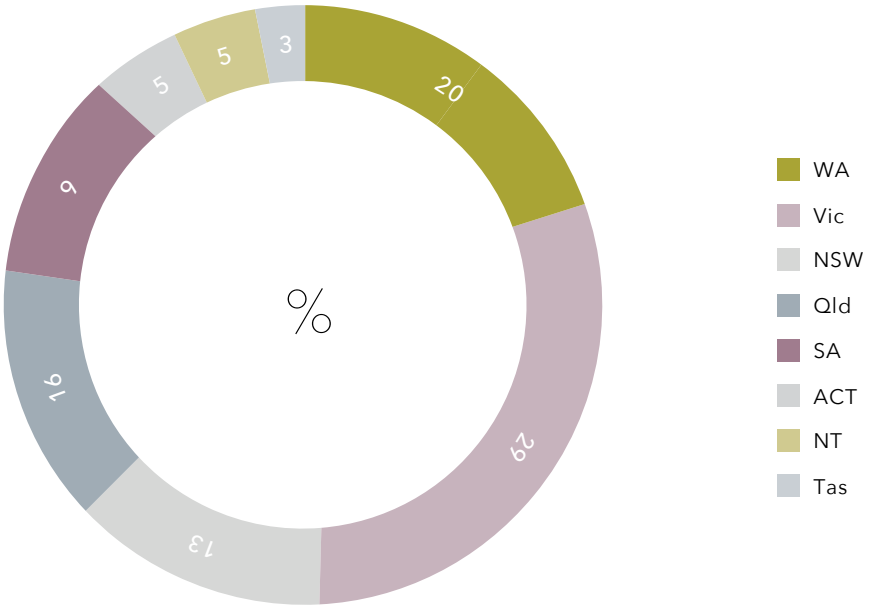
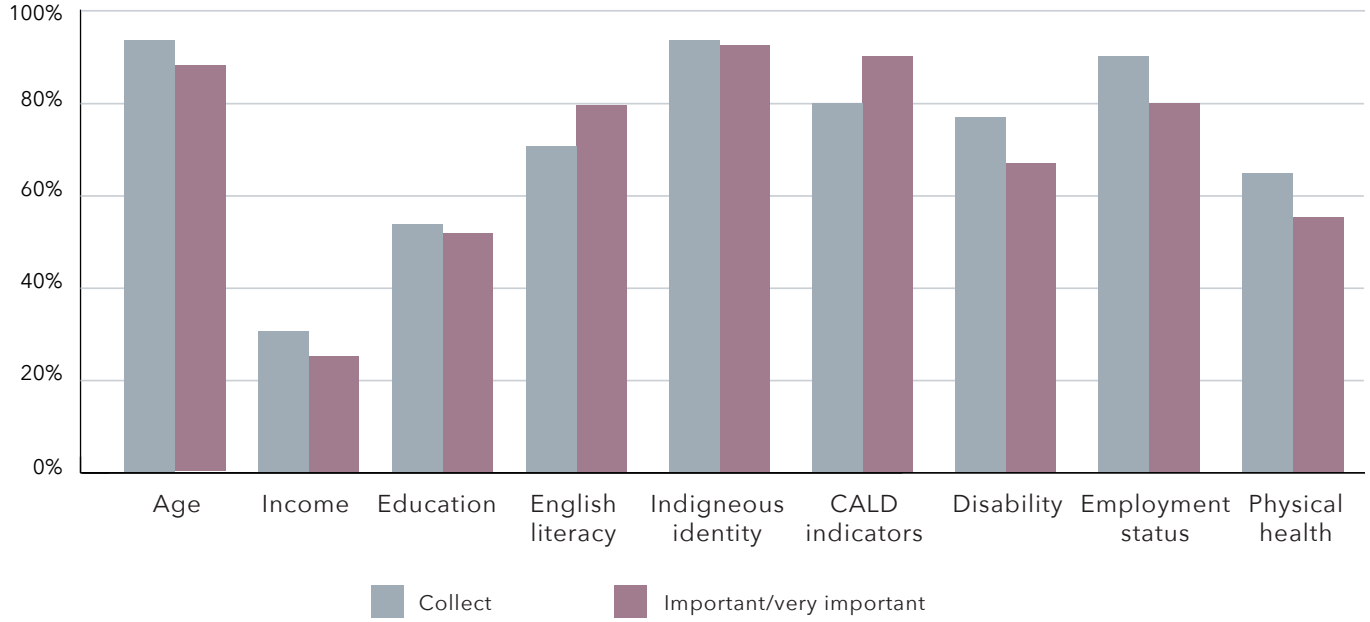


Figure 8.3: Percentage of programs collecting and importance of demographic variables (n = 56)



89.3%). The least frequently collected variable was income (n = 17, 30.4%), followed by level of education (n = 31, 55.4%) and physical health (n = 35, 62.5%). The variables considered most important by programs were Indigenous identity (n = 53, 94.6%), CALD indicators (n = 51, 91.1%) and age (n = 45, 88.3%). The variables considered least important were income (n = 14, 25%), physical health (n = 30, 53.6%) and level of education (n = 30, 53.6%).

In terms of demographic variables, MBCP service providers are collecting most common variables, but rarely reported collecting information on more specific demographics, such as income, education or health. However, most programs are collecting the information they regard as important. In relation to income and education, it may be that employment status acts as a proxy.

Relationship variables

The percentage of MBCP service providers collecting information on perpetrators' personal relationships and rating these variables as important or very important is shown in Figure 8.2. The most frequently collected variables were relationship status and parenting status (n = 52, 92.9%),

Figure 8.4: Relationship variables (n = 56)

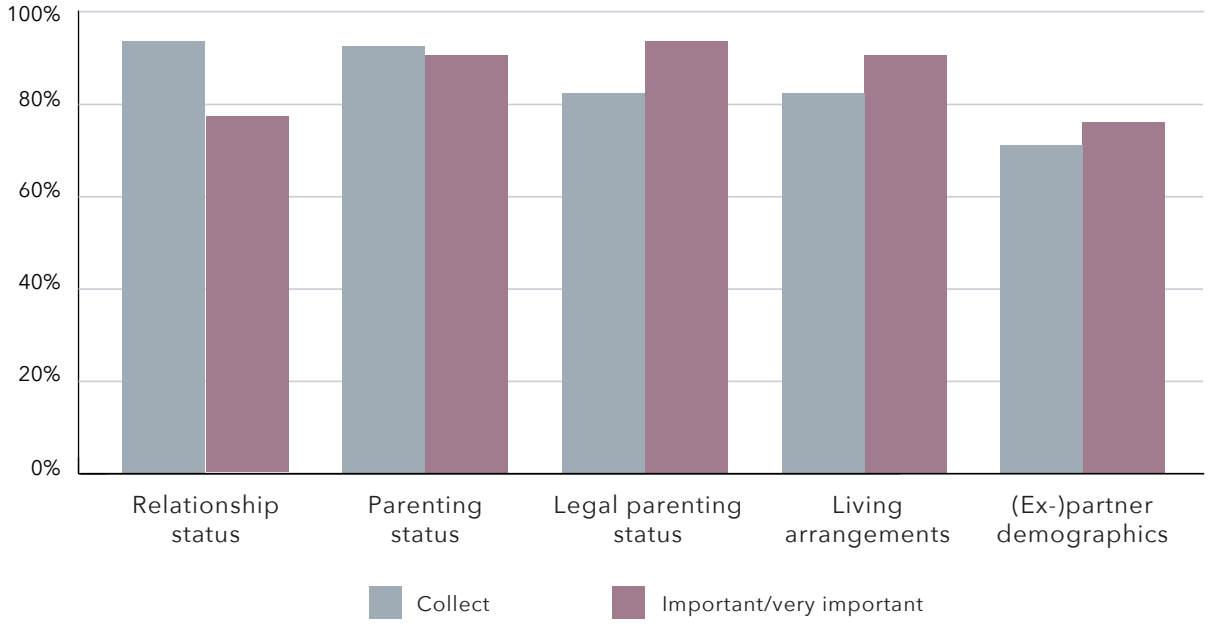
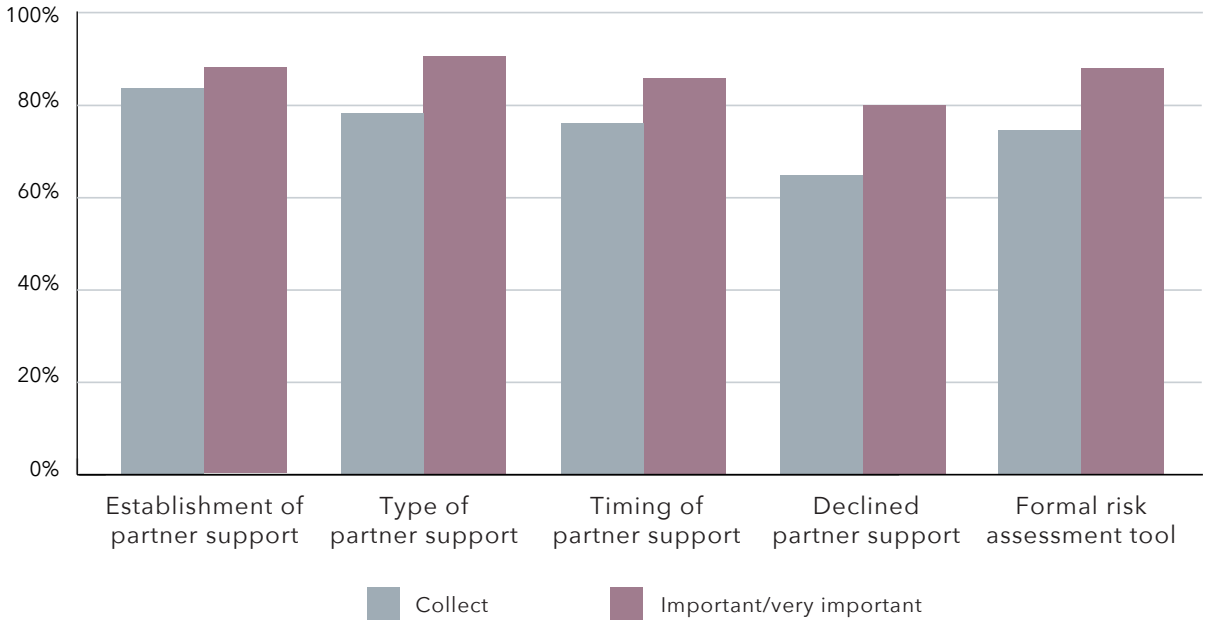


Figure 8.5: Partner support variables (n = 56)



with the least frequently collected variable, (ex-)partner demographics, being collected by 71.4 percent of participating programs (n = 40). The reportedly most important variable was legal parenting status (n = 52, 92.9%), followed by living arrangements and parenting status (n = 51, 91.1%), and the variable considered least important was (ex-)partner demographics (n = 43, 76.8%).

There were minimal discrepancies between the variables most collected and those considered most important, suggesting MBCP service providers are collecting the data they think is most important. In addition, all relationship variables considered important were most frequently collected, with the variable with the lowest frequency being collected by 76.8 percent. This demonstrates that overall, MBCP providers are vigilant in collecting information regarding the parenting, relationship and living arrangements of men in their programs.

Partner support variables

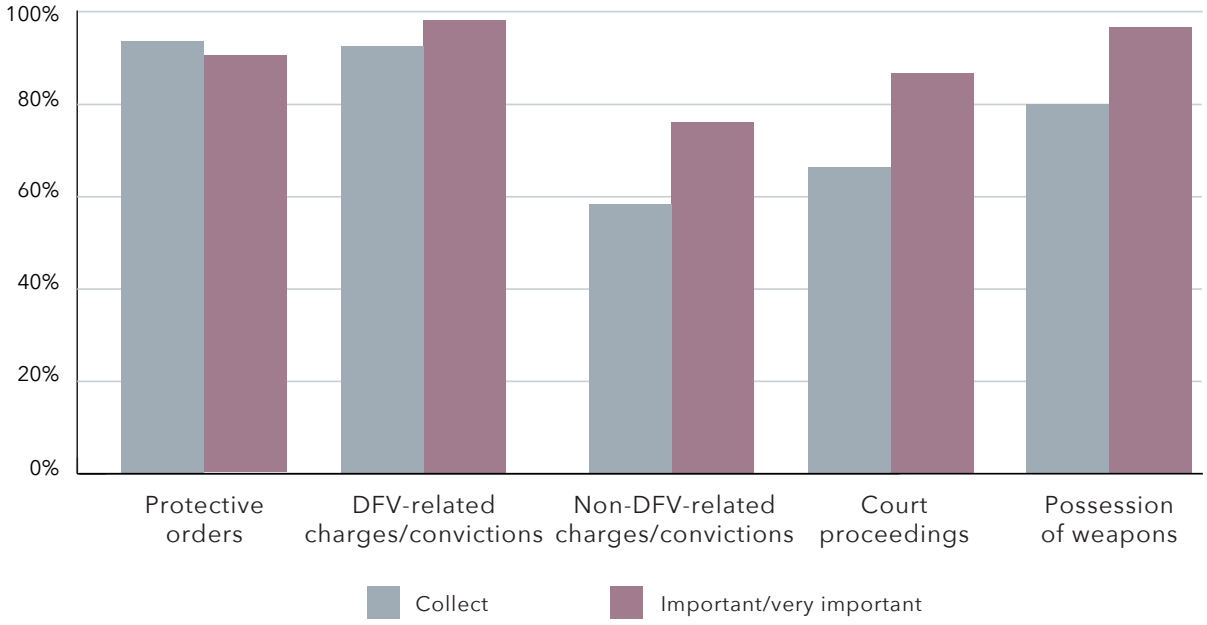
The percentage of MBCP service providers that collect information on partner support practices and rate these variables as either important or very important is shown in Figure 8.3. The most frequently collected variable was establishment of partner support (n = 46, 82.1%), followed by type of partner support offered (n = 44, 78.6%), and the least collected variable was whether partner support was declined (n = 35, 62.5%). The variable rated most important was type of partner support (n = 52, 92.9%), and rated least important was whether partner support was declined (n = 45, 80.4%) followed by timing of partner support (n = 48, 85.7%).

The two least collected variables were declined partner support (n = 35, 62.5%)—mentioned above—and whether or not the program uses a formal risk assessment tool (n = 42, 75%). Interestingly, though, these variables were considered important to collect by 80.4 percent and 87.5 percent of participants respectively. Declined partner support may be the least collected variable, as MBCPs may be focusing resources on those who do accept partner support. However, having information on declined partner support and reasons for declining may assist in risk management.

Criminal history variables

The percentage of MBCP service providers that collect information on criminal history and rate these variables as either important or very important is shown in Figure 8.4. The most frequently collected variable was information on POs (n = 54, 96.4%), followed by DFV-related charges and convictions (n = 53, 94.6%), and the least frequently collected variable was non-DFV-related charges and convictions (n = 33, 58.9%) followed by current court proceedings (n = 36, 64.3%). The variable rated most important was DFV-related charges and convictions (n = 55, 98.2%), followed by possession of weapons (n = 54, 96.4%). In contrast, only 45 programs reported collecting data on possession of weapons (80.4%). The least important variable was considered to be non-DFV-related charges and convictions (n = 43, 76.8%), followed by current court proceedings (n = 48, 85.7%).

Figure 8.6: Criminal history variables (n = 56)



Lower rates of collection of variables not explicitly related to domestic violence history (non-DFV related charges, court proceedings or possession of weapons) suggest MBCPs focus on civil and criminal history of DFV-related charges/orders in their data collection. Programs may lack resources to source this information, not see the value in a fuller picture of participant criminal history, or face privacy limitations in accessing the information. Almost one-fifth of programs reported no collection of data on possession of weapons, which may pose a direct threat to (ex-)partners, family and children. This is a sizeable gap. Collecting this information would require that the MBCP be part of a coordinated, information sharing response with police, rather than perpetrator self-reported data. Processes to routinely and accurately collect such data should be developed to further reduce risk for (ex-)partners, family and children.

Psychosocial adjustment variables

The percentage of MBCPs collecting information on psychosocial adjustment and rating these variables as either important or very important is shown in Figure 8.5. The most frequently collected variables were problem alcohol use and problem drug use (n = 51, 91.1%), and the least frequently

Figure 8.7: Psychosocial adjustment variables (n = 56)

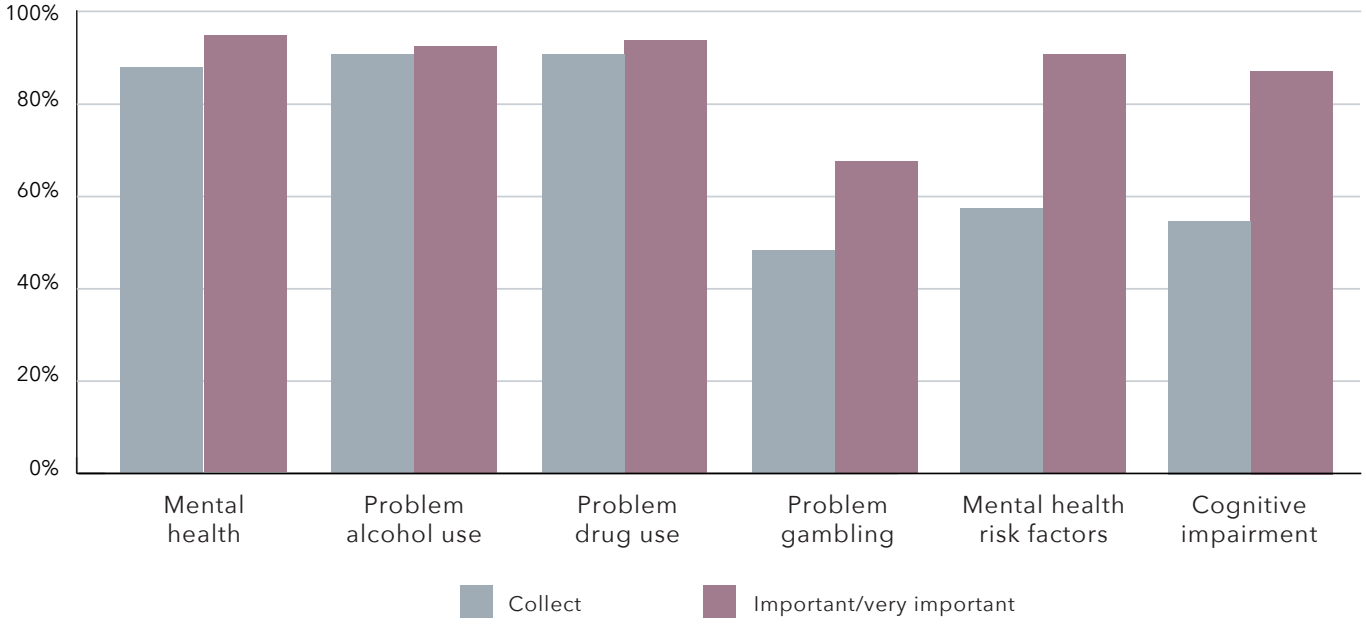
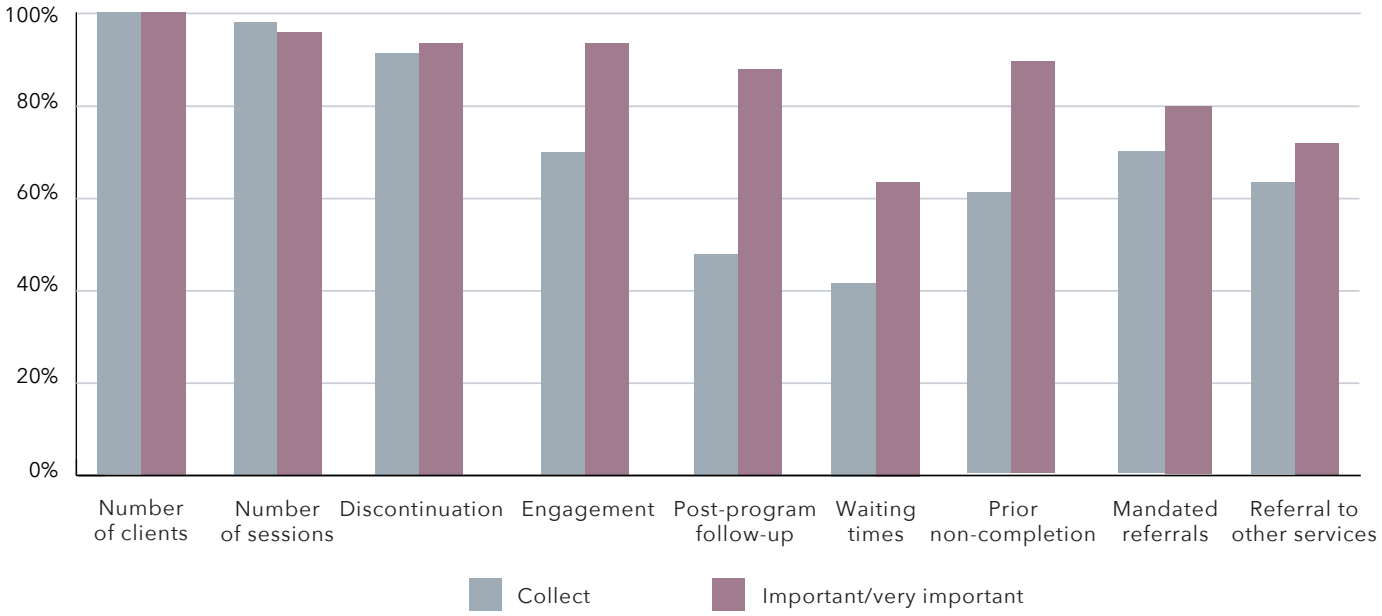


Figure 8.8: Program level variables (n = 56)



collected was problem gambling (n = 27, 48.2%) followed by cognitive impairment (n = 31, 55.4%).[20] The variable rated as most important was mental health (n = 54, 96.4%), followed by problem drug use (n = 53, 94.6%). The variable rated least important was problem gambling (n = 37, 66%), followed by cognitive impairment (n = 48, 85.7%).

There is a large difference in the stated importance of mental health risk factors and the number of MBCPs collecting this information, with 92.9 percent of programs rating this information as highly important (n = 52), but only 57.1 percent (n = 32) collecting it. This is similar to data on cognitive impairment. Data on mental health and other psychosocial factors such as problem gambling can provide information on risk and supports that could improve MBCP outcomes. MBCPs may lack the resources to accurately and consistently source this information from other sectors or the perpetrator, such as access to professionals able to perform mental health assessments.

Program-level variables

The percentage of programs that collect program-level information and rated these variables as either important or very important is shown in Figure 8.6. The most frequently collected variable was number of clients in the program (n = 56, 100%) followed by number of sessions missed and attended (n = 55, 98.2%). The least frequently collected variables were waiting times (n = 23, 41.1%) and post-program follow-up (n = 25, 44.6%). The variable considered most important was number of clients in the program (n = 56, 100%), followed by number of sessions missed and attended (n = 54, 96.4%), and the least important were waiting times (n = 35, 62.5%) and referral to other services (n = 40, 71.4%). There was a large discrepancy between the rated importance of collecting data on post-program follow-up and the number of MBCPs collecting this data. These results reflect that MBCPs are able to keep track of immediate program-related information such as number of participants and attendance rates, but may lack resources to extend data collection beyond the end of the program. Post-program follow-up is labour-intensive and requires systems be in place to gather data routinely from other agencies' administrative data, participants, and current or former partners. Follow-up also relies on the willingness of the perpetrator and/or their current or former partners to remain in contact and report accurately. Police reports could be used to source some of this information but these do not accurately reflect recidivism. This lack of data complicates the measurement of the effectiveness and impact of MBCPs.

Conclusion

Stage 1 of the study highlighted key strengths, discrepancies and issues in Australian MBCP data collection practices. While many programs were collecting data on key variables, many did not consistently summarise the data or check them for accuracy. Consequently, the reliability and usability of these data are jeopardised. In addition, some programs were not collecting certain data they regarded as important and significant in predicting risk for increased perpetration of violence. The item collected least across the program sample was "Declined partner support" and it was also not rated as being important by those trialling the data set. There was also

20 The ranking of problem gambling as important is likely associated with variation in jurisdictional laws that result in differences of the types and accessibility of gambling across Australia.

a discrepancy found between variables that programs collect and the perceived importance of collecting information on the formal risk assessment tool used.

Demographics: MBCPs are collecting common demographic variables such as employment status and Aboriginal and Torres Strait Islander status. However, they rarely collect information on specific variables such as physical health and education level.

Relationship: A vast majority of MBCPs collect variables relating to the relationships, parenting, and living arrangements of clients.

Partner support: MBCPs are collecting variables on the establishment and type of partner support. However, a lack of recording of declined partner support by many programs may be an issue for risk management.

Criminal history: A vast majority of MBCPs are collecting criminal history variables on DFV. However, lower collection rates of non-DFV-related variables fail to capture a profile of a client's broader criminality, which could be relevant to risk management, program attrition, and recidivism.

Psychosocial adjustment: The majority of programs collect variables on mental health diagnoses and problem substance use. Alarmingly, while programs deem their collection important, many do not collect data on mental health risk factors, which are related to an increased chance of perpetration of violence (Reingle, Wesley, Connell, Businelle, & Chartier, 2014).

Program-level variables: Most MBCPs diligently collect variables directly related to the program when the perpetrator is attending. However, many are not collecting variables important for predicting attrition and recidivism. MBCPs are less likely to collect data on program waiting times and post-program data. This is a lost opportunity to determine the program impact. Preliminary feedback suggests this is largely due to limited resourcing of such post-program activities.

Stage 2: Development of the data collection instrument

Following analysis of the feedback collected from the Stage 1 survey, the data collection instrument was further refined. The following variables were removed: income, physical health, and cognitive impairment. The following variables were redefined based on practitioners' comments: Aboriginal dialects were added to the first language definition, and additional risk assessment tools and further categories of economic abuse were included. The data collection instrument was divided into two separate sections: one for static and dynamic participant level data and another for aggregate program level data. The instrument included embedded definitions that were further refined following practitioner feedback as well as responses about the form of variables (see Appendices D, E and F).

Stage 3: Pilot and feedback

Sample

In September 2018, all 56 MBCPs that took part in Stage 1 were approached to pilot the refined instruments in October. Of these, 31 agreed to take part in the pilot stage and to complete the survey offering feedback on the instruments' usability and its feasibility for future implementation. The participant-level instrument was piloted by 15 MBCPs and trialled with 67 clients; 18 practitioners completed the participant-level feedback survey; and 12 practitioners completed the service-level feedback survey.

Time

The participant-level instrument took participants 15–30 minutes (n = 6, 33.3%) or 30–60 minutes (n = 7, 38.9%) to complete for each program client. The service-level instrument took 15–30 minutes (n = 6, 50%). Given the larger number of variables, the participant-level instrument was considered more onerous to complete, with only 66.7 percent (n = 12) of practitioners reporting that the time taken to complete it was acceptable, compared with 85.7 percent for the service-level instrument.

Practitioners highlighted time management as a barrier to usability. As some of the practitioners surveyed only collect participant-level data at intake, additional resources were required to collect information throughout the program, and some requested further clarity on the timing of data collection. For the service-level instrument, the time taken to calculate aggregate level data not already collated was a barrier to usability.

Usability

The majority of survey participants reported that the participant-level instrument (72.2%) and service-level instrument (71.4%) were easy to use. The inefficiency of the Excel spreadsheet was highlighted as a major inhibitor to usability of both pilot instruments. Service respondents noted that an interface with pre-filled response options and skip logic would be more efficient. A central database managed by a funder or government department where organisations could input information was the preferred alternative, followed by an interactive PDF and access database (see Appendix G, Table 1).

A majority of survey participants found the definitions embedded in each instrument easy to understand (see Appendix G, Table 2). However, several practitioners noted that jurisdictional differences in justice-level variables needed further clarity. Therefore, differences in court names and crimes will need to be individualised by jurisdiction in future iterations.

Barriers to data collection

Obstacles to accurate data access were a noted issue in both instruments. Barriers embedded in justice departments, regarding data, to accessing criminal history variables were highlighted especially by programs not directly funded by justice departments and those without data-sharing protocols. Justice-level variables identified by practitioners as difficult to collect included the following: PO breaches, previous convictions, current charges, Family Court history, and specific forms of violence used. For programs that service perpetrators who have resided in several states, the prohibition of cross-jurisdictional justice data sharing was an added barrier (see Appendix H).

The collection of accurate (ex-)partner information was identified as difficult in situations when partners did not consent to contact. Consequently, the reliance on self-reporting of perpetrators in such situations was noted as problematic. Structural barriers of referral pathways into MBCPs also prohibited accurate data collection. For example, if the referrer had not sought perpetrator consent to data sharing, then the program would receive little information from the referring source.

Considering the above constraints to accurate data access, MBCP reliance on client self-reporting was a common issue. Data was less likely to be reliable for the following variables: literacy and education level, relationships and living arrangements, employment status, criminal history, and psychosocial variables. Practitioners noted that not all men were willing to provide information on variables such as their criminal history, relationships, drug and alcohol use, and mental health diagnoses, and for those men who did, the validity and accuracy of that data were questionable.

