

**National Stakeholder Consultation for**

**National Perpetrator Intervention Outcome Standards for Australia**

**Report on key themes from consultations**

**2014**

Reos Partners acknowledges the traditional owners of country throughout Australia, and their continuing connection to land, sea and community. We pay our respects to them and their cultures, and to elders both past and present.

Acknowledgements

Reos Partners is extremely grateful to the many people who made the completion of this important and pioneering project possible. This report represents a collaboration of thought and effort.

We would like to express our appreciation to the jurisdictional contacts who provided contact details for key stakeholders within their respective jurisdictions and offered useful logistical advice. Particular recognition is given to the extensive array of individuals and organisations who participated throughout the various stages of the consultation process. Thank you for giving so willingly of your time, your expertise and your insights.

Disclaimer

This report has been prepared in accordance with the scope of services described in the agreement between Reos Partners and the Client. Any findings, conclusions or recommendations only apply to the aforementioned circumstances and no greater reliance should be assumed or drawn by the Client. Furthermore, the report has been prepared solely for use by the Client and Reos accepts no responsibility for its use by other parties.

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| Executive Summary

In recent years there has been growing recognition of the need to engage both victims and perpetrators of family violence. A proactive approach is needed to prevent future violence, and this needs to go to the source of the problem – the perpetrators of abuse.

This Report was prepared by Reos Partners (see Appendix 1), who were engaged by the Department of Social Services (DSS) to undertake national consultations, which formed foundational work under the *National Plan to Reduce Violence against Women and their Children 2010 – 2022* (The National Plan), specifically to address Outcome 6 - perpetrators stop their violence and are held to account.

Consultations were undertaken with over 700 stakeholders involved in the family and domestic violence system across all jurisdictions of Australia and were held between September and November 2013. These included government and non-government organisations.

The consultations transcended historical barriers between parties that had not always previously collaborated and provided space for creative problem-solving. The work generated enthusiasm and hope for stakeholders to continue their work, to find ways to work together effectively and to understand the role of each party in responding to men who use violence against women and their children.

The feedback from interviews, consultation workshops and on-line feedback was analysed to look for key themes and insights.

Throughout the consultation process, stakeholders provided their experiences, opinions and advice on:

* *Current practices, including if and how the outcome standards were already being met;*
* *Any additional measures that may be required in order to meet the standards;*
* *Any transitional arrangements that would be associated with compliance with the standards; and*
* *Benefits that would come with compliance to the standards.*

Consideration was also given as to how meaningful or useful an outcomes focus will be in supporting jurisdictions to:

* *Encourage perpetrator accountability;*
* *Be consistent across an integrated systems response;*
* *Influence good practice in prevention through to criminal justice interventions;*
* *Be measured to assess effectiveness; and*
* *Contribute to continual improvement.*

Most participants indicated support for the development of National Outcomes, subject to a number of key issues/concerns being addressed. At a high level, stakeholders believed there was a requirement for:

* *A primary focus on the safety of women and children as the goal of all intervention,*
* *A shared philosophical framework;*
* *Integrated responses to domestic and family violence and sexual assault; and*
* *A greater knowledge base of what works in perpetrator intervention.*

Stakeholders acknowledged there is a critical need for further evidence-based research on the systems, interventions and practice responses that lead to sustained attitudinal and behavioural change in individuals and the community. Stakeholders also recognized the need for effectiveness measures that go beyond output measures, and suggested a measurement framework that can give structure and direction to research and evaluation as a starting point, noting that more accurate and focused measures would need to be developed in the future.

This report highlights the key themes raised by stakeholders during consultations and workshops. The stakeholder feedback gathered for this report has contributed to the foundational work undertaken in developing draft National Outcome Standards for Perpetrator Interventions.

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# Key Terms and Concepts

A number of key terms and concepts are used in this report, an overview of which is provided below. The meaning of many of these terms is drawn particularly from the *National Plan to Reduce Violence against Women and their Children 2010 – 2022* (The National Plan) and other related documents. Some of these terms are also defined in state and federal statute and these legal definitions may vary considerably from one jurisdiction to another.

## Sexual Assault and Family and Domestic Violence

The National Plan targets two main types of violence: domestic and family violence and sexual assault. It acknowledges that these crimes are gendered crimes – that is, they have an unequal impact on women. The National Plan recognises that while both men and women can be perpetrators and victims of F/DV and sexual assault, the overwhelming majority of such violence in Australia is perpetrated by men against women.

All Australian states and territories have enacted legislation which makes violence within the family or within intimate relationships an offence.

Definitions of family, domestic and sexual violence are shaped by the context of enquiry and informed by the strategies, perspectives and agendas of individuals or organisations. In February 2013, the ABS published *Defining the data challenge for family, domestic and sexual violence, Australia, 2013* (cat. no. 4529.0). *Defining the Data Challenge* outlines a range of definitional complexities associated with these terms but does not seek to set a definition. Instead, it provides a common language for family, domestic and sexual violence by outlining the potential behaviours and relationships that should be considered when establishing a measurable definition. It recognises that the dynamics of sexual violence incidents can be different and occur in the context of a wider range of relationships, both known and unknown, between perpetrators and victims.

### Defining Family and Domestic Violence

There are many definitions of domestic violence and family violence. Most definitions of domestic violence and family violence overlap to a large extent and the terms are often used interchangeably. While the various definitions of domestic and family violence contain many similarities, they also differ in several respects. These differences are commonly in the nature of the relationships included, the types of violence encompassed, whether they emphasise the gender differences between victims and perpetrators and whether they specially recognise the ongoing nature of some forms of violence. Family and domestic violence can affect women of any background, although there are particular vulnerabilities and impacts relating to age, ability, socio-economic status, culture or religion.

The broad term ***'Family and Domestic Violence’*** is used throughout this report and is a combination of the terms 'Family Violence' and 'Domestic Violence'. Family and Domestic Violence can include many types of behaviour or threats, including: physical violence, sexual abuse, emotional abuse, verbal abuse and intimidation, economic and social deprivation, damage of personal property and abuse of power. Types of relationships also vary and can include family and co-habitation, while some are specific to family violence legislation such as cultural and kinship relationships, foster care relationships, blood relatives who do not co-habit or care situations, such as elder abuse[[1]](#footnote-1).

Many Aboriginal and Torres Strait Islander communities prefer the term ‘family violence’. ‘Family’ covers a diverse range of ties of mutual obligation and support, and perpetrators and victims of family violence can include, for example, aunts, uncles, cousins and children of previous relationships. Kinship relationships have dual meanings, as they are formed through cultural grounds and under cultural lore, e.g. Indigenous Australian kinship systems.

### Defining Sexual Violence, Assault And Abuse

The term sexual violence is used to represent much behaviour that may otherwise fall under the rubrics of sexual abuse, sexual assault, and any other sexual violations, such as sexual harassment.

The WHO definition of sexual violence is a broad term that covers a continuum of behaviours[[2]](#footnote-2). Sexual violence ranges from non-contact acts of a sexual nature, such as sexual harassment or voyeurism, through sexual coercion (such as ‘pressure’ or ‘persuasion’ to have sex), to contact offences, including rape. The absence of consent is understood as the defining feature of sexual violence. This includes acts committed against someone who is unable to consent or refuse, for example, because of age, disability, misuse of authority, violence or threats of violence, or incapacitation due to drugs or alcohol.

The Australian Bureau of Statistics (ABS) provides the following experience based definition of sexual violence[[3]](#footnote-3):

Sexual assault is unwanted behaviour of a sexual nature directed towards a person:

* *which makes that person feel uncomfortable, distressed, frightened or threatened, or which results in harm or injury to that person; to which that person has not freely agreed or given consent, or to which that person is not capable of giving consent;*
* *in which another person uses physical, emotional, psychological or verbal force or (other) coercive behaviour against that person.*

Sexual assault may be located on a continuum of behaviours from sexual harassment to life-threatening rape. These behaviours may include lewdness, stalking, indecent assault, date rape, drug-assisted sexual assault, child sexual abuse, incest, exposure of a person to pornography, use of a person in pornography, and threats or attempts to sexually assault.

### Sexual Violence in the F/DV Context

Sexual violence may, or may not, be a feature of a family and domestic violence event. The Project however required the Team to situate discussions of sexual violence (as it relates to perpetrator interventions) as part of the F/DV system. There are unique aspects of family violence that are important in understanding and responding to this category of sexual violence. For example, the many types of sexual violence experienced by women and children, its repetition within the family violence context, and its cumulative impact and coexistence with other forms of family violence. Sexual assault by current and former intimate partners, for instance, requires responses that take account of these interrelated contexts and acknowledge the distinct experience of sexual violence by an intimate partner.

## Perpetrator Interventions

The Project Team recognise there are a range of terms that are used in referring to these programs, however for the sake of consistency and alignment with both the project title and specific references made in the COAG recommendations, the term ***perpetrator intervention*** was used as a generic term consistently throughout the consultation process. The terms ‘perpetrator’ and ‘perpetrator interventions’ are described in further detail below.

### ‘Perpetrator’

The 2012 PSS collected detailed information from men and women aged 18 years and over about their experience of violence since the age of 15 by different types of male and female perpetrators. Perpetrator types include current partner, previous partner, boyfriend/girlfriend or date, other known man/woman, and stranger

Perpetrator types for the purpose of PSS are defined as follows:

* Stranger: Someone the respondent did not know, or someone they only knew by hearsay.
* Current partner**:** The person the respondent currently lives with in a married or de facto relationship.
* Previous partner**:** A person the respondent lived with at some point in a married or de facto relationship from whom the respondent is now separated. This includes a partner the respondent was living with at the time of experiencing violence; or a partner the respondent was no longer living with at the time of experiencing violence.
* Boyfriend/girlfriend or date**:** This relationship may have different levels of commitment and involvement that does not involve living together. For example, this will include persons who have had one date only, regular dating with no sexual involvement, or a serious sexual or emotional relationship. It excludes de facto relationships.
* Known personIncludes: Father/Mother (includes step-parents); Son/Daughter (includes stepchildren); Brother/Sister (includes step siblings); Other male/female relative or in-law; Friend; Acquaintance/neighbour; Employer/boss/supervisor; Co-worker/co-volunteer; Counsellor/psychologist/psychiatrist; Doctor; Teacher; Priest/Minister/Rabbi etc; Prison officer; Ex-boyfriend/Ex-girlfriend; and any other known persons.

### ‘Men as Perpetrator’

It is important to note that key reports referred to in this paper, such as *Time for Action*, are often quite specific in their naming of family violence as primarily involving male perpetrators and female victims. While it is acknowledged that men are also victims of intimate partner violence, the reality is that most violence experienced by males has been perpetrated by other men and most violence experienced by women has been perpetrated by men they know, predominantly their intimate partners.

### ‘Perpetrator Interventions’

Perpetrator interventions are now recognised as an essential part of an effective plan to reduce violence against women and their children. In defining ‘Perpetrator Intervention’, the report acknowledges the continuum of interventions that have been developed and implemented. 'Perpetrator interventions' include a broad range of responses for perpetrators, including legal responses and rehabilitation programs.

Intervention strategies and programs differ not only in approach but also on a range of dimensions, including program duration and intensity, conditions of participation (e.g., court-mandated or voluntary, acceptance of responsibility), policies such as those relating to payment, absence, monitoring and assessment, linkage to the criminal justice system and other related agencies, session structure (e.g., structured or open), facilitator qualifications and experience, contact with the victim, referral sources, funding sources, target group characteristics, and program integrity.

The primary objective of perpetrator interventions is to ensure the safety of women and their children. Programs are provided by government agencies as well as non-government services. They may be delivered in custodial settings, by welfare groups and counselling services. The fundamental aim of Men's Behaviour Change Programs or similar family violence offender programs is not to reduce recidivism. Rather, reducing recidivism is a strategic objective that works towards the fundamental aim of stopping the violence.

1 | **Project Overview**

## **1.1** | Background

This project emerged from the *National Plan to Reduce Violence against Women and their Children 2010 – 2022[[4]](#footnote-4)* (the National Plan). The National Plan is a 12-year strategy which aims to bring together Commonwealth, state and territory government efforts - and the important work being done by civil society, the business sector and the Australian community more broadly - to make a sustained reduction in the levels of violence against women and their children.

