



# **Family and domestic violence perpetrator programs**

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**Issues paper of current and emerging trends,  
developments and expectations**

## Contents

<b>Executive Summary.....</b>	<b>4</b>
<b>Introduction .....</b>	<b>7</b>
Perpetrator intervention systems.....	8
Work with perpetrators from Indigenous communities .....	10
Who this issues paper is for .....	11
A note on terminology.....	11
<b>The philosophical context .....</b>	<b>12</b>
Points of contention .....	12
Social movement ‘or’ individual treatment .....	12
Social education ‘or’ therapy .....	13
Part of ‘or’ alternative to the criminal justice system.....	14
Changing men ‘or’ responding to risk.....	15
Reworking narratives about family and domestic violence .....	18
Patterns, not incidents of violence .....	18
Women’s and children’s resistance .....	19
Intersectionality.....	19
Individualism and collective responsibility .....	20
<b>The funding context .....</b>	<b>22</b>
Managing expectations.....	23
Competition between providers .....	24
Shifting the narrative .....	25
Flexibility in funding service agreements.....	26
<b>The systemic context.....</b>	<b>27</b>
Purpose and objectives.....	27
Narratives of accountability.....	28
Placement within integrated responses .....	30
Embedding programs .....	32
Referral pathways.....	32
Child protection and family services.....	32
Family law .....	33
Civil justice system – Respondents to a protection order.....	34
General practitioners and primary health .....	34
‘Alternatives’ to MBCPs .....	35
Partner safety support.....	36
Children and young people’s needs and voices .....	38

<b>The research context.....</b>	<b>40</b>
Evaluating programs in their context.....	41
Defining success.....	43
European work on outcome measures .....	44
Evidence-based practice .....	46
Research – practitioner collaborations: The example of REPROVIDE .....	48
<b>The cohort context.....</b>	<b>49</b>
Typologies of perpetrators .....	49
Stages of change .....	50
Differentiation according to risk .....	51
Identifying low risk perpetrators .....	51
High-risk perpetrators .....	52
Colorado’s differentiated approach.....	54
Problem drinking and problem gambling .....	56
Intersectionalities .....	57
CALD communities.....	58
LGBTIQ communities .....	59
Perpetrators with cognitive impairment .....	60
Adolescent use of violence .....	60
Elder abuse .....	61
Women who use force.....	62
<b>The risk context .....</b>	<b>64</b>
Providing a program ‘or’ a flexible response to risk.....	64
Dynamic risk .....	66
Central and non-central (stable dynamic) risk factors .....	67
Acute dynamic risk.....	68
<b>The standards and accreditation context .....</b>	<b>70</b>
Monitoring compliance.....	73
<b>The program integrity context.....</b>	<b>75</b>
Strengthening program integrity .....	76
<b>The practice context.....</b>	<b>78</b>
Risk Needs Responsivity framework .....	79
Tailoring responses.....	81
Case formulations and case planning .....	82
Exit planning and accountability plans.....	84
Case management .....	87
Supplementary individual sessions .....	87

The therapeutic alliance in MBCP work .....	89
Intervention length and intensity .....	90
Enhancing motivation .....	91
Being responsive to participants' multiple identities.....	95
Trauma informed and emotion-focused work with perpetrators.....	96
Online engagement of perpetrators .....	97
<b>The workforce context .....</b>	<b>98</b>
Developing the workforce .....	98
Generating interest in the work.....	99
Tensions in professionalisation.....	99
Training.....	100
Supporting longevity in the field.....	101
Male practitioner accountability and 'the only woman in the room' .....	102
Developing a diverse workforce .....	103
Accrediting MBCP practitioners .....	104
<b>The community and prevention context .....</b>	<b>106</b>
Male peer support .....	106
Strengthening community ties for high risk offenders .....	108
Community accountability model.....	109
<b>References.....</b>	<b>111</b>

## Executive Summary

Responding to men's use of violence and coercive control against their female partners has a relatively short history nationally and internationally dating from the late 1970s and early 1980s. There is still much to be learned about how to stop the use of such violence, and continuing debate about explanations of family and domestic violence (FDV) and therefore the best way forward for interventions.

Men's behaviour change programs (MBCPs) have been the mainstay of perpetrator intervention, alongside civil law protection orders and some criminal justice responses. MBCPs have not been a panacea and nor should we expect them to be, however, growing evidence does indicate that the programs can make a positive difference for some men if there are wider FDV service systems in place that support men's accountability and are responsive to changes in risk. MBCPs are one specialist and intensive response which can serve only a proportion of men using violence, hence there is a need for earlier responses by agencies with which perpetrators come into contact. A related concern is that FDV response systems often hold limited and differing information about the perpetrators of violence, such as the level of risk, his range of behaviours and his location.

There is now a growing national urgency to ensure we have an earlier and more extensive system of perpetrator responses, so that the delivery of MBCPs becomes a further downstream response once other parts of the intervention system have engaged the man. This requires that practitioners from a diverse range of agencies can more effectively identify FDV perpetrators, necessitating organisational shifts which see the response to perpetrators as within their remit, and greater awareness and 'know how' amongst those running and working in these agencies as well as augmenting the system of responses currently available. We are not suggesting that earlier responses replace MBCPs, rather that other agencies play a role in ensuring the perpetrator is both visible and has options to engage. This is important because men presenting at substance abuse or mental health services have often also been perpetrating violence against a partner which can be overlooked or ignored when the focus of intervention is narrow.

Therefore, advances in the system such as family violence informed coordinated case management, behavioural insights interventions, and fathering programs are not alternatives to MBCP work. Rather, they augment the opportunities for perpetrator engagement and can provide a valuable source of information that is not always known to others working with the man or the partner and children. They offer a strategic spectrum of responses that can potentially lead into, follow on from or run in parallel with a perpetrator's participation in a MBCP.

Advancing a system of perpetrator intervention is easier said than done. The ripple-like dynamics of FDV demand a well-developed and linked system of responses which holds the safety and protection of women and children as its primary goal by keeping 'eyes on' the perpetrator, and a system that encompasses the option to engage, assess risk and conduct a level of surveillance. This challenge is complex but not insurmountable. Critical to building this system is commitment by FDV specialist agencies, mainstream agencies with a key role in FDV (such as police and child protection), and by agencies which often have men using violence attending the service but which do not address this issue directly or intensively, to ask questions about FDV, assess risk, share information and offer consistent pathways to addressing men's use of violence.

This report offers a national view of trends and developments ranging from the systemic level to daily practice, to stimulate discussion and action about the next steps needed to build perpetrator intervention systems which will strengthen existing FDV efforts and MBCPs within that system. Now

is the time to put these developments in place in the wake of recommendations from a second generation of formal inquiries and commissions into FDV in Victoria, Queensland and South Australia, and through momentum for change related to the National Plan of Action to Reduce Violence Against Women and their Children. Important considerations in making these changes include the following.

- Starting point: Viewing FDV as patterns of behaviours and actions that are ongoing, to which agencies and workers are often privy only to the aftermath of a single incident in this ongoing pattern.
- The context: MBCPs and perpetrator intervention systems frequently operate in a contractual environment in which prescribed approaches can limit what providers are able to deliver. This can include aspects such as program length, program format, qualification and experience of workers and theories of change. Its competitive underpinnings can also stifle co-operation between agencies that are delivering varying forms of FDV responses, detracting from sharing information and joined up responses. The challenge for those in the system of responses is to maintain a view that offers a wide angled lens of what the system ought to be, and to resist taking a microscopic view of only their role shaped by the contracting and marketisation of FDV and other human services.
- The operation of a system of responses: A system that consistently works to uphold the safety and wellbeing of women and children and that holds the perpetrator accountable for his actions requires philosophical and operational consensus amongst all constituent parts of the system. The term perpetrator accountability is frequently used and applied in various ways. Achieving shared understandings of this concept is essential, the debates of which are outlined in this paper as a catalyst for advancing agreement amongst those in the FDV sector. This will provide a means for looking at how individual parts of the interdependent system can collectively act to promote perpetrator accountability.
- Promoting MBCP integrity in an era where evidence is considered pivotal: The rhetoric of evidence-based practice is aspirational at present with researchers working with practitioners to collect new evidence. However, 'the show must go on' MBCPs cannot be paused whilst evidence is analysed and conclusions drawn. Research itself is also a political process from the question it is seeking to answer, the methods used and the conclusions drawn. This paper highlights that MBCPs are not unitary and homogenous but represent a collection of differing programs delivered across various contexts. The evidence collected about one may not always be helpful in other contexts. That said, the commonality is what determines success in MBCPs and how safety and wellbeing of women and children can be operationalised alongside men's behaviour. In this paper we argue for the experiences of women and children and other victims to be central to evaluation efforts in determining the success of programs in working with individual men. Much of the evidence is debated in this paper and some important ways forward are presented.
- MBCPs into the future: There are now a mix of MBCPs in place and a call for more diverse approaches to meet the needs of communities who are based outside metropolitan areas, from Indigenous communities, CALD communities and those living in LGBTIQ and non-nuclear family settings. At the same time MBCPs have been subject to scrutiny about their effectiveness, resourcing and engagement with victim-focused and other services. In looking forward there are key questions and challenges that require decisions, including:

- Assessing and responding to the risk levels of perpetrators and the dynamics of change in some perpetrators' risk levels
- Strengthening pathways into MBCPs that will provide consistency in assessing and responding to risk in various contexts
- Consideration of whether and how differential responses may operate in MBCPs
- Program quality and standards – the benefits and disadvantages and considering how the underlying purpose of providing quality MBC responses can best be achieved
- The lives of men perpetrating FDV and how this impacts on the suitability and availability of MBCPs for them; this might include considering how some may not be suited to the process, and how we account for diverse experiences to make sure that the MBCP is relevant and appropriate
- Workforce issues have been an ongoing challenge for MBCP providers; it is timely to develop a workforce strategy that will enable an available and competent workforce where people see a clear future for themselves in this area of work
- Considering how MBCPs could achieve similar goals with alternative means, for example developments in digital technologies and internet-based communications.

Many of the issues covered in this paper may be familiar to readers who have experience in the FDV sector, particularly those working with men who perpetrate violence against women and children. This paper contains detailed discussion of recent national and international research and innovative practice to inform and challenge ideas about the future of MBCPs in Australia. We have aimed to consolidate for readers the debates and key elements to promote robust discussions about how best to proceed with this key part of the FDV sector, to contribute to positive outcomes for those experiencing, responding to and resisting violence.

## Introduction

This document provides a national perspective on current and emerging trends in family and domestic violence perpetrator program provision, at the systemic, contextual and practice levels.

Across Australian jurisdictions, the perpetrator intervention program field is at a significant point in its evolution (Mackay et al., 2015). At both state and national levels, an unprecedented spotlight is on programs and interventions that attempt to reduce risk and change the behaviour of family and domestic violence (FDV) perpetrators. Major initiatives such as the Victorian Royal Commission into Family Violence, the Queensland Not Now Not Ever report, recent state and territory government funding injections and reforms, the former COAG Advisory Panel on Reducing Violence Against Women and their Children, and ANROWS through its National Research Agenda, have started to grapple with a range of complexities concerning perpetrator accountability and the nature and effectiveness of perpetrator interventions (ANROWS, 2016; Coalition of Australian Governments, 2016; Special Taskforce on Domestic and Family Violence in Queensland, 2015; State of Victoria, 2016).

This spotlight has been accentuated by tensions, contention and dissatisfaction about the current state of the field coming from several quarters, including some funders.

To some extent, critical stances taken towards the value of FDV perpetrator programs reflect competing narratives about what they are meant to achieve, under what systemic circumstances, and how intervention success is defined and measured. Very different assumptions can be made by different stakeholders concerning these things, leading to very different conclusions about their role and effectiveness.

These differing assumptions in part stem from competing political and philosophical worldviews concerning how to understand FDV, what drives perpetrator behaviour, and where perpetrator intervention programs sit in the continuum from social movement and social justice struggle to clinical individualised treatment (Vlais, 2014a). The corresponding tensions can challenge the field to reflect and reconstitute its equilibrium in fruitful and ongoing ways; or pull the field in different directions resulting in divisions and splits both within and across jurisdictions, and confusion for those on the outside trying to make sense of these interventions and their place.

Some of the 'push and pull' factors outlined in this document reflect these tensions, contention and debates. In this respect, the field is feeling pressure to 'prove itself' to those who are dissatisfied or sceptical of its current state, and simultaneously to exert an influence on the prevailing narratives about these interventions upon which this pressure is based. Exerting such influence requires a degree of solidarity at the NGO level that can be difficult to achieve in today's world of competitive tendering and contractualism (Carson, Chung & Day, 2009).

Other push and pull factors, however, come more from within the field itself and present welcome and exciting opportunities to revisit and extend how these programs operate (Vlais, 2014b). Men's behaviour change programs (MBCPs) in Australia, like elsewhere, have generally been under-funded and constrained in several ways from meeting their full potential.

These constraints have made it difficult for program practitioners and coordinators to innovate and modify their programs based at least on practitioner-based evidence and wisdom, and evidence from other fields. For many program providers, there has been growing disparity over the past ten



years between how they would like to strengthen their programs, and what they can do with the resources and systemic arrangements at hand.

The current spotlight on perpetrator interventions is opening a space for managers, program coordinators and practitioners to listen to their own judgement and be influenced by developments in other fields. For some settings within some jurisdictions, resources might in the coming years become available to strengthen the systemic arrangements, structures, options and flexibility of these programs in ways that, as a field, we know is needed.

This is a time where carefully considered (and evaluated) tentative and bold steps can be taken. Indeed, some funders and others with a major stake in what we do will expect us to.

This all creates a context of significant change. A pattern of change that is simultaneously:

*outward looking* through learning from relevant evidence-based practice in other fields, and through deeply understanding the needs of partner agencies within integrated responses and what they require from our work;

*forward looking* through understanding the changing environments within which this work operates, and how to respond to the welcome and unwelcome expectations and pressures coming to us over the horizon; and

*backward looking* to the roots and fundamental principles and politics of the work, including how to strengthen the ways that programs inhabit and put into practice these fundamentals, to achieve greater conceptual clarity (Garvin, 2003; Garvin & Cape, 2014).

This document draws attention to these current and emerging patterns, trends, developments and push-and-pull factors, sequentially over the following areas:

- Philosophical debates and tensions
- Expectations from funders, and the shifting funding environment
- The place and role of perpetrator programs within integrated / coordinated community responses, and the systemic factors that influence this work
- Research and program evaluation – the struggle to prove the worth of these programs
- Adapting interventions for different ‘cohorts’ of perpetrators
- Responding to risk ‘vs’ changing men
- Program provider accountabilities
- Supporting program providers to become compliance ready (for auditing/accreditation per minimum standards) and research ready (for program evaluation)
- Practice issues in a range of areas
- Developing a sufficiently skilled, diverse and sized workforce
- The relevance of broader community responses and primary prevention to program provision.

## Perpetrator intervention systems

While this document will have a strong focus on the systemic context within which perpetrator interventions sit, and what this means for program providers, we will confine the discussion to ‘back-end’ interventions such as MBCPs. Assertive, proactive ‘front-end’ interventions (for example, second responder contact with perpetrators referred by police, court respondent worker

engagement of perpetrators) and 'mid-point' interventions (for example, family violence informed coordinated case management) will have increasing focus in the years to come, as service systems pivot towards opening more doors to engaging perpetrators and opening more windows onto the risk that they pose to family members (Centre for Innovative Justice, 2015; Chung et al., 2014; Safe Lives, 2016; Scott et al., 2015; Vlasis, 2014b). In this there is an increasing understanding that not all 'paths lead to MBCP Rome', and that while more immediate, briefer interventions with perpetrators cannot work towards the same behaviour change goals, they can work towards important dynamic risk reduction and motivation-building objectives in the short- to medium-term.

This broader, spectrum approach to *perpetrator intervention systems* is based on the collective responsibility that a wide range of departments and agencies have in scaffolding pathways towards perpetrator accountability. It necessitates clearly understood roles, responsibilities and parameters of each department and agency with respect to perpetrator engagement (State of Victoria, 2016). This not only includes specialist perpetrator services that currently or in the future provide interventions – second responder contact, engagement with perpetrators at court or home visits to perpetrators in the context of co-location with child protection or family services, for example – but also the many services that have direct or indirect contact with perpetrators who are not specialist in this sense.

There are a wide range of ways that departments, units within departments, agencies and services can contribute (and are contributing) towards reducing the risk posed by perpetrators (Centre for Innovative Justice, 2015). For example:

- augmenting existing and ongoing multi-agency risk assessments through perpetrator contact
- making the perpetrator's patterns of coercive control more visible in case analysis, case management, case notes and other work with family members who are experiencing his violence, as a way of better understanding how to support and ally with victims (even if the department or agency has no contact with the perpetrator)
- contributing to multi-agency processes to address dynamic risk, including where possible predicting and containing acute dynamic risk
- scaffolding perpetrator readiness to participate in specialist services, and readiness to change (including 'inching' the perpetrator towards building internal motivations to change)
- applying interruption and restraint processes regarding the perpetrator's opportunities and inclinations to use violence
- strengthening, where possible, his understanding of and motivation to comply with protection orders or bail conditions
- building perpetrator capacity to participate in specialist services, and where required helping to stabilise his life, so that he and his family derive the most benefit out of his participation in specialist interventions.

If MBCPs are viewed as the only intervention with perpetrators, in systemic terms these earlier and parallel potential contributions can tend to be disjointed, ad hoc, and implemented without sufficient intention or reflective practice. Further, they can tend to be performed in isolation of how

the contributions of any particular department, departmental unit, agency or service both relies upon and supports the contributions of others in reducing the risk that the perpetrator poses.

While crucial for the overall maturation of perpetrator intervention systems and the integrated FDV responses of which they are a part, this document will focus predominantly on back-end MBCPs and similar programs designed and run by specialist perpetrator intervention service providers. Stopping Family Violence will soon be commencing a related body of work taking this broader view of perpetrator interventions and perpetrator intervention systems.

The focus of this paper will be on programs implemented by community-based NGO providers. While programs run by correctional services do not come into the scope of this paper, a number of community-based providers take referrals from Correctional Services (particularly Community Corrections), some of which are explicitly funded to do so. Furthermore, correctional literature concerning what works in addressing violent offending will be frequently referred to in this document.

### Work with perpetrators from Indigenous communities

Written by a non-Indigenous FDV policy advisor and researcher, with assistance from non-Indigenous colleagues, Stopping Family Violence decided not to include Indigenous family violence perpetrator programs within the scope of this paper. We felt that it was crucial that this came from Indigenous practitioners, activists and stakeholders themselves, rather than being filtered through our privileged lens.

Indigenous practitioners and stakeholders have emphasised that family violence prevention and response programs in their communities must (Olsen & Lovatt, 2016):

- Involve more space for Indigenous communities themselves to shape program and service responses.
- Focus on community healing, restoration of family cohesion, and holistic processes that support both victims and perpetrators to address their pain and suffering.
- Involve rebuilding family and kinship ties in ways that strengthen traditional cultural and kinship practices that mitigate against violence.
- Consider the use of Indigenous sentencing courts for Indigenous Elders and other community representatives to enact Aboriginal law towards changing perpetrator behaviour and personal and collective healing.
- Recognise the important of ongoing, planned and consistent funding.

A part II to this issues paper will be commissioned to focus specifically on Indigenous perspectives on family violence prevention programs that include a strong focus on those who perpetrate harm. This will be published in 2018.

## Who this issues paper is for

While of benefit to government policy workers, funders and researchers, this paper has been written with practitioners, program coordinators and service managers firmly in mind. The trends and issues explored in the paper – whether philosophical, systemic or concerning program design and practice – have significant implications for day-to-day program delivery.

This paper presents an opportunity for practitioners, coordinators and managers to ‘lift their heads up’ from the intensity and focus of program delivery to consider, and reflect on, the various issues that are shaping their work into the future. Many of the issues raised will be at least somewhat familiar. We hope that this will not only assist workers in the industry to take stock of how our work is evolving, but also to reflect upon their own practice and program delivery options in light of the issues raised.

This paper will also be well referenced. This is not with the intention to instil a high level of academic rigour, though we recognise the potential status of this paper as a major review of the field in Australia as it stands in 2017. Rather, we have been deliberate in the referencing to provide sufficient options for readers to explore issues in more depth beyond what is possible in a wide-scoping paper such as this. While some references have been employed to provide evidence-based back-up on specific issues, others have been included to enable practitioner-friendly food for thought on the particular issue. Given the limited access that most practitioners and NGOs have to online journals, we have where possible noted URLs in the References chapter from which freely available articles, reports or other documents can be downloaded.

## A note on terminology

This paper will interchangeably use the terms ‘FDV (family & domestic violence) perpetrator programs’ and ‘men’s behaviour change programs’. While the latter will be used more to refer to the Australian context, this interchangeability reflects that ‘men’s behaviour change program’ is a somewhat contested name for this work (Vlais, 2014b).

The term ‘perpetrator interventions’ will also be used to refer to these programs, however, it is intended to more broadly concern interventions with perpetrators across a range of circumstances and points in the intervention spectrum.

‘Perpetrator intervention systems’ will be used to refer to multi-agency collaborative arrangements to respond to and reduce the risk posed by perpetrators, through opening appropriate doors to engagement and windows onto risk, and bringing and keeping the perpetrator within view of the broader FDV service system (Centre for Innovative Justice, 2015).

## The philosophical context

The philosophical underpinnings of MBCPs are represented in quite a contested space. While many programs by community-based providers ascribe to what Gondolf (2012) refers to as a ‘gender-based, cognitive-behavioural’ approach, there are several points of contention and some degree of polarisation in the debate.

These philosophical differences have important practice implications for the design and implementation of these programs, and more generally the perpetrator intervention systems of which they are a part.

### Points of contention

Four of the most frequently discussed points of contention are explored below.

#### Social movement ‘or’ individual treatment

The first domestic violence perpetrator programs in the US in the late 1970’s, and in the next decade in the UK, Australia and elsewhere, were efforts firmly rooted in the community (Gondolf, 2012; Phillips, Westmarland & Kelly, 2013; Vlasis, 2015b). While still developed by practitioners in the context of community-based service systems, these programs commenced with little or no government funding, no government policy backing, and with little visibility by the state.

Aldarondo (2015) charted the history of Batterer Intervention Programs (BIPs, the term for domestic violence perpetrator programs in the US) since their evolution, outlining a developmental contextual sequence similar to the field’s evolution in Australia. He outlined three phases or shifts in the conversations and narratives about these programs over time:

- ‘Value-based centred conversations’ in the late 1970’s and 1980’s, focusing on BIPs as part of a social movement committed to social justice, social change and gender equity, with the leaders in the field aware of the need to address broader social forces rather than rely solely on working with individual men.
- ‘Crime-based centred conversations’ in the 1990’s, where commitments to social justice and social change were less of a priority as BIPs became an important component of the criminal justice system.
- ‘Evidence-based centred conversations’ in the 2000’s, with the application of biomedical criteria and hard science experimental evaluation methodologies, and the reframing of interventions as therapy more in the realm of mental health interventions, as further relegating the social movement roots of these programs.

A long-held criticism about domestic violence perpetrator programs is that by focusing on individual perpetrators, attention is drawn away addressing the structural and cultural drivers of men’s violence against women (Douglas & Bathrick, 2008; Laing, 2002). This concern is likely to heighten as program providers become focused on how to adapt evidence-based practice from the Corrections and therapeutic intervention fields to more effectively tailor interventions to individual participants. This (necessary) ‘zooming in’ on each individual perpetrator to improve the quality of program practice – in the context of funding, reporting and service provision requirements based solely on

individual-level outcomes – has the potential to create further drift of these programs away from their roots as part of a social movement.

This tension provides a challenging environment for program providers who might feel pulled in two opposite and seemingly contradictory directions – becoming more individually focused in program design and practice, while keeping a strong foundation in the need to contribute towards changing the structural and societal drivers of men’s violence against women. This calls for creativity, innovation and discussion with stakeholders involved in gender-based social change activism to identify how tertiary response work with individual perpetrators can be part of broader social and community movements, or at least not inadvertently undermine them (Acker 2013, 2014; Douglas & Bathrick, 2008; Vlasis, 2015a).

### Social education ‘or’ therapy

Related to the above is contention over whether programs are educative in helping men to understand, identify and transform their use of socially sanctioned male power, privilege and entitlement in the form of violence, or therapeutic in addressing individual-level factors associated with violent behaviour.

Not surprisingly, there have been calls to avoid adopting an ‘either/or’ position, and that it is possible for both social intervention and therapeutic elements to be weaved into program design and delivery (Cagney & McMaster, 2012; Gondolf, 2012; Vlasis 2014a).

A key issue however is how to combine both so that the approach maintains conceptual clarity and coherency, rather than being a ‘bit of this and a bit of that’ (Day et al, 2009; Garvin, 2013). This requires a deliberate approach involving the construction of a program logic model, theory manual (or theory section within an operational manual) and core program principles to guide program delivery and practice.

Indeed, a case can be made for the requirement of two program logic models, one that describes how the program works in terms of a systems context, and a second that zeroes in on the mechanisms and processes of participant behaviour change that the program attempts to facilitate. Program logics provide clear guidelines for program integrity measures and reflective processes to interrogate program practice according to the principles and logic statements. Furthermore, they form the basis of developing a monitoring and evaluation framework to determine program effectiveness. The use of program logics is uncommon however in the context of community-based program provision.

Avoiding an either/or position also requires program providers and practitioners to wear multiple ‘hats’, or adopt multiple lens, in how they structure programs and make day-to-day decisions regarding practice. Vlasis (2014a) writes about the ‘weave’ that’s required for programs and practitioners to:

- Adopt best practice principles in *adult learning*, social education and attitudinal change.
- Incorporate some of the change processes and mechanisms evident in effective individual and group *therapeutic interventions*, including those that build a therapeutic alliance.
- *Support, coach and encourage* men in their journeys of change, and to address needs in their lives that inhibit the change process or their participation in the program.

- Scaffold and contribute to (program-level and multi-agency, systemic) *accountability processes* regarding the men's behaviour.
- Act in solidarity with and as *allies to women and children's struggles* for dignity and self-determination in the context of the perpetrator's coercive control and limiting of their lives, to sensitively intervene with him on *their behalf* as the priority clients.

Holding together this mix in both dynamic and coherent ways is a major challenge for this work at the philosophical and practice levels.

### Part of 'or' alternative to the criminal justice system

While initially developed as an alternative to criminal justice system responses for perpetrators, MBCPs have become a stronger part of criminal (and in some cases civil) justice system approaches towards FDV over the past 10-15 years (Mackay et al., 2015). Mechanisms for this have included:

- The direct funding of some MBCPs to work with FDV offenders on Community Corrections or probation orders, particularly those assessed by Corrections to be low or moderate risk offenders.
- Some examples of partnerships between Corrections and NGO FDV services for the provision of partner contact services associated with Corrections-run programs (Cussen & Lyneham, 2012; O'Malley, 2013)
- Mandated referral pathways for men who are respondents to civil FDV protection orders to be referred to MBCPs, in Victoria, Queensland and soon to be introduced in Western Australia.
- Stronger connections with police services, through police generating informal and in some jurisdictions formal or active referrals for a specialist response<sup>1</sup>, and through program providers involving police in managing high risk situations regarding MBCP participants.
- Strengthening (from a low base) two-way information sharing processes between MBCPs and criminal justice system stakeholders.
- The greater overall positioning of FDV as a crime, and of criminal justice system responses having an important role in perpetrator accountability.

The positioning of MBCPs in the context of civil and criminal justice system approaches to FDV is one way that these programs are moving away from being stand-alone interventions (Diemer et al., 2015). In response to criticism that these programs can divert perpetrators from receiving (any or sufficient) criminal justice system sanctions for their behaviours, minimum standards and professional practice guidelines emphasise that program participation should not enable this to occur.

The strengthening association between MBCPs and the criminal justice system does not sit comfortably with some practitioners in the industry, however, as a major impetus for the development of these programs is the perceived ineffectiveness of criminal justice system

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<sup>1</sup> Formal and/or active referrals by police currently occurs in Victoria, Queensland, New South Wales and Western Australia, resulting in generally 'front end' telephone-based assertive outreach engagement with perpetrators by specialist perpetrator intervention services.



involvement in reducing perpetration. Indeed, a significant amount of research does show either a small or no effect of arrest or incarceration in reducing perpetration (Aldarondo, 2009; Polarschek, 2016; Ritchie, 2011; Sentencing Advisory Council of Tasmania, 2012; Trevena & Poynton, 2016; Wooldredge, 2007). Other research suggests more complex and nuanced effects of criminal justice system involvement depending on factors such as the ability of the system to provide swift and certain responses and to manage risk in the months after arrest, variables relating to the offender (for example, stake in conformity<sup>2</sup>, prior criminal history), the quality and degree of FDV focus of probation services, and sentencing patterns (Broidy, Albright & Denman; Cosimo, 2009; Klein, 2015, 2016; State of Victoria, 2016; Wooldredge, 2007).

A consistently stated rationale for the existence of MBCPs is that imprisonment is potentially criminogenic and, if anything, can increase the odds of re-offending. In terms of general offending not necessarily specific to FDV, there is Australian evidence that supports this proportion and that longer sentences do not act as a deterrent to re-offending (Ritchie, 2011). Specific to FDV, a Tasmanian study concluded that longer sentences do not reduce recidivism (Sentencing Advisory Council of Tasmania, 2012).

Concerns also arise from the consistent, cross-jurisdictional pattern of substantial over-representation in the criminal justice system by marginalised and oppressed groups, including people suffering from severe mental health issues or acquired brain injuries, who experience poverty, or who are Indigenous (Federation of Community Legal Centres, 2014; State of Victoria, 2016). It is argued that this is the manifestation of a prison industrial complex that reproduces racism, economic marginalisation and suppression of dissent (Brewer & Heitzeg, 2008; Sudbury, 2013).

This sits uncomfortably with some in the community-based MBCP industry who on the one hand fully support the positioning of FDV as a crime and the need for sufficient criminal justice system responses to provide clear messages to individual perpetrators and society at large that this behaviour won't be tolerated; but who do not wish to support a neoliberal, 'law and order, tough on crime' approach that entrenches social injustice.

There is also concern over how policy narratives concerning 'perpetrator accountability' can become constrained through simplistic association with criminal justice system punishment (Vlais, 2013a). Narratives and meanings associated with 'perpetrator accountability' and the oft-heard phrase 'to hold perpetrators to account' will be explored at a later point in this paper.

### Changing men 'or' responding to risk

Understandably, men's behaviour change work has focused on exactly that – changing men's behaviour. There are subtle but important differences, however, between when this is interpreted or prioritised as 'changing men' versus responding to risk.

While most practitioners would say that they are focused on doing both, and that doing one automatically entails focusing on the other, there is not complete overlap between 'changing men' and responding to risk. The difference in where one places the priority can have important implications for program implementation and practice.

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<sup>2</sup> 'Stake in conformity' is a term used to describe the degree to which the perpetrator has an investment in maintaining association with social norms, such as being employed.



For example, MBCP providers have historically required a sufficient level of motivation and readiness to change to accept a perpetrator as suitable for the program. While not requiring this at a high level, and while not explained to prospective program participants in this way, providers would tend to adopt an approach during suitability assessment of “Do you *really* want to do this program? If not, come back another time when you do.” Understandably, program providers have historically been wary of accepting referrals of men who they think are unlikely to benefit from the program due to particularly low levels of motivation to participate and change, and of the effects this low motivational base might have on other participants.

Over the past ten or so years, however, there has been a shift towards accepting men into programs with quite low levels of service participation and change readiness (provided there is at least some signs of potential motivation), and a much greater proportion of men referred through hard or soft mandate processes. In part, this has arisen from a willingness of program providers to accept more responsibility in front-end work to attempt to strengthen participant motivation. It has also arisen from adopting a stronger emphasis on the role of programs to reduce risk, even if this is not associated with behavioural change. In general, providers are more willing to accept referrals of men with particularly low levels of motivation to change if placing them in the program might help to monitor and somewhat contain the risk they pose to family members – even if it seems unlikely that they will change their behaviour.

The choice of where to put the emphasis can have significant implications for many aspects of program design and implementation, beyond program suitability. For example, a primary focus on responding to risk would necessitate, for each perpetrator, ongoing identification of potential acute dynamic risk situations where risk might spike, of factors in the perpetrator’s life situation or behaviour more generally that might accentuate risk, and of how to adapt and structure interventions to respond to and minimise these risks. This would necessitate incorporating a tailored and individualised overlay to group-based approaches, with stronger ongoing assessment of risk.