Additions

Participant level

The participant-level survey highlighted the need for several variables to be added (see Appendix I), such as additional response options for demographic and psychosocial variables, including "homeless" and "incarcerated" as living arrangements, and "autism spectrum disorder (ASD)" and "attention deficit hyperactivity disorder (ADHD)" diagnoses as mental health conditions. The main requested change to the participant-level instrument was improving its translation and usability in a custodial setting. Response options for living arrangements, unemployment, and Centrelink benefits were altered to include "incarcerated" and a future iteration will include skip logic to capture variables for previous employment status, previous living arrangements, and previous drug and alcohol use.

Variables on MBCP attendance were altered, as a perpetrator's ongoing attendance rate is beneficial in predicting future program attrition and should be recorded throughout a program. Further clarity surrounding the overall timing of data collection and jurisdictional diversity in variable definitions have been improved. For example, clear instructions about the timing of data collection throughout a program have been included and a future iteration will include justice-level variables that can be adapted by jurisdiction.

Suggested exclusions

Participant-level respondents suggested the following demographic variables be excluded: employment status, literacy and education level, immigrant status, and the collection of (ex-)partner demographic information (see Appendix I). However, these variables were retained as they were considered important for determining program suitability and intersectional needs for individual perpetrators. There were no identified exclusions from the service-level survey. For the final versions of the participant- and service-level instruments, see Appendices J and K.

Service-level data

Trialling the first national MDS for DFV perpetrator programs highlighted several examples of aggregate service-level data that can be utilised by funders and organisations to improve resource distribution, workforce capacity, program suitability and effectiveness in this area.

Program pathways

The service level instrument revealed up to two months of wait time for men being assessed for a program, and an additional two months to begin the program. Four months is a critical and long period of time when some men and their (ex-)partners are waiting to receive support through an MBCP. During this waiting period, only 50 percent (n = 9) of MBCPs reportedly conducted a risk assessment, over half referred men to other services, and some conducted case management, partner contact or regular phone check-ins.

Almost all programs evaluated men for suitability of inclusion in the program (n = 17, 94.4%). Most programs (n = 13, 76.5%) used a standardised assessment to determine program suitability, while others used self-developed tools (n = 9, 52.9%), peak body guidelines, risk assessment tools, and referral information. The most common MBCP referral pathways were self-referred (n = 16, 94.1%), referral from other agencies (n = 15, 88.2%) and referral from Legal Aid/a lawyer (n = 14, 82.4%). Many services indicated a combination of both mandated and self-referred referral pathways.

There was a large gap in MBCP capacity to measure effectiveness and re-offending as several did not follow up with the men after program completion. Nearly one third (n = 5, 27.8%) did not follow up with the men in any form following the cessation of the program, and for those that did, the most common way was a phone call (n = 9, 69.2%) or in-person individual sessions (n = 8, 61.5%).

Partner contact

Service-level data revealed important information about partner contact practices. Two programs did not contact (ex-)partners. All MBCPs that did partner contact offered ongoing support with a partner support worker, with half of the (ex-)partners already receiving support through external services at the point of engagement. Calling the (ex-)partner was the most common form of support (n = 16, 100%), followed by in-person (n = 12, 75%) and sending a letter (n = 11, 68.8%). Additionally, almost all programs did safety planning (n = 15, 93.8%).

Risk

The MDS instrument also highlighted differing MBCP risk management practices. One program did not conduct any risk assessments. For those that did, almost half used the Common Risk Assessment Framework (CRAF), and if a perpetrator was rated as moderate to high risk, then the majority of programs contact the (ex-)partner (n = 12, 72.2%). Other risk responses included contacting police for a welfare call (n = 11, 61.1%) and Child Protection (n = 11, 61.1%). For further findings of the service level instrument, see Appendix L.

Table 8.1: Significant predictors of attrition at a univariate level

Variable	Significance	Odds ratio^
Age (years)	.11	.92
Age (categories)	.12	.66
Education level	.06	.60
Reside with children full time	.05	3.35
Current DFV-related charge/conviction–assault	.07	2.35
Past DFV-related charge/conviction–grievous bodily harm	.06	2.17
Past illegal drug use–depressants	.06	.26
Homicidal ideation and/or threats	.10	4.25
Referral–Centrelink	.11	.18
Attend referral–Aboriginal Community Service	.10	6.32
Self-referred/voluntary	.05	.29
Agency-referred/voluntary	.10	.25
Court, Corrections or police order	.01*	4.29
Understanding of program content	.02*	.53
Application of program content	.04*	.66
Partner contact: feeling safer	.06	.62
Partner contact: feeling empowered/less vulnerable	.07	.64
Partner contact: feeling supported	.04*	.57

^ Odds ratio > 1 reflects a greater likelihood of attrition, <1 reflects a lower likelihood of attrition
* Significant at > .05 level

Attrition

While there has been international research suggesting variables predicting MBCP attrition, no such research has been completed in Australia to date (Jewell & Wormith, 2010). An in-depth understanding of factors influencing individuals at risk of attrition is important for improving program structure and suitability. Changes could ensure the perpetrator response system is not "one-size-fits-all" but adapts to client needs and contributes to the development of a more diverse and adaptable perpetrator response sector.

The MDS and predicting attrition

In February 2018, the programs involved in Stage 3 of the study were asked to report participant-level data on the current attendance rates of the men involved in the pilot. This was done to test the feasibility of utilising an MDS to predict attrition in Australian MBCPs. Consequently, a total of 14 out of the 15 programs involved in Stages 2 and 3 reported data on 62 men who attended their MBCPs. Data were collected on the current attendance rate for those still engaged in the program, and post-program attendance for those no longer attending. Variables indicating program effectiveness were also updated, including understanding and demonstrated application of program content, and significant indicators were verified through partner contact such as the partner feeling safer, supported, empowered and less vulnerable.

Table 8.2: Significant predictors of attrition at a multivariate level

Variable	Significance	Odds Ratio^
Court, Corrections or police order	.02*	7.29
Partner contact: feeling empowered and less vulnerable	.03*	.45

* Significant at > .05 level
^ Odds ratio > 1 reflects a greater likelihood of attrition, < 1 reflects a lower likelihood of attrition

Additionally, for those clients who dropped out of the MBCP, the reasons why they discontinued were recorded.

The required attendance rate was a calculated weighted average attendance rate of 93 percent. This weighted average of the "required attendance" was then used to create a dichotomous variable for attendance, coded as "above" or "below" the requirement. Those below the cut-off of attendance were considered to reflect attrition. Consequently, it was determined that 36 clients had attendance rates below the 93 percent weighted average, and 26 had attendance rates above (data were missing for five program attendees).

Phase 1: Univariate

To assess the ability of the data to predict attrition at an individual level, a logistic regression was conducted with attrition as the dichotomous, dependent variable. Each variable from the instrument was included in a logistic regression one at a time to determine their ability to predict attrition at a univariate level. Variables with a significance level below 0.1 were included in the next phase of analysis. Some variables that were just above this cut-off (e.g. age) were included in the multivariate analysis, as their significance level when interacting with other variables may differ. The variables selected for the next phase and corresponding odds ratios are displayed in Table 8.1.

The following three significant predictors of program attrition were identified at a univariate level:

- the referral pathway into the MBCP
- those mandated through the justice system via court, Corrections, or police orders were more likely to drop out of the MBCP
- those with higher levels of program understanding and application were more likely to remain in an MBCP.

Several variables were also highlighted as possible predictors of program attrition. Given the exploratory nature of the analysis, some variables approaching significance at a univariate level may be found to be significant in a larger sample. Consistent with findings from international studies in MBCP attrition (Jewell & Wormith, 2010), certain demographic variables including age and education level influenced attrition, with older and more educated men less likely to drop out. Criminal history and psychosocial variables also revealed possible predictors of attrition, including current DFV charges of assault, past charges of grievous bodily harm, and homicidal ideation. Those who self-referred or voluntarily referred via an agency were more likely to remain in a program.

Phase 2: Multivariate

To predict attrition through combinations of variables, a multivariate logistic regression was conducted. All significant variables from Phase 1 were included, except for age, as age variables appeared to be acting as moderators and skewing results. Using backwards stepwise elimination, all variables from Phase 1 were included in a logistic regression. All variables with a significance level below 0.05 were removed from the final model. Results can be seen in Table 8.2. Please note that although these variables were found to be significant predictors of attrition, they do not demonstrate causation.

At a multivariate level, two variables were identified as significant predictors of program attrition. The mandated pathway into the program via courts, Corrections or police order was revealed as the most significant predictor of program attrition. As mandated referrals into MBCPs are common practice, especially for those facilitated by justice and/or Corrective Services, this finding questions court, Corrections and police orders' effect on program completion. While mandated referrals might prove an effective pathway into a program, they do not necessarily contribute to MBCP completion nor information application. Furthermore, the role that mandated referrals have in influencing drop-out also highlights the important role that individual motivation plays in program attrition (Olver, Stockdale, & Wormith, 2011).

Certain predictors of program effectiveness through partner contact were also highlighted as positively affecting program retention, such as if an (ex-)partner reported feeling empowered and less vulnerable, then the man was less likely to drop out of the program. This relationship may not be causal, as other factors contribute to partner empowerment, such as

Table 8.3: Understanding of program content (0 = poor, 1 = good)

Variable	Significance	Odds ratio^
Age (categories)	.08	.61
Education level	.04*	1.93
Type of current PO: Corrections or probation order	.07	1.83
Current DFV-related charge/conviction: assault	.08	.44
Attend referral: mental health (community)	.08	.2
Attend referral: AOD	.10	.21
Referral to: family support	.10	6.4
Court, Corrections or police order	.06	.30
Self-referred/voluntary	.01*	9.81
Partner contact: feeling support	.01*	2.91
Partner contact: feeling empowered	.04*	2.11
Partner contact: feeling safer	.09	1.76
Application of program content	.03*	1.77

* Significant at > .05 level
^ Odds ratio > 1 reflects a greater likelihood of attrition, < 1 reflects a lower likelihood of attrition

partner support programs, police interventions, and DVOs. Nevertheless the importance of partner empowerment in MBCP effectiveness aligns with the importance of partner contact, not only as a measure of program effectiveness, but also as an indicator of attrition (Westmarland & Kelly, 2012).

Predictors of program effectiveness

These models show how an MDS can be used to predict program effectiveness and suitability. To predict program effectiveness at an individual variable level, separate logistic regressions were conducted with the following dichotomous, dependent variables: understanding of program content, application of program content, (ex-)partner feeling supported, (ex-)partner feeling safer, (ex-)partner feeling empowered. Understanding and application of an MBCP were based on practitioner reports, as they had direct contact with clients, and variables relating to (ex-)partner swere measured through direct partner contact by practitioners.

Understanding and application of program content

At a univariate level, five variables were identified as significant predictors of higher levels of understanding of program content. Men with higher levels of education and application of program content were more likely to have higher levels of program understanding. Men who self-referred also indicated higher levels of program understanding, reinforcing the influence of motivation in program effectiveness and information application. Further, men whose (ex-)partners reported through partner contact services that they felt more empowered and supported were more likely to have higher levels of program understanding.

Several variables were found to be significant predictors of men applying program content. Men who were referred via a court, Corrections or police order into an MBCP were more likely to have poor levels of application of program content, while men who were self-referred were more likely to be rated by practitioners as having greater levels of program understanding and application. Given this, future research could investigate why men self-refer. Overall, these preliminary findings show how an MDS can be used to identify the types of men that MBCPs are best suited for.

Partner contact predictors

The MDS was also used to predict the strongest indicator of program effectiveness, which was found to be feelings of

Table 8.4: Application of program content (0 = poor, 1 = good)

Variable	Significance	Odds ratio^
Current court proceedings: criminal matters related to DFV	.07	.20
Current DFV-related changes: assault	.10	.42
Past alcohol dependence	.05	.22
Attend referral: mental health (community)	.08	.13
Previous MBCP attendance	.01*	.13
Previous MBCP complete/non-complete	.04*	.34
Court, Corrections or police order	.01*	.14
Self-referred	.01*	7.22
Understanding of program content	.001*	9.46
Partner contact: feeling support	.01*	5.71
Partner contact: feeling empowered	.01*	5.48
Partner contact: feeling safer	.04*	2.50

* Significant at > .05 level
^ Odds ratio > 1 reflects a greater likelihood of attrition, < 1 reflects a lower likelihood of attrition

safety, support, and empowerment of the (ex-)partner, verified through partner contact. Findings suggest that if an MBCP participant was currently engaged in court proceedings related to DFV, his (ex-)partner was less likely to feel safer and more empowered than (ex-)partners of men who were not currently in such proceedings. Additionally, a man's past alcohol dependence was also found to contribute to an (ex-) partner reporting lower levels of empowerment.

As expected, higher levels of application of program content contributed positively to (ex-)partners' feelings of safety, support and empowerment. A man having access to his children but not residing full time in the home was another a positive predictor of an (ex-)partner's feelings of empowerment. This could be due to the controlled nature of his access to their children.

Table 8.5: Feeling safer (0 = poor, 1 = good)

Variable	Significance	Odds ratio^
Employment	.08	8.57
Current court proceedings: criminal matters related to DFV	.01*	.04
Application of program content	.01*	17.73
Understanding of program content	.05*	7.78
Partner contact: feeling supported	.05*	3.99

* Significant at > .05 level
^ Odds ratio > 1 reflects a greater likelihood of attrition, < 1 reflects a lower likelihood of attrition

Table 8.6: Feeling supported (0 = poor, 1 = good)

Variable	Significance	Odds ratio^
Court, Corrections or police order	.07	.18
Protective orders or different civil jurisdiction pathway	.07	.09
Partner contact: feeling empowered	.003*	36.00
Partner contact: feeling safer	.04*	4.66
Application of program content	.01*	9.13

* Significant at > .05 level
^ Odds ratio > 1 reflects a greater likelihood of attrition, < 1 reflects a lower likelihood of attrition

Table 8.7: Feeling empowered (0 = poor, 1 = good)

Variable	Significance	Odds ratio
Regular access to children (not residing full time in the home)	.04*	8.80
Current court proceedings: criminal matters related to DFV	.04*	.17
Past alcohol dependence	.04*	.14
Past psychotic episode in last 12 months	.06	.10
Application of program content	.01*	5.44
Understanding of program content	.02*	5.07
Partner contact: feeling supported	.01*	8.90
Partner contact: feeling safer	.01*	15.40

* Significant at > .05 level
^ Odds ratio > 1 reflects a greater likelihood of attrition, < 1 reflects a lower likelihood of attrition

Limitations

The authors greatly appreciate the commitment and interest of practitioners who participated in this study to identify an MDS. However, while this sample involved 56 participants, the main limitation of this study is that it did not include all MBCP providers in Australia. Further, a longer time period would have enabled multiple use of the MDS by practitioners to better understand its utility and any impacts on practice.

The small sample size limits the generalisability of the model, and the current analysis was not able to investigate moderation and/or mediation that may be occurring between the variables. Further, there may be important variables that have a relationship with the outcomes measured that were not included in the MDS. In addition, a longer time period for the study would have enabled multiple uses of the MDS by practitioners to better understand its utility and any impacts on practice. Additional research may wish to expand on the MDS and undertake additional follow-ups with practitioners.

Conclusion

This study demonstrates how an MDS can be used to predict program attrition and effectiveness in MBCPs. The implementation of a national MDS across all MBCPs in Australia would be highly valuable in confirming variables predicting program attrition, and consequently could help determine MBCP suitability for certain types of perpetrators. Study results suggest that a "one-size-fits-all" structure of mainstream national MBCPs is not the best approach, and further development of an MDS could allow for MBCPs to be adapted and diversified to improve their effectiveness.

Recommendations and further implications

Future study

It is recommended that an intensive trial of the final MDS tool be undertaken in several MBCPs nationwide for the duration of their programs. This trial should include metropolitan, regional and remote programs. A longer, more intensive trial would better capture both static variables (those that remain the same) and dynamic variables (those that change over time), as well as provide a greater opportunity to predict attrition and recidivism. Studies in the juvenile justice sector (Richards, 2011) have shown that recidivism can be adequately captured and predicted using an MDS. Richards (2011) promotes a prospective approach to recidivism that uses previous offences as a predictor of future offences with data instruments capturing recidivism over multiple time points as well as frequency and severity of offences. A larger study of this MDS would allow for testing of recidivism variables that both capture and predict the likelihood of DFV reoffending.

Future studies could also create opportunities to improve reporting mechanisms for MBCP providers. In addition, there is a need for future studies to develop a culturally appropriate instrument for CALD- and Aboriginal and Torres Strait Islander–specific services and populations.

A more user-friendly interface

An intensive study would also include the development and rollout of a more user-friendly interface to later be adapted for centralised use. This interface could include pre-populated response options and skip logic, as well as variables specific to jurisdictions.

Data management system

To implement an MDS at a larger scale, a secure data management system would need to be developed to capture and store information that practitioners enter at a national level. Such a system would need to accommodate a combination of individual static data, individual dynamic data and program-level data and subsume the variables contained in the final version of the MDS. This will allow data to be analysed and presented at an aggregate level nationally, by state and by service type to allow for different levels of comparison.

A system-wide approach

The usefulness of an MDS depends on the accuracy and availability of relevant data. Ultimately, successful implementation of such an instrument requires a system-wide approach that includes all MBCPs in the country. Additionally, such a system would need to include secure data sharing and access across organisations and jurisdictions. The effective implementation of an MDS across jurisdictions also depends on collaborative data governance respectful of data sovereignty and privacy rights.

References

Department of Social Services. (2015). *National outcome standards for perpetrator interventions.* Canberra: Department of Social Services.

Jewell. L. M., & Wormith, J. S. (2010). Variables associated with attrition for domestic violence treatment programs targeting male batterers: A meta-analysis. *Criminal Justice and Behaviour, 37*(10), 1086–1113.

Kelly, L., & Westmarland, N. (2015). *Domestic violence perpetrator programmes: Steps towards change. Project Mirabal final report*. Retrieved from https://www.nr-foundation.org.uk/downloads/ Project_ Mirabal-Final_ report.pdf

New South Wales Department of Justice. (2016). *Practice standards for men's domestic violence behaviour change programs.* Retrieved from http://www.crimeprevention.nsw.gov.au/domesticviolence/PublishingImages/NSW%20Department%20of%20Justice%20-%20Men%27s%20Behaviour%20Change%20Programs%20-%20Practice%20Standards.pdf

Olver, M.E., Stockdale, K.C., & Wormith, J. S. (2011). A meta-analysis of offender treatment attrition and its relations to recidivism. *Journal of Consulting and Clinical Psychology, 79*(1), 6–21.

Richards, K. (2011). *Measuring juvenile recidivism in Australia* (Technical and background paper). Canberra: Australian Institute of Health and Welfare.

Reingle, J., Wesley, J., Connell, N., Businelle, M., & Chartier, K. (2014). On the pervasiveness of event-specific alcohol use, general substance use, and mental health problems as risk factors for intimate partner violence. *Journal of Interpersonal Violence, 29*(16), 2951–2970.

CHAPTER 9:

Investing in the safety of women and children: Developing and piloting a methodology to evaluate the return on investments in domestic and family violence perpetrator responses

Professor Siobhan Austen, Damian Green, Sarah Anderson, and Professor Donna Chung

Introduction

This chapter reports on a methodology developed to assess the financial returns on investments in PI programs, which was piloted in the context of an MBCP in Western Australia. The work builds on and advances current economic analyses that have largely been focused on estimating the costs of DFV at the national level. As such, this chapter complements and invites a dialogue with the case studies elsewhere in this collection which highlight the value and challenges inherent in MBCP work, including the limitations to date on adequate investment in these specialist interventions.

Advocates correctly argue that DFV is costly to those victimised during and after the violence; to government services of various kinds; and to businesses through lost productivity. This has been demonstrated in Australia through studies of the economic costs of DFV (e.g. KPMG, 2016). The piloting of an alternative method, however, extends current ways of understanding the cost effectiveness of interventions aimed at reducing DFV, with the aim of offering policymakers and service providers new insights about the value of such investments.

This chapter also invites a dialogue with Chapter 1 regarding conceptualisations of accountability—both of individual perpetrators and of PI systems overall. It suggests that for PI systems to be accountable to victims/survivors of DFV, not only is an examination of the extent of investment in interventions required; in addition, there is a need to understand in greater depth and detail how these interventions may make a difference to victim/survivor experiences.

The funding, resourcing and types of DFV responses delivered by government and not-for-profit agencies are continuing points of tension and debate. As was discussed in Chapter 1 on locating accountability within PI systems, there has always been concern that the level of funding for DFV responses is unable to meet demand and that funding of perpetrator responses may be diverting funding from victim services, while there is contention about what are the most useful responses to fund. The Victorian, Western Australian, and Queensland case studies in this collection (Chapters 4, 5, and 7) further elaborate on issues of inadequate resourcing and lack of program diversity. This is not unique to the DFV sector, with similar concerns raised in other human service sectors.

The evidence about the effectiveness of responses to perpetrators is also contentious, with debate over the following: inadequate evidence of judge effectiveness; methodology and outcome measures; and other questions about limitations of the intervention methods for some groups of men. This includes the Bayside Peninsula case study's discussion of CALD men's access to MBCPs. The review of protection orders in this collection (Appendix A) also reflects some of these limitations about evidence and different DFV PI systems across the world.

The reality is that some of these contentions will not be resolved in the short term. Undertaking empirical research to judge effectiveness requires funding, time and cooperation from practitioners. These are all too often in short supply, yet the political process demands answers to effectiveness questions quickly and definitively. There have, however, been research efforts to address these contentions in Australia and internationally. Understandings about program or intervention effectiveness have shifted among researchers, moving along a continuum from asking "Does it work?" to more nuanced questions examining which groups the program or intervention might work for, and in which contexts. It is generally recognised that complex social problems such as DFV cannot be addressed by a single government department or policy. This means that in order to develop research-informed responses, multidisciplinary research teams must collaborate on understanding different facets of DFV. As such, the current project has drawn on the expertise of researchers from a number of disciplines to bring together evidence about various aspects of PI systems into one collection. This was done so that decision-makers could develop future policies based on the emerging evidence base.

Background

A large volume of work has been undertaken by governments, academics, and peak bodies over recent years to document the costs associated with DFV. Recently commissioned work includes PricewaterhouseCoopers' (PwC) report *A High Price to Pay* (2015) and KPMG's report *The Cost of Violence against Women and Children* (2016). These highlight the high and

increasing cost of violence against women and show the large potential savings and other economic and social benefits to be gained from primary prevention strategies. The evidence in these reports—of an estimated $21.7 billion annual cost of DFV—reinforces broader arguments for urgent and drastic action to be taken to prevent violence against women.

The methods used in such studies align with the World Health Organization's (WHO) manual for estimating the economic costs of injuries due to interpersonal and self-directed violence (Butchart et al., 2008). The premise underlying the WHO method is that the costs of violence affect society at all levels. These include individual, relational, community, state and national levels. Some of the costs have direct societal impacts, such as medical costs, policing and legal services. Indirect costs include losses of productivity and earnings associated with foregone employment opportunities. The PwC and KPMG studies identify seven categories of costs:

- pain, suffering and premature mortality
- health costs (for example, injuries or ill health)
- production costs (including lost labour productivity)
- consumption costs (costs associated with relationship breakdown)
- second-generation costs (impacts of DFV on children)
- administration costs (including policing and court costs)
- transfer costs (including income support costs).

These studies combined data on DFV costs with prevalence rates at the national level to estimate the total cost of DFV (the $21.7 billion estimate cited above) and the average cost (PwC estimated that the cost per woman affected by DFV in 2014–15 was $26,780) (PwC, 2015, p. 14). While this is valuable, such estimates are limited in that they conflate the impacts of a wide range of DFV behaviours and incidents of DFV with varying levels of severity. In other words, it is not possible to derive information from these studies on how specific incidents of DFV might affect particular individuals in particular circumstances. Thus, the personal level of the impacts of DFV—and an understanding of how intense these are for some women—is lost in many studies of the economic costs of DFV.

The current study takes a different approach to calculating costs associated with DFV. Following a method developed by Walby in the United Kingdom (2009), this study does not attempt to quantify costs of DFV at population levels, but instead focuses on identifying the major direct returns available to governments and communities through investing in perpetrator intervention programs. To do so, the researchers compared program costs of a Western Australian MBCP with two key areas of returns: cost reductions related to reduced rates of offending, reduced severity of incidents, and reduced police call-outs; and returns linked with a lower likelihood of adverse life effects among the men, women and children associated with program completion.

To estimate the returns, five hypothetical cases considered "typical" by the project team (comprising both researchers and practitioners) were analysed. The cases are combined with the cost of, for example, police call-outs, court, and treating injuries and ill health using data from the Western Australia budget statements for 2017–18, along with estimates of the value of savings achieved by averting adverse outcomes in life for household members. This enables the potential return on investment for an MBCP that is currently operating in Western Australia to be identified.

Reflecting the large and pervasive effects of DFV, this study outlines how interventions can improve life outcomes for the individuals involved and also improve economic outcomes for these individuals and for governments. This means that this study pinpoints how the interventions might deliver a positive return on investment. Also identified are some scenarios where an intervention is not cost-neutral or positive for the government, but where a strong economic argument for action remains due to improved health and wellbeing. As such, MBCPs can be deemed cost-effective interventions because the gains in wellbeing they deliver are worth the financial investment.

Methodology

The purpose of this study was to implement a new approach to measuring the economic impact of a DFV PI program, with the aim of informing the design of interventions, and

Table 9.1: Methodology for return on investment study

1. Background review	High-level review of past reports and inquiries on the costs of DFV to identify common conceptual and methodological approaches
2. Prioritisation of issues and scoping of the MBCP	Consultation with stakeholders via a meeting of MBCP providers
3. Literature review and development of scenarios	Detailed literature review to identify best practice for measuring key parameters and published estimates of costs associated with DFV Development and analysis of realistic hypothetical scenarios of DFV
4. Budgetary analysis	Review of government budget statements and other sources to generate up-to-date measures of costs associated with the DFV represented in scenarios. Collection of data on the operational costs of the MBCP
5. Economic analysis	Cost–benefit analysis to determine potential return on investment
6. Report writing	Preparation of this report, including analysis of and advice on data sources and alternative methodologies for PI programs

policies. This study extends and adapts existing valuation methods to the context of a specific agency and PI program.

An overview of the methodology used in this study is presented in Table 9.1, with further detail provided below.

Review of previous reports and other literature

Considerable work has been done in recent decades to estimate the costs of DFV. Most studies rely on a similar conceptual framework, use similar methods and sources of data, and produce results that show high levels of cost. Table 9.2 lists the recent major national-level reports and key international studies that were reviewed for this report.

Table 9.2: Key past reports

Year	Author	Title
2017	Walby et al.	*The Concept and Measurement of Violence against Women*
2016	KPMG	*The Cost of Violence against Women and Children*
2015	PricewaterhouseCoopers Australia (PwC)	*A High Price to Pay: The Economic Case for Preventing Violence against Women*
2008	World Health Organization	*Manual for Estimating the Economic Costs of Injuries Due to Interpersonal and Self-Directed Violence*
2005	Rollings (Australian Institute of Criminology)	*Counting the Costs of Crime in Australia: A 2005 Update*
2004	Access Economics (for DSS)	*The Cost of Domestic Violence to the Australian Economy*
2004	Walby	*The Cost of Domestic Violence*
2003	Mayhew	*Counting the Costs of Crime in Australia*

Development of scenarios

The five hypothetical scenarios used in this report were created in consultation with other investigators to focus on representativeness and economic impact. The research team composed realistic scenarios of DFV with differing levels of DFV severity.

Return on investment analysis

Intervention costs were sourced from operational budgets of multiple MBCPs operating in Western Australia, and the costs were categorised into two categories (basic and optimal) to obtain a representative estimate of program cost. Savings were considered across key areas of DFV costs in previous reports:

- health sector savings due to a reduction in health service utilisation (e.g. reduced emergency visits)
- justice sector savings due to a reduction in justice service utilisation (e.g. reduced police call-outs)
- service sector savings due to a reduction in the need for counselling and income support.

In the parts of the analysis that are concerned with broader community outcomes, the following is also considered:

- employment savings due to improved labour productivity and reduced levels of absenteeism
- wellbeing savings due to the avoidance of pain, suffering, and premature mortality.

Measures of these costs were largely derived from the most recent Western Australia budget statements, which provide per-unit expenditures on a range of government services for 2017–18.

Potential savings included in the modelling varied across scenarios. Part of the methodology involved linking details of scenario narratives with the key cost components. Modelling does not include complete coverage of all scenario costs. Savings were only included in the model when there was sufficient evidence of savings and reliable data on costs to enable quantification. Some savings such as second-generation savings were not included in the analysis, because the range of possible future outcomes for the children involved was too varied to make reliable economic estimates.