The Commonwealth Government delivers support and services through family law, including legal assistance and the social security system. State and territory governments deliver a range of services including justice, policing and legal assistance for victims and perpetrators. They also fund and coordinate many services provided by the non‐government sector.

While all governments have services and programs to respond to violence against women and their children - and many of them are highly effective - these responses could be improved by a more coordinated approach.

The National Plan is designed to provide this coordinated framework, to improve the scope, focus and effectiveness of governments’ actions, ensuring families receive the support and information they need to live without violence in their lives.

The National Plan sets out six national Outcomes for governments at all levels to deliver during the term of the Plan:

1. *Communities are safe and free from violence.*
2. *Relationships are respectful.*
3. *Indigenous communities are strengthened.*
4. *Services meet the needs of women and their children experiencing violence.*
5. *Justice responses are effective.*
6. *Perpetrators stop their violence and are held to account.*

The Outcomes are being delivered through four three-year Action Plans which are intended to support governments to work together to develop, implement and report progress within a coordinated national framework.

This project was an initiative under Outcome 6 of the National Plan. Preventing and reducing violence against women requires strong laws that are effectively administered and hold perpetrators to account. Outcome 6 promotes a zero tolerance approach to violence, supported by stronger policing leading to arrest, consistent sentencing of perpetrators, and serious consequences for perpetrators if they breach orders. Outcome 6 is inextricably linked to Outcome 5, with justice responses being a key intervention utilised in cases of family violence.

‘Perpetrator interventions’ include a broad range of responses for perpetrators, including legal responses and rehabilitation programs. The primary objective of perpetrator interventions is to ensure the safety of women and their children.

The central question Reos Partners developed and used as a convening question for those participating to reflect upon was:

***“How can we work together to improve the safety of women and their children through the* *effective development, measurement and implementation of national perpetrator outcome standards?”***

Diverse consultation methods were used, including:

* a series of workshops in each of the States and Territories (including regional locations);
* dialogue interviews[[5]](#footnote-5) with key stakeholders; and
* an online survey.

Over 700 stakeholders from a broad range of sectors involved in family violence, including both government and non-government organisations, participated in the process. Targeted, culturally specific consultation with Aboriginal and Torres Strait Islander stakeholders was also undertaken. All identified stakeholders were given an opportunity to contribute to the process through one of these avenues of consultation.

## 1.2 | Draft Outcome Standards

Early draft Outcome Standards[[6]](#footnote-6) were provided by DSS, to assist in consultations. These were:

1. *Women and children are safe and supported to live stable and good lives.*
2. *Perpetrators of sexual assault and domestic and family violence are held accountable. They take responsibility for their use of violence and abuse and understand the impact their actions have on others.*
3. *Interventions result in attitudinal, behavioural and cultural change while addressing the broader issue of gender inequality.*
4. *Community awareness and prevention of violence are increased.*
5. *Interventions maintain a high level of professionalism and implement continual improvement through developing, monitoring and evaluation based on evidence-based practice.*
6. *Together, police, the courts, corrections, family services and interventions deliver a consistent integrated series of interventions.*
7. *Perpetrators of sexual assault and domestic and family violence are from a diverse range of circumstances, including but not limited to location, cultural and ethnic identity, language, age and cognitive capacity. Interventions recognise that one size does not fit all and outcomes are not limited by diversity.*
8. *The evidence base on effective interventions is continually strengthened through rigorous evaluation and identification of best practice.*

The early draft standards listed in this report were prepared to support detailed discussions on key areas of focus in relation to perpetrator interventions.

## 1.3 | Project Scope

The primary purpose of the consultations was to consult on draft Outcome Standards and associated measures and transitional information. Consultations included exploration of participants’ views on current systems and practices, and how these could operate in an ideal future.

Deliverables included:

* *Drafting a consultation paper to assist stakeholders to consider draft Outcome Standards and related issues.*
* *Providing a high level report on key themes from consultations.*

It was also requested that consideration be given to how an outcomes focus can support jurisdictions to:

* *Encourage perpetrator accountability.*
* *Create interactions between criminal justice and community sector services.*
* *Influence good practice in prevention of ongoing family violence through criminal justice interventions.*
* *Be measured to assess effectiveness.*
* *Contribute to continual improvement across a range of interventions.*

The consultation process resulted in a range of advice on developing national perpetrator intervention Outcomes Standards and further consideration was given as to how they could be measured and how transitioning to Outcome Standards would occur.

2 | **Project Methodology**

“Instead of pouring knowledge into people’s heads, you need to help them grind a new set of eyeglasses so they can see the world in a new way.”

—John Seely Brown (Seeing Differently: Insights on Innovation)[[7]](#footnote-7)

## 2.1 | Consultation Process

**‘A system that is able to look clearly at itself and its current realities is more likely to be effective in planning for its future.’**

The above statement is a Reos philosophy that underpinned the consultation work that was undertaken for this project. The majority of participants involved in consultations described this approach as “very different” and “very positive”.

Consultations provided stakeholders with the opportunity to genuinely engage in a process that extended beyond being asked to simply supply data and information. The process created an opportunity to bring together (especially in the workshops) a microcosm of the system, where people working in the area of family violence and sexual assault at all levels could explore issues, gain new insights and build new relationships.

## 2.2 | Consultation Methods

Consultations were conducted between September and November 2013 and methods included:

* *One on One Dialogue Interviews[[8]](#footnote-8).*
* *Workshops in each jurisdiction.*
* *On-Line Feedback.*
* *Engaging Intervention program participants/Victim/Partners.*

Additional input was also sought from specialists experienced in issues impacting on vulnerable groups, including Indigenous Australians, people from Culturally and Linguistically Diverse (CALD) backgrounds and people with disability.

Throughout consultations, stakeholders provided information and thoughts on:

* *Current practices, and areas of effectiveness;*
* *Possible additional measures that may be required in order to meet the Standards;*
* *Transitional arrangements associated with compliance with the Standards; and*
* *The benefits of compliance with the Standards.*

All jurisdictions were involved in the interviews, workshops and on-line feedback processes.

### Dialogue Interviews

Up to 70 stakeholders across Australia, both Indigenous and non-Indigenous, were invited to take part in a dialogue interview and 65 dialogue interviews were ultimately conducted. Stakeholders included magistrates, corrections officials, government policy officers, government and non-government organisation executives, service practitioners and academics. The interviews were subsequently synthesised into key themes and issues to reflect the thinking of interviewees in regard to perpetrator interventions and the draft Outcome Standards.

### National Consultation Workshops

Reos conducted 13 workshops across Australia, both Indigenous specific and mainstream, with over 240 stakeholders participating. Workshops were designed to assist participants to have a shared vision for a system in which the perpetrator Outcome Standards will exist. Participants in the workshops were challenged to think creatively and laterally, to gain new insights from other participants’ perspectives, and to envision a future where people of all levels will work together to ensure the implementation of effective perpetrator intervention Outcome Standards

The workshop format sought to provide a safe space for a dialogue process that allowed different perspectives to be heard and considered equally.

The following jurisdictional workshops were held:

#### Victoria

* Melbourne – two workshops, one mainstream and one Aboriginal.

#### Northern Territory

* Alice Springs - mainstream and Aboriginal combined but due to the context largely Aboriginal stakeholder attendance.
* Darwin - mainstream and Aboriginal combined but due to the context largely Aboriginal stakeholder attendance.

For the Northern Territory invitations were also sent to South Australia stakeholders for the Alice Springs workshop due to the cross-border collaboration between the services in Alice Springs and surrounding area and South Australia

#### Queensland

* Cairns –mainstream and Aboriginal and Torres Strait Islander combined.
* Brisbane - mainstream and Aboriginal and Torres Strait Islander combined.

#### Western Australia

* Perth - two workshops, one mainstream and one Aboriginal and Torres Strait Islander.

#### South Australia

* Adelaide - mainstream and Aboriginal and Torres Strait Islander combined.

#### Tasmania

* Hobart – mainstream and Aboriginal combined.

#### Australian Capital Territory

* Canberra – mainstream and Aboriginal combined.

#### New South Wales

* Sydney – two workshops, one mainstream and one Aboriginal.

Invitations for the NSW workshops were also sent to ACT stakeholders to provide a further option to attend a workshop if they missed in Canberra. ACT stakeholders did attend these workshops.

### On-Line Feedback Process

An on-line feedback process was developed to engage with stakeholders who were unable to participate in either dialogue interviews or workshops. Invitations to participate were sent out to 729 identified stakeholders, and 54 completed surveys (or 13.5% of those invited to participate) were received during the 16 days the online survey was open[[9]](#footnote-9). In addition to a set of demographic questions, the survey asked respondents to comment on the draft Outcome Standards, how they could be measured and, ideas for transition.

The survey asked people to indicate where they worked (eg. policy development, service delivery or other) and whether they were an Aboriginal or Torres Strait Islander or worked predominantly with Aboriginal and Torres Strait Islander clients or worked predominantly with multi-cultural/diverse ethnic clients.

Respondents were also asked:

* *To reflect on the success or limitations of current perpetrator interventions and how this is measured.*
* *To consider the benefit of developing national perpetrator intervention Outcomes Standards to keep women and their children safe.*
* *To reflect on each of the draft Outcome Standards and whether they could be applied as they are defined in the draft.*
* *How would they amend the Outcome Standards to make them more useful for delivering policy and service delivery at both state and national levels.*
* *How national Outcome Standards could be effectively implemented and applied at all levels.*

### Facilitating the Perspective of Program Participants and (Ex) Partners

Due to ethical issues associated with making contact with either participants or women whose ex- or current partners attend Men’s Behaviour Change Programs, the project team, in consultation with relevant stakeholders sought alternative methods of including their perspectives. This was done primarily through:

* Data provided to us by two organisations conducting men’s behavioural change programs (across two jurisdictions).
* Interviews with key informants working in the sector, including staff involved in the delivery of programs.
* Interviews/consultations with researchers/academics whose work focuses on the experiences of participants and/or partner/ex-partners.

## **2.3**| Indigenous specific consultations

A key feature of the consultation approach was the integration of targeted, culturally specific consultation with Aboriginal and Torres Strait Islander stakeholders. Project team member, Dr Jackie Huggins AM[[10]](#footnote-10), played a pivotal role in ensuring genuine, inclusive, respectful, non-tokenistic engagement and consultations with key representatives from Indigenous organisations and communities.

The engagement strategy included:

* Preliminary engagement with peak Indigenous bodies such as the National Aboriginal and Torres Strait Islander Women's Alliance (NATSIWA) and the National Congress.
* Dialogue Interviews.
* Indigenous specific workshops, which included Indigenous and non-Indigenous participants, with responsibility for, or experience in, policy development (including Academics), programme management and delivery of Indigenous specific perpetrator intervention programs.

### **Use of the Terms Aboriginal and Torres Strait Islander and Indigenous**

Throughout consultations, participants used the terms ‘Indigenous’ and ‘Aboriginal and Torres Strait Islander’ interchangeably. For the purposes of this report, the term ‘Indigenous’ has been used and is defined as “an Indigenous Australian person of Aboriginal or Torres Strait Islander descent”.

### **Family Violence as the Preferred Term**

Many Aboriginal and Torres Strait Islander communities prefer the term ‘family violence’[[11]](#footnote-11). ‘Family’ covers a diverse range of ties of mutual obligation and support, and perpetrators and victims of family violence can include, for example, aunts, uncles, cousins and children of previous relationships. Kinship relationships have dual meanings, as they are formed through cultural grounds and under cultural lore, e.g. Indigenous Australian kinship systems.[[12]](#footnote-12)

3 | **Findings and Insights from Consultations**

## **3.1** | Consultation Overview

Through the consultation process, it was observed that:

* The process brought together previously unlikely allies, for example, service providers for men and for women, and provided opportunities for them to develop a shared understanding of a range of issues and possible solutions.
* The consultations created a platform for interested stakeholders to discuss and respond to complex issues in ways they had not previously had the opportunity to participate.
* Through the process stakeholders repeatedly expressed their appreciation for the opportunity to contribute as experts in their field, have their issues actively canvassed and considered, and to participate in the decision-making process relating to the development of the National Outcome Standards.
* There was a need for sensitivity when conducting consultations in particular locations. For example, the use of the term ‘interventions’ carried particular connotations in consultations conducted in the Northern Territory.
* The process enhanced sector confidence in the project objectives.
* There was an early identification of synergies between the priorities of stakeholders and governments, which encouraged integrated and comprehensive solutions to address complex policy issues.

