

ANROWS

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

Women's Safety and Violence Prevention

Department of Justice and Attorney-General
GPO Box 149
BRISBANE QLD 4001

By email: ConsultationOWVP@justice.qld.gov.au

Re: Development of a Queensland domestic and family violence perpetrator strategy

Dear Hon Yvette D'Ath MP

ANROWS thanks the Queensland Government Department of Justice and Attorney General for the opportunity to respond to the development of a domestic and family violence perpetrator strategy.

ANROWS is an independent, not-for-profit company established as an initiative of Australia's *National Plan to Reduce Violence against Women and their Children 2010–2022* (the National Plan). Our primary function is to build the evidence base that supports ending violence against women and children in Australia. ANROWS is embedded in the National Plan architecture and will continue to deliver and develop this function across the next decade under the *National Plan to End Violence against Women and Children 2022–2032*. Every aspect of our work is motivated by the right of women and children to live free from violence and in safe communities. We recognise, respect and respond to diversity among women and children, and we are committed to reconciliation with Aboriginal and Torres Strait Islander Australians.

Primary funding for ANROWS is jointly provided by the Commonwealth and all state and territory governments of Australia. ANROWS is also, from time to time, directly commissioned to undertake work for an individual jurisdiction and successfully tenders for research and evaluation work. ANROWS is registered as a harm prevention charity and deductible gift recipient, governed by the Australian Charities and Not-for-profit Commission (ACNC).

This submission uses the consultation questions provided to guide our response. Utilising evidence from rigorous peer-reviewed research, including ANROWS research, we have developed recommendations relevant to most of the questions set out in the consultation paper.

We would be very pleased to assist the Committee further, as required.

Yours sincerely



Jane Lloyd

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06.10.2023

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Overall comments

The consultation paper for the development of a Queensland domestic and family violence perpetrator strategy reflects a comprehensive and well-structured approach to further understanding what reform should look like to meet the needs of people who use violence while holding them accountable for their behaviours.

In particular, ANROWS is pleased that the Queensland Government is taking genuine steps to understand the unique needs of young people who use violence. Children and young people's experiences of violence, including their use of violence, were a priority of ANROWS under *Australia's National Research Agenda to Reduce Violence against Women and their Children 2020–2022* (ANRA). The evidence that has emerged from our commissioned body of research in this area demonstrates the critical need for tailored, holistic supports for children and young people impacted by violence – including those using violence. This cohort of children and young people need urgent government support to be safe from both experiencing and causing harm.

We support the approach to understanding and responding to violence along a continuum outlined in the strategy and acknowledge the work that the Queensland Government has already done in this space, including via the *Domestic and Family Violence Prevention Strategy 2016–2026* (Queensland Government, 2016).

We have focused on recommendations that are immediately practicable. For example, we have provided a list of practitioner resources and practice frameworks which, if put into immediate effect, will support the sector's capacity to respond to people who use violence. However, some recommendations will require long-term investment and significant system reform. These include recommendations to ensure that responses to perpetrators address complex trauma and are better integrated with health, alcohol and other drugs, disability and housing services. We trust that the Queensland Government is open to a variety of approaches to address this complex social problem.

This submission has been structured so it mirrors the consultation paper questions. Almost all questions have been responded to and a summary list of recommendations has been provided below. It is important to note that there is often significant crossover when answering the questions posed in the consultation report. We have tried to limit duplication but would like to point out that the submission should be considered as a whole. For example, responding to young people's use of violence also revolves around developing services that are responsive to trauma and the impact of intersecting needs. ANROWS is available to provide further clarifying information upon request.

Summary list of recommendations

Recommendation 1: Ensure the vision of the strategy foresees, and thus works towards, an end to violence, rather than just a response to it. This change will better align the strategy with the *National Plan to End Violence against Women and Children 2022–2032*.

Recommendation 2: Develop positive points of action focused on building men’s emotional wellbeing, health and resilience as a key preventive measure. This includes specific plans to respond to the risk of first time or escalating violence during the recovery period of natural disasters and factors leading to the deterioration of men’s physical and mental health.

Recommendation 3: Creating a safe, well, resilient and thriving community is critical to ending violence against women. We recommend taking a whole-of-government approach to domestic and family violence (DFV), including using a DFV lens when reforming policies focused on building disaster resilience and recovery, mental health service supply and buffering housing and economic stress.

Recommendation 4: Identify and adequately resource equitable opportunities to pilot and evaluate community-led interventions.

Recommendation 5: Build community capacity to engage effectively with men who use violence. For example, through the implementation of first responder and healthy relationships first aid. The evidence base suggests that this could look like supporting friends, families and colleagues of men to respond to their use of, or risk of using, violence by encouraging or facilitating help seeking.

Recommendation 6: Ensure services responding to the use of violence are widely visible and available. This requires both targeted and universal approaches, for example, through both public advertising and targeted referrals. The aim should be to support a no-wrong-door approach to ensuring those who use violence can receive support to change their behaviours. The advertising of these services should be developed carefully to minimise the potential risk of backlash.

Recommendation 7: Use the findings from Boxall et al. (2022) detailing [pathways to intimate partner homicide](#) to inform approaches to early intervention. These include continuing Queensland Government’s investment in building frontline worker skills in identifying and responding to coercive control and investment in intelligence-led policing; the provision of targeted, integrated and timely supports to ensure the use of violence is responded to contextually (for example, integration of perpetrator intervention with mental health and alcohol and other drug support); and the upskilling of health professionals to conduct DFV risk assessments for men experiencing acute stressors and/or significant deterioration in their physical health.