Key findings

The costs of DFV are disturbingly large. As noted above, the recent PwC report estimated the annual costs of violence against women at $21.7 billion in 2014–15. This report forecasted that if no further action is taken to prevent violence against women, these costs will reach $323.4 billion over the 30 years from 2014–15 to 2044–45. The PwC research built on previous studies by Access Economics (2004) and KPMG (2009), which followed a similar methodology, used similar data and produced similar findings on the magnitude of economic costs of DFV.

These studies combined information on the prevalence of different types of DFV from the ABS Personal safety survey (PSS) with estimates of the health, production and other costs that DFV generates to produce aggregated or population-wide estimates of the costs of DFV. This approach reflects the purpose of the studies, which was to estimate the costs of DFV to the economy; to raise awareness of DFV costs; and to assist policymakers with the allocation of resources. While these studies have been successful in generating the total and average costs of DFV at a national level, this has been achieved at the expense of detail of the *distribution* of costs and, more importantly, the immense costs experienced by some women.

Estimates of the costs of DFV in these previous studies have been based on data derived from various sources, including the federal government's annual Report on Government Services (ROGS) and "best practice" estimates of the Value of Life (VoL) provided by the Federal Department of Prime Minister and Cabinet (PMC). Latter studies have commonly relied on the cost estimates made in earlier studies, escalating these to take account of inflation rates in the intervening period. While this approach maximises the comparability of findings over time and assists with the identification of trends, it also results in a long paper trail to follow to interrogate the veracity of the data and methods used. It also limits the usefulness of these studies for investigations of the rate of return on preventative investments without per-unit costs.

Scenarios

An alternative to estimating the total and average cost of DFV is to examine a number of archetypal situations. This approach helps to demonstrate both how DFV generates costs and how intervention programs may result in efficiency gains. As such, it has distinct advantages for return on investment analyses.

To maximise an ability to isolate the effects of DFV, the following scenarios describe different realistic hypothetical situations for the same fictitious couple, Michael (aged 32) and Rachel (30), and their two children, Claire (4) and Ryan (1). Michael and Rachel have been in a relationship for six years. They live in a private rental arrangement. They are of non-Indigenous, Anglo–Australian heritage. Michael works as a labourer for a construction company, earning approximately $50,000 per year. Rachel is a "stay-at-home mum", responsible for child and home-related duties. Although she is not currently in paid work, Rachel completed her teaching degree approximately 10 years ago and worked as a primary school teacher from graduation until Claire's birth. Michael has perpetrated violence against Rachel.

The details of the different scenarios, which paint pictures of increasingly serious levels of DFV risk and lethality, as well as escalating costs, are in Appendix M. Table 9.3 summarises the key details.

Table 9.3: Key elements of the scenarios

1	Michael has been verbally abusive towards Rachel since Ryan's birth. He has not physically hurt her, but her self-esteem and confidence have suffered. Rachel was struggling to cope with the day to day demands of the house and the children. She recently saw a GP as she has been experiencing headaches, not sleeping well, and crying a lot. The GP prescribed anti-depressant medication for postnatal depression.
2	Since the birth of Ryan, Michael's behaviour towards Rachel has become violent. He has been verbally abusive, often insulting her, calling her names and yelling at her in front of the children. Michael is drinking heavily and has had some verbal altercations with some of his workmates and has begun arriving to work late. Claire has been misbehaving, and Rachel has reached out to a parenting service. In a recent incident, neighbours called the police due to hearing screaming and yelling coming from the home. The police issued their first police order to Michael that stipulated he must stay away from the property for 48 hours. Michael stayed at a friend's house. As a result of police attendance, a domestic violence incident report was generated. A women's family violence service contacted Rachel, offering her support. The Men's Domestic Violence Helpline also contacted Michael to see if he was interested in support.
3	Since Ryan's birth, Rachel has been subject to violence from Michael that has become more frequent and severe, with Michael becoming physically abusive. The police have attended their home six times in the last year, each time issuing 72-hour police orders to Michael. Michael stayed away from the property each time. The Men's Domestic Violence Helpline attempted to contact Michael on 18 occasions without success. Rachel was contacted by women's support services on several occasions. She told them she was feeling emotionally drained from coping with his behaviour and she was finding it increasingly difficult to get out of bed in the morning. While she is using anti-depressant medication, she feels unable to care for her elderly mother and so has requested home-based care support for her. Michael has lost his job. Following the most recent incident, Rachel presented at a hospital emergency department and disclosed the violence she was experiencing. She was referred to a women's family violence service and a community legal service. She made an application for a protection order, which a court granted for two years. Rachel and her children stayed with a friend until the protection order was served. She was provided free security upgrades[21] to her house through the support of the women's family violence service, so she can remain in her home and Michael can reside elsewhere. Rachel now accesses a Centrelink crisis payment and extra benefits as she does not have any income. She is linked in with a financial counsellor. Child Protection has assessed the family. The police instigated assault charges against Michael. He applied for and was granted bail, which requires him to sign in three times per week at the local police station. He fails to complete a required MBCP and is ordered to reappear in court.

21 The cost of these upgrades are not included in the return on investment analysis due to data limitations.

4	Police have attended Michael and Rachel's family home a total of 17 times in the last year. Ten police orders had been issued to both Michael and Rachel on various occasions. Rachel has experienced a number of physical assaults from Michael in the last year, including sexual assault. She has suffered some physical injuries, including bruising to various parts of her body, concussion and lacerations. She has sought medical attention from her GP twice and attended hospital on one occasion. Her children have witnessed the assaults. The Men's Domestic Violence Helpline has spoken with Michael on numerous occasions to offer assistance. Following contact with a women's domestic violence service and community legal centre, Rachel applied for and was successful in attaining a protection order. Michael is currently staying at his parents' house. He recently lost his job. The extent of Rachel's injuries resulted in permanent damage to her right eye, and she needs ongoing medical treatment for at least the next year. Michael has been charged with the assault and further breach of the protection order. He applied for and was granted bail. After contact with a women's support agency, Rachel arranged emergency accommodation. Michael was found guilty of the assault against Rachel and breaching the protection order, resulting in imprisonment for one year. Michael has since sought legal advice and applied to change the conditions of the protection order. Rachel seeks further legal support from a community legal agency. A court hearing has been scheduled.
5	Rachel has been subjected to increasing violence from Michael since the birth of Ryan, with the incidents becoming more frequent and severe. In the last year, Rachel sought medical support for her injuries from her GP on four occasions and the hospital on three occasions. She was hospitalised twice overnight. Police have attended the couple's home on more than 20 occasions and a total of 15 police orders have been issued. The Men's Domestic Violence Helpline made a total of 25 contact attempts to Michael to offer assistance; however, Michael declined support. Michael recently applied for a protection order against Rachel and also reported to police that Rachel has been violent towards him and their children. This resulted in a Child Protection investigation and a mandated parenting program for Rachel and Michael. Rachel saw her GP a total of 12 times in the last year for medication, as she had a diagnosis of depression and anxiety. She was hospitalised for five days as a result of mental health difficulties. She and her children had to seek refuge for four weeks in total. Rachel sought support from a women's family violence service that had helped her upgrade her home security and linked her in with counselling as well as financial and legal support. The police arrived at Rachel and Michael's home following neighbours contacting them to report the sound of gunshots. Michael shot and killed Rachel in front of their two children. Paramedics on the scene were unable to revive her. Michael was subsequently arrested by police and their two children were taken into immediate care by the Department of Child Protection and Family Support. Michael attended court and was incarcerated for 17 years for Rachel's murder.

The escalation of the DFV scenarios described above illustrates the increasing involvement of various services as they attempt to deal with Michael's use of DFV. They also include other associated services, such as Centrelink and the GP's attempts to deal with the effects of the violence on Rachel. At no point in any of these scenarios, however, is there effective engagement with Michael.

Where services attempted to engage with Michael, he displayed resistance to addressing his violence, while aggravating issues such as increasingly heavy alcohol use and the loss of his job went unaddressed. As the scenarios progress, therefore, the effects of DFV are greater and greater for Rachel, Michael, the children, and their community. If there are inadequate or no PI systems mechanisms in place to engage Michael effectively, to mandate Michael's attendance to an MBCP, or to place other demands on him to be accountable to authorities or to Rachel, then the PI systems are not promoting the safety of women and children.

However, as the case studies throughout this collection have suggested, participation in an MBCP alone does not in and of itself equate to accountability or behaviour change. In fact, while Michael's level of resistance to engage remains high, it is possible that the MBCP will not be substantially beneficial in the reduction of his violence and abuse, particularly if the intervention operates in isolation and is not integrated with other services or interventions.

What the MBCP could offer, however, is a decrease in Michael's use of physical violence for the duration of his participation in the MBCP, which may in turn enable Rachel to attempt separation in greater safety. It could also offer a level of surveillance of Michael's risk, including by sharing and exchanging information with other agencies. Just as importantly, the MBCP could present the opportunity to engage Rachael and increase her safety through providing her with partner support. The combination of these factors could prevent Rachel's death even though Michael's behaviour and attitudes have not substantially changed.

Return on investment

Victim/survivor costs of pain, suffering and premature death

Estimates of the costs associated with the violence depicted in the above scenarios are derived from multiple sources.[22] To attach a value to the victim's/survivor's pain, suffering and premature mortality, the researchers relied on the PMC's "best practice" VoL estimate of $182,000 p.a. in 2014/15 (= $191,285 p.a. in 2017/18).[23] A proportion of this number is attributed to reflect the apparent reduction in the victim's/survivor's functioning in the first four scenarios (by 30%, 50%, 70% and 90% respectively). Thus, in Scenario 1, the estimated cost of pain and suffering is $57,368, which rises to $172,157 in Scenario 4. For Scenario 5, the PMC's figure of $4.3 million in 2014/15 (= $4.52 million in 2017/18) is used to attach a value to the loss of the victim's life.

Sector/service costs

Estimates of the health, justice and service sector costs generated by DFV (and thus the potential savings from the PI program) are based on data in the 2017–18 Western Australia budget statements and other government sources, as described in Appendix N. In Scenario 1, health costs include GP visits ($63.18) and extra medications ($53.54). In the other scenarios these are much higher, both as a result of the victim's/survivor's need for extra GP services and medications, and because of her need to access hospital care. Each emergency visit is costed at $7,058, hospital stays at $7,168 and ambulance trips at $417. An attempt has been made to measure the costs associated with both the mental and physical health impacts of Michael's use of DFV. However, this has been limited to the visits to medical practitioners that are mentioned in the scenarios and exclude possible follow-up visits to specialists.

Justice costs similarly escalate across scenarios with an increased severity of violence being perpetrated. In Scenario 2, these costs are limited to police call-outs ($742 per call) and the administrative costs associated with protection orders (estimated at $35 per order). In Scenario 3, the number of police call-outs and protection orders increase, and court appearances ($610 for a Magistrates Court appearance) and bail supervisions ($35 for each attendance) occur. In Scenario 4, where the perpetrator is imprisoned for 12 months ($297 per day) and legal advice is sought by both the perpetrator and the victim/survivor ($4449 per person), justice costs rise substantially. In Scenario 5, they reach $1.9 million, reflecting the cost of imprisoning the perpetrator for 17 years, the cost of his criminal trial ($46,307), Coroner and Magistrates Court proceedings, and the associated costs of legal representation.[24]

The service or administrative costs follow the same pattern. There are no such costs in Scenario 1, partly because the victim/survivor does not reveal the violence she is experiencing. In Scenario 2, costs are incurred by the state as support services become involved with the family. In Scenarios 3 and 4, the role of support services increases further, and in Scenario 5 emergency accommodation, foster care, income support and other systems are involved. The average cost of counselling and community-based response teams that provide coordinated agency responses to DFV incidents was $3018 in 2017/18, and the average cost of homelessness and other support services per client was $3416; the average cost per day of a foster care arrangement was $135; and the average operating cost of a rental property, which the victim accessed in Scenario 5 prior to her homicide, was $16,103.

Perpetrator: Production costs and loss of income

Production costs associated with the perpetrator's absence from work and reduced productivity also emerge in Scenario 2. To calculate the costs of absenteeism, a proxy for the effects of moderate or severe depression was used (KPMG, 2018, p. 22). This shows absenteeism effects that are, on average, 138 hours per annum, or 7.6 percent of available time. Taking account of the perpetrator's wage ($50,000) and annual full-time work hours, absenteeism costs are estimated at

22 This section of the report describes data sources, assumptions and per unit cost estimates. Information on the calculation of total costs and the return on investment are available from the authors on request.

23 PMC (2014) valued life at $182,000 p.a. and $4.3 million for whole of life in 2014. This is a willingness to pay (WTP) approach, where the amount people pay to reduce the risk of death (by e.g. opting for cars with improved safety features) is observed and the amount extrapolated to derive estimates of the price they would pay to preserve life. Alternative approaches to valuing life include the human capital approach, which is based only on earnings, and thus values a rich man's life much higher than a poor person's. The WTP and Human Capital approaches come together in mark-up methods which add a factor (of 30%) to account for the gap between the value of life and earnings.

24 For Scenario 5, only the costs of incarceration that are associated with the ultimate act of violence are included.

$3800 (7.6% of $50,000). When the perpetrator loses his job, production costs increase and are measured by his wage rate. In Scenario 2, total production costs are estimated at $1900, on the assumption that Michael's absenteeism affects him for six months. The costs rise to $26,900 in Scenario 3, and to $50,000 in Scenarios 4 and 5.

Men's behaviour change program cost

Intervention costs are assessed based on employee (staff and manager) time costs. A basic MBCP program run out of a community centre (low rent, no transport, minimal management support and supervision, minimal partner contact and support) is estimated to cost around $60,000 per year to operate.[25] This can provide 24 places per year, offering one session (two hours) per week for 26 weeks. Taking into account dropouts and turnover, the cost of such a program (52 hours in length) is estimated at $2400 per client.[26]

More optimal models of MBCPs feature the inclusion of partner contact (victim/survivor support) and more intensive management and supervision supports. They also have a higher number of places available, and some run twice a week, so participants complete them in three months instead of six. The intensity remains similar to the basic program; however, these models often also include some individual sessions, meaning each client takes about 55 to 60 hours to complete the program. With staffing, it is estimated that each program can offer 48 places per year, with the total cost of such a program estimated at $210,000 per year,[27] with per-participant costs at $4375. These calculations are consistent with an analysis conducted in Victoria using 2013/14 financial data that estimated MBCP program costs to be between $134,000 for a small regional program and $262,000 for a larger metropolitan program (Kneale, 2015).

What is the return on investing in perpetrator programs?

The potential economic savings to the state, the community and the individuals involved from intervening to prevent DFV are enormous. A successful intervention would avoid costs totalling:

- $57,502 in Scenario 1
- $101,654 in Scenario 2
- $189,330 in Scenario 3
- $403,923 in Scenario 4
- $6.7 million in Scenario 5.

Because the majority of the costs of DFV fall on the person/s experiencing it, the direct savings to the state from successful intervention are smaller but still substantial, ranging from about $120 in Scenario 1 to $2.1 million in Scenario 5. Potential cost savings to employers range from $1900 in Scenario 2 to $50,000 in Scenarios 4 and 5.[28]

Of course, these findings need to be weighted by a consideration of the likely success of particular interventions. Interventions that are not successful will entail costs (of up to $4375 per participant) without delivering savings, which implies a negative return on investment. However, the magnitude of the costs of DFV measured in the various scenarios indicates that programs with even relatively small probabilities of success will show positive returns. For example, an intervention costing $4375 with only a 0.2 percent chance of success would show a positive return in Scenario 5; and an intervention with a 2.4 percent chance of success would show a positive return in Scenario 4.

Table 9.4 summarises return on investment in a PI program costing $4375 in each scenario across a range of possible success probabilities. The "state" figures show the return to government—in the form of cost savings—from a $1 investment in a prevention program under the different success probabilities; and the numbers in the "total" columns show the total savings, inclusive of avoided pain, suffering and premature mortality, and lost productivity, from every $1 spent on the prevention program. A positive return is identified in cells where the value is greater than 1 (showing that for $1 spent an amount greater than $1 is saved), and these cells are italicised. A "negative return" is shown where the cell value is less than 1 (showing that for $1 spent an amount less than $1 is saved).

25 Estimate provided by Stopping Family Violence, 2018.
26 Administrative and operational costs that are associated with the management of offices and waitlists are not included in this estimate.
27 Estimate provided by Stopping Family Violence, 2018.
28 The estimate only includes the perpetrator's lost productivity in the year prior to his incarceration.

Table 9.4: Estimated return on investment (benefits per dollar spent) for MBCP across five scenarios relating to DFV by success probability with 2017–18 costings

		Scenario									
		1		2		3		4		5	
		State	Total	State	Total	State	Total	State	Total	State	Total
Success probability	1%	0.00	0.13	0.01	0.23	0.07	0.44	0.41	0.92	*4.80*	15.24
	10%	0.00	*1.31*	0.09	*2.32*	0.65	*4.35*	*4.13*	*9.23*	*47.96*	*152.44*
	50%	0.01	*6.57*	0.45	*11.62*	*3.26*	*21.77*	*20.64*	*46.16*	*239.79*	*762.22*
	75%	0.02	*9.86*	0.67	*17.43*	*4.89*	*32.66*	*30.95*	*69.24*	*359.69*	*1143.33*

The italicised data in Table 9.4 shows positive overall rates of return at relatively low success probabilities in all of the scenarios. When the analysis is restricted to the financial outcomes for the state, positive returns rely on higher success rates and tend to be limited to the scenarios that involve more severe forms of DFV. However, as noted earlier, a strong argument for intervention remains in situations where the ROI to the state is not positive, given that likely improvements to health and wellbeing are not included in this analysis.

A relatively large proportion of the victims/survivors of DFV are likely to be in situations similar to Scenario 1, and while the violence they are experiencing might not be as visible, the overall impacts on health and wellbeing are so large that a strong economic case for intervening through intervention programs and other measures can be made. The number of women experiencing situations similar to those described in the other scenarios is smaller, but the enormous costs imposed on them, their children, friends, other family members, employers and the state makes action to address the perpetrators' behaviour an economic (and ethical) imperative.

Data from the ABS's PSS indicates that more than 35,000 women in Western Australia were subjected to emotional abuse and 19,500 were subjected to violence by a cohabiting partner in 2017–18.[29] WA Police Crime Statistics show that 18,539 family assaults were recorded, and there were 2636 reports of threatening behaviour (including the possession of a weapon to cause fear) towards family members in 2017–18.[30] In 2017, 11 women and children in Western Australia were murdered as a result of DFV, and by October 2018, a further 23 such homicides had occurred. These figures show how prevalent the situations described in the five scenarios used in this report are in Western Australia.

29 The latest ABS PSS was published in 2016. These estimates have been updated according to the population growth rate for Western Australia between 2016 and 2018, of 1.6 percent (ABS Australian Demographic Statistics 3101.0, June 2017 and June 2018).

30 It is estimated that at least 20 percent of DFV goes unreported (as was the case in Scenario 1 with Rachel).

Limitations

A limitation of the study is that it was not able to measure the costs of health and wellbeing, nor second-generation and consumption costs, and thus it underestimates the full extent of the costs of DFV and the return on investment of PI programs. The scenario approach also meant that some costs that existed across the case studies were not included. For example, Scenario 5 started from a pre-existing situation of violence, but only the cost of violence described within the scenario was measured. Ideally, future studies will address these limitations. A limited number of intervention programs were included in this methodology due to the available budget for the study, and these could be expanded upon to compare costs and return on investment of PI programs in states other than Western Australia.

Future implications and recommendations: Strengthening PI systems

This study has developed and trialled a new approach to measuring the economic impact of DFV perpetrator intervention responses. The scenario-based approach that it uses helps to ensure that the reality of the lived experiences of DFV are not lost in dollar estimates of average costs. It also identifies data from a novel source, the budget statements of the WA Government, and shows how these can be used in analyses of the costs of DFV.

The approach developed in this study maximises the transparency, reliability, and accessibility of its cost estimates. It also provides an approach that can be replicated in other jurisdictions and updated to enable comparisons of returns on investment over time and across policies and programs. The budgeting tool which has been developed

for this project is one that can be adapted to the needs of a variety of agencies. Key parameters can be changed, updates of cost data can be added each year, and embedded formulas can be used to re-calculate costs and return on investment estimates.

The findings of this study on the return on investment of MBCPs, alongside other parts of PI systems that are the pathways by which men enter PI programs, reflect, and in fact underestimate, the magnitude of economic costs associated with DFV. These costs are so high in many of the scenarios that increased spending on PI programs is easy to justify. This is especially true if the interventions are designed and implemented in a way that maximises their probability of reducing future episodes of violence and abuse and increases victims'/survivors' sense of safety and freedom to re-establish their lives.

The scenarios show the complex range of factors associated with DFV, and thus indicate a range of potential points at which to intervene. Evaluation of intervention effectiveness and thus the return on investment on different programs would be aided by the collection of additional data on a variety of programs.

The methodology piloted in this study extends and expands current economic analyses associated with responses to DFV. It provides useful data, even as a pilot, and has the potential to offer resource and policy considerations, adding to existing evidence about the value and benefits of responses, as well as the consequences of not responding to and preventing DFV.

In order to develop more highly functioning PI systems, as well as promote multi-level forms of accountability as discussed elsewhere in this collection, it is vital to understand why and how investment flows (or does not flow) to specific interventions and the practical implications of such policy decisions. As the scenarios in this chapter reveal, decisions about investments and the integration and coordination of these are not just about budget bottom lines, but can have very real impacts on the lives—and deaths—of those experiencing DFV.

Therefore, the following recommendations are made:

- The methodology developed in this study should be taken up in jurisdictions to assist with policymaking and resource allocation.
- Future research should be funded to extend the current methodology to include the short- and long-term effects and service involvement of all parties affected by DFV. This could include costs to victims/survivors, such as relocating due to DFV and impacts on children.

References

Access Economics. (2004). *The cost of domestic violence to the Australian economy: Part I*. Canberra: Office for Women. Retrieved from https://www.dss.gov.au/sites/default/files/documents/05_2012/cost_of_dv_to_australian_economy_i_1.pdf

Access Economics. (2004). *The cost of domestic violence to the Australian economy: Part II*. Canberra: Office for Women. Retrieved from https://www.dss.gov.au/sites/default/files/documents/05_2012/cost_of_dv_to_australian_economy_i_1.pdf

Australian Bureau of Statistics. (2017). *Personal Safety, Australia, 2016* (Cat no. 4906.0). Retrieved from http://www.abs.gov.au/ausstats/abs@.nsf/mf/4906.0

Australian Bureau of Statistics. (2018). *Australian Demographic Statistics, June 2018* (Cat. no. 3101.0). Retrieved from: https://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/3101.0Main+Features1Jun%202018?OpenDocument

Bureau of Transport Economics (2000). *Road crash costs in Australia*. Retrieved from https://bitre.gov.au/publications/2000/report_102.aspx

Butchart, A., Brown, D., Khanh-Huynh, A., Corso, P., Florquin, N., & Muggah, R. (2008). *Manual for estimating the economic costs of injuries due to interpersonal and self-directed violence*. Retrieved from https://www.afro.who.int/publications/manual-estimating-economic-costs-injuries-due-interpersonal-and-self-directed-violence

Finkelstein, E., Corso, P., & Miller, T. (2009). *The incidence and economic burden of injuries in the United States*. Retrieved from https://www.researchgate.net/publication/286496530_The_Incidence_and_Economic_Burden_of_Injuries_in_the_United_States

Kneale, J. (2014). *Running a men's behaviour change program in Australia: A financial cost analysis*. Melbourne: No To Violence.

KPMG Australia. (2009). *The cost of violence against women and their children* (Final report). Retrieved from https://www.dss.gov.au/sites/default/files/documents/08_2016/the_cost_of_violence_against_women_and_their_children_in_australia_-_summary_report_may_2016.pdf

KPMG. (2016). *The cost of violence against women and their children in Australia: Final report*. Retrieved from https://www.dss.gov.au/women/publications-articles/reducing-violence/the-cost-of-violence-against-women-and-their-children-in-australia-may-2016

Mayhew, P. (2003). *Counting the costs of crime in Australia: Technical report*. Canberra: Australian Institute of Criminology. Retrieved from https://aic.gov.au/publications/tandi/tandi247

PricewaterhouseCoopers (PwC). (2015). *A High Price to Pay: The Economic Case for Preventing Violence Against Women*. Retrieved from https://www.pwc.com.au/publications/economic-case-preventing-violence-against-women.html

Rollings, K. (2008). *Counting the costs of crime in Australia: A 2005 Update*. Retrieved from https://aic.gov.au/publications/rpp/rpp91

Walby, S. (2004). *The cost of domestic violence*. London: Women and Equality Unit (DTI).

Walby, S. (2009). *The Cost of Domestic Violence: Update 2009*. Retrieved from: https://eprints.lancs.ac.uk/id/eprint/88449/1/Cost_of_domestic_violence_update_4_.pdf

Walby, S., Towers, J., Balderston, S., Corradi, C., Francis, B. J., Heiskanen, M., … Strid, S. (2017). *The concept and measurement of violence against women and men*. Bristol: Policy Press.

Conclusions and recommendations

The range of chapters contained within this collection has revealed the breadth of, and complex interrelated parts that constitute, the current PI systems in Australia. Given that accountability is a common goal of PI systems, it was an unexpected finding of the project that in both policy documents and published literature there has been very little attempt to define and operationalise the concept of "perpetrator accountability". As this term has sometimes been used interchangeably with "perpetrator responsibility", Chapter 1 began by making a clear distinction between perpetrator accountability and perpetrator responsibility. Perpetrator accountability was discussed within the broader context of the accountability literature. Some general distinguishing features about accountability were identified and the implications of what these mean for considering perpetrator accountability were discussed. The proposed framework of a multi-dimensional understanding of perpetrator accountability as located within a broader set of accountabilities within PI systems was presented as a way of guiding further discussion and debate about how best to operationalise the concept.

Chapter 2, the Tree of Prevention, presented a framework that demonstrated the importance of prevention and early intervention efforts targeting the multi-level sources which contribute to the continuation of gendered violence generally and DFV specifically. The Tree of Prevention framework underscores the complex and sizeable challenges that DFV poses and the need for broad and well-developed PI systems in order to have an impact on DFV perpetration. The mapping of state and territory PI systems presented in Chapter 3 revealed the considerable number of agencies and individuals involved in the PI systems and the importance of an aligned response to perpetrators, which is difficult given the range of agencies and number of practitioners involved as well as the variation in information sharing about perpetrators across some parts of the PI systems.

The collection has highlighted some common challenges within PI systems across Australia and international contexts:

- PI systems struggle to respond early and rapidly to the use of violence and abuse (Chapters 3, 4, 5 and 7).
- PI systems include a very small range of specialist DFV perpetrator responses, primarily MBCPs and civil law protection orders, which are limited in both their availability and suitability to the diversity of DFV perpetrators across Australia, lacking processes to keep perpetrators in view at all times (Chapters 1–7).
- PI systems are not able to consistently monitor the risks posed by perpetrators and levels of safety reported by victims/survivors (Chapters 3–5, 7–8).
- PI systems are not overly robust in promoting and maintaining the interconnections between the system parts; for example, if a participants stops attending an MBCP as part of the justice system response, there might or might not be consequences for this (Chapters 4, 7).

Despite these challenges, the past few years have been a time of reform in DFV across various jurisdictions, so there are pockets of well-coordinated, responsive local PI systems and programs and practitioners that are highly skilled and committed to continuing to improve their direct response to DFV perpetrators and the PI systems. In examining the distribution of perpetrator responses across PI systems, both the Tree of Prevention in Chapter 2 and the mapping project in Chapter 3 are exemplary of methods showing where the services are distributed and highlighting areas of limited or little response. These can provide useful tools for the future planning of initiatives.

The findings contained within this collection also confirm that PI systems are multi-faceted, never static and contain a multitude of services with a large and diverse workforce within those services. Therefore, it is an enormous task to maintain the PI systems, let alone make transformative changes, particularly because the core business of some PI systems agencies is not primarily DFV. The chapters in Part 2 of this collection demonstrated the amount of coordination and organisation involved in PI systems, and highlighted why local-level PI systems are often the most manageable, as they have some geographic boundaries around which to operate.

The two main responses to deter DFV perpetrators have been civil law protection orders and MBCPs. Most of the evidence about the utility of DFV perpetrator interventions in Australia is based on program evaluations of various sizes, using different methodologies and indicators of success. The studies in this

project point to some of the limitations of relying so heavily on these two main responses, which include the relatively small number of perpetrators that come to the attention of PI systems and the even smaller numbers attending MBCPs. The New South Wales study of sibling sexual abuse intervention in Chapter 6 demonstrates clearly that the existing notions of perpetrator accountability cannot be applied to young people in similar ways to adults perpetrating violence and that group work is not a suitable mode of intervention as has been used with adult DFV perpetrators. The importance of an early intervention is underscored by this study as well as the intervention taking into account the ages of those involved and the family setting in which it is occurring. The work in responding to sibling sexual abuse demonstrates both the overlapping nature of different forms of DFV that occur and how PI systems need to be able to deliver interventions that are targeted to different groups. While of a different nature, the Victorian case studies show how MBCPs cannot easily accommodate the experiences of CALD male perpetrators. These studies show that PI systems need to be able to cast a wide net to identify DFV perpetration early and to respond in a range of ways which can address the needs and risks of perpetrators of different ages and cultural backgrounds, and those living in different locations, to name a few considerations.