This would also entail a closer level of collaboration with other services working with the family than what often currently exists. This is exemplified in the following hypothetical case example:

*Julie is referred by police to a specialist women’s FDV service after being called-out in the aftermath of an incident in their family home. John, the perpetrator, chased Julie into the bathroom and had started to break through the bathroom window to pursue her. Their two children were in the adjacent room at the time. The police applied immediate, temporary protection order conditions and excluded him from the family home. A referral was also made to child protection as the children were visibly shaken and frightened when police had arrived, and were screaming at their father to ‘stop arguing’.*

*The women’s FDV service provided priority outreach to Julie and her children, and built upon the police’s initial assessment to conduct a comprehensive risk assessment. Julie, and the service, were not totally certain about whether it was sufficiently safe for their family to remain in the family home, despite the immediate police-enforced protection conditions and an interim Intervention order granted at the local Magistrates’ Court the following Monday. Julie understood the police’s actions in excluding John from the home, but pleaded for him to be allowed to return as she felt more frightened with him ‘out of her sight’ and her not being able to monitor his moods or the signs of him building up to another episode like the last.*

*John was referred through the Magistrates Court for assessment by a MBCP, through a mandated referral process.<sup>3</sup>*

*The MBCP provider, upon receiving the referral, obtains the police assessment and information concerning the perpetrator's participation in a different MBCP three years prior. The MBCP provider also obtained the detailed exit plan available from the previous provider concerning the safety and accountability goals the perpetrator was working on as he left that program, and also relevant assessment information obtained from partner contact.*

*Before the first appointment with the man, arranged within a few days after his court appearance, the MBCP provider confers with the specialist FDV women's service supporting Julie and her children, and clarifies the goals they would like the provider to pursue in engaging him. They emphasise that the most immediate need is for the provider to contribute to a joint risk assessment concerning how safe it is for Julie and her children to remain in the family home, and the threat that John poses of contravening protection order conditions.*

*The MBCP provider agrees to modify its usual intake and assessment process to specifically focus on the immediate risk of John confronting Julie at home. Through respectful engagement, the practitioner hears John's (quite incomplete) understanding of the protection order conditions, and with attention towards minimising collusion, provides him with a small amount of space to talk about his 'outrage' over recent events, and to reveal some of his entitlement-based attitudes and narratives concerning the right to 'punish' Julie. The practitioner engages John in motivational-based interviewing to attempt to increase his understanding of the protection order conditions, and why it's in his benefit to abide by the conditions. John is willing to tentatively start focusing on one or two practical strategies to abide by the conditions of the order during higher-risk times, such as when he starts thinking about his children and how 'she' has deprived him of seeing them.*

*After this initial session, the MBCP provider confers with the specialist women's service, and a joint decision is then made between the two agencies and police concerning whether Julie's family is sufficiently safe to stay at home or needs emergency accommodation in a refuge. The MBCP provider agrees to continue to modify its usual intake and assessment process to continue attempts to reduce the short-term (acute) risk that John poses to his family, delaying but still working towards his possibly entry into the groupwork component of the MBCP.*

This hypothetical case study is based on a number of aspirational information-sharing practices that are not currently realised within most integrated responses. This sort of approach might also, in some circumstances, conflict with overly rigid funding service agreements that constrain flexibility in response. However, it demonstrates the potential for MBCP providers to work in a more joined-up manner with partner agencies towards shared intervention goals – goals that shift over time on the basis of ongoing risk assessment, new developments and changes in the patterns of coercive control and the nature of the threat posed by the perpetrator to his family. Indeed, this hypothetical case study could be extended to focus on program provider collaboration with child protection authorities towards intervention goals based on the safety, stability and development of the two children – should John at some point regain significant access to his children.

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<sup>3</sup> Mechanisms currently exist to court-mandate Respondents to a FDV protection order to a MBCP in South Australia, within some gazetted areas of Victoria, and through a consent-based arrangement in Queensland. The ability to do so will also be introduced in Western Australia from July 1 this year.

## Reworking narratives about family and domestic violence

FDV service systems across Australia and New Zealand are, to a greater or lesser extent, grappling with some core philosophical and conceptual issues that underpin the focus and design of these systems. These issues are at the heart of the underlying story or narrative of how FDV is understood (Health Quality & Safety Commission New Zealand, 2015), with significant implications for perpetrator intervention systems.

### Patterns, not incidents of violence

Service systems are still primarily designed to identify and respond to FDV as *incidents* (of physical violence). An incident-based narrative about FDV is reinforced through frequently used terms such as ‘recidivist offenders’, ‘recidivism’, ‘re-offending’, etc., systems built around police call-outs to family violence incidents, and the ways in which crisis services for victims are funded and understood. This is distinct from a more *pattern*-based understanding of FDV that acknowledges the continuous use by the perpetrator of a range of tactics of coercive control and entrapment of women and children (Mandel, 2014; Stark, 2007).

In their review of conceptual and measurement frameworks concerning violence against women and others, Walby et al (2017) describe the implications of Stark’s concept of coercive control:

For Stark, ‘coercive control’ rather than violence is the key concept and focus. Coercive control is the harmful and unwarranted control of one human being by another, which is caused by a myriad of small actions. Coercive control can be established by the repetition of either physical or non-physical actions. Stark deploys the concept to distinguish between severe and non-severe forms of abuse of women, locating the severity of the abuse in the consequence (control) of the action rather than in the action itself. His focus is on the long duration of the consequences rather than the episodic nature of the repeated actions. Thus, coercive control is the danger, which might occur without physical violence ... The focus here is on the implications of many small actions (as well as large ones) for the enduring experiences of women and the overall environment within which women live. (p. 99)

The need to start from an understanding of coercive control and entrapment patterns rather than an incident-based focus is not new for specialist women’s and men’s FDV service providers. The problem arises when other elements of an integrated response system focus primarily on incidents, thereby shaping expectations concerning referral criteria, program design and what counts as successful outcomes of specialist program participation. Designing and evaluating a program to address a whole pattern in the way that a perpetrator controls and entraps his (ex)partner is somewhat different from one that focuses on reducing re-offending behaviour.

Indeed, Kelly and Westmarland (2016), in their qualitative study interviewing UK FDV perpetrators, argue that:

... framing domestic violence in terms of incidents—whether in research, policy definitions or practice responses—reflects how violent men describe their behaviour rather than what we know from survivors. What women describe is an ongoing, ‘everyday’ reality in which much of their behaviour is ‘micro-managed’ by their abuser: this includes what they wear, where they go and who they see, household management and childcare. None of these are ‘incidents’, nor would they be considered crimes ... (p. 114)

Drawing on data from men who have used violence we have shown that framing domestic violence in terms of incidents—whether in research, policy definitions or practice responses—is to adopt the talk of abusive men, which serves not only to minimise domestic violence, but also to explain it in ways that disconnect it from gender, power and control. (p. 124)

### Women's and children's resistance

A related issue concerning how service systems might need to think differently about FDV is the active resistance of women and children to attempt to restore some dignity and self-determination in the face of the perpetrator's coercive control (Callaghan & Alexander, 2015; Todd & Wade, 2004; Wilson et al, 2015). Understanding women's and children's responses and resistance to the violence they are experiencing not only has implications for partner support services associated with MBCPs, but more fundamentally, what it means to intervene with perpetrators on their behalf (Vlais, 2014a).

This is fundamentally different from seeing women and children as passive victims who need to be empowered. Rather, perpetrator interventions can start from the premise of aligning themselves with women's struggles for safety and dignity, and for interventions with each perpetrator to be informed by the specific nature of this struggle for the family, and by the specific goals for safety, dignity and respect that they are striving for. This way of thinking about acting in solidarity with women's and children's existing struggles has major implications for the positioning of perpetrator interventions in relation to women's and children's specialist services (Vlais, 2014a).

A further implication concerns how success is defined in relation to perpetrator interventions. Safety is of course a critical component in the ability of women and children to live dignified and self-determined lives. However, if perpetrator interventions serve in part to assist family members in their struggle to restore dignity, the usual notions and measures of safety might not be sufficient to capture this intent. Indeed, the term 'safety' can mean different things for different people.

### Intersectionality

'Intersectionality' was a term first introduced by American civil rights and gender-based violence activist Kimberle Crenshaw in the late 1980's, to highlight how multiple forms of exclusion can impact upon people's experiences of marginalisation (Crenshaw, 1991). On the opposite side of the coin, multiple forms of privilege can interact with each other to accelerate one's position of economic, political, social, cultural and informational power and privilege (Pease, 2010).

Considerations of intersectionality – in terms of how ethnicity, Indigeneity, disability, economic marginalisation, sexual orientation, gender identity and other sites of inequality interact with gender – are crucially important in understanding the experiences of diverse victim-survivors of FDV (Bograd, 1999; Coker, 2016; Conwill, 2010; Thiara, Hague & Mullender, 2011; Nixon & Humphreys, 2010; Sokolof & Dupont, 2005). They are also essential considerations in violence prevention initiatives (Our Watch, 2015).

Intersectionality is closely associated with oppression theory, recognising that some people are in both oppressed and oppressor positions in different ways (Pease, 2010).

Intersectionalities have direct relevance for the provision of perpetrator interventions:

- The impact of multiple identities and intersecting forms of oppression on partner support work with women with disabilities, women of colour, Indigenous women, etc.

- Considerations of the intersection of colonisation and systemic racism with gender in Indigenous family violence programs (Closing the Gap Clearinghouse, 2016; Mosby & Thomsen, 2014).
- Implications of the experience of systemic racism by men of colour who perpetrate FDV (Waller, 2016).
- Program provision in CALD contexts (McIvor et al, 2013), and the perpetration of FDV by refugee men (Fisher, 2013; Zannettino, 2012).
- Homophobia and transphobia in MBCP work, heteronormative and cis-gendered assumptions underpinning program delivery, and working with gay and bisexual perpetrators in the context of mainstream programs (Lloyd, 2015; State of Victoria, 2016).
- The paucity of FDV perpetrator intervention options for men with acquired brain injuries and other cognitive impairments (State of Victoria, 2016)
- The careful use of perpetrators' own current or prior experiences of oppression – not by their ex/partner but in other settings of their life and life history – to assist them to identify their own tactics of control against family members (Clavijo, 2014; Jenkins, 2009).
- Exploration and reflection of everyday examples of hierarchy (in multiple settings and life domains) to help perpetrators understand the processes through which they feel superior to women, and how they act on this sense of superiority to cause harm (Hall, 2015).
- Accounting for the multiple and shifting identities of program participants, who often do not consider themselves just as one identity, and where multiple interacting identities might be drawn upon to build their violence-supporting narratives (Debbonaire, 2015).

### Individualism and collective responsibility

A central pillar of MBCPs and other perpetrator interventions is the concept of choice, that men choose to use FDV and are capable of making different, non-violent choices. Programs work with men to take 100% responsibility for their behaviour rather than to blame their choices on internal characteristics, life histories, relational dynamics, other people or circumstances.

This journey towards taking responsibility can be quite a lengthy one for many perpetrators, in part because most do not see themselves as having a choice or agency in how they respond in particular situations. It can take some months for perpetrators to unravel their implicit beliefs and violence-supporting narratives that they draw upon to give themselves the 'green light' to use violence.

There is a danger, however, that this crucial pillar of MBCP work becomes decontextualized in a way that reinforces a sole focus on individual actions and, as outlined earlier in the paper, deflects attention from the structural and cultural processes and institutions of patriarchy that help to shape such choices. Frank and O'Sullivan (2011, reported in Vlasis 2014a) suggest that:

What is more accurate is to say that for a man not to abuse his partner, whether with physical force or psychological undermining or assertion of dominance, is a choice [emphasis added]. Perpetrating domestic violence is so embedded in a sense of entitlement,

hierarchical beliefs, and cultural devaluation of women that it “comes naturally”. Resisting those habits, norms, and absorbed models of male behavior requires a conscious, deliberate decision. Giving into them does not. To insist to men that they are making a choice when they use tactics of power and control can befuddle them rather than enlighten and help them struggle against normative male behaviour. (p. 10)

In this context, choosing non-violence can be conceptualised as an act of resistance against the unearned power and privilege bestowed onto these men by virtue of being male, and the many forces in their day-to-day lives that reinforce white male supremacy and the devaluation of women (Vlais, 2014a). Indeed, Jenkins (2009) argues that FDV and sexual violence perpetrators over-conform to hegemonic, mainstream expectations and narratives about what it means to be a man. Encouraging men to non-conform with these expectations is no small feat given how strongly they can be reinforced by the man’s primary, micro, macro and global communities (Douglas & Bathrick, 2007).

Acker (2013) refers to the practice of ‘compassionate challenging’ with program participants cognisant of the journeys that perpetrators need to take, sometime over years, to disassociate themselves from patriarchal influences that draw them back to male superiority. She considers long-term cessation from violence and the development of deeply non-violence lifestyles and identities by former perpetrators of FDV as revolutionary – that if some (admittedly a reasonably small minority) of perpetrators can journey to these places of non-violence over time, there is no excuse for the majority of men in our society to work hard towards non-cooperating with patriarchy (Acker, 2014).



## The funding context

Historically, men's behaviour change programs in Australia have operated without sufficient government funding relative to the cost of running these programs (Vlais, 2011a). This has reflected the relatively ad hoc and opportunistic development of these programs, often ahead of state government policy and commitment (Laing, 2002, Monsour, 2014).

For many years (and continuing to a reasonable extent to this day), most program providers have needed to substantially cross-subsidise MBCP work with funding derived from other sources (Vlais, 2011a, State of Victoria, 2016). Funding for community-based, NGO provided MBCPs has either commenced only in the last few years or is still almost non-existent in five of Australia's eight states and territories.

This has created significant pressure for program providers to deliver programs that are safe, high quality and which meet existing minimum standards or professional practice guidelines (Day et al., 2009). The flow-on effects have included a predominantly part-time and casual workforce with low pay relative to the complexity and difficulty of the work (Vlais, 2010), creating a somewhat less than ideal environment for program delivery.

These funding constraints have significantly limited the opportunities that program providers have had to innovate and heed the calls of some stakeholders and industry experts to evolve in particular ways. Indeed, even before and independent of these external calls, MBCP coordinators and practitioners have felt a tension between what they can do given the funding environment, and what in their professional judgment they believe that they should, or at least could, be doing to make their programs as effective as possible (Vlais, 2014b).

The author's own experience of the field in Victoria, through a previous role in the state's peak body for MBCP providers<sup>4</sup>, is quite indicative here. In the latter half of the 2000's and early into the current decade, providers did their best to innovate in response to emerging industry opinion that the 2006 minimum standards by No To Violence set the bar too low with respect to some program delivery issues. While providers during that time were already feeling the pressure of increasing demand, this pressure began to escalate into the 2010's as service system integration reforms introduced in the middle of the previous decade consolidated into unprecedented referral volumes.

Wait times – to commence program participation amongst those who have been assessed as eligible and suitable, and in some circumstances, to even conduct an initial assessment – have been a fact of life for many program providers in recent years. In Victoria at least, these wait times had reached an almost critical level by the middle of the current decade, with significant proportions of referrals who could not be responded to in a timely manner, and self-referred men often having to 'shop around' to find a program provider with an available spot (No To Violence, 2015). Given the importance of swift responses to perpetrators while they still might have some motivation to change, these significant delays have often resulted in the window of opportunity being missed to make use of temporary spikes in perpetrator readiness.

With the increased community, government and policy focus on FDV over the past three years, emerging reforms in some jurisdictions are set to improve the funding environment for MBCP providers. At least five Australian states and territories have recently made new investments in MBCP work, in many cases backed by substantial high level and powerful reviews of FDV service

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<sup>4</sup> No To Violence / Men's Referral Service; [www.ntvmrs.org.au/](http://www.ntvmrs.org.au/)

systems (ACT Government, 2016; Special Taskforce on Domestic and Family Violence in Queensland, 2015; State of Victoria, 2016). Combined with increased federal government focus (Commonwealth of Australia, 2016; Council of Australian Governments, 2016), the spotlight is on perpetrator interventions like never before.

This 'moment in the sun' comes with both opportunities and challenges. Recent and any future increases in funding to address historic funding shortfalls might provide an opportunity for providers, at least in some jurisdictions, to come closer to meeting demand with less internal cross-subsidisation. With increased funding, however, is also likely to come both renewed and new expectations from governments concerning what these programs are meant to achieve.

## Managing expectations

As Mackay et al (2015) outline:

Community and government based service providers are increasingly being asked to demonstrate how their particular service has contributed to a better outcome. This demand has certainly increased in recent times due to the fiscally constrained environment. Consequently, there has been an increased demand for evidence-based practice regarding perpetrator interventions. This demand for evidence-based practice is not necessarily negative, in that funders and, in many instances, tax payers, have a right to know whether their money is being put to good use (Gondolf, 2012). If programs are deemed to be "non-effective", it is likely that funds will be directed to other approaches or interventions that are shown to have an effect. Although this seems a sensible approach, this does pose significant issues for many violence against women services (Westmarland & Kelly, 2013). (p. 30)

The next five years are a particularly crucial time for the MBCP field in this respect. Given the very mixed evidence for their effectiveness, the onus is on the field to prove itself as worthy of renewed investment.

In a later section of this paper, we will explore crucial research and evaluation considerations concerning efforts to add to the current body of knowledge about perpetrator intervention effectiveness. This will include discussion of the contentious issue of the impact and outcome criteria used to define and measure success. A brief comment will be made here, however, about the importance of appropriate expectations regarding the effectiveness of these interventions.

There are growing concerns within the field that stakeholder and funder expectations about the desired impact of these programs are unrealistically high (Garvin & Cape, 2014; No To Violence / Men's Referral Service, 2015). Analogies are often used with funder acceptance of incremental outcome gains in other health and human services fields, whereas MBCP practitioners can feel the weight of pressure to 'change men' rather than help facilitate important but often moderate and incremental reductions in risk. The effectiveness of AOD services, for example, are generally not called into question when they make incremental improvements in the client's substance abuse issue; nor when clients re-refer to the service due to relapse, or to build on previous gains to work towards new goals in their long-term struggle to address the issue.

The pressure to prove the utility of MBCPs can also weigh heavily when it can be difficult to isolate their impact from other components of integrated response systems (Mackay et al, 2015; Polaschek, 2016; Vlasis, 2013a). Commenting on the US situation concerning batterer intervention programs, Velonis et al (2016) argue:



Intervention programmes for batterers are particularly tricky. While multiple models for batterer intervention exist, most function within the framework of a larger community and criminal justice-oriented response to domestic violence. Participants are primarily—although not exclusively—required to attend BIPs as part of probationary or deferred sentencing agreements, and while the programmatic details vary across jurisdictions, most BIPs are designed as a series of educational and skill-building group sessions that run from 12 to 52 weeks. Regardless of the specific therapeutic, philosophical or political framework used, these programmes are impacted by a variety of internal and external factors, including the characteristics and experiences of participants and staff, the mission of the lead organisation, the levels of communication between the programmes, the local courts or probationary departments, victim-centred domestic violence services, and the social and political climate of the larger community. In turn, these factors influence how programmes run, how closely they adhere to the programme design, how the strategies are received by participants and more.

Yet, a great deal of the research describing the ‘effectiveness’ of batterer intervention programmes has been designed to minimise the influence of these real-world contextual factors, generally by controlling for many of the very forces that could explain programme success or failure (e.g., cultural backgrounds, income, substance use). Often, experimental and quasiexperimental evaluations are held up as the gold standard; these models endeavour to link the intervention—and ONLY the intervention—to a narrowly defined outcome, usually recidivism or reoffense. A result has been the proliferation of a vast body of literature that shows mixed evidence of programme success with little explanation of why. (p. 2)

In Australia, such pressure to isolate the effectiveness of MBCPs has arguably led to examples of decontextualised research with findings that are difficult to interpret (Department of Attorney General [WA], 2014; Brown et al, 2016).

This pressure can be reinforced by referring agencies who see MBCPs as having sole responsibility for addressing the risk caused by the perpetrator. Given the complexities and skill required to engage perpetrators, it is understandable that referrers welcome the opportunity for specialist MBCPs to ‘take him off our hands’. As will be explored in more depth in a later section of this paper, this places an unrealistic burden on MBCP providers to act alone in reducing the risk posed by the perpetrator, when this would be more effectively achieved through the collective responsibility of collaborating departments and agencies, each doing their bit within well-defined parameters, roles and responsibilities (State of Victoria, 2016).

### Competition between providers

A further feature of the evolving funding environment is the introduction or furthering of competitive tendering processes for contracts to deliver MBCPs, at least in some Australian jurisdictions. This is part of a general trend over the past three decades towards ‘contractualism’ and market-driven relationships between governments and NGO providers of health and human services (Carson & Kerr, 2012). In their analysis of the Queensland not-for-profit sector, Keast, Mandell & Waterhouse (2011) argue:

More recently, they [governments] have entered into contractual service agreements with the not-for-profit sector, which specify the nature of the outcomes to be achieved and, to a degree, the way in which the services will be provided. A consequence of this growing shift

to a more marketised model of service contracting, often offered-up under the label of enhanced collaborative practice, has been increased competitiveness between agencies that had previously worked well together (Keast and Brown, 2006). Another trend emerging from the market approach is the entrance of for-profit providers. These larger organisations have higher levels of organisational capacity with considerable organisational slack to allow them to adopt new service roles. Shaped almost as 'shadow governments' they appear to be a strong preference for governments looking for greater accountability of outcomes and an easier way to control the interaction with the conventional not-for-profit sector. (p. 3)

In some respects, the FDV not-for-profit sector has been introduced relatively late to market-driven competitive tendering processes, particularly for smaller, specialist FDV agencies. Competition between providers of MBCPs has been keenly felt in recent years in some Australian jurisdictions, presenting a challenge for providers to work together to jointly advocate for shifts in the prevailing narratives about these programs. This competitive tendering environment is also making providers more guarded in sharing practice innovations and program tools and resources, resulting in a loss of potential creative synergy in the field.

### Shifting the narrative

It is evident throughout this paper that a number of issues concerning MBCP philosophy, delivery and research play out in a contested space. In this context, and despite the pressures of competitive tendering processes and the increasing marketisation and corporatisation of not-for-profit service delivery, the onus is on MBCP providers to work with each other to ensure that active sector voices are a part of these debates.

Contested narratives about MBCP work that would benefit from an active and where possible 'unified' (or near enough to unified) voice from providers include:

- What these programs are attempting to achieve.
- The very nature of men's perpetration of FDV that these programs are attempting to impact.
- What it means for MBCP providers to act in solidarity with specialist women's and children's FDV services, and to work with perpetrators on behalf of the needs and aspirations of family members.
- The support that MBCP providers need from referring agencies and other integrated response stakeholders, so that the burden of 'changing men' is not placed on MBCP providers alone.
- What realistic expectations might mean for system-wide acceptance of program success, and how success should be defined in the context of the potential contributions of MBCPs to existing (and developing) multi-agency integrated responses.
- Given changes in the focus of service agreements away from inputs/activities and towards outcomes (ACT Government, 2016), what outcomes might be appropriate for performance and monitoring frameworks.

- How to work towards greater consistency between program providers in service models and program delivery, while maintaining flexibility and adaptability to local circumstances and strong accountabilities to local integrated responses.
- The need for the field to maintain (and strengthen) its social justice and social change roots as it evolves into further professionalisation and more individually tailored responses to perpetrators.
- What accountability systems and quality assurance processes might look like.

While program providers and other industry representatives are not likely to find perfect agreement on many of these issues, if we do not actively enter the debate concerning these and related issues, the prevailing narratives about MBCPs will become fixed for us. With the spotlight on perpetrator interventions, and governments keen to ‘get a handle’ on this work after more than twenty years of less-focused interest, now is the time for providers to reflect, discuss, debate and advocate.

### Flexibility in funding service agreements

Governments generally fund MBCP providers to meet particular service targets – or ‘bums on seats’ – based on a unit cost formula of funding a certain amount for each service target. Funding on this basis, while an understandable approach, can pose limitations on the provider’s:

- flexibility to tailor the program to individual perpetrators, in terms of variation in the intensity, range and duration of participation in various program components matched to the perpetrator’s motivation level, needs and risk
- ability to expend resources to adapt the program for perpetrators with cognitive impairment, or who do not fit into the mainstream eligibility criteria for program participation (for example, trans or intersex individuals, or refugee men with a limited understanding of English)
- room to provide flexible interventions that meet the needs of partner agencies, for example in situations such as the hypothetical case study provided in the previous chapter, or when working closely with child protection to assess and attempt to enhance the perpetrator’s child-centred, safe parenting capacity.

In an attempt to support funded program providers to shift away from a ‘one size fits all’ approach to program provision, in 2015 the Ministry of Justice introduced a radically different funding arrangement where providers invoice the Ministry retrospectively according to the volume of particular service activities.<sup>5</sup> Each provider is paid a pre-determined amount for each intake and assessment process (four hours of face-to-face assessment time, and two hours of multi-agency conferring, note-taking and administration), each group session and each supplementary individual session provided during the course of program provision. Pre-determined amounts are also invoiced for some other program activities. This not only encourages individually tailored approaches, but also enables the Ministry to monitor which providers are taking advantage of this flexibility rather than providing the same intervention to each perpetrator.<sup>6</sup>

<sup>5</sup> These programs are funded to respond to men mandated via court in the course of protection order matters.

<sup>6</sup> The legislation requires the program provider and each Respondent to agree in writing an intervention plan at the end of the intake and assessment phase, including the number and dates of program sessions that the

## The systemic context

A significant part of 'advancing the narrative'<sup>7</sup> for FDV perpetrator programs concerns the systemic context in which they operate. This section will briefly point to some of the issues involved, referring to other documents and resources for more detail.

### Purpose and objectives

Assumptions are often made regarding the purpose and objectives of MBCPs, without any prior elucidation of a theory of change or project logic. This is understandable given the relatively ad hoc and opportunistic development of these programs over time (Laing, 2002).

However, the process of developing a program logic for a MBCP can bring to light the choices a provider, and the service system of which it is a part, has made in terms of what will become prioritised through service delivery. It is not uncommon for partner agencies within an integrated response, or even practitioners within the MBCP team itself, to have different unspoken views concerning how to balance the different potential objectives of the program.

Historically, MBCPs can be described as programs that work towards the safety of women and children through changing men's behaviour. In systemic terms, however, changing men's behaviour is only one (albeit very important) means through which these programs can contribute towards this fundamental purpose of enhancing the safety and wellbeing of women and children. Understanding the multiplicity of ways, or strategic objectives, through which MBCPs can work towards this aim is crucial so that funders and evaluators do not define program success in singular terms of whether men put through the program have 'changed'.

Vlais (2014b, pp 4-5) outlines some of these other objectives as:

- risk assessment and risk management work through a coordinated approach involving services to the man, his (ex)partner and children, and involving information sharing and multi-agency work with other systems agencies where appropriate
- supporting the safety and wellbeing of women and children directly through partner contact, child contact work or connected children's family violence counselling, family services or child protection interventions
- supporting women's agency, decision making, safe resistance and her own informal processes (when safe) to hold him accountable, and to make decisions for her family
- increasing the scrutiny and monitoring of the man's behaviour, so that he is not lost to the system

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Respondent must attend. This written agreement is provided to the Registrar of the court. Without knowing how this operates in practice, there is potential for this to limit the ability of providers to alter the intervention plan during the course of the Respondent's participation in the program on the basis of new insights or developments in terms of risks or intervention objectives. See

<http://www.legislation.govt.nz/act/public/1995/0086/51.0/DLM371926.html#DLM6276375>

<sup>7</sup> To borrow the name used for an international conference on FDV perpetrator programs in Michigan, 2015.

See <https://www.biscmi.org/advancing-the-narrative-inspiring-the-future-3/advancing-the-narrative-inspiring-the-future-materials/>

- supporting formal accountability processes including via the criminal justice system, through information sharing when a violence-related crime has been committed
- providing secondary consultations, professional development and both indirect and direct support for other systems agencies – child protection authorities, family services workers, police, Magistrates and court personnel, corrections and probation officers, substance use counsellors, mental health workers, supported accommodation workers and problem gambling counsellors – to engage more effectively with men who perpetrate family and domestic violence, so that these men are less likely to be invisible in case work and fall through the gaps of community services sector and justice system accountability nets

Changing men's behaviour is a central objective of MBCPs – however, it is not the only one. A broader, multidimensional understanding of the potential value of these programs helps to de-centre this work away from the sole purpose of educating and changing men (Denne, Coombes & Morgan, 2013).

Unfortunately, this is not widely understood, and it has been argued that the very term 'men's behaviour change program' makes it difficult to shift the narrative towards a more sophisticated view of program success. Rather than reproduce here recent writings that reflect on the prevailing narrative, we refer readers to the source documents (NSW Department of Attorney General & Justice, 2012; Vlasis, 2013a, 2014b).

If the other ways that MBCPs contribute to systemic responses towards the safety and wellbeing of family members remain invisible in program logics or in prevailing narratives about these programs, they will not be measured. They will not be included in performance monitoring frameworks, nor in research and evaluation endeavours. The picture we will obtain about these programs, and the knowledge base generated about them, will be quite incomplete.

## Narratives of accountability

Another area that we will point readers to rather than reproduce in detail concerns narratives about perpetrator accountability (No To Violence / Men's Referral Service, 2015; Vlasis, 2013a, 2014b, 2016). The term 'perpetrator accountability' and phrases such as 'holding men accountable' are some of the most oft-used sayings in FDV policy developments in recent years, and are increasingly used in the political sphere in response to increased community focus on FDV. It is often unclear, however, what is meant by these terms.

In their submission to the Victorian Royal Commission into Family Violence, No To Violence / Men's Referral Service (2015) argue that:

... this ['holding men accountable'] can be a problematic term, as family violence service systems, including criminal justice system components, cannot force accountability. They can punish perpetrators, but punishment is not the same as accountability. Genuine accountability requires the operationalisation of what accountability means for that specific perpetrator, based, as outlined above, on what those affected by his violence need to see change about his specific patterns of coercive control. Men can be invited to act more accountably, and family violence service systems can have important roles to play in mandating men's attendance and providing 'non-voluntary' interventions as a means to

'hold' men in a journey towards accountability. However, service systems cannot make men accountable, only attempt to mandate, scaffold and hold them in intervention contexts that might lead some of these men towards behaving in ways that are more accountable to what their family needs from him.

Family violence service systems can place restraints around the man's violent and controlling behaviours. They can use incarceration, monitoring, supervision and predict consequences if the man does not change his behaviour, as means to place restraints around his behaviour and tighten the web of accountability around him. These are important and legitimate actions with many perpetrators to reduce risk.

However, this is not the same as holding the man accountable. Ultimately, accountability needs to be internalised by the perpetrator on a journey of change – he can be scaffolded and supported on this journey, but he cannot be made to be accountable. (p. 14)

In their submission, No To Violence / Men's Referral Service also focus on the 'web of accountability' concept, first devised by Smith, Humphreys and Laming (2013) in their qualitative research with MBCP participants and their partners. No To Violence / Men's Referral Service (2015, p. 10) suggests that a web of accountability comprises:

- attempts to hold him accountable through the formal criminal justice, civil justice and child protection systems (involving informed, consistent and coordinated actions by police, courts, corrections and child protection, where appropriate)
- the actions of non-mandated service systems that attempt to engage him through proactive, assertive outreach (for example, at court through a Respondent Worker or other front-end service system initiatives)
- women's (and in some cases, a community's) own informal attempts to 'draw a line in the sand' about his behaviour, and to hold him accountable to the promises he might have made to change his behaviour, and to her and her children's needs for safety and dignity.

It is further argued that:

The perpetrator's experience, and the reality of, perpetrator accountability systems are strongest when formal and informal accountability processes work together to form a web of accountability around the man. We believe that women and children, and the services which support them, perform a central role in this web of accountability; equally we believe they are not responsible for holding men accountable.

In addition to women's efforts towards holding their partner accountable, in some contexts, community-based processes of accountability are present to contribute towards the web. This might be the case with some Indigenous, ethno-cultural or religious communities, using well-established or newly evolving processes to support victims and assist perpetrators to understand the harm they are causing their families and the community. While these informal processes of accountability can sometimes act as enablers or barriers towards the safety of women and children, the important point again is the consistency between these formal and informal efforts towards accountability. Family violence will not end until friends, family members and community support networks and structures develop the skills to both



support and advocate for victims, and scaffold/support perpetrators towards journeys of accountability and nonviolence.

Women and children, and the services which support them, therefore perform a central role in this web of accountability. While they are not responsible for holding men accountable, they are not passive victims, and accountability is strongest when their existing efforts to hold men accountable are supported, and not undermined, by formal accountability measures. (No To Violence / Men's Referral Service, 2015, pp. 10-11)

We invite readers to explore source documents for more detailed considerations of what 'perpetrator accountability' might mean in the systemic contexts of integrated responses (see, for example, Cagney & McMaster, 2013; Garvin and Cape, 2014; Mandel, 2014).

### Placement within integrated responses

One of the emerging trends in the delivery of MBCPs in Australia is a gradual increase in the diversity of program providers, or the sites in which programs are run.

There has been increasing interest amongst some specialist providers of women's FDV services to run MBCPs or other perpetrator interventions, with current or developing examples in the ACT, Victoria and Queensland (ACT Government, 2015; Kneale, 2012; O'Malley, 2014), as well as across the Tasman (Campbell, 2014). This has occurred out of a recognition that specialist women's FDV advocacy services, including components of risk assessment and risk management, can in some circumstances be strengthened through carefully developed interventions with the perpetrators who are causing the risk and harm.