Recommendation 8: Approaches to children and young people’s use of violence must acknowledge that adolescent violence in the home (AVITH) and adult perpetrated DFV often overlap, so strategies must prioritise the safety of children and young people. We recommend the Queensland Government draw on recent evidence and recommendations from *The Prevalence and Impact of Child Maltreatment in Australia: Findings from the Australian Child Maltreatment Study: Brief Report* (Haslam et al., 2023); in particular, recommendations 7 and 8 (p. 35) which focus on the enhanced prevention of child abuse through systematic policy and programmatic reform.

Recommendation 9: Endorse the use and implementation of the [AVITH Collaborative Practice Framework](#) (Campbell et al., 2023). This includes implementing the recommendations for government including the resourcing of AVITH-focused interventions that reflect the complexity of the work, supporting shared understanding through a common risk assessment framework, investing in the long-term relationship-focused work children and young people using violence need.

Recommendation 10: Children and young people with disability require further supports where AVITH is involved. Neither disability nor DFV services are currently well-equipped to respond to this high-needs group. Implement [*Connecting the Dots*](#) (Foley et al., 2023), a strengths-based framework for responding to the needs and priorities of children and young people with disability who experience domestic and family violence to improve outcomes for this cohort.

Recommendation 11: Adopt and implement [*Healing Our Children and Young People: A Framework to Address the Impact of Domestic and Family Violence*](#) (Morgan et al., 2023a). A resource for policymakers and practitioners working with Aboriginal and Torres Strait Islander children who have experienced domestic, family or sexual violence and who have come into contact with the child protection system.

Recommendation 12: Perpetrator interventions aimed at Aboriginal and Torres Strait Islander people must be developed in consultation with First Nations men and women.

Recommendation 13: Invest in the expansion of locally available services that have been designed to be culturally responsive.

Recommendation 14: Aboriginal and Torres Strait Islander perpetrator interventions must focus on diversion away from the criminal justice system while also keeping women and children safe. The Queensland Government should invest in the piloting and evaluation of these programs as a priority.

Recommendation 15: Improve sector ability to recognise and respond to DFV in LGBTQ relationships. This includes training for police and the DFV sector to improve their ability to confidently and effectively respond to LGBTQ victims and people who use violence. Sector improvement is inclusive of the funding of pilot programs designed to respond to the unique needs of LGBTQ people. Programs should be designed and delivered through a collaborative process with LGBTQ people, including those with lived experience of DFV.

Recommendation 16: Ensure that perpetrator responses do not contribute to the problem of misidentification of victims as primary perpetrators by providing clear guidance on accurate assessment and responses to the person most in need of protection. This includes reflecting on the nexus of women's use of violence and complex trauma, including repeat victimisation, and developing trauma-informed and culturally responsive approaches focused on early intervention.

Recommendation 17: Review the remit of WorkUP Queensland and consider opportunities to enhance impact with additional investment and expanded focus.

Recommendation 18: Multiple ANROWS research projects have culminated in the development of practice frameworks and recommendations aiming to build the capacity of the DFV workforce and its partners to respond to people who use violence. A list of these frameworks and recommendations are provided in this submission. We recommend that these are incorporated into any workforce development strategy.

Recommendation 19: As part of the work to better define the concept of accountability, collaborate with stakeholders to better develop an idea of what collective accountability looks like in practice. Promising practices include investing in healthy relationships first aid training, engaging men training for community members and in workplaces, and upskilling practitioners across the service system to respond to men in ways that are both empathetic while also challenging harmful ways of thinking and behaving.

Recommendation 20: Enhance researcher access to existing data, including linked administrative datasets, where it is permissible by law. There is also an urgent need for state government investment in the piloting and evaluation of programs, especially programs co-designed with experts by lived experience and practitioners.

Recommendation 21: Invest in robust evaluations, including resourcing funded services to participate in research and evaluation.

Recommendation 22: Review and use the [ANROWS Evidence Portal](#) to identify available intervention evidence concerning “what works” before commencing any new projects or initiatives, and periodically to maintain current knowledge.

Terminology and issues for consideration

- 1) In the development of the strategy, do you support the use of the term “persons using violence” when referring to individual people? Why or why not?

We support the use of the term “persons using violence” when referring to individual people. At ANROWS, we are committed to updating our use of language and ways of communicating about violence, including the perpetration of violence, to better reflect the nuances of the subject and to support the broader community conversation. As part of the development of the next *Australian National Research Agenda to End Violence against Women 2023–2028* (in press), we use person-first language when referring to people who use violence in recognition that it models the respectful labelling of actions without diminishing a person’s accountability. Adopting language that recognises people who use violence as multidimensional may go some way to buffer the restricting nature of shame and its impact on an individual’s ability to accurately identify harmful behaviours and seek appropriate help.

Our recent research on adolescent violence in the home (AVITH) highlights how especially crucial the use of person-first language is when referring to children and young people who use family violence because of the exceptionally high correlation of AVITH and child experiences of abuse, including co-existing DFV. The recently released, [AVITH Collaborative Practice Framework](#) (Campbell et al., 2023), based on the extensive research of Elena Campbell for the WRAP (Wraparound Responses for AVITH Programming) project, guides those working in AVITH on the importance of, “Adopting language which emphasises a young person’s and their family’s strengths and reduces shame and stigma” to “unpack binary paradigms in which responses are framed in terms of victims and survivors, on one hand, and perpetrators on the other” (Campbell et al., 2023, p. 5).

- 2) Are these the right focus areas for the strategy? Are there other key areas that should be considered?