In relation to evidence about perpetrators and the effectiveness of intervention, administrative data has been used to understand trends in justice involvement or service usage. However, there is no national collection of data about perpetrator interventions to give decision-makers an indication of the reach of these interventions; the numbers of attendees dropping out or completing the programs; or personal data about the participating individuals. The findings from Queensland's MBCP study and the minimum data set study suggest that participants likely to gain from MBCPs are not those participating as a result of being court ordered to attend. The effectiveness or contribution of protection orders and MBCPs to the future safety of victims/survivors is a longstanding debate. To this end, the chapters in Part 4 have addressed some of these key outstanding issues, which are important for both policy and practice directions. Chapters 8 and 9 offer methodological tools that have been piloted and can be used for developing national evidence about PI systems: a recommended national minimum data set for MBCPs and a return on investment methodology to broaden understandings of the impact of interventions and the opportunity costs of delayed or no intervention. At present in Australia, there is no easily accessible national data about the number of participants in MBCPs, let alone the numbers of MBCP participants who do and do not complete such programs or any demographic information about the participants. The proposed minimum data set that was co-produced with practitioners provides a way forward to begin gathering this data. Without a nationally coordinated approach to evidence development, knowledge about working with DFV perpetrators will continue to be fragmented and of limited applicability.

The evidence about protection orders contained in Appendix A indicates that they are more effective in stopping reoffending when the order is coupled with an arrest at the time of the incident. There are also obvious practical reasons when they are likely to be less effective, such as in remote and isolated areas (see Chapter 5). Given the findings of the systematic review and recent reform activity in Australia, it is timely to examine the circumstances where protection orders would have the highest likelihood of deterrence and what other alternatives there may be for particular groups and locations where they are unlikely to deter DFV reoffending.

As the project has been targeted to a national audience, the recommendations in this section are those considered to be of relevance to Australian jurisdictions.

To strengthen PI systems it is recommended that:

1. A wider range of agencies have a role in detecting DFV perpetration and responding to it in ways that increase women's and children's safety. These responses are likely to vary across agencies. Agencies include but are not limited to the health sector (including mental health), disability services, and AOD services.
2. There is greater visibility of individual perpetrators through increased information sharing between agencies about the risks posed by the perpetrator, their whereabouts (where relevant), and electronic surveillance in situations of imminent and high risk.

3. Governments develop feedback loops to enable a sharing of information about perpetrators that are consistent across PI systems pathways, bi-directional and well-understood. Information sharing should be rigorous and adhere to specific protocols.
4. MBCP providers, DFV specialist case managers or other men's service workers, such as telephone in-reach and outreach workers, are always key stakeholders in coordinated integrated responses to DFV to enhance local perpetrator interventions.
5. All human service workers working with perpetrators should receive focused training in line with what is appropriate to the workers' position within PI systems. This is consistent with the findings of recent research about the DFV national workforce (Cortis et al., 2018) which underscores that the skill and confidence of all human service workers working with perpetrators needs to be broadened. This will require the domestic violence sector to support and build the confidence of workers who do not have the specialisation to work with perpetrators in relation to their violent behaviour. Such support needs to include upskilling workers to safely and appropriately engage these clients within the confines of clear parameters about their role—about what they can do and what they should not attempt to do—and with clear objectives in mind that befit the opportunities and limitations of their role.

To increase women's safety it is recommended that:

6. Information is collected and shared, consistent with some jurisdictions' legislation, that prioritises women's and children's safety over perpetrator privacy. In addition to the information sharing legislation, information repositories (such as the Central Information Point in Victoria, and databases that link with one another) are developed to store and retrieve information, in line with the protocols to manage issues and concerns about privacy.
7. A greater focus is placed on gathering and sharing information about DFV perpetrators by agencies responsible for specialised work with victims/survivors.
8. All agencies within the DFV sector undertake to familiarise workers with the relevant information sharing legislation, providing examples of what can and cannot be shared under particular circumstances, and protocols for sharing.

To strengthen perpetrator interventions it is recommended that:

9. Coordinated, integrated, multi-agency responses are developed to include active engagement of AOD services and mental health services in contributing to perpetrator responses.
10. Differential responses are trialled according to risk and perpetrator readiness to change violence-supportive behaviour and attitudes, for example, intervening earlier with perpetrators before risk escalates, as well as with those who pose medium and high risk.
11. Policymakers prioritise adapting perpetrator responses so that PI systems are better able to engage and work with diverse perpetrators, including those from CALD populations, regional and remote locations, LGBTIQ+ communities, and with problematic alcohol and other drug use.
12. Greater investment in services that directly target DFV perpetrators—including in MBCPs—must be supported by communities of practice and collaborative professional development. This should increase awareness and information sharing between service types regarding each agency's objectives and practice, such as increased understanding of the objectives and practice of MBCPs by lawyers acting for respondents, as well as increased awareness regarding the role of court interventions among MBCP staff.
13. Increased investment in MBCPs or other specialist perpetrator interventions should include capacity for individual sessions and case management.
14. Waiting times between referral and intake for DFV perpetrator interventions need to be monitored to optimise effectiveness and increase compliance across PI systems.
15. Resources need to be invested in crisis and short-term accommodation for individuals removed from their homes as a result of police- or court-issued orders so as to reduce associated risks to victims/survivors.
16. Dedicated support should be funded in emergency departments and mental health crisis settings to increase opportunities for specialist intervention with DFV perpetrators, as well as to ensure the safety of staff in these settings.

17. Rapid intervention and support should be made available for women upon identification by police of predominant aggressors, including rapid access to specialist legal advice.

To improve the safety of victims/survivors of DFV the following recommendations are made about police practices. It is recommended that:

18. Police forces across Australia should explore the development of predominant aggressor identification tools, informed by input from specialist women's and men's DFV services. This should ensure that women with children are linked with immediate legal advice and other services to address the ramifications of misidentification.
19. Police forces in all Australian jurisdictions should increase their recruitment of multi-lingual members to ensure that parties to police call-outs, as well as parties served by police with court orders, can have swift access to explanations and information in their own language. Where repeat attendances at parties' houses are required and where police are aware that relevant parties speak a language other than English as their first language, every effort should be made to ensure that a member or other service provider who speaks that party's language is in attendance.
20. Police DFV protection orders (POs) should be made available in multiple languages.
21. Police codes of practice should be developed to include consistent and coherent accountability practices when dealing with suspected DFV perpetrators, either as respondents to police orders or when charged with offences, when individuals are brought to police stations. This should include follow-up visits to respondents, as well as making more proactive links with culturally appropriate supports, therapeutic interventions and legal advice.

To enhance court and legal practices of the PI systems it is recommended that:

22. There is greater investment in the availability of multi-lingual respondent practitioners, as well as interpreters, at courts to explain court services and the content of court orders.
23. Protection orders should be made available in multiple languages or "easy English", which court staff can readily access to provide to parties who require this.
24. Magistrates and local courts across Australia should investigate opportunities for better follow-up of all protection orders once they are imposed by a court.
25. All Australian courts mandating referrals to MBCPs and other specialist perpetrator interventions should ensure that appropriate and nuanced processes are developed for assessing perpetrator eligibility and suitability for referral.

To better support non-specialist interventions & strengthen the workforce response to DFV, it is recommended that:

26. There is greater investment and support across social and human services workforces to identify roles and responsibilities in relation to perpetrator interventions. Significant effort should be made to increase the recruitment of male workers into the human services workforce to conduct work with male DFV perpetrators in non-specialist settings.
27. A significant expansion of services that work with families where the perpetrator remains in the family home/relationship should occur in the context of specialist workforce development and deployment, as well as workforce training to support this neglected area of practice.
28. Greater attention is given to how the best interests of children can be a key focus for PI systems. This could involve greater collaboration with statutory Child Protection agencies and a greater focus on children in victim advocacy work, including documenting the impacts and experiences of children as part of the official records about the perpetrator.

In relation to future evidence development about PI systems it is recommended that:

29. Commonwealth and state and territory governments trial the use of the minimum data set with MBCPs and other programs in the PI systems, collecting common national data items about perpetrators and their involvement with interventions on an annual basis. The return on investment methodology developed and presented in this report should be taken up in jurisdictions to assist with policymaking and resource allocation. Future research needs to be funded to extend the current methodology to include the short- and long-term effects and service involvement of all parties affected by DFV. This could include costs to victims/survivors, such as relocating due to DFV and the impacts on children.

APPENDIX A:

The effectiveness of protection orders in reducing recidivism in domestic and family violence: A systematic review and meta-analysis

Professor Reinie Cordier, Professor Donna Chung, Dr Sarah Wilkes-Gillan, and Professor Renée Speyer

This appendix is based on the complete reporting of the systematic review and meta-analysis, which is published here:
Cordier, R., Chung, D., Wilkes-Gillan, S., & Speyer, R. (2019). The effectiveness of protection orders in reducing recidivism in domestic violence: A systematic review and meta-analysis. *Trauma, Violence, & Abuse*, 1–25. doi:10.1177/1524838019882361

Introduction

Chapters 2 and 3 have highlighted that while there are multiple points through which DFV perpetrators can become identified for their use of violence, they can equally remain largely "under the radar". The most likely way of DFV perpetrators becoming identified within PI systems is if the victim/survivor or police apply for a civil law protection order which names the perpetrator as the respondent. Prior to this, there may be knowledge of the perpetrator (for example, if the victim/survivor has accessed a refuge), but such kinds of contact are unlikely to be shared directly with the PI system. This situation is now beginning to change in some jurisdictions, as various DFV system mechanisms are beginning to collate and share information. This includes the new "Orange Door" model, described in the Victorian case studies in this collection (Chapter 4).

Nationally and internationally, protection orders have been the most commonly adopted and enduring legal response to prevent the re-victimisation of women and children, by restricting the perpetrators' contact with those who have been victimised (Dowling, Morgan, Hulme, Manning, & Wong, 2018). However, protection orders are not suited to the safety needs of some women experiencing DFV, such as some Aboriginal women (Nancarrow, 2016) and some women have been re-assaulted by the perpetrator as a consequence of taking out the order. There have also been unintended and unforeseen consequences on the reliance on protection orders, such as the following:

- poor responses to breaches of protection orders that have not reassured victims'/survivors' safety
- criminal charges not being pursued at the time of incident, as the orthodoxy has been to have a protection order first
- cross-order applications that can have very negative consequences for victims (Douglas & Nancarrow, 2015). This point is demonstrated in the Victorian case studies (Chapter 4).

It is timely to examine the effectiveness of protection orders in Australia. They remain central in PI systems nationally, with reforms occurring in some jurisdictions during the period of this project. Most of the evidence base on the effectiveness of protection orders relies on North American studies, as there have been little to no large-scale protection order effectiveness studies in Australia. Consequently, this systematic review and meta-analysis relied solely on international evidence, and its relevance in the Australian context must be considered in light of the differences in the systems and processes for applying for protection orders that exist between regions. Nevertheless, it is important to understand the current international evidence base regarding protection orders and their effectiveness, as well as factors influencing effectiveness, in order to promote and target research in Australia. Conclusions drawn from international literature can inform similar research in an Australian context and further strengthen evidence regarding protection order effectiveness.

The findings of this study point to some continuing gaps in knowledge about protection order effectiveness. This can partly be attributed to a lack of consensus in policy, practice or research about what constitutes an order's effectiveness. Current literature has found protection orders can decrease re-victimisation for some victims/survivors (Holt, Kernic, Lumley, Wolf, & Rivara, 2002; Kothari et al., 2012). However, they are likely to be less effective in reducing re-victimisation where perpetrators have entrenched patterns of using violence and stalking and prior justice system involvement as they are less likely to comply with an order's conditions (Dowling et al., 2018). Another important finding of the current study was that women reported significantly higher levels of breaching than were identified by authorities.

This appendix brings into further question assumptions that the imposition of a protection order automatically equates to victim/survivor safety, or even to perpetrator accountability. As this current appendix confirms, this is particularly so when the imposition of protection orders occurs in disconnection from the operation of the rest of the PI system.

Background

Evidence of the effectiveness of current protection orders is variable, limited, and difficult to generalise, as methodologies and legislation about the protection orders varies across time and location. However, it is critical to review the evidence of protection orders' utility given their dominant position in the DFV system response. The purpose of this appendix is to complement the localised studies in the main document (Chapters 4, 5, and 7) by examining the effectiveness of protection orders and what contributes to effectiveness from current international evidence. This complements the more qualitative critique in the chapter regarding accountability of the PI system (Chapter 1), which focuses primarily on Australian contexts.

Evidence about the effectiveness of protection orders

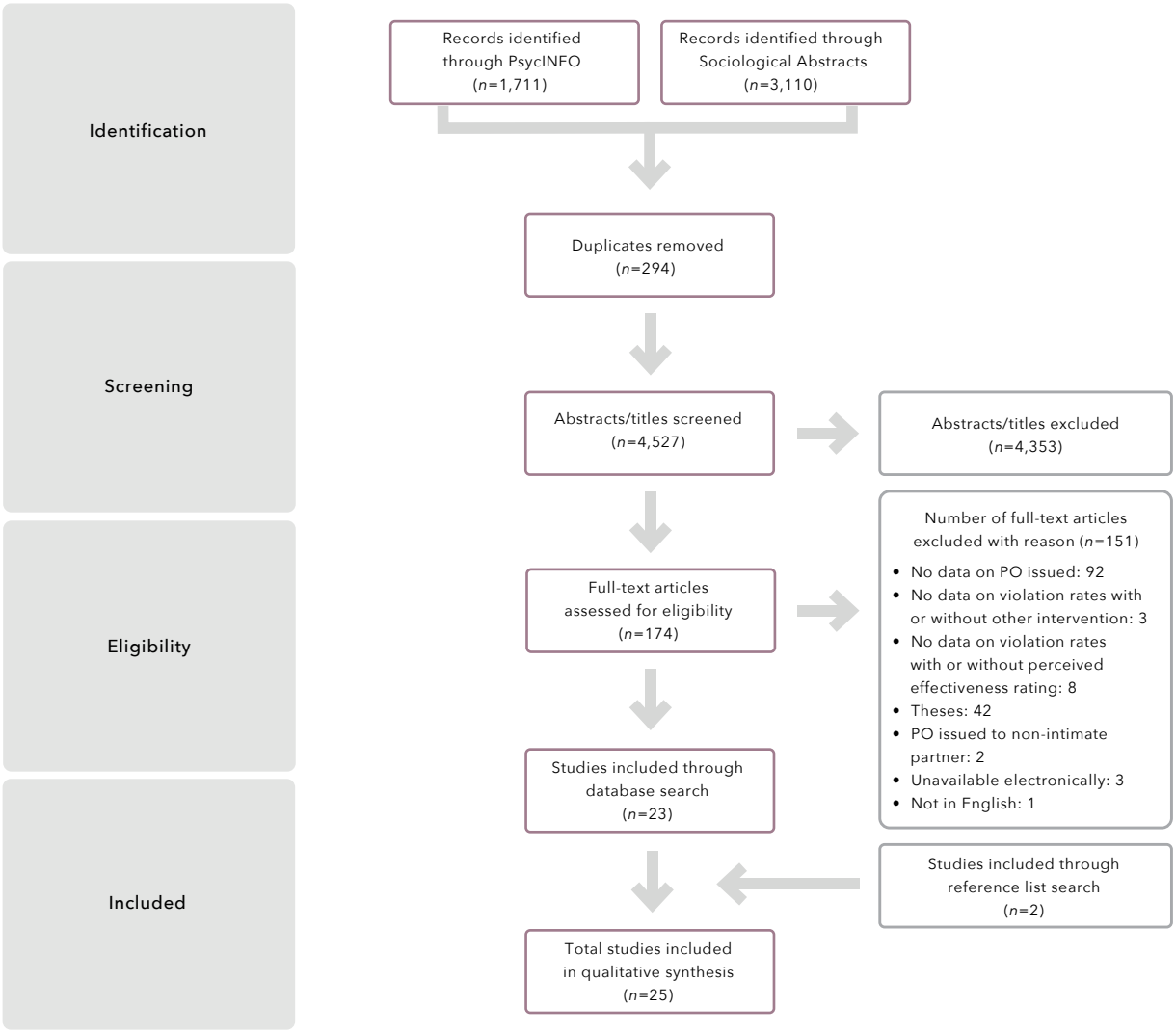
There are several challenges to evaluating the effectiveness of protection orders. Firstly, there is no consensus on what degree or type of violation or re-offence constitutes effectiveness. It is possible that a single violation can reflect ineffectiveness, while a reduction in violence or violation could be considered successful (Holt, Kernic, Wolf & Rivara, 2003). Secondly, rates of violation and re-offence can differ depending on the source of the report. Commonly, there is a variation between victim/survivor reports (via methods such as surveys or interviews) of violation and data relying solely on police or court sources, with studies using victim/survivor reports demonstrating higher rates of violation (Logan, Shannon & Walker, 2006). Thirdly, it is important to consider victim/survivor perception of safety or effectiveness alongside violation rates in order to gain a well-rounded understanding of effectiveness. For example, a victim/survivor may report feeling safer, more protected or less fearful as a result of the protection order, which could constitute effectiveness (Westmarland & Kelly, 2013). As such, the current report can only focus on the measures of effectiveness available in the literature, including re-offence and violation rates, and victim/survivor experience.

Five literature reviews were located that aimed to identify and summarise the effectiveness of protection orders (Benitez, McNiel, & Binder, 2010; Dugan, Nagin, & Rosenfeld, 2001; Jordan, 2004; Russell, 2012; Spitzberg, 2002). Four of the five earlier reviews (Benitez et al., 2010; Dugan et al., 2001; Jordan, 2004; Spitzberg, 2002) included government reports and unpublished, non-peer-reviewed work. In all literature reviews, the evidence of effectiveness was found to be mixed across existing studies. It was also noted that many of the reviews were undertaken over 10 years ago, so may not reflect changing legislation, policy and practice, nor the impact of location and contexts. The literature reviews points toward mixed results. Overall, protections orders were not seen to completely stop any violent offences, but were found to often be successful in reducing the rate of reported violence or violations (Spitzberg, 2002; Jordan, 2004; Russel, 2012). In contrast, Dugan et al. (2001) reported domestic homicides increased in the period of a protection order.

The effectiveness of protection orders compared to arrest or alternative intervention remains unknown. As such, the evidence of the effectiveness of protection orders in reducing violence is mixed and inconclusive.

In an attempt to synthesise what is currently known about the effectiveness of protection orders, a systematic review and meta-analysis were conducted. The systematic review aimed to examine the effectiveness of protection orders in reducing violation rates and longer-term re-offence, compare violation rates reported by victims/survivors and police reports, and identify factors that influence risk of violation and re-offending.

Figure A.1: Methodology flowchart



Methodology

Due to differences nationally and internationally in how jurisdictions implement protection orders, the current review was limited to studies where a protection order was in place due to domestic violence incident(s) between intimate partners. This ensured that only domestic violence situations of this type were compared when reviewing the effectiveness of protection orders, as this the relationship most likely to be consistent in the literature available. The term "re-offending" has been used in the current study to describe a range of DFV behaviours which are continuing to occur, whether or not they are reported and acted on by the authorities. This systematic review aimed to answer the following research questions:

1. Based on protection order violation rates, what is the effectiveness of protection orders in reducing re-offence rates of DFV?
2. Based on a meta-analysis of re-offence rates following the issuance of a protection order, what are the weighted average rates of re-offence as reported by victims/survivors and police, and is there is significant difference between them (with and without arrests)?
3. What are the factors associated with an increased risk of re-offending following a protection order being issued?

The methodology can be summarised as follows (Figure A.1).

Two electronic databases were searched (PsychInfo, Sociological Abstracts), with two independent researchers screening abstracts. Reference lists of included studies were searched for additional studies. The methodological quality and level of evidence of included studies were appraised. Meta-analyses of weighted means of violation in the studies were conducted. The eligibility criteria were as follow:

- Include the issuance of any type of protection order following a domestic violence incident that occurred between intimate partners.
- Compare the effectiveness of protection orders used in isolation to instances where the offender is also arrested; or entered into an intervention; and/or used in combination with another intervention.
- Evaluate the effectiveness of protection orders using outcome data on violations or perceived effectiveness to victims during a follow-up period after a domestic violence offence had occurred and a protection order issued.
- Use only articles written in English that have been published in a peer-reviewed journal.
- Utilise any study design as long as the above criteria are met.

Results

Summary tables detailing the included studies and their results can be found in Tables 1 and 2. Table 1 comprises study characteristics, including authors, participants, data type, measures used and definition of recidivism. Table 2 comprises study results, such as data type (victim or police report), proportion of protection order issuance and reported violation rates.

Table A.1: Summary of characteristics of studies

Study and location	Participants (n)	Data type and measures	Recidivism definition
Ammar et al. (2012 USA	153 female victims	- Demographic characteristics - Frequency, type and severity of violence - Mental health symptoms - Experience with POs	Not reported
Bouffard and Muftic (2007) USA	131 male offenders - 100 attended interviews for DV treatment - 31 did not attend	- Demographic characteristics - Offence variables - Prosecution variables - CCR process variables - Recidivism measures	Re-arrested at any time after sentencing
Brame et al. (2015) USA	466 male offenders - 237 treatment - 229 control	- Treatment implementation - Official records - Victim interview	Not reported
Broidy et al. (2016) USA	1709 offender cases (male and female) 1,049 arrest 523 protection order only 137 dual intervention	- Arrest sample - Protection order sample - Prior law enforcement contact - Subsequent DV	Subsequent police contact for any DV incident – suspect/ arrest recorded by law enforcement (in following 4 years)
Burgess-Proctor (2003) USA	277 female victims	- Self-disclosure of protection order violation, violence type - Arrest, demographic and relationship characteristics	Violations- non-physical and physical abuse
Carlson et al. (1999) USA	210 couples	- Demographic characteristics - Relationship characteristics - Legal intervention variables - Re-abuse	Any physical violence reported to police after PO filed

Study and location	Participants (n)	Data type and measures	Recidivism definition
Cissner et al. (2015) USA	17,718 offenders cases (male and female) 8,859 DV court, 8,859 comparison	- Re-arrest over 3 years - Misdemeanour or felony - Time from arrest to disposition. Conviction rates, sentencing decisions/length - Demographic characteristics - Criminal history	Recidivism defined as any arrest in 3-year period
Grau et al. (1984) USA	270 female victims	- Demographic characteristics - Relationship history - History of violence - Overall effectiveness of protection order	Post project abuse—verbal or physical violence
Holt et al. (2002) USA	2,691 female victims - 2,366 no PO - 140 temporary PO - 185 permanent PO	- Main outcome = Relative Risk (RR) of police-reported physical and psychological abuse at 12 months - Subsequent police reported abuse - Demographic characteristics - Protection order status	Incidents involving physical abuse and psychological abuse.
Holt et al. (2003) USA	448 female victims - 240 PO group - 157 no PO group	- Interviews (baseline, 5 & 9 months), Demographic data - Abuse history, mental and physical health, protection order status - Odds Ratios estimated risks of: contact by the abuser, threats, sexual, physical or psychological abuse - Injury as a result of IPV	Not reported
Kethineni and Beichner (2009) USA	167 offender cases (male and female) - 90 criminal PO - 77 civil PO	- Type of order - Remedies awarded - Location of offence - Primary and secondary presenting issues - Prior criminal histories and violations of civil and criminal protection orders - Current and prior incidents of abuse	No physical abuse, harassment, stalking, interference, intimidation, or contact at residence/ workplace
Kothari et al. (2012) USA	993 female victims - 861 no protection order - 130 protection order	- Protection order issuance, police incidents, hospital visits, demographic/relationship characteristics	Violations = assault/non-assaultive incidents

Study and location	Participants (n)	Data type and measures	Recidivism definition
Logan and Cole (2007) USA	756 female victims - 662 at 1 year follow up	- Demographic characteristics - Relationship characteristics - Stalking, psychological, physical/sexual victimization - Mental health, protection order violations - Perceptions of effectiveness	Not reported
Logan and Walker (2009) USA	756 female victims - 698 at 12 month follow up	- Demographic characteristics - Relationship characteristics - Severity/type victimization - Perceptions of effectiveness	Victim reported protection order violation, partner arrest
Logan and Walker (2010a) USA	210 female victims - 203 at follow up	- Demographic//relationship/ perpetrator characteristics - Partner abuse and violence - Protection order violation/protection order satisfaction	Victim reported protection order violations <6 months
Logan and Walker (2010b)* USA	213 female victims - 210 at follow up	- Relationship characteristics - Perpetrator characteristics - Partner violence, fear, cost - Mental health and stress	Not reported
Logan, Cole, et al. (2007) USA	728 female victims	- Demographic characteristics - Relationship characteristics - Psychological and physical abuse, sexual assault, injury - Effectiveness of the protection order	No further threats or violence between partners
Logan, Shannon, et al. (2007) USA	757 female victims - 704 for analysis	- Psychological, physical and sexual victimization - Mental health, help seeking - Protection order violations, perceptions of effectiveness	Victim reported protection order violation
Logan et al. (2005) USA	578 female victims - 128 no protection order - 450 protection order	- Demographic characteristics - History of violence with an abusive partner - Emergency protection order incident - Protection order process and stipulations - Protection order violation	Not reported

Study and location	Participants (n)	Data type and measures	Recidivism definition
Logan et al. (2008)* USA	756 female victims - 698 at 12 month follow up	- Demographic characteristics - Relationship characteristics - Partner violence, protection order violation, perceptions of protection order effectiveness and safety	Partner arrested for/ victim report protection order violation
McFarlane et al. (2004) USA	150 female victims - 149 at follow up	- Demographic characteristics - Severity of violence - Stalking victimization - Danger assessment - Worksite harassment	Violations- stalking or threats of violence/non-adherence
Mears et al. (2001) USA	336 DV cases	- Age, Prior victimizations - Prior drug use - Ethnicity - Socioeconomic context - Intervention type	Any physical violence reported to police after protection order issued
Meloy et al. (1997) USA	200 offenders (male and female)	- Demographic characteristics - Mutuality and type of protection order - Prior criminal arrest records	Not reported
Shannon et al. (2007) USA	699 female victims	- Demographic characteristics - Socioeconomic information - Psychological/physical abuse - Protection order stipulations, violations and efficacy measures	Not reported
Strand (2012) Sweden	214 male offenders	- B-SAFER measure - Perpetrator risk factors - Psychosocial adjustment - Victim vulnerability	Recidivism—new crime after alleged crime

*= excluded from meta-analysis

Table A.2: Summary of protection order details and results

Study	PO issuance	Violation rate
Ammar et al. (2012) *Source:* victim report	- 81% issued PO - 87% temporary and permanent PO	- 66% reported PO had been violated
Bouffard and Muftic (2007) *Source:* police reports	- 80.6% issued PO, attended treatment - 83.3% no PO, attended treatment	- 24.4% rearrested on any charge in follow up period (32 men, 21 for DV and 11 for non DV
Brame et al. (2015) *Source:* combined report – PO and treatment (police report)	- 100% issued PO	- *Rate:* 38.8% treatment group and 40.6% control group rearrested on any charge
Broidy et al. (2016) *Source:* PO and arrest (police report)	38.6% issued PO - 30.6% PO only - 8% arrest and PO - 61.4% arrest only	- At least 1 subsequent DV offence in 4-year follow-up for 25% arrest only, 22% of the arrest and PO and 21% for PO only sample
Burgess-Proctor (2003) *Source:* victim report	100% issued PO	- 70.8% reported no PO violations and 29.2% reported PO violations
Carlson et al. (1999) *Source:* police reports	100% issued PO - 70% issued permanent PO - 30% temporary PO	- *Rate:* 68% victims reported physical violence prior to PO and 23% victims reported physical violence in the 2-year period after PO issued - 21% victims reported abuse following permanent PO - 31% victims reported abuse following temporary PO
Cissner et al. (2015) *Source:* police reports	50% issued PO	- *Rate: 3 years post arrest;* 49% re-arrested for any reason; 19% re-arrested for felony DV; 13% re-arrested for drugs; 11% re-arrested for violent felony - *Rate: 3 years post-conviction;* 49% re-arrested for any reason; 19% re-arrested for felony DV; 17% re-arrested for drugs; 13% re-arrested for violent felony
Grau et al. (1984) *Source:* victim reports	33% issued PO	- *Rate:* 56% victims reported abuse after PO issued