In an integrated context, this arrangement flips the prioritisation between perpetrator engagement and partner support work. Despite the best of intentions, in practice partner contact and support is still often a secondary component of MBCP delivery; it is allocated relatively fewer resources within these programs than the work with men, is often provided by a practitioner across only one or two days per week, and in some situations their success in reaching partners is low (Opitz, 2014; Smith, Humphreys & Laming, 2013; Vlasis, 2014b; State of Victoria, 2016).

The provision of MBCPs by specialist women's FDV providers switches around this relative prioritisation by keeping their crisis intervention, case management and advocacy work with women and children as the central and priority focus of their work, with the addition of perpetrator interventions as a secondary component to contribute to outcomes for women and children. It enables work with perpetrators to be closely attuned to the specific risk situations, needs and aspirations of the family members they are harming, given the capacity of specialist women's services to more intensely work with his family than MBCP partner contact services.

A related development sees the positioning of perpetrator interventions with specialist children's services, following an emerging trend in the UK.<sup>8</sup> Approximately two-thirds of referrals to UK FDV perpetrator programs arise directly from child protection or through the family court, with some providers developing programs that are specifically commissioned by child protection (Blacklock, 2014). In Australia, at least two specialist NGO children's services are commencing trials of the

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<sup>8</sup> See for example Phillips (2013) for a process evaluation of a FDV perpetrator program co-located in Hackney Children's Service in London.

Caring Dads program<sup>9</sup>, and new MBCPs are being funded in Queensland to connect specifically with child protection trial sites of the Walking with Dads initiative.<sup>10</sup>

MBCP providers have been more established in the provision of programs for corrective services clients, particularly offenders on community corrections or probation orders. In Victoria for example, Community Corrective Services internally runs its own programs for high and moderate risk FDV offenders, funding community-based MBCP providers to work with those deemed at low risk and to provide interim interventions with medium-risk offenders before a spot in a Corrections run program becomes available (Reaper, 2015).

Historically however Victorian MBCP providers have had the experience of Corrective Services risk assessments not always aligning with program provider assessment of risk, with some offenders referred as 'low risk' in a higher risk assessment category according to the provider. In part, this might arise due to the Corrective Services risk assessment relying more predominantly on offender self-reports, with the MBCP provider able to better identify evidence-based FDV risk indicators through partner contact.

There are also few Australian examples of the type of close, collaborative working relationships between MBCP and Community Corrections or probation referrers as found in the Gold Coast model (Day et al, 2009; O'Malley, 2014). Generally, MBCP providers and the referring Community Corrections or probation officer have little or no contact beyond the exchange of attendance-list information during the man's participation in the program. This not only limits opportunities for collaborative risk assessment and risk management, but also constrains the ability of the referring agent to engage in motivational interviewing and other practices in parallel with the man's participation in the mandated program, to attempt to build some internal motivation to change.

Furthermore, historically MBCP funding models associated with Corrections referrals have often centred on relatively short program interventions (generally 12 – 16 weeks), which have not been of sufficient duration to enable providers to develop participants' change readiness. This is particularly noteworthy given that many of the men referred are actually not in a low risk category in terms of their continued use of significant coercive controlling behaviour.

There has also been some interest expressed by private clinicians to develop MBCPs, particularly from a forensic psychology background. The pathways for private practitioners or private centres of clinical practice to provide these programs are not clear, however. Few private settings have the capacity, within their fee and cost infrastructure, to incorporate partner support services within their work, and generally have little or no experience of what it means to operate within a FDV integrated response context.

The reality however is that private practitioners across Australia are working with large volumes of FDV perpetrators through individual 1-1 work. This is generally occurring with no associated partner contact, no specialist expertise in FDV perpetrator work and in the absence of any translation of standards or practice guidelines for group-based interventions into 1-1 contexts. While the development of MBCPs is likely to be beyond the capacity of private practice settings in most instances, strategies to improve the appropriateness and safety of their current 1-1 work with perpetrators is urgently required.

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<sup>9</sup> See for example <http://www.cps.org.au/access-our-services/services-for-dads/>

<sup>10</sup> See <http://statements.qld.gov.au/Statement/2016/7/27/palaszczuk-government-taking-action-to-keep-children-safe>



### Embedding programs

Scott (2017) describes the concept of *embedding* MBCPs within broader service system responses.<sup>11</sup> She suggests that for men initially identified as low risk, and whose classification as such holds up in the light of further ongoing risk assessment after he has commenced an intervention program, the degree of the program's embeddedness within the integrated service system is not necessarily crucial. She argues however that for higher risk men, MBCPs should not be expected to work independently from the system.

Scott suggests that MBCPs can become embedded through joint and shared responsibilities between the program provider and the referring/coordinating agency at several milestone points across the perpetrator's participation in the program. These points can include initial assessment, goal setting and case planning, case reviews and exit planning. Scott emphasises the importance of the MBCP provider and the referring or coordinating agency working closely together at these milestone points, with transparent roles and responsibilities for each agency at each of these points.

### Referral pathways

Referral pathway patterns to MBCPs have changed significantly over the past 10-15 years, and are continuing to do so. Previously, the significant majority of participants in programs were self-referred, usually on the basis of a 'social mandate' from their current or former partner drawing a line in the sand about their behaviour, in some cases combined with an informal referral from a community sector service or practitioner of some kind.

This has evolved into a much wider array of referral pathways, with many providers now reporting over half their participant base arising from perpetrators with some degree of a hard or soft mandate to attend (Vlais, 2011a). In this sub-section, we briefly point to some of the developing and strengthening referral pathways and what this might mean for providers.

### Child protection and family services

It is widely recognised that child protection responses in Australia, as per overseas jurisdictions, have been hesitant to engage perpetrators of FDV. (Humphreys & Absler, 2011; WA Department for Child Protection, 2013). This has been part of a wider problem of child protection systems having a poorly developed FDV lens to adjust their intake, investigative, case management and community-based responses to child concern matters when FDV is present (Humphreys, 2016; Mandel, 2014).

With work on improving child protection responses to FDV commencing only relatively recently in many jurisdictions, this is likely to generate an increase in demand for MBCPs over the coming years. These referrals from statutory child protection authorities are associated with some degree of mandate, given the potential consequences to perpetrators of not following through with the referral. In some circumstances, a hard mandate might apply through a Children's Court.

An increased volume of referrals is also likely to arise from state and Commonwealth funded NGO family services providers working with vulnerable families below or toggling around the child protection notification threshold. This is particularly likely given efforts by some jurisdictions to bridge the gap between the family violence and family services systems, such as in Queensland through the introduction of specialist family violence practitioners within family support services.

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<sup>11</sup> Katreena Scott, personal communication

The welcomed strengthening of these referral pathways will create pressure for child protection / family services referrers and MBCP providers to work more closely together, including to map out and agree upon respective roles and responsibilities. MBCP providers will need child protection and family services referrers to:

- provide more thorough information at the point of referral
- stay actively involved in the case after referral, through continued contact with the perpetrator to renew goal setting, enhance his motivation to participate in the program and to help address barriers that might limit his participation
- collaborate with the MBCP provider in case reviews
- collaborate with the provider in making assessments of the perpetrator's safe parenting capacity, and in the development of a safety and accountability plan towards program exit.

In turn, child protection and family services referrers might expect MBCP providers to:

- adapt their interventions to have more of a child and fathering focus
- strengthen their program's attunement towards assessing safe parenting capacity
- report more information than a list of attendance dates at the conclusion of the perpetrator's participation in the program.

Such levels of collaboration, and joint assessments of any changes towards child-centred, safe parenting capacity and of perpetrator actions to support rather than sabotage the mother's parenting, is rarely seen at the current time. This collaboration however is essential if child protection, family services and family violence systems are to collaborate in ways that meet the safety, wellbeing and developmental needs of children.

### Family law

While one or two steps behind this momentum, in the medium-to long-term, referrals through the family court system are also likely to increase. As pressure mounts over time for the family law system to become more responsive to FDV and child protection concerns (Family Law Council, 2016), the potential for Federal Circuit Court judges to refer FDV perpetrators to MBCPs to assist the Court in finalising parenting arrangements might build. It is also possible that family dispute resolution services will become more attuned to engaging FDV perpetrators with a view towards referral to specialist services, as might private and public child contact supervised visitation centres.

Family law referral mechanisms are sporadic and ill-defined at the moment. Program providers report, upon receiving referrals via the Federal Circuit Court, that men present with only a vague understanding of what they've been referred for, what type of program the Court would like them to partake, and what outcomes the Court is seeking through their participation. While Australia does not have formal, structured Family Court pathways as per the UK<sup>12</sup>, these might evolve over the next ten or so years.

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<sup>12</sup> See <https://www.cafcass.gov.uk/about-cafcass/national-commissioning-team/dvpp-information-for-service-providers.aspx>

### Civil justice system – Respondents to a protection order

Currently, mechanisms exist through the civil justice system in Victoria, South Australia and Queensland to mandate FDV Respondents to a civil protection order through the Magistrates Court to participate in a MBCP (Centre for Innovative Justice, 2015; Magistrates Court of Queensland; 2015). A mechanism to do so will also be introduced in Western Australia on July 1 this year.

In Queensland, Respondents can exercise a choice as to whether they agree to this mandated pathway, and if so, are assigned a 'Voluntary Intervention Order' (soon to be renamed 'Intervention Order') in which they would then need to comply with MBCP participation to (hypothetically at least) avoid criminal prosecution for non-compliance. In Victoria, the Respondent's consent is not required, where the court can issue a Counselling Order that mandates participation in a MBCP. Again, non-participation can result in criminal prosecution. Currently Counselling Orders apply to only a limited range of gazetted areas in Victoria, however the Victorian Royal Commission into Family Violence recommended that their geographical coverage be expanded (State of Victoria, 2016). In South Australia, a mechanism exists for FDV perpetrators who have been charged with a FDV related offence to be mandated to attend a MBCP on the basis of protection order or bail conditions, enabling an early referral to a program before entering the correctional system on the basis of the offence.<sup>13</sup> However, perpetrators who do not comply with this direction are only fined, not prosecuted.

A pathway for mandating participation by protection order Respondents in Aotearoa/New Zealand generates the bulk of referrals to community-based MBCPs across the Tasman.

The Western Australian Government's commitment to introduce a similar system could potentially create a significant pathway of referrals for providers in that state. The intent of these referral pathways is to scaffold perpetrator participation in a MBCP at an earlier point than if such attendance was left to their own decision-making and volition.

As these referral mechanisms expand, MBCP providers will have an important role in shaping up collaborative processes with participating Magistrates Courts. Consistent with a strong theme of this paper – that the effectiveness of MBCPs is influenced by the ability of partner agencies to take collective responsibility to scaffold opportunities for perpetrator accountability – MBCP providers and courts will need to have well formulated and mutually agreed roles and responsibilities and accountabilities to each other. This could include sufficient reporting-back arrangements by providers to the court based on ongoing assessments of risk, and the maintenance of some form of court or judicial oversight to support the man's participation in the program (State of Victoria, 2016).

### General practitioners and primary health

A further possible increasing source of referrals in future years might arise from (Commonwealth funded) primary health networks, (State funded) primary care partnerships, and as part of these, general practitioners.

Recent research in the UK and Australia has explored the potential of GPs to identify and refer perpetrators of FDV, based on prior work concerning the same with victims (Hegarty et al 2016a, 2016b; Morgan et al, 2014; Williamson et al, 2015). Some of this research has extended into efforts

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<sup>13</sup> <http://www.courts.sa.gov.au/OurCourts/MagistratesCourt/InterventionPrograms/Pages/Abuse-Prevention-Program-and-Family-Violence-Courts.aspx>

to train GPs to this effect. One such Victorian study demonstrated the potential for GPs, with appropriate training and ongoing consultation-liaison support provided by specialist FDV services, to make referrals to MBCPs (Hegarty et al, 2016a, 2016b).

The identification and engagement of FDV perpetrators in GP and other primary health settings comes with risks if not done carefully and well. As with any intervention with a perpetrator, consideration needs to be given as to what meaning the perpetrator might make out of FDV screening questions from a health practitioner, and whether he might think that his partner has disclosed information about his behaviour and prompted the health service to ask such questions. Hopefully cognisant of these risks, the health sector is likely to become an increased source of referrals for MBCPs in the years to come.

### **'Alternatives' to MBCPs**

Calls have grown in recent times for the development of 'alternatives' to MBCPs for perpetrators in particular contexts (State of Victoria, 2016). These calls are an understandable response to the reality that MBCPs cannot be 'all things to all perpetrators'. However, they also represent a potential danger through emphasis on this 'alternative' narrative.

Part of the momentum for these calls arises from the difficulty that service systems face in responding to the large volume of perpetrators identified for referral and intervention. As responses become more integrated, a wider range of systems agencies become more skilled at identifying and referring perpetrators, resulting in volumes that far exceed funded service targets. Despite recent and upcoming additional injection of funds for MBCP work in some jurisdictions, it will never be possible to entirely keep up with this continuing growth in service demand. In this context, some governments are starting to 'toy' with the view that these service targets should be reserved for particular types of perpetrators, and that lower-intensity 'alternative' interventions (or no intervention at all) be offered to others.

Central to this emerging thinking are considerations of which perpetrators should be allocated limited MBCP places to derive the best outcomes – the best 'bang for the buck'. Certainly, there are some perpetrators who are not suitable for standard MBCP work, such as those with extensive histories of the use of violence across a range of community and interpersonal contexts and settings, and/or with significantly elevated psychopathy traits (Huffine, 2015; Vlasis, 2014b). However, this excludes only a minority of perpetrators from the potential pool.

There has been some discourse about developing low-intensity, briefer interventions than MBCPs to perpetrators assessed as representing a low risk to family members. The difficulty, however, is in triaging particular perpetrators as low risk. Specialist perpetrator assessment processes are required to distinguish low risk perpetrators, and importantly, it is often not possible to accurately judge the degree of risk that a perpetrator poses until some way through the course of his participation in a MBCP. While in theory offering low risk perpetrators a 'lighter' alternative to MBCPs could be a wise use of limited resources, in practice no avenues yet exist to isolate such a cohort.

The language of alternatives has also been used to describe situations where perpetrators might benefit from an intervention to address particular criminogenic needs – substance abuse, mental health issues, homelessness, problem gambling, etc. – rather than a MBCP intervention. In this context, alcohol-and-other-drug (AOD), mental health and other services are being framed as part of 'a suite' of possible interventions that referrers can 'choose from' to reduce perpetrator risk. Related discourse is arising around 'alternatives' to group-based interventions with perpetrators who are not

considered ready or able to participate in group sessions, and who require case management or other one-to-one interventions.

There has also been some attention to the use of Behavioural Insights strategies to address FDV perpetration, through quite brief interventions in the format of one-to-one or workshop settings with perpetrators.<sup>14</sup> For example, connected with its \$20 million Domestic and Family Violence Innovation Fund<sup>15</sup>, the NSW Government is funding evaluated trials of brief interventions with defendants of FDV charges, who consent to a 10-hour intervention over five sessions delivered in group or 1-1 settings (NSW Department of Justice, 2016a, 2016c). These trials are not focused on low risk perpetrators, with any consenting perpetrator charged with a FDV offence in the trial sites eligible. The Behavioural Insights intervention will focus on problem-solving workshops that assist perpetrators to manage emotions, increase distress tolerance, identify abuse, adopt a healthier lifestyle, improve communication, and develop action plans for safe behavioural choices. Participant disclosures of their use of violence will be actively discouraged (as this could incriminate them in court). It is unclear whether partner contact, risk assessment and risk management principles or strategies will be weaved into the trials (these are not included in the service specification).

An important intention behind the above-mentioned calls and innovations is the recognition that MBCPs are not the only form of perpetrator intervention, and that indeed, a wide range of specialist and non-specialist departments and agencies are providing interventions in one form or another. The problem, however, arises through the discourse of 'alternatives'.

We strongly argue here that AOD or mental health interventions, family violence informed coordinated case management, Behavioural Insights interventions, etc. are not alternatives to MBCP work. Rather, they are part of a strategic spectrum of responses that can potentially lead into, follow on from or run in parallel with a perpetrator's participation in a MBCP.

While all working towards a reduction in risk, these interventions generally cannot achieve the same objectives as a MBCP. An AOD or mental health intervention, while having the potential to achieve some harm minimisation goals through reducing the severity or frequency of a perpetrator's use of physical or sexual violence, cannot work towards the longer-term and more comprehensive risk reduction objectives associated with MBCP work. Similarly, case management can help to stabilise a perpetrator's life and increase his capacity and readiness to participate in a MBCP, however, is in itself unlikely to facilitate significant behaviour change goals.

Rather than being an alternative to MBCPs, these other interventions work towards overlapping but distinct objectives, that are usually more short-term and which lay the groundwork for the types of potential outcomes more commonly associated with MBCP work. They do not represent a 'short cut' to achieve the same outcomes, and could more accurately be described as steps along the way to reduce risk and assist perpetrator capacity and willingness to benefit from later participation in a MBCP.

The danger in the narrative of 'alternatives' is that these stepping stones become seen as 'the' intervention, providing unrealistic and false expectations regarding what they are able to achieve.

## Partner safety support

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<sup>14</sup> See for example <https://coagvawsummit.pmc.gov.au/using-behavioural-insights-to-reduce-domestic-violence>

<sup>15</sup> [http://www.women.nsw.gov.au/\\_\\_data/assets/pdf\\_file/0003/389127/innovation-fund-overview.pdf](http://www.women.nsw.gov.au/__data/assets/pdf_file/0003/389127/innovation-fund-overview.pdf)

Australian research has identified both the vital importance of strong partner support components to MBCP work, and significant inconsistencies in the provision and depth of this practice (Dowse, 2015; Howard & Wright, 2008; Opitz, 2014; Smith, Humphreys & Laming, 2013). Smith and her colleagues, commenting on their research findings of how partner contact work can become relegated by some MBCP providers to be of lesser importance than the program's interventions with men, suggested that this work be reframed as an independent, women's support and advocacy service – much like its provision through Independent (women's) Support Services in the UK.<sup>16</sup>

Providers generally have good intent regarding the importance of partner support work. However, in terms of the allocation of resources for this work relative to working with men, and the use of language to describe the work with women, partner support often manifests as a second priority tied mainly to the man's participation in the program (Dowse, 2016; Vlasis, 2014b). This is seen clearly in how many providers cease partner support work at the point of, or soon after, a man's discontinuation or completion of the program. This is despite the fact that a man either dropping out of a program, or 'successfully' completing it, can each represent a time of increased risk for family members, necessitating increased support and renewed safety planning for those affected by his use of violence (Smith et al, 2013; Vlasis, 2014b).

At a practice level, the last ten years have seen an increase in the availability of resources, practice guides and articles to support program providers to strengthen provision of partner contact and support. The reader is referred to several resources here (Howard & Wright, 2008; NSW Department of Attorney General and Justice, pp 104-112, 242-246; Logar, 2015; Rajagopalan et al, 2015; Smith, Humphreys & Laming, 2013; Tutty, Knight & Warrell, 2011).

Taking the bigger picture, however, discussion is needed regarding whether the provision of partner contact should remain, as is generally the case in MBCP provision in Australia, through a sole worker employed by the MBCP provider. For direct work with (ex)partners (and direct or indirect work with their children) to be a central feature in the service mix, with a degree of independence from the man's participation in the program, the funded provision of this work by specialist women's FDV agencies should be considered as an equally appropriate arrangement. Tutty, Knight & Warrell (2011), in their study of two contrasting partner contact models associated with FDV perpetrator programs in Alberta, Calgary, found that the provision of partner support by a specialist women's service led to a higher proportion of partners deciding to have contact than when contact was offered by the perpetrator program provider, due to some partners already being a client of their agency.

Given that a significant proportion of (ex)partners have had little or no formal contact with the FDV service system, MBCP providers can become a source of new referrals for specialist women's services. Irrespective however of whether a perpetrator's (ex)partner is new to the specialist women's service or an existing client, this arrangement has the potential to flip the focus so that interventions with the man, at least to some degree, stems from the service system's work with his family members. This relates to the central question of the influential UK Project Mirabal evaluation – does FDV perpetrator program work contribute, or add to, the system's ability to work towards the safety and wellbeing of women and children (Kelly & Westmarland, 2015).

Based on qualitative research with New Zealand partners of FDV perpetrator program participants, Denne, Coombes & Morgan (2013) note:

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<sup>16</sup> See <http://respect.uk.net/wp-content/themes/respect/assets/files/accreditation-standard.pdf>



The women's accounts of victim advocacy in the current study suggests that there is a need to broaden our understandings of "effectiveness" when evaluating living without violence program provision ... Regardless of whether their (ex)partners experienced reductions in their level of abuse and violence, the women's feelings of safety and well-being increased as a result of partner and family support services. The women were not dependent on the men's processes of change, but instead were enabled to nurture their own well-being independently. (p. 31)

Furthermore, and consistent with previous discussion in this paper about the limitations of equating MBCP effectiveness solely with behaviour change, the authors suggest:

... the findings from the current study urge us to problematise narrow definitions of effectiveness that rely heavily on constricted meanings of 'effect'. What would it mean to expand our constructions of 'safety' in evaluation research to include elements independent of the man's behaviour? What would it look like if we were able to assess programs on their ability to provide multi-faceted responses that approach the reduction of violence from a victim-centred, strengths-based platform? (p. 32).

Partner support work is also crucial given the possibility of FDV perpetrator programs creating increased risk for family members by the virtue of his actual participation in the program. McGinn et al (2015), in their review of 16 qualitative studies of victim-survivors' experiences and views of their perpetrator-partner attending a program, noted that:

There are side effects to IPV perpetrator treatment. As described in our findings, they can add stress to the family, they can provide new skills which can be used in the wrong way, they can introduce the perpetrator to new forms of abusive behavior, and they can lull survivors into a sense of security that may have no grounds. These are not stand-alone findings. (p. 249)

In the development of practice guidance and a partner contact recording template for NSW MBCP providers, No To Violence stressed the need for partner support workers and other program practitioners to be alert to the possibilities that the perpetrator might use his participation in the program as a tactic to further control family members, and to other ways in which his participation might compromise family member safety (NSW Department of Attorney General & Justice, 2012).

More generally, victim advocacy services can perform an important role as part of multi-disciplinary teams providing joined-up assessment and case reviews with respect to perpetrators participating in intervention programs. Rather than the provision of a partner contact service being 'off to the side' of the 'main intervention' with the men, the involvement of independent specialist women's and children's FDV services can perform an important role in cross-agency decision making regarding perpetrator case plans and reviews (Richards & Gover, 2016).

## Children and young people's needs and voices

A final, but by no means least, important systemic consideration for MBCPs concerns the need to elevate the importance of, and responses to, children's needs and voices in MBCP work.

The reader is referred to Vlasis (2014b) for a prior outline of the ways in which this can be addressed by program providers and the field in general, including:

- The careful appeal to men's professed desires to be a 'good' father, or to believe of themselves as being a good father, to motivate their attendance and participation in a MBCP (Stanley et al, 2009).<sup>17</sup>
- The use of specialist assessment tools and frameworks to consider the risk that the perpetrator's behaviour poses to each child's safety, stability and development (Victorian Department of Human Services, 2013).
- The use of digital story-telling and traditional methods to strengthen the voices of children and young people who experience violence in MBCP work (Lamb, Humphreys & Hegarty, 2015).
- The incorporation of child contact services within MBCPs (for example, Macrae, 2014 and Ormston, Mullholland & Setterfield, 2016 in terms of the Caledonian System approach in Scotland), and stronger collaboration and information sharing with specialist children's services such as state and Commonwealth funded family support services.
- As outlined previously, closer collaboration with child protection services to enable joint work to reduce FDV perpetrator risks to children and to assess whether participation in a MBCP expands their safe parenting capacity.
- The development of specialist programs for FDV perpetrators who are fathers, such as Caring Dads (Bromfield, Green & Scott, 2016; McConnell et al 2016; Scott & Lishak, 2012) and Dads Putting Kids First (Holmquist, 2013).
- Research into children's experiences of their father's participation in a MBCP, what children know about and draw from this, and how this participation might affect children's narratives and perceptions of their father (Alderson, Kelly & Westmarland, 2013; Alderson, Westmarland & Kelly, 2012).

Over the past 15 or so years, MBCP providers have taken some tentative steps to make program provision more child-focused. Many have included a session within their group curriculum focusing on the effects of FDV on children; some have worked hard to make discussions of children's needs a regular part of group reflection; and some have been particularly conscious of assessing risks to children to the best extent possible through partner contact work.

However, as the above general categories of strengthening children's needs and voices in program provision demonstrates, there is much more that providers can potentially do to situate children, as well as partners, at the centre of their work. The momentum and expectations to make MBCP work more child-focused will only grow over the next 15 years and beyond.

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<sup>17</sup> There are risks, complexities and ethical dilemmas involved in practitioners using this as a motivational pathway, explored by Vlasis (2014b) and others.



## The research context

Strengthening the evidence base for MBCPs is one of the highest priorities for the further development of the field in Australia (Council of Australian Governments; 2011; Mackay et al, 2015; State of Victoria, 2016). This reflects the uncertain nature of the research base in terms of under what circumstances these programs work, in what way, for whom, and why.

US studies have demonstrated fairly equivocal results about the effectiveness of Batterer Intervention Programs (Aaron & Beaularier, 2016; Centre for Innovative Justice, 2015; Eckhardt et al, 2013; Grealy et al., 2012; Holtrop et al, 2015; Walker, Brown & Hicks, 2016). While Gondolf's longitudinal and methodologically superior multi-site study provides a more positive outlook for BIPs, demonstrating significant and sustained reductions in physical and emotional violence for all but the most severe/highest risk category of offenders (Jones et al, 2010), the weight of evidence across many studies showing little or no program effect is placing substantial pressure on the field in that country.

Only a small number of evaluation studies of FDV perpetrator programs have occurred on mainland Europe, and while they show some promising signs of effectiveness, methodological limitations make drawing conclusions from these studies difficult (Akoensi et al, 2013). A controlled, experimental study of the FDV perpetrator program used in Sweden's prison and probation service demonstrated no impact on long-term recidivism measured on average 4.5 years after the intervention (Haggard et al, 2017). Very little evidence is available about the effectiveness of FDV perpetrator programs in Aotearoa / NZ (McMaster, 2013; Polaschek, 2016; Slabber 2012). Several Canadian studies using quasi-experimental designs appear to show promising results (Heslop et al, 2017; Tutty et al, 2011), however methodologically more rigorous research appears hard to find from that country.

UK studies, however, have provided somewhat more promising results (Bloomfield & Dixon, 2015; Burton, Regan & Kelly, 1998; Dobash et al, 2000; Kelly & Westmarland, 2015; Ormston, Mullholland & Setterfield, 2016), though with mixed degrees of methodological rigour. This is notable given the greater similarities between Australian and UK programs and perpetrator intervention systems and contexts than is the case with the US.

The recent Project Mirabal study – showing large and sustained reductions in most categories of coercive controlling tactics and violent behaviours (measured through victim reports) associated with FDV perpetrator program participation across 12 sites – has gained some profile in Australian FDV policy circles. The project's attempt at a unique and highly ethical approach towards gaining control subjects for the study was not successful, due to the inability to match control and experimental subjects, relegating the study to quasi-experimental status (Kelly & Westmarland, 2015). However, the intended experimental design – described in the following sub-section of this paper – offers considerable promise in terms of how to ethically arrange control group comparisons, and should be considered for evaluation trials in the Australian context.

There has been very little Australian research into the effectiveness of MBCPs. Research funding of the scale needed to conduct proper evaluations has been hard to find, which is not surprising given the potential expense. A sufficiently methodologically rigorous, multi-site, independent longitudinal study based on multiple data sources including victim reports – which measures effects of the interventions on coercive controlling tactics beyond physical violence, and contributions of the programs towards the overall system's ability to identify and respond to risk – is unlikely to be feasible under 1.5 million dollars. The one major attempt at such an evaluation was plagued by

problems of data limitation stemming from rigidities associated with program provider contractual arrangements with state government funders (Carson, Chung & Day, 2009).

A recent longitudinal multi-site evaluation study by Brown and her colleagues highlights the difficulty of conducting such research (Brown et al, 2016). The researchers were unable, despite the best of intentions, to obtain sufficient victim data to enable the study to go beyond being based primarily on perpetrator self-reports. While the authors concluded that their findings provided strong support for MBCP effectiveness, unfortunately these methodological limitations significantly reduces confidence in these conclusions.

The complexities of FDV perpetrator program research is further described by Velonis et al (2016), commenting on the current state of evaluation knowledge in the US:

Since the emergence of early batterer intervention or treatment programmes (BIPs) in the 1970s and 1980s, discussions about their efficacy have proliferated within research, professional and policy circles. In attempting to answer the general question, 'Do these programmes work?' a number of subsurface debates have emerged, highlighting points of contention about the nature of intimate partner violence (IPV), about the multiple levels and types of influences that may contribute to abusive behaviour, about what 'success' means in terms of batterer treatment and about the 'right' approach to both achieving and evaluating this success. These differences in perspective lead to conflicting conclusions about the effectiveness of these programmes, making the job of navigating the literature that surrounds batterer intervention or treatment programmes challenging.

Yet, as part of the official response to domestic violence across North America, guidelines on sentencing, or other codified judicial requirements frequently require individuals who are convicted of crimes against intimate partners to attend treatment or educational programmes (the content and format of which can vary widely) as a condition to receiving a deferred sentence, probation or parole. This, among other factors, has spurred a proliferation of programme evaluations and systematic reviews, most sharing a defined goal of determining whether or not the programmes that currently exist can be proven to directly reduce subsequent violence and criminal behaviours. While there has been significant debate over what theoretical approach(es) should be used to guide these programmes (eg, feminist theory, family systems theory, cognitive behavioural theory), the nature of these discussions tends to be as political (eg, profeminist or antifeminist in rhetoric) as it is scientific. Few systematic reviews have attempted to examine the underlying programmatic theory and understand how, why and in what contexts these programmes work, or do not work.

## Evaluating programs in their context

One of the challenges here is conducting evaluations in the context of integrated responses to FDV (Scambor, Wojnicka & Scambor, 2015; Shephard, Falk & Elliott, 2002). In reviewing the evaluation literature, Mackay et al (2015) comment:

What is clear is that behaviour change programs should be evaluated within the context of an integrated systematic response. Consideration also needs to be given to the role of programs within this systematic response; in other words, clarity is needed in terms of what these programs aim to achieve ... The difficulty for many evaluators is what to consider as part of the program being evaluated. In discussing evaluation designs, Gondolf (2004) notes

that it is extremely difficult for an evaluator to accurately capture what the program actually entails. For instance, should the evaluator only consider the “counselling” component of an intervention as the “program”, or is it appropriate to include the “outreach” aspect in the evaluation. With intervention programs being embedded within “an elaborate intervention system that includes police practices, court action, probation supervision, civil protection orders, victim services, additional services for the men, community resources, and local norms,” it is difficult to “separate and distinguish batterer counselling from these components” (Gondolf, 2004, p. 608). However, as noted above, the need to demonstrate “effectiveness” is becoming increasingly important for services. Therefore, more sophisticated and nuanced measures are required in order to attribute outcomes to a particular component of an integrated system. (Mackay et al, pp. 31-33)

The need to evaluate MBCPs in the context of integrated response systems requires particular creativity and complexity in research design. One attempt at this was made through the Project Mirabal study in the UK, based on the fundamental research question of whether, and to what extent, FDV perpetrator programs contribute to the effectiveness of integrated responses in working towards the safety, well-being and dignity of women and children. The researchers compared outcomes for women receiving support from specialist women’s FDV services in local government areas of the UK where there was no perpetrator program to refer their (ex)partner to, with outcomes from women receiving a very similar specialist women’s service where a pathway existed to refer her (ex)partner to a program. Both groups of women received a similar integrated response, except that for only one group did their partner participate in a MBCP. This approach factors in a between-group design without the ethical dilemmas of using a control group that denies treatment (Kelly & Westmarland, 2015).

Unfortunately, comparisons between the groups in terms of whether such participation created different outcomes for women and children weren’t possible, due to major differences between the two cohorts of women. A much greater proportion of women in the control than experimental group had separated from their violent partner, for example (Kelly & Westmarland, 2015).

Carson, Chung & Day (2009) emphasise the need for multiple evaluation strands to occur concurrently within and between studies to better assess MBCP effectiveness in context. This can include the use of qualitative and intensive site study research, and feminist-informed qualitative research methods that prioritise the voices of victim-survivors in analysing coordinated community response contexts (Mazzei, 2017).