## 3.2 | Terminology

Terms and concepts used in consultations were embedded in the National Plan and the COAG directive, however, a key theme that emerged during consultations was the issue of language, its potential impact on stakeholder ‘buy in’, and long term implementation of national Outcome Standards.

The following key terms and concepts were the focus of considerable debate amongst some stakeholders:

* Perpetrator;
* Perpetrator Interventions;
* Outcome Standards.

Debate related to perceived lack of clarity and negative associations with particular terminology. Specific concerns for stakeholders in the Indigenous workshops were also raised.

###  ‘Perpetrator’

The use of the term ‘perpetrator’ was rejected by some participants as they considered the term to be highly negative and problematic.

Specific concerns relating to the use of the term ‘perpetrators’ were highlighted by those stakeholders working with adolescents who have committed sexual abuse, but who have not been prosecuted through the justice system:

* ***There are too many negative connotations with labels such as sex offender or perpetrator, and this can have a damning effect on young people and end up simply pathologising them. It’s critical that when thinking about language and the development of policy we are also aware of the need to ensure that terminology is developmentally sensitive.****.*

Preferred terms were suggested by stakeholders, with many suggesting the need to ensure greater alignment with terminology used in various state and territory ‘minimum standards’. For example, *No To Violence,* in its minimum standards guidance uses the terminology ‘men who use violence’[[13]](#footnote-13). An Indigenous participant in Darwin stated:

* ***, ….we don’t use the word men, we use the word males, because it is also what we do as a community that guides males going from boyhood to manhood***

A considerable number of Indigenous stakeholders stated that using the word ‘perpetrator’ stigmatised men and was unhelpful in working with them for sustained change. They preferred to separate the behaviour from the person. Similar concerns in relation to the limiting and stigmatising effects (from a cultural perspective) were raised by stakeholders working with CALD men.

Overall, stakeholders were clear that reframing or revising terminology should in no way exonerate or shift responsibility and accountability for the violence perpetrated by males.

### ‘Perpetrator Interventions’

There was criticism of the phrase ‘perpetrator intervention’ from participants at several points throughout the consultation process. The point was made to participants by the Project team that the term ‘perpetrator intervention’ is adopted by the National Plan and also reflects the Communique issued at the meeting of the COAG Select Council on Women’s Issues in May 2013.

### Defining ‘Outcomes’ and ‘Outcome Standards’

Confusion and perceived lack of clarity also characterised discussions related to the terms ‘outcomes’ and ‘Outcome Standards’. Several participants expressed the view that it mixed the concepts of ‘outcomes’ and ‘practice standards’.

* ***To my thinking, these are not Outcome Standards, but rather a mixture of principles, strategies and some outcomes. We really need to get clear and all agree on what we are talking about when we use these sort of words and also what the links might be with the outcomes at a national level, and with minimum practice standards at state level.*** *.*

## 3.3 | Perpetrator Interventions: Effectiveness and Limitations

### Perpetrator Intervention

Considerable discussion centred on the scope of perpetrator interventions, with a number of stakeholders emphasising the need to extend consideration of interventions beyond ‘behaviour change programs’:

* ***It is important to remember that when we talk of perpetrator interventions, no one ‘type’ of intervention implemented in isolation is going to solve the issue. There are far too many factors that contribute to domestic violence for it solved by one intervention … the most effective response to perpetrators needs to be multifaceted and understood as a series of strategies or interventions that serve to meet what should ultimately be about safety and accountability. A ‘spectrum of strategies’, if you like, is what we need to be talking about.***

In Outcome 6 of the National Plan, ‘perpetrator intervention’ is defined as ‘….*including a broad range of responses, including legal responses and rehabilitation programs.’* The National Plan looks at perpetrator interventions (in the context of developing national Outcome Standards) as secondary and tertiary responses to violence against women and their children, such as criminal justice response and other programs including men’s behaviour change programs.

This view is supported by strategies 1 and 2 of Outcome 6: *Hold perpetrators accountable* and *reduce the risk of recidivism*. Although these responses are critical to responding to violence against women and their children, the consultation clearly included room for discussion of prevention as part of perpetrator intervention. In essence, how can community attitudinal change work towards perpetrators of family violence not emerging in our society. This fits with the third Strategy for Outcome 6 – *Intervene early to prevent violence*, which further states:

“Some men are more likely than others to act violently towards women due to health, behavioural or other complex risk factors. They should be supported as children and young teenagers to develop appropriate behaviours and be protected from the damaging effects of exposure to violence”.

To regard perpetrator intervention through a spectrum embraces much of what was heard during the consultation process. It includes working with adolescents who haven’t yet entered the criminal justice system, as well as embracing cultural and traditional responses to men who commit violence in CALD and Indigenous communities.

Importantly, there was widespread consensus that irrespective of the design or context of the intervention, the Outcome Standards needed to be flexible enough to have application across the diverse range of programs regardless of the legal status of participants.

**Table 1** provides a summary of key points that emerged from consultations in relation to effectiveness and limitations of current interventions and suggestions for improvements.

**Table 1: Effectiveness of Perpetrator Interventions**

| **Elements of Effectiveness – What Works?** | Limitations - What Doesn’t Work?  |
| --- | --- |
| * Systemic, integrated responses which are coordinated, appropriate and consistent.
* Mens’ and womens’ services working together in partnership around safety of women and children and perpetrator accountability.
* A comprehensive and properly resourced partner contact program.
* Acceptance of responsibility and accountability to the needs of victims.
* Adequate measurement of outcomes.
* Acknowledgment of diversity and individuality of participants (e.g. ethnicity, class, rural location, sexuality) without allowing offenders/perpetrators to avoid responsibility. Not all offenders will benefit from the same type of program or intervention.
* Therapeutic alliances between client and therapist that are collaborative and have agreement on goals.
* Trust, respect and confidentiality as part of the process towards behavioural change.
* Cross cultural competency and ability to work with interpreters.
* Initiatives aimed at cross-sector collaboration.
* Adopting a positive, strength-based approach which recognises and actively promotes the resilience of Indigenous communities, particularly men.
* Strength-based approaches overall.
 | * Insufficient concern with the safety of the victims.
* Inconsistent understanding of the gendered nature of intimate partner violence, and the dynamics through which men choose to use this violence.
* Inadequate integration of partner contact practice and adjunct services for victims.
* Inappropriate psychological/therapeutic approaches.
* Confused and contradictory aims of Program/Intervention.
* Interventions designed for the non-Indigenous population that are imposed without local Indigenous community control and culturally appropriate adaptation.
* Cultural and linguistic barriers to accessing programs for particular cohorts (eg. Indigenous, CALD, men with disability).
 |

| What’s Needed? – Suggestions for Improvements |
| --- |
| * Shared understanding and agreement across sectors on what the fundamental aim of any perpetrator intervention should be: that is, to work towards the safety, wellbeing and protection of the human rights of women, children and others who experience and respond to domestic and family violence.
* Programs that are effective need to be clear about a theoretical and conceptual base and the model of intervention that is being implemented.
* More integration and collaboration across the sectors.
* Strengthening intersections between DFV and child protection sector responses.
* Mainstream services need to build their understanding of these various protective factors and give more serious attention to the concept of healing in the work around men and family violence particularly amongst Indigenous communities.
* Ongoing monitoring and evaluation to ensure continuous refinement and effectiveness.
* Ongoing staff training and support.
* Better and more inclusive measuring of outcomes.
* Good assessment of risk and program eligibility.
* Consistency of approaches.
* Follow-up offenders post-program.
* Accreditation process.
* Shared and consistent understanding of the causes of family and domestic violence at the individual, interpersonal and community/societal levels.
* Adequate resourcing and funding.
* Enforcement of consequences/sanctions for offenders.
* Early intervention approaches, particularly work with adolescents and young people.
 |

Participants in consultations were asked to reflect on current practices in relation to perpetrator interventions and to identify elements of success and possible improvements to address concerns and gaps. It is important to note that in identifying elements of effectiveness and limitations of intervention programs, participants overwhelmingly highlighted the lack of a robust evidence base to support the success or otherwise of such programs/interventions.

The most consistent issue raised regarding program effectiveness was the lack of empirical data to provide an evidence base for further development of perpetrator interventions. There are a range of intervention programs that exist, but there is very little empirical analysis of their effectiveness. A number of stakeholders reiterated that the evaluation should aim to increase knowledge about what factors contribute to efficacy and what risk factors exacerbate the likelihood of the offender re-offending.

* ***We know little about the ways that the many different sectors and professions involved with perpetrators can complement and enhance each other’s work, and what sort of social policy will facilitate this endeavour ... the best means to undertake specific interventions requires research and this is required as a matter of priority.***

Stakeholders proposed the following research topics on perpetrator programs that would be valuable in moving forward:

* The effectiveness of incarceration, deterrence and community restraint in reducing recidivism in cases of violence perpetrated against women and their children.
* Characteristics of programs that have been proven to be effective in changing the behaviour of men who have perpetrated violence.
* Developing and evaluating best practice prison-based perpetrator programs, with a particular, focus on:
	+ examination of the principles and theories underpinning program content and the approach taken in working with women partners and managing issues of ongoing safety;
	+ the capacity of the program to respond appropriately to perpetrators from a range of backgrounds and from different geographical locations (eg urban, rural and remote areas); and
	+ an assessment of the impact the program or intervention is having on reducing violence against women and their children.
* Models of intervention that have proven appropriate and effective for perpetrators with disability and those from culturally diverse communities.

## 3.4 | Feedback on Draft Outcome Standards

Participants were presented with the draft Outcome Standards and invited to consider their appropriateness and identify any gaps and suggest improvements. Overall, stakeholders provided a broad range of feedback, with most indicating in principle support for the development of National Outcomes. More specifically, there were key insights, concerns and suggestions that will assist in the development of a set of National Outcome Standards.

Stakeholders repeatedly reiterated the value and benefit of the Outcome Standards, particularly in relation to the potential to achieve long term consistency in approaches across different sectors:

* ***In my view the standards, far from creating tensions, will serve to actually bring people together around some shared common ground – we all agree that ultimately the violence should be eliminated and that women should be safe and free from violence.****.*

However, the successful implementation of Outcome Standards would, in the opinion of most stakeholders, also require the following:

* *a primary focus on the safety of women and children as the goal of all intervention;*
* *an integrated responses to domestic and family violence and sexual assault;*
* *a greater knowledge base of what works in perpetrator intervention.*

Several stakeholders commented that the Outcome Standards required clarification and simplification and that in their current format they were like principles than standards. Participants recommended that Outcome Standards be supported by well-defined targets, indicators, clearly defined responsibilities and monitoring mechanisms to increase accountability for implementation and to measure not only the outputs, but also the cumulative impact of perpetrator interventions.