Study	PO issuance	Violation rate
Holt et al. (2002) *Source:* victim reports	12% issued a PO - 88% not issued PO - 5.2% issued temporary PO - 6.8% issued permanent PO	- *Rate: No PO* - 217 reported physical abuse at 6 months and 355 at 12 months - 201 reported psychological abuse at 6 months and 299 at 12 months - *Temporary PO (Permanent PO)* - 2 (3) reported physical abuse at 6 months and 4 (4) at 12 months - 13 (9) reported psychological abuse at 6 months and 17 (14) at 12 months
Holt et al. (2003) *Source*: victim reports	*First follow-up* - 60% issued PO - 40% not issued PO *Second follow-up* - 62% issued PO - 38% not issued PO	- *Rate:* 65% victims with POs at baseline and permanent POs at follow-up had decreased abuse - 70% decrease in physical abuse for victims who maintained POs
Kethineni and Beichner (2009) *Source:* police reports	100% issued PO - 46% issued civil PO - 54% issued criminal PO	- *Rate:* 25% perpetrators violated PO
Kothari et al. (2012) *Source:* police reports	15.1% issued PO	- *Rate:* 48.5% victims reported 1-4 violations of PO
Logan and Cole (2007) *Source:* victim reports	100% issued PO	- *Rate:* Of victims not stalked 40.9% psychological, 12.9% physical abuse - Of victims stalked, 83.2% psychological, 52.6% physical abuse
Logan and Walker (2009) *Source:* victim reports	100% issued PO	- *Rate:* 58% female victims reported violation at 1 year follow up
Logan and Walker (2010a) *Source:* victim reports	100% issued PO	- *Rates:* 50% female victims reported PO violation at 6 month follow up
Logan and Walker (2010b)* *Source:* victim reports	100% issued PO	- *Rates:* 50% female victims reported violation at 6 month follow up

Study	PO issuance	Violation rate
Logan, Cole, et al. (2007) *Source:* victim reports	100% issued PO	- *Rates:* violations = 24.9% rural white female victims, 29.1% urban white female victims, 23.3% urban black female victims
Logan, Shannon, et al. (2007) *Source:* victim report	100% issued PO	- *Rates:* 17.4% victims not stalked reported a violation - 35.9% victims stalked reported a violation
Logan et al. (2005) *Source:* victim report	100% issued PO	- *Rates:* 29% female victims reported PO had been violated within 40 days - After PO: 26% reported verbal abuse - 7% severe physical violence - 16% reported being stalked - 1% reported being sexually assaulted
Logan et al. (2008)* *Source:* victim report	100% issued PO	- *Rates:* 58% female victims reported PO had been violated - After PO issued: 28.7% reported physical abuse, 5.6% forced or threatened sexual abuse, 16.5% injury and 30.1% reported stalking
McFarlane et al. (2004) *Source:* victim report	54% issued PO	- *Rates:* 44% victims reported at least 1 violation over 18 months - 3 months, 21% violations, 6 months, 20% violations, 12 months, 25% violations, 18 months, 23% violations - 5% reported violations all periods
Mears et al. (2001) *Source:* PO and arrest (police reports)	62.5% issued PO - 25% issued PO only - 37.5% arrest only - 37.5% PO & arrest	- *Rates: In 2-year follow up:* - 19% with a PO reoffended - 3% arrested reoffended - 16.5% with PO and arrest reoffended
Meloy et al. (1997) *Source:* police reports	100% issued PO - 36% mutual PO (both partners) - 64% non-mutual PO (one partner)	- *Rates:* 42% perpetrators arrested post PO; 43% for victim related crimes - Of the perpetrators, 33% were arrested within 30 days; 58% were arrested within 6 months post PO

Study	PO issuance	Violation rate
Shannon et al. (2007) *Source:* victim reports	100% issued PO	- *Rates:* 28.2% of married female victims and 24% of cohabitating female victims reported violations
Strand (2012) *Source:* police reports	28.5% issued PO - 18.7% not granted/ denied PO - 52.8% no PO application	- *Rates:* 60% perpetrators reoffended: - 42% (same partner), 44% (new) - 48% PO, 42% denied, 41% not applied - 18% recidivated during PO, 11% before, 10% after PO - 61% without PO recidivated

Note. DV = domestic violence; PO = protection order; IPV = interpersonal violence
*= excluded from meta-analysis

Meta-analysis of protection order violation rates and source of the violation reported

Twenty studies offered data that could be used for the meta-analysis to determine the effectiveness of protection order violation rates to reduce re-offence. The findings of the meta-analysis show that victims/survivors reported significantly higher re-victimisation rates compared to the rates reported by the police. Police reports show that re-victimisation was lowest when there was a combined response of arrest and a protection order issued. Weighted average re-offence rates were significantly lower for protection orders that were used in combination with arrests, compared with protection orders without arrests. When comparing victim/survivor reporting of re-victimisation using protection orders (without arrests) with police report of using a combination of orders and arrests, the re-victimisation rate was significantly lower than the victim report of re-perpetration. When a protection order was used in combination with perpetrator treatment, rates of re-victimisation were higher when compared with the issue of a protection order (without arrests) by either police or victim/survivor reporting and when combined with arrests.

Discussion

The main findings of the systematic review are summarised below:

- Effectiveness of protection orders varied based on the source of the report. Overall, violation rates reported by victims were higher than those relying on police reports. This highlights that not all violations were reported to police and subsequently included in official records.
- Victims/survivors often report qualitatively that protection orders are beneficial, helpful or made them feel safer. This suggests that while re-occurrence of violence may persist, having a protection order can have a positive impact on victims'/survivors' sense of safety.
- None of the studies examining between-group differences reported issuing protection orders to be significantly more effective than no protection orders (Brame, Kaukinen, Gover, & Lattimore, 2015; Broidy, Albright, & Denman, 2016; Mears, Carlson, Holden, & Harris, 2001) or other interventions (arrest, Domestic Violence Court, treatment) in reducing recidivism (Bouffard & Muftic, 2007; Grau, Fagan, & Wexler, 1984; Kothari et al., 2012; Strand, 2012).
- Issuance of a protection order and a simultaneous arrest for an offence produced a significantly lower re-offence rate than protection order alone.
- There was limited evidence examining the effectiveness of protection order and participation in an MBCP.
- The included studies had varying definitions of recidivism. Some included only physical or sexual violence, whereas others included any type of reported violence.
- There were several factors that influenced increased violation rates:
    - presence of stalking behaviours
    - prior arrests and charges for violence
    - perpetrator and/or victim/survivor having low income
    - being in a relationship at the time of offence.
- The systematic review has the following limitations:
    - many of the included studies involved a less robust study design and low methodological quality
    - a large variance in follow-up times across the included studies
    - a reliance on international literature.

Conclusion

The development of consistent definitions for protection order effectiveness, the operationalisation thereof in measurement of and the consistent reporting thereof in research need urgent attention.

The definitions and measurement of the effectiveness of protection orders should account for all the complexities involved in reducing DFV, such as victims'/survivors' sense of safety.

There is a clear need for a combined and unified response by law enforcement, justice, social and health policy to develop interventions and take actions to promote victim/survivor safety.

References

Ammar, N. H., Orloff, L. E., Dutton, M. A., & Hass, G. A. (2012). Battered immigrant women in the United States and protection orders: An exploratory research. *Criminal Justice Review, 37*(3), 337–359. https://doi.org/10.1177/0734016812454660

Benitez, C. T., McNiel, D. E., & Binder, R. L. (2010). Do protection orders protect? *The Journal of the American Academy of Psychiatry and the Law, 38*, 376–385.

Bouffard, J. A., & Muftic, L. R. (2007). An examination of the outcomes of various components of a coordinated community response to domestic violence by male offenders. *Journal of Family Violence, 22*, 353–366. https://doi.org/10.1007/s10896-007-9086-y

Brame, R., Kaukinen, C., Gover, A. R., & Lattimore, P. K. (2015). No-contact orders, victim safety, and offender recidivism in cases of misdemeanour criminal domestic violence: A randomized experiment. *American Journal of Criminal Justice, 40*, 225–249. https://doi.org/10.1007/s12103-014-9242-x

Broidy, L., Albright, D., & Denman, K. (2016). Deterring future incidents of intimate partner violence: Does type of formal intervention matter? *Violence Against Women, 22*(9), 1113–1133. https://doi.org/10.1177/1077801215617552

Burgess-Proctor, A. (2003). Evaluating the efficacy of protection orders for victims of domestic violence. *Women and Criminal Justice, 15*(1), 33–54. https://doi.org/10.1300/J012v15n01_03

Carlson, M. J., Harris, S. D., & Holden, G. W. (1999). Protective orders and domestic violence: Risk factors for re-abuse. *Journal of Family Violence, 14*(2), 205–226. https://doi.org/10.1023/A:1022032904116

Cattaneo, L. B., Cho, S., & Botuck, S. (2011). Describing intimate partner stalking over time: An effort to inform victim-centered service provision. *Journal of Interpersonal Violence, 26*, 3428–3454.

Cissner, A. B., Labriola, M., & Rempel, M. (2015). Domestic violence courts: A multisite test of whether and how they change offender outcomes. *Violence Against Women, 21*(9), 1102–1122. https://doi.org/10.1177/1077801215589231

Douglas, H., & Nancarrow, H. (2015). Perils of using law: A critique of protection orders to respond to intimate partner violence. In H. Johnson, B. Fisher, & V. Jaquier (Eds.), *Critical Issues on violence against women*. Abingdon, UK: Routledge.

Dowling, C., Morgan, A., Hulme, S., Manning, M., & Wong, G. (2018). Protection orders for domestic violence: A systematic review. *Trends and Issues in Crime and Criminal Justice, 551*, 1–19.

Dugan, L., Nagin, D., & Rosenfeld, R. (2001). *Exposure reduction or backlash? The effect of domestic violence resources in intimate partner homicide* (Final report to the US National Institute of Justice). Retrieved from https://www.ncjrs.gov/pdffiles1/nij/grants/186194.pdf

Grau, J., Fagan, J., & Wexler, S. (1984). Restraining orders for battered women: Issues of access and efficacy *Women & Politics, 4*(3), 13–28. https://doi.org/10.1300/J014v04n03_03

Holt, V., Kernic, M. A., Lumley, T., Wolf, M. E., & Rivara, F. P. (2002). Civil protection orders and risk of subsequent police-reported violence. *Journal of the American Medical Association, 288*, 589–594. https://doi.org/10.1001/jama.288.5.589

Holt, V., Kernic, M. A., Wolf, M. E., & Rivara, F. P. (2003). Do protection orders affect the likelihood of future partner violence and injury? *American Journal of Preventative Medicine, 24*(1), 16–21. https://doi.org/10.1016/S0749-3797(02)00576-7

Hotaling, G. T., & Buzawa, E. S. (2003). *Victim satisfaction with criminal justice case processing in a model court setting*. Retrieved from https://www.ncjrs.gov/pdffiles1/nij/grants/195668.pdf

Jordan, C. E. (2004). Intimate partner violence and the justice system: An examination of the interface. *Journal of Interpersonal Violence, 19*(12), 1412–1434. https://doi.org/10.1177/0886260504269697

Kethineni, S., & Beichner, D. (2009). A comparison of civil and criminal orders of protection as remedies for domestic violence victims in a Midwestern county. *Journal of Family Violence, 24*, 311–321. https://doi.org/10.1007/s10896-009-9231-x

Kmet, L., Lee, R. & Cook, L. (2004). *Standard quality assessment criteria for evaluating primary research papers from a variety of fields* [Methodology paper]. Alberta, CA: Alberta Heritage Foundations for Medical Research.

Kothari, C. L., Rhodes, K. V., Wiley, J. A., Fink, J., Overholt, S., Dichter, M. E., & Cerulli, C. (2012). Protection orders protect against assault and injury: A longitudinal study of police-involved women victims of intimate partner violence. *Journal of Interpersonal Violence, 27*(14), 2845–2868. https://doi.org/10.1177/0886260512438284

Logan, T. K., & Cole, J. (2007). The impact of partner stalking on mental health and protective order outcomes over time. *Violence and Victims, 22*(5), 546–562.

Logan, T. K., Cole, J., Shannon, L., & Walker, R. (2007). Relationship characteristics and protective orders among a diverse sample of women. *Journal of Family Violence, 22*, 237–246. https://doi.org/10.1007/s10896-007-9077-z

Logan, T. K., Shannon, L., & Cole, J. (2007). Stalking victimization in the context of intimate partner violence. *Violence and Victims, 22*(6), 669–683.

Logan, T. K., Shannon, L., & Walker, R. (2005). Protective orders in rural and urban areas *Violence Against Women, 11*(7), 876–911. https://doi.org/10.1177/1077801205276985

Logan, T. K., Shannon, L., & Walker, R. (2006). Protective orders: Questions and conundrums. *Trauma, Violence and Abuse, 7*(3), 175–205. https://doi.org/10.1177/1524838006288930

Logan, T. K., Stevenson, E., Evans, L., & Leukefeld, C. (2004). Rural and urban women's perceptions of barriers to health, mental health and criminal justice services: Implications for victim services. *Violence and Victims, 19*(1), 37–62.

Logan, T. K., & Walker, R. (2004). Separation as a risk factor for victims of intimate partner violence: Beyond lethality and injury. *Journal of Interpersonal Violence, 19*(12), 1478–1486. https://doi.org/10.1177/0886260504269699

Logan, T. K., & Walker, R. (2009). Civil protection order outcomes: Violations and perceptions of effectiveness. *Journal of Interpersonal Violence, 24*(4), 675–692. https://doi.org/10.1177/0886260508317186

Logan, T. K., & Walker, R. (2010). Civil protective order effectiveness: Justice or just a piece of paper? *Violence and Victims, 25*(3), 332–348.

Logan, T. K., & Walker, R. (2010). Toward a deeper understanding of the harms caused by partner stalking. *Violence and Victims, 25*(4), 440–445. https://doi.org/10.1891/0886-6708.25.4.440

Logan, T. K., Walker, R., Shannon, L., & Cole, J. (2008). Factors associated with separation and ongoing violence among women with civil protection orders. *Journal of Family Violence, 23*, 377–385. https://doi.org/10.1007/s10896-008-9164-9

McFarlane, J., Malecha, A., Gist, J., Watson, K., Batten, E., Hall, I., & Smith, S. (2004). Protection orders and intimate partner violence: An 18-month study of 150 black, Hispanic and white women. *American Journal of Public Health, 94*(4), 613–618.

Mears, D. P., Carlson, M. J., Holden, G. W., & Harris, S. D. (2001). Reducing domestic violence revictimization: The effects of individual and contextual factors and type of legal intervention. *Journal of Interpersonal Violence, 16*(12), 1260–1283.

Meloy, J. R., Cowett, P. Y., Parker, S. B., Hofland, B., & Friedland, A. (1997). Domestic protection orders and the prediction of subsequent criminality and violence toward protectees. *Psychotherapy, 34*(4), 447–458.

Nancarrow, H. (2016). *Legal responses to intimate partner violence: gendered aspirations and racialised realities* (Doctoral dissertation). Griffith University, Brisbane.

National Health and Medical Research Council. (2009). *NHMRC additional levels of evidence and grades for recommendations for developers of guidelines.* Retrieved from https://www.mja.com.au/sites/default/files/NHMRC.levels.of.evidence.2008-09.pdf

Russell, B. (2012). Effectiveness, victim safety, characteristics and enforcement of protective orders. *Partner Abuse, 3*(4), 531–552. https://doi.org/10.1891/1946-6560.3.4.531

Shannon, L., Logan, T. K., & Cole, J. (2007). Intimate partner violence, relationship status and protective orders: Does "living in sin" entail a difference experience? *Journal of Interpersonal Violence, 22*(9), 1114–1130. https://doi.org/10.1177/0886260507302880

Spitzberg, B. (2002). The tactical topography of stalking victimization and management. *Trauma, Violence and Abuse, 3*(4), 261–288. https://doi.org/10.1177/1524838002237330

Strand, S. (2012). Using a restraining order as a protective risk management strategy to prevent intimate partner violence. *Police Practice and Research, 13*(3), 254–266. https://doi.org/10.1080/15614263.2011.607649

Westmarland, N. & Kelly, L. (2013). Why extending measurements of 'success' in domestic violence perpetrator programmes matters for social work. *The British Journal of Social Work*, *43*(6), 1092–1100. https://doi.org/10.1093/bjsw/bcs049

APPENDIX B:

State and regional distribution of minimum data set survey

Table B.1: State and regional distribution of MDS survey

State	Completion status	Major city	Regional	Remote and very remote	Subtotal	Percentage of state
WA	Completed	8	1	2	11	
	Did not complete	1	0	0	1	
	Total	9	1	2	12	91.6%
Vic	Completed	8	8	0	16	
	Did not complete	5	3	0	8	
	Total	13	11	0	24	66.7%
NSW	Completed	4	3	0	7	
	Did not complete	1	0	0	1	
	Total	5	3	0	8	87.5%
Qld	Completed	6	3	0	9	
	Did not complete	1	2	1	4	
	Total	7	5	1	13	69.2%
SA	Completed	4	0	1	5	
	Did not complete	2	0	0	2	
	Total	6	0	1	7	71.4%
ACT	Completed	3	0	0	3	
	Did not complete	1	0	0	1	
	Total	4	0	0	4	75%
NT	Completed		1	2	3	
	Did not complete	0	0	1	1	
	Total	0	1	3	4	75%
Tas	Completed	0	2	0	2	
	Did not complete	0	0	0	0	
	Total	0	2	0	2	100%

APPENDIX C:

Minimum data set stage survey results

Table C.1: Demographic variables (n = 56)

	Collect		Collate		Accuracy		Importance	
Variable	**n**	**%**	**n***	**%***	**n***	**%***	**n**	**%**
Age	54	96.4	54	96.4	24	44.4	45	100
Employment status	50	89.3	37	74.0	24	48	45	80.3
Physical health	35	62.5	15	42.9	9	25.7	30	53.6
Income	17	30.4	13	76.5	–	–	14	25
Education	31	55.4	15	57.7	–	–	30	53.6
English literacy	40	71.4	19	47.5	–	–	44	78.6
Indigenous identity	54	96.4	45	83.3	–	–	53	94.6
CALD indicators	45	80.4	33	73.3	–	–	51	91.1
Disability	43	76.8	25	58.1	–	–	48	85.7

Notes: *Only participants who answered "Yes" to "Collect" could answer "Collate" and "Accuracy". Percentages calculated from the number of service providers who answered the question.
– Question not asked

Table C.1: Demographic variables (n = 56)

	Collect		Collate		Accuracy		Importance	
Variable	**n**	**%**	**n***	**%***	**n***	**%***	**n**	**%**
Age	54	96.4	54	96.4	24	44.4	45	100
Employment status	50	89.3	37	74.0	24	48	45	80.3
Physical health	35	62.5	15	42.9	9	25.7	30	53.6
Income	17	30.4	13	76.5	–	–	14	25
Education	31	55.4	15	57.7	–	–	30	53.6
English literacy	40	71.4	19	47.5	–	–	44	78.6
Indigenous identity	54	96.4	45	83.3	–	–	53	94.6
CALD indicators	45	80.4	33	73.3	–	–	51	91.1
Disability	43	76.8	25	58.1	–	–	48	85.7

Notes: *Only participants who answered "Yes" to "Collect" could answer "Collate" and "Accuracy". Percentages calculated from the number of service providers who answered the question.
– Question not asked

Table C.2: Relationship variables (n = 56)

	Collect		Collate		Accuracy		Importance	
Variable	**n**	**%**	**n***	**%***	**n***	**%***	**n**	**%**
Relationship status	52	92.9	36	69.2	24	46.1	44	78.6
Parenting status	52	92.9	39	75	22	42.3	51	91.1
Legal parenting status	46	82.1	24	52.2	18	39.1	52	92.9
Living arrangements	46	82.1	29	63	21	45.7	51	91.1
(Ex-)partner demographics	40	71.4	23	57.5	–	–	43	76.8

Notes: *Only participants who answered "Yes" to "Collect" could answer "Collate" and "Accuracy". Percentages calculated from the number of service providers who answered the question.
– Question not asked

Table C.3: Partner support variables (n = 56)

	Collect		Collate		Accuracy		Importance	
Variable	n	%	n*	%*	n*	%*	n	%
Timing of partner support	43	76.8	27	62.8	16	37.2	48	85.7
Partner support	46	82.1	32	69.6	–	–	49	87.5
Type of partner support	44	78.6	23	52.3	–	–	52	92.9
Declined partner support	35	62.5	19	54.3	–	–	45	80.4
Formal risk assessment tool	42	75	22	52.4	–	–	49	87.5

Notes: *Only participants who answered "Yes" to "Collect" could answer "Collate" and "Accuracy". Percentages calculated from the number of service providers who answered the question.
– Question not asked

Table C.4: Criminal history variables (n = 56)

	Collect		Collate		Accuracy		Important/ very important	
Variable	n	%	n*	%*	n*	%*	n	%
Protective orders	54	96.4	25	46.3	22	40.7	48	85.7
DV-related charges and convictions	53	94.6	26	49.1	26	49.0	55	98.2
Non-DFV related charges and convictions	33	58.9	19	57.6	16	48.5	43	76.8
Court proceedings	36	64.3	24	66.7	19	52.8	48	85.7
Possession of weapons	45	80.4	24	53.3	17	37.8	54	96.4

Notes: *Only participants who answered "Yes" to "Collect" could answer "Collate" and "Accuracy". Percentages calculated from the number of service providers who answered the question.

Table C.5: Psychosocial adjustment variables (n = 56)

	Collect		Collate		Accuracy		Important/ very important	
Variable	**n**	**%**	**n***	**%***	**n***	**%***	**n**	**%**
Mental health	50	89.3	25	50.0	13	26.0	54	96.4
Problem alcohol use	51	91.1	30	58.8	14	27.5	52	92.9
Problem drug use	51	91.1	28	54.9	14	27.5	53	94.6
Problem gambling	27	48.2	15	55.6	6	22.2	37	66.1
Mental health risk factors	32	57.1	13	40.6	20	62.5	52	92.9
Cognitive impairment	31	55.4	16	51.6	11	35.5	48	85.7

Notes: *Only participants who answered "Yes" to "Collect" could answer "Collate" and "Accuracy". Percentages calculated from the number of service providers who answered the question.

Table C.6: Program level variables (n = 56)

	Collect		Collate		Accuracy		Important/ very important	
Variable	**n**	**%**	**n***	**%***	**n***	**%***	**n**	**%**
Prior non-completion of program	34	60.7	25	73.5	21	61.8	50	89.2
Mandated referrals	39	69.6	23	59.0	19	48.7	45	80.3
Number of clients in program	56	100	51	91.1	–	–	56	100
Number of sessions that were attended or missed	55	98.2	39	70.9	–	–	54	96.4
Discontinuation of the program	52	92.9	32	61.5	–	–	53	94.6
Engagement in program	41	73.2	26	63.4	–	–	53	94.6
Post-program follow-up	25	44.6	17	68.0	–	–	49	87.5
Waiting times	23	41.1	14	60.9	–	–	35	62.5
Referral to other services	35	62.5	26	74.3	–	–	40	71.4

Notes: *Only participants who answered "Yes" to "Collect" could answer "Collate" and "Accuracy". Percentages calculated from the number of service providers who answered the question.
– Question not asked

APPENDIX D:

Pilot minimum data set participant-level data collection instrument

Client demographics	
Variable	**Response options**
DOB	(DD/MM/YYYY)
Gender identity	☐ Male ☐ Female ☐ Transgender ☐ Intersex
Gender of (ex-)partner	☐ Male ☐ Female
Employed	☐ Yes ☐ No
Date of unemployment	☐ DD/MM/YYYY
Occupation	☐ Descriptive text
Employment type	☐ Full-time ☐ Part-time ☐ Fixed-term/contract ☐ Casual ☐ Seasonal
Significant time unemployed (less than 1 year)	☐ Yes ☐ No
Centrelink benefits	☐ Newstart allowance ☐ AusStudy ☐ ABSTUDY ☐ Single income family supplement ☐ Pension ☐ None
Can read	☐ Yes ☐ Not well ☐ No

Client demographics	
Variable	**Response options**
Can write	☐ Yes ☐ Not well ☐ No
Education level	☐ University completion (under- or postgraduate) ☐ Trade certificate (inc. TAFE) ☐ Year 12 or equivalent ☐ Some high school ☐ Did not attend high school
Indigenous status	☐ No ☐ Aboriginal ☐ Torres Strait Islander ☐ Both
Country of birth	☐ Descriptive text
Language other than English	☐ Yes ☐ No
Preferred language	☐ Descriptive text
Immigrant status	☐ Australian citizen ☐ Permanent visa/resident ☐ Temporary visa/resident
Ethnic/cultural identity	☐ Descriptive text
Arrived as refugee/asylum seeker?	☐ Refugee ☐ Asylum seeker ☐ Not applicable

Ex-partner demographics	
Variable	**Response options**
DOB	☐ DD/MM/YYYY
Gender	☐ Yes ☐ No
LGBTIQ+ status	☐ Yes ☐ No
Physical disability	☐ Yes ☐ No
Intellectual disability	☐ Yes ☐ No

Ex-partner demographics	
Variable	**Response options**
Number of children in their care	☐ Yes ☐ No
Indigenous identity	☐ Yes ☐ No
Country of birth	☐ Yes ☐ No
Language other than English	☐ Yes ☐ No
Preferred language	☐ Yes ☐ No
Immigrant status	☐ Yes ☐ No
Ethnic/cultural identity	☐ Yes ☐ No
Arrived as refugee/asylum seeker	☐ Yes ☐ No
Relationships	
Variable	**Response options**
Relationship status	☐ Single (not dating) ☐ Dating ☐ Married/de facto ☐ Separated/divorced
Living arrangements	☐ Living alone ☐ Living solely with children ☐ Living with partner and children ☐ Living with partner ☐ Living with new partner and new partner's children ☐ Living with new partner ☐ Living with other family members without children ☐ Living with other family members with children ☐ Living with non-family without children ☐ Living with non-family with children ☐ Living with children some of the time
Reside full-time with children?	☐ Yes ☐ No

Relationships	
Variable	**Response options**
If yes, how many children?	☐ Descriptive text
Child demographics (for each child): age	☐ Descriptive text
Child demographics (for each child): relationship	☐ Biological ☐ Non-biological
Regular access to other children (not residing full-time)	☐ Yes, supervised access ☐ Yes, unsupervised access ☐ No
Family Court orders	☐ Yes ☐ No
Family Court order access restrictions	☐ Supervised access/visitation ☐ Unsupervised access/visitation ☐ Not applicable
Protective order (PO) (relating to children)	☐ Relating to biological children ☐ Relating to non-biological children of current partner ☐ Relating to non-biological children of ex-partner ☐ Not applicable
Children's Court or child PO	☐ Yes ☐ No
Children's Court order access; restrictions/visitation arrangements	☐ Descriptive text
Number of children in out of home care	☐ Descriptive text

Criminal history	
Variable	**Response options**
Current court proceedings – criminal matters related to DFV	☐ Yes ☐ No
Current court proceedings – Civil Court POs	☐ Yes ☐ No
Current court proceedings – Children's Court	☐ Yes ☐ No
Past court proceedings – criminal matters related to DFV	☐ Yes ☐ No
Past court proceedings – Civil Court POs	☐ Yes ☐ No

Criminal history	
Variable	**Response options**
Past court proceedings – Children's Court	☐ Yes ☐ No
Outcome of past court proceedings – probation order	☐ Yes ☐ No
Outcome of past court proceedings – incarceration	☐ Yes ☐ No
Number of current POs	☐ Descriptive text
Current PO(s): number of reported breaches	☐ Descriptive text
Current PO(s): number of convicted breaches	☐ Descriptive text
Type of current PO(s): Civil Court or police	☐ Yes ☐ No
Type of current PO(s): bail conditions	☐ Yes ☐ No
Type of current PO(s): Corrections or probation order	☐ Yes ☐ No
Number of past PO(s)	☐ Descriptive text
Past PO(s): number of reported breaches	☐ Descriptive text
Past PO(s): number of convicted breaches	☐ Descriptive text
Current DFV-related charges/ conviction–property damage	☐ Charged ☐ Charged and convicted ☐ None
Current DFV-related charges/ convictions–assault	☐ Charged ☐ Charged and convicted ☐ None
Current DFV-related charges/ convictions–sexual assault	☐ Charged ☐ Charged and convicted ☐ None
Current DFV-related charges/ convictions–grievous bodily harm	☐ Charged ☐ Charged and convicted ☐ None
Current DFV-related charges/ convictions–non-fatal strangulation	☐ Charged ☐ Charged and convicted ☐ None

Criminal history	
Variable	**Response options**
Current DFV-related charges/convictions—stalking	☐ Charged ☐ Charged and convicted ☐ None
Current DFV-related charges/ convictions—economic abuse	☐ Charged ☐ Charged and convicted ☐ None
Current DFV-related charges/ convictions—child abuse	☐ Charged ☐ Charged and convicted ☐ None
Current DV-related charges/ convictions—murder/manslaughter	☐ Charged ☐ Charged and convicted ☐ None
Past DFV-related charges/ convictions—property damage	☐ Charged ☐ Charged and convicted ☐ None
Past DFV-related charges/ convictions—assault	☐ Charged ☐ Charged and convicted ☐ None
Past DFV-related charges/ convictions—sexual assault	☐ Charged ☐ Charged and convicted ☐ None
Past DFV-related charges/ convictions—grievous bodily harm	☐ Charged ☐ Charged and convicted ☐ None
Past DFV-related charges/ convictions—non-fatal strangulation	☐ Charged ☐ Charged and convicted ☐ None
Past DFV-related charges/ convictions—stalking	☐ Charged ☐ Charged and convicted ☐ None
Past DFV-related charges/ convictions—economic abuse	☐ Charged ☐ Charged and convicted ☐ None
Past DFV-related charges/ convictions—child abuse	☐ Charged ☐ Charged and convicted ☐ None