The consultation paper identifies seven broad focus areas for further consideration to strengthen responses to people using violence in Queensland. Overall, the focus areas align with the evidence base. We do note, however, that there are significant limitations to identifying what works, when and for whom, at each point of the intervention cycle. With this in mind, we encourage the Queensland Government to review and implement the recommendations in this submission and to closely monitor the newly released [ANROWS Evidence Portal](#), which will continue to collate and report on the evidence base for domestic, family and sexual violence interventions.

- 3) Does the vision, purpose and guiding principles provide the right foundation for the Strategy?

The vision, purpose and guiding principles are clear and provide a useful foundation for the strategy. However, there is an opportunity to ensure the strategy’s vision aims to end DFV. A vision foreseeing an

end to violence aligns the strategy to the *National Plan to End Violence against Women 2022–2032* and sets the ground for actions aimed at stopping violence through proactive preventive efforts with those most at risk of using violence.

Recommendation 1: Ensure the vision of the strategy foresees, and thus works towards, an end to violence, rather than just a response to it. This change will better align the strategy with the *National Plan to End Violence against Women 2022–2032*.

Prevention

- 4) How can the Strategy support the community, including men and boys, to be more proactive in addressing the drivers of domestic and family violence?

Health, wellbeing and resilience

An emerging body of research emphasises the importance of the health and wellbeing of boys and men and the health of the communities they live in. For example, there is a growing body of literature showing that DFV increases in the wake of natural disasters such as bushfires (Parkinson et al., 2013; Parkinson, 2019) and health pandemics, particularly when they are accompanied by financial stressors (Boxall & Morgan, 2021).

In addition to this research, Boxall et al.'s (2022) study on intimate partner homicide (IPH) highlighted several key findings significant to the wellbeing and health of men who killed their current or former partners:

- Age and physical health conditions were interconnected in IPH, especially among older men with one third of offenders over 55 reporting health issues.
- Nearly half of the offenders had mental illness and/or substance use disorders, with high rates of depression and self-harm.
- One in five offenders had long-term health conditions, and one in six had cognitive impairments including acquired brain injury (which was suspected or confirmed in 17% of offenders in the study).
- In many cases, traditional gender norms may have influenced offenders' motivations to kill their partner. While this information was often missing, 17 per cent of offenders said or acted in ways endorsing such beliefs.
- One in four offenders included in the sample were exposed to communities and cultural groups characterised by hegemonic masculinities associated with traditional gender roles, including sporting clubs, military service, male-dominated workplaces and outlaw bicycle gangs.
- Childhood experiences of child abuse, including DFV, were shared by 20 per cent of offenders.
- The majority of culturally and linguistically diverse (CALD) offenders had experienced significant trauma including displacement from their birth country, death of a family member, extreme levels of financial stress and incarceration.

While, as Boxall et al. (2022) explain, it is important to not attempt to “rationalise, pathologise or make excuses” (p. 68) for the actions of men who have killed their partners; it is important to consider this evidence as part of a complete picture of the needs of society as we work together to end DFV.

This research, alongside the now extensive research discussing Aboriginal and Torres Strait Islander experiences of DFV within the context of genocide, colonisation and the ongoing systemic discrimination and oppression of First Nations people (see Langton et al., 2020; Carlson et al., 2021; Healing Foundation et al., 2017), points to the need for a proactive investment in the health and wellbeing of communities, including in boys and men. This could include, but is not limited to:

- access to disability supports
- access to settlement services
- access to health, especially mental health and alcohol and other drug supports
- greater awareness and safety around acquired brain injuries
- targeted mental health supports for children who have experienced child abuse, including DFV
- building anti-DFV and DFV-response initiatives into state disaster, recovery and resilience planning.

The strategy should include actions focused on building men’s emotional wellbeing, health and resilience. As such, the strategy should not sit in isolation, but rather in strategic alignment with other social strategies focused on building the economic, physical and social strength and resilience of the Queensland community, such as the *Queensland Women’s Strategy 2022–27*. These include strategies for physical and mental health and wellbeing (for example, men using violence wanted assistance with stress, stress management and anger management; Hegarty et al., 2022), housing, disability and disaster recovery and resilience. This approach could also be an opportunity to align the Queensland Government’s work to end DFV with the Australian Government’s *Measuring What Matters: Australia’s First Wellbeing Framework* (Department of the Treasury, 2023).

Recommendation 2: Develop positive points of action focused on building men’s emotional wellbeing, health and resilience as a key preventive measure. This includes specific plans to respond to the risk of first time or escalating violence during the recovery period of natural disasters and factors leading to the deterioration of men’s physical and mental health.

Recommendation 3: Creating a safe, well, resilient and thriving community is critical to ending violence against women. We recommend taking a whole-of-government approach to DFV, including using a DFV lens when reforming policies focused on building disaster resilience and recovery, mental health service supply and buffering housing and economic stress.

Community-led intervention

Supporting the community, including men and boys, to proactively address the drivers of domestic and family violence can also include identifying and resourcing opportunities to pilot and evaluate community-led interventions. The *Australian National Research Agenda to End Violence against Women 2023–2028* (in press) calls for greater investment in community-led interventions across all pillars of the domestic and family violence response continuum, from prevention to healing and recovery.

Recommendation 4: Identify and adequately resource equitable opportunities to pilot and evaluate community-led interventions.

Early intervention

- 5) How should the Strategy support early intervention with people using violence to reduce recurrence, escalation and long-term harm caused by domestic and family violence?
- 6) Where should we be focusing our attention to support people using or at risk of using violence to get help early?