Gondolf (2015) suggests that these strands might also include:

... direct observations of rehabilitation programs, court transactions, and probation procedures, as well as open-ended interviews with staff and community leaders. While determining what effect is attributable to the batterer program remains problematic, descriptive information regarding the context can help qualify and interpret a program’s outcomes. It also can bring a deeper understanding of the intervention in question—how it works or why it doesn’t work. (p. 7)

Focusing on the European context, Scambor, Wojnicka and Scambor (2015) offer a sophisticated and detailed analysis of research methodologies that attempt to capture the systems context within which FDV perpetrator programs operate. They differentiate between:

- *basic single-context* studies evaluating the impact of a single program in the context of an integrated response

- *multi-site multi-context* studies where similar FDV perpetrator programs are evaluated across different sites characterised by different integrated/coordinated community response contexts, and
- *multi-site single context* studies where programs that differ in one or more significant ways are evaluated across different sites characterised by a very similar integrated/coordinated community response.

Whereas multi-site multi-context studies enable an evaluation of the influence of different integrated response contexts on overall outcomes, multi-site single context studies attempt to control for differences in integrated response contexts to isolate the impacts of the perpetrator program component.

Continuing with this theme, Mackay et al (2015) suggest:

Establishing the effectiveness of specified perpetrator programs is crucial in order to identify “what works” for different types of perpetrators within particular contexts. What is equally important is the need to clearly define the outcomes and objectives of specific perpetrator intervention programs within a wider systematic response. Although the aim of behaviour change certainly underpins many of the theories that inform perpetrator intervention programs, careful consideration needs to be given to what behaviours and attitudes are targeted by specified interventions and whether the behaviour change will improve the safety of women and children experiencing violence. (p. 30)

These comments reinforce a theme to be introduced in a later section of this issues paper (*The program integrity context*). While evaluation at the level of outcome is critical, to help determine how any changes in outcomes for women and children have been brought about, a clear program logic for each evaluated program is essential. Conceptual clarity regarding the mechanisms through which the program works to achieve these outcomes – and strong program integrity so that all aspects of the program operate in a way that’s consistent with its underlying theory and assumptions about change – are required to enable evaluations to investigate *why* the program works.

## Defining success

FDV perpetrator program evaluations, particularly of BIPs in the US, have relied heavily on recidivism data captured by criminal justice system and police records as an outcome measure. This, however, can be a problematic measure of outcomes (Vlais, 2013, 2014b; Polaschek, 2016) because it:

- Captures only physical and sexual violence tactics used by FDV perpetrators, rendering other tactics of violence (emotional, social, financial, sabotaging the mother’s parenting and the family’s links with health and community supports, etc.) invisible.
- Conceptually assumes an incident-based understanding of FDV, that this behaviour is something that occurs and re-occurs based on incidents, rather than in the form of ongoing patterns of coercive control.

- Directs program evaluations to investigate “Has he stopped using (detected) incidents of physical violence?” at the expense of the more nuanced question “How has his patterns of violent and controlling behaviour been impacted by the program?”
- Fails to detect perpetration of FDV that has not come to the attention of law enforcement or justice system authorities (Arias, Arce & Vilarino, 2013).
- Can make it difficult to interpret the mechanisms of change and the impact of the overall system – for example, are any increases in recidivism associated with a FDV perpetrator program an indicator of lack of program effectiveness (or worse), or a result of the program contributing to the system’s ability to detect and sanction ongoing violence?
- Renders invisible or de-prioritises the multiplicity of ways in which FDV perpetrator programs can work towards the safety of women and children. In their evaluation of the Scottish Caledonian System approach to working with FDV offenders, for example, Ormston, Mullholland & Setterfield (2016) found that women felt safer as a result of the program, even in circumstances where the offender did not change his behaviour, due to the program’s direct provision of support to her through safety planning and assistance in reporting probation order breaches, and through her ability to keep better track of his behaviour due to participation in the program.

Considering these and other factors, Mackay et al (2015) comment:

Researchers have asserted that recidivism is a narrow measure of success, which fails to consider whether women are still subjected to a “pattern of coercive control” and the effect that this has on their health and mental and emotional wellbeing (Westmarland et al., 2010, p. 2). By simply focusing on recidivism as a measure of success, evaluators fail to capture the range of systems-level, risk assessment and risk management outcomes that perpetrator intervention programs contribute towards. The cessation of all forms of violence has been suggested as a benchmark of “success” (Cissner & Puffett, 2006), or that success must incorporate broader definitions of behaviour change, and be inclusive of coercive control and abuse rather than solely physical assault (Stark, 2007). (p. 30)

In response to criticisms such as these, Westmarland, Kelly & Chalder-Mills (2010) conducted landmark qualitative research with victim-survivors of FDV, perpetrators, program facilitators and commissioners/funders to determine “what counts as success” to these stakeholders, with a heavy weighting on victim-survivor views. The researchers derived six indicators which collectively covered a range of tactics of coercive control, including in relation to children and parenting. Six to ten items were constructed for each indicator, deriving a new quantitative outcome measure that includes but goes considerably beyond physical and sexual violence tactics.

## European work on outcome measures

Leading work on assisting evaluators and program providers to measure the outcomes of MBCP work has arisen from Europe through Project IMPACT, conducted by the European Work with Perpetrators network.<sup>18</sup> This project has developed a new outcome measurement tool, one of the most promising developed in terms of both its ability to capture outcomes that matter to women and children, and its simplicity to enable use in the busy context of program provision. The tool is

<sup>18</sup> See <http://impact.work-with-perpetrators.eu/>

administered at four time points during and after the perpetrator's participation in a program, with separate versions for the man's (ex)partner and for himself.

Developed through the University of Bristol, a protocol is being established with an increasing number of European programs (currently across the UK and Italy, but with plans to expand) to both assist them to gauge the effectiveness of their program at the local level, and to provide cross program data to enable aggregated analyses. Participating program providers either input measures derived from the tool directly into a deidentified database, or into spreadsheet form that is then inputted into the database by the Bristol researchers. The research team offers to 'crunch the numbers' for any given program after data is obtained for a sufficient number of clients, to enable the provider to determine whether participation in the program is associated with changes in outcomes. The project is building a rich database using a consistent measure that will also enable multi-site analyses to be conducted.

The project has built upon a deliberate and strategic sequence of studies into FDV perpetrator program outcome evaluation in Europe. Geldschlager et al (2013) found an almost unanimous desire across the 134 programs surveyed to improve their systems of outcome measurement from the current ad hoc, inconsistent and insufficiently rigorous approaches used. They also found that the biggest perceived barrier towards such improvement was the lack of a standardised outcome measurement tool.

Based on a detailed analysis of a subset of these studies (Hester et al, 2015), Lilley-walker, Hester & Turner (2016) present an evaluation model to enable research to better address the questions of what works, at what points, for whom:

Accurate and robust sample profiling is important to fully understand the effectiveness of DVPPs [domestic violence perpetrator programs]. In addition to information regarding the nature of the intervention approach, we need to understand who is participating and why; who is dropping out, when and why; who is completing; and who is changing, when, why, and how? Our review of all European evaluations highlighted that evaluation research did indeed address these questions/aspects but not all of these within any one evaluation. Different constituents were addressed by different evaluations, using different methods, based on different participant samples. Thus, if we are to better understand how perpetrator programmes may work to create positive change, and be able to compare programmes, the information gathered during the evaluation process needs to be harmonised/standardised to address not only the methodological challenges highlighted by previous research but also the additional areas highlighted in this article.

We propose a model that should be used and promoted in this field for a common understanding, concerning points of time of observation in evaluation studies ... The model ... divides evaluation into five time points (which should be clearly defined/reported), at which specific information should be collected and reported. The purpose is to guide evaluations so that reports are clearer about what data were collected, about who and at what stage (i.e., at intake/preintervention, start of intervention, during intervention, at the end of intervention, and during follow-up), about who dropped out/was excluded and why, and the source of the outcome data at each point. This will help reviewers to understand exactly who is participating/receiving "treatment" and—perhaps more importantly—who is not (e.g., those not admitted, excluded, or dropping out because of more complex issues such as substance misuse or mental health problems) and why, and who exactly is defining "success." (pp 11-12)



This European work towards harmonising evaluation methodologies, sample profiling at different measurement points, and the development of a standardised outcome measurement tool, gives much food for thought concerning possible Australian pathways towards program evaluation. In our view, this European work is world leading and the Australian field could do much to learn from it.

## Evidence-based practice

Before leaving this section on pressing research issues for the MBCP field, a brief note will be made about evidence-based practice in relation to this work.

Basing interventions, underlying minimum standards and professional practice guidelines on the available evidence of what works, and under what circumstances, is of obvious importance. The difficulty comes, however, when 'evidence-based practice' is defined in narrow terms, or is driven by particular research methodologies used to derive the evidence at the exclusion of others.

On this theme, Salter (2012) argues:

Advocates for more rigorously experimental and quantitative evaluation studies of domestic violence programs have been criticised by researchers who highlight the relational, open-ended and qualitative dimensions of social service practice (Carson, Chung & Day 2009). It may be that some factors that contribute to success are broader than the 'right mix' of interventions. In particular, the specific culture of agencies and partnerships, the principles that inform decision making, the nature of the communication and interaction between response partners and the adaptiveness and reflexivity of partnership arrangements vis a vis local contexts and needs, is likely to have a significant impact on the effectiveness of community coordinated responses to domestic violence. While the research literature frequently calls for more rigorous quantitative and experimental evaluations of interventions, there may in fact be a need for more specific, localised studies of effective partnerships and responses in order to identify the less tangible and more qualitative dimensions of successful work. (p. 18)

Gondolf (2012, 2015) provides a detailed analysis of the application of evidence-based practice to the FDV perpetrator program field. He argues that researchers can tend to portray evidence generated from their studies too confidently, ignoring the limitations for example of decontextualized randomised control trials. On a similar theme, Aldarondo (2015) outlines how the use of 'hard science' experimental methods to generate much of the evidence-based practice literature can privilege highly individualised, clinical mental health approaches to working with perpetrators, as these interventions fit most neatly with these experimental methods.

Gondolf (2015) reflects on practitioner resistance to evidence-based practice, which he describes as stemming from:

- A suspicion of academic sources of knowledge, particularly in the context of intense workloads and the need to respond to day-to-day casework pressures.
- Frustrations with limited resources and staffing, which makes it difficult for practitioners to think about applying insights from the literature to extend or change their practice.



- A perception that published research studies do not apply to the particularities and contexts of their programs, nor can keep up with the ways in which practice has changed since the research was published.
- A distrust in categorical statements made by researchers regarding what does and doesn't work that do not take into account complexity and nuance.
- The oft-exclusion of practitioner-based wisdom, clinical observation and case studies from the evidence-based practice literature, as these ways of generating evidence are considered 'soft' to some researchers.<sup>19</sup>
- Limitations in the application and fit of evidence-based practice to marginalised and diverse groups and local community contexts (see also Serrata et al, 2017), given that programs that work with these communities are often too under-funded to become 'research ready'.<sup>20</sup>
- Tension about whether minimum standards for FDV perpetrator programs have achieved the right balance between practitioner-based wisdom and evidence-based practice (with Gondolf wondering whether sufficient weight has been given to the latter).

To the extent that these barriers apply in the Australian context, significant implications arise for knowledge transfer and exchange from research into practice.

Gondolf's analysis also points to the difficulty of increasing research capacity, expertise and research readiness within MBCP providers. The strengthening of links between primary research institutions and centres, evaluation specialists and agencies that provide MBCPs is crucial towards developing an evidence base for the work. This continues to be a real struggle for underfunded programs, unless they are situated within large agencies that have a dedicated strategy to promote agency-wide involvement in research. Only a minority of MBCP practitioners have experience in applying psychological, behavioural science, social work or feminist research methods.

Furthermore, the limited time that MBCP providers might have to participate in research activities can tend to be absorbed by researchers seeking to access group participants for studies that do not have direct benefits for the particular programs involved. Many of these research studies have admirable and important aims, and providers are generally keen to do what they can to assist. However, the experience of attempting to recruit clients of the program to participate in external research studies can displace consideration of the agency's further involvement in research in the short-term.

Although in many U.S. jurisdictions the gap between researchers and practitioners is wide (Gondolf, 2015; Serrata et al, 2017), the situation in Australia is perhaps not quite the same. Australia is a smaller country, and while the US has well over one thousand program providers, Australia has less than one hundred. The FDV field in Australia has some high profile academic researchers who are widely renowned for their understanding of (and in some cases prior histories in) practice. These researchers often advocate for mixed-methods research that incorporate components focusing on practitioner-based experience and wisdom. ANROWS has commenced a significant perpetrator intervention research stream with careful attention to knowledge transfer and exchange

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<sup>19</sup> It is worth noting in this context that Morrison et al (2016) conducted a rare study into practitioner-based wisdom concerning FDV perpetrator program effectiveness.

<sup>20</sup> Serrata et al (2017) outline an approach they term 'community centred evidence-based practice' that actively involves and draws upon local, culturally-specific expertise.

processes.<sup>21</sup> The starting points are present to knit stronger collaborative working relationships between practitioners and researchers.

### Research – practitioner collaborations: The example of REPROVIDE

One example of the ways in which evidence-based practice generated from research and practitioner-based knowledge can combine to enhance the evidence base for FDV perpetrator programs is seen through the RE-PROVIDE project in the UK, led by the University of Bristol. This project, which commenced last year, aims to develop and evaluate a new program model based on the best fit with both the evidence and practitioner-based consensus of what makes an effective program, for whom, and under what conditions.

REPROVIDE will be:

... initially synthesising all the available evidence on programmes for men who are using abusive behaviour in order to identify the domestic violence perpetrator programmes (DVPP) with the greatest likelihood of effectiveness. The evidence synthesis will help us to identify the key ingredients of programmes which we can then use to develop a 'best bet' perpetrator programme model. In order to support this development process we will be inviting experts in the field to be members of a consensus panel which considers the findings of the evidence synthesis alongside practical issues of implementation. The aim of this panel will be to reach a consensus on what a 'best bet' DVPP model would look like and how we would know if the DVPP model was effective or not (i.e. the most appropriate outcome measures to use). The process we are using to reach consensus (or characterise a lack of consensus) is called a modified Delphi method.

The experts on the consensus panel will include people who run programmes for men who use abusive behaviour and people who run services to support women and children, as well as relevant researchers. We will be working closely throughout this study with our partners from Respect, an umbrella organisation which supports the organisations which run DVPPs in the UK ... We will also consult separately with a group of men who have participated in a DVPP.

Once we have agreed on a 'best bet' model we will work with one selected Respect-accredited organisation experienced in running DVPPs to implement the new model which will be initially piloted in a community or primary care setting with a small group of men using abusive behaviour. We will also be inviting the partners or ex-partners of the men to participate in the study.<sup>22</sup>

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<sup>21</sup> See <http://anrows.org.au/research-program/perpetrator-interventions-research-program>

<sup>22</sup> Quoted from <http://www.bristol.ac.uk/primaryhealthcare/researchthemes/reprovide/about/workstream-ii/>

## The cohort context

Over the past fifteen or so years, some researchers have turned their attention towards different cohorts of FDV perpetrators in terms of their participation in perpetrator programs. This has been to determine whether some cohorts of perpetrators might benefit more from these programs than others; whether participation by some is contra-indicated and might increase risk; and how interventions might need to vary for different groups.

In their review of the literature, Grealy et al (2012) found that completion rates for FDV perpetrator programs and attitudinal and behaviour change were likely to be higher amongst perpetrators who

- are more motivated or ready to change
- have no or fewer previous contacts with the criminal justice system
- have no comorbid (e.g., substance use or mental health) conditions
- are Caucasian, employed, married, older, and have a higher level of education (p. 12)

## Typologies of perpetrators

Some authors have posited perpetrator typologies to suggest that different forms or intensities of intervention might be appropriate for different types of perpetrators. The handful of such typologies prevalent in the literature have much in common, with the most frequently cited initially suggested in 1994 by Holtzworth-Munroe & Stuart (Wangmann, 2011).

This typology divides FDV perpetrators into three categories: *generally violent (GV)* men who commit acts of violence both within and outside the family context; *family only (FO)* men who commit FDV only; and a third group characterised by significant psychopathy and personality disordered traits. A recent attempt to differentiate GV from FO perpetrators using Victoria Police data over five years (Crime Statistics Agency, 2017) purported that 40% of perpetrators were generalist offenders in that they committed both FDV and other crimes; however, as a significant proportion of 'other crimes' were not crimes against the person, the analysis suffered from conceptual inconsistency with the commonly understood concept of generally violent men.

A number of studies have categorised FDV perpetrators through this typology to determine implications for intervention, with some of the most recent studies and review articles reported here. Theobald et al (2016) analysed data with over 400 UK males from age 8 to 48 in a major longitudinal study, to determine whether the GV and FO categories differed in factors such as psychopathy, substance abuse, depression and other mental health issues. They found that while there were some differences in degree between these two cohorts, they were not of an extent to warrant the need for separate intervention approaches matched to perpetrator type.

Cantos et al (2015) studied the probation records of Illinois FDV perpetrators mandated to batterer intervention programs, retrospectively categorising them as either GV or FO. They found that GV perpetrators were less likely to complete the program and were considered by probation officers to be of higher risk than FO men. The GV men, in addition to having more extensive criminal histories, had more problems of substance abuse.

In their review of the literature about FDV perpetrator typologies, Bernardi & Day (2015) suggest that there is:

... support for the suggestion that different groups of perpetrators can benefit from different treatment approaches by better addressing participant needs. It follows that perpetrators whose violence is part of a broader pattern of antisociality are likely to require more comprehensive treatment addressing a range of areas such as criminal attitudes, personal and emotional stability, and community functioning (see Serin & Preston, 2001). Short-term psycho-educational treatments that focus on attitude changes and skill acquisition may be insufficient for these perpetrators (Waltz et al., 2000), who require a more rigorous analysis of anti-social personality traits, emotional regulation, and interpersonal skills. (p. 375)

In their review of perpetrator typologies, Ali, Dinghra and McGarry (2016) provide a different interpretation of the literature, arguing that research is quite mixed in terms of whether the different types are associated with differences in intervention completion rates and outcomes. A similar conclusion was drawn through an earlier review by Vlasis (2011b), who also noted the lack of tools to enable MBCT practitioners to differentiate perpetrators based on the typology. Furthermore, in an Australian survey of FDV practitioners in a range of settings, Boxall, Rosevear and Payne (2015) found that typologies – whether focusing on the type of perpetrator or the type of family violence (e.g. Michael Johnson’s typology) – are generally not used in practice and are not perceived as useful.

Overall, there is insufficient research and guidance to suggest that MBCT providers should apply different interventions for those FDV perpetrators who use violence only with family members compared to those who additionally use violence in other contexts. It is, however, worth keeping a watch on further research on perpetrator typologies as it evolves, as the state of this research is still young. What might be most important for MBCT providers to consider at the current time is a sub-category within generally violent men who pose a particularly high risk (relative to others within this category), and who might also have significantly elevated psychopathy traits. Our attention will turn to this at a later point in this chapter.

## Stages of change

There has been growing interest over the past decade in the application of Prochaska and DiClemente’s (2004) Transtheoretical Stages of Change model to batterer intervention programs in the US, a model that has been used in the health promotion field for approximately 30 years.<sup>23</sup> The model posits that people move through a predictable series of changes when attempting to modify health-related behaviours – pre-contemplation, contemplation, preparation, action and maintenance – and that across different health behaviours, particular tasks are required to assist people to move from one stage to the next (and furthermore, that these tasks are different depending on which stages the desired transition is occurring between).

There is evidence that the use of motivational enhancement interventions based on this model can assist with treatment compliance for some perpetrators, though this has not yet been shown to translate into improved outcomes (Crane & Eckhardt, 2013). Furthermore, practitioner classification of perpetrators according to their position on the Stages of Change continuum has been found to have some predictive power in terms of treatment attrition (Scott, 2004).

The Stages of Change model, while applicable to health behaviours such as tobacco use, alcohol consumption, physical exercise, etc. has particular limitations in the FDV field. The factors that affect perpetrator readiness to participate in a service, and readiness to change, are often cyclical and non-

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<sup>23</sup> See <http://www.prochange.com/transtheoretical-model-of-behavior-change> for a description of the model.

linear – events such as developments in legal or court proceedings, the terms of a corrections or probation order coming to an end, the perpetrator finally realising that his partner has decided to end the relationship, etc., can result in significant motivational jumps including in a backwards direction away from change (Ronan et al, 2010). Often there are factors promoting increased readiness to change while other factors, at the same time, exert backward movement. In this context, the pre-contemplation and contemplation stages are potentially blunt classifications for perpetrators. Many have a ‘foot in both stages’ with the foot planted more firmly in pre-contemplation.

Furthermore, a perpetrator might be located in a particular stage with respect to some aspects of his violent and controlling behaviour, and at a different stage regarding others. A very common pattern is for perpetrators to make some moves towards contemplation or preparation with respect to their use of physical violence, yet remain firmly in pre-contemplation regarding their other tactics of violence (that they might not even recognise).

In this fashion, Walker et al (2015) suggest that the Transtheoretical Stages of Change model:

is best represented as a spiral progression through the stages. That is, individuals rarely progress through stages of change in a linear fashion but rather relapse and revisit one or more stages (Prochaska, DiClemente, & Norcross, 1992). Likewise, it is not expected that desistance from IPV will follow a linear progression through identical stages for each individual, but that the process will be complex and involve a dynamic pathway on which there may be key identifiable phases that promote or inhibit the likelihood of desistance. Indeed, it is likely that while there may be certain elements experienced by all the men, the precise nature of these experiences is likely to be idiosyncratic. Sheehan, Thakor, and Stewart (2012) suggest that qualitative methodologies may be more suited to achieving a better understanding of such a complex and dynamic process [rather than categorising a perpetrator into a particular stage] (p. 2728)

## Differentiation according to risk

Another suggested way to differentiate perpetrators into cohorts is by the degree of risk or threat they pose to family members. Correctional and probation services have a long history of dividing FDV offenders into high, medium and low risk categories; however, this is often based largely on the perpetrator’s general risk of physically violent and associated criminal behaviour. Under this system perpetrators who use an extensive array of coercive controlling tactics would potentially be deemed as ‘low risk’ if they have chosen to infrequently use physical violence, have not engaged in other criminal behaviour and have at least an average stake in conformity with many social norms.

### Identifying low risk perpetrators

Beyond correctional contexts, there is the more general issue of attempts to isolate a category of perpetrators that can be considered ‘low risk’. There is understandable, preliminary discussion within some program funder and policy circles to explore how to differentiate these perpetrators and to offer them low-intensity interventions, so that limited MBCP resources can be reserved for those perpetrators at higher risk and who cause the most harm.

No reliable means have yet been developed, however, to differentiate low-risk from moderate/medium-risk perpetrators at the point of intake, triage or initial assessment. This reflects the need for a thorough assessment to minimise the occurrence of ‘false positives’ – inaccurately

identifying a perpetrator as low risk when in reality he poses more of a threat to family members. Indeed, for some perpetrators, it can take some weeks of participation in a MBCP and associated ongoing assessment before they can be differentiated between low and moderate/medium risk (high-risk perpetrators are often, but not always, easier to determine).

Unless there are prior risk assessments to draw upon, it can be very difficult for police, Magistrates, child protection workers and others who come into contact with a perpetrator for the first time to accurately classify him as 'low risk' – particularly given that the nature, pattern and extent of coercive control tactics, and the absence or presence of particular evidence-based risk factors, might not be obvious at first (or even second) contact. This difficulty is compounded by comprehensive victim reports often not becoming available until the perpetrator has already commenced an intervention program. While preliminary assessments of risk based on victim reports are often possible by police or court personnel at the intake or triaging stage, more comprehensive assessments of risk through work with victim-survivors might arise only weeks later. This is especially the case for victim-survivors who need time to engage and develop sufficient trust in services to disclose the fullness of the perpetrator's behaviour.

With these considerations in mind, the objective of differentiating 'low risk' perpetrators – those who pose a low risk of injurious physical violence, sexual violence *and* who do not engage in an extensive pattern of coercive controlling tactics – is an important one to work towards. If a point can be reached of accurately isolating this cohort through careful risk assessment piloting and research, the potential does exist to offer these men relatively less intense interventions. At this stage, however, differentiating low from moderate/medium risk offenders is at its infancy.

Critical in emerging and future developments in differentiating perpetrator categories according to risk is the ability to re-stream perpetrators into a higher risk category if the initial identification of low risk proves to be inaccurate. Given that the initial identification of 'low risk' will prove inaccurate in some cases as further information about the perpetrator's patterns of coercive control becomes available through the course of his participation in the intervention, it is crucial that the perpetrator intervention system has the flexibility and the 'transit points' to stream perpetrators, where necessary, up to a higher risk category involving a more intense intervention.<sup>24</sup>

Existing approaches to stream perpetrators into different risk categories unfortunately do not seem to follow this approach. In some provinces of Canada, for example, courts stream perpetrators provided with a non-custodial sentence for FDV perpetration into low-risk and higher-risk categories (Heslop et al, 2017). The FDV perpetrator programs for these two categories, however, are generally provided by different organisations sometimes located within different systems (for example, health vs justice). This creates potential barriers for men initially assessed as low risk to be transited to a more intense intervention when indicated by additional information that comes to hand through the course of his participation in the program. Differential response models that rely on the *static* categorisation of perpetrators can be problematic in this respect.

### High-risk perpetrators

As mentioned earlier in this chapter, an important sub-category of generally violent men pose a high to severely high risk to family members (and sometimes to others). These are FDV perpetrators with extensive criminal histories and the use of violent behaviour in a wide range of circumstances. Relatively high psychopathy scores are a feature of this group, the *inability* to empathise and exert a conscience.

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<sup>24</sup> Katreena Scott, personal communication



Standard FDV perpetrator programs appear to be inappropriate for psychopathic perpetrators, and indeed might increase risk (Huffine et al, 2015). The focus on empathy-building, interpersonal skills and emotional literacy common to these programs can be used by such perpetrators to increase their repertoire of tactics to control, manipulate and deceive victims. They are more likely to deliberately attempt to undermine positive group cultures and encourage other group participants to engage in anti-social behaviour outside of the group, and can learn highly believable ways of saying the 'right things' to program practitioners while not believing them (Huffine, 2015; Judois et al, 2014).

While in custodial settings psychopathic FDV perpetrators are offered – together with other high-risk violent perpetrators – high-intensity violent offender intervention programs often of approximately 300 hours duration, there are very few adaptations of community-based programs for this cohort. One of the rare examples is described by Huffine (2015) through the Allies for Change batterer intervention program in Portland, Oregon.

It is important to note that most high-risk FDV offenders do not have substantially elevated psychopathy scores. In terms of this more general category of high-risk perpetrators not associated with substantial psychopathy, behaviour change goals are understandably harder to achieve through MBCP provision than for perpetrators who do not pose such a level of risk (Jones et al, 2010; Salter, 2012). Indeed, it has been argued that one potential explanation for equivocal results concerning the effectiveness of batterer intervention programs in the US has been the difficulty of effecting change in this higher-risk cohort, dragging the overall results down (Gondolf, 2012). Gondolf's widely acclaimed longitudinal, multi-site study, which classified perpetrators into four groups based on degree of risk, found significant and sustained program effectiveness in reducing violence for all but the highest risk group, which composed approximately 10-20% of the overall sample (Jones et al, 2010).

In his review of the research, Salter (2012) summarises the difficulties in reducing risk amongst this cohort of offenders:

The accurate identification and management of recidivism amongst high risk violent men is a complex but important matter. High risk offenders commonly display a set of interlocking problems related to mental health, substance abuse and socioeconomic disadvantage that pose barriers to intervention and treatment. Change may be easier to achieve among violent men who are concerned about the impact of arrest and other domestic violence interventions among their employment or social status [men with a higher 'stake in conformity']. Violent men without these social connections can react to an arrest or some other intervention by escalating rather than reducing or ceasing their violence, and they repeatedly breach protection and exclusion orders ... not only do they commit multiple offences against the same woman, they often go on to commit offences against other women as well. (p. 2)

Reflecting on ways forward in the light of these complexities, Salter (2012) argues:

There are now a range of techniques that seek to enhance perpetrator accountability initially through direct surveillance and oversight and eventually through self-regulation, as the perpetrator is encouraged to develop new linkages with his community ... Crucially, research suggests that anti-recidivism initiatives are unlikely to be successful unless they are coupled with social welfare policies designed to address the housing, employment, health and other difficulties that are present in the lives of serious domestic violence offenders and



victims. In the absence of such policies, the management of high-risk domestic violence offenders is likely to maintain the punitive flavour that contributes to the cycles of disadvantage, disempowerment and abuse that characterise serious domestic violence. (p. 19)

The identification of high-risk offenders outside of a Corrections assessment context has proven to be an inexact science through coordinated community responses / integrated response service systems. Some jurisdictions have or are experimenting with short-form versions of validated (or in the process of being validated) actuarial risk assessment tools, such as the ODARA (Ontario Domestic Assault Risk Assessment), B-SAFER (a shortened version of the Spousal Assault Risk Assessment; SARA) and a recently developed short-form version of the Danger Assessment. These short-form tools are designed for trained and supported use by front-line partner agencies in integrated responses, such as police. Robinson and Clancy (2015) report on the initial stages of the development of a Priority Perpetrator Identification Tool, which resembles more of an abridged / short-form version of an evidence-based risk indicator tool than that of an actuarial scale.

### Colorado's differentiated approach

Perhaps one of the most well developed FDV perpetrator program approaches based on differentiation according to risk is found in Colorado (Colorado Domestic Violence Offender Management Board, 2016; Gover, Richards & Tomsich, 2015; Hansen, 2016, 2017; Richards & Gover, 2016; Richards et al., 2017).

This is a unique approach where the Colorado Domestic Violence Offender Management Board, consistent with the minimum standards it sets for FDV program providers across the state, requires providers to differentiate their interventions according to perpetrator levels of risk and criminogenic needs. The three levels of intervention are:

- Low intensity intervention for perpetrators whose use of FDV do not appear as part of an ongoing pattern, who have a pro-social support system, no or minimal criminal history, and no evidence of significant mental health or substance abuse issues. These perpetrators, according to the minimum standards, attend one group session per week until they have reached program completion.
- Moderate intensity intervention for perpetrators who have an identified pattern of ongoing violent behaviour, might or might not have a pro-social support system, might have some criminal history, and might be experiencing moderate degrees of substance abuse or mental health issues. These perpetrators, according to the standards, receive at least one clinical intervention per month to address denial and resistance, any substance abuse or mental health issue, etc., in addition to weekly group sessions.
- High intensity interventions for perpetrators who exhibit multiple risk factors, do not have a pro-social support system, are likely to have criminal histories and/or significant substance abuse or mental health issues, and often have employment and/or financial instability. These perpetrators might require some work to stabilise their lives and manage crises before they can commence specialist FDV groupwork. These perpetrators are required by the standards to have a minimum of two contacts per week (Colorado Domestic Violence Offender Management Board, 2016).

The Board does not set minimum intervention lengths for each of these risk categories. The rationale is that intervention length needs to be based on a comprehensive case-by-case assessment and

intervention plan, rather than prescribing a rigid program length regime. 'Multi-disciplinary Treatment Teams' (MTT; see a brief description below), of which the program provider is a member, determine when a perpetrator is ready to complete the program depending on his achievement of 'core competencies' in attitudinal and behavioural change, and on victim reports and other evidence regarding any changes in risk. According to the standards, intervention ends when the perpetrator has met the conditions of his intervention plan – not when he has completed a fixed number of sessions (Colorado Domestic Violence Offender Management Board, 2016).

Differentiation of perpetrators into these categories is determined by a comprehensive risk assessment process developed in Colorado, the Domestic Violence Risk and Needs Assessment Instrument (DVRNA). The DVRNA is an evidence-based comprehensive risk assessment framework and tool, with quantitative scoring to assist in differentiating perpetrators according to degree of risk and complexity surrounding the perpetrator's offending. As the title suggests, while a risk assessment tool, the DVRNA also compiles assessment information concerning the dynamic risk factors and criminogenic needs that require addressing as part of the intervention approach for any given perpetrator. In this sense, a higher intensity category does not only imply higher risk – it also infers greater complexity in the nature and range of issues that need to be addressed for the program to reduce the threat he poses to family members.

Preliminary validation research has demonstrated that the tool places perpetrators in risk categories that correspond with future likelihood of re-offence according to official recidivism measures – that is, the higher the risk category, the greater the proportion of perpetrators who are likely to reoffend (Hansen, 2017).

Risk determination is not a fixed process, and perpetrators can change between risk categories over the course of their participation in the program, depending on ongoing risk assessments and case reviews. Moderate-intensity offenders (and of course high-intensity) are never permitted to be downgraded to the low-intensity category. There is the potential for high-intensity perpetrators to be downgraded to medium-intensity depending on their progress in reducing the risk they pose to family members and the community.

Perpetrators can also move into a higher intensity category if this is indicated by new risk-related information arising through ongoing risk assessment, and/or if the criminogenic needs related to his offending are more complex than first thought. As accredited providers are capable of providing all three levels of intervention, transit from a lower intensity to higher intensity intervention through the course of the program is easier than when these different interventions are provided by different organisations (and across different systems).