Criminal history	
Variable	**Response options**
Past DFV-related charges/ convictions–murder/manslaughter	☐ Charged ☐ Charged and convicted ☐ None
Non-DFV criminal convictions	☐ Charged ☐ Charged and convicted ☐ None
Non-DFV assault convictions	☐ Charged ☐ Charged and convicted ☐ None
Psychosocial adjustment	
Variable	**Response options**
Number of occasions of harmful use of alcohol per week	☐ Descriptive text
Number of standard drinks per occasion	☐ Descriptive text
Any current treatment	☐ Descriptive text
Past alcohol dependence	☐ Descriptive text
Past treatment	☐ Descriptive text
Current illegal drug use: depressants	☐ Yes ☐ No
Current illegal drug use: stimulants	☐ Yes ☐ No
Current illegal drug use: hallucinogens	☐ Yes ☐ No
Current illegal drug use: amount	☐ Descriptive text
Current illegal drug use: frequency	☐ Descriptive text
Misuse of prescription drugs: depressants	☐ Yes ☐ No
Misuse of prescription drugs: stimulants	☐ Yes ☐ No
Misuse of prescription drugs: hallucinogens	☐ Yes ☐ No
Misuse of prescription drugs: amount	☐ Descriptive text
Misuse of prescription drugs: frequency	☐ Descriptive text

Psychosocial adjustment	
Variable	**Response options**
Any current drug treatment	☐ Descriptive text
Past illegal drug use: depressants	☐ Yes ☐ No
Past illegal drug use: stimulants	☐ Yes ☐ No
Past illegal drug use: hallucinogens	☐ Yes ☐ No
Past treatment	☐ Descriptive text
Anxiety-based disorder	☐ Yes ☐ No
Depression-based disorder	☐ Yes ☐ No
Bipolar disorder	☐ Yes ☐ No
Post-traumatic stress disorder	☐ Yes ☐ No
Mental illness with past/current psychosis	☐ Yes ☐ No
Substance-induced psychosis	☐ Yes ☐ No
Personality disorder	☐ Yes ☐ No
Past mental health treatment	☐ Descriptive text
Current mental health treatment	☐ Descriptive text
Psychotic episode in past 12 months	☐ Yes ☐ No
Suicidal ideation and/or threats	☐ Yes ☐ No
Homicidal ideation and/or threats	☐ Yes ☐ No

Referral to other services	
Variable	**Response options**
Referral to: alcohol and other drugs	☐ Yes ☐ No
Referral to: mental health (private practitioner)	☐ Yes ☐ No
Referral to: mental health (residential)	☐ Yes ☐ No
Referral to: mental health (community)	☐ Yes ☐ No
Referral to: housing and homelessness	☐ Yes ☐ No
Referral to: legal services	☐ Yes ☐ No
Referral to: financial counselling/help	☐ Yes ☐ No
Referral to: gambling help	☐ Yes ☐ No
Referral to: other health service	☐ Yes ☐ No
Referral to: Centrelink	☐ Yes ☐ No
Referral to: Child Protection	☐ Yes ☐ No
Referral to: Aboriginal community service	☐ Yes ☐ No
Referral to: CALD-specific service	☐ Yes ☐ No
Referral to: LGBTIQ+ support/advocacy service	☐ Yes ☐ No
Referral to: Family Support (counselling help for families)	☐ Yes ☐ No
Referral to: Other	☐ Please specify
Attend referral: AOD	☐ Yes ☐ No

Referral to other services	
Variable	**Response options**
Attend referral: mental health (residential)	☐ Yes ☐ No
Attend referral: mental health (community)	☐ Yes ☐ No
Attend referral: mental health (private practitioner)	☐ Yes ☐ No
Attend referral: housing and homelessness service	☐ Yes ☐ No
Attend referral: legal services	☐ Yes ☐ No
Attend referral: financial counselling/help	☐ Yes ☐ No
Attend referral: gambling help	☐ Yes ☐ No
Attend referral: other health service	☐ Yes ☐ No
Attend referral: Centrelink	☐ Yes ☐ No
Attend referral: Child Protection	☐ Yes ☐ No
Attend referral: Aboriginal Community Service	☐ Yes ☐ No
Attend referral: CALD-specific service	☐ Yes ☐ No
Attend referral: LGBTIQ+ support/advocacy service	☐ Yes ☐ No
Attend referral: Family Support (counselling help for families)	☐ Yes ☐ No
Attend referral: other	☐ Please specify

Referral to MBCP	
Variable	**Response options**
Program referral type	☐ Self-referred (voluntary) ☐ Agency-referred (non-mandated/voluntary) ☐ Court, Corrections or police order (mandated) ☐ Other agency-referred (mandated)
Mandated referral type	☐ Bail conditions ☐ POs of different civil jurisdiction pathway ☐ Diversionary program or delay of sentencing ☐ Probation or community corrections order
Previous MBCP attendance	☐ Yes (complete) ☐ Yes (non-complete) ☐ Yes (completion unknown) ☐ No ☐ Unknown
Period of attendance	☐ DD/MM/YYYY to DD/MM/YYYY
Provider organisation	☐ Descriptive text
Reason for non-completion (if applicable)	☐ Dropped out from program of own accord ☐ Excluded from program by provider

Post-Program	
Variable	**Response options**
Required completion rate	☐ Descriptive text
Percentage of sessions attended	☐ Descriptive text
Completion rate	☐ Descriptive text
Understanding of program content	☐ Poor ☐ Fair ☐ Good
Demonstrated application of program content	☐ Little to no application ☐ Some application ☐ Significant application ☐ Couldn't tell (no partner contact to verify)
Indicators of program effectiveness (as verified by partner contact): feeling safer	☐ Feeling very unsafe ☐ Feeling a little unsafe ☐ Feeling moderately ☐ Feeling very safe

Post-Program	
Variable	**Response options**
Indicators of program effectiveness (as verified by partner contact): feeling empowered and less vulnerable	☐ Feeling not at all empowered ☐ Feelings a little empowered ☐ Feeling moderately empowered ☐ Feeling very empowered
Indicators of program effectiveness (as verified by partner contact): feeling supported	☐ Feeling not at all supported ☐ Feeling a little supported ☐ Feeling moderately supported ☐ Feeling very supported
If non-complete, reason for discontinuation	☐ Excluded by provider as took little/no responsibility for behaviour ☐ Excluded by provider as did not abide by participation agreement/responsibilities ☐ (Re-)incarceration ☐ Re-location ☐ Altered employment commitments ☐ Order to attend program expired ☐ Other
If other, please specify	☐ Descriptive text

APPENDIX E:

Pilot minimum data set service-level data collection instrument

Service Demographics	
Variable	**Response Options**
Name of organisation	☐ Descriptive text
Name of program	☐ Descriptive text
Location of program: State	☐ Descriptive text
Location of program: Suburb	☐ Descriptive text
Location of program: Postcode	☐ Descriptive text
Program-level items	
Variable	**Response options**
Number of clients referred to program	☐ Numeric
Number of clients assessed for program	☐ Numeric
Number of clients attending program	☐ Numeric
Number of clients who did not receive service due to capacity	☐ Numeric
Number of clients who completed program	☐ Numeric
Average wait time between referral and assessment (days)	☐ Numeric
Average wait time between assessment and starting program (days)	☐ Numeric
If you have a waiting list, what actions are taking during this period: No action	☐ Yes ☐ No
If you have a waiting list, what actions are taking during this period: Referral to other services	☐ Yes ☐ No
If you have a waiting list, what actions are taking during this period: Do a Risk Assessment	☐ Yes ☐ No
If you have a waiting list, what actions are taking during this period: Do individual sessions	☐ Yes ☐ No

Program-level items	
Variable	**Response options**
If you have a waiting list, what actions are taking during this period: Include in an induction/orientation group	☐ Yes ☐ No
If you have a waiting list, what actions are taking during this period: Other	☐ Please specify
Do you evaluation the perpetrator of violence for suitability of your program?	☐ Yes ☐ No
If yes, what criteria do you use: Self-developed assessment tool/process	☐ Yes ☐ No
If yes, what criteria do you use: Standardised assessment tool	☐ Yes ☐ No
If yes, what criteria do you use: Other assessment tool	☐ Please specify
What is the eligibility criteria to participate in your program?: Court-ordered/mandated as part of sentencing conditions	☐ Yes ☐ No
What is the eligibility criteria to participate in your program?: Referral from other agencies	☐ Yes ☐ No
What is the eligibility criteria to participate in your program?: Referral from Legal Aid/lawyer	☐ Yes ☐ No
What is the eligibility criteria to participate in your program?: Self-referral	☐ Yes ☐ No
What is the eligibility criteria to participate in your program?: Other	☐ Please specify
Post-program follow-up procedures	
Variable	**Response options**
Does the program follow up with the perpetrator?	☐ Yes ☐ No
In what form?: In person (individual session)	☐ Yes ☐ No
In what form?: In person (group session)	☐ Yes ☐ No
In what form?: Phone call	☐ Yes ☐ No
In what form?: Other	☐ Please specify

Partner support practices	
Variable	**Response options**
Do you establish contact with the (ex) partner/s?	☐ Yes ☐ No
What best describes the support offered/provided?: Ongoing support with partner support worker	☐ Yes ☐ No
What best describes the support offered/provided?: Ongoing support with partner support worker employed by external provider	☐ Yes ☐ No
What best describes the support offered/provided?: Partner already receiving ongoing support through external service	☐ Yes ☐ No
What best describes the support offered/provided?: Other	☐ Please specify
What are some reasons (ex-)partner support is declined or does not occur?	☐ Descriptive text
Have you developed a safety plan for the (ex-)partner of the perpetrators of violence?	☐ Yes ☐ No
Have you made any of the following referrals for (ex-) partners?: Support within your agency	☐ Yes ☐ No
Have you made any of the following referrals for (ex-) partners?: Support within an external agency	☐ Yes ☐ No
Have you made any of the following referrals for (ex-) partners?: Check in with the (ex)-partner	☐ Yes ☐ No
Have you made any of the following referrals for (ex-) partners?: No action	☐ Yes ☐ No
Have you made any of the following referrals for (ex-) partners?: Other	☐ Please specify
In regard to children, does your program make referral to any of the following: Child and adolescent mental health services	☐ Yes ☐ No
In regard to children, does your program make referral to any of the following: Children's advocate	☐ Yes ☐ No
In regard to children, does your program make referral to any of the following: Children's counsellor	☐ Yes ☐ No
In regard to children, does your program make referral to any of the following: Other	☐ Please specify

Risk assessment practices	
Variable	**Response options**
Risk assessment tool use	☐ Common Risk Assessment (CRAF) ☐ Common Risk Assessment and Risk Management Framework (CRARMF) ☐ B Safer Tool ☐ Spousal Assault Risk Assessment (SARA) ☐ Family Safety Framework (FSF) Risk Assessment Form ☐ Domestic Violence Safety Assessment Tool (DVSAT) ☐ Abusive Behaviour Inventory and Hostility Towards Women Scale ☐ Towards Safe Families Assessment Tool ☐ Detection of Overall Risk Screen (DOORS) ☐ Counselling Detection of Overall Risk Screen (C-DOORS) ☐ Male Abuse Inventory and Dangerous Assessment ☐ The Ontario Domestic Assault Risk Assessment (ODARA) ☐ Domestic Abuse, Stalking, Harassment and Honour-based Violence Assessment Tool (DASH) ☐ Other ☐ None
If a client is rated as moderate to high risk, what are response actions: Contact (ex-)partner	☐ Yes ☐ No
If a client is rated as moderate to high risk, what are response actions: Contact Child Protection	☐ Yes ☐ No
If a client is rated as moderate to high risk, what are response actions: Contact police for welfare call	☐ Yes ☐ No
If a client is rated as moderate to high risk, what are response actions: Contact Corrections	☐ Yes ☐ No
If a client is rated as moderate to high risk, what are response actions: Referral to other agencies	☐ Yes ☐ No
If a client is rated as moderate to high risk, what are response actions: Other	☐ Please specify

APPENDIX F:

Minimum data set pilot service-level and participant-level definitions

Participant-level definitions

CLIENT DEMOGRAPHICS	
Variable	**Definition**
DOB	DD/MM/YYYY
Male	A person considered male with unambiguous biological sex
Female	A person considered female with unambiguous biological sex
Intersex	A person whose biological sex is ambiguous. Intersex people are born with sex characteristics that do not fit typical binary notions of male or female bodies. The term *intersex* is not interchangeable with or a synonym for *transgender* (Sytsma, 2006)
Transgender	Transgender or trans* is an umbrella term used to describe those whose internal gender identity does not match their assigned sex at birth (Lev, 2013)
Employment status	
Full-time	☐ On average a full-time employment is around 38 hours per week ☐ Usually works regular hours each week
Part-time	On average, part-time employment is less than around 38 hours per week Usually works regular hours each week
Fixed term/contract	Fixed-term contract employees are employed for a specific period of time or task. For example, a contract that specifies specific work to be conducted from 20 February to 20 August, at six hours per week
Casual	A casual employee: • has no guaranteed hours of work • usually works irregular hours (but can work regular hours) • doesn't get paid sick or annual leave
Seasonal	Workers who hold contracts of employment where the timing and duration of the contract is influenced by seasonal factors (OECD, 2008) Example: climatic cycle, public holidays, agricultural harvest
Unemployed	Unemployed persons are defined as those of working age who are not employed, carried out activities to seek employment during a specific recent period and are currently available to take up employment given a job opportunity (ABS, 2018a)

Centrelink benefits	Types of Centrelink benefits might include: • Newstart Allowance • Austudy • ABSTUDY • Single income family supplement • Pensioner
CALD Indicators	
Culturally and linguistically diverse (CALD)	Groups and individuals who differ according to religion, race, language and ethnicity from those whose ancestry is Anglo-Saxon, Anglo-Celtic, Aboriginal or Torres Strait Islander. CALD groups and individuals come from non-English speaking backgrounds (WA Department of Health, 2018).
Refugee status	**Refugee:** A refugee is a person who is subject to persecution in their home country and who is in need of resettlement (UNHCR, 1951) **Asylum seeker:** An asylum seeker is a person who has sought protection as a refugee, but whose claim for refugee status has not yet been assessed (Australian Refugee Council, 2016)
Immigrant and citizenship status	**Australian citizen:** Australian citizenship represents full and formal membership of the community of the Commonwealth of Australia (Australian Citizenship Act, 2007) **Permanent resident:** A permanent resident is defined as a person who was born overseas and has obtained permanent Australian resident status prior to or after their arrival. **Permanent visa:** A permanent visa is the permission or authority granted by Australia for foreign nationals to live in Australia permanently **Temporary resident:** A temporary resident of Australia is a person who was born overseas and who plans to stay in Australia for 12 months or more and has not obtained Australian resident status **Temporary visa:** A temporary visa is the permission or authority granted by Australia for foreign nationals to travel to Australia and stay up to a specified period of time The main categories of temporary visas are: • visitors • students • short-stay business visas • long-stay business visas • temporary resident visa (ABS, 2016)
Ethnicity	**Ethnicity:** The term ethnicity refers to the shared identity or similarity of a group of people on the basis of one or more factors, including: • a long shared history • a cultural tradition, including family, social, and religious customs • a common geographic origin • a common language or dialect • a common literature (written or oral) • a common religion • being a minority (often with a sense of being oppressed) • being racially conspicuous (ABS, 2016)

(Ex-)partner demographics	
Physical disability	The (ex-)partner has a medically recognised physical disability
Intellectual disability	The (ex-)partner has a medically recognised intellectual disability
Number of children in their care	The number of children currently in the care of the (ex-)partner, and currently residing with the (ex-)partner
RELATIONSHIP STATUS/LEGAL PARENTING	
Legal parenting status	
Access restrictions and visitation arrangements arising from Family Court	Any restrictions or visitation arrangements that have been enforced by the Family Court, including restricted timings of parental access and monitored visitation measures in a neutral setting
Protection orders relating to children	An order of the court setting conditions that a person must abide by enforcing access restrictions to their children. These conditions can prevent the person from contacting or approaching and causing or threatening to cause personal injury, and prohibits them from being harassing, intimidating, or behaving in an offensive manner
Conditions of protection orders relating to children	Any conditions restricting access to the children as detailed in the protection order
Children's Court or Child Protection-related access	Restricted or no contact as ordered by Child Protection or Children's Court proceedings
Access restrictions and visitation arrangement arising from Children's Court or Child Protection related orders	Any conditions detailed in the orders enforced by Child Protection or Children's Court. These can include access restrictions and visitation arrangements.
Number of children in out-of-home care	Out-of-home care refers to the care of children and young people aged 0–17 years who are unable to live with their primary caregivers. It involves the placement of a child or young person with alternate caregivers on a short- or long-term basis (AFP)
Foster care	Home-based and reimbursed care by someone not related to the child
Kinship care	Home-based and reimbursed care by someone related to the child
Residential care	Placement in a residential building where the purpose is to provide placements for children, with paid staff present
CRIMINAL HISTORY	
Protection orders	
Protection orders	A protection order is an order of the court setting conditions that a person must abide by. These conditions can prevent the person from contacting or approaching and causing or threatening to cause personal injury, and prohibits them from being harassing, intimidating, or behaving in an offensive manner (AFP).

CRIMINAL HISTORY	
Protection orders	
Protection orders by state	Protection orders are called by different names in different states: • domestic violence order (Qld) • apprehended domestic violence order (NSW) • intervention orders (Vic and SA) • family violence restraining orders (WA) • family violence order (Tas) • domestic violence order (ACT and NT)
Breaches of protection orders	In each state or territory, the breach of a protection order is a criminal offence
DFV-related criminal history	
Criminal charges and conviction	**Criminal charge:** An individual is charged with committing a criminal offence if they have received a formal accusation by a government authority (usually police or public prosecutor). They will either receive a summons to attend court, or a bail agreement to attend court at a later date **Criminal conviction:** A criminal conviction involves an individual being sentenced by a court as guilty for committing a criminal offence. The conviction will include sentencing, and will be recorded on the individual's criminal record
Property damage	To destroy or damage someone else's property without their consent
Assault	The direct infliction of force, injury or violence upon a person
Sexual assault	Sexual assault occurs when a person is forced, coerced or tricked into sexual acts against their will or without their consent (Sexual Assault Resource Centre, 2016). DFV-related sexual assault is related to crimes committed against the perpetrator's current or former partner, or family members
Grievous bodily harm	To cause very serious physical injury to someone
Non-fatal strangulation	Non-fatal strangulation in the context of domestic violence is utilised by perpetrators as a tactic of coercive power and control. It is often accompanied by death threats, loss of consciousness, and can result in delayed death (Pritchard, Reckdenwald, & Nordham, 2017)
Stalking	When a person intentionally and persistently pursues an unwanted contact or attention

Economic abuse	Economic abuse may include: • unreasonable controlling behaviour without consent that denies a person financial autonomy • withholding financial support reasonably necessary for the maintenance of a partner • coercing a partner to relinquish control over assets • unreasonably preventing a person from taking part in decisions over household expenditure or the disposition of joint property • coercing the person to claim social security payments • preventing the person from seeking or keeping employment. (*Family Violence Act, 2004*) Currently, only the jurisdictions of Victoria, South Australia, Tasmania and the Northern Territory include economic abuse in their definition of family violence. Under criminal law, economic abuse could also be persecuted under the following categories: **Theft from the (ex) partner:** A person steals if they dishonestly appropriate property belonging to another with the intention of permanently depriving the other of it. (*Victoria Crimes Act, 1958*) **Fraud committed against the (ex-)partner:** Dishonestly gaining a financial advantage, or causing a financial disadvantage through deception or dishonesty[31] **Identity theft of the (ex-)partner:** When a criminal gains access to your personal information to steal money or gain other benefits (ACORN, 2018)
Child abuse	Non-accidental behaviour by parents, caregivers, other adults or older adolescents that entails a substantial risk of causing physical or emotional harm to a child or young person. Such behaviours include acts of omission (i.e. neglect) and commission (i.e. abuse). Child maltreatment can be divided into five main subtypes: physical abuse, emotional maltreatment, neglect, sexual abuse, and exposure to family violence (AIFS, 2018)[32]
Murder/manslaughter	Causing death by an intentional act of violence. DFV related categories include: • domestic homicide: incidents involving the death of a family member or other person in a domestic relationship • intimate partner homicide: where the victim and offender have a current or former intimate relationship, including same-sex and extramarital relationships • filicide: where a custodial or non-custodial parent kills their son or daughter • siblicide: Where one sibling kills another (AIC, 2014)

31 Australian Federal Prosecution Service, *General Fraud*. Retrieved from: Retrieved from https://www.cdpp.gov.au/crimes-we-prosecute/fraud/general-fraud

32 Australian Institute of Family Studies (AIFS), *What is child abuse and neglect?* Retrieved from: Retrieved from https://aifs.gov.au/cfca/publications/what-child-abuse-and-neglect

Non-DFV related criminal conviction	
Non DFV-related criminal convictions	Any criminal conviction not directly related to the perpetrator's violence towards their current of former partner, or other family members including: • property damage • assault • sexual assault • grievous bodily harm • non-fatal strangulation • stalking • economic abuse • child abuse • murder/manslaughter
Court proceedings	
Criminal related matters related to DFV	Any current court proceedings related to the following criminal matters connected to the perpetration of violence against the partner or a family member, including: • property damage • assault • sexual assault • grievous bodily harm • non-fatal strangulation • stalking • economic abuse • fraud • identity theft • theft
Civil Court (protection orders)	Any current civil court proceedings related to the obtainment of a protection order against the perpetrator
Family Court	Any current court proceedings relating to matters before Family Court
Children's Court	Any current court proceedings relating to matters before the Children's Court
PSYCHOSOCIAL ADJUSTMENT	
Alcohol and drugs	
Number of occasions of harmful use of alcohol per week	Harmful use of alcohol refers to alcohol consumption that results in consequences to physical and mental health. It is defined as a drinking occasion which includes the consumption of six or more alcohol drinks (Babor et al., 2001)
Number of standard drinks per drinking occasion	A standard drink is defined as containing 10g of alcohol (equivalent to 12.5ml of pure alcohol) (Australian Department of Health, 2018)

PSYCHOSOCIAL ADJUSTMENT	
Alcohol and drugs	
Past alcohol dependence	Alcohol dependence is a cluster of behavioural, cognitive, and physiological phenomena that may develop after repeated alcohol use These phenomena include: • a strong desire to consume alcohol • impaired control over its use • persistent drinking despite harmful consequences • a higher priority given to drinking than other activities • a physical withdrawal reaction (Babor et al., 2001)
Past treatment	Treatment of alcohol dependency is complex and often involves more than one of the following options: • talking therapy (counsellor or psychologist) • group therapy (support groups such as Alcoholics Anonymous) • drug therapy (particular medicine that can help with withdrawals). • alcohol and other drugs (AOD) specialist services (Reach Out, 2018)
Illegal drug type	Depressants: • opiates: heroin, morphine street names: horse, hammer, H, dope, smack • cannabis street names: weed, marijuana, grass, joint, spliff, ganja, wacky tobacky • sedatives (e.g. Valium) • glues, petrol, other solvents Stimulants: • ecstasy • street names: E, eccy, love drugs Amphetamines: • street names: speed, uppers, ice, crank, methal, snow, crystal • cocaine street names: crack, coke, snow, Charlie, C, white girl, Scotty, sugar block Hallucinogens: • LSD street names: acid, trips, wedges • Psilocyn street names: mushies, magic mushrooms, blue meanies • PCP street names: angel dust, hog, loveboat (Alcohol and Drug Foundation, 2018)

PSYCHOSOCIAL ADJUSTMENT	
Alcohol and drugs	
Abuse of pharmaceuticals	Drugs that are available from a pharmacy, over the counter, over the counter or by prescription, which may be subject to misuse (when used for purposes, or in quantities, other than medical purposes for which they were prescribed) (AIHW, 2016). Depressants: • benzodiazepines types: diazepam, oxazepam, alprazolam, clonazepam, Xanax, Valium street names: benzos, downers, nerve pills, tranks Opioids: • types: oxycodone, codeine, morphine, methadone, buprenorphine Street name: cotton, o.c., ox, oxy, oxycotton, percs Stimulants: • amphetamines types: dextroamphetamine (Dexedrine), dextroamphetamine/amphetamine (Adderall), methylphenidate (Ritalin, Concerta) street names: pingas, dexies, rits, black beauties • Pseudoephedrine types: Found in common nasal and sinus decongestant.