Effective community-wide responses

Early intervention is a priority component of responding to DFV, yet it remains significantly underexamined. This has been demonstrated by recent analysis for the [ANROWS Evidence Portal](#) which found a total of 38 early interventions in comparison to 132 response interventions. There are, however, learnings from research on trajectories of violence, such as that led by Hegarty et al. (2022) and the aforementioned Boxall et al. (2022) study on IPH. Both projects identified key areas for early intervention including building broader community capacity to respond to men who use violence or shows signs of being at risk of using violence, harnessing men’s relationships with general practitioners and increasing the visibility of DFV services targeted at men who use violence.

Hegarty et al. (2022) found perpetrators of violence most often seek support from family and friends (58.9%), followed by health services (33.3%) and recommended that:

- “first responder healthy relationships first aid” be made available for family and friends
- workplaces and faith-based organisations use the LIVES model (Listen, Inquire about needs and concerns, Validate, Enhance safety, Support; World Health Organization, 2013b in Hegarty et al., 2022)
- “engaging men” training be made available to the general community to support family and friends to engage effectively with men who use violence.

The report also recommends that non-specialist health services, particularly general practice, mental health and counselling services, be provided with adequate training to challenge violent-supportive thinking, engage with people who use violence and support them in seeking further help (Hegarty et al., 2022).

The research team also identified key barriers to participants seeking advice or support regarding their use of violence. They found that among participants who had never sought advice or support for their use of violence, the three most common barriers were lack of awareness of available services (68.3%), the cost of services (62.1%) and long wait times (59%) (p. 101). This finding highlights the need for perpetrator-targeted services to be made available to people using or at risk of using violence and for availability of those services and who can use them to be made more visible.

Recommendation 5: Build community capacity to engage effectively with men who use violence. For example, through the implementation of first responder and healthy relationships first aid. The evidence

base suggests this could entail supporting friends, families and colleagues of men to respond to their use of, or risk of using, violence by encouraging or facilitating help seeking.

Recommendation 6: Ensure services responding to the use of violence are widely visible and available. This requires both targeted and universal approaches, for example, through both public advertising and targeted referrals. The aim should be to support a no-wrong-door approach to ensuring those who use violence can receive support to change their behaviours. The advertising of these services should be developed carefully to minimise the potential risk of backlash.

Evidence informed early interventions in intimate partner homicide trajectories

It may seem counterintuitive to discuss pathways to intimate partner homicide (IPH) in the development of early intervention. Yet, work by Boxall et al. (2022) to map IPH trajectories highlighted the multiple opportunities in the early life course of violence to intervene and potentially divert the trajectory towards safety. The research team identified three key trajectories to IPH. Their trajectories reveal that while some men's use of violence in the lead up to IPH may be persistent and garner significant attention from first responders and other service providers, the pathway to IPH for some perpetrators is seemingly less obvious.

With the insights from this research, there is an excellent opportunity for the Queensland Government to use the mapping of these trajectories to inform its approach to the potential risks of different kinds of perpetrators. The following barriers and opportunities for early intervention in each of the three trajectories were identified:

- 1) **Fixated threat:** One significant challenge in responding to domestic and family violence (DFV) perpetrated by this type of offender is that their abuse primarily consists of non-physical coercive controlling behaviours, which are not often visible to law enforcement. Disrupting this trajectory requires continual investment for frontline workers to detect and respond to coercive control. Intelligence-led policing is a promising and innovative avenue for disrupting the fixated threat offender pathway when delivered with representatives from the family law, mental health and domestic violence sectors. In Queensland, we note, significant work has commenced and continues through legislative change prompted by the Women's Safety and Justice Taskforce recommendations and *A Call for Change: Commission of Inquiry into Queensland Police Service Responses to Domestic and Family Violence* (Richards, 2022).
- 2) **Persistent and disorderly:** There is an emerging evidence base regarding intervention along this offender trajectory. This type of offender, the most "visible" of the three, had high levels of contact with statutory services. Early intervention and the provision of targeted, integrated and timely support is crucial in preventing DFV among this cohort of offenders. Prevention is critical and must be tailored to meet the different requirements of family, community and school settings. The provision of perpetrator interventions integrated with alcohol and other drug and mental health services enables support to be provided for contextual and situational risk factors (e.g. comorbidity, alcohol use).
- 3) **Deterioration/acute stressor:** Obvious early intervention for disrupting this offender pathway are more challenging as many offenders do not show established risk factors for DFV. However, due to DAS offenders' adverse mental health experiences, mental health professionals are well-placed to conduct risk assessments and identify the increasing risk of DFV in the context

of deteriorating mental health. Another relevant prevention avenue is bystander intervention programs targeting family and friends.

Recommendation 7: Use the findings from Boxall et al. (2022) detailing pathways to intimate partner homicide to inform approaches to early intervention. These include continuing Queensland Government’s investment in building frontline worker skills in identifying and responding to coercive control and investment in intelligence-led policing; the provision of targeted, integrated and timely supports to ensure the use of violence is responded to contextually (for example, integration of perpetrator intervention with mental health and alcohol and other drug support); and the upskilling of health professionals to conduct DFV risk assessments for men experiencing acute stressors and/or significant deterioration in their physical health.

7) How should the Strategy support early and effective responses to young people using, or at risk of using, violence?