* ***Don’t refer to the standards as ‘minimum’ like we have in NSW. Get rid of minimum standards – have aspirations included, but ultimately they should be referred to as ‘standards’ that we can all aspire and sign on to – increasingly formalising and accrediting these standards so that they become part of a quality assurance process.****.*

A number of Indigenous stakeholders suggested that cultural safety [[14]](#footnote-14)was also integral to developing National Outcome Standards:

* ***What’s really missing from these Outcome Standards for me and for many of those here working with Aboriginal males is the lack of reference to just how important cultural safety can be to achieve change. This is also more than just saying people are different and we should respect diversity. Unlike words like cultural competency or cultural sensitivity, cultural safety is an Outcome in itself.*** 

### Specific feedback on draft standards

| Outcome Standard | Key Issues/Gaps/Suggested Improvements  |
| --- | --- |
| 1. Women and children are safe and supported to live stable and good lives.
 | * Lack of clarity in relation to the terms ‘supported to live stable and good lives’.
* Women and children’s safety must be at the forefront of the Outcome Standards.
* There is a greater need to understand the overall effect of family and domestic violence on individuals, children, families, and communities.
* Must keep women and children safe but must also care for and understand perpetrators.
 |
| 1. Perpetrators of sexual assault and domestic and family violence are held accountable. They take responsibility for their use of violence and abuse and understand the impact their actions have on others.
 | * Notions of ‘responsibility’ and ‘accountability’ should not be used interchangeably as one is individual and the other system.
* Perpetrator accountability is about creating safety for women and children and the community as a whole.
* To be accountable to society, men’s programs need to be an integral part of a co-ordinated institutional response to violence against women.
* Accountability for men who choose family violence needs to be grounded in the service system’s efforts to work towards the safety, well-being and human rights of women and children.
* There is much that governments can do to strengthen a web of accountability around men who perpetrate family violence, in ways that place women’s and children’s needs and voices into the centre.
* Active engagement and treating perpetrators with respect is critical in ensuring that perpetrators take responsibility for their harmful behaviour.
* There is a need to focus on programs for men taking responsibility for stopping their own violence as part of a broad-based, co-ordinated and integrated response to male family violence.
* Intervention strategies and programs need to prevent the collusion and condoning of violence against women and their children.
* Cultural safety and cultural understanding is essential.
 |
| 1. Interventions result in attitudinal, behavioural and cultural change while addressing the broader issue of gender inequality.
 | * Consultation and collaboration is vital between the government, state, local and regional stakeholders.
* Community education and awareness programs are essential to challenging and changing attitudes and behaviours that give rise to family and domestic violence.
* Gendered aspect of family violence and sexual assault need to underpin approaches to perpetrator interventions.
* Greater level of investment in primary prevention, including social marketing strategies that promote cultural and behavioural change is required.
* Gender equality indicators should be considered in the development of measures of attitudinal change - can also capture qualitative changes – for example, increases in women’s levels of empowerment or in attitudinal changes to gender equality.
* Indicators should be developed to measure changes in attitudes and social norms relating to masculinity.
* Gender equality benefits women and men, as well as their families and communities.
 |
| 1. Community awareness and prevention of violence are increased.
 | * Responding to male family violence needs to be located in the context of broader community responses and strategies that engage men as agents of change.
* Importance of early intervention for young people in order to prevent future violence in adulthood.
* The media plays a critical role in increasing community awareness of family violence and sexual assault.
* Community education programs on family violence should be culturally relevant and responsive to cultural context.
* Adequate funding and resources are vital in creating community awareness and prevention.
* There is a need to better engage faith based communities who have the potential to play a role in bringing about change in attitudes towards violence against women and children.
 |
| 1. Interventions maintain a high level of professionalism and implement continual improvement through developing, monitoring and evaluation based on evidence-based practice.
 | * It is imperative that workers feel adequately skilled to pursue the task of working with perpetrators.
* Providing training for all staff on current evidence-based thinking is critical.
* Sharing data and information to ensure continuous improvement in practice and approaches to perpetrator interventions.
* Women and children’s voices being heard in the development and evaluation of the Outcome Standards.
* The need for adequate funding and resources to conduct rigorous evaluations and thus continually strengthen interventions.
* Need to highlight the importance of the role of women’s services within the design and implementation of programs for men, to create safety, accountability and coordinated service responses to women, children and men.
 |
| 1. Together, police, the courts, corrections, family services and interventions deliver a consistent integrated series of interventions
 | * All agencies responding to family and domestic violence have a role in perpetrator accountability.
* The justice system needs to be more actively engaged as it provides both civil and criminal responses to domestic and family violence, and plays a key role in holding perpetrators accountable and supporting and protecting victims.
* Increased collaboration between stakeholders as a key means of delivering a consistent integrated series of interventions. In particular, information sharing open dialogue, partnerships and clarity surrounding common definitions and language were seen as important factors in enabling collaboration between stakeholders.
* There are opportunities to strengthen the involvement of the criminal justice system in the accountability of men who use family violence.
* Most opportunities to identify men who use family violence rest with a range of allied sectors – family services, child protection, primary health care and community health, mental health, alcohol and other drug services, problem gambling services, child contact centres, etc.
 |
| 1. Perpetrators of sexual assault and domestic and family violence are from a diverse range of circumstances, including but not limited to location, cultural and ethnic identity, language, age and cognitive capacity. Interventions recognise that one size does not fit all and outcomes are not limited by diversity
 | * Lack of clarity in relation to what ‘outcomes are not limited by diversity’ means.
* Acknowledgment of diversity and individuality of participants (e.g. ethnicity, class, rural location, sexuality) without allowing offenders to avoid responsibility.
* Barriers to accessing intervention programs needs to be urgently addressed if this outcome is to have any real meaning.
* Outcome needs to be strengthened by locating it under an access and equity framework.
* Gathering detailed information on offender characteristics is a critical component contributing to improved effectiveness and ensuring that a ‘one size fits all approach’ isn’t applied.
* Understanding the complex interaction of attitudes, motives and situational factors underlying offender behaviour is helpful in developing effective prevention strategies.
* Offenders are not all the same and have complex needs and situations and these need to be considered if the potential for reoffending is to be reduced or eliminated.
* Screening mechanisms should seek, to the extent possible, to include needs assessment to assist in directing perpetrators/offenders to resources that might improve their chances of successfully completing the program.
 |
| 1. The evidence base on effective interventions is continually strengthened through rigorous evaluation and identification of best practice.
 | * Few programs have been comprehensively evaluated over the long term for their effectiveness in stopping men from being violent.
* There is a lack of clarity and agreement across the family violence system about what constitutes “success” or “effectiveness”.
* Many evaluations have suffered from problems of small sample sizes, lack of random assignment and control groups, short follow-up periods and inadequate follow-up data.
* Rigorous evaluation of the effectiveness of perpetrator interventions needs to be an integral part of any intervention strategy adopted.
* The need for adequate funding and resources to conduct rigorous evaluations is often missing.
* Greater funding needs to be invested in rigorous testing of innovative programs to establish elements of effectiveness.
* Victims of domestic violence, and their advocates, need to be involved in policy and service development and, importantly, in evaluating the effectiveness for victims of integrated and co-ordinated community responses.
* Evidence-based approaches that require that agencies possess basic skills to effectively conduct individual, group, or community-level interventions, as well as the specific activities associated with an evidence-based intervention.
* There are some key data tracking and research projects which would help inform an evidence base for strengthening coordinated community responses towards the accountability of men who use family violence.
 |

## 3.5 | Indigenous Specific Issues

Whilst many of the issues raised during the consultations with mainstream stakeholders were shared by those participating in the Indigenous focused workshops, there were a number of very specific issues and themes that emerged.

The need to recognise the range of innovative approaches currently being implemented by communities was identified as critical. An inventory of Interventions cited during consultations is provided at **Appendix 5**.

### Family Violence as a Whole of Community Issues

Participants discussed the need to approach issues of family violence in a holistic and whole of community way. Approaches that focused only on women, or only on men were regarded as being inadequate and ineffectual:

* ***This is an issue that affects every part of the community. It isn’t just something that should be the responsibility of women, it should be the responsibility of men and women*.**

Community definition and ownership of the issue of violence was seen to be a critical factor in ensuring sustainability and success within communities. Community empowerment and the local community context were also critical success factors.

Participants also emphasised the importance of working collaboratively with men and women to prevent violence and community awareness campaigns that promote respectful relationships and communities:

* ***I really hope that we can shift the language and start talking about the issues as being about our families, our communities and our children who are the future.*** 

### Elements of Effectiveness

On reflecting on the questions of what works in approaches and practices to perpetrator interventions within an Indigenous context, the following key factors were identified:

#### Table 2: **Effective approaches**

* Culturally appropriate strategies and approaches/Cultural Safety
* Community ownership of the problem and the solution
* Strength-based approaches that recognise community strengths and resilience
* Healing approaches that recognise impact of trauma on Aboriginal communities and Aboriginal males
* Examining inter-generational family history and cultural experience as a healing element
* Use of Talking circles/yarning/Sharing stories
* Family-based approaches
* Going bush / retreats / in situ
* Getting the offender to accept responsibility
* Participation of Elders in programs/courts can increase the accountability of offenders
* Partnerships between mainstream and Indigenous agencies
* Integrated and holistic approaches
* Whole of community approaches that work with both women and men together with families and communities
* Education and awareness programs are critical to the engagement of all community members in confronting violence in the home and in the community.

**Table 3:** Suggestions for Improvements

* Governments at all levels need to make commitments to address issues specific to family violence in Aboriginal communities over a prolonged period of time.
* Improved access to sustained and coordinated, culturally appropriate support services which successfully engage with Indigenous communities.
* Greater need for cultural strengthening and cultural exchange across generations.
* The need for programs and interventions that work with Indigenous men in the context of the lore and culture of their communities, and in doing help women, children and whole of communities.
* Services need to utilise a strengths based approach that respectfully empowers individuals, groups and families to identify the positive resources and abilities they possess to assist them to deal with their own challenges.
* Development of a ‘shared practice’ model to enhance the role of key Indigenous services
* Approaches that support existing Indigenous initiatives and networks, to avoid duplication and ensure best use of resources

The programs that are said to be most effective with Indigenous men are those that hold them accountable within their culture and community. Indigenous stakeholders stated that it is not enough to try to hold them accountable in the criminal justice system alone, because it does not mean a lot to them.

The principles of culture-based justice to restore balance for all people involved, and to the community itself -- are a major part of successful Indigenous programs. The men become accountable to the victims, their families, and the community. They are responsible for doing something about the harm that they have caused, such as making amends and compensation. The point was strongly made that to effectively end the violence of Aboriginal and Torres Strait Islander men, the men need to be supported to re-establish an appropriate role within the lore and culture of their communities and families, particularly communities in rural and remote locations..

It is important to note that even though the Aboriginal and Torres Strait Islander consultations clearly communicated these perspectives there was never a suggestion that males who use violence should not be held responsible for their violent actions or that cultural considerations can excuse or condone violence.

### Overall Comments in Relation to the Draft Standards:

In addition to the comments canvassed across the mainstream consultations, the following specific views and commentary were provided by Indigenous stakeholders in relation to the draft Outcome Standards:

* *The Outcome Standards were regarded as not being adequately reflective of the Aboriginal and Torres Strait Islander context.*
* *Culture needs to be at the foundation of the Outcome Standards and the responses need to be holistic, flexible and culturally respectful.*
* *The Outcome Standards are more like principles, therefore greater clarity and focus is required in attempting to respond to and evaluate the standards and to ensure that they are not interpreted differently.*
* *Local and community based responses are most effective as they recognize the local and regional cultural situations.*
* *Education and educational programs are important.*
* *Definitions of key terms need to be clearly identified.*

Overall, participants were supportive of the need and benefits of Outcome Standards, but emphasised the need to ensure the range of issues identified as success factors were integrated, particularly in relation to measures. Comments received through the consultation process were broadly supportive of the Outcome Standards and indicated that subject to being flexible enough to take community needs and issues into account, the underlying intent of the Standards were acceptable.

## 3.6 | CALD Specific Issues

Again, whilst many of the key themes elicited from the consultations are applicable to vulnerable groups, such as those from Culturally and Linguistically Diverse communities, a number of specific issues were raised. The table below provides a summary of some of the key issues identified throughout the consultation process, including targeted interviews conducted with stakeholders from peak CALD organisations and staff from a number of specialist services[[15]](#footnote-15).

### Table 4: CALD issues

* A high proportion of CALD women accessing victim support services do not want to leave the relationship but want their partners to find some interventions to change their violent behaviour.
* CALD womens’ experiences and voices provide the most valuable source of knowledge and wisdom. It is vital that they continue to be heard.
* Victim services for CALD women and children are directly affected by the barriers CALD men experience in accessing interventions, particularly in relation to safety planning.
* There is a lack of programs/interventions that cater to CALD men who perpetrate family violence, particularly those with little or no English language proficiency.
* Due to the lack of programs catering to CALD men who use violence in their relationships, there were no well-established referral pathways.
* There are very few graduates from the Group Facilitation Course who have a CALD background.
* Knowledge of the cultural framework in which the action or inaction occurred is vital in guiding the implementation of perpetrator interventions.
* An understanding of the impact of the migration experience and the settlement process is also important to ensuring effective intervention when working with people from diverse backgrounds, particularly people who have recently settled in Australia.
* There is an urgent need for the design, development and delivery of culturally-specific community models of prevention and intervention.
* Strategies for change must be underlined by the value of inclusiveness.