Mental health	
Mental illness	The formal diagnosis of a mental illness by a health professional
Anxiety-based disorders	• Panic disorder • Generalised anxiety disorder (GAD) • Social anxiety disorder • Phobia
Depressive disorders	• Major depressive disorder • Dysthymia (persistent depressive disorder) • Seasonal affective disorder (SAD)
Bipolar	• Bipolar I • Bipolar II • Cyclothymic
Post-traumatic stress disorder	• Post-traumatic stress disorder
Mental illness with past or current psychosis	• Schizophrenia • Schizo affective disorder • Brief psychotic disorder

Mental health	
Mental illness	The formal diagnosis of a mental illness by a health professional
Personality disorders	• Borderline personality disorder (BPD) • Paranoid personality disorder (PPD) • Narcissistic personality disorder • Histrionic personality disorder (HPD) • Schizoid personality disorder (SPD) • Schizotypal personality disorder (STPD) • Avoidant personality disorder • Dependent personality disorder • Obsessive–compulsive personality disorder (OCD)
Treatment for mental illness	Medication and dosage Individual counselling and psychologists Admission to residential-based treatment Group therapy
Mental health risk factors	**A psychotic episode in the past 12 months:** Psychosis is used to describe a number of psychological symptoms that impact on a person's understanding or perception of reality, including: • hallucinations • delusions • disordered thinking • flattened affect • disordered behaviour **Suicidal ideation and/or threats:** Suicidal ideation refers to the thought that life isn't worth living, ranging in intensity from fleeting thoughts to concrete, well thought-out plans for killing oneself **Homicidal ideation and or threats (as defined by victim reporting):** The desire to kill another person, ranging from fleeting thoughts to concrete, well thought-out plans for killing another person (APA, 2013)
REFERRAL TO OTHER SERVICES	
Alcohol and other drugs (AOD) services	Specialist services for the treatment of addiction to alcohol and other drugs
Referral to mental health system	**Private practitioner:** Private psychologist or counsellor **Mental health residential:** Short-, medium- or long-term stay in a mental health residential facility, for example rehabilitation or recovery centres **Community:** Mental health services in a community-based setting, such as group therapy or counselling
Housing and homelessness services	Specialist services for those experiencing housing difficulties, or homelessness

REFERRAL TO OTHER SERVICES	
Legal services	Specialist legal services offering assistance and advice for current, or pending law proceedings
Financial counselling	Financial services and counselling for those experiencing financial hardship and difficulties
Gambling help	Specialist services to treat gambling addiction
Child protection	Referral to Child Protection related to child safety concerns
Aboriginal community service	A specialist service for the Aboriginal community run by the Indigenous community. These can include diverse service types, such as health, mental health, legal, housing, advocacy, and financial services
Culturally and linguistically diverse (CALD)-specific services	Specialist services for people from culturally and linguistically diverse/non-English speaking backgrounds. These can include diverse service types, such as health, mental health, legal, housing, advocacy, and financial services
Lesbian, gay, bisexual, transgender, queer and intersex (LGBTQI) support and advocacy service	Specialist services for people identifying as LGBTQI. These can include mental health services and advocacy groups
Family Support	Counselling services for families
REFERRAL TO MBCP	
Program referral type	**Self-referred (voluntary)** The perpetrator is voluntarily attending the program and sought the service independently. **Agency referred (non-mandated/voluntary):** An outside agency or service has referred the perpetrator to the program, but his attendance is voluntary **Court Corrections or police orders (mandated):** The perpetrator is mandated to attend the program under orders set by the police or correctional services **Statutory agency referred (mandated):** The perpetrator is mandated to attend the program under orders set by Child Protection or family court
Mandated referral type	**Bail conditions:** Attendance in the program is detailed in the participant's bail conditions **Protection orders or civil jurisdiction pathway:** Attendance in the program is detailed in the conditions of the protection order **Diversionary program or delay of sentencing:** Attendance in the program has been court ordered as a condition of delayed sentencing **Probation or community corrections order:** Attendance in the program is detailed in the participant's probation or community corrections order conditions
Prior completion/non-completion	
Previous attendance of an MBCP	Must include attendance of at least one of the individual or group-based sessions of an MBCP
Previous completion of an MBCP	Previous completion of an MBCP must include 80% program attendance, as well as completion of the final session

POST-PROGRAM	
Attrition	
Percentage of minimum sessions required to complete	The percentage of individual and/or group sessions required to complete the MBCP, as detailed in an individual program's guidelines For example, a minimum of 80% of attendance in group and individual sessions is required for program completion
Number of sessions attended	The number of individual and/or group sessions the client attended during the program
Effectiveness	
Understanding of program content	The participant's comprehension of program content using the below scale: Poor: The participant has little understanding of the key topics and ideas represented in the program content Fair: The participant has some level of understanding of the key topics and ideas represented in the program content. For example, they can grasp some but not all of the key themes presented Good: The participant has the required level of understanding of the key topics and ideas represented in the program content for completion of the MBCP. For example, they can grasp most to all of the key themes presented
Demonstrated application of program content with verified evidence of reduced violence	The participant demonstrated application of program content as verified by partner contact services Little or no application: His use of violence has decreased very little or not at all, as verified by partner contact Some application: His use of violence has decreased to some extent, as verified by partner contact Significant application: His use of violence has decreased to a significant extent, as verified by partner contact Couldn't tell: The facilitator was unable to tell his application of program content as partner contact did not happen
Indicators of program effectiveness as verified by partner contact	There are several indicators that verify program effectiveness through victim reporting. These variables include: *Feeling safer:* The victim reports feeling safer and less fearful of their (ex-)partner following the program. (Westmarland & Kelly, 2012) *Feeling empowered and less vulnerable:* The victim's everyday life is less imbued with fear. As the perpetrator's behaviour of coercive control lessens, the victim feels empowered, has a greater sense of voice, and agency (Westmarland & Kelly, 2012) *Feeling supported:* The victim feels supported by partner support workers and other accompanied services. Such services offer a "safety net" to the partner (Westmarland & Kelly, 2012)

POST-PROGRAM	
Attrition	
If non-complete, reason for discontinuation	Excluded by provider as took little/no responsibility for behaviour: The participant did not meet the responsibility for violent behaviour requirements stated in the program guidelines Excluded by provider as did not abide by participation agreement/responsibilities: The participant did not follow the rules set out by the program's guidelines for inclusion in the program (Re-)incarceration: The participant was jailed during their time in program Relocation: The participant relocated and could no longer attend the program due to no longer falling in the geographical boundaries of service provision Altered employment commitments: The participant's job commitments impeded their ability to attend the program Order to attend program expired: The probation or protective order mandating the participant's attendance in program expired

Service-level definitions

Variable	Definition
Program-level items	
Number of clients **referred** to program	The number of clients referred to the MBCP
Number of clients **assessed** for program	The number of clients that completed the assessment stage of the MBCP
Number of clients **engaged** into program	The number of clients assessed as suitable for the MBCP, and subsequently have begun the program
Number of clients **could not service due to capacity**	The number of clients assessed as suitable for the MBCP, but could not be engaged in the program due to capacity limits
Number or clients who **completed** the program	The number of clients who successfully finish the program as defined in the individual program's completion criteria
Average wait time between **referral and assessment**	The average number of days a client has to wait to be assessed for the MBCP after being referred. Referral includes mandated, agency and self-referred types
Average wait time between **assessment and starting program**	The average number of days a client has to wait between being assessed as suitable for, and starting the program

Variable	Definition
Program-level items	
If you have a **waiting list,** what **actions** are taken during the waiting period	In the time the client is on a waiting list, the types of actions the program takes to ensure he remains engaged in the service before program commencement *No action:* The program takes no action while the client is waiting for the program *Referral to other services:* The program refers the client onto other services within, or outside of, the agency while he is waiting for the program *Do a risk assessment:* The program undergoes a risk assessment of the client while he is waiting for the program *Do individual sessions:* The program offers the client individual counselling or behaviour change strategies while he is waiting for the program *Include in an induction/orientation group:* The agency offers the client a "pre-group" involving an induction into the program
Do you **evaluate** the perpetrator of violence for **suitability of your programs?**	A formal procedure within the program guidelines that details the criteria for inclusion in the MBCP
If yes, what **criteria** do you use?	**Criteria:** the key factors which influence whether a client is evaluated as suitable for the program *Self-developed assessment tool/process:* A tool or procedure developed by the agency or organisation facilitating the MBCP *Standardised assessment tool:* An empirically developed, valid, and reliable evaluation tool that ensures all clients are evaluated in the same way *Other assessment tool:* A tool developed outside of the agency or organisation running the MBCP that is not standardised
What are the **eligibility criteria** to participate in your program?	*Court ordered/mandated as part of sentencing conditions:* The client is mandated to attend the program as part of his criminal sentence *Referral from other agencies:* An outside agency (other than legal services) has referred him to your program, his attendance is voluntary *Referral from Legal Aid/lawyer*: A legal service has referred the client onto your service, his attendance is voluntary *Self-referral:* The client has self-referred, his attendance is voluntary
Post-program follow-up procedures	
Does the program **follow-up** with the client?	Follow-up involves having checked up on the client's behaviour change once the official program is finished
In what **form?**	*In-person (individual session):* The agency offers individual sessions following completion of an MBCP *In-person (group session):* The agency offers a post-group for clients following completion of an MBCP *Phone call:* The agency calls the client after the MBCP is completed

Partner support practices	
Do you establish contact with the (ex-)partner/s?	Partner support provides accountability mechanisms for MBCPs to women and children (NTV, 2016). Accountability is two-fold, for the program to show attempts at changing behaviour are happening, and for the partner to offer feedback on the perpetrator's behaviour. The focus of partner support is the safety of women and children, and allows (ex-)partners to verify change (or lack thereof) in the violent behaviours of perpetrators (Smith, Humphreys, & Laming, 2013)
What best describes the support offered/ provided?	*Ongoing support with partner support worker:* The MBCP also facilitates its own partner support services for (ex-)partners. This can include program facilitators that have a dual partner support role or another support worker within an agency *Ongoing support with a support worker employed by an external service:* The MBCP outsources their partner support service to an outside agency through case management practices *The partner was already receiving ongoing support through an external service:* Another service was already supporting the (ex-)partners via external services
Have you developed a **safety plan** for the (ex-)partner of the perpetrators of violence?	**Safety plan:** A safety plan is an individualised plan to increase the ways (ex-)partners of perpetrators of violence can remain safe. They can be planned for women living with the perpetrator, those planning to leave, or those who have already left
Have you made any of the following **referrals for the (ex-)partners** of the perpetrators of violence? *Support within the agency* *Support with an external agency* *Check in with the (ex-)partner* *No action* *Other*	*Support within the agency:* Referral of (ex-)partners to other services within your agency, such as mental health, AOD, legal, financial services etc *Support with an external agency:* Referral of (ex-)partners to other services outside of your agency, such as mental health, AOD, legal, financial services etc *Check in with the (ex-)partner:* Contacting the (ex-)partners to verify attendance at services, and whether other support services are required
Risk assessment practices	
Risk assessment tool used	The name of the formal risk assessment tool used by the agency. This can include state legislated risk assessments, and those developed by the agency
If a client is rated **moderate to high risk,** what are the response actions?	The rating of moderate to high risk as classified in the formal risk assessment tool used by the agency

APPENDIX G:

Usability and clarity

Table G.1: Preferred interface for the service level and participant level instrument

Please identify the type of interface that could improve the participant-level instrument

	Participant Level		Service Level	
Variable	N	%	N	%
Access database	5	27.8	3	21.4
Downloading app for a tablet and/ or laptop device	4	22.2	3	21.4
A central database that individual organisations feed information into which is managed by a funder and/ or government department.	10	55.6	8	57.1
Interactive PDF Form	8	44.4	3	21.4
Other				

Table G.2: Clarity of definitions

Were the definitions provided in the instrument, clear and easy to understand?

Participant Level		
	N	%
No	1	5.6
Yes	17	94.4

Service Level		
	N	%
No	1	91.7
Yes	11	8.3

Table G.3: Variables requiring further definition

Participant Level	Service Level
Civil Court vs magistrates, protection orders vs family violence orders, or police family violence orderss	

APPENDIX H:

Barriers to data collection

Table H.1: Please identify any data items you could not collect due to barriers restricting access to that data

Participant level	Service level
Criminal history—men don't readily provide this information themselves, and it is not easily accessible through our service	The average wait time between assessment and starting program
Data re partners	
Employed	
Date of unemployment	
Significant time unemployed	
Can read	
Can write	
Education level	
Immigrant status	
Arrived as refugee	
Duplicates data already collected from NSW Department of Justice	
IVO breaches	
DVO status —non intox, non-harm (or both), full no contact.	
Previous charges	
Level of alcohol and drug uses	
Partner contact information	
Specific forms of violence regarding Aboriginal communities	
Current charges and offences before the courts as it is not available due to privacy	
Data regarding criminal history	
Ex-partner or partner information. We are a consent-based service if we do not have consent from the women we cannot gather information	
Partner, ex-partner info @ times if they do not wish to be contacted	
Previous convictions	
Prior partners, to most previous partners	

Table H.2: Please identify the main barrier(s) to the data being collected

Those in bold are service-level survey items that are relevant to participant level

Participant Level	Service Level
It duplicates data we collect for justice	Having the men come to the session early to gather the data
I found explaining the data collection challenging. Many of our men will happily sign anything but we believe people need to give clear and informed consent. This was surprisingly difficult with this tool particularly for men where English is often their second, third of fourth language	Often the referrer hasn't sort permission from the client to share information, and therefore deems it unnecessary to do so
Information not collected at intake, heavily reliant on client self-report, limited provision of docs by referrers	Participants don't routinely volunteer accurate information about criminal history and aren't necessarily obliged to provide
Limited time frame to collect data	The amount of data is prohibitive, we could send a sample of the forms we use weekly
Not all men provide information about: past criminal history or IVO breaches, or MH treatment	Time constraints, some aggregate data needed to be calculated
Survey instrument not user-friendly: cumbersome, no autofill, or relationship between previous responses, did not allow for alternate circumstances	Time and geographical barriers. It's hard to get information from services in NSW (we operate in Vic in border town: Albury/Wodonga
Time management	

Table H.3: Please identify any data you could not collect due to valid data not being available.

Participant Level	Service Level
Breaches	Number of clients who did not receive service due to capacity
Criminal history	
Criminal history (non-DV Charges)	
Current drug use	
I would not use this tool without a written assessment that sits beside it	
Previous behaviour change participation	
Current living arrangements	
Drug use	
Employment data	
Family Court history (parenting orders, court decisions)	
Previous charges	

Participant Level	Service Level
Engagement in MH services	
Psychosocial history (drink, drug frequency, amount)	
MH diagnoses/treatment	
All data is hard to collect while men are in custody. Is current before incarceration?	
Geographical concerns, it's almost impossible to have NSW police share offending history with a Vic service	
Client criminal history, previous MBC programs, clients may have attended	
Data about the women is limited. The data the men provided have been inaccurate	
Education level	
Substance use history	
Previous convictions –hard to get	

APPENDIX I:

Additions and exclusions to the minimum data set

Table I.1: Suggested additions

Please specify any items you deem important, but are missing from the data collection instrument

Participant Level	Service Level
ADHD	All the questions we use for risk management, and our funding reporting
More specific forms of violence	Safety planning with men using abuse
Referral source	Information regarding attendance for those men who have yet to complete the MBCP
ASD (autism spectrum disorder)	Language for multiple group sites
Client being case managed	
Abusive Behaviour Index	
More data regarding intersectional issues, e,g. housing, overcrowding	
Assessment of risk for partner/ex-partner and children	
Include referral to case management of FV Court	
Reasons for ceasing past relationships	

Table I.2: Suggested exclusions*

Please specify any data you deem unnecessary and should be removed from the data collection instrument

Participant Level	Service Level
Employed	
Date of unemployment	
Significant time unemployed	
Occupation	
Employment type	
Can read	
Can write	
Education level	
Immigrant status	
Arrived as a refugee	
Ex-partner information, we have very limited information and cannot answer many of the questions	

*All suggested exclusions were retained.

APPENDIX J:

Final minimum data set participant-level data collection instrument

Please note all additions in green.

Client Demographics	
Variable	**Response Options**
DOB	☐ (DD/MM/YYYY)
Gender identity	☐ Male ☐ Female ☐ Transgender ☐ Intersex
Gender of (ex-)partner	☐ Male ☐ Female
Employed	☐ Yes ☐ No ☐ NA- Incarcerated
If no, length of unemployed	☐ (years)
If yes, occupation **(If incarcerated, previous occupation)**	☐ Manager ☐ Professional ☐ Technician and/or trade ☐ Community and/or personal service ☐ Clerical and administrative ☐ Sales ☐ Machinery operator and/or driver ☐ Labourer ☐ Other (please specify)
If yes, employment type **(if incarcerated, previous employment type)**	☐ Full time ☐ Part time ☐ Fixed term/contract ☐ Casual ☐ Seasonal ☐ NA- Incarcerated

Client Demographics	
Variable	**Response Options**
DOB	☐ (DD/MM/YYYY)
Centrelink benefits	☐ Newstart allowance ☐ AusStudy ☐ ABSTUDY ☐ Single Income Family Supplement ☐ Pension ☐ None
Can read	☐ Yes ☐ Not well ☐ No
Can write	☐ Yes ☐ Not well ☐ No
Education level	☐ University completion (Under or Post-Graduate) ☐ Trade Certificate (incl. TAFE) ☐ Year 12 or equivalent ☐ Some high school ☐ Did not attend high school
Indigenous status	☐ No ☐ Aboriginal ☐ Torres Strait Islander ☐ Both
Country of birth	☐ Descriptive text
Language other than English	☐ Yes ☐ No
Preferred language	☐ Descriptive text
Immigrant Status	☐ Australian citizen ☐ Permanent Visa/Resident ☐ Temporary Visa/Resident
Ethnic/cultural identity	☐ Descriptive text
Arrived as refugee/asylum seeker?	☐ Refugee ☐ Asylum seeker ☐ Not applicable

Ex-Partner Demographics	
Variable	**Response Options**
DOB	☐ DD/MM/YYYY
Gender	☐ Yes ☐ No
LGBTQI status	☐ Yes ☐ No
Physical disability	☐ Yes ☐ No
Intellectual disability	☐ Yes ☐ No
Number of children in their care	☐ Yes ☐ No
Indigenous identity	☐ Yes ☐ No
Country of birth	☐ Yes ☐ No
Language other than English	☐ Yes ☐ No
Preferred language	☐ Yes ☐ No
Immigrant status	☐ Yes ☐ No
Ethnic/cultural identity	☐ Yes ☐ No
Arrived as refugee/asylum seeker	☐ Yes ☐ No

Relationships	
Variable	Response Options
Relationship status	☐ Single (not dating) ☐ Dating ☐ Married/De-facto ☐ Separated/Divorced ☐ **Separated and dating**
Living arrangements (if incarcerated, previous living arrangement)	☐ Living alone ☐ Living solely with children ☐ Living with partner and children ☐ Living with partner ☐ Living with new partner and new partner's children ☐ Living with new partner ☐ Living with other family members without children ☐ Living with other family members with children ☐ Living with non-family without children ☐ Living with non-family with children ☐ Living with children some of the time ☐ **Homeless** ☐ **Incarcerated**
Reside full-time with children?	☐ Yes ☐ No
If yes, how many children?	☐ Descriptive text
Child demographics (for each child): Age	☐ Descriptive text
Child demographics (for each child): Relationship	☐ Biological ☐ Non-biological
Regular access to other children (not residing full-time):	☐ Yes, supervised access ☐ Yes, unsupervised access ☐ No
Family Court orders	☐ Yes ☐ No
Family Court order access restrictions	☐ Supervised access/visitation ☐ Unsupervised access/visitation ☐ Not applicable
Protective order (relating to children)	☐ Relating to biological children ☐ Relating to non-biological children of current partner ☐ Relating to non-biological children of ex-partner ☐ Not applicable

Relationships	
Variable	Response Options
Children's Court or Child Protection orders	☐ Yes ☐ No
Children's Court order access restrictions/visitation arrangements	☐ Descriptive text
Number of children in out of home care	☐ Descriptive text
Risk assessment completed for partner and/or children	☐ **Yes** ☐ **No**
Engagement of safety planning for partner and/or children	☐ **Yes** ☐ **No**
Criminal history	
Variable	Response options
Current court proceedings: Criminal matters related to DFV	☐ Yes ☐ No
Current court proceedings: Civil Court (protection orders)	☐ Yes ☐ No
Current court proceedings: Children's Court	☐ Yes ☐ No
Past court proceedings: Criminal matters related to DFV	☐ Yes ☐ No
Past court proceedings: Civil Court (protection orders)	☐ Yes ☐ No
Past court proceedings: Children's Court	☐ Yes ☐ No
Outcome of past court proceedings: Probation order	☐ Yes ☐ No
Outcome of past court proceedings: Incarceration	☐ Yes ☐ No
Number of current protection orders (POs)	☐ Descriptive text
Current PO(s): Number of reported breaches	☐ Descriptive text
Current PO(s): Number of convicted breaches	☐ Descriptive text
Type of current PO(s): Civil Court or Police	☐ Yes ☐ No

Criminal history	
Variable	Response options
Type of current PO(s): Bail conditions	☐ Yes ☐ No
Type of current PO(s): Corrections or probation order	☐ Yes ☐ No
Number of past PO(s)	☐ Descriptive text
Past PO(s): Number of reported breaches	☐ Descriptive text
Past PO(s): Number of convicted breaches	☐ Descriptive text
Current DFV-related charges/convictions: Property damage	☐ Charged ☐ Charged and convicted ☐ None
Current DFV-related charges/convictions: Assault	☐ Charged ☐ Charged and convicted ☐ None
Current DFV-related charges/convictions: Sexual assault	☐ Charged ☐ Charged and convicted ☐ None
Current DFV-related charges/convictions: Grievous bodily harm	☐ Charged ☐ Charged and convicted ☐ None
Current DFV-related charges/convictions: Non-fatal strangulation	☐ Charged ☐ Charged and convicted ☐ None
Current DFV-related charges/convictions: Stalking	☐ Charged ☐ Charged and convicted ☐ None
Current DFV-Related Charges/Convictions- Economic Abuse	☐ Charged ☐ Charged and convicted ☐ None
Current DFV-Related Charges/Convictions- Child Abuse	☐ Charged ☐ Charged and convicted ☐ None
Current DFV-Related Charges/Convictions- Murder/ Manslaughter	☐ Charged ☐ Charged and convicted ☐ None

Criminal history	
Variable	Response options
Past DFV-Related Charges/Convictions- Property Damage	☐ Charged ☐ Charged and convicted ☐ None
Past DFV-Related Charges/Convictions- Assault	☐ Charged ☐ Charged and convicted ☐ None
Past DFV-related charges/convictions- sexual assault	☐ Charged ☐ Charged and convicted ☐ None
Past DFV-related charges/convictions- grievous bodily harm	☐ Charged ☐ Charged and convicted ☐ None
Past DFV-related charges/convictions- non-fatal strangulation	☐ Charged ☐ Charged and convicted ☐ None
Past DFV-related charges/convictions- stalking	☐ Charged ☐ Charged and convicted ☐ None
Past DFV-related charges/convictions- economic abuse	☐ Charged ☐ Charged and convicted ☐ None
Past DFV-related charges/convictions- child abuse	☐ Charged ☐ Charged and convicted ☐ None
Past DFV-related charges/convictions- murder/manslaughter	☐ Charged ☐ Charged and convicted ☐ None
Non-DFV criminal convictions	☐ Charged ☐ Charged and convicted ☐ None
Non-DFV assault convictions	☐ Charged ☐ Charged and convicted ☐ None

Psychosocial Adjustment	
Variable	Response Options
Number of occasions of harmful use of alcohol per week	☐ Descriptive text
Number of standard drinks per occasion	☐ Descriptive text
Any current treatment	☐ Descriptive text
Past alcohol dependence	☐ Descriptive text
Past treatment	☐ Descriptive text
Current illegal drug use: Depressants	☐ Yes ☐ No ☐ **NA- Incarcerated**
Current illegal drug use: Stimulants	☐ Yes ☐ No ☐ **NA- Incarcerated**
Current illegal drug use: Hallucinogens	☐ Yes ☐ No ☐ **NA- Incarcerated**
Current illegal drug use: Amount	☐ Descriptive text
Current illegal drug use: Frequency	☐ Descriptive text
Misuse of prescription drugs: Depressants	☐ Yes ☐ No ☐ **NA- Incarcerated**
Misuse of prescription drugs: Stimulants	☐ Yes ☐ No ☐ **NA- Incarcerated**
Misuse of prescription drugs: Hallucinogens	☐ Yes ☐ No ☐ **NA- Incarcerated**
Misuse of prescription drugs: Amount	☐ Descriptive text
Misuse of prescription drugs: Frequency	☐ Descriptive text
Any current drug treatment	☐ Descriptive text
Past illegal drug use: Depressants	☐ Yes ☐ No
Past illegal drug use: Stimulants	☐ Yes ☐ No

Psychosocial Adjustment	
Variable	Response Options
Past illegal drug use: Hallucinogens	☐ Yes ☐ No
Past treatment	☐ Descriptive text
Anxiety-Based Disorder	☐ Yes ☐ No
Depression-Based Disorder	☐ Yes ☐ No
Bipolar Disorder	☐ Yes ☐ No
Post-Traumatic Stress Disorder	☐ Yes ☐ No
Mental illness with past/current psychosis	☐ Yes ☐ No
Substance-induced psychosis	☐ Yes ☐ No
Personality Disorder	☐ Yes ☐ No
Autism Spectrum Disorder	☐ **Yes** ☐ **No**
Attention Deficit/Hyperactivity Disorder	☐ **Yes** ☐ **No**
Past mental health treatment	☐ Descriptive text
Current mental health treatment	☐ Descriptive text
Psychotic episode in past 12 months	☐ Yes ☐ No
Suicidal ideation and/or threats	☐ Yes ☐ No
Homicidal ideation and/or threats	☐ Yes ☐ No

Referral to other services	
Variable	Response options
Referral to: AOD	☐ Yes ☐ No

Referral to other services	
Variable	Response options
Referral to: Mental health (private practitioner)	☐ Yes ☐ No
Referral to: Mental health (residential)	☐ Yes ☐ No
Referral to: Mental health (community)	☐ Yes ☐ No
Referral to: Housing and homelessness	☐ Yes ☐ No
Referral to: Legal services	☐ Yes ☐ No
Referral to: Financial counselling/help	☐ Yes ☐ No
Referral to: Gambling Help	☐ Yes ☐ No
Referral to: Other health service	☐ Yes ☐ No
Referral to: Centrelink	☐ Yes ☐ No
Referral to: Child Protection	☐ Yes ☐ No
Referral to: Aboriginal community service	☐ Yes ☐ No
Referral to: CALD-specific service	☐ Yes ☐ No
Referral to: LGBTIQ+ support/advocacy service	☐ Yes ☐ No
Referral to: family support (counselling help for families)	☐ Yes ☐ No
Referral To: Family Violence Court	☐ **Yes** ☐ **No**
Referral to: Other	☐ Please specify
Attend referral: AOD	☐ Yes ☐ No

Psychosocial Adjustment	
Variable	Response Options
Attend referral: Mental health (residential)	☐ Yes ☐ No
Attend referral: Mental health (community)	☐ Yes ☐ No
Attend referral: Mental health (private practitioner)	☐ Yes ☐ No
Attend referral: Housing and homelessness service	☐ Yes ☐ No
Attend referral: Legal services	☐ Yes ☐ No
Attend referral: Financial counselling/help	☐ Yes ☐ No
Attend referral: Gambling Help	☐ Yes ☐ No
Attend referral: Other health service	☐ Yes ☐ No
Attend referral: Centrelink	☐ Yes ☐ No
Attend referral: Child Protection	☐ Yes ☐ No
Attend referral: Aboriginal community service	☐ Yes ☐ No
Attend referral: CALD-specific service	☐ Yes ☐ No
Attend Referral: LGBTIQ+ Support/Advocacy Service	☐ Yes ☐ No
Attend referral: Family support (Counselling help for families)	☐ Yes ☐ No
Attend Referral: Family Violence Court	☐ Yes ☐ No
Attend referral: Other	☐ Please Specify

Referral to MBCP	
Variable	Response Options
Program referral type	☐ Self-referred (Voluntary) ☐ Agency-referred (Non-mandated/voluntary) ☐ Court, Corrections or police order (Mandated) ☐ Other agency-referred (Mandated)
Mandated referral type	☐ Bail conditions ☐ Protection orders of different civil jurisdiction pathway ☐ Diversionary program or delay of sentencing ☐ Probation or community corrections order
Previous MBCP attendance	☐ Yes (Complete) ☐ Yes (Non-complete) ☐ Yes (Completion unknown) ☐ No ☐ Unknown
Period of attendance	☐ DD/MM/YYYY to DD/MM/YYYY
Provider organisation	☐ Descriptive text
Reason for non-completion (if applicable)	☐ Dropped out from program of own accord ☐ Excluded from program by provider

Ongoing program	
Variable	Response Options
Number of possible sessions	☐ Descriptive text
Number of sessions attended (out of possible sessions)	☐ **Descriptive text**
Understanding of program content	☐ **Very limited** ☐ **Limited** ☐ **Some** ☐ **Good** ☐ **Excellent**
Demonstrated application of program content	☐ Very limited application ☐ Limited application ☐ Some application ☐ Good application ☐ Excellent application ☐ **Couldn't tell (No partner contact to verify)**

Ongoing program	
Variable	Response Options
Indicators of program effectiveness (as verified by partner contact): feeling safer	☐ Feeling very unsafe ☐ Feeling a little unsafe ☐ Feeling moderately ☐ Feeling very safe ☐ **Couldn't tell (No partner contact to verify)**
Indicators of program effectiveness (as verified by partner contact): feeling empowered and less vulnerable	☐ Feeling not at all empowered ☐ Feelings a little empowered ☐ Feeling moderately empowered ☐ Feeling very empowered ☐ Couldn't tell (No partner contact to verify)
Indicators of program effectiveness (as verified by partner contact): feeling supported	☐ Feeling not at all supported ☐ Feeling a little supported ☐ Feeling moderately supported ☐ Feeling very supported ☐ **Couldn't tell (No partner contact to verify)**
Post- program	
Variable	**Response Options**
Total number of sessions in program	
Sessions attended	
Understanding of program content	☐ **Very limited** ☐ **Limited** ☐ **Some** ☐ **Good** ☐ **Excellent**
Demonstrated application of program content	☐ Very limited application ☐ Limited application ☐ Some application ☐ Good application ☐ Excellent application ☐ **Couldn't tell (No partner contact to verify)**
Indicators of program effectiveness (as verified by partner contact): feeling safer	☐ Feeling very unsafe ☐ Feeling a little unsafe ☐ Feeling moderately ☐ Feeling very safe ☐ **Couldn't tell (No partner contact to verify)**

Post- program	
Variable	Response Options
Indicators of program effectiveness (as verified by partner contact): feeling empowered and less vulnerable	☐ Feeling not at all empowered ☐ Feelings a little empowered ☐ Feeling moderately empowered ☐ Feeling very empowered ☐ Couldn't tell (No partner contact to verify)
Indicators of program effectiveness (as verified by partner contact): feeling supported	☐ Feeling not at all supported ☐ Feeling a little supported ☐ Feeling moderately supported ☐ Feeling very supported ☐ **Couldn't tell (No partner contact to verify)**
If non-complete, reason for discontinuation	☐ Excluded by provider as took little/no responsibility for behaviour ☐ Excluded by provider as did not abide by participation agreement/responsibilities ☐ Re(Incarceration) ☐ Re-location ☐ Altered employment commitments ☐ Order to attend program expired ☐ Other ☐ **NA- Completed program**
If other, please specify	☐ Descriptive text

APPENDIX K:

Final minimum data set service level data collection instrument

Please note all additions in green.