Young peoples’ use of domestic and family violence

We are pleased to see that the Queensland Government is explicitly exploring opportunities on how to best respond to young people using, or at risk of using, violence. In response to the above consultation question, ANROWS’s [collection of research on adolescent violence in the home](#) (AVITH) is instructive. This research includes a prevalence study led by Kate Fitz-Gibbon, revealing that one in five (20%) of 16- to 20-year-olds in Australia report using any form of family violence (Fitz-Gibbon et al., 2022a). According to the study, siblings and mothers are most at risk of being victims of young people’s use of family violence.

Correlation between young people’s victimisation and use of violence

Recent research highlights that young people’s use of violence most often occurs within the context of adult-perpetrated violence, including DFV and other forms of child abuse. In Fitz-Gibbon’s research, a striking 89 per cent of young people reporting using violence had experienced prior child abuse, including DFV (Fitz-Gibbon et al., 2022a). An analysis of youth justice data from Queensland revealed that experiences of childhood abuse and neglect were highly prevalent amongst young people who were adjudicated for sexual offences (Ogilvie et al., 2022). Therefore, any action on AVITH must centre children’s and young people’s safety and healing and take seriously the drastic prevalence of child abuse uncovered in the recently released *The Prevalence and Impact of Child Maltreatment in Australia: Findings from the Australian Child Maltreatment Study: Brief Report* (Haslam et al., 2023).

To date, research reveals that children’s experiences of trauma are underserved with children facing lengthy delays and barriers to support. These delays were highlighted in Orr et al.’s (2022) longitudinal study, which found that children experience an almost six-year delay in receiving mental health care after services like health and police respond to DFV in their homes. These children were also five times more likely (79%) to receive treatment from a mental health service by the time they turned 18 and were twice as likely to later be diagnosed with a substance use disorder. Additionally, the mothers of children who had experienced DFV were almost twice as likely to have received mental health care, underscoring the need for children experiencing DFV to receive a child-in-family response encompassing the needs of all family members to support healthy and safe family functioning.

While young people's use of violence is worrying, Campbell et al.'s (2023) research found that even where young people are using violence, it is the use of violence by adult (mostly male) perpetrators that is the “single greatest contributing factor” to the support needs of mothers seeking help for their child's behaviour, and the needs of the children themselves (p. 8). That young people who use violence need to be safe was mirrored in the Fitz-Gibbon et al. (2022b) study where young people shared their need for:

- safe spaces and places
- people to talk to
- education for parents and carers on abusive behaviours and their impact
- a supportive school environment
- professional support
- a supportive and understanding mother (p. 9).

Fit-for-purpose supports

Identifying and understanding AVITH remains a barrier to effective practice, and many services operate within an inappropriate dichotomous framework that sees clients as either victims and survivors *or* as perpetrators (Campbell et al., 2023). Mothers are let down by the mainstream DFV system's failure to support families when young people who use violence remain in the home (Sutherland et al., 2022). The inappropriateness of responses, in part due to misunderstandings, can be exacerbated when young people have disability (Sutherland et al., 2022).

While studies highlight the need for practice knowledge and skills around AVITH to be further developed, the studies also uncover significant service gaps that require legislative and policy changes to address AVITH. These include an investment in delivering meaningful, flexible, client-centred work which can occur with all family members over a longer term (Campbell, 2023). Excessive caseloads and cyclical funding can have a detrimental impact on practitioners' ability to meet the unique needs of this important cohort (Campbell et al., 2023).

There is also an urgent need to ensure that services are available to families experiencing AVITH that allow the child or young person to remain at home with a safety plan in a place. Service predicated on the child or young person's removal from the home are unrealistic and potentially harmful to all involved and risks contravening Queensland's *Human Rights Act 2019* (Qld), specifically section 26(2).

Another key tension emerging from AVITH research is the need for responses to validate and tend to the needs of siblings as victims. While mothers and practitioners alike share the view that AVITH can have a profound impact on siblings, their support needs are currently underrecognised (Sutherland et al., 2022).

Young people with disability and their families

Research suggests that young people with disability may be more likely to use violence towards family members (Fitz-Gibbon, 2022a) and that their behaviours must be understood outside of traditional adult family violence frameworks (Sutherland et al., 2022). Campbell et al.'s (2023) research reiterated the need, initially identified through previous work, for additional support for young people with disability and their families, particularly in terms of their vulnerability to a family violence system response that focuses only on their behaviour rather than the young person and their family's needs. Similarly, the mothers of

children and young people with disability interviewed as part of Sutherland et al.'s (2022) research strongly expressed the importance of balancing the needs of all family members, including responding to the need for care and safety of the young person with disability using violence and the need for care and safety for themselves, siblings and other family members.

Recommendation 8: Approaches to children and young people's use of violence must acknowledge that AVITH and adult perpetrated DFV often overlap, so strategies must prioritise the safety of children and young people. We recommend the Queensland Government draw on recent evidence and recommendations from *The Prevalence and Impact of Child Maltreatment in Australia: Findings from the Australian Child Maltreatment Study: Brief Report* (Haslam et al., 2023); in particular, recommendations 7 and 8 (p. 35) which focus on the enhanced prevention of child abuse through systematic policy and programmatic reform.

Recommendation 9: Endorse the use and implementation of the [AVITH Collaborative Practice Framework](#) (Campbell et al., 2023). This includes implementing the recommendations for government including the resourcing of AVITH-focused interventions that reflect the complexity of the work, supporting shared understanding through a common risk assessment framework, investing in the long-term relationship focused work children and young people using violence need.

Recommendation 10: Children and young people with disability require further supports where AVITH is involved. Neither disability nor DFV services are currently well-equipped to respond to this high-needs group. Implement [Connecting the Dots](#) (Foley et al., 2023), a strengths-based framework for responding to the needs and priorities of children and young people with disability who experience domestic and family violence to improve outcomes for this cohort.