It was noted that there are currently very few language-specific behaviour change programs in Australia, and there is clearly a need for these in order to maximise opportunities for men and women from culturally and linguistically diverse to access programs.

* ***We have recognised that to be truly effective in the minimisation/eradication of family violence and its profound effect on CALD women and children, it is pivotal that men be part of the solution to this issue. The reality, however, is that there is a … lack of programs/interventions that specifically cater to CALD men.***

A number of respondents also highlighted the lack of awareness amongst CALD men, particularly those with limited English language competency, of the existence of programs such as Men’s Behaviour Change Programs and strongly advocated for the establishment of culturally appropriate models:

* *CALD men with limited competency in English often don’t know about programs such as Men’s Behaviour Change Programs, or understand what these programs are all about. There is an urgent need for both the development of programs and strategies that are linguistically and culturally appropriate****.***

This client group has little or no competence in English which provides significant challenges for mainstream services to offer sustainable programs which will result in behavioural change. It is important that government bodies funding family violence work recognise that specific language speaking groups are required for CALD men to enable them to embrace behavioural changes and move towards non-violent behaviour.

Stakeholders discussed not knowing what works or what doesn’t for CALD men, due to the lack of programs or interventions that are specifically targeted towards CALD men who use violence. However, reference was made to a particularly exemplary program, the Vietnamese Men’s Family Violence Group[[16]](#footnote-16).The Vietnamese-speaking group ran over 15 weeks. Participants were between the ages of 22 and 43, and were mostly referred by the courts or government agencies. Working with the men's partners was an important element of the program. Partner contact was provided by inTouch Vietnamese speaking bicultural worker on a weekly basis and started two weeks before the group session started. The partner contact work required a sensitive approach to the women that assisted them to recognise their situation as being unsafe and in developing safety plans.

An evaluation of this project highlighted its contribution to the development of strong collaborative partnerships with a diversity of organisations. Through this program there is now increased knowledge in how to assist Vietnamese men to develop respectful relationships and a model has been created which can be replicated in other CALD communities. This group is now spurring momentum for other groups to develop in other communities. However, stakeholders reported that there is no funding to support the initial engagement work, assessment or partner contact and no certain funding for a future group.

The evaluation of the Program also documented a wide range of strengths and complexities that need to be considered to further future efforts to develop and deliver men’s family violence programs in CALD communities. The evaluation demonstrated the vital importance of a strong coalition of active representatives from relevant stakeholder agencies, including experienced Men’s Behaviour Change workers, Family Violence workers with culturally sensitive understandings and experience, and local or state-wide advocacy associations for the specific cultural community.

## 3.7 | Disability Specific Issues

As the National Plan indicates, violence against women affects different groups of women and children differently, and women and girls with disabilities have been identified as a group that are at significantly higher risk of violence. Whilst the consultation process highlighted some of the issues particular to perpetrators with disability, the Project Team were aware of the need to seek specific input from relevant government department and agencies in the Commonwealth, states and territories, the Australian Human Rights Commission, and other key non-government stakeholders, particularly Women with Disabilities Australia, to ensure further coverage of the issues[[17]](#footnote-17).

### Table 5: issues for people with disability

* There is no single, monolithic ‘disability community’. It is made up of many smaller communities that may vary from one geographic location to another, and according to the type of disability. Although women and girls with disabilities experience the same forms of violence as other women and girls, they also experience forms of violence that are particular to their situation of social disadvantage, cultural devaluation and increased dependency.
* There is limited data and research available on the prevalence and nature of violence against women and girls with disabilities.
* Currently there is no authoritative research that details the specific issues and challenges relating to the design and implementation of perpetrator interventions for people with disability.
* Caution must be taken in the language that is used when considering issues relevant to both victims and perpetrators with disability.
* Further research and additional services are urgently needed to increase understanding of the specific needs of perpetrators with disability and strategies to enhance access to appropriate programs.

Stakeholders pointed out that domestic settings in which women with disabilities and their children may live, include group houses, institutions, boarding houses, mental health facilities, and hospitals. The Standards must clearly recognise that perpetrators may be fellow residents, support workers and staff in any of these domestic settings.

A number of stakeholders also highlighted some concerns in relation to the limitations of some of the terminology contained in the draft Standards and the need particularly to expand the term ‘family violence’. Several stakeholders suggested that the term ‘family violence’ is used in accordance with the Australian Law Reform Commission’s suggestions on types of family violence experienced by people with disabilities.

In situations where the perpetrator has a cognitive impairment or other disability, removing them from their domestic setting, e.g. a group house must require that ongoing systems of support are put in place to find an alternative residence and maintain them in an alternative safe domestic setting.

A strong recommendation emerging from the consultations was the need to undertake research in relation to the specific issues relating to perpetrator interventions and people with disability. The research should also examine current criteria in relation to eligibility for court-ordered behaviour change counselling for perpetrators with disability of family violence and assess the extent to which the criteria can be extended beyond domestic partners to other family members.

* ***Magistrates have shown a real reluctance to refer perpetrators of domestic violence with disability for court ordered behaviour change counselling programs, largely because they are unsure as to whether such programs exist, or have doubts about the capacity of current programs to adequately address the issues particular to this group of men. Ultimately this also impacts on issues around safety for women and children.***

Stakeholders working within the Disability sector also called for greater recognition and integration of family violence sexual assault and intimate partner violence into the range of service assessment tools, with the aim of providing an improved response to people with disabilities (both perpetrators and victims) experiencing violence and greater collaboration between disability, sexual assault and family violence services.

## 3.8| Feedback in Relation to Measures

A key project deliverable was the development of recommendations as to how Outcome Standards could be measured. Participants were invited to respond to a series of key questions including:

* What key measurements should a measurement strategy or framework contain to effectively evaluate perpetrator intervention outcomes?
* How do we know that we have successfully implemented these outcomes?
* What measures help us know that we have achieved those outcomes?

There is no doubt that discussions around the issue of measurement were the most challenging for participants, prompting a wide range of viewpoints. This was due to a number of factors, including:

* Stakeholders trying to distinguish indicators of practice and service against higher order National Outcome measures.
* The current inability to draw on research and evaluation to understand effective practice that would inform what should be measured.
* The diverse views as to the nature and scope of the draft Outcome Standards, for example, were they ‘outcomes’, ‘standards’, ‘processes’, ‘aspirations’, ‘principles’, ‘strategies’ or a mixture of these.

Overall, there was a mixed response across jurisdictions as to what measurement strategies and frameworks are necessary to evaluate the effectiveness of perpetrator intervention outcomes. Stakeholders commonly disagreed on what was most important and what is to be measured, as well as what indicators are the most useful or valid, however, there was widespread agreement amongst participants that the ‘impact’ of the intervention resulting in the reduction of violence against women and children was essential.

Table 4 provides a summary of some of the key themes emerging from the discussions, all of which point to a shared agreement on the value and importance of measures, not only in terms of generating significant information and data, but also in relation to ensuring continuous improvement in the design and implementation of effective perpetrator interventions.

### Table 7: **Building a foundation for nationally consistent Outcome measures**

* Shared agreement on the importance and benefits of ‘high level’ outcome measures ;
* The lack of any ‘baseline’ profile poses a significant barrier;
* Measurement approaches should reflect the full spectrum of interventions at both individual and systemic levels;
* The selection and implementation of appropriate methods and instruments for measuring outcomes should be rigorous and responsive to ensure reliable and valid reporting;
* Ultimately the measures should be an assessment of the impact interventions are having on reducing violence against women and their children and improving safety;
* Issues of accountability for the outcome measures should also be considered at national, state and local levels;
* Further research is urgently needed to enhance cross sector and systemic understanding of the range of processes, practices and policies that result in sustained change;
* The purpose of this research is to build an evidence-based, practice-relevant conceptual foundation that can address the complexity and provide a credible rationale for the selection of nationally consistent outcome measures;
* There is a need to develop a nationally consistent and integrated ‘framework’ or ‘model’ for measuring outcomes of interventions which includes a set of ‘evidence indicators’ that are applicable irrespective of sector contexts;
* Measures should regularly be reviewed and refined in order to incorporate emerging research and practice innovation in perpetrator interventions.

Stakeholders unanimously agreed that measuring the effectiveness and successful implementation of National Outcome Standards presented a number of significant challenges:

* ***Before we can even begin to identify measures for successfully implementing the standards, we need to also improve our data collection systems and our various approaches to then analysing that data. We haven’t even agreed as a sector on some consistent indicators. So instead of a list of measures, I would prefer that we work towards the development of a conceptual framework around measurement and then this guides us around the operational stuff.*** 

Stakeholders also recognised that effectiveness of measures consisted of more than perpetrators participating in activities, such as attending a program. Sustained behavioural change was generally seen as something that could not be accurately measured after a program that was, for example, only weeks in duration. References were made to overseas research that suggests sustained positive changes in mens’ behaviour can’t be gauged in less than two years.

Measuring performance also requires integration of systems and practices. There is inconsistency between the States and Territories regarding system integration and reform processes in relation to addressing violence against women and in data collection. This inconsistency, together with the absence of a recognised evidence base to start nominating a particular type of measurement will be difficult. Connecting different data sources and sets from different parts of system and practice response would also need to stretch across primary, secondary and tertiary responses.

Many participants looked to justice system measures or measures emanating from the running of programs, while others also included measures that caused homelessness and similarly, levels of refuge occupation rates. Measuring how violence increases or decreases the educational outcomes for children was also mentioned as a possible measure.

Other stakeholder feedback suggested measuring:

* *Victim safety.*
* *Participation of men in programs.*
* *Feedback from the perspective of those who are in a position to observe attitudinal and behaviour change, such as those running programs, partners and even children.*
* *Recidivism – there were differing views as to whether measuring recidivism was a useful indicator. Some felt it was useful, while others thought it was archaic and not useful. The need to consider rates of recidivism in the context of a range of other measures was also mentioned.*
* *Levels of program participation.*
* *Levels of court order breeches by males.*
* *Reporting rates.*
* *Homicide rates.*
* *Public Safety Survey and Community Attitude Survey results.*

Several stakeholders expressed concern regarding the emphasis on recidivism in discussions related to perpetrator interventions and their success. Rather than placing emphasis solely on recidivism, some participants suggested that effectiveness can be better measured by looking at other factors, such as measuring incidents of subsequent assaults that have not led to a conviction.

Others suggested that effectiveness can be best measured by seeking input from the victim and/or current partner of former participants. An assessment of the victim/current partner’s sense of safety may be difficult to attain but may provide the most accurate way to measure whether a domestic violence offender has ceased his abusive, violent, or controlling behaviour.

Regardless of which methodological approach is used, stakeholders reiterated that accurate measures are affected by other factors, such as follow-up periods, drop-out rates, alternative and hidden offences and plea bargaining, as well as the data sources used.

4 | **Conclusion**

* ***There is very little doubt that we need to find ways of moving forward together despite our difference because surely we are all about working towards reducing or eventually eliminating violence. The devastating cost of domestic violence to our community and to the quality of all our lives as a community means that we take very seriously the need to bring about change in those who use violence against their partners and other family members. There is no going back*** 

This report attempts to contribute to the body of knowledge on perpetrator interventions. It is hoped that it will inspire and facilitate increased cooperation, innovation and commitment to preventing violence against women and their children.

There is no doubt that sector and public discourse in relation to the issue of perpetrator intervention has substantially moved and increased over the last few years. There exists an openness and desire by those in the sector to continue to learn. As agencies consult with one another there is also an emergence of greater levels of shared understanding in relation to the causes of male violence and the strategies required to promote change.

Throughout consultations, it was noted how interventions were needed at all levels - primary, secondary and tertiary - working across the life journey of a male, from childhood through boyhood and into manhood.

There is a long way to go in addressing the causes of family violence and in identifying the most effective interventions that not only keep women and their children safe, but also break the cycle of violence.

The absence of an evidence base was repeatedly raised as a key constraining factor to further progress and innovation. The need for an evidence base that can inform the continuous improvement of response design, skills and professionalism and building of reliable and effective measures is vital.