Service demographics	
Variable	**Response options**
Name of organisation	☐ Descriptive text
Name of program	☐ Descriptive text
Location of program: State	☐ Descriptive text
Location of program: Suburb	☐ Descriptive text
Location of program: Postcode	☐ Descriptive text
Program-level items	
Variable	**Response options**
Number of clients referred to program	☐ Numeric
Number of clients assessed for program	☐ Numeric
Number of clients attending program	☐ Numeric
Number of clients who did not receive service due to capacity	☐ Numeric
Number of clients who completed program	☐ Numeric
Average wait time between referral and assessment (days)	☐ Numeric
Average wait time between assessment and starting program (days)	☐ Numeric
If you have a waiting list, what actions are taking during this period: No action	☐ Yes ☐ No
If you have a waiting list, what actions are taking during this period: referral to other services	☐ Yes ☐ No
If you have a waiting list, what actions are taking during this period: Do a risk assessment	☐ Yes ☐ No
If you have a waiting list, what actions are taking during this period: Do individual sessions	☐ Yes ☐ No
If you have a waiting list, what actions are taking during this period: Include in an induction/orientation group	☐ Yes ☐ No

Program-level items	
Variable	**Response options**
If you have a waiting list, what actions are taking during this period: Other	☐ Please specify
Do you evaluation the perpetrator of violence for suitability of your program?	☐ Yes ☐ No
If yes, what criteria do you use: Self-developed assessment tool/process	☐ Yes ☐ No
If yes, what criteria do you use: Standardised assessment tool	☐ Yes ☐ No
If yes, what criteria do you use: Other assessment tool	☐ Please specify
What is the eligibility criteria to participate in your program?: Court-ordered/mandated as part of sentencing conditions	☐ Yes ☐ No
What is the eligibility criteria to participate in your program?: Referral from other agencies	☐ Yes ☐ No
What is the eligibility criteria to participate in your program?: Referral from Legal Aid/lawyer	☐ Yes ☐ No
What is the eligibility criteria to participate in your program?: Self-referral	☐ Yes ☐ No
What is the eligibility criteria to participate in your program?: Other	☐ Please specify
Post-program follow-up procedures	
Variable	**Response options**
Does the program follow-up with the perpetrator?	☐ Yes ☐ No
In what form?: In-person (individual session)	☐ Yes ☐ No
In what form?: In-person (Group Session)	☐ Yes ☐ No

Partner Support Practices	
Variable	Response Options
In what form?: Phone call	☐ Yes ☐ No
In what form?: Other	☐ Please specify
Do you establish contact with the (ex-)partner/s?	☐ Yes ☐ No
What best describes the support offered/provided?: Ongoing support with partner support worker	☐ Yes ☐ No
What best describes the support offered/provided?: Ongoing support with partner support worker employed by external provider	☐ Yes ☐ No
What best describes the support offered/provided?: Partner already receiving ongoing support through external service	☐ Yes ☐ No
What best describes the support offered/provided?: Other	☐ Please specify
What are some reasons (ex) partner support is declined or does not occur?	☐ Descriptive text
Have you developed a safety plan for the (ex-)partner of the perpetrators of violence?	☐ Yes ☐ No
Have you made any of the following referrals for (ex-)partners?: Support within your agency	☐ Yes ☐ No
Have you made any of the following referrals for (ex-)partners?: Support within an external agency	☐ Yes ☐ No
Have you made any of the following referrals for (ex-)partners?: Check in with the (ex) partner	☐ Yes ☐ No
Have you made any of the following referrals for (ex-)partners?: No action	☐ Yes ☐ No
Have you made any of the following referrals for (ex-)partners?: Other	☐ Please specify

Partner Support Practices	
Variable	Response Options
In regards to children, does your program make referral to any of the following: Child and Adolescent Mental Health Services	☐ Yes ☐ No
In regards to children, does your program make referral to any of the following: Children's Advocate	☐ Yes ☐ No
In regards to children, does your program make referral to any of the following: Children's Counsellor	☐ Yes ☐ No
In regards to children, does your program make referral to any of the following: Other	☐ Please specify
Risk Assessment Practices	
Variable	Response Options
Risk Assessment Tool Use	☐ Common Risk Assessment (CRAF) ☐ Common Risk Assessment and Risk Management Framework (CRARMF) ☐ B Safer Tool ☐ Spousal Assault Risk Assessment (SARA) ☐ Family Safety Framework (FSF) Risk Assessment Form ☐ Domestic Violence Safety Assessment Tool (DVSAT) ☐ Abusive Behaviour Inventory and Hostility Towards Women Scale ☐ Towards Safe Families Assessment Tool ☐ Detection of Overall Risk Screen (DOORS) ☐ Counselling Detection of Overall Risk Screen (C-DOORS) ☐ Male Abuse Inventory and Dangerous Assessment ☐ The Ontario Domestic Assault Risk Assessment (ODARA) ☐ Domestic Abuse, Stalking, Harassment and Honour-based Violence Assessment Tool (DASH) ☐ **Abusive Behaviour Index (ABI)** ☐ Other ☐ None
If a client is rated as moderate to high risk, what are response actions: Contact (Ex) Partner	☐ Yes ☐ No

Partner Support Practices	
Variable	Response Options
If a client is rated as moderate to high risk, what are response actions: Contact Child Protection	☐ Yes ☐ No
If a client is rated as moderate to high risk, what are response actions: Contact Police for Welfare Call	☐ Yes ☐ No
If a client is rated as moderate to high risk, what are response actions: Contact Corrections	☐ Yes ☐ No
If a client is rated as moderate to high risk, what are response actions: Referral to Other Agencies	☐ Yes ☐ No
If a client is rated as moderate to high risk, what are response actions: Other	☐ Please specify

APPENDIX L:

Findings from the service level instrument

Figure L.1: Demographics

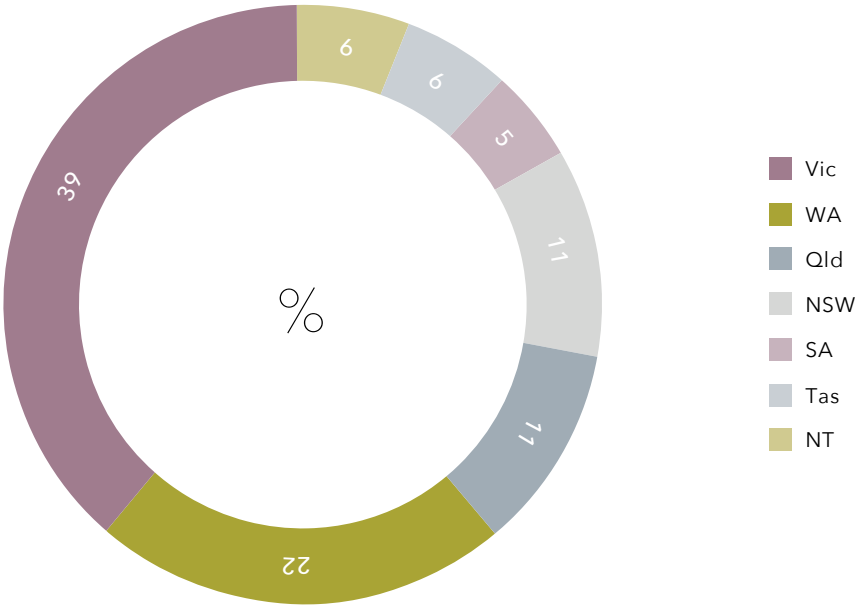


Table L.1: Number of clients

	M (S.D)	Min.	Max.
Referred	25.56 (31.46)	8	134
Assessed	14.25 (12.07)	0	44
Attending	24.64 (36.85)	5	148
Not admitted due to capacity	3.6 (6.9)	0	24
Completed	5.3 (7.04)	0	28

Table L.2: Wait times

Days	M (S.D)	Min.	Max.
Av. between referral and assessment	16.66 (18.5)	0	60
Av. between assessment and starting program	14 (17.2)	5	67

Table L.3: Waiting list

	"Yes" responses
No action	3 (16.7%)
Refer to other services	10 (55.6%)
Risk assessment	9 (50%)
Individual sessions	5 (27.8%)
Induction/orientation group	3 (16.7%)
Other	9 (50%)

Table L.4: Suitability

	Yes responses
Do you evaluate the perpetrator of violence for suitability?	17 (94.4%)
If yes, what criteria do you use?	-
Self-developed assessment tool/process	9 (52.9%)
Standardised assessment	13 (76.5%)
Other	10 (58.8%)

Table L.5: Eligibility

	Yes responses
What are the eligibility criteria to participate in your program?	-
Court ordered/mandated as part of sentencing conditions	13 (76.5%)
Referral from other agencies	15 (88.2%)
Referral from Legal Aid/lawyer	14 (82.4%)
Self-referral	16 (94.1%)
Other	10 (58.8%)

Table L.6: Follow-up

	Yes n (%)
Do you follow-up with the perpetrator?	13 (72.2)
If yes, in what form?	
In-person (individual session)	8 (61.5)
In-person (group session)	6 (46.2)
Phone call	9 (69.2)
Other	5 (38.5)

Table L.7: Partner contact

	Yes n (%)
Do you establish contact with (ex-)partners?	16 (88.9)
If yes, what best describes the support offered?	-
Ongoing support with partner support worker	16 (100)
Ongoing support with a partner support worker employed by an external provider	6 (37.5)
Already receiving support through external service	8 (50)
Other	5 (31.3)
If yes, in what form is support offered?	-
Letter	11 (68.8)
Email	6 (37.5)
Phone calls	16 (100)
In-person	12 (75)
Other	4 (25)
Have you developed a safety plan for the (ex-)partner?	15 (93.8)

Table L.8: Referrals for ex-partner

	Yes n (%)
Have you made any of the following referrals for the (ex-)partner?	-
Support within agency	17 (94.4)
Support with external agency	17 (94.4)
Check in with partner	17 (94.4)
No action	4 (22.2)
Other	5 (27.8)

Table L.9: Referrals for children

	Yes n (%)
In regards to children, does your program refer to any of the following?	-
Child and adolescent mental health services	15 (83.3)
Children's advocate	11 (61.1)
Children's counsellor	13 (72.2)
Other	6 (33.3)

Table L.10: Risk assessment

Tool used	N (%)
Common Risk Assessment (CRAF)	8 (44.4)
Common Risk Assessment and Risk Management Framework (CRAMF)	2 (11.1)
Towards Safe Families Assessment Tool	2 (11.1)
Spousal Assault Risk Assessment (SARA)	1 (5.6)
Domestic Violence Safety Assessment Tool (DVSAT)	1 (5.6)
Male Abuse Inventory and Dangerous Assessment	1 (5.6)
Other	2 (11.1)
None	1 (5.6)

Table L.11: High risk

	Never (%)	Sometimes (%)	Always (%)
If a client is rated as moderate to high risk, what are the response options?	-	-	-
Contact partner	2 (11.1)	3 (16.7)	13 (72.2)
Contact Child Protection	2 (11.1)	11 (61.1)	5 (27.8)
Contact police for welfare call	3 (16.7)	11 (61.1)	4 (22.2)
Contact Corrections	1 (5.6)	12 (66.7)	5 (27.8)
Referral to other agencies	7 (38.9)	10 (55.6)	1 (5.6)
Other	11 (61.1)	7 (38.9)	-

APPENDIX M:

Social return on investment: Full case studies

Social return on investment, perpetrator pathways

Michael is 32 years of age and lives with his partner Rachel, who is 30 years of age, and their two children, Claire (4 years) and Ryan (1 year), in a private rental arrangement. They have been in a relationship for six years. Both are of non-Indigenous, Anglo–Australian heritage. Michael works as a labourer for a construction company, earning approximately $50k per year. Rachel is a stay-at-home mum, responsible for child and home-related duties. She completed her teaching degree approximately 10 years ago and worked as a primary school teacher from graduation until the birth of her first child. Michael has perpetrated violence against Rachel.

Case study 1

Rachel reports experiencing difficulties with Michael's behaviour since the birth of their second child three months ago. She states that Michael has been very verbally abusive towards her, insulting her, calling her names and yelling at her in front of the children. She finds it difficult to budget on the $75 per week that Michael gives her for shopping, meaning they often run out of essential items. Michael will not increase the amount allocated as he believes it to be adequate. She is reluctant to speak with him further about this as in the past he has become quite aggressive towards her. He has not physically hurt her, but emotionally Rachel feels her self-esteem and confidence have suffered. Michael drinks quite heavily, often consuming eight to ten cans of beer per evening. He is very critical of the way that Rachel keeps the house and looks after their children, often complaining about the state of the house and calling her a "shit mother" if he gets home from work and the kids are not ready for bed. Rachel admitted she was struggling to cope with the day-to-day demands of the house and the children. She recently saw a GP as she has been experiencing headaches, is not sleeping well, and is crying a lot. The GP prescribed her anti-depressant medication for post-natal depression; she was not asked about her relationship with Michael nor did she disclose these difficulties. Rachel spoke of a recent incident when Michael threw dishes from the sink onto the floor which subsequently smashed, scaring herself and their children. She is concerned about the impact that Michael's behaviour is having upon her and her children. Following this incident, Michael appeared remorseful and agreed to seek support to address his behaviour. He contacted a men's support service who were able to successfully link him in with a group program which started within two weeks of the most recent incident.

Case study 2

Since the birth of their second child, Michael's behaviour towards Rachel has become violent. He has been very verbally abusive towards her, often insulting her, calling her names and yelling at her in front of the children. He is very critical of her parenting and does not think she keeps up with her duties as a wife and mother, claiming their house is always untidy. Michael thinks that Rachel is unable to manage money adequately as they are always running out of groceries. Rachel has expressed concern about their financial situation and suggested she go back to work. Michael will not allow this, believing she should be concentrating on raising their children rather than putting them in the care of others while she works, commenting that "nobody else is going to raise my children, that's their mother's job!" Since the incident where he smashed dishes on the floor, Michael's behaviour seems to be becoming worse. He is coming home late from work, often already intoxicated. He swears at her and accuses her of sleeping with other men. In the last few months, Michael has also had some verbal altercations with some of his workmates and has been arriving to work late. He recently failed a drug and alcohol test and was subsequently referred to a drug and alcohol support service through the employer's EAP program. Michael's employer has issued him with a formal warning and advised that should his behaviour continue, his employment will be terminated.

Rachel and Michael's children will not go near Michael, for which Michael blames Rachel as he believes she has turned them against him. Rachel has noticed that their oldest child Claire has been misbehaving more than usual which she finds hard to manage, particularly as Michael gets very angry when he thinks the children are "disobedient". She does not know if this is typical for her daughter's age or a result of the tension in the household. At the suggestion of her GP, she contacted Ngala (parenting support service) for help with this. There has been a recent incident where Rachel locked Michael out of the house as she did not want their children to see their father drunk again. Rachel had asked Michael to stay away from the house if he was intoxicated, which he ignored. On this particular occasion, neighbours called the police due to screaming and yelling coming from the home. The police issued their first police order to Michael, which stipulated he must stay away from the property for 48 hours. Michael stayed at a friend's house for this period of time. As a result of police attendance, a Domestic Violence Incident Report was generated. A women's family violence service contacted Rachel offering her support. The Men's Domestic Violence Helpline also contacted Michael to see if he was interested in support. He agreed for them to make a referral to a group program.

Case study 3

Rachel has presented at a hospital emergency department as she is experiencing headaches, blurry vision, dizziness, and bruising on her face and head. Michael attacked her the previous night upon returning from having a night out with his friends at the local pub. Rachel has been subjected to increasing violence from Michael while she was pregnant, and since the birth of their second child six months ago. However, the incidents seem to be getting more frequent and severe in nature with Michael becoming physically abusive towards her. The police have attended their home approximately six times in the last year, each time issuing 72-hour police orders to Michael. On each of these occasions, Michael would stay away from the property for the prescribed period, however would return to the house at the end of the time promising Rachel that he will try harder to "make things better". The Men's Domestic Violence Helpline have attempted to contact Michael on 18 occasions with no success. Rachel has also been contacted by a Safe at Home service on several occasions, and while she is concerned about Michael's behaviour and her own safety, she has refused any offers of support due to her fear of Michael's reaction and possible involvement of Child Protection. Michael has repeatedly told her she is a bad mother and threatened she would lose the children if the authorities knew how terrible she was. Rachel is feeling emotionally drained from coping with his behaviour, the household duties and the needs of their children. She is finding it increasingly difficult to get out of bed in the morning and feels tired and depressed every day. The anti-depressant medication she has been prescribed by her GP makes her head feel foggy, and to combat this she using other prescription medication. She knows she is using too much; however, she believes this is the only way she is able to get through each day.

In the lead-up to the most recent incident, Rachel felt like she was always walking on eggshells, never knowing when Michael would blow up at her or the children. She tried hard to make sure the children did not bother him when he returned home from work, encouraging them to play in their rooms until bed-time. There have been many occasions when she felt threatened by Michael's behaviour, but has been reluctant to call police or anyone else as often this would make things worse. The last two weeks had been particularly bad following him being sacked from his job. Rachel has not confided in family or friends about what has been happening as she felt embarrassed, ashamed and feared they would judge her for staying in the relationship. Rachel's best friend sensed there was something going on from conversations she had with Rachel's eldest child Claire whom she cared for so that Rachel could attend a GP appointment. However, she did not want to encroach on Rachel's privacy by asking or involving herself too much in Rachel's business. While Rachel's mother lives close by, she does have some physical health issues which Rachel provides a great deal of support for. Recent events have impacted on Rachel's ability to maintain the level of care she has been providing. She is reluctant to discuss this with her mother, as she does not want to worry her and so has arranged for an aged care service to undertake a home support assessment. Rachel carries a lot of guilt around this.

Following the previous police attendances, women's support services contacted Rachel on numerous occasions to ask if she would like any help; each time she declined or avoided answering her phone. She was worried that Child Protection might take her children away from her if she admitted what was going on to any of these services. She felt she had limited options and was not sure how she would be able to cope emotionally and financially on her own. Rachel also felt worried that Michael would find out she has been talking with others about him. The incident last night, however, really shook her up and she is very concerned for her own and her children's safety if she stays in the relationship. For the first time, Rachel disclosed the violence she was experiencing to the hospital. She showed them the barrage of texts she received from him since last night begging her for forgiveness, to not report the incident to police and then threatening to hurt her and their children should she not comply with his demands. Rachel agreed to be referred to a women's family violence service for support.

The family violence service subsequently linked Rachel in with a community legal service to assist with making an application for a family violence restraining order (FVRO). The court granted this for a two-year period and her children have also been listed on the order. Rachel and her children stayed with a friend until the FVRO was served on Michael some five days later. Following the FVRO being served, Rachel decided to return home as she wanted to maintain some kind of normality for her children and she felt she was burdening her friend unnecessarily. As she was concerned about safety in the home, she was provided some security upgrades through the Safe at Home program, including changing the locks, installing a peep hole in the front door and security cameras at the front and rear of the property. At first, she was reluctant as this involved seeking approval from their rental property's real estate agent and she did not want to jeopardise losing their home. However, she agreed due to having little other choice.

Rachel also had to attend Centrelink to apply for a crisis payment and change her level of benefits as she does not have access to any income. She has recently found out they have accumulated a substantial level of debt which includes rent and utility bills (electricity, water and gas). She has been linked in with a financial counsellor to help with addressing this. He has helped her to negotiate repayments with her landlord and make a HUGS application to assist with payment of the utility bills. She has also made an application to claim child support from Michael. Child Protection has assessed the family but do not have any current concerns for Claire and Ryan's wellbeing as they perceive Rachel to be acting protectively. They did not have any interaction with Michael.

Rachel has registered to attend a group program that supports women who have experienced family violence, which has a three month wait list. The police have instigated assault charges against Michael which are scheduled for a hearing in three months' time. He applied for and was granted bail. Conditions of bail require him to sign in three times per week at the local police station. She is unsure where he is currently living, however is concerned he will live with his parents who are nearby. Rachel will need to attend court as a witness, which she is reluctant to do as this means being in the same room as him. The police have indicated she may be eligible to apply to the court for a special witness status.

As a result of the FVRO, Michael has been court ordered to attend a men's behaviour change program as part of a behaviour management order (resulting from the 2017 amendments to the *Restraining Orders Act 1997*). He has been required to attend an interview with an eligibility assessor, who has produced an eligibility assessment report indicating he is eligible to attend an MBCP. However, there is a three-month waiting period and by the time a place is available, his behaviour and level of motivation is significantly reduced and he fails to complete the program. He is ordered to reappear in court and is issued the maximum fine of $1000 for contravening the behaviour change order without reasonable excuse, which also constitutes a criminal act.

Case study 4

Michael has appeared in court for the fifth time in relation to domestic violence-related incidents. He has a significant history of domestic violence in previous relationships, which Rachel was not aware of. He was incarcerated on three occasions for serious assaults against two different women, including sexual assault and assault occasioning bodily harm. Police have attended Michael and Rachel's family home a total of 17 times in the last year. Ten police orders had been issued to both Michael and Rachel on various occasions. Rachel has attempted to leave the relationship three times in the past, however, due to the financial burden, Michael's constant harassment, and the impact leaving may have on her own and her children's safety, she decided to remain in the home.

Michael breached some of the police orders through attending the property, contacting Rachel via Facebook and sending abusive text messages. Rachel reported three of the 10 breaches. Rachel has experienced a number of physical assaults from Michael in the last year, which includes sexual assault. She has suffered some physical injuries including bruising to various parts of her body, concussion and lacerations. She sought medical attention from her GP twice and attended hospital on one occasion. She did not report any of these assaults to police. The Men's Domestic Violence Help Line have spoken with Michael on numerous occasions to offer assistance; however, each time he has declined support. With assistance from a women's domestic violence service and community legal centre, Rachel applied for and was successful in attaining an FVRO. Her children were listed on it.

Michael has breached the FVRO 21 times through text messages, phone calls and appearing at her home. Rachel feels constantly that he is watching her, while at home and also when she is out. He has sent photographs he has taken of her and her children without her knowledge and has made reference to knowing where she is in text messages. She believes that he may have entered her property when she was not at home, as she noticed some of her personal items were missing. Rachel has reported the breaches on 12 occasions. Conditions of the FVRO required Michael to attend a men's behaviour change program, however, he did not complete it.

Michael is currently staying at his parents' house, which is located two streets away from where Rachel is living with their children. He is feeling very frustrated with Rachel for keeping him away from his children and continues to call and text her using different phones. He has driven past her house on a number of occasions to see if she is at home and who she may be with; he is convinced she is seeing another man. On one occasion he entered the property and took Rachel's laptop, watch and jewellery without her knowledge. He also retrieved an unlicensed firearm. Michael has recently lost his job and is now using methamphetamine and alcohol daily. He no longer attends drug and alcohol counselling since leaving his employment.

Since the FVRO has been in force, Michael has physically assaulted Rachel on two occasions. On the first occasion, Rachel did not seek medical attention as she felt this was not warranted and she did not have the energy to report the incident to police. The second incident occurred in a shopping centre carpark and as a result of the physical injuries she received, an ambulance was called by a member of the public. She was taken to hospital where she stayed for one week. Unfortunately, the extent of her injuries resulted in permanent damage to her right eye. She will need ongoing medical treatment for at least the next year. Her children were witness to the assault. Michael has been charged with the assault and further breach of the FVRO. He applied for and was granted bail and is due to appear in court in three weeks' time. He is required to report at the local police station as condition of the bail undertaking. Due to safety concerns and advice from a women's support agency, Rachel contacted Crisis Care to arrange emergency accommodation. She and her children were accepted into a women's refuge, where they stayed until the outcome of Michael's court hearing. Rachel made an application to attend court in a special witness capacity.

Michael was found guilty of the assault against Rachel and breaching the FVRO, resulting in imprisonment for one year. Terms of his imprisonment include participating in a men's behaviour change program. Michael has since sought legal advice and made an application to change the conditions of the FVRO so he can see their children while in prison. Rachel is reluctant to do so as she does not want her children to contend with the prison environment and believes this to be more of an attempt by Michael to control her, rather than being a genuine act of wanting to see his children. She is forced to seek further legal support from a community legal agency, and a court hearing has been scheduled in another three months' time.

Case study 5

The police arrived at Rachel and Michael's home following neighbours contacting them to report the sound of gunshots. Michael had just been released from prison the day before. While Michael was in prison, Rachel moved house into a Department of Communities (Housing) owned property, as she was unable to afford to maintain a private rental arrangement on her Centrelink income. Rachel thought the location of her new home was unknown to Michael, however he was able to find her through friends and relatives. Michael subsequently presented at the home with an unlicensed gun, and shot and killed Rachel in front of their two children. Paramedics on scene were unable to revive her. Michael was subsequently arrested by police and their two children were taken into immediate care by the Department of Child Protection and Family Support.

Michael had a long history of perpetrating violence against women. He had previously been incarcerated for serious assaults against two different women, including sexual assault and assault occasioning bodily harm which Rachel was unaware of. Rachael has been subjected to increasing violence from Michael while she was pregnant and since the birth of their second child a year ago, with the incidents becoming more frequent and severe in their nature. In the last year, Rachel sought medical support for her injuries from her GP on four occasions and the hospital on three occasions. She was hospitalised twice overnight. Police attended the couple's home on more than 20 occasions and a total of 15 police orders had been issued to both Michael (ten police orders) and Rachel (five police orders). Rachel was often named as the perpetrator of violence on police domestic violence incident reports. The Men's Domestic Violence Helpline made a total of 25 contact attempts to Michael to offer assistance, however Michael declined support. Michael recently applied for a FVRO against Rachel and also reported to police that Rachel has been violent towards him and their children, which instigated a Child Protection investigation. While the allegations were unsubstantiated, Rachael has been required to attend a parenting program and has been formally warned that a substantiation of child abuse will result in her being unable to attain a working with children check. As a teacher, attaining a working with children card is an essential prerequisite and this worried her significantly.

Rachel also saw her GP a total of 12 times in the last year for medication, as she had a diagnosis of depression and anxiety. She was hospitalised for five days as a result of mental health difficulties. She and her children have had to seek refuge twice; one stay was for three weeks, the other a week. She ended up moving house due to financial and safety concerns. Despite there being a current FVRO, Michael continued to contact Rachel through Facebook, sent abusive messages via text and monitored her whereabouts through an app he secretly installed on her phone. Rachel had unsuccessfully tried to leave the relationship a number of times. She had sought support from a women's family violence service who helped her upgrade her home security through a Safe at Home program, linked her in with counselling as well as financial and legal support.

Michael attended court and was incarcerated for 17 years for Rachel's murder. Their children have been put into short-term, emergency foster care and the Department are in the process of making longer-term arrangements for their care. Michael is required to complete a men's behaviour change program while in prison.

APPENDIX N:

Cost categories and data sources

Table N.1: Cost categories and data sources for return on investment

Cost category	Data source
Administration costs	
Cost of perpetrator incarceration	WA Budget Papers 2017–18
Court system costs to prosecute perpetrators of DV	WA Budget Papers 2017–18
Private legal costs faced by perpetrator	WA Budget Papers 2017–18
Police costs	WA Budget Papers 2017–18
Cost of civil court appearances (AVOs, divorce and custody orders)	WA Budget Papers 2017–18
Coronial costs to investigate deaths	WA Budget Papers 2017–18
Costs for temporary accommodation for DFV victims	WA Budget Papers 2017–18
Counselling costs	WA Budget Papers 2017–18
Funeral costs	ASIC
Imputed carer costs	WA Budget Papers 2017–18
Other costs per day of managing community supervision	WA Budget Papers 2017–18
Other costs of providing support services	WA Budget Papers 2017–18
Public housing	WA Budget Papers 2017–18
Centrelink payment	Centrelink payment calculator
Health costs	
Emergency	WA Budget Papers 2017–18
GP visits	AIHW 2014–15 report TA.1, p. 16
Prescription medications	PBS 2017 report T4, p. 16
Ambulance	WA Budget Papers 2017–18
Health costs	

Hospital stays	WA Budget Papers 2017–18
Mental health care	WA Budget Papers 2017–18
Pain, suffering and premature mortality	
Premature mortality	PwC, 2014
Pain and suffering	KPMG, 2018, p. 22; ABS 2017 Life Tables, States, Territories and Australia, 2014-16. Retrieved from https://www.education.wa.edu.au/teacher-salaries
Production costs	
Cost of perpetrator's absence due to harassing victims	KPMG, 2018, p. 22
Cost of perpetrator's absence due legal and criminal justice process	Estimates of time off are made by multiplying his daily wage rate by the amount of time absent from work
Cost of perpetrator's absence due to attending Family Court	Estimates of time off are made by multiplying his daily wage rate by the amount of time absent from work

References

Australian Bureau of Statistics. *Life tables, states, territories and Australia, 2014–2016* (Cat. no. 3302.0.55.001).

Australian Institute of Health and Welfare. (2016). *Health expenditure Australia 2014–15* (Health and welfare expenditure series no. 57 cat. no. HWE 67). Canberra: AIHW.

Department of Health. (2017). *Pharmaceutical Benefits Scheme: Expenditure and prescriptions twelve months to 30 June 2017.* Retrieved from: http://www.pbs.gov.au/info/statistics/expenditure-prescriptions-twelve-months-to-30-june-2017

Government of Western Australia. *State Budget 2017–2018*. Retrieved from: https://www.ourstatebudget.wa.gov.au/2017-18/index.html

KPMG Australia. (2016). *The cost of violence against women and their children in Australia* (Final report). Retrieved from: https://www.dss.gov.au/women/publications-articles/reducing-violence/the-cost-of-violence-against-women-and-their-children-in-australia-may-2016

Moneysmart. (n.d.). Paying for your funeral. Retrieved from https://moneysmart.gov.au/paying-for-your-funeral

PricewaterhouseCoopers. (2015). *A high price to pay: The economic case for preventing violence against women*. Retrieved from: https://www.pwc.com.au/publications/economic-case-preventing-violence-against-women.html

This page has intentionally been left blank.

ANROWS

ANROWS

AUSTRALIA'S NATIONAL RESEARCH ORGANISATION FOR WOMEN'S SAFETY

to Reduce Violence against Women & their Children