
Foundations

for Family and Domestic Violence Perpetrator Intervention Systems

RMIT Centre for Innovative Justice
Stopping Family Violence Inc

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The **Centre for Innovative Justice (CIJ)** researches, advocates and applies innovative ways to improve the justice system with a particular focus on therapeutic jurisprudence, restorative justice and non-adversarial dispute resolution.

The CIJ's objective is to develop, drive and expand the capacity of the justice system to meet and adapt to the needs of its diverse users. The CIJ meets this objective by conducting rigorous research that focuses on having impact – taking our research findings, most of which involve direct engagement with service users, and using them to develop innovative and workable solutions.

Across our research we put our values into practice – ensuring that the process of the research is as useful as the ultimate 'product', that participants feel strengthened and empowered by their involvement, and that stakeholder engagement is built throughout. This supports implementation of the practical and achievable recommendations that the CIJ develops to inform its findings.

The CIJ runs a program of research concerning family and domestic violence (FDV). This includes a focus on how the legal system must function as part of an integrated system that responds to and prevents perpetration of FDV – with all parts of the system accountable for how they contribute to safety and reduce perpetrator-driven risk.

Stopping Family Violence (SFV) was formed in the belief that everyone deserves to live without fear of violence. The organisation's purpose is to drive the social change that we believe is necessary to put an end to family and domestic violence.

SFV works to keep women and children at the core of everything we do. For us, it is vital that that all responses to FDV work to enhance safety and reduce risk for those experiencing FDV. We do this by focusing upon the cause of harm, which all too often is men in our community. It is only through changing men's behaviour that we can hope to end family and domestic violence.

SFV works to drive change: by engaging with men (and the services that support them) to help foster the changes that are necessary for them to stop choosing violence and to encourage alternative ways of behaving; by working with children and young people to address the trauma they have experienced as a result of FDV and teach them the value of positive relationships; by working with organisations that support men to change violent behaviours; and by working with the entire community to change perceptions about family violence and encourage people to stand together and stand up for anyone they believe may be in danger.

We do this work through: pilot programs and action research, delivery of training programs within and across sectors, provision of counselling and supervision; by supporting organisations who provide men's behaviour change programs or who may engage men who are violent; and by working in the community to raise awareness and change perceptions.

SFV also acts as a peak body for men's behaviour change programs in Western Australia and as part of this role convenes the WA Men's Behaviour Change Network.

Background

This paper is underpinned by two broader pieces of work that have focused on the pathways of perpetrators through perpetrator intervention systems. One of these is specific to the Victorian context and the other has been nationally focused.

The first study, conducted by the Centre for Innovative Justice (CIJ), was designed to increase understanding of the points of intervention with the service system experienced by perpetrators of FDV. This current document builds upon the snapshot report produced as part of that initial phase of work completed in November 2016, *Pathways towards accountability: Mapping the journey of perpetrators of family & domestic violence – Phase 1*,¹ in which the CIJ identified that certain dimensions or foundations needed to be present in order for perpetrator interventions to be appropriate and effective. The snapshot report described those dimensions and then considered them in relation to a range of best practice examples of Australian perpetrator interventions that were emerging at that time.

The CIJ's subsequent work which has built a more nuanced and complex understanding of perpetrator interventions and the various considerations that are important for service delivery. This has included a project to support the acquittal of Recommendation 85 of the Victorian Royal Commission into Family Violence (RCFV), that Government "map the roles and responsibilities of services and agencies in relation to perpetrator interventions".

As part of that work, the CIJ developed a Framework – or 'Web'² – of Roles and Responsibilities. These were framed around the context and intent of interventions – rather than delineated by sectors, service type or agencies. The purpose of this approach was twofold: to discourage the silos that often characterise the work; and to facilitate a more nuanced understanding of the risk of unintended negative consequences posed by intervention, as well as ways for services to identify, manage and reduce this risk.

The Framework of Roles and Responsibilities was tested with over 100 different service types in a series of comprehensive consultations during the course of 2017. A report on these consultations was provided to the Victorian Government to inform internal workforce development. A broader research report can be found on the CIJ's website.³ It contains in-depth descriptions of the roles and responsibilities, and explores the findings of the CIJ's qualitative research with perpetrators of FDV regarding their own interactions with the service system in Victoria.

Outside of the scope of this Government commissioned work, the CIJ identified an opportunity to build on and refine the thinking that underpinned its framing of dimensions of perpetrator

¹ Campbell, E., Parsons, C., & Vlasis, R. (2016). *Pathways towards accountability: Mapping the journey of perpetrators of family & domestic violence*, RMIT University, Melbourne.

² This draws on the concept of a 'web of accountability' first