Despite raising concerns in relation to the lack of clarity of the draft National Outcome Standards, there was overwhelming support for both the need and value of having nationally agreed Outcome Standards that applied across the diversity of stakeholder activities.

The stakeholder feedback gathered for this report has contributed to the foundational work undertaken in developing draft National Outcome Standards for Perpetrator Interventions,.

**Appendix 1:** About Reos Partners

Reos is a social enterprise that helps businesses, governments, and civil society organisations address complex social challenges.

Our approach is systemic, creative, and participative.

We support diverse teams to work together on their toughest problems, through convening, designing, and facilitating strategic responses.

These responses often take the form of agile, action-orientated, multi-stakeholder partnerships and initiatives aimed at changing systems.

Changing systems requires people to work with not just friends and colleagues but also opponents and strangers. Reos brings together a broad range of skills to support these multi-stakeholder partnerships.

We have extensive experience in a range of domains, including education, health, employment, food, energy, the environment, security, and peace building.

We work both locally and globally at multiple scales. Our name comes from the Greek “rheos,” which means flow or stream.



**Appendix 2: Consultation Demographics**

Summary

In total, over 300 people across a diverse range of sectors participated in the consultations, representing organisations from non-government, community, government, health, and law enforcement sectors.

Overall Stakeholder Participation Total:

* Dialogue Interviews: 64
* Workshop Participants: 220
* Survey: 58
* *25% Female*
* *75% Male*
* *13% Aboriginal and Torres Strait Islander*
* *87% Mainstream*

Stakeholder Matrix

Below is a stakeholder matrix, which highlights the range of agencies and organisations participating in the consultations.

|  |  |
| --- | --- |
| Stakeholder/Sector Category | Agency/Organisation |
| Commonwealth Government  | * Attorney Generals Department
* Family Safety Branch Department of Social Services
* PMC
 |
| State/Territory Government  | * Aboriginal Health - SA Health
* Corrective Services NSW
* Department of Attorney General and Justice NSW
* Department of Justice and Community Safety (ACT)
* Dept. of Premier and Cabinet (Tasmania)
* Dept. of the Chief Minister (Northern Territory)
* Family Violence and Sexual Assault Unit, Department of Justice (Vic)
* Office for Women (Australian Capital Territory)
* Office of Women’s Affairs, Dept. of Human Services (Victoria)
* Women NSW
* Office for Women (South Australia)
* Victorian Department of Human Services
* WA Department for Child Protection
 |
| Justice/Courts/Policing/Legal Services | * Magistrates' Court of Victoria
* NSW Police Force
* Offender Services and Corrections Programs ACT Corrective Services
* Corrective Services NSW
* Legal Aid NSW
* Women’s Domestic Violence Court Advocacy Program
 |
| Statutory Authorities | * Sex Discrimination Commissioner Australian Human Rights Commission
 |
| Specialist F/DV  | * Cairns Regional DV Service
* Domestic Violence Crisis Service (ACT)
* DV-alert Lifeline Australia
* North Qld Domestic Violence Resource Service
* SFV Specialist Family Violence
* Womens Domestic violence crisis service (Vic)
 |
| Specialist Sexual Assault  | * Brisbane Rape and Incest Survivors Support Centre
* Cairns Sexual Assault Service
* Canberra Rape Crisis Centre (Nguru Program)
* CASA House
* Qld Sexual Assault Network (QSAN)
* NSW Rape Crisis Centre
 |
| Men’s Behaviour Change | * Cross-Border Family Violence Men's Behaviour Change Program
* Men's Domestic Violence Program, Gold Coast Domestic Violence Prevention Centre
 |
| Men’s Services | * Canberra Men's Centre
* MensLink
* MensLine Australia
* Men’s Referral Service (MRS)
* Men's Advisory Network (WA)
* Men and Family Centre
* No To Violence Male Family Violence Prevention Association (NTV) Inc
* SPEAQ Network (Services and Practitioners for the Elimination of Abuse Qld)
* White Ribbon Foundation
 |
| Women’s PeakNationalState  | * Australian Women Against Violence Alliance
* National Aboriginal and Torres Strait Islander Women’s Alliance
* VAWAG/National Council to Reduce Violence against Women and their Children
* Women’s Services Network
* Women with Disabilities Australia
* YWCA
 |
| * Domestic Violence NSW Inc.
* Domestic Violence Victoria
 |
| Indigenous Specific | * Aboriginal Justice Centre
* Aboriginal Legal Services NSW/ACT
* Central Australian Aboriginal Congress (Congress)
* Central Desert Indigenous Family Violence Program
* Gugan Gulwan Youth Aboriginal Corporation
* Gurring Yealamucka Health Service
* The Healing Foundation
* Helem Yumba Central Queensland Healing Centre
* Indigenous Family Violence Action Groups (Vic)
* Indigenous Justice Clearinghouse
* Kornar Winmil Yunti
* Mura Kosker Indigenous Domestic & Family Violence Counselling
* NACCHO
* National Congress of Australia’s First Peoples
* Ngaanyatjarra Pitjantjatjara Yankunytjatjara (NPY) Women’s Council
* North Queensland Indigenous Women’s Legal Centre
* Pormpur Paanth Aboriginal Corporation
* Qld Indigenous Family Violence Legal Service
* Red Dust Healing
* Rekindling the Spirit - Counselling and Support Services
* Secretariat of National Aboriginal and Islander Child Care (SNAICC)
* Victorian Aboriginal Child Care Agency
* Weipa Community Care Association Inc
* Wirringa Baiya Aboriginal Women's Legal Centre (NSW)
* Wungal Environment Foundation and chair of the North Queensland Indigenous Women’s
 |
| CALD Specific | * Australian Immigrant and Refugee Women's Alliance (AMaRWA), Network of Immigrant and Refugee Women of Australia Inc. (NIRWA
* Centre for Refugee Research (CRR)
* Immigrant Women's Speakout Association
* inTouch, multicultural centre against family violence
* Multicultural Centre for Women’s Health
 |
| Disability Specific | * ACT Women with Disabilities
* Women With Disabilities Australia (WWDA)
 |
| Family and Children’s Services | * Anglicare WA
* Bankstown LifeCare Relationship Services
* CatholicCareNT
* Centrecare Inc
* Centacare Tasmania Family Services
* Marymead
* Relationships Australia
* Relationships Australia - Canberra Region
* Relationships Australia NT
* Relationships Australia WA Inc
 |
| Victims Assistance and Counselling Programs | * ACT Victims of Crime Commissioner
* Victim Support ACT
 |
| Research/Academia | * Australian Domestic and Family Violence Clearinghouse
* Australian Centre for the Study of Sexual Assault
* Centre for Excellence in Child and Family Welfare
* Centre for Gender Related Violence Studies | The University of New South Wales
* GUMURRII Centre, Griffith University
* Lowitja Institute, Australia's National Institute for Aboriginal and Torres
* Queensland Centre for Domestic and Family Violence Research
* National Centre of Excellence to Reduce Violence Against Women and their Children (NCE)
* SAFER Team Monash University Strait Islander Health Research (Indigenous)
 |

Dialogue Interviews

Australian Capital Territory

|  |
| --- |
| Mainstream/General |
| Name | Organisation |
| Fiona Baker/ Veronica Wensing  | Office for Women, Community Services Directorate |
| Mark Bartlett  | Senior Manager Offender Services & Corrections Programs | ACT Corrective Services |
| John Hinchey  | Victims of Crime Commissioner Victim Support ACT |
| Indigenous |
| Rod Little  | Aboriginal and Torres Strait Islander Elected Body |
| Paula McGrady  | Canberra Rape Crisis Centre (Nguru Program) |
| Brendan Church | Aboriginal Justice Centre  |

New South Wales

|  |
| --- |
| Mainstream/General |
| Name | Organisation |
| Lyn Fletcher | SFV Specialist Family Violence Relationships Australia NSW, Wollongong,  |
| Susan Geraghty | Chair of the NSW Men’s Behaviour Change Programs Network and Manager, Bankstown LifeCare Relationship Services |
| Tracy Howe | CEO Domestic Violence NSW |
| Mahashini Krishna | Acting Commissioner Victims Services - Department of Attorney General and Justice |
| Irene Gaffney  | Clinical Services Specialist (Group Work) Relationships Australia |
| Kristy Minns  | Policy and Project Officer| Victims Services | Department of Attorney General and Justice |
| Margaret Murphy – Manager& Stephen Walton – Coordinator | Parent Education Marriage & Relationship Education Men & Family RelationshipsThe Bridge Community Services |
| Assistant Commissioner Mark Murdoch APM  | | Commander | Central Metropolitan Region | New South Wales Police Force |
| Karen Willis | Executive Officer NSW Rape Crisis Centre  |
| Stephen Wright | Manager/Counsellor (M.Ed) MACA Men and Family Centre |
| Indigenous |
| Doreen Peters | ACLO State Co-ordinator Aboriginal Co-ordination Teams NSW Police andDharriwaa Elders Group  |
| Christine Robinson  | Wirringa Baiya Aboriginal Women's Legal Centre |
| Greg Telford | Rekindling the Spirit - Counselling and Support Services |
| Shane Venables | Koori Mens Group Coordinator |

Northern Territory

|  |
| --- |
| Mainstream/General |
| Name | Organisation |
| Fran Whitty | Northern Territory Attorney-General and JusticeProject Management of pilot Men's Behaviour Change Program in Alice Springs as part of Integrated Response to Family and Domestic Violence  |
| Nicole Brown  | Department of Attorney-General & Justice |
| Kate Francis  | Cross-Border Family Violence Men's Behaviour Change Program Senior Clinician |
| Ian Brough  | Department of Correctional Services Regional Manager, Community Corrections |
| Liz Olle | Northern Territory Attorney-General and Justice |
| Indigenous |
| Charlie King  | CatholicCareNT Men & Family Relationship Program Worker |
| Olga Havnen | CEO, Danila Dilba Health Service |
| Max Yffer | Central Australian Aboriginal Conference |
| Desmond Campbell | Manager, Family Violence Program, Offender Services, Programs and Indigenous Affairs |
| Sharon Foster | Cross-Border Family Violence Men’s Behaviour Change |

Queensland

|  |
| --- |
| Mainstream/General |
| Name | Organisation |
| Karin Cheyne | Support Groups & Community Education at Brisbane Rape & Incest Survivors Support Centre |
| Glynn Johnston |  |
| Paul Monsour | SPEAQ Network |
| Professor Stephen Smallbone | Griffith Youth Forensic Service |
| Mark Walters | DVConnect Mensline |
| Pauline Woolbridge | North QLD Domestic Violence Resource Centre |
| Doug Winten | Dept of Communities, Child Safety and Disability Services |
| Prof Patrick O’Leary | Griffith University |
| Indigenous |
| Ed Mosby | Central Queensland Healing Centre |
| Charles Passi | Chair, Healing Foundation |
| Gil Thomsen | Central Queensland Healing Centre |

South Australia

|  |
| --- |
| Mainstream/General |
| Name | Organisation |
| Melanie Fernandez | Director, Offender Rehabilitation Services |
| Brian Martin  | Uniting Care Wesley Country SA |
| Trevor Richardson | Department for Correctional Services, Policy Officer, Victim Services and Client Advocacy |
| Vanessa Swan | Department of Communities and Social Inclusion, Director Office for Women |
| Indigenous |
| April Lawrie-Smith | Aboriginal Health South Australia, Executive Director Aboriginal health Division |
| Stephen Simpson  | Kornar Winmill Ynti, Perpetrator Intervention Orders Program |

Tasmania

|  |
| --- |
| Mainstream/General |
| Name | Organisation |
| Jane Fleming | Department of Health and Human Services, Manager, Family Violence Counseling and Support |
| Liz Little | Manager, Sexual Assault Support Centre |
| Dr Amy Washington | Department of Justice, Manager, Offender Programs |
| Marg Dean | Manager, Laurel House and North-West CASA |
| Indigenous |
| Amy Washington | Psychologist |
| Lisa Coulson | Tasmanian Aboriginal Centre |

Victoria

|  |
| --- |
| Mainstream/General |
| Name | Organisation |
| Danny Blay | CEO, No to Violence |
| Pauline Spencer | Magistrate, Court of Victoria |
| Professor Cathy Humphreys | University of Melbourne |
| Julie Jenkin | Department of Justice |
| Fiona McCormack | CEO, DVVic |
| Randall Newton-John | Mensline |
| Julie Oberin | Australian Women Against Violence Alliance/Lead Agency and Contract ManagerNational Chair WESNET |
| Caroline Worth | South East Casa |
| Indigenous |
| Muriel Bamblett | CEO, Victorian Aboriginal Child Care Agency |
| Andrew Jackamos | Aboriginal Children and Young People Commissioner |
| Alan Thorpe | Men’s Behaviour Change Facilitator |

Western Australia

|  |
| --- |
| Mainstream/General |
| Name | Organisation |
| Donna Chung  | University of WA, Chair, Social Policy |
| Stephen Clarke  | Department of Attorney General, Manager, Family Violence Intervention Services |
| Astrid Kalders  | Department of Corrective Services, Assistant Commissioner Adult Community Correction |
| Sherrilee Mitchell  | Department for Child Protection and Family Support, Director, Family and Domestic Violence Unit |
| Yvonne Patterson | Director, Department of Attorney-General |
| Indigenous |
| Damian Hart  | Program Manager, Aboriginal health community re-entry program |
| Victoria Hovane  | Australian Indigenous Psychologists Association |

Additional Targeted Consultations/Interviews

|  |
| --- |
| Mainstream/General |
| Name | Organisation |
| Kiri Bear | Senior Project Officer - Victorian Health Promotion Foundation (VicHealth) |
| Elizabeth Broderick | Sex Discrimination Commissioner |
| Emeritus Professor Anne R. Edwards AO  | National Centre for Excellence  |
| Helen Freeland | National Centre for Excellence |
| Renee Imbesi | Manager - Women Program (VicHealth) |
| Rae Kaspiew | AIFS |
| Antonia Quadara | AIFS |
| Gaby Marcus | Australian Domestic and Family Violence Clearing House |
| Rodney Vlais | Policy and Practice Coordinator - No To Violence and Men’s Referral Service |
| Karen Wilcox | Domestic Violence Clearing House |
| Indigenous |
| Pat Anderson | Lowitja Institute, Australia's National Institute for Aboriginal and Torres Strait Islander Health Research (Indigenous) Chairperson |
| CALD |
| Maya Avdibegovic | CEO inTouch Multicultural Centre against Family Violence (Vic) |
| Kalisi Bese | Programs Manager - Pasifika YLS (Young Offender Support Service) Safe Youth Safe Community. Inala Youth Service |
| Roshan Bhandary | Program Manager inTouch Inc. Multicultural Centre Against Family Violence (Vic) |
| Sky de Jersey  | Executive Officer, Settlement Council of Australia (NSW) |
| Rosemary Keleda  | CEO Spectrum Migrant Resource Centre |
| Juliana Nkrumah | African Women Australia (NSW) |
| Enaam Oudih  | Practice Manager Multicultural Services Relationships Australia (SA) |
| Tia Roko  | CEO Auburn Diversity Services/ NSW Council for Pacific Communities (NSW) |
| Violet Roumeliotis | Settlement Services International (NSW) |
| Eugenia Tsoulis OAM  | CEO Migrant Resource Centre of SA |
| Disability |
| Maeve Dunnett | Stop the Violence Project Insideout Disability Awareness |
| Carolyn Frohmader  | Executive Director Women With Disabilities Australia |
| Jen Hargrave | Policy Officer Women with Disabilities Victoria |

**Appendix 3: Summary of Online Survey Responses**

Greatest success being achieved by the current perpetrator interventions:

* Enhanced safety for women and children
* Reduced recidivism
* Children reunified
* Partner contact / victim support
* Providing offender skills
* Early intervention
* Effective corrections processes
* Men’s sheds / groups
* Changing offender thinking / behaviour
* Staff / facilitator experience

Greatest limitation to the success of current perpetrator interventions:

* Lack of funding / program availability
* Lack of follow-up / insufficient longevity
* Not involving partner
* Lack of understanding of violence
* No evaluation of program effectiveness
* Lack skilled staff / training
* Therapy / counselling / anger management approaches
* Waiting list
* Focus on shaming men
* No specialist programs (e.g. people with intellectual disability)
* Not acknowledging men as victims
* Insufficient services for women / children
* No preventative approach
* Victim blaming
* System is too soft
* Perpetrator attendance not mandated

Benefits of developing a set of National Perpetrator Intervention Outcome Standards:

* Consistency / standardisation / common understanding
* Provide a standard to be assessed against
* Send a message to community and perpetrators that violence is unacceptable
* Provide a framework for program development
* Improve service delivery
* Increase focus on victim safety
* Increase accountability
* Provide a benchmark
* Ensure trained / qualified staff

Reasons why outcome standards are NOT appropriate as they are:

* Changes to specific outcomes needed
* Need to be more detailed / specific
* No resources / funding
* Need to be gender neutral
* General changes needed
* Not measurable / achievable

Implementation at the local level:

* Provide funding / build into funding agreements
* Provide training
* Inform staff of changes
* Community involvement
* Assist agencies to work together
* Incorporate into existing policy / procedure / reforms
* Emphasise early intervention
* Evaluate the standards
* Detail the standards
* Ensure consistency in application

Implementation at the Community Level:

* Community awareness campaign / education
* Community involvement
* Support / resources for community
* Community champions
* Gain community buy-in

Implementation at the State Level:

* State funding / resourcing
* State level body
* State level meeting / workshop
* State strategic plan
* Support co-ordination between agencies
* Media campaign

**Appendix 4: Summary of Key Findings**

| **Section** | **Key Findings** |
| --- | --- |
| **What Works** | * Working with BOTH men and women
* Integrated approach
* Strength-based approach
* Based on a model
* Cater to individual needs
* Explore offenders beliefs and behaviours
* Voluntary vs mandatory participation
* Getting the offender to accept responsibility
* Holistic approach
* Long and intensive programs
* Relationship with offender
* Staff – trained and professional
* Peer discussions
* Working with offender ready to change
* Role of corrections and police
* Clear boundaries
* Early intervention
* Limiting access to children
 |
| **What Doesn’t Work** | * Punitive approach
* Acting the ‘expert’
* Collusion
* Short interventions
* Stand alone programs
* Wrong focus
* Unskilled staff
* Doing nothing
 |
| **What is Needed** | * More integrated and collaboration
* Evaluation of program effectiveness
* Staff training and support
* Focus on victim safety
* Good assessment of risk and program eligibility
* Education
* Consistency
* Follow-up offenders post-program
* Accreditation process
* Understanding the cause of violence
* More funding
* Consequences/sanctions for offenders
* Early intervention
* Holistic approach
 |
| **Ideal Future** | * Consistency
* Reduction of violence
* Integrated approach
* Evidence-base / evaluation
* Adequate funding
* Safety
* Change in behaviours and attitudes
* Victims not going through court
 |
| **Top Issues** | * Evidence-base / evaluation
* Integration
* Staff training
* Consistency
* More funding / programs
* Safety
* Education
* One size doesn’t fit all
* Court sanctions
 |
| **Standard Outcomes** | * Ok, good
* Not outcomes standards
* Allow flexibility in delivery
* What do they mean?
* Should be aspiration not minimum standards
* Different standards for different groups
* Need to be measureable
* Prioritise
* Be specific / practical
 |
| **Indicators / Measures** | * Victims feel safe
* Feedback
* Recidivism
* Not recidivism
* Not program participation
* Levels of violence
* Breeches
* Employment
* Victim accommodation
 |
| **Transition** | * Monitoring / governance
* Integration and collaboration
* Feedback loop
* Communication
* Signed agreement / MOU
* Securing buy-in
* Provide guidelines, templates and training
* Look at other standards
* Link to practice standards
 |
| **Emerging Issues/Concerns** | * No clear definition of ‘success’
* Domestic violence not taken seriously
* Some offenders are not treatable
* Excuses for violence
 |

**Appendix 5: Indigenous interventions cited at time of consultations**

Below is a brief inventory of Interventions cited during consultations with Aboriginal and Torres Strait Islander stakeholders.

| Name of Program/Intervention | Brief Description/Elements of Effectiveness |
| --- | --- |
| **Aboriginal and Torres Strait Islander centre for Males (Vic)** | The Centre, situated in Preston, Victoria, is run by the Victorian Aboriginal Community Services Association Limited (VACSAL) and the Victorian Aboriginal Health Services (VAHS). This program provides a safe and welcoming environment for Aboriginal and Torres Strait Islander males dealing with complex issues, including family violence. Men are referred to this program through various community services. They receive support and counselling through the program, and their progress and attendance is monitored. This process involves the husband/father, wife/mother, and the children. Services are available to the whole family.The main aim is to culturally strengthen the family, bring awareness and responsibility to the male for their actions and their role as a father/husband, and to keep the family together. |
| **Babana Men’s Group** | Adopted in October 2006, the term Babana means "brother" in the Dharuk language. As well as being a common term of greeting among Aboriginal men, the term "brother" also conveys a sense of cooperative effort and community.Since its formation in March 2006, Babana has met monthly. Average attendance at each meeting is around 50-60 men. Over that time, Babana membership has grown continuously, continuing to obtain endorsement and respect from both the Aboriginal and non Aboriginal community.Babana members meet regularly and are involved in a variety of activities and programs that address a range of issues ranging from men’s health, through to family relationships, anti-violence, anti-drug and alcohol campaigns, post release programs and more.Babana has been instrumental in running campaigns that help unite and affirm the positive values of traditional Aboriginal culture, focusing on healing together to create a safe and hopeful community.  |
| **CHOICES program** | The CHOICES program is a Koorie Men’s program that has been developed by Latrobe Community Health Service in conjunction with Gippsland and East Gippsland Aboriginal Co-Operative. CHOICES is about supporting and challenging Koorie men to change their attitudes and violent and aggressive behaviour. Participants are also given the opportunity to consider and change the damaging effects that their behaviour has on their partners, children, family members and others. CHIOCES is currently delivered in Bairnsdale and Morwell and runs over 16 weeks. If you require further information on this service please contact our Koorie Family Violence Team.CHOICES program holds that:* Men are responsible for most Family Violence.
* Men can change their violent behaviour.

AIM: To bring about attitudinal and behavioural change in the participants through a structured educational program. The focus is on men taking responsibility for their own violent behaviour towards the women and children in their families.Referrals are accepted via the police, courts, agency or self-referrals by contacting Service Access on 1800 242 696. |
| **The Strong Men, Strong** **Communities Project****Lakes Entrance Aboriginal Health Association** | This project is working with Aboriginal men in six towns across East Gippsland, to prevent all forms of family and community violence. It aims to increase the safety of families and communities by building the capacity of Aboriginal men to choose alternatives to violence and by providing opportunities for men to become leaders and mentors.  |
| **Indigenous Family Violent Offending Program (NT)** | The *Indigenous family violence offender program* (IFVOP) has operated in the Northern Territory (NT) since 2005, and is currently funded under the ***Closing the Gap initiative***, and delivered through the Community Corrections branch of the Department of Justice NT's Correctional Services division. The aim of IFVOP is to work with Indigenous offenders to educate and provide alternative strategies for addressing issues which result in anger. IFVOP is deliverable in 20 communities in the NT, and has also been run in the APY Lands.IFVOP is a 50 hour group program, delivered by local Indigenous facilitators who are respected in their community. Participants are perpetrators of family violence who are on court orders to take part in the program. The program raises awareness about family violence and its impact on the offender, as well as their victims, families, and community as a whole. Other concepts addressed during the program include:* responding appropriately to anger
* resolving conflict without violence
* substance use
* cultural context of violence
* change
* Indigenous spiritual healing.
 |
| **Red Dust Healing** | A group program for Aboriginal men and their families who have experienced family violence, Red Dust Healing aims to reclaim a sense of male identity via an exploration of cultural and traditional ways, Indigenous history and the impacts of colonisation, healthy relationships, lifestyle and diet. The program is supported by individual case management plans and a mentoring system, and has been run in Queensland and NSW with input from Aboriginal elders and local Indigenous service providers. The program is currently being evaluated |
| **We Al-Li** | This is a community-based training program devised by Professor Judy Atkinson at Gnibi, the College of Indigenous Australian Peoples (Southern Cross University, NSW). The program incorporates Indigenous cultural practices and therapeutic skills to assist recovery from trauma such as sexual assault, family violence, childhood trauma, substance abuse and other addictions. By using traditional ceremonies of healing at sites of cultural significance, the program combines experiential and cognitive learning practices, reflection and emotional release to allow for the expression of anger and sorrow within a safe and supportive context.The We Al-Li program provides the foundation for Certificate Level 4 of Indigenous Therapies, the undergraduate degree in Trauma and Healing and a masters degree in Indigenous Studies (Wellbeing) offered at Gnibi. For more information, see Atkinson (2002), Atkinson & Ober (1995), or Gnibi College of Indigenous Australian People. |
| **Indigenous Family Violence Prevention Legal Services (FVPLS)** | FVPLS have played an important role in addressing the needs of victims of family violence. They provide culturally appropriate and holistic assistance to victims of family violence and/or sexual assault in the form of legal services, information, counselling, referral and practical support. They may also undertake preventative initiatives, such as community education and awareness programs. **Elements of Effectiveness:**working collaboratively with other service providers to deliver appropriate, accessible, equitable, efficient and effective legal assistance and related services to victims of family violence  |
| **Mad Bastards** | Mad Bastards program as, “one of the few really resonant resources that speak intimately to Aboriginal and Torres Strait Islander males in a way they can relate to.”Developed over the past two years by a volunteer working group of Aboriginal men’s health experts, doctors and academics the successful outreach program has been delivered in seven communities and within the Western Australian corrections system and has been praised for its ability to inspire cultural strengthening and cultural exchange across generations. |
| **Men's Health Strategy Unit (MHSU)** | The MHSU was established in 2011. Its purpose is to provide expert advice, leadership and strategic direction in men's health, with a particular focus on Aboriginal male health. The Unit will also lead the development and the strategic planning of programs and services to improve health outcomes of men living in the Northern Territory, especially vulnerable populations of men.Functions * Develop a strategy for improving the health and well-being of males in the NT
* Integrate male gender perspective into Departmental policy, plans and programs
* Develop and support research capacity on gender and health including the establishment of a data collection process which provides accessible data on key health and well-being indicators which can inform program development
* Establish and support a network which encourages information sharing and collaborative program development
* Increase men's use of health services through workforce training, development and increasing the male health workforce
* Improve public awareness about male health and improve men's knowledge about, and use of preventative health and well-being services
* Invest in the planning and development of targeted health promotion and disease prevention strategies
* Provide advice and support for implementation of targeted health programs for Aboriginal males
 |
| **Lakes Entrance Aboriginal Health Association. The Strong Men, Strong** **Communities Project** | Lakes Entrance Aboriginal Health Association. The Strong Men, Strong Communities Project will support Koori men in East Gippsland to reject violence and help support the development of male community leaders and mentors. |
| **Koori family Violence Court Support Program** | Details a free service, established by the Magistrates' Court of Victoria, to support Koori men and women addressing matters relating to family violence through the court system |
| **Rekindling the Spirit’ Program (RTS)** | Rekindling the spirit is a community based project run by Aboriginal people, for Aboriginal people. The aim of the project is the empowerment of Aboriginal people through a process of spiritual, emotional, sexual, and physical healing. Rekindling the spirit has a family based approach, and conducts counselling services combining traditional and contemporary methods. This program assists family violence perpetrators to take responsibility for their offending and provides an opportunity for behaviour change. It includes one-on-one counselling and support, group work, and referral to specialist mainstream services. Rekindling the spirit also provides a range of support services for Aboriginal families who are victims of violence. Community and government agencies work together on this project for the wellbeing of Aboriginal people.  |
| **Yarn Up** | Yarn Up group for Indigenous men in the Tweed Heads area. Unique opportunity for Aboriginal men to come together in a positive way (rather than over drink or drugs). The program works because it gets Aboriginal men to take pride in themselves and take pride in the strength of Aboriginal women as well, because it’s about healing yourself, but also about taking a role to help others heal as well. |
| **Pt Augusta “Males and Black” Program** | Pt Augusta “Males and Black” Program worked because about father and son relationships, used strong role models without a history of violence, built positive images of males in our communities i.e. strength based not deficit based. Ran for a long time and is still being talked about. |
|  | Healing Place in East Gippsland it is a permanent place where men can go, where there are community counsellors and people from the community. Some black fellas will only talk to white fellas because they don’t want their community to know, whilst some black fellas will only talk to black fellas because they don’t want it to get out of community. |
| **Cross Borders Program** | *Cross Borders Program* across the Ngaanyatjarra Pitjantjatjara Yankunytjatjara (NPY) lands of Western Australia, South Australia and the Northern Territory. This award-winning program delivers culturally appropriate early intervention programs to perpetrators of family violence and has proven to help participants change their behaviour. |
| **Koori Family Violence Court Support Service** | The *Koori Family Violence Court Support Service* is a free service available at the Melbourne Magistrates’ Court. It was piloted in July 2011 and supported 45 clients, predominantly female, between then and April 2012. The program offers safe waiting areas for victims of family violence as well as support, information, safety planning and referral. The program includes a Koori Men’s and Koori Women’s Support Worker. |
| **Ponki Victim Offender Mediation Program** | The *Ponki Victim Offender Mediation Program* is a recent Tiwi Islands program used to train community mediators in the skills to manage conflict through mediation. The mediators are able to bring together the individuals involved in criminal offences with the wider community who may be affected. This program is culturally specific for Indigenous people and particularly to the Tiwi people. Training has now expanded to Lajamanu, Gunbalanya and Katherine. |

**Acronyms and Abbreviations**

| **Acronym or Abbreviation** | **Full Name** |
| --- | --- |
| ABS | Australian Bureau of Statistics |
| ACCHO | Aboriginal Community Controlled Health Organisation |
| ACSSA | Australian Centre for the Study of Sexual Assault |
| AFDVDRN | Australian Family Domestic Violence Death Review Network |
| ADFVC | Australian Domestic and Family Violence Clearinghouse |
| AHRC | Australian Human Rights Commission |
| AIC | Australian Institute of Criminology |
| AIFS | Australian Institute of Family Studies  |
| AIHW | Australian Institute of Health and Welfare |
| ALRC | Australian Law Reform Commission  |
| AMaRWA | Australian Migrant and Refugee Women’s Alliance  |
| AVO | Apprehended Violence Order |
| AWAVA | Australian Women Against Violence Alliance |
| CALD | Culturally and Linguistically Diverse  |
| CBT | Cognitive Behavioural Therapy. |
| CDFVR | Queensland Centre for Domestic and Family Violence Research |
| CEDAW | United Nations Convention on the Elimination of All Forms of Discrimination Against Women  |
| CGRVS | Centre for Gender Related Violence Studies  |
| COAG | Council of Australian Governments |
| CRPD | Convention on the Rights of Persons with Disabilities  |
| DAP | Domestic Abuse Program  |
| DSS | Department of Social Services |
| DFVDR | Domestic Violence death reviews  |
| FaHCSIA | Department of Families, Housing, Community Services and Indigenous Affairs |
| FDV | Family and Domestic Violence |
| FVCSS | Family Violence Counselling and Support Service |
| FVIP | Family Violence Intervention Program  |
| GBV | Gender Based Violence |
| IFVS | Integrated Family Violence System  |
| IPV | Intimate Partner Violence  |
| IVAWS | International Violence Against Women Survey |
| LGBTI | Lesbian, Gay, Bisexual, Transgender and Intersex people  |
| MBCP | Men’s Behaviour Change Programs  |
| MRP | Men’s Responsibility Program  |
| NASASV | National Association of Services Against Sexual Violence  |
| NATSIWA | National Aboriginal and Torres Strait Islander Women’s Alliance  |
| NCAS | National Community Attitudes towards Violence against Women Survey  |
| NCE | National Centre of Excellence to Reduce Violence Against Women and their Children Limited |
| NCRVWC | National Council to Reduce Violence against Women and Children |
| NESB |  Non-English Speaking Background |
| NGOs | Non-Governmental Organizations |
| NHMP | National Homicide Monitoring Program |
| NPIP | National Plan Implementation Panel |
| NTV | No To Violence |
| PCW | Partner contact worker |
| PSS | Personal Safety Survey |
| SASS | Sexual Assault Support Service |
| SCWI | Select Council on Women’s Issues |
| WESNET | Women's Services Network |
| WSS | Women's Safety Survey |
| WWDA  | Women With Disabilities Australia |

1. ABS, Australian Bureau of Statistics.(2013). *Defining the Data Challenge for Family, Domestic and Sexual Violence, 2013* [↑](#footnote-ref-1)
2. World Health Organization (no date) *Violence Against Women: intimate partner and sexual violence against women. Fact Sheet No 239.* [↑](#footnote-ref-2)
3. Australian Bureau of Statistics, *Sexual Assault in Australia: A Statistical Overview* (2004), [↑](#footnote-ref-3)
4. http://www.dss.gov.au/our-responsibilities/women/programs-services/reducing-violence/the-national-plan-to-reduce-violence-against-women-and-their-children [↑](#footnote-ref-4)
5. Dialogue Interviews are shared conversations where both parties are equally engaged in the information gathering [↑](#footnote-ref-5)
6. Draft standards were reviewed by Professor Donna Chung (University of Western Australia) and Professor Patrick O’Leary (Griffith University) and their contribution also provided input to the project [↑](#footnote-ref-6)
7. “Seeing Differently: Rethinking Innovation,” John Seely Brown. Comtech: the Magazine of Innovation in Chemistry and Technology. Washington, DC: American Chemical Society, July 1997; pp. 12-18. [↑](#footnote-ref-7)
8. Dialogue Interviews are shared conversations where both parties are equally engaged in the information gathering [↑](#footnote-ref-8)
9. See Appendix 3 for a summary of On-Line Survey responses [↑](#footnote-ref-9)
10. Dr Jacqueline Gail "Jackie" Huggins [AM](https://en.wikipedia.org/wiki/Member_of_the_Order_of_Australia), [FAHA](https://en.wikipedia.org/wiki/Australian_Academy_of_the_Humanities)) is an [Indigenous Australian](https://en.wikipedia.org/wiki/Indigenous_Australian), Deputy Director of the Aboriginal and Torres Strait Islander Studies Unit, an Adjunct Professor in the School of Social Work and Human Services at the [University of Queensland](https://en.wikipedia.org/wiki/University_of_Queensland) and a Spokesperson for [Recognise](http://www.recognise.org.au/). Huggins is a former Co-Chair of [Reconciliation Australia](https://en.wikipedia.org/wiki/Reconciliation_Australia), the former Chair of the Queensland Domestic Violence Council, and was previously a member of the National Council for Aboriginal Reconciliation, the [AIATSIS](https://en.wikipedia.org/wiki/AIATSIS) Council, and Co-Commissioner for Queensland for the Inquiry into the Separation of Aboriginal Children [↑](#footnote-ref-10)
11. Blagg H 2000, *Crisis intervention in Aboriginal family violence: summary report*, Crime Research Centre, University of Western Australia, Perth. [↑](#footnote-ref-11)
12. (VicHealth 2011). [↑](#footnote-ref-12)
13. See: <http://www.dhs.vic.gov.au/__data/assets/pdf_file/0008/581624/mens-behaviour-change-standards-manual.pdf> [↑](#footnote-ref-13)
14. 'Cultural safety' is a term generally used in relation to healthcare delivery, and is defined as a Health Professional’s ‘understanding of his or her own personal culture and how these personal cultural values may impact on the provision of care to the person being treated, regardless of their own race or ethnicity’. Cultural safety incorporates cultural awareness and cultural sensitivity and is underpinned by good communication and recognition of the diversity of views nationally and internationally between ethnic groups. [↑](#footnote-ref-14)
15. See Appendix (pg 40) fora list of additional stakeholders consulted in relation to CALD specific issues. [↑](#footnote-ref-15)
16. The findings of the group's evaluation are published in a report: Developing a Vietnamese Men's Behaviour Change Program: <http://www.relationshipsvictoria.com.au/assets/PDFs/fvevaluationreport2011.pdf> [↑](#footnote-ref-16)
17. For a full list of additional targeted consultations in relation to disability, see appendix pg 40 [↑](#footnote-ref-17)