Response

- 9) How can the Strategy support interventions that respond to a person's intersecting needs and take a trauma-informed approach?
- 10) How can the Strategy improve access to services that can respond to the complex needs of persons using violence throughout Queensland?

Healing Our Children and Young People: A Framework to Address the Impacts of Domestic and Family Violence

The recently released report, [You Can't Pour from an Empty Cup: Strengthening our Service and Systems Responses for Aboriginal and Torres Strait Islander Children and Young People who Experience Domestic and Family Violence](#) (Morgan et al., 2023b), found that First Nations voices have been sidelined from decision-making with devastating effects. The first of its kind in Australia, the research project engaged eight Aboriginal and Torres Strait Islander community research teams across regional and remote Queensland and was led by Aboriginal and Torres Strait Islander chief investigators, in a collaborative process to elevate First-Nations voices and find community-led solutions for healing and recovery. The

research culminated in the Healing Our Children and Young People framework, which has been designed to be implemented in local contexts to meet local needs.

The framework is designed to enable local communities to implement place-based responses and includes a comprehensive list of questions for government to lead the system responses needed to support the implementation of the healing framework. These questions include critical organisational considerations across policy, procurement and contracting, service design and education.

We recommend reviewing the perpetrator strategy with these questions as a guide to ensure the authorising environment of the strategy meets the needs of Aboriginal and Torres Strait Islander children and victims and survivors of DFV. The strategy should also include reference to the framework to promote its use at the local level.

Recommendation 11: Adopt and implement [Healing Our Children and Young People: A Framework to Address the Impacts of Domestic and Family Violence](#) (Morgan et al., 2023a). A resource for policymakers and practitioners working with Aboriginal and Torres Strait Islander children who have experienced domestic, family or sexual violence and who have come into contact with the child protection system.

Focus on prevention, healing and diversion from the criminal legal system for Aboriginal and Torres Strait Islander men and young people who use violence

Research from ANROWS's perpetrator interventions stream highlights the importance of prevention, healing and diversion from the criminal system for Aboriginal and Torres Strait Islander men and young people who use violence. Langton et al. (2020) recommended that perpetrator strategies address the underlying complexities contributing to the perpetration of violence by expanding local perpetrator accountability support services, including:

- therapeutic counselling and related services (both individual and group)
- Aboriginal-specific and other culturally appropriate men's behaviour change programs
- alcohol and other drugs rehabilitation and counselling
- mental health services.

The recommendations closely reflect those from Blagg et al. (2020) who found that mainstream legal systems and forms of governance failed to recognise the importance of Aboriginal and Torres Strait Islander Law and Culture in the everyday life of many First Nations communities. Blagg and colleagues recommended that to overcome the continuation of this failure:

- Aboriginal and Torres Strait Islander men and women need to be involved in the design and implementation of local family violence strategies.
- policy and service responses need to acknowledge the link between violence and issues that stem from colonisation such as alcohol misuse and intergenerational trauma, rather than focusing solely on gender inequality and male power.
- mainstream systems and services need an improved understanding of Aboriginal and Torres Strait Islander family obligations and interconnections.

Forthcoming research from the ANROWS research project "[An exploration of Aboriginal and Torres Strait Islander healing programs that respond to domestic and family violence and sexual assault](#)" will highlight the importance of working with communities to support bottom-up initiatives that meet community needs, responding to the family as a whole while emphasising the importance of healing in all interventions.

Recommendation 12: Perpetrator interventions aimed at Aboriginal and Torres Strait Islander people must be developed in consultation with First Nations men and women.

Recommendation 13: Invest in the expansion of locally available services that have been designed to be culturally responsive.

Recommendation 14: Aboriginal and Torres Strait Islander perpetrator interventions must focus on diversion away from the criminal justice system while also keeping women and children safe. The government should invest in the piloting and evaluation of these programs as a priority.

Increase community and sector understanding of DFV in LGBTQ relationships and trial tailored, co-designed programs

Existing DFV interventions tend to focus on cisgender, heterosexual female victims and male perpetrators to the exclusion of lesbian, gay, bisexual, transgender and/or queer (LGBTQ) communities (Cannon & Buttell, 2015 in Gray et al., 2020, p. 11). Research from a collaboration between ACON, Relationships Australia and ANROWS found that:

- the “heterosexual face” of domestic violence makes it more difficult to identify in LGBTQ relationships
- LGBTQ people use and experience unique tactics of abuse, such as identity-based abuse
- trauma from discrimination and stigma impact how LGBTQ people experience abuse
- LGBTQ community readiness to recognise DFV and seek support, as well as service responses (both mainstream and specialised) to LGBTQ people, must be strengthened.

The project team recommended that service providers and the community need information to improve their recognition and understanding of DFV in LGBTQ relationships. It also called for increased training of police and the DFV sector to increase practitioner confidence and skills in responding to LGBTQ people. Finally, it recommended that governments fund the development and trialing of tailored programs designed to ensure that the unique and diverse needs among LGBTQ populations are addressed. These programs should be designed in collaboration with members of the LGBTQ community.

Recommendation 15: Improve sector ability to recognise and respond to DFV in LGBTQ relationships. ANROWS recognises that work is underway within both the Queensland Police Service and the DFV workforce, and that continued improvement is needed. This includes training for police and the DFV sector to improve their ability to respond to LGBTQ victims and perpetrators of violence confidently and effectively. Sector improvement is inclusive of the funding of pilot programs designed to respond to the unique needs of LGBTQ people. Programs should be designed and delivered through a collaborative process with LGBTQ people, including those with lived experience of DFV.