Crucially, decisions about the perpetrator's treatment plan, changing risk categories or when to end treatment are not, according to the minimum standards, meant to be made by the FDV perpetrator program provider alone. Reviews and decisions about cases are made by MTTs consisting at a minimum of the program provider, a victim's advocate (who might be supporting his current or former partner), and the justice system agency that has referred the perpetrator to the program. Treatment Plan Reviews are conducted by the MTT at least every 2-3 months over the course of a perpetrator's participation in a program, with the higher the risk category the more frequent these reviews.

The Colorado model has undergone process and stakeholder evaluations. There is evidence that the process to differentiate perpetrators between the categories has validity, and that MTT/program provider decisions regarding intervention length are associated with the perpetrator's level of risk

and criminogenic needs (Hansen, 2016; Gover, Richards & Tomsich, 2015). Further research is planned.

## Problem drinking and problem gambling

Although MBGP practitioners have always been attuned to the role that substance abuse can play in a perpetrator's pattern of behaviour, it has been a tricky subject for the field. Finding a balance between acknowledging the role of substance abuse, without adding to the perception (by perpetrators and the community at large) of it being a cause of FDV perpetration, has been challenging.

In *The risk context* chapter, this paper introduces the concept of non-central dynamic risk factors as a means of acknowledging and explaining the role of substance abuse and other issues that can accentuate but do not drive risk.

There is overwhelming evidence of a reasonably strong correlation between substance abuse and FDV perpetration (Choenni, Hammink & van de Mheen, 2017; Shorey et al, 2016). Vlasis (2014b) reports:

Thomas, Bennett and Stoops (2013) found in a large sample that domestic violence perpetrators with AOD problems were more likely to perpetrate severe violence than perpetrators with no AOD problems. In a review of large population surveys and other sources of literature, Braaf (2013) concluded that alcohol misuse is involved in approximately 50 per cent of all forms of partner violence, and 73 per cent of physical partner assaults. She concluded that the available research clearly demonstrates a positive relationship between perpetrator alcohol use and the severity and frequency of violence. (p.17)

de Bruijn and de Graaf (2016) found that alcohol use by FDV perpetrators increased the likelihood of them using physical violence on the same day as this drinking. The authors argued that while most studies have demonstrated a correlation between alcohol use and FDV perpetration over the long-term, their research demonstrates a same-day association.

There has been some speculation and research regarding the mechanisms through which substance abuse and FDV perpetration are associated. The Victorian Alcohol and Drug Association (2012; reported in Vlasis, 2014b) suggested that "the misuse of substances might increase risk for an episode of violence because it acts to heighten men's consciousness and engagement with their violence-supporting narratives, thereby helping to activate the processes by which they give themselves permission to use violence" (p. 17). Brasfield et al (2016) found that 'alcohol-related outcome expectancies' – the expectations of perpetrators regarding how their thinking and behaviour is affected by alcohol – are associated with some forms of FDV.

The strength of the association is leading to expectations that a new form of perpetrator program be developed with a dual focus on FDV and substance abuse (State of Victoria, 2016). Examples are

being trialled in Western Australia<sup>25</sup> and the UK.<sup>26</sup> Chermack et al (2017) report on the situating of a relatively brief (six session) intervention focusing on intimate partner violence perpetration within the context of treatment for substance abuse disorders.

There are several other ways that MBCP providers and practitioners can bring a focus of substance abuse into their work without developing specific dual focus programs. Perpetrator substance abuse can be addressed as part of case management or through supplementary individual sessions, with the direct or indirect involvement of a specialist alcohol-and-other-drug service.

In addition to problem drinkers, problem gamblers represent a potentially important cohort to target in terms of FDV perpetration. There is now sufficient research demonstrating that a significant proportion of problem gamblers either experience or perpetrate FDV (Dowling et al, 2016; Jackson, 2011; Suomi et al, 2013). While the role that problem gambling can play in accentuating risk to family members might not be of the same nature as that performed by substance abuse, it is a neglected consideration and a missed opportunity to identify and screen for FDV.

In the MBCP practice guide *Toward Safe Families*, the NSW Department of Attorney General and Justice (2012) report:

Men's use of domestic and family violence and problem gambling show a number of similarities, including the use of denial and rationalisation to excuse the behaviour, the continuation of the behaviour despite adverse consequences, and the impact on the development of children's physical, psychological and behavioural problems ... this points to the importance of screening for problem gambling, during comprehensive assessment, and referring for specialist assistance for problem gambling should this be found to be present either for the man or his partner. A man's continued problem gambling, for example, is likely to serve as a barrier towards him addressing the financial abuse that he is likely to be perpetrating against his partner. (p. 153)

## Intersectionalities

As mentioned in the introductory chapter, this paper will not include a focus on FDV perpetrator programs for and by Indigenous communities. A part II to this issues paper will be commissioned with Indigenous authors to focus on this in depth. This will include, in part, an analysis of current Indigenous family violence perpetrator programs run by Aboriginal Community Controlled Organisations, and how they grapple with multiple accountabilities to their communities, mainstream standards of practice and an historically (and contemporarily) oppressive criminal justice system; and how they address the legacy of colonisation through healing and reconnection (Hovane, 2015; Mosby & Thomsen, 2014). This part II of the issues paper will also focus on how mainstream MBCP providers can take steps towards collaborating with Indigenous organisations in ways that 'decolonises solidarity' rather than reproducing structural racism (Land, 2015).

This section will focus on considerations in providing FDV perpetrator programs to the following cohorts:

<sup>25</sup> Communicare's Co-morbid Alcohol and Other Drug/Domestic Violence Prevention and Intervention Program – see <http://www.communicare.org.au/Therapeutic-Services/co-morbid-alcohol-and-other-drugsdomestic-violence-prevention-and-intervention-program.html>

<sup>26</sup> See <http://www.dvip.org/assets/files/downloads/Substance%20use%20%20aggression%20programme.pdf>. Note also that Respect UK is partnering with the University of Bristol to develop a further example of a conjoint program.

- CALD communities, including newly arrived and refugee communities
- People who identify with one or more parts of the LGBTIQ rainbow of sexual orientation and gender identity
- Perpetrators with cognitive impairment
- Adolescent use of violence, in the home against family members, and in dating/romantic relationships
- Elder abuse perpetrators
- Women who use violence and force against intimate partners.

### CALD communities

Work to adapt FDV perpetrator programs for particular ethnocultural communities has had a longer history in the US and (to a lesser extent) the UK than in Australia. The adaption of this work for Pacific Island communities in Aotearoa/NZ (in addition to adaption for indigenous Maori communities) has also been a significant issue in that country.

Several batterer intervention programs over the past 20 or so years in the US have been designed specifically for Latino or African American communities. The state standards for Partner Abuse Intervention Programs in Illinois claims to support the implementation of these programs in eleven languages.<sup>27</sup> In the UK Al-Aman, an Arab-speaking integrated approach commenced in the mid-late 1970's involving three interdependent programs: A support program for women and children, one-to-one delivered perpetrator intervention program over 24 sessions, and a comprehensive community engagement strategy (Roberts, Jawad & Buris, 2013).

In Melbourne, a patient, collaborative approach between the Australian Vietnamese Women's Association, Foundation House, InTouch Multicultural Centre Against Family Violence, No To Violence and three MBCP providers resulted in the development of a Vietnamese-speaking MBCP. While the program took a few years to recruit and train program facilitators and to capacity-build so that it could meet minimum standards of practice, the program has provided a model for how FDV perpetrator interventions can be developed within and for particular communities (McIvor, et al, 2013). Two further CALD-focused MBCPs have arisen in Melbourne – one for South Asian communities implemented in English, and an Arabic-speaking program – with calls and active attempts being made to expand these to at least one or two other communities (State of Victoria, 2016).

As argued in more detail in *The Workforce context* chapter, the development of group-based programs cannot be relied upon alone to improve the FDV perpetrator program field's responsiveness to CALD communities. Group-based programs will not be feasible for most CALD communities in many parts of Australia. However, the recruitment, training and ongoing support of bicultural, bilingual FDV practitioners – including those who specialise in engaging men – would allow the development of flexible responses in situations where a group-based program is not practicable.

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<sup>27</sup> [http://www.doj.state.or.us/victims/pdf/illinois\\_monitoring\\_partner\\_abuse\\_intervention\\_programs.pdf](http://www.doj.state.or.us/victims/pdf/illinois_monitoring_partner_abuse_intervention_programs.pdf)

Bicultural, bilingual workers – especially if they have the scope to work across a feasibly large geographical catchment area rather than be tied to only one MBCP provider – could engage perpetrators in their communities at a number of different points and settings in terms of the perpetrator’s participation pathway through a perpetrator intervention system. This might include engagement in court, through case management, or assisting child protection authorities to outreach to the perpetrator.

As outlined in *The practice context* chapter, it is also important to reiterate that a man’s CALD background is often not the only pertinent aspect to his (generally pluralistic) identity. A singular focus on ethnocultural identity can in some circumstances omit consideration of other cultural and identity factors that shape his attitudes and behaviours towards women, masculinity and gendered power (Debbonaire, 2015).

### LGBTIQ communities

Homophobia, biphobia, transphobia and heterosexism are significant issues in mainstream MBCP provision. While most program providers accept gay and bisexual men into their programs, and are aware of the additional supports they require, the experience of program participation can be very difficult for these men. Some understandably choose to attempt to hide their sexual orientation, and invent a female partner for the purpose of groupwork check-ins and discussions. This however might not be an option for some in the LGBTIQ rainbow, including for trans men and intersex people.

The FDV field, as a whole, has yet to make a transition from a feminist understanding of FDV to an intersectional feminist one. The understandably and necessarily strong focus on gender in the absence of an intersectional framework has resulted in a lack of space or visibility for people with diverse sexual orientations and/or gender identities. This is seen in how poorly the FDV service system has made itself accessible for people from LGBTIQ communities (Aleksandrs and Phillips, 2015; Horsely, 2015), or adopted the language and understanding to challenge heterosexist and heteronormative dominance. This has been the case for MBCP providers as much as for other parts of the service system (Lloyd, 2015).

Some current state-based FDV action plans are providing visibility of FDV as a significant issue facing LGBTIQ communities, and the need for service system accessibility and responsiveness. In Victoria and Queensland, current processes to update MBCP minimum standards will include consideration for how these standards need to be adapted for these communities (Queensland Government, 2016; State of Victoria, 2016).

There is only one current FDV perpetrator program in Australia that has been designed specifically for an LGBTIQ context. This is run by the Victorian AIDS Council and focuses on adapting mainstream MBCP processes and content for gay and bisexual men (Rossell & Thompson, 2012). A recently commenced ANROWS project is supporting ACON in NSW and Relationships Australia to trial new responses to violence against women and their children in LGBTI communities, including one or more perpetrator interventions.<sup>28</sup>

Analogous to the discussion of responses to FDV perpetrators from CALD communities in the previous sub-section, a crucial pre-requisite for the development of LGBTIQ-specific interventions is the recruitment, training and ongoing support of FDV practitioners from those communities. Not only will this be necessary to provide facilitators for any group-based interventions, but also to enable more flexible, one-to-one responses such as those outlined in *The Workforce context* chapter

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<sup>28</sup> See <http://anrows.org.au/node/1310>



of this paper. Accept for the major cities, there will often not be sufficient numbers of referrals from particular sections of the LGBTIQ rainbow to enable group-based responses to those specific communities. Long-term collaborations between mainstream FDV service providers and LGBTIQ advocacy/support organisations will be required for this workforce development to occur.

### Perpetrators with cognitive impairment

Specialised FDV perpetrator program responses to men with cognitive impairment – whether in the form of an acquired brain injury (ABI), foetal alcohol syndrome or mild or moderate intellectual disability – are almost non-existent in Australia. While some perpetrators with cognitive impairment are accepted by some MBCP providers, there is very little agreed upon practice guidance or wisdom concerning how to adapt mainstream program delivery for this cohort. Australia’s only detailed MBCP practice guide, for example, devotes less than a page of practice advice on the issue (NSW Department of Attorney General & Justice, 2012, p. 88).

Recently commenced minimum standards update processes in Victoria and Queensland might, at long last, stimulate some dedicated focus on the issue (State of Victoria, 2016; Department of Communities, Child Safety and Disability Services, 2017). While the end result is unlikely to involve much detail – given the succinctness with which a wide range of issues need to be condensed in the form of a minimum standards document – the process of considering the issue will hopefully be a start in making our field more accessible to men with cognitive impairment.

There is potential in this respect to learn from the sexual assault offender program field, which has had a much longer history of adapting mainstream programs for men with cognitive impairment (see, for example, Ayland & West, 2006; Blasingame et al, 2014). Drawing from this work to adapt MBCP interventions for these men and their families would ideally involve close collaborations between MBCP providers and Corrections offending behaviour program clinicians who have expertise in this area.

### Adolescent use of violence

Adolescent use of FDV is generally separated into two distinct policy and intervention areas: Adolescent violence in the home (AVITH), and teenage dating violence (also referred to as adolescent relationship violence). In terms of tertiary service responses, in Australia there has been more focus on the former, though even this is quite recent.

The gender ratios of violence perpetration is significantly different for both categories than for adult perpetration of FDV. Only two-thirds of AVITH is perpetrated by adolescent boys, most commonly with the mother as the victim. Australian and overseas studies indicate that the overall prevalence of AVITH appears to be in the range of 7-13% (Howard, 2011). Significant differences in the ways that teenage dating violence is defined across studies limits the ability to make definitive statements about the gender ratio; defined in the broadest sense, US research appears to indicate that teenage boys and girls report roughly equivalent rates of victimisation, and roughly equal rates of perpetrating violence (Offenhauer & Buchalter, 2011). Overall prevalence rates of particularly serious forms of teenage dating violence – for example, significant physical violence, sexual abuse, serious psychological abuse – appear to be in the range of 10-20% according to US research (Taylor & Mumford, 2016).

Due to a range of factors, interventions with adolescents who use violence in the home are significantly different from those focused on adult perpetrators. A significant proportion of AVITH



perpetrators are either currently or recently victims of their father's perpetration of FDV. In a recent review of the issue, Nowakoski-Sims and Rowe (2015) emphasise that interventions:

should be informed by the correlates of such violence rather than the notion that the parent-child dynamic mirrors that of the adult intimate relationship. Effective treatments must address the multiple determinants of child-to-parent violence and offer broad level, complex interventions that consider childhood traumatic experiences and the role they play in child-to-parent violence. (p. 1)

The most influential such intervention is the Step-Up program originating from Washington state, operating within the context of the youth justice system where attendance in the program is mandated. The program involves separate and combined group-based components with adolescents and their parents, over the course of approximately 5-6 months (Correll, Walker & Edwards, 2016). Separate trials of adapted versions of the program are currently underway in Victoria, though not within the context of the youth justice system and hence participation is voluntary (State of Victoria, 2016). An Australian Institute of Criminology evaluation of these trials is very near completion, and will be value-added through a current ANROWS research project focusing on AVITH interventions.<sup>29</sup> In WA, Step-Up is also being adapted as part of a broader suite of intervention components arranged through an alliance<sup>30</sup> of not-for-profit, government and private providers in the Peel region south of Perth.

While there is a significant amount of international activity focusing on the primary prevention of teenage dating and relationship violence in schools and other community settings<sup>31</sup> (De La Rue, 2017), specialist intervention programs working directly with perpetrators of this violence are rare.

The UK peak body for programs and interventions with perpetrators of FDV, Respect, is currently developing minimum standards for work with young people who use violence in a range of family and relationship contexts. Respect has published a practitioner toolkit and provides training for services and practitioners who work with young people where their use of violence might be an issue.<sup>32</sup>

### Elder abuse

Elder abuse is a heterogeneous phenomenon, with a wide range of forms and intentions underlying different abuse situations (Jackson, 2016). A few examples that highlight this heterogeneity include elder abuse involving:

- predominantly financial control and manipulation tactics to unfairly benefit the perpetrator
- substantial caregiver neglect and physical violence
- caregiver neglect arising out of the carer feeling (and being) overwhelmed and unsupported with elderly carer tasks in the context of other demands in his/her/their life
- the continuation of intimate partner violence by a male perpetrator into the victim's senior years.

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<sup>29</sup> See <http://anrows.org.au/node/1330>

<sup>30</sup> The Peel Alliance Interventions for Teen Anger and Violence

<sup>31</sup> For an Australian example, see <http://www.youthsayno.wa.gov.au/>

<sup>32</sup> See <http://respect.uk.net/work/respect-young-peoples-service/>

There are very few published studies of interventions focusing specifically on elder abuse perpetrators (Moore & Browne, 2016). Due to the wide range of elder abuse situations and perpetrator factors, group-based interventions focusing specifically on elder abuse perpetrators do not seem feasible, at least at this early stage of the development of systemic responses to the issue. Rather, case-by-case interventions working across legal, health, social services and aged care systems, based on careful risk assessments, and involving holistic, family-centred responses where safe and appropriate, appear indicated at the present time (Alon & Berg-Warman, 2014).

### Women who use force

Pro-arrest policies inherent in all Australian jurisdictional responses to FDV are resulting in a significant number of women being charged with FDV related offences, or as Respondents to protection orders. A significant proportion of women in these situations are not, however, the predominant aggressor. A NSW study, for example, found that over two-thirds of adult female Respondents to a protection order reported being victims of their partner's use of FDV, and that in under 40% of cases was a final order made against them (Mansour, 2014).

Women who are victims of their partner's use of FDV can engage in violent behaviours for several reasons, the most common being (Larance & Miller, 2015):

- As dignity-making acts in the context of their lives being severely limited by their partner's long-term patterned use of a range of coercive controlling tactics. Women's use of violence can be a means of drawing a line in the sand, or as an act of resistance to the daily oppression they and their children face.
- Using force to defend themselves and their children from their partner's physical violence attacks.
- 'Fighting back' in an attempt to prevent their partner from hurting themselves and their children.

There are women who are the predominant aggressors in heterosexual and in lesbian relationships, and who use a range of coercive controlling tactics over the long-term similar to men's use of violence. In some contexts this violence can pose significant, injurious-level risks, such as the use of violence by some Aboriginal women in central Australia. However, in the main, women's use of violence is less severe, less frequent, and is less about exerting long-term relationship dominance (Hester, 2012; Larance, Hoffman-Ruzicka & Shivas, 2009).

Responses to women who are 'identified' as perpetrators by police and other first and second responders therefore need particular care. Training and practice guidance for law enforcement and justice system personnel in determining the primary aggressor is crucial, as the incorrect identification (and the continuation of this identification) by the system can heighten risk for women and children. Male perpetrators who are incorrectly identified as victims can use their victim status to hide their perpetration, and furthermore, might feel emboldened to continue using violent and controlling tactics to 'fight back' now that the system has agreed with his view that 'she is the one with all the power and is using it against me'.

Minimising this risk also requires those services who are referred men who are identified as victims by first and second responders to not take this identification on face value, and to base their responses on predominant aggressor assessments. Australian resources exist to assist service

providers who work with men who are referred or who self-identify as victims to make such specialist assessments (No To Violence, 2011; NSW Department of Attorney General & Justice, 2012, pp 129-132, 194-197).

Several group-based programs in the US have arisen that work specifically with women who have been charged with a FDV related offence. Recognising the different dynamics and intentions often involved with women's use of violence, these programs are collectively termed *programs for women who use force* (Larance, Hoffman-Ruzicka & Shivas, 2009; Larance & Rousson, 2016). The Domestic Abuse Intervention Programs site of the Duluth Model in the US also offers:

training, technical assistance and material support to programs and practitioners who are providing education, support, advocacy and or therapy for women who are using legal and illegal violence in their intimate relationships. While the primary audience is women using violence against their abusers, other women using violence in intimate relationships [also] benefit from these groups.<sup>33</sup>

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<sup>33</sup> See <http://dvturningpoints.com/>

## The risk context

It is taken for granted that MBCPs work towards the safety of women and children by reducing the risk posed to them by violent perpetrators. The issue of orienting a program towards reducing risk, however, is not as straight-forward as it might seem.

This chapter outlines some of the emerging considerations in what it might mean for MBCPs to fully point themselves in the direction of responding to risk.

### Providing a program 'or' a flexible response to risk

Language used to describe what MBCPs do centre on the word 'program'. In Australia, we refer to men's behaviour change *programs*, 'domestic violence perpetrator programmes' in the UK and 'batterer intervention programs' in the US.<sup>34</sup> Using the language of 'program' enables intervention providers and funders to place parameters around what the intervention does and doesn't do, and is suited to addressing funding service agreement targets based on program participation.

A drawback of centring the term 'program' is that the work of the provider becomes associated primarily with one particular form, rather than function. The 'program' becomes *the* way in which the provider works towards fulfilling the function. Furthermore, program completion becomes *the* way in which outcomes are defined, centred on the question 'did he complete the program?'

Similar to our discussion in *The program integrity* chapter, where we argue that historically the 'MBCP group work curriculum tail has wagged the program logic dog', centring on form short-circuits thinking about the multiple ways in which the provider might fulfil the function of reducing risk. Furthermore, funding service agreements based on unit costs and participation numbers constrain room for providers to evolve flexibility in how they engage perpetrators to reduce risk.

Importantly, thinking about responding to risk as the starting point, rather than solely through the lens of providing a program, can help to open a space for more flexible collaboration with partner agencies. Instead of viewing child protection, family support services, corrections, courts, police, mental health, AOD, primary health and problem gambling services solely as *referrers* to a program, they can more generally be considered as collaborators in responding to risk. How MBCP providers assist them in their work becomes equally important to how they can actively refer and support perpetrator participation in MBCPs.

An example of this approach can be seen through the development of the Caring Dads program in Canada (Scott & Lishak, 2012). The antecedents of this work in the late 1990's and early 2000's was not to start a particular, prior conceived program. Rather, Katreena Scott and her colleagues led process-driven work in their community based on a commonly identified need to reduce risk that violent fathers posed to children. The idea for the program arose out of collaborative discussions and commitments made by infant and child mental health professionals, women's FDV services and men's FDV perpetrator program providers (Scott & Kelly, 2016). A common understanding and focus on reducing particular kinds of risk served as the starting point for collaboration, and indeed, if these stakeholders came into these discussions thinking only of the programs they were currently providing, Caring Dads would never have evolved.

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<sup>34</sup> This is distinct from Aotearoa/NZ, who use the term 'stopping violence services'.

These considerations have implications for the involvement of MBCP providers – either as the lead or partner agency – in perpetrator intervention initiatives that operate before men are willing, able or mandated to attend a MBCP. The Centre for Innovative Justice (2015) has outlined a range of such opportunities that work towards reducing risk at different points and sites of perpetrator engagement with FDV service systems, including soon after the occurrence of initial police or justice system involvement.

It is beyond the funding, scope and role of many MBCP providers to suddenly diversify the types of programs and services they offer to meet their function of reducing risk in substantially more flexible ways. However, this subtle but important shift in thinking can enable providers to start the types of collaborative discussions with partner agencies – based on a common identification of need in terms of addressing risk – that might lead to the development of new responses (and programs) in the future. With governments adopting a narrative about the ‘inflexibility’ of MBCPs and their ‘one size fits all’ approach (Council of Australian Governments, 2016; State of Victoria, 2016), and the need for these programs to address co-occurring issues such as substance abuse and violent fathering, the scene is set for providers to think more flexibility about what they can do through collaborative creativity.

This discussion of responding to risk as the starting point also has clear implications for ‘standard’ MBCP delivery. It highlights the benefits of program design and implementation starting from the point of a program logic model based on a theory of change. A MBCP built on the foundations of responding to risk as a key objective in a program logic might adopt the following practices, amongst others:

- Accepting a balance of men into the program between those who pose a moderate to high risk and who might have little readiness to change, and those with relatively more developed motivation to change their behaviour. Historically, MBCP providers have leaned heavily towards the latter, understandably concerned about the effects of a participant group who all have minimal change readiness. However, if a fundamental purpose of the program is to respond to risk, the inclusion of perpetrators with moderate to high risk<sup>35</sup> can add to the perpetrator intervention system’s ability to monitor, predict and manage spikes in acute dynamic risk (see discussion below).<sup>36</sup>
- Strengthening focus on perpetrators at risk of dropping out of the program. There is growing evidence in the violent offending behaviour field, and some specifically with respect to FDV perpetrator interventions, that men who drop out of a perpetrator program are at an increased risk of using FDV than those who did not start the program in the first place (Bowen, 2011; Cuevas & Bui, 2016; McMurran & Theodosi, 2007; Olver, Stockdale & Wormith, 2011). This is an important consideration given that attrition rates within FDV perpetrator programs can be quite high (Day et al, 2009; Eckhart et al 2013; Gray et al 2014; Mackay et al, 2015; Stewart et al 2015). Traditionally, while MBCP providers have made some attempt to follow-up with men who discontinue from the program, in general this has been considered a sign that they are not sufficiently motivated to continue. Starting from the purpose of responding to risk, however, would suggest that providers should if anything

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<sup>35</sup> As discussed elsewhere in this paper, certain high-risk men, however, are contraindicated for inclusion in standard MBCPs, particularly those with high levels of psychopathy and/or extensive histories of the use of violence in a range of spheres.

<sup>36</sup> It is important to note, however, that as per the Risk Needs Responsivity Framework to be discussed in a later chapter, mixing particularly high risk perpetrators with those who pose a relatively low risk in the same group session setting can be problematic.

direct *more* resources to risk management strategies with men who discontinue or are at risk of discontinuing with the program, and allocate them and their families at least as much attention in case planning and review than those who continue with the program.

- Scheduling partner support and safety contacts, in part, to predict possible spikes in risk. For example, the intensity of such support would increase when a man either discontinues from the program or ‘successfully’ completes it, given that both periods can represent a time of increased risk. In addition to the above research focusing on program drop-out, Smith, Humphreys and Laming (2013) found that as men progressed through the MBCP, some women felt safer to increasingly draw a line in the sand about their partner’s behaviour, and to become more vocal in trying to hold him to account to his promises to change. This was particularly the case when men were approaching completion of the program. Given that some men will perceive – through their entitlement-based and self-focused lens – their partner’s increasing feedback about his behaviour as ‘aggression’ on her behalf and as an attempt to assert control, men’s completion of a program can represent a time of increased risk for family members. This is especially the case when men no longer have the weekly contact with the program as a prompt to be vigilant about their thinking and behaviour.
- Providing flexible early engagement with referrals to meet shared, multi-agency goals in managing and responding to risk, as per the hypothetical case example provided in *The philosophical context* chapter.

## Dynamic risk

Criminologists often refer to terms such as ‘dynamic’ risk’, ‘static’ risk, ‘acute dynamic risk’ and ‘criminogenic needs’. Understanding these is important in attuning MBCP design and delivery towards responding to risk. It is further important for MBCP providers to consider and incorporate some of the language and concepts commonly used by Corrections run programs, given the increasing pressure and expectations by governments and funders that community-based providers learn from the evidence-based Corrections literature.

Static risk concerns relatively stable factors that cannot be or are very difficult to change through intervention. For example, gender is a significant static risk factor for the perpetration of FDV, as most perpetrators are male.

Dynamic risk factors, sometimes referred to as ‘criminogenic needs’, are potentially more changeable and can fluctuate over time. They include:

- Internal states related to risk – the perpetrator’s beliefs, attitudes or other cognitions, emotional states, mental health issues, etc.
- Perpetrator behaviours in areas related to risk – substance abuse problems, problem gambling, dis/organisation or disintegrating functioning in general life realms, etc.
- External circumstances – pregnancy of a current partner, separation, intervention by a law enforcement or justice system when that system is held by the perpetrator in low regard, etc.
- Factors related to general violent offending such as antisocial attitudes or the belief that the use of violence is acceptable to meet particular goals.

Dynamic risk factors can in turn be differentiated between:

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

For example, while a significant and ongoing substance abuse problem can be a stable dynamic risk factor for family violence, current or imminent intoxication – either by someone with an ongoing substance abuse problem or someone without – can represent acute dynamic risk.

The differentiation between static and dynamic risk factors can be extended to an analysis of static and dynamic *protective* factors. Unfortunately, there is little conceptualisation nor empirical research identifying potential protective factors and their relationship with desisting from FDV perpetration – at least in the sense of a protective factor being more, or different, than the inverse or absence of a particular risk factor (Klepysz, Daffern & Day, in press).

#### Central and non-central (stable dynamic) risk factors

Some stable dynamic risk factors are more central for working towards sustained risk reduction and long-term behaviour change than others. These include the perpetrator's hostility towards women, heightened commitment to male entitlement and privilege, objectification of women, cognitions that fuel his victim stance and denial of responsibility for his use of violence, poor distress tolerance and self-regulation amongst many others.

MBCP work can be difficult, complex and lengthy due to the number and tightly interwoven nature of these and other central/core stable dynamic risk factors. Many of these central risk factors are highly reinforced within men's macro- and micro-communities by general societal attitudes towards women, gender inequalities, embedded structural patriarchy, and centuries-old distortions of religious and other cultural influences that support male superiority (Douglas, Bathrick & Perry, 2008).

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

As outlined elsewhere in this paper (see *The cohort context*), these stable dynamic risk factors can be associated with the frequency and severity of the perpetrator's use of violent and controlling tactics. Achieving reductions in the perpetrator's substance abuse, for example, *might* result in fewer or less severe acts of physical violence. It will unlikely, however, achieve reductions in the perpetrator's overall use of coercive controlling tactics and the climate of fear he instils on family members, or produce long-term behaviour change.

Nevertheless, addressing these non-central risk factors can help to reduce some of the harm caused by the perpetrator's use of violence. Both MBCPs and more individually focused men's FDV case management can perform a role in addressing these non-central risk factors. Indeed, men's FDV case



management prior to or parallel with his participation in a MBCP might focus primarily on one or two of these risk factors, to at least somewhat reduce the risk he poses to family members in the short-term as a first step towards more ambitious behaviour change goals.

Furthermore, with some perpetrators, addressing applicable non-central risk factors is not only about harm minimisation in the short- or medium-term, but is also required to strengthen their *capacity* to participate in a perpetrator intervention and to change. Severe AOD use, poor mental health, major life disintegration or disorganisation, etc. can all make it even more unlikely than usual for perpetrators to focus on their use of violence. For some perpetrators, addressing issues such as these is a pre-requisite for them to have the capacity to participate in a specialist perpetrator intervention focusing on more central dynamic risk factors.

### Acute dynamic risk

Acute dynamic risk factors are those that temporarily result in a spike in risk. In some situations, these risk factors can be predictable, such as the likely spike in risk once a perpetrator, in the context of significant male entitlement regarding ownership of his children and a strong agitated betrayal narrative where he ruminatively attributes blame towards his recently separated partner, is set to attend an upcoming family law hearing where he will not be granted the level of access to his children that he expects. Whereas his male entitlement and betrayal narratives are stable dynamic risk factors, the upcoming family law hearing is an acute dynamic risk situation associated with elevated risk for at least the hours, days and weeks following the hearing.

For another perpetrator, the advent of a protection order might serve as an acute dynamic risk situation, if, for example, he has a particularly low stake in conformity and strong victim stance that “she is out to get me.”

Spikes in risk due to acute dynamic risk factors can potentially be predicted if enough is known about the perpetrator and his patterns of coercive control. While not all acute dynamic risk factors can be predicted – unpredictable events or sudden changes in the perpetrator’s internal states can happen without foresight – a FDV service system based in part on a strong, multi-agency focus on the perpetrator with appropriate information sharing can make some risk factors predictable.

In the first of the above two examples, a service system might know of the likely spike in risk through the victim-survivor’s reports to a specialist women’s FDV service, or through a child contact centre practitioner observing the ways in which the perpetrator talks to his children during supervised visitation arrangements. Information sharing arrangements are of course central for such information to be relayed and be accessible by those authorities and agencies involved in addressing the risk posed by the perpetrator (preferably through safety planning and risk management work with the victim-survivor and her family, and through preparatory interventions focused on reducing the perpetrator’s inclinations and opportunities to escalate his violent and controlling tactics after the family law hearing).

In the second example, a service system might similarly know of how the perpetrator might respond to the protection order through victim-survivor reports, but also through how he talks with police at the precipitating family violence incident or through what he says at the Magistrates Court. Or he might have a history of non-compliance with court or corrections orders based on prior matters. Multi-agency information sharing could help inform a response that attempts to build the perpetrator’s understanding of the protection order conditions and to find and strengthen reasons for compliance (Chung et al., 2014). Such information sharing might also result in increased police monitoring, if risk was considered sufficient.

Addressing spikes in risk due to acute dynamic risk factors is the responsibility of all partner agencies that comprise a perpetrator intervention system, including non-specialist perpetrator intervention authorities or agencies. Acute dynamic risk factors, by their very nature, can arise at any time. Perpetrator intervention systems that are attuned to identifying and responding to acute dynamic risk, supported by information sharing with FDV and other services that are engaged with the family, can help those with direct responsibility for keeping the perpetrator within view to identify and manage these risks. MBCP providers can play a pivotal role in these responses.

## The standards and accreditation context

Historically, most Australian jurisdictions have operated community-based MBCPs either with somewhat outdated minimum standards, or with no standards at all. This has been quite problematic, given that poorly designed and implemented MBCP work can significantly compromise the safety of women and children, and can be far worse than providing no intervention to the perpetrator at all.

In two cases – the ACT and Northern Territory – standards or professional practice guidelines have never been developed for this work, with no intention to the author's knowledge to develop them at this point of time.

Colley et al (1997) developed competency standards for interventions with FDV perpetrators for South Australia towards the end of the 1990's; however, this document appears not to have had longstanding influence in South Australia and is now hard to find. The South Australian Government is currently commencing a process to develop substantive minimum standards for MBCP work in that state for the first time.

Western Australia developed initial practice standards for perpetrator interventions at the turn of the century (Domestic Violence Prevention Unit, 2000). These played a moderate role in guiding practice and were recently revised and based on the NSW minimum standards (Department for Child Protection and Family Support, 2015).

Queensland developed its first professional practice standards for MBCPs in 1997. These were updated ten years ago (Department of Communities, 2007), through a bottom-up approach led by practitioners in the field (Monsour, 2014). The standards are currently being revised (Department of Communities, Child Safety and Disability Services, 2017), and in addition to mainstream group-based programs will include a focus on:

- Individual, violence-focused intervention with perpetrators
- Respondent Support Worker roles at court
- Adapting the standards to be culturally relevant for Indigenous, CALD and LGBTIQ communities, and for rural and remote contexts
- Adapting the standards for perpetrators with disabilities (including, one assumes, cognitive impairment)
- Developing standards for interventions with female perpetrators

The NSW Government developed minimum standards for MBCPs in that state for the first time in 2011 (NSW Department of Attorney General & Justice, 2011). The requirement of a concomitant registration process for MBCP providers to demonstrate, on paper, that they met these standards was controversial, given these programs at that time received little or no funding from the state government. The NSW Government published in the following year a practice guide to support implementation of the standards by providers (NSW Department of Attorney General & Justice, 2012). Produced by No To Violence, this remains to this day the most comprehensive and detailed Australian practice guide for men's behaviour change program work. The NSW minimum standards are currently under review with an updated version close to finalisation.

Victoria, known for performing a leading role in MBCP minimum standards and the development of the field in general, first introduced minimum standards in 1996. Like the development of Queensland's first professional practice standards and South Australia's practice guidelines in the following year, the impetus came from practitioners seeking a consistent industry narrative and set of practices to guide the work. These standards were updated some ten years later (No To Violence, 2006), together with a manual of quality resources for practitioners. By the start of the current decade it became clear that industry opinion and evidence-based practice were starting to make the standards incomplete and outdated.

On the basis of a recommendation by the Victorian Royal Commission into Family Violence, the standards are being updated through a two-stage process (State of Victoria, 2016). The first review, which recently commenced and is due for completion later this year, will update standards for 'mainstream' MBCP providers to bring them in line with advances in evidence-based practice from relevant fields, and other developments in industry expertise (Department of Health and Human Services, 2017). The second review, scheduled for 2018-19, will focus on the development of standards for:

- programs and interventions that work with perpetrators from diverse backgrounds
- programs and interventions for perpetrators with complex needs
- programs working with FDV perpetrators on issues of fathering

As can be seen by this brief history and current snapshot, four Australian states (including the three largest by population) have either commenced or are soon to commence (independent) projects to update or develop new minimum standards or professional practice guidelines. This represents unprecedented attention and focus on providing minimum benchmarks for safe practice on an almost national scale.

It is far beyond the scope of this paper to attempt to outline the program implementation issues that these projects are likely to focus on – that is, the areas in which current standards need to be strengthened or change. However, recommendations from the Victorian Royal Commission into Family Violence final report (State of Victoria, 2016) and anecdotal indications from other sources suggest that the following could be on the agenda:

- Strengthening standards and guidelines relating to up-front and ongoing assessment, including more of a clinical focus on assessing dynamic risk and criminogenic needs
- Strengthening standards relating to partner contact and support
- Introducing standards on working with men as fathers in the context of generic MBCPs, and in terms of risk assessment and the safety of children
- Reviewing the evidence and practitioner views on program length and intensity, possibly including differentiation per level of perpetrator risk
- Incorporating some elements of evidence-based practice and the 'what works' literature from the Corrections violent offending behaviour program field, including Risk Needs Responsivity framework principles

- Some stipulation of case planning or other means to tailor interventions to each program participant
- Principles for working with men with cognitive impairment or other disabilities
- Adapting standards and guidelines for intervention contexts with Aboriginal men, LGBTIQ male-identified individuals, and men from CALD communities
- A revision of constraints placed in several current standards documents on providing reports to referrers at program completion, and the information that can be contained within them.

It is unclear whether minimum standards update processes will consider the adaption of standards focusing on group-based interventions to new contexts or types of perpetrator interventions. In particular:

- Individual one-to-one behaviour change work with FVD perpetrators, for example in situations where a groupwork program does not exist or is not appropriate for a particular perpetrator
- FDV informed men's case management
- Other short-term interventions designed to increase perpetrator motivation and capacity to participate in a MBCP.

Ideally, the adaption of minimum standards and professional practice guidelines for these contexts would be in recognition that MBCPs represent only one type of specialist perpetrator intervention, and would future proof the standards against the likely development of new forms of intervention in the years to come. This expanded approach would, if it occurs, address the gaping hole in standards and practice guidelines for one-to-one work with perpetrators, given the very large volume of potentially unsafe individual counselling interventions with perpetrators.

The evolution of a more diverse set of approaches to specialist work with perpetrators raises the issue of whether minimum standards should apply predominantly at the program level, or at an additional, 'upper layer' focusing on the provider's general capacity to sustain competent approaches to working with perpetrators and victims. It is quite possible, for example, for an agency to run a sound MBCP yet trial an unsafe perpetrator innovation of another kind.

Carson, Chung and Day (2009) found that a significant constraining factor affecting the quality of perpetrator intervention work amongst the NGOs that they studied, was the depth of agency-wide specialisation and understanding of FDV. When this relied on only two or three individuals, for example, the agency's ability to deliver safe and high quality interventions on a sustainable level was at risk.

Given the possible opportunities for program providers to expand their range of perpetrator interventions in the years to come, and the likely entry of NGOs into this work who do not have a strong history in the provision of FDV services more generally, consideration could be given to a multi-layered approach to minimum standards that focuses both on the organisation and the program. This is a feature of the UK accreditation standard for FDV perpetrator programs, which has a strong emphasis on the provider's sustainable capacity to develop and implement safe interventions over time (Respect, 2012).

## Monitoring compliance

Frameworks and mechanisms for monitoring program compliance with minimum standards are either non-existent or underdeveloped across all Australian jurisdictions. However, as with the updating of minimum standards, there is some significant movement on this issue.

In NSW, to achieve initial registration, program providers are required to provide paper-based evidence that they meet that state's minimum standards. This consists of a desktop review by NSW Justice of a large number of policy and procedure documents that providers are required to submit. No in-situ auditing is done as part of this process, however, and actual program practice is not observed.

Since the inception of minimum standards in Victoria, No To Violence has run a 'voluntary' compliance process. Proactive monitoring of program provider adherence to the standards has meant to be the responsibility of Department of Health and Human Service program liaison officers responsible for overseeing funding service agreements and contracts. However, despite one attempt in 2010 to train and equip these officers with the tools for compliance monitoring, the vast majority never performed this role. This was not surprising given the dozens of contracts across very different types of services that each officer had to manage.

Since 2005 No To Violence has run a complaints hearing process, where any member of the public (including practitioners in the field) can lodge a complaint about a program that they believe is in breach of the minimum standards. However, relatively few complaints have been heard over this time.

As with minimum standards update processes, 2017 will be a big year for the development of compliance frameworks and monitoring processes. The Western Australian, Queensland and Victorian Governments have all commissioned projects to (independently) develop monitoring processes or tools concerning MBCP provider adherence to their minimum standards.

The overseas experience of compliance monitoring processes for FDV perpetrator programs is mixed. In Canada, outside of the context of service specifications embedded within funding service agreements, only one province (Alberta) appears to set minimum standards for community-based programs with an accompanying process to monitor compliance.

In the US, Eric Mankowski from Portland State University and his team are conducting a major review of batterer intervention program standards and compliance monitoring processes across the country. His team found that while approximately 95% of US states have standards, in approximately two-thirds of cases there is either no or minimal monitoring (for example, a paper-based initial registration process and a phone number to hear complaints about program providers, with quite distant relationships between providers and a bureaucratically oriented monitoring body).

Several states, however, apply a more systematic approach towards standards monitoring, which might include site visits on a regular basis, interviews with practitioners, observations of group sessions and audits of client files. In these states compliance monitoring is conducted by well-established oversight committees containing representatives who know the work, and who have a closer relationship with program providers. Some of these committees offer regular training events and other learning and liaison opportunities to assist providers to understand and implement the minimum standards (Mankowski, personal communication).



The most well-developed example of an accreditation process for FDV perpetrator program providers occurs through Respect in the UK (Blacklock, 2014). As detailed information is available about this process from the Respect website<sup>37</sup>, it will not be outlined in depth here. The accreditation process can operate at two levels – an entry level Safe Minimum Practice assessment, and a considerably more intense full accreditation process. Full accreditation often takes six months and involves, amongst other things:

- site visits
- analysis of case files
- analysis of six months of recordings of groupwork practice
- interviews with staff
- detailed desktop review of a range of organisational policies and program documentation

Crucially, Respect offers assistance and support to program providers to enable them to become accreditation ready. This is taken very seriously due to the intensity of the accreditation process. Both levels of accreditation are backed by an accreditation standard, which are currently being updated. The accreditation system is voluntary as Respect has no authority to compel program provider compliance and participation. However, at the time of compiling this issues paper, some 15 UK providers had achieved full accreditation, and a further six at the level of Safe Minimum Practice. This represents approximately one-third of the total number of providers across the UK, and one-half of Respect's program provider membership base (Blacklock, personal communication).

A current research project funded by Australia's National Research Organisation for Women's Safety (ANROWS) – *Evaluation readiness, program quality and outcomes in men's behaviour change programs* – includes a substantial focus on minimum standards and compliance frameworks for FDV perpetrator program providers. Including both a detailed evidence-based literature review and jurisdictional scan, the project will provide a number of insights and recommendations concerning the focus and structuring of minimum standards, and choices and considerations in developing accreditation and compliance monitoring frameworks. Publications from this project are due in early-mid 2018.<sup>38</sup>

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<sup>37</sup> See <http://respect.uk.net/work/work-perpetrators-domestic-violence/accreditation/> including the article on the process downloadable from the bottom of the page.

<sup>38</sup> See <http://anrows.org.au/node/1304> for more information.

## The program integrity context

The MBCP field in Australia, like their equivalents in other countries, has evolved in a fairly organic fashion (Laing, 2002; Phillips, Kelly & Westmarland, 2013). Over the past 30 years, MBCP providers have developed their programs based on a pragmatic integration of different theoretical models and approaches, adapting their interventions along the way. The starting point for many of these programs has been the establishment of a program curriculum to drive groupwork activity.

Program providers and practitioners developed these curricula with clear thinking in mind concerning what they were attempting to achieve through groupwork activity. They were influenced by Duluth, cognitive-behavioural and narrative approaches to the work.

However, the thinking behind the structuring and content of MBCP group work was rarely documented. New staff coming into a MBCP provider would inherit a particular program design and make either minor or wholesale changes, but the reasoning behind these changes were similarly generally not documented. Thus, the historical pattern in Australia has been for the 'practice tail to wag the theory dog' – certainly with some philosophical assumptions and theoretical positions about the processes of change underlying program design and content, but without this being necessarily articulated and transparent to others.

This has led to concerns about whether MBCPs have sufficient program integrity (Day et al., 2009; Mackay et al., 2015). Program integrity refers to how well a program's basic concepts and theories - including its theory of causality of violence and model of men's behaviour change - are put into practice through all aspects of program implementation (NSW Department of Attorney General and Justice, 2012). A program lacking in integrity can result in inconsistent applications of the program across time, between different components of the program, and by different staff. This can create confusion for program participants and practitioners, and can limit program effectiveness (Day et al, 2009; Wales & Tiller, 2011).

Program integrity is related to the concept of 'conceptual clarity' about the foundations of the approach underlying the program, and the central mechanisms of change that it strives to achieve (Garvin, 2003; Garvin and Cape, 2014).

Maximising program integrity has been an important consideration for Corrections run programs for some years, through the application of treatment and program integrity checking processes and templates. As Corrections run violent offending behaviour programs – including those in the sexual assault and FDV offence categories – have been based on the implementation of comprehensive and detailed program manuals, program integrity has often focused largely on the extent to which the manual was followed in implementing the program.

This has led to some criticism about the dangers of 'over-manualised' approaches where practitioners commit to following the manual to such an extent that they lose sight of the change processes they are trying to imbue in the men (Morran, 2006). Indeed, recent Australian research in a correctional context has revealed how program practitioners were hesitant to deviate from the program manual due to a fear of harming program integrity (Office of Crime Statistics and Research, 2014). Narrow pursuits of program integrity have the potential to undermine the conceptual clarity upon which a program is based, with over-manualised approaches constraining opportunities to take advantage of occurrences in group process to pursue the change processes prioritised by the program.

The weaving together of different models and approaches in program design and content has made program integrity checking more difficult for community-based providers. There are few community-based MBCPs that rest predominantly on the application of a single model. Only a minority of programs model themselves as *either* Duluth *or* cognitive-behavioural *or* narrative, for example (Mackay et al, 2015; Phillips, Kelly & Westmarland, 2013). Most providers would describe their program as a blend of two or more approaches.

In some cases, this pragmatic blend is on the verge of what has been termed ‘technical eclecticism’ (Lazarus & Beutler, 1993), without a consistent, underlying understanding to guide the intervention. The danger here is that the two or more approaches work at odds against each other, providing conflicting messages to participants and undermining processes of change.

It is possible that government funders of MBCPs will, in the years to follow, expect to see more evidence from community-based program providers of the integrity of their programs. This might particularly be the case given the significant differences between programs, within any given jurisdiction, in program philosophy, design and content (State of Victoria, 2016).

Pressure to ensure sufficient program integrity will also arise from the need for programs subject to research and evaluation studies to be ‘research ready’. Inconsistent implementation, hazy foundations and a disconnection between theory and program practice hinders the ability to obtain meaningful results out of a program evaluation, and to know exactly what was being evaluated.

### Strengthening program integrity

The NSW Department of Attorney General & Justice (2012, p. 52), drawing upon Wales and Tiller (2011), suggests that community-based program providers can strengthen and show evidence of program integrity by ensuring:

- that facilitators and other program staff are sufficiently trained and skilled in MBCP work and also in the program’s theoretical and operational model and approaches
- that facilitators and other program staff have a solid understanding of their particular model and approaches and their strengths and weaknesses, and how they are used to facilitate behaviour change
- strong supervision that takes into account the program’s theoretical approaches and models
- a management philosophy that supports the program’s key concepts
- documentation of the program’s underlying theoretical and operational model and approaches, assumptions, values and ways of conceptualising domestic and family violence and men’s behaviour change work
- a program guide that fosters a consistent approach while maintaining flexibility and responsiveness.

The documentation of a program’s underlying theoretical and conceptual model and assumptions can take different forms. Well-resourced programs might have capacity to develop a specific theory manual, as per the comprehensive theory manuals of the Caledonian System intervention in Scotland (Ormston, Mullholland & Setterfield, 2016). However, at the very least, the construction of

a program logic model can provide a quick visual representation of the underlying theory of change and conceptual assumptions made by the intervention.

Program logic models also have the potential to drive the development of performance monitoring and reporting frameworks. Clarity regarding the mechanisms through which the program is intended to produce change, at the individual and systemic levels, makes it much easier to derive short-term process, medium-term impact and long-term outcomes measure to evaluate program effectiveness.

Indeed, due to the complexity involved in constructing a single program logic model that covers both the systemic and individual change mechanisms prioritised by the program, there is a strong case for separating these out into two related logic models. This enables each logic model to ‘breathe’ and contain sufficient detail on each of these two levels of change.

A further approach towards strengthening program integrity is to base the design and content of the program around *core competencies* or *elements of praxis* that participants would need to achieve and demonstrate as necessary (but not sufficient) conditions to reduce the risk they pose to family members. These competencies or elements can be behavioural and attitudinal, and also relate to emotional development or maturation (such as the expression and space given to feelings of empathy for family members). Rather than the ‘curriculum tail wagging the theory dog’, the establishment of core competencies or elements provides the basis upon which to design a program in a way that maximises opportunities for their achievement by program participants. More detailed explanations of this approach are available for readers to pursue (Colorado Domestic Violence Offender Management Board, 2016, pp 5.21 – 5.27; NSW Department of Attorney General & Justice, 2012, pp 139-140).

Finally, it cannot be over-reiterated that strong supervision processes, which include reflective practice opportunities focusing on micro-practice, are essential in supporting program integrity. This can include peer and supervisor review of direct practice, through sitting in or observing video or audio recordings of actual facilitator practice. Unlike in the UK, peer review of live or recorded practice is rarely done in Australia; however, it is one of the most effective ways of inviting practitioners to consider the theoretical and conceptual underpinnings driving moment-to-moment decisions and priorities concerning practice. It’s often in this detail where mismatches between theory and practice can be exposed.

## The practice context

Many 'traditional' aspects of MBCP practice are standing the test of time. Early works such as Alan Jenkins' *Invitations to Responsibility* and many of the fundamental principles of safety, accountability, responsibility and choice that underpinned practice when this work emerged are still fundamental bedrocks of practice today.

Both positive momentum and pressure on the field is growing, however, for some areas of practice and program design to evolve. This is particularly in relation to evidence-based practice approaches and frameworks from the Corrections, criminology and forensic psychology literatures (McMaster, 2013; Slabber, 2012; Radatz & Wright, 2016). Much of this chapter will be devoted to outlining suggestions for what can be learnt from these fields for community-based MBCP practice.

One of the challenges in incorporating evidence-based practice from the Corrections and criminology literatures is how to do so without weakening the gender-based approach underlying NGO provided programs. Many of the calls to adopt evidence-based practice from the Corrections literature are associated with a critique of feminist 'ideology', with the claim that feminism is inappropriately usurping 'evidence' generated through studies conducted in the context of Corrections-run programs. Stewart et al (2015), for example argued that "Recently, there are calls for domestic violence programs to "grow up", adopt a paradigm shift, shed ideology, and determine how the maximum benefits can be obtained from programs to address partner violence" (p. 152).

An associated challenge for the community-based field in learning from Correctional approaches is the view often taken in the Corrections literature that FDV is not a specialised offence type different from other manifestations of violent behaviour. This prevailing view is summarised by Radatz & Wright (2016), who as part of their review of evidence-based principles and practices for FDV perpetrator interventions in criminal justice system contexts, argue that FDV offenders are very similar to those who commit other violent crimes. The authors point to research showing that a significant proportion of FDV offenders commit other criminal offences, demonstrate similar patterns and trajectories of criminality to other violent offenders, and share similar general anti-social beliefs (for example, that it is OK to obtain what one wants through force). The authors concluded that the 'ideological' basis of community sector FDV programs makes the providers of these programs blind to FDV perpetrators not being 'specialised offenders'.

It is, however, possible to apply evidence-based practice from the Corrections literature without jettisoning a gender-based and specialised understanding of FDV. The Caledonian Systems approach in Scotland is one such example, employing an extensive pre-group individual assessment process, intensive individual case formulations and ongoing review of perpetrators through the program; and a Risk Needs Responsivity conceptualisation, based within a two-year program for offenders on probation. In addition, the program adopts a strong human rights approach with respect to the safety and wellbeing of women and children, providing significant resources for women's and children's safety workers. A recently completed evaluation of the program demonstrated that partner safety work with women resulted in very important gains for women's lives independent of their partner's (the perpetrator's) participation in the program (Ormston, Mullholland & Setterfield, 2016). While it is beyond the scope of this paper to detail the features of the Caledonian System approach, readers are encouraged to research the program for inspiration concerning its three

separate but integrated streams working with perpetrators, (ex)partners and children (Macrae, 2014; Ormston, Mullholland & Setterfield, 2016).<sup>39</sup>

The MBCP provided in the Gold Coast by the Domestic Violence Prevention Centre (DVPC) in collaboration with Queensland Corrections is another, and closer to home, example. This program is based on a full or near-full application of the Duluth model for coordinated community responses, within an integrated response context involving corrections, police, child protection, the two local Magistrates Courts and other partner agencies. The program is a unique alliance between a feminist specialist women's service (DVPC) and a Correctional department, with program co-facilitators drawn from the local corrections and child protection office as well as from DVPC (O'Malley, 2014).

The analysis of central and non-central dynamic risk factors outlined in an earlier chapter of this paper (see *The risk context*) also provides guidance as to how an understanding of gender-based power – even a feminist analysis of power – can remain central to a program that incorporates evidence-based practice from the correctional literature. As Vlasis (2014b) outlines:

A case management approach to this work assumes that while men's gender-based power to entrap and coercively control an (ex)partner based on male entitlement and privilege is at the heart of their choice to use violence, other factors can contribute to making these choices 'easier', and to the severity of the tactics they choose. These factors – AOD abuse, mental health issues, problem gambling or homelessness for example – do not cause domestic and family violence, but if they are part of a perpetrator's context, they make his task of choosing non-violence more difficult. A focus on these contributing factors – or criminogenic needs in Corrections terminology – is by no means sufficient to address the man's use of violence and coercive control, but can help make the pathway easier for the man to choose non-violence. (p. 16)

## Risk Needs Responsivity framework

A model frequently cited as promising for bringing the Correctional literature to community-based MBCP providers is the Risk Needs Responsivity (RNR) framework by Andrews and Bonta (2010). In simplest terms, this model posits that offending behaviour programs will be most effective if they apply the following three principles:

- Differentiate interventions according to the risk posed by the offender, and to not mix high and low-risk offenders in the same intervention group.
- Identify and address criminogenic needs, or dynamic risk factors, related to the person's offending behaviour.
- Seek ways to make the program responsive to the individual's motivational possibilities and patterns, life situation, cultural context and other individual factors.

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<sup>39</sup> In our experience, available information about the Caledonian system on the web can shift over time. Readers are encouraged to google 'Caledonian system theory manual' to find what's available. At the time of writing, these URLs included <http://ntv.org.au/conference/wp-content/uploads/2012-ntv-conference-caledonian-synopsis.pdf>, <http://ntv.org.au/conference/wp-content/uploads/2012-ntv-conference-caledonian-mens-program.pdf>, <http://www.gov.scot/resource/doc/1032/0099759.pdf> and <http://www.gov.scot/resource/doc/1032/0099920.pdf>



The RNR framework is a broad set of principles rather than a specific model of intervention or practice, and was developed in response to the weight of Corrections practice in many jurisdictions across the world that focused on broad-brush ‘one size fits all’ interventions with offenders. The framework was not developed with FDV in mind. While there’s considerable evidence supporting its application in general correctional programs (Radatz & Wright, 2016), studies focusing on the RNR framework specifically with FDV perpetrators are much less common, with some recent (but emerging and tentative) evidence of its utility with FDV perpetrator programs in correctional settings (Stewart et al, 2014; Stewart, Flight & Slavin-Stewart, 2013).

Much of the remainder of this chapter will explore particular practice issues for community-based MBCP providers that are directly or indirectly highlighted through the RNR framework. We note words of caution by Polaschek (2016), who supports the application of the framework with community-based FDV programs but only in a considered and nuanced way:

It follows that if outcomes well beyond reduced reconviction are important for family violence programmes, then there may also be a number of needs or change targets that go beyond those empirically associated with reducing reconviction in the RNR/“what works” literature. For example, RNR-conforming programmes for other types of violence often focus on masculinity-based belief systems (e.g., viewing oneself as the “sheriff” in one’s own home). When considering the context of family violence, other links between violence and masculinities become an important component. “Gender transformative” approaches target two key risk factors for men’s violence against women—men’s sense of entitlement to power and rigidity of gender roles. These targets are entirely consistent with RNR: but it is also possible that an RNR approach could be implemented for family violence without overtly acknowledging the importance of gender-related factors.

... the application of “what works” correctional research-based principles to family violence responses may help to support wider recognition of the challenges in provision of services that support behaviour change for family violence perpetrators. It also provides a strong argument for resourcing interventions based on the needs of each referral. But rather than simply applying all aspects of this research as they have been in Corrections (and sometimes ineptly) there needs also to be more systematic investigation of the pros and cons of doing so, and of whether further innovation will still be required. It is always worth remembering that evidence-based practice is a process, not an outcome. How can we capitalise on the best of both traditions? (p. 26)

Reflecting on the Canadian situation, Scott has advocated for many years for the adoption of RNR principles in community-based FDV program provision. She cautions however about the widespread implementation of the ‘risk’ part of the framework in terms of the fixed up-front identification of perpetrators into categories in a way that’s not changeable when new risk information arises. Scott stresses the ongoing and dynamic nature of risk assessment, meaning that for some perpetrators, their initial categorisation as low-risk could conceivably change to a higher risk category at a later point. Scott critiques that most applications of the RNR framework do not have this flexibility but rather stream perpetrators into fixed, static categories.<sup>40</sup> The Colorado differentiated response outlined previously in *The cohort context* chapter provides a more flexible and dynamic antidote to these concerns.

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<sup>40</sup> Katreena Scott, personal communication

## Tailoring responses

There has been increasing concern that FDV perpetrator programs generally follow a “one size fits all” approach, in the sense that all perpetrators participating in any given program are provided with an almost identical intervention, usually structured around a single groupwork approach (Aaron & Beaulaurier, 2016; Day et al, 2010; Mackay et al, 2015; State of Victoria, 2016). This has led to calls to tailor MBCP delivery to each perpetrator, based on variables such as the level of risk he poses to family members, his capacity to participate or get the most out of the program, concurrent problems such as substance abuse and mental health issues, and the degree and nature of his motivation to participate.

One potential approach towards tailoring is to divide perpetrators into separate categories depending on variables such as these, and to offer each category a different intervention or different arrangement of interventions. Crucially, as per the Colorado model, ideally this approach would enable perpetrators to be reclassified into a higher risk category and provided with a more intense intervention if new information arising during the course of program participation suggests that the initial risk classification is (with hindsight) not accurate.

Differentiating perpetrators into different categories by the degree of risk is an important tenant of the RNR approach. It is argued that by mixing low and high-risk violent offenders in the same intervention, low risk perpetrators might start to learn new tactics of coercive control and new anti-social attitudes from those at higher risk, and/or dismiss their use of violence as relatively minor compared to the higher risk men’s behaviour (Andrews and Bonta, 2010; Radatz & Wright, 2016).

While differentiation of interventions according to risk has much promise, some prerequisite building blocks would be required first in Australian jurisdictions for this to become applicable here. Notably, with the exception of the Family Safety Framework used in South Australia, most jurisdiction-wide comprehensive risk assessment frameworks currently lack the capacity to differentiate the levels of risk that perpetrators pose, though work to update or develop new frameworks that incorporate quantitative scoring is underway in Victoria and Queensland. Even these frameworks, however, are not designed to identify perpetrator patterns of coercive control, or aspects of his thinking and belief system that can impact significantly on risk.

Furthermore, these frameworks are not designed to assist MBCPs to assess and understand the criminogenic needs or dynamic risk factors to address that might complicate the perpetrator’s participation in the program. In this sense, Colorado’s Domestic Violence Risk and Needs Assessment framework is not only a risk assessment instrument, but also a tool that helps program providers to identify and focus on factors in the perpetrator’s lifestyle and behaviours (including outside his use of violence) that accentuate risk and, if not addressed, might limit his capacity to make changes in his violent behaviour through the program (Colorado Domestic Violence Offenders Management Board, 2016). The DVRNA was specifically designed for this purpose.

Given that the foundations for a Colorado type approach are still to be built in Australia, responding to concerns about a ‘one size fits all approach’ does not mean that program providers should jettison providing the one main group-based intervention to perpetrators. Rather, there is the potential to vary, supplement and individualise this intervention component ‘spine’ in a tailored way.

This could be as ‘simple’ as expanding the program provider’s capacity and program design features to enable more of a focus on each perpetrator as an individual. While all perpetrators in a given program could share the same or similar groupwork components, some might repeat group work

modules to enable the intervention to be lengthened; some might be given supplementary individual sessions or more of these sessions than the average; some might require additional and preliminary intervention components focusing on issues constraining their ability to participate in the program; and all would experience case planning, goal setting and accountability plan formulation processes that are individually attuned to their situation. This tailoring around a groupwork component 'spine' would be far from churning each perpetrator through the same 'one size fits all' intervention.

As outlined in the introduction of this issues paper, MBCP practitioners, as a whole, have felt tension for some time between how they would like to strengthen and expand practice within their programs, and what they have been able to do with increasing demand and very limited resources. While a few programs have been able to adopt some strategies to formulate cases on an individual basis and to track each man's participation through the program, in general this has been an uncommon luxury.

By large, program facilitators have and continue to face the frustrating experience of having only a few minutes, after each group session, to discuss each participant, in addition to digesting relevant information provided through partner contact. Certainly, increased attention is often given to men who pose a particularly high risk, and some programs have introduced regular risk management team meetings where staff discuss their perspectives on the risk posed by each participant. However, practitioners in the field know that more needs to be done to individualise their group-based interventions with perpetrators, if the resources to do so were available.

It is therefore quite a furphy to suggest that MBCPs seek to provide a 'one size fits all approach'. It is critical for MBCP providers, and the field as a whole, to counteract this narrative by expressing their agreement with the intention to tailor interventions; but to stress that this does not necessarily entail streaming perpetrators into different categories with completely different intervention approaches (often provided by different organisations). Many program providers are tailoring responses to the best of their current ability and capacity.

The fundamental factor holding back the tailoring of interventions by community-based program providers has been a lack of resources (and to some extent, expertise). In general, providers have been funded to run group-based programs with minimal assessment and partner support components. The various processes to enable tailoring outlined in this section require a level of resourcing that most program providers do not have. In many circumstances they also require additional flexibility in funding service agreements than is often currently the case (see *The funding context*).

### Case formulations and case planning

Individual intervention plans are now a mandatory requirement of Aotearoan/NZ providers of community-based stopping violence services for perpetrators commissioned through the Ministry of Justice.<sup>41</sup> While most of these programs are group-based, providers are required to provide an individual intervention plan when reporting back outcomes of the man's participation in the program to the Family Court.<sup>42</sup>

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<sup>41</sup> The predominant pathway here is the referral of men subject to a protection order through the civil justice system. Programs for perpetrators in the criminal justice system are funded separately through their Department of Corrections.

<sup>42</sup> The court where FDV matters at a civil level are heard.

In the New Zealand context, McMaster (2013) argues:

Understanding the pathways men use to engage in abusive practice better informs the focus of interventions and may assist in identifying reinforcement loops that exist around such behaviour. In my professional experience, working alongside a significant number of the main programmes within New Zealand, what is lacking is a clear case formulation for each man entering an intervention. This makes exit interviews and evaluation of outcome difficult. Case formulation aims to answer the following questions:

Who is this man and family/whanau (cultural and social considerations)?  
 What place does abusive practice play in their lives?  
 What are the barriers to change?  
 What pathways can enhance change?  
 What are the key factors that underpin and sustain pathways of abusive practice?  
 What strategies can be suggested to minimise the barriers and establish new pathways to safety?  
 Who do we need to involve to implement these strategies?  
 How do we help the man and their family/whanau to implement the strategies?

... Gone are the days of delivering generalised interventions with the idea that ‘something would get through’’. (pp. 9-10; 11)

Case planning is of course an ongoing process, and can involve several components and strategies. Vlasis (2014b) suggested that these could include:

- Regular opportunities for the man throughout the program to state, restate, renew and elaborate his goals for being in the program. This can be conceptualised as a journey from commencing the program based mainly on external motivations to attend (to avoid justice system sanctions, to see his children or save his relationship for example), to discovering and strengthening his internal motivations to attend and work hard towards change. Opportunities for each man to widen, deepen and personalise his articulations for being in the program can help to strengthen this internal motivation over time. While group-based conversations can be an ideal process for men to explore these internal motivations, and to hear other men’s articulations resonate with their own, each man’s reasons for being in the program are his own, and from this, the goals he wishes to work towards in terms of nonviolent relating and being. [See also Bolton et al (2016) for a study on the processes and outcomes of men’s self-directed goal setting in the course of FDV perpetrator program work]
- Tracking the nature and quality of each man’s participation in the program, and not necessarily related, the risk he poses to his family members. The *Towards Safe Families* practice guide for MBCP providers in NSW, for example, includes a post-group session analytical tool, which enables program practitioners to chart and track the man’s participation in the group session across a number of indicators (NSW Department of Attorney General and Justice, 2012). Regular (for example, monthly) whole-of-team reviews of the risk that each man poses to his family can be essential in tracking and monitoring risk based on available information from a range of sources (Respect, 2012b).

- Understanding each man's particular learning styles and preferences, and motivational profile – what is most likely to motivate him to work hard towards change (Scott et al., 2013).
- Engaging the man on his unique lifestyle and social milieu factors that either support or hinder the long-term sustainability of the changes he might be making in the program, and in his ongoing journey towards nonviolence (Acker, 2013; Morran, 2011, 2013a, 2013b). A man's journey towards taking responsibility for his emotional, physical, social and existential life more generally – an important reinforcer to his attempts to take responsibility for his use of violence – might in the long term involve some changes in the man's friendship networks, employment circumstances, hobbies, lifestyle and health behaviours. These are highly individual and personalised journeys towards responsibility taking, and can form an important part of a man's individual case plan, particularly in the later stages of his involvement in the program. (p. 18).

Case reviews are a critical component of case planning, and ideally involve a multi-agency approach. These can have a component involving the referring agency and the MBCP provider firstly meeting without the perpetrator present to review the case, with a subsequent further meeting (or second part of the meeting) with the perpetrator present. The Gold Coast program described previously conducts periodic case reviews for each participant in the program, attended jointly by the man's probation officer and a program facilitator. When a perpetrator has been deemed to not have made sufficient progress up to that stage of the program, he can be required to repeat a part of the program.

Although often not the practice, ideally case reviews for perpetrators referred through child protection would enable the child protection authority and MBCP provider to review the case together in similar fashion. This would assist both agencies to work together as part of an ongoing collaborative approach towards assessing and attempting to strengthen his safe parenting capacity, child-centredness in his attitudes and behaviours, and support (rather than sabotage) of the non-offending parent's parenting and the family's connections to health and community supports (Mandel, 2014).

Individualised case formulation work can also occur through scaffolded homework tasks for men in longer interventions. Garvin and Cape (2014), for example, outline how in the batterer intervention programs they run in Michigan (of 52 weeks' duration), participants are supported in the latter third of the program to write a detailed life history focusing on important events that have shaped their attitudes towards women, and the implicit beliefs they have drawn upon to give themselves permission to use violence. While not an exercise in psychotherapy or healing, this approach assists participants to identify their own individual and unique pathway through which they developed attitudes, beliefs and intentions conducive of FDV.

### Exit planning and accountability plans

Exit planning is another critical part of an overall case planning and formulation approach. Due to resource constraints, exit planning is often not scaffolded with sufficient rigour by MBCP providers. In recognition of this, No To Violence developed a detailed exit planning tool for NSW MBCP providers to help guide this process, which is publicly available through the *Towards Safe Families* practice guide (NSW Department of Attorney General & Justice, 2012, pp 261-263).

Garvin and Cape (2014) refer to exit planning as scaffolding perpetrators to develop an accountability plan, in recognition of the fullness of what the perpetrator might need to commit to

in order to be accountable to family members and to his promises of change. The perpetrator's accountability plan is something that the perpetrator progressively constructs throughout the program, scaffolded by program practitioners, rather than through a particular session or activity held only at the end. In the course of their 52-week program, quite a number of intervention hours is spent developing the plan.

Cagney & McMaster (2013) focus on the importance of family members (and an accountability circle of people in the man's life who he trusts and who care about his behaviour) to be aware of his exit or accountability plan. They argue that this is a means of adding the number of 'eyes' watching his commitment towards implementing the plan after he completes the program. Furthermore, they emphasise that (at least adult or older adolescent) family members who he poses a risk to should be aware of the details of his exit or accountability plan. While family members are not responsible for the perpetrator's work to be and stay non-violent, the reality is that knowing his accountability plan will make it easier for them to identify when he is going 'off path', and to then make safety-related choices on the basis of their observations.

A strong case can also be made for a perpetrator's exit and accountability plan to be provided to the referring agency, and to other partner agencies taking an active role in ongoing risk assessment and risk management in relation to the threats he poses to family members. This could include police, corrections, child protection, courts, family services and/or specialist women's services – depending on the case and the context. Such information sharing would enable the current and future actions of partner agencies with respect to the perpetrator and related victims to be informed, in part, by the plan.

This would also enable future work with the perpetrator to be guided by the accountability plan developed through last contact with a MBCP provider. Indeed, if accessible by perpetrator intervention system agencies, the plan could be a living document that is reviewed and updated if the perpetrator comes into contact with the system again at a later point.

For example, if the perpetrator is referred or self-refers to a second MBCP provider some time after his initial participation in a program (that occurred with a different provider), due for example to renewed police involvement responding to a relapse in the man's behaviour, the new provider could use his existing accountability plan as a starting point. Rather than automatically putting him through a MBCP for the second time, the provider could work with the man to review, strengthen and update his accountability plan.<sup>43</sup>

This could involve intensive 1-1 work to determine what aspects of the plan require more detail or new approaches, what high-risk situations and strategies to deal with them need to be added, or whether the plan is still sound but the man's application of it was lacking (and if so, why). This work could also include a motivational enhancement component to strengthen the plan's articulation of the reasons why committed application of the plan personally matters to the man, his family, and if applicable, to his community. This could involve concomitant explorations of any negative emotional responses (guilt, shame and fear) that the man has felt in relation to the relapse (or continued use of violent and controlling behaviour), and the meaning he ascribes to any resulting negative consequences in order to provide an opportunity for him to deepen his internalisation of reasons to work harder at sustainable change (Walker et al, 2015, 2017). Of course, this would also all depend on a renewed risk assessment.

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<sup>43</sup> Ken McMaster, personal communication



This is not to say that enrolling him in the program's groupwork component, or particular groupwork modules related to the work he specifically needs to do, is necessarily a bad idea. Rather, the appropriate mix of intervention components would depend on how his accountability plan is updated based on this new engagement with the service system and the resulting updated assessment of the risk he poses to family members.

Overall, important considerations in the development and application of accountability plans include:

- Drawing upon relevant information already held by partner agencies as part of the integrated response system, to help inform the initial development of the plan.
- Drawing upon new information obtained by partner agencies over time to help update the plan.
- Potentially co-designing the plan with partner agencies closely involved in assessing and managing the risks posed by the perpetrator (for example, child protection, community corrections)
- Commencing the development of the accountability plan early in the perpetrator's participation in the program, and reviewing, updating and refining it over time.
- If the perpetrator is engaging in specialised FDV case management prior to or rather than a MBCP, constructing an accountability plan as part of the case management process.
- Weaving in a strong component focusing on the perpetrator's reasons and motivations to commit to the plan, articulated in deepening ways as the plan is updated over time and as new internal motivations to change arise.
- Focusing on individual goals that the perpetrator's attitudes and behaviours will be held up against.
- Being perpetrator pattern based rather than only focusing on goals concerning the cessation of discrete incidents of violence.
- Being written in a way that's not only readable and clear for the perpetrator, but also for family members and (depending on the context) potentially a small number of others in his community who might have the commitment and understanding required to help to hold him accountable to the plan.
- Being written in a way that can contribute to the risk management and safety plans for women and children affected by his use of violence.

The exit plan and exit interviewing prompts in the *Towards Safe Families* practice guide provide some starting points in terms of the content for an accountability plan (NSW Department of Attorney General & Justice, 2012, pp 261-263). However, a sufficiently detailed accountability plan would zero in on some areas with a finer focus. The strength of these plans lay in the detail – indeed, an accountability plan is in a sense a 'plan that contains a number of little plans' each addressing potential situations of risk.

### Case management

As will be outlined in a later sub-section of this paper, a perpetrator's readiness-to-participate-in-a-service and readiness-to-change are important factors for FDV perpetrator programs (in collaboration with partner agencies) to attempt to build over time. For some perpetrators, pathways towards risk reduction and responsibility-taking also require increases in their *change capacity*. For perpetrators with chronic or particularly acute mental health or AOD issues, who are substantially impoverished or have no safe housing options, etc., some improvement and stabilisation in the basic conditions of their lives or in their health or mental health might be required before they can participate in a MBCP and focus on behaviour change.

Other perpetrators might experience substance abuse or mental health issues not to the extent of precluding their participation in the program, but which still affect their participation and act as dynamic risk factors in relation to the severity and frequency of particular forms of violence. These perpetrators might require a specialist substance abuse or mental health response in parallel with their participation in a MBCP, in partnership with an AOD or mental health provider.

More broadly, there are important considerations for case management in terms of how perpetrator intervention systems – as a collaboration between agencies – work together to minimise the harm caused by a perpetrator in the short-term, and coordinate interventions to build his change capacity and change readiness to participate in a specialist MBCP. For perpetrator intervention systems engaging perpetrators who cannot be mandated and who are not willing to attend a MBCP, a pressing question is how to engage him in services to reduce those dynamic risk factors he is willing to address, but in a way that creates stepping stones towards his participation in a service or program focusing specifically on his use of FDV. This requires substance abuse, mental health and other services addressing non-central dynamic risk factors to be more closely integrated with, and supported by, the FDV sector than is currently the norm.

Case management is relevant in these and other situations where the perpetrator has sufficient complexity in criminogenic needs to require more than a case planning approach. As inferred above, depending on the situation, case management might be provided prior to the man's participation in a MBCP, or parallel to it. As emphasised earlier in this paper, it is important that case management is not confused with the MBCP intervention itself, and is not seen as an 'alternative' that can somehow achieve exactly the same goals.

### Supplementary individual sessions

The ability of MBCP providers to tailor group-based interventions has often been hamstrung by their lack of capacity to conduct supplementary individual sessions. Promisingly, in the Victorian context at least, some Ministry of Justice & Regulation and Corrections Victoria funded community-based MBCPs have come with the capacity to conduct supplementary individual sessions as part of the funding service agreements. Supplementary individual sessions have also been adopted by some Queensland MBCP providers, and they played a significant and strategic role in a now defunded South Australian approach to MBCP work (Buckley & Schar, 2010).

In their review of the use of individual interventions in the context of general Corrections rehabilitation programs (not specific to FDV), O'Brien, Sullivan & Daffern (2016) suggest that:

Individual interventions may prepare clients for group treatment, and/or promote treatment gains when stable internal factors impair responsivity. Individual treatments may also help prevent high-risk clients from engaging in problem behaviours that may result in their

removal from the programme. On occasions, individual treatments may be necessary to provide another treatment pathway when group treatments are not possible. Identifying and attending to responsivity factors through both individual and group-based treatments increases the likelihood that rehabilitation efforts are sensitive to each participant's needs. [p. 1]

Focusing on FDV, Vlasis (2014b) reports that:

The trend towards considering the merits of individualised case planning has been accompanied by increased attention towards one-to-one sessions to supplement the groupwork component of a perpetrator program – in addition to the initial pre-group individual assessment session(s). Applications have included the use of a significantly greater number of pre-group individual sessions to deepen assessment and enhance readiness to change (Macrae, 2014); the use of periodic one-to-one sessions with a program facilitator at regular intervals throughout the groupwork component (Buckley & Schar, 2010); individual exit planning sessions towards or after the completion of the group (NSW Department of Attorney General and Justice, 2012); and case review sessions involving the man and the referring agency (O'Malley, 2013). Indeed, the program's capacity to supplement groupwork with at least some post-assessment individual contact is a requirement to implement a considered case planning approach.

... The use of supplementary individual sessions does come with some risks, including of participants taking the easier path of disclosing in a more 'private' setting what they might otherwise disclose in the group. Careful policy and practice principles are required to mitigate against these risks (Buckley & Schar, 2010). It is often best in this context for the individual work to be done by groupwork facilitators, rather than a practitioner from an external team or agency. (p. 18-19)

Commenting on the use of individual sessions as an alternative to group-based approaches, Vlasis (2014b) further reports that:

Due to various issues such as geographical isolation (where no group-based program might exist within a reasonable vicinity), or client characteristics (for example, substantial/clinical social anxiety), violence-focused individual counselling might be the only available or appropriate option in some circumstances (Western Australia Department for Child Protection, 2013). Unfortunately, no practice standards, practice guidelines or policy work exists in Australia to support the implementation of violence-focused individual counselling. Significant questions remain about how to conduct this work safely and appropriately, how to incorporate such work into systems approaches and coordinated community responses, and what partner contact might look like in this context. Until Australian governments prioritise and fund the development of such standards and guidelines, the conditions for safe and appropriate individual-based work with family and domestic violence perpetrators will not exist.

In one of the few sets of standards internationally that comment on the use of individual sessions as an alternative to group-based interventions when necessary, the UK Respect accreditation standard requires a minimum of 24 hours of individual sessions over a period of at least six months (Respect, 2012b).

## The therapeutic alliance in MBCP work

As outlined in *The philosophy context* chapter of this paper, the use of the term therapy to describe FDV perpetrator program work, or to partly describe it, is contentious. Practitioner and stakeholder views on the description of MBCP work as ‘therapeutic’ depends on what is inferred by the term, which can have widely different meanings depending on which models of therapy are in mind.

It has been argued that the quality of the therapeutic alliance between facilitators and program participants cannot be ignored as an important variable influencing the effectiveness of FDV program provision, especially given the significant volume of research in the general counselling and psychotherapy field demonstrating its association with treatment outcomes (McMaster, 2013).

Based on qualitative research with Corrections clinicians providing general violent offender programs, Kozar and Day (in press) derived a three-fold categorisation of practitioner efforts to develop a therapeutic alliance with group participants:

The *educative* mode describes the process of delivering program manual content and responding to ruptures in the alliance principally through reinforcing boundaries, encouraging compliance, and the application of behavioral techniques. The main goal for those working in this mode is to ensure that program information and tasks are delivered as intended in the program manual and that problematic behavior is ‘managed’ to assist this end. Three forms of management are used to achieve this: the development and enforcement of group rules; the reinforcement of structures and boundaries in a group (e.g., to re-direct clients back to intended tasks); the use of behavioral techniques (e.g., swapping seats, asking clients to scribe on a white-board) to reduce the potential for disruption.

The *engagement* mode emphasizes working with clients in a way that is responsive to their individual needs. Therapists therefore strive to be sensitive to factors such as levels of defensiveness, anti-authoritarian attitudes, self-entitlement, and interpersonal problems; in addition to factors such as literacy, cognitive capacity, and mental health symptoms. Tasks in this mode are based on undertaking activities that have been modified from the program manual to achieve relevant therapeutic goals for clients that relate to their dynamic risk factors. A key therapist activity also concerns adopting a therapeutic stance to optimise engagement, so skills such as validation, expression of empathy, the development of common ground, and the use of experiential methods to assist strengthening group cohesion are often utilized (particularly with clients who demonstrate low levels of motivation to be in a group).

The third mode, the *therapeutic* mode, describes an approach to developing a strong TA [therapeutic alliance] that aims to achieve therapeutic transformation to reduce risk of re-offending. The central vehicle of change is the therapeutic relationship, either directly through client experiences of the relationship or by providing a relationship that allows clients to be challenged while maintaining therapeutic engagement ... Three types of strategy [in this mode are] direct analysis of the quality of the therapeutic relationship by specifically asking for client feedback (e.g., acknowledging and exploring difficulties); raising awareness in relation to clients’ behavior to facilitate change (e.g., illuminating offence-paralleling behavior); and the promotion of skill building (e.g., encouraging the client to enact functional behaviour in group session and express emotional states). (pp 13-15)

Kozar and Day emphasise that practitioners can flexibly utilise these three modes depending on the stage of the group process, characteristics of particular clients, and the practitioner’s confidence and

skill levels. They argue that high quality supervision is essential towards supporting practitioners in this respect, including live observation of their practice to assist reflection in terms of which modes are used in which situations, why, and to what level of skill.

Of importance here is how to make use of the potential of the therapeutic alliance in ways that are not collusive with participants' violence-supporting narratives, and which are nuanced according to context.

### Intervention length and intensity

Vlais (2014b) has described in detail a multi-faceted rationale for increasing the minimum length of MBCPs currently stipulated in most Australian jurisdictional minimum standards and practice guidelines, beyond three months or twelve two-hour group sessions. He argues that a longer minimum length is required for Australian program providers to:

- Be consistent with industry practice in many overseas jurisdictions.
- Enable time to work with men to build their motivation and capacity to participate in the program.
- Focus on changes in the man's life, social milieu and personal identity consistent with building a new and sustainable pathway towards non-violence (Morran 2011, 2013; Acker, 2013, 2014)

Vlais (2014b) further argues, focusing on program intensity in addition to length:

Another key factor concerns the ability of longer programs to work in an integrated fashion towards the safety and wellbeing of women and children. Lengthier programs enable partner contact and support, risk assessment and risk management, and engagement of men during potentially higher-risk times over a longer period (Vlais, 2010b). Furthermore, according to Gondolf's multi-site longitudinal study in the US, the first 15 months after intake into a domestic violence perpetrator program appears to be the key risk period in which reoffending might occur, suggesting the need for interventions to keep contact with men for at least this period (Edleson, 2012).

A related consideration is program intensity. Some Corrections-based violent offender programs focus not only on attempting to tailor intervention length according to the degree of risk that the perpetrator represents, but also the frequency of intervention sessions (McMaster, 2013) ... Indeed, as a practitioner, the author of the current article has often wondered whether a single group session is sufficient to generate program commitment for some men, and whether a second, shorter 'check-in' session each week (60–90 minutes) might keep the program more central in the man's life. (p. 22)

The Respect Accreditation Standard (Respect, 2012) sums this up as:

This edition of the Standard does not set a minimum number of contact hours or a minimum time period for the intervention to take place over. The research and practice evidence is not conclusive about exactly how to measure this, particularly across different types of intervention. However it is difficult to see how organisations can meet the objectives of a Respect accredited service in less than 60 hours of contact if providing a group programme

or 24 hours if providing only individual work. Research evidence suggests that the period of time over which the intervention should be delivered needs to be over several months for the level of risk to be properly identified, managed and reduced and for changes in men's lives to be tested and integrated, so that they can be sustained. The ISS [Independent Support Service provided to (ex)partners] should extend beyond the end of the intervention with the man. (p. 26)

It is worth revisiting the Colorado approach in this respect. As mentioned previously, the Colorado differentiated model does not specify a minimum intervention length as part of the standards for FDV perpetrator programs in that state, but rather, recommends that intervention length and intensity are matched to the level of risk that the perpetrator poses and the complexity of his criminogenic needs and dynamic risk factors that need addressing.<sup>44</sup> In a process evaluation of the model, Hansen (2016) found that, across Colorado program providers, perpetrators classified as low-risk who successfully completed a program were associated with an average intervention length of 5.8 months, compared to 8.0 and 8.7 months for those perpetrators who successfully completed the program in the moderate and high-risk categories respectively.

### Enhancing motivation

It is widely recognised within MBCP practice circles that most perpetrators who commence a program – regardless of the referral pathway – do so with low readiness to change. Even more fundamentally, their readiness-to-participate in a service might be moderate at best.

Few perpetrators contact a MBCP or other specialist perpetrator intervention service directly on the basis of self-reflection alone, given the enormous psychological investment most perpetrators make in convincing themselves and others that they are doing nothing wrong, and that whatever violent behaviours they are willing to admit to are justified. Most will need one or more of the following to occur to induce them to contact a referral or intervention service:

- The perceived or actual threat of a significant negative outcome(s) occurring for themselves and their own life – for example, the break-up of their intimate relationship, reduced access to their children, financial complexities, loss of face in their community – if they are not at least seen to obtain some 'help' (even if they do not believe, as is generally the case, that they need this help).
- Taking this one step further, a felt crisis occurring in their own life due to these or other negative consequences occurring due to their behaviour – for example, housing insecurity due to police exclusion of the perpetrator from the family home, civil or criminal justice system processes or consequences. For some perpetrators, events and consequences such as these can be truly unsettling and create a 'window of opportunity' to encourage them to participate in a specialist service.

This window does not necessarily stay open for too long, given that perpetrators will almost always prefer to invest time, effort and sometimes money into prematurely resolving the crisis and returning to the status quo – for example, by coercing her into resuming the relationship, or rallying his friends to affirm his belief that he's been hard done by and that the system 'favours women over

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<sup>44</sup> Prior to the introduction of the differentiated model in 2010, the Colorado Government required programs to be a minimum length of 36 weeks.



men' – rather than turning this crisis into an opportunity towards self-reflection and behaviour change.

For other perpetrators, the degree of unsettlement, and the extent to which the window might be open towards developing a readiness to participate in a service and some initial readiness towards change, might be low. These might be perpetrators who have already faced a life of marginalisation, contact with the justice system, etc.; who feel they have little to lose if the perceived negative consequences happen (for example, they are used to being unemployed or don't expect much from life socio-economically); who have little regard for the justice system and a low stake in becoming a 'successful citizen'; or alternatively who have the class or other forms of privilege to ring-fence the effects of the negative consequences on their lives (for example, access to highly experienced private family lawyers to play the family law system to their favour).

The occurrence of one or more of these factors by no means guarantees that a perpetrator will make moves towards contacting an appropriate service. Indeed, many perpetrators require the accumulation of negative consequences on multiple occasions, sometimes over a period of years, to do so (Walker et al 2015, 2017). Many will not make this move despite the occurrence of these factors, and will require a harder mandate with criminal justice system, civil justice system, child protection or family law consequences to induce him to participate in an appropriate service.

While social or hard mandates might increase a perpetrator's readiness to contact or participate in an appropriate service, this is not the same as increasing his readiness to change. Readiness to participate in a service is generally a necessary step towards developing some readiness to change, however, the latter can lag behind the former for quite some time, and might not develop until he is quite a way through a MBCP. In these early stages, the perpetrator might feel a 'mandate' to participate in a service due to the perceived / likely negative consequences of not doing so, but this doesn't mean that he necessarily has developed some readiness to change.

It follows from the above, that *initial readiness to change is often driven mostly by external motivations* – to avoid negative consequences that are perceived by the perpetrator as being imposed upon him, by his partner, community, courts, child protection, corrections or others. At the same time, for many perpetrators some seeds or the beginnings of an *internal motivation to change* are present, though situated 'very low in the mix'.

Developing an internal motivation to change generally takes time. A wide range of service system agents can perform a role in helping to sow the seeds or support the beginnings of such internal motivation to change amongst the perpetrators they engage with. Whilst external motivations are still generally required to scaffold the perpetrator to engage in an appropriate intervention service, building an internal motivation to change is crucial.

Walker et al (2015, 2017), in their qualitative research with FDV perpetrators who desisted from using violence, perpetrators who persisted with this behaviour, program facilitators, probation officers and victim-survivors, developed a conceptual framework of pathways from persistence to desistance. Their research (Walker, 2015) found that:

Rather than a single, defining moment or incident that enables the men to spontaneously desist from IPV [intimate partner violence], the triggers accumulate and gain momentum over the course of time. When the triggers are perceived as important enough, they lead the men onto a new pathway ... Some triggers were external and included events, situations, or incidents that occurred and progressively activated the men's thought processes toward recognizing the need to change. Examples are the impact of violence on their family

(children witnessing violence, seeing damage done to partner) or criminal justice involvement either in the form of fear of prison or actual arrest. All of the desisters experienced an accumulation of different triggers to desistance. The precise form and quantity of triggers differed from person to person, but they gained momentum over time and instigated thoughts that change was required

... Desistance was only initiated following an interaction between the external structural factors (consequences of using violence) and agency (internal negative emotional responses [such as shame]). However, each man reported experiencing an intrinsic trigger that came from within and which stimulated the recognition that change was required. This was not a spontaneous event, but resulted from experiencing several triggers. The men reached a point of resolve and made an autonomous decision to change. Without this happening, they could not start the process of desistance.

... Some persisters may have experienced some elements of this pathway, but were unable to sustain this way of being over time and so returned to their old ways of being, in using violence. For some, they have not managed to move off the violent pathway, in part because they have not experienced as many external triggers. In addition, such triggers have not been perceived by these individuals with the same level of importance as others, so that an internal trigger has not been activated that has stimulated and initiated the process of change (pp 2738 – 2740)

In an elaboration on their framework, Walker et al (2017) describe how negative consequences of the perpetrator's use of violence – impact on family, criminal justice system involvement and sanctions<sup>45</sup>, any sense of shock when he realises he has crossed a line into more extreme forms of violence than he thought he was capable of, and the permanent end of his relationship – can interact with negative emotional responses of guilt, shame and fear to result in points of resolve, or autonomous decisions to change. As described above, these catalysts for change (the interaction between negative consequences and negative emotional responses) often needed to occur on multiple occasions over time – to accumulate – for this point of resolve to be reached.

Crucially, the accumulation of negative consequences over time was not sufficient for perpetrators to make an autonomous decision to change. These consequences needed to be felt as a personal, internal concern in the form of guilt, shame and fear<sup>46</sup> for them to have an impact. There were also indications in the research that the greater number of negative consequences (the greater the accumulation) the more likely were perpetrators to start desisting from violence – but only if they internalised these consequences as matters of personal concern. The meaning that the perpetrator ascribed to these negative consequences was crucial, in terms of whether he was able to engage with his guilt, shame and fear in ways through which he could come to a personal decision to change.

While not within scope of this issues paper, this research has clear implications for 'front end' engagement of perpetrators prior to their participation in a MBCP – for example, Court Respondent Worker engagement with men at court while they attend civil FDV protection order matters, or though one-to-one case management when they cannot be mandated and are not willing to attend a MBCP. One of the desirable objectives of such engagement – in addition to risk assessment and

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<sup>45</sup> Civil justice system measures might also serve as a negative consequence for some perpetrators

<sup>46</sup> Fear in this sense relates to the perpetrator's fear and/or disgust at their behaviour, of what they might be capable of, and the harm they could cause (e.g. through further negative consequences) to themselves or others.

risk management – is where possible to provide a scaffolded space for perpetrators to find meaning in negative consequences as personal concerns related to changes they might like to make in how they wish to be in the world. This can be done, in part, through careful explorations of guilt, shame, fear for the future, and hope.

For most perpetrators, internal motivation to change, even when stimulated by service system agents and/or by influential/respected members of his ‘community’, is still generally quite low at the beginning of his participation in a MBCP. In the words of Walker et al (2015), there has not yet been an autonomous decision to change. A core objective of men’s behaviour change work is to assist participants to strengthen existing and develop new internal motivations to make this autonomous decision, as an evolving process throughout the program.

One of the reasons why this can be a long-term and evolving process is the need for perpetrators to continually grapple with the question of *readiness to change ... what?* Perpetrator understandings of the depth and breadth of their use of violence, of their coercive and controlling tactics, evolves through the course of men’s behaviour change work. While in the beginning or middle stages of the program they might develop a readiness to change those aspects or examples of their behaviour that they recognise as violent – ‘discrete episodes’ of outwardly visible violence – only later might they develop readiness to address their whole patterns of coercive control, or to become truly accountable to the values of non-violence.

Perpetrator pathways towards responsibility-taking and sustained risk reduction, even after commencing a MBCP, are generally not straight forward. At the same time as potentially strengthening internal motivations towards change, competing motivations to disengage from the program and to limit effort and work towards change often develop and/or strengthen. For example, he might prematurely believe after a few sessions that he’s now ‘got his behaviour under control’. He might see other MBCP participants disclose one or two ‘more serious’ (in his view) manifestations of violence and feel ‘reassured’ that his behaviour ‘isn’t that bad’ in comparison. He and his partner might enter a temporary ‘honeymoon’ phase in the cycle of violence with her giving him some very cautious and wary benefit of the doubt now that at last he’s attending a program. He might expect that his partner should ‘forgive him’ now that he is going to a group and is ‘trying’ to change, and when she understandably doesn’t and is still very wary of him, believes that she needs to ‘go to a program instead’. This mix of sometimes developing/strengthening internal motivations to change and developing/strengthening reasons to not participate earnestly in the program differs for each perpetrator, though there are common themes.

All of this points to a persistent challenge for MBCP providers to allocate sufficient resources and attention towards nurturing program participants’ motivations to change. Potential strategies here include:

- A strong focus on motivational interviewing techniques (Britt, 2014) during initial individual assessment sessions with the perpetrator (and extending the length of this initial individual intervention phase), prior to the group-based component of the program.
- An initial ‘pre-group group’ focusing on motivational enhancement strategies over a 6-8-week process, prior to entry into the substantive phase of groupwork activity (Murphy and Maiuro, 2009).<sup>47</sup>

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<sup>47</sup> This approach is adopted by the EMERGE program in Boston and Christopher Hall’s program in New York, amongst others, where 6-8-week motivation-building entry groups precede the main phase of groupwork running over approximately 6-8 months.

- The use of periodic individual sessions or other means to continue to track each perpetrator's patterns of motivation during the course of the program.

Importantly, strengthening readiness to change is not the sole responsibility of the MBCP provider. Both prior to the man's participation in the program, and during, the referring agency and other partner agencies involved in engaging the man can assist in taking collective responsibility to scaffold the man's explorations towards internal motivators for change. There is evidence to suggest that when responsibility for building an internal motivation to change is left solely to the MBCP provider, poor outcomes can result including high rates of program attrition (Donovan and Griffiths, 2015).

### Being responsive to participants' multiple identities

Responding to understandable calls for the development of FDV perpetrator interventions specific to particular ethnocultural contexts, Debbonaire (2015) cautions against program designers and practitioners 'zeroing in' on a perpetrator's CALD background at the exclusion of other forms of identity. She argues that identity is not a singular, fixed thing for many people, and that perpetrators draw upon aspects of multiple identities in ways that help shape their worldview about women, masculinity, gendered power and relationships. The mere fact that a man has a particular CALD background does not automatically mean that his ethnocultural identity has exerted the most powerful influence in his meaning-making and sense of entitlement and power regarding these things – his other identities in terms of his work, class, age, micro-communities or micro-cultures of interest, settings where male peer support is the strongest, etc. might be equally or even more influential:

The existence of multiple layers and often fluid identity, coupled with need to show clarity and consistency of messages about violence and abuse don't fit in a straightforward way with the idea of creating specific group-work programmes for specific groups. However, the profound and often directly relevant influences of culture in all its manifestations and sense of identity, no matter how fluid, also challenge the identity disregard approach, particularly when belief systems about gender and roles in intimate partnerships are often so closely connected to justifications for abuse and interpretations of some aspects of cultural identity.

When a man says to us "this [gender roles, reasons for abuse, expectations of women] is part of my culture as a [insert category of identity which man believes has most strongly influenced his beliefs about gender/abuse/relationships] man" it doesn't always seem sufficient to reply solely "well that's no excuse". It is of course no excuse, but it may well be part of the explanation, of the pattern of stories, thought and belief systems which led this particular man to this particular pattern of abuse. It's possible of course that some men are using this type of justification as a deliberate attempt to throw us off-course, but even if this is true and in any case if it is more his way of making sense of what he is doing, he is also giving us useful information about the aspects of his diverse identity he is going to need to un-learn or re-make if he is to make lasting changes to the expectations he has of women and the ways he behaves if they do not meet these expectations.

... The core skill to work with diverse communities in domestic violence interventions surely has to be competence to understand how to help men to navigate and become more explicitly familiar with their own cultural landscape, particularly, but not only, their sense of being a man as it is influenced by the various significant aspects of that cultural landscape, and from there to help them to re-make parts of it, sufficient to retain the sense of self and

who they are, but to shift on those aspects which support gender-based expectations and a sense of (male) entitlement to enforce these with force. (pp 6-7)

Debbonaire concludes her practice note with a list of actions that DV program providers can take to make their programs more responsive to diverse communities, keeping this theme of participants' multiple identities in mind.

### Trauma informed and emotion-focused work with perpetrators

There is little doubt that a history of singular or multiple trauma exposure can be present amongst a subgroup of FDV perpetrators, and recent research has demonstrated that the association can be quite strong (Semiatin et al, 2017). In her analysis of the neuroscience and neurobiology of trauma and its relationship to FDV perpetration, Siegal (2013) argues that "because difficulties processing trauma-related stimuli have been noted in studies of PTSD as well as partner abusive men, interventions aimed at developing awareness, tolerance, and management of emotions and triggers could be an important focus of intervention." (p. 299)

This has led to growing calls for MBCPs to adopt a strong trauma-informed lens, and to incorporate emotion-focused therapeutic approaches. This presents some difficult dilemmas for MBCP practitioners – how to adopt a trauma-informed lens that does not perceive trauma as an excuse for or cause of the man's perpetration of violence, and which does not attempt to heal the trauma (recognising that for some perpetrators, simultaneous therapeutic work directly addressing the perpetrator's history of trauma exposure might be necessary).

Mills (2013) outlines an approach to emotion-focused work that manages to navigate these complexities. He argues that:

Intentionality [to use violence] is born out of an inability to access and regulate appropriate emotional responses, and a choice that men make to use instrumental emotions to get their way. Men borrow from what's available to them in our culture to 'cope' with the primary adaptive emotion [sadness, grief, insecurity, etc.] that they are not tuned into. Patriarchal institutions, dominant narratives about what it means to be a man and which emotions are consistent or inconsistent with this, negative attitudes towards women, homophobia and male privilege all shape men's choices to use violence and abuse.

This is seen, for example, in men's single-minded focus to feel better ("I can't stand this", "This has to stop") when they're unable to access and regulate a primary adaptive emotion. They might substitute this with a secondary reactive emotion [e.g. anger] and then, based on entitlement and privilege, blame and control their partner and children. Not only do dominant notions of masculinity feed into men's inability to access and regulate primary adaptive emotions, but they also shape men's choices to use power and control to get their own way ...

This approach is not about healing, or addressing men's self-esteem. It's about how men understand and regulate their emotional responses. Men in our program often say, "She made me feel this way, therefore I had to respond". What's critical is that men learn to take responsibility for identifying, regulating and appropriately expressing their emotions, rather than blaming others ...

I would never use the word 'healing' in relation to this approach; for me it's about learning. We are asking men to stop their use of violence, and inviting them to replace this with a more responsible approach to their emotions in the moment, with all the richness and emotional connection that this can bring to their lives.

We find if we can work at an emotional level with men, it cuts through and circumvents their use of intellectualisation and rationalisation to excuse their violence. We have a lot of men in our program who use emotional violence as their main tactic of control, and who come from a professional or semi-professional background. If we only talk *about* emotions in the program, things just stay as ideas in their head. The ideas don't translate into actual changes.

### Online engagement of perpetrators

The issue of online engagement of FDV perpetrators has achieved some attention in recent years. Unfortunately, this has been framed in terms of the feasibility of using online platforms for the delivery of complete programs, as distinct from online engagement as a modality to increase the flexibility and intervention component options of programs provided predominantly through face-to-face means.

The complete online delivery of a program has been subject to only one published evaluation to date. This formative evaluation involved no direct measures of partner reports, and appeared to involve perpetrators who posed a relatively low risk to family members (Rutter & O'Conner, 2015). On the basis of available research, it is far too early to determine if the delivery of men's behaviour change work through online delivery alone is a safe and potentially effective option, and if so, for what types of perpetrators under what circumstances.

It might be less premature, however, to consider online engagement as one intervention component as part of a program based predominantly on other, face-to-face intervention components. An online component could be used, for example, to:

- Enable program providers in rural and remote locations to alternate face-to-face individual or groupwork sessions with online group sessions.
- Provide additional perpetrator engagement to face-to-face groupwork to increase the intensity of the intervention for some perpetrators (for example, a second, brief groupwork session per week conducted online)
- Make it easier for peer mentors to engage with men who have completed participation in a face-to-face program, as one means of participants keeping contact with the program and discussing the ongoing application of their accountability plan.



## The workforce context

This section focuses briefly on some of the workforce issues related to MBCP and perpetrator intervention provision. The development of a sufficiently sized, professional, qualified, trained and supported specialist perpetrator intervention workforce is a widely agreed upon priority across Australian jurisdictions (NSW Department of Justice, 2016b; Special Taskforce on Domestic and Family Violence in Queensland, 2015; State of Victoria, 2016), though the construction of workforce development strategies in this respect are in their infancy. What attracts less attention is the importance of developing processes that scaffold male practitioner journeys to identify and transform their own use of gender-based power and privilege in their work, and the effects of this on women colleagues (Castelino, 2014).

Polaschek's (2016) analysis of workforce development issues in Aotearoa/NZ sets the tone also for the Australian context:

... working with family violence perpetrators is highly specialised work, and current community agencies have grown themselves a variety of capable employees, but levels of expertise vary. The contrast between the conditions provided for these staff and contractors to do their important work and those of similar workers in government is striking. There is no clear training pathway for people who want to work in this field. The skills required take years to develop, and the resulting remuneration is not commensurate with those skills. Relatedly, there is no career path, including no ability to move between related government employment (e.g., as programme facilitators in Corrections) and NVP programme provision. There would be many benefits to the development of clear and achievable qualifications for working with perpetrators across government and NGOs, and possibly even for working with perpetrators and with victims, since there are many benefits to being exposed to both types of work. Relatedly there is a need for more ongoing professional development opportunities that are tailored to the sector. Currently there is no annual conference or other mechanism for information-sharing and interchange between practitioners and researchers, and regions vary in whether they are able to get together to discuss and develop practice. (pp 27-28).

## Developing the workforce

Developing a sufficiently sized workforce of suitably qualified, trained, skilled and supported MBCP practitioners is a very long-term endeavour. Program coordinators and service managers frequently have the experience of trying to recruit new practitioners from a very small pool within their jurisdiction. This is a particular struggle for providers in regional and rural areas.

To some extent, the field in Australia has been 'caught on the hop'. After twenty years of advocating for the legitimacy and utility of this work, with only occasional and limited new or increased injections of funding in real terms, the spotlight has now suddenly been turned on. With this spotlight has come, or will come, significant new investments in this work by some state and territory governments. The Victorian MBCP field, at least, did not predict the attention and commitment to new funding until the change in government and announcement of the Royal Commission into Family Violence in late 2014. Workforce development strategies can take several years to bear fruit, and due to the unexpectedness of the current focus on MBCPs, the preliminary work needed to grow the workforce to the levels possibly required in the years to come has not yet been done.

### Generating interest in the work

An oft-mentioned bottleneck limiting opportunities for practitioners to work in the field is the lack of specialist training in men's behaviour change practice. While this will be discussed shortly, a less-mentioned but equally important factor occurs at the earlier point of finding practitioners willing to 'try on' the work and explore their degree of interest.

This has possibly been the most neglected area of workforce development for MBCP work. In Victoria, the Men's Referral Service, when it recruited and trained volunteers to conduct its telephone-based work<sup>48</sup>, provided an avenue for men to obtain a feel for the work, with some deciding to take the further step of enrolling in training for MBCP service delivery. MBCP coordinators in community health services settings have been attuned to trying to entice AOD, mental health, generalist casework counselling and other practitioners from different parts of the agency to sit in on MBCP sessions, as a means of identifying some who might become interested in doing the work. As a whole, however, there has been a lack of strategies to expand the pool of potential 'recruits' into the field.

It is difficult, unfortunately, to identify shortcuts to generate this pool of interest. One possible strategy, however, would arise from strengthening collaboration between MBCP providers and partner agencies – for example, child protection units, family support services, alcohol-and-other-drug services, mental health services, problem gambling services, courts, police and corrections. Through such collaboration, we are starting to see in Australia (still very occasional) examples of child protection workers, police and practitioners from other sectors becoming involved in MBCP program provision. These examples have arisen through these practitioners getting to know a local program during the course of collaborative practice around referrals, case management and risk management processes, and 'trying the work on' through sitting in on sessions and easing in as a third facilitator.

Another example of a strategy has recently been enacted by No To Violence in Victoria. No To Violence provided the background logistics and behind-the-scenes support for a network of specialist women's family violence practitioners to meet who were potentially interested in MBCP practice. With no men in the room, this network enabled women practitioners to openly and safely discuss their concerns and doubts about the work, why they were interested in becoming involved, and what taking steps into this work might mean for them personally and as women FDV workers.

### Tensions in professionalisation

MBCP practice has reflected overall trends in FDV service delivery towards professionalisation from the field's activist and voluntary roots. While this has brought many benefits, it has been argued that combined with an increasingly neoliberal and individualised approach to public policy, professionalisation has drawn attention away from feminist, structural and anti-oppression analyses and approaches in FDV work and community mobilisation (Douglas, Bathrick & Perry, 2008; McDonald, 2005; Mehrotra, Kimball & Wahab, 2015).

The trend of strengthening professionalisation has seen the Victorian Royal Commission into Family Violence recommend that:

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<sup>48</sup> MRS now uses only paid staff – an understandable development given the increasing clinical complexity of its work.

The Victorian Government include in the 10-year industry plan for family violence prevention and response a staged process for the introduction of mandatory qualifications for specialist family violence practitioners, so that no later than 31 December 2020 all funded services must require family violence practitioners to hold a social work or equivalent degree [within five years].<sup>49</sup>

Many MBCP practitioners have such qualifications, but not all. Particularly through the community development approach previously adopted by the Men's Referral Service in Victoria – which recruited volunteer male telephone counsellors seeking to make a difference in ending men's violence against women – some practitioners have come into this work through very different fields, with examples of tradespeople, IT professionals and others volunteering with the Men's Referral Service and then going on to be trained as MBCP practitioners.

There is a significant tension here. On the one hand, requiring minimum qualifications in social work, psychology or an equivalent degree helps to equip the workforce with the baseline skills and capacities to meet understandable and important expectations for the evolution of this work: stronger, more in-depth individualised assessments; enhanced attuning to risk; application of good practice principles from psychology and the Corrections literature; and individual case planning and case management.

On the other hand, such requirement has drawbacks. It removes pathways for 'ordinary men' from different fields and professions to enter this work as per the Men's Referral Service experience. Those without bachelor degree qualifications might struggle to be eligible for specialised male family violence postgraduate courses and degrees, therefore limiting accessibility to this work by people from particular socio-economic classes or communities. Pathways for former MBCP participants, who have demonstrated subsequent nonviolence over a lengthy period and who want to work in the field, might not be eligible if they do not have the prerequisite undergraduate qualifications.

As MBCP work continues to become situated more in the domain of professional social work and psychology, and less as a community development approach accessible to 'ordinary men' (at least in terms of MBCP facilitator involvement), it will be incumbent on program providers to open new opportunities for men to become involved as allies to women in their struggle against gender-based oppression. As Douglas, Bathrick and Perry (2008) argue, the more that responses to FDV perpetrators become 'individualised' within a treatment-based service system, the harder we need to work to co-facilitate collective opportunities for men to organise against gender inequality and white male supremacy in gender aware ways.

## Training

A second major driver of workforce development, after generating a sufficient pool of people potentially interested in doing the work, is providing foundational training opportunities.

In Victoria, No To Violence and Swinburne University of Technology have been providing a MBCP specific qualification at the Graduate Certificate level for more than 15 years. Although this course has once been taken to Alice Springs and twice to Victorian regional areas, it has otherwise only been offered in Melbourne. As until recently the only such qualification of its kind in Australia (and one of the very few in the world), specialised MBCP training has not been accessible to practitioners outside Victoria.

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<sup>49</sup> <http://files.rcfv.com.au/Reports/Final/RCFV-All-Volumes.pdf>, p102

CQUniversity, through the Queensland Centre for Domestic and Family Violence Research, has introduced a new Graduate Certificate qualification in men's behaviour change work in 2017.<sup>50</sup> This will have a predominant online learning focus to enable accessibility for regional and interstate students. Furthermore, the Education Centre Against Violence in NSW is at the beginning stages of developing a Graduate Certificate or similar level qualification in MBCP practice, in addition to other training programs on working with FDV perpetrators.

Foundational training courses in MBCP work are necessarily intensive, given the complexity and difficulty of the work. A significant proportion of participants in any given course have already been practicing in MBCP work for at least one or two years, if not longer. Historically, some others have had relatively little experience in any provision of FDV work prior to enrolling in the course, causing significant difficulties for trainers. Requirements for a minimum level of experience or foundational training in FDV work as a whole is consequently being put into place as a condition of enrolment to address this.

In addition to limited foundational training opportunities, non-accredited 'bridging', 'top-up' or 'update' courses are rare in the Australian context. The range of training courses for domestic violence perpetrator program practitioners by Respect UK could be great to emulate in Australia, including training courses of several days' duration for practitioners who are waiting for an available spot in a foundational training course, or who need a refresher or focus on advanced practice. To this effect, No To Violence has recently developed a number of repeat 4-day short-courses of this kind.<sup>51</sup>

### Supporting longevity in the field

Anecdotal reports suggest that attrition is high in the MBCP field (State of Victoria, 2016), however Australian research has not been conducted on this issue. Workforce mapping is required to ascertain, within any given jurisdiction, how many practitioners are doing this work, through what qualifications and pathways into the field, and for how long.

Several factors are essential to support practitioner longevity in the field, and to minimise attrition - noting that a certain level of practitioners leaving and others entering the field is healthy for renewal.

High quality supervision is of course critical, with Victorian research indicating that many practitioners are not obtaining the amount of supervision that they need (Vlais, 2010). Of course, supervision is not only about quantity, nor only the skills of any given supervisor. MBCP practitioners require access to and participation in a supervision system that weaves together different types of supervision events, each serving different purposes. Geraghty (2013) outlines some of the components of such a system in the MBCP provider context, while Machen and Eva (2013) reflect on a supervision process that invites MBCP practitioners to be accountable to women's voices.

Pay and conditions need to be named as a second relevant factor. While these have improved somewhat over the past five years through pay equity reforms for social and community workers, MBCP work is still generally not well remunerated.

Isolation is a third factor, not only for rural and regional practitioners, but also for those in urban-based programs that are small in size. In the author's experience, given high workloads and the

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<sup>50</sup> See <https://noviolence.org.au/learning/courses/>

<sup>51</sup> See <http://www.ntvmrs.org.au/training-resources/training/>

pressures of competitive tendering, practitioners still infrequently have or make opportunities to network, skill-share and informally catch up with colleagues from other agencies.

Fourth, there is a need for more attention to burn-out prevention strategies, given the highly difficult and raw nature of this work. Reynolds (2011a, 2011b, 2014; Reynolds & Hammoud-Beckett, 2012) outlines a burn-out prevention approach focusing on collective, group-based solidarity practices exploring practitioner commitment to their ethics for doing the work. Reynolds argues that it is not our clients or the difficulty of our work with them that burns us out, but rather, how our work is constrained by a system that institutionalises oppression and violence and recreates injustices in the every-day. Her very practical approaches, strategies and processes towards maintaining commitment and sensitive passion in our ethics towards 'justice doing' through practitioner work is freely available from her website.<sup>52</sup>

### Male practitioner accountability and 'the only woman in the room'

An additional factor that can affect longevity in the field, for women practitioners in particular, concerns the gendered nature of doing MBCP work. In her qualitative research with women MBCP practitioners, Apps and Gregory (2011) documented several ways that these practitioners experienced sexism, gender-based burdens of responsibility and on some occasions behaviour bordering on bullying from male colleagues. The research provided examples through which male practitioners used gender-based privilege and entitlement to their benefit, reduced and made invisible the contributions of women colleagues, and placed unnegotiated expectations on their shoulders.

This has at least two important implications in terms of workforce development. First, and for the more fundamental reason to provide opportunities to express solidarity and mutual support, it is important for female practitioners to have women's only spaces to share their experiences and strategies to challenge and manage men's privilege-based responses. No To Violence in Victoria, for example, have over the past few years run "The Only Woman in the Room" sessions for female facilitators across programs to participate in safe, women's only spaces to discuss these experiences.

The second implication concerns the need to scaffold journeys of accountability for male MBCP practitioners. Castelino (2014) outlines ways in which men can be excused for using gender-based power and privilege through their violence prevention and MBCP work, for example, because there are so few of these 'good men' who participate in the struggle to end men's violence against women. She describes how women's voices in the violence prevention and FDV response fields can feel, and be silenced, by well-meaning men who nevertheless reproduce the patriarchal processes through their work that they are attempting to rail against. She also details how government policies can reproduce this silencing and privileging of male voices, though for example, assuming a 'level playing field' between women's and men's services when establishing mechanisms for service system integrated response reforms.

Vlais (2013b) outlines a workshop format titled *Superman? Really?* developed in collaboration with former No To Violence CEO Danny Blay, that encourages male practitioners to develop a 'gender antennae' (Holmes & Wheeler, 2014). The workshop provides facilitative processes to assist male practitioners to start noticing the ways in which they use male privilege and entitlement through their work, and how gender-based power is structurally supported through the organisations and institutions that they operate within.

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<sup>52</sup> See <http://www.vikkireynolds.ca/Writings.html>

As mentioned previously, Machen & Eva (2013) have outlined an accountability-based supervision practice that supports male practitioners to centralise the voices of women in their work. Furthermore, program providers, to a greater or lesser extent, encourage male-female co-facilitator teams to reflect on the gendered nature of their working relationship in post-session debriefing, and to identify and discuss examples of the practitioner's use of gender-based power.

It is arguable, however, whether post-session debriefing is sufficient to scaffold male practitioners to traverse their own journey to tune their gender antennae, and to notice and transform their use of male entitlement and privilege. Most male practitioners, for example, are unlikely to be aware of how they participate in, and benefit from, gendered differences in taking responsibility for identifying and enacting emotional labour tasks.

As a field, we have not yet grappled with what it might look like to scaffold ongoing journeys of accountability by male practitioners. What might be the mechanisms? Accountability groups for male practitioners to help each other develop a stronger awareness of their gendered behaviour, open to witness by women's practitioners? Partner contact of male practitioners to explore their behaviour at home?

In the author's opinion, we need to have this conversation. Just as most MBCP participants will not participate in a program entirely on their own volition, male practitioners might need a bit of nudging and scaffolding of their own.

### Developing a diverse workforce

Attention is rightfully turning towards the development of perpetrator interventions focusing on marginalised cohorts. Current or future processes to update the minimum standards for MBCPs in Victoria and Queensland include a focus on adapting standards for particular populations, including Aboriginal, CALD and LGBTIQ communities (Queensland Government, 2016; State of Victoria, 2016). Several Indigenous MBCPs exist across Australia, with Victoria the home to three MBCPs in languages other than English or focusing on particular ethnocultural regions, and one program for gay and bisexual men.

The development of specific workforces for each of these communities is a crucial first step towards the adaption of MBCPs for these cohorts. MBCPs in languages other than English cannot be established without bicultural, bilingual FDV practitioners from the respective cultural communities, for example. The recruitment, training and support of bicultural FDV practitioners requires long-term collaboration and partnerships with ethnocultural communities to develop local, culturally appropriate awareness raising and prevention programs concerning FDV, from which interest to identify and support community-based FDV practitioners might spring.

Importantly, specialised FDV practitioners from particular CALD or LGBTIQ communities would not only lay the groundwork for MBCPs specific to those communities. Community-specific MBCPs are unlikely to be feasible or practicable in most circumstances. Rather, the recruitment and ongoing professional development of these practitioners can be used in flexible ways to support access and pathways for perpetrators from their communities towards behaviour change. This might include:

- Front-end engagement of perpetrators from the community via assertive outreach, such as at court or in response to police referrals stemming from FDV call-outs.



- Providing culturally specific one-to-one case management interventions as a precursor to mainstream MBCP work.
- Providing occasional one-to-one sessions simultaneous to and in a coordinated fashion with the perpetrator's participation in a MBCP, to strengthen the ability of the program to respond to his/her/their unique cultural circumstances and identities and how these might shape violence-supporting narratives. The FDV practitioner could potentially support participation of perpetrators from his/her/their community across several MBCPs within a feasible geographical area, rather than be fixed to only one program provider.
- Working with the perpetrator's community supports to, if possible, strengthen a peer support micro-culture amongst community members who he respects, to encourage his/her/their responsibility taking and pathway to non-violence.

### Accrediting MBCP practitioners

There have been suggestions to develop an accreditation system, and a professional association body to monitor it, for *practitioners* of MBCP work (Coalition of Australian Governments, 2016). Distinct from the potentially complementary approach of accrediting program providers, it has been argued that this will help to structure workforce development pathways for practitioners interested in doing the work, and would also assist with promoting safe and ethical practice across a range of intervention contexts.

While accreditation systems and other standards compliance mechanisms would sit at a state and territory level, a professional association focusing on registering and accrediting practitioners could be national. Not a replacement for program or program provider accreditation, by accrediting practitioners, stakeholders and the community could develop confidence in the perpetrator intervention workforce. Registered practitioners would take their knowledge and skills demonstrated through the accreditation process with them as they traverse through different intervention contexts over the course of their careers – MBCP provision, specialist individual counselling with perpetrators in private practice or other settings, involvement in trialling new types of interventions and programs, etc. This would enable a second layer of quality control that could help to 'fill the gaps' when the work is conducted outside the context of standard MBCP delivery.

A national system would communicate that specialist perpetrator intervention practice is serious and specialised work. It could help address the current confusing situation of disparate and conflicting expectations for minimum qualifications and experience across Australian jurisdictions, enabling a consistent national approach towards practitioner recognition that states and territories can tap into. It could also help to expose the large volumes of unsafe practice conducted in private practice and NGO counselling settings of 1-1 work with perpetrators by practitioners with little or no specialised understanding or experience of this work.

There is some precedence for the development of accreditation systems for FDV perpetrator program practitioners in at least two overseas jurisdictions. In Illinois, an examination-based licensing system is used to accredit practitioners to work in Partner Abuse Intervention Programs, which involves minimum requirements in training and professional development, and the successful completion of an examination focusing on relevant issues. Accreditation in this system needs to be renewed every two years.<sup>53</sup> Through a more extensive application and monitoring process, Colorado

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<sup>53</sup> See <https://www.continentaltesting.net/downloads/cpaip%20application%20revised%2012%2011.pdf>

practitioners of FDV perpetrator programs are registered at one of four levels – Entry Level, Provisional Level, Full Operating Level and DV Clinical Supervisor Level – in terms of their experience and possession of skills required to perform different program provision roles defined by levels of seniority and responsibility.<sup>54</sup>

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and [http://www.ilcdvp.org/cdvp/cdvp\\_home.html](http://www.ilcdvp.org/cdvp/cdvp_home.html)

<sup>54</sup> See <https://cdpsdocs.state.co.us/dvomb/Standards/Standards03.pdf>

## The community and prevention context

The final issue covered by this paper concerns the situating of MBCP work within a community accountability and primary prevention context. To what extent should these programs have connections to community-based efforts to change social norms regarding gender equality, sexism and gender-based violence?

This issue has been touched upon in several places in this paper. It strikes to the question of whether MBCP work is a clinical/treatment intervention 'or' situated as part of a social movement. It's relevant to discussions in the previous chapter regarding pathways for 'ordinary' men to become involved in violence prevention work given increasingly limited opportunities to become trained as MBCP practitioners without the prerequisite social work or psychology background; and for the work that male practitioners need to do to identify and transform their own use of male entitlement and privilege. The issue is also highly relevant to men's family violence programs conducted in Indigenous, CALD and LGBTIQ contexts, where it can be impossible to conduct this work without community engagement.

This section outlines a few examples and considerations for how perpetrator interventions can become more relevant for community engagement work.

### Male peer support

Qualitative research with perpetrators aspiring towards long-term desistance from the use of violence indicates that this is a lifelong process (Acker, 2013, 2014; Holtrop et al., 2017; Morran, 2011, 2013). Long after formal completion of a perpetrator program, the men in these studies emphasised the continued commitment, work and sometimes daily reminders and practices required to stay on a path of non-violence. This suggests that post-program processes of support for 'staying on the path' could assist the continuation of these men's journeys.

For example, in their qualitative study of 15 men participating in the 52-week Alternatives to Domestic Aggression (ADA) program in Michigan, Holtrop et al (2017) found:

Participants also identified the need for ongoing support. Based on their reports, our findings suggest that changing abusive behavior is a lifelong process. Many of the participants expressed that the work and commitment required to reach meaningful change would not cease upon completion of the ADA program. These data have several implications. First, results indicate that brief BIPs may be less effective than long-term intervention approaches (Carter, 2010). Second, participants expressed a need for additional support after program completion to work on maintaining change regarding their abusive behaviors. They presented the idea of drop-in programs and also maintaining contact with other participants for extended support. A literature synthesis by DeKeseredy, Schwartz, and Alvi (2000) focusing on Canadian college campuses indicated that contact between profeminist men encourages positive social support that may act as a viable means of preventing violence against women. This suggests that opportunities to harness the positive aspects of male peer support, whether organic to the BIP group process or encouraged for engagement beyond the group, may sustain men's positive behavioral change after program participation has ended. (p. 1286)

It is noteworthy that participants identified the need for ongoing support after program completion despite participating in the program over the course of 12 months.

Male peer support can facilitate either negative or positive change, depending on context. For example, research in rural contexts in Australia demonstrates how violence against women reinforces and re-establishes male supremacy in response to women's gradual rising status and power, and to maintain dominant forms of masculinity. Drinking sessions amongst male peers, bonding around symbols and icons of patriarchal masculine identity, and shared sexist discourses about women can both influence men to perpetrate FDV and also make it more difficult for victims to disclose and seek support (Wendt et al, 2015). Male peer support operates in similar and different forms across a range of sociocultural and geographic contexts to maintain violence against women, in ways that can counteract positive change processes facilitated through MBCP participation (Gray et al, 2014). The challenge is how to create micro-cultures of male peer support that reinforce positive change processes towards responsibility and accountability, in the context of wider, more negative male peer support cultures.

Some MBCP providers have adopted the practice of using peer mentors in the course of program delivery, with processes to support mentors in this work and to check that they are maintaining a path of deepening non-violence (for example, through ongoing partner contact of mentors). Peer mentors can act as a third facilitator in the group, and can also have contact with participants in-between group sessions to reinforce the application of new practices towards non-violence.

Theoretically, mentors could provide male peer support after men's participation in the program, provided they are supervised and supported to do so. Hart (2009) outlines the promise of male peer support in extending outcomes of FDV perpetrator program work, but also sites examples documenting the practical difficulty in establishing and maintaining peer support systems.

Using Hart's work as a starting point, Stewart, Flight & Slavin-Stewart (2013) suggest that:

Methods for addressing the impact of abusive peers or peers who support the abuse of women are similar to methods used in targeting antisocial associates in general correctional programs. Participants evaluate the people in their lives whose contact puts them more at risk to be abusive and those attitudes and behaviors that are positive toward women and children. Strategies are developed to avoid or mitigate the influence of antisocial peers and skills and strategies practiced to ensure closer and more frequent association with prosocial peers. The role of peers should figure in the strategies identified in the relapse prevention plan of a DV program. (p. 512)

Almeida and Dolan-Delvecchio (1999) outline the use of male peer mentors, or 'sponsors', to strengthen accountability and support for FDV perpetrators to change through their program. In a provocative title to his 2011 article, *Re-education or recovery? Re-thinking some aspects of domestic violence perpetrator programmes*, Morran suggests that while the AA model does not provide appropriate guidance for FDV perpetrator programs, long-term and sustainable change requires more than the application of stopping violence techniques or strategies learnt through the program. The long-term desisters of violence in his study required significant changes in their life, not just their behaviour, through new friends and social milieu, the formation of new personal identities centering on non-violence, and a general maturation and responsibility-taking for various areas of their life that included but went beyond responsibility for ending their use of violence. Morran and others have drawn on the imperfect analogy of the AA 'sponsor' to highlight the ongoing support required for men to make such changes to their life (Morran, 2011, 2013; Stewart, Flight & Slavin-Stewart, 2013).

Commenting on possibilities in the Aotearoa/NZ context, Polaschek (2016) suggests:

Providing better practical and social support for perpetrators in the weeks or even longer after a specific episode may have obvious benefits for victims and families as well. Emergency housing for perpetrators, for instance, may place less pressure on the victim to move out of the family home, or to take the perpetrator back in. Better social support may also lead to better compliance with court orders and engagement with change programmes, especially if the immediate crisis results in *rapid* referral to, and assessment at, a non-violence service. Developing more extensive personal support can go hand in hand with greater perpetrator accountability through such mechanisms as *system level reviews* which can be built into service provision. Originally used with men in community-based treatment for sexual offending against children, periodic system reviews are hosted by the lead agency, and are gatherings of individual perpetrators and all those engaged in supporting them, both professional (e.g. alcohol and other drugs counsellor), and personal (e.g., sibling, parent, friend, employer). These meetings can be used by the perpetrator to account for current behaviour and progress made, and to describe current needs and high-risk situations. They help to ensure integrated support provision, by having all those who know the person and have a stake in his desistance “getting on the same page” and making their own realistic commitments (or otherwise) to assisting him. (p. 11)

Also reflecting on the New Zealand experience, Cagney & McMaster (2013) discuss in detail the potential applicability of these and other community-level accountability processes used in the sexual offending intervention field for FDV perpetrator programs. The authors argue that ultimately, long-term accountability to family members requires processes that scaffold safe opportunities for (carefully chosen) people in the perpetrator’s close personal networks to bear witness to the changes he has promised to make and sustain.

There is little or no research examining the effectiveness of peer mentor approaches in addressing FDV (Walker & Bowen, 2015). However, given studies indicating that long-term desisters of FDV yearn to stay in some contact with the program provider and receive some level of ongoing or periodic support (Holtrop et al, 2015; Morran, 2011, 2013), the development and trial of highly supervised male peer support models would appear to have merit. While there are risks in male peer support that require careful consideration, the reality is that MBCP participants are heavily influenced by the discourses of other men, both within and outside the group setting (Gray et al, 2014). A future direction for MBCP providers is how they can work towards scaffolding opportunities for participants to experience support from other males towards the difficult task of non-complying with masculine norms of violence and sexism.

### Strengthening community ties for high risk offenders

Goldstein et al (2016), commenting both on their own research and previous studies of high-risk FDV perpetrators who have used violence in a range of contexts (not only against family members), focus on the potential role of community interventions to increase these men’s ‘stake in conformity’. The authors note a consistent finding that these men often have low educational attainment and unemployment or inadequate employment situations, increasing a sense of alienation and general detachment from conventional social norms. They suggested that for some of these men, programs which help them to regain a sense of connection to community through employment and other means might be a necessary precursor to their participation in a perpetrator program. The authors theorised that such increased connectedness could raise the perceived personal costs of using violence (that is, of severing these connections), resulting in greater motivation to participate in the program.

This argument, while having merit in some situations, suffers from the lack of an intersectional analysis concerning the reasons why some (men) might be and feel detached from 'conventional' society. For some people of colour, for example, social 'conformity' can mean pressure to swallow daily experiences of systemic racism and discrimination. Individual level 'reintegration' programs focusing on education and employment are not likely to address underlying issues of oppression that are at least partly responsible for some men's 'low stake in conformity' (Burt, Simons & Gibbons, 2012).

### Community accountability model

One long-standing application of male peer support occurs through the Men Stopping Violence (MSV) program in Atlanta (Douglas, Bathrick & Perry, 2008). Approximately half-way through their 26-week program, participants bring along at least one other male who has some influence over the perpetrator's life. These additional men participate periodically through the remainder of the course, and are supported by the program to assist the perpetrator in his application of program activities towards stopping violence.<sup>55</sup>

In a blog post commenting on a presentation by MSV's Executive Director at a 2015 international conference on FDV perpetrator programs, Vlasis (2015a) commented:

Men Stopping Violence runs three BIPs [Batterer Intervention Programs] in Atlanta, Georgia. Overall, over 50% of participants across the programs are people of colour, including one group solely for African Americans.

These programs are not standard BIPs, in that they focus on a collective education process that equips participants with the understanding and skills to make changes in their communities to address privilege and perpetration on more than an individual level. This involves, in part, helping men who experience oppression due to one particular biological or social identity - such as race - to understand how they are translating this experience into the use of violence against women and sexism through their status of privilege as a man.

The groups take referrals from many of the usual sources, however, they are not just open to DV perpetrators. They take general men from the community who wish to work towards better lives for women and girls in their communities. Furthermore, approximately halfway through the six month program, participants are asked to bring along a small number of close friends, family or community members, to help form accountability circles. These other men bear witness to the group participant discussing his 'worst' incident of violence, and talking about his oppressive behaviour. This not only helps to widen the influence of the program, but also to develop a network of accountability around the man in his inner ring and community circles of influence. Collectively, they work towards responsibility to address sexism and violence against women in their lives and the lives of others.

Ulester [MSV's Executive Director] emphasised that work with men in the classes constitutes only two hours per week of their lives. The rest of their time is spent in their communities, which can either support or undo what they learn in the class. To change men, it is important to change the community ... and it's the responsibility of the DV perpetrator program to play a part in this.

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<sup>55</sup> See <http://menstoppingviolence.org/programs/mens-education/>



Program participants are expected, towards the end of the program, to start working on a community project, with one example provided of how a man was able to significantly transform his church's understanding and approach to domestic violence.

The Men Stopping Violence programs are not organised assuming a neat difference between DV perpetrator programs and primary prevention approaches, run by different services, agencies and coalitions (as is often the case). MSV positions their BIP classes in the heart of primary prevention ... adopting more of an anti-oppression, community organising model than the public health approaches the VAW prevention field is often more familiar with.

Men Stopping Violence runs a community action and advocacy network for men who have completed the group program, and who according to the instructors, have demonstrated sufficient understanding to engage in political advocacy work focusing on institutional reproducers of oppression. This network had recent success mobilising action against Indiana's proposed 'religious freedom' law and its potential to legitimise discrimination against LGBTIQ and other marginalised groups.

MSV's work is radical and unique. As referred to previously, in New Zealand, some sexual assault offender treatment programs are using community-based accountability processes where during or after participation in the program, the perpetrator speaks to his commitments to change his behaviour in front of a small group of trusted people in his family and community, and receives feedback about his actual behaviour based on their observations. These accountability processes are carefully being introduced to FDV perpetrator work in some parts of that country (Cagney & McMaster, 2013; Polaschek, 2016). However, these processes do not include the primary prevention and community engagement focus of MSV's work.

The MSV approach is beyond the scope and reach of most MBCP providers. It can particularly be a stretch to think of community accountability processes for white, Anglo-Saxon men where the fundamental question might be raised "Where is his community?", due to the individualised nature of their lives. In contrast, perpetrator intervention work in some contexts with men from some Indigenous and ethnocultural communities cannot be disentwined from community accountability processes, as these processes existed far before the introduction of perpetrator programs.

Despite its boldness, the MSV approach provides cause for MBCP providers to reflect upon their responsibilities beyond 'providing an intervention'. It invites consideration of how their work relates to the broader and underlying need to address sexism, gender inequality and (white) male supremacy.

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