11) What approach do you think the Strategy should take to respond to women who use violence?

Identifying the person most in need of protection

Any approach to women who use violence must include clear guidance on identifying the person most in need of protection. Women, especially Aboriginal and Torres Strait Islander women, are being

misidentified as perpetrators on protection orders, and the effects of this are far-reaching (Nancarrow et al., 2020). We strongly recommend that any perpetrator strategy to address women's use of violence reference and align with amendments made to the *Domestic and Family Violence Protection Act 2012* (Qld) with the insertion of Section 22A. It should also be supported with an implementation plan that supplements existing training packages with improved processes of decision-making and accountability for identifying the person most in need of protection and clear guidance for magistrates on how and when they can dismiss inappropriate applications and/or orders where women are the primary victims of a pattern of abuse.

Furthermore, any response should reflect research demonstrating the correlation between women who use violence and experiences of complex trauma, including being the victim of child abuse and/or domestic and family violence (Bevis et al., 2020). In their study of Aboriginal and Torres Strait Islander women incarcerated for violent crimes, Bevis et al. (2020) found that the nexus of violent behaviour and complex trauma necessitated an approach that was at once trauma-informed, culturally responsive and focused on early intervention. They recommended, among other things, the funding of practical supports such as family residential rehabilitation programs; increased screening of women who enter the law enforcement system for mental health issues, complex trauma, disability and brain injuries; increased referral to therapeutic supports; and urgent investment in public housing supply and women's crisis housing (including culturally specific alternatives).

Recommendation 16: Ensure that perpetrator responses do not contribute to the problem of misidentification of victims as primary perpetrators by providing clear guidance on accurate assessment and responses to the person most in need of protection. This includes reflecting on the nexus of women's use of violence and complex trauma, including repeat victimisation, and developing trauma-informed and culturally responsive approaches focused on early intervention.

12) How can the Strategy assist the domestic, family and sexual violence sector to build a specialist workforce that has the capability and capacity to effectively respond to persons using violence?

WorkUP Queensland

Since 2019 ANROWS has been a proud partner of WorkUP Queensland. WorkUP Queensland is the domestic and family violence, sexual assault and women's health and wellbeing workforce capacity and capability building service.

WorkUP Queensland has successfully implemented a diverse range of strategies that have enabled the sector to:

- participate in a large range of professional development opportunities
- achieve new qualifications with the support of the WorkUP scholarship program
- develop a capability framework
- receive grants for collaborative workforce projects

- design and implement action research projects
- participate in a range of knowledge translation activities including evidence implementation projects and webinars
- develop relationships across the sector through communities of practice, peer learning groups, mentoring dyads, forums and other events.

This model has proven effective across many domains of workforce development. There is an opportunity to expand the impact of the service and progress the Queensland government goal of increasing integration across the specialist and mainstream sectors (Queensland Government, 2016) through considering options to increase the investment in WorkUP Queensland and expand the remit of the service. This expansion might include them working with family support services, child protection, health, police, corrections, education, specialist CALD, disability, LGBTQ and intersex services.

Recommendation 17: Review the remit of WorkUP Queensland and consider opportunities to enhance impact with additional investment and expanded focus.

Workforce capacity building research evidence

The evidence base provides specific practice guidelines or frameworks relevant to working with people who use violence. Some of these have been mentioned in prior recommendations, while others are provided below:

Frameworks and guidelines

- [*Invisible Practices: Working with Fathers Who Use Violence*](#) (ANROWS, 2018)
- [*Practice Guide: Working at the Intersections of Domestic and Family Violence, Parental Substance Misuse and/or Mental Health Issues*](#) (Heward-Belle et al., 2020)
- [*ESTIE Practice Resource: Evidence Based Guidelines to Support the Implementation of the Safe & Together Approach*](#) (Toivonen et al., 2022)
- [*Prioritising Victim/survivor Safety in Australian Perpetration Interventions: A Practice Guide*](#) (ANROWS, 2020)

Other relevant practice recommendations

The following specific recommendations have been drawn from the research synthesis [*Interventions for Perpetrators of Domestic, Family and Sexual Violence in Australia*](#) (ANROWS, 2021), unless otherwise specified:

- Resourcing for programs designed to respond to the use of violence is adequate to ensure flexible models of intervention that allow for longer-term participation.
- Resourcing for programs designed to respond to the use of violence build in and maintain structures for supporting women and children. These should include an element of face-to-face contact and be independent of whether the person using violence is participating in the program.
- Resourcing for programs designed to respond to the use of violence is adequate to ensure high-quality evaluations that examine outcomes for women and children.
- Worker training in the Safe & Together Model™ is supported (Safe & Together Institute, 2019).

- Services co-design their programs with affected communities (including Aboriginal and Torres Strait Islander, culturally and linguistically diverse, refugee and LGBTQ communities) and build partnerships with services that specialise in working with these diverse groups.
- Investment is made in community-based reintegration programs for sex offenders that focus on building prosocial and law-abiding identities, not just on meeting conditions of release. See for example the ANROWS report [Community-based Approaches to Sexual Offender Reintegration](#) (Richards et al., 2020)

Recommendation 18: Multiple ANROWS research projects have culminated in the development of practice frameworks and recommendations aiming to build the capacity of the DFV workforce and its partners to respond to people who use violence. A list of these frameworks and recommendations are provided in this submission. We recommend that these are incorporated into any workforce development strategy.

Systemic reform

- 13) How should the Strategy define perpetrator accountability?
 14) What does perpetrator accountability look like across the three mentioned levels of accountability (systemic, community and individual)?

Building collective accountability

We are pleased to see that the Queensland Government is taking a critical approach to conceptualising and implementing accountability. Beyond the discussion already referenced in the consultation paper which draws on the ANROWS research synthesis, [Interventions for Perpetrators of Domestic, Family and Sexual Violence in Australia](#) (2021), we would also recommend further investment in building collective accountability towards ending DFV.

Collective accountability includes ensuring the broader community surrounding the person using violence, including friends, family, colleagues and general service providers, all have some level of competence to respond to the person using, or at risk of using, violence.

Hegarty et al's. (2022) study found that alongside “allies training” focusing on the needs of victims and survivors, that men who use violence need to be met with community responses that listen to them while also holding them accountable for their use of violence. The researchers recommended “engaging men” training for family and friends and “healthy relationship first aid” training for all workplaces and faith-based organisations. Furthermore, due to the use of general practice and private and public mental health services by men who use violence, it is important for government investment to include upskilling practitioners across health in their ability to provide “empathetic support” and to “also challenge people to critically reflect on how their emotional and psychological states and behaviours are connected to gendered beliefs and other discriminatory attitudes” (Hegarty et al., 2022, p. 145). Hegarty et al. (2022) argue:

There is a need for greater training to ensure all professionals can develop effective therapeutic alliances that not only support perpetrators, but can also act as part of a “web of accountability”,

helping to monitor perpetrators' risk over time, sharing information and working collaboratively to manage risk (Chung et al., 2020). It should also be noted that any increased investment in services for perpetrators should not be delivered by reducing funding to victim support services. (p. 145)

Hegarty et al.'s (2022) recommendations are supported by implications from the most recent National Community Attitudes Survey (NCAS) which recommended that violence against women needed to be "personalised" as a community-wide social problem that requires community-wide responsibility and action (Coumarelos et al., 2023). This recommendation stems from the concerning NCAS finding that even though 91 per cent of respondents believe violence against women is a problem in Australia, only 47 per cent of respondents believe it is a problem in their own suburb or town (Coumarelos et al., 2023). In Queensland particularly, while 54 per cent of respondents agreed that violence against women is a problem in their suburb or town, there is still significant room for improvement (ANROWS, 2023).

Recommendation 19: As part of the work to better define the concept of accountability, collaborate with stakeholders to better develop an idea of what collective accountability looks like in practice. Promising practices include investing in healthy relationships first aid training, engaging men training for community members and in workplaces, and upskilling practitioners across the service system to respond to men in ways that are both empathetic while also challenging harmful ways of thinking and behaving.

Improvements to data collection, monitoring and evaluation

- 15) How can the Strategy contribute to our understanding of who is perpetrating domestic and family violence?
- 16) How can the Strategy contribute to building the evidence base about what works (and what does not)?

Government approaches to data and research

With the development of a new perpetrator strategy, an excellent opportunity exists for the Queensland Government to show leadership via national evidence sharing and research. With the launch of the new *Australian National Research Agenda to End Violence against Women 2023–2028* (in press), ANROWS will be urging all governments to be open to partnering with researchers and allowing researchers to have greater access to data, including linked administrative datasets, where it is permissible by law. There is also an urgent need for state government investment in the piloting and evaluation of programs, especially programs co-designed with experts by lived experience and practitioners.

ANROWS is aware that the Australian Institute of Health and Welfare received funding from the Department of Social Services in the 2021–22 budget to develop a family, domestic and sexual violence (FDSV) integrated data system. This will be an enduring, regularly updated, linked data asset to support policy analysis, research and monitoring. The FDSV integrated data system will link existing de-identified data from different sources to provide more people-centred information, build the evidence base and fill data gaps. The project is funded over 4 years (2021–22 to 2024–25) and will be completed in three stages: scoping, establishment, and testing and analysis.

We further recommend that the strategy consider opportunities for improving data collection and its use, building the sector's capacity to evaluate programs and resourcing research in alignment with the *Australian National Research Agenda to End Violence against Women 2023–2028* (in press). The agenda includes advice specific to governments as contractors of DFV services, such as funding commissioned service providers to support their participation in research and evaluation. Additionally, the Queensland Government may consider the development of [a common evaluation framework](#) for perpetrator interventions, similar to that used in Victoria, to support the strategy's ability to contribute to not only what works for whom but in what circumstances and to what degree through the measuring of key factors such as intervention fidelity, integration, feasibility, sustainability and costs.

Utilise the ANROWS Evidence Portal

The strategy should build in regular reviews of the newly launched ANROWS Evidence Portal to identify available evidence (and gaps in the evidence base) concerning “what works”. The portal also hosts multiple intervention reviews which provide summaries and evaluations of programs to determine their effectiveness. Further evaluations of perpetrator programs should also be made publicly available to continue to increase the dataset captured in the ANROWS Evidence Portal.

Recommendation 20: Enhance researcher access to existing data, including linked administrative datasets, where it is permissible by law. There is also an urgent need for state government investment in the piloting and evaluation of programs, especially programs co-designed with experts by lived experience and practitioners.

Recommendation 21: Invest in robust evaluations, including resourcing funded services to participate in research and evaluation.

Recommendation 22: Review and use the [ANROWS Evidence Portal](#) to identify available intervention evidence concerning “what works” before commencing any new projects or initiatives, and periodically to maintain current knowledge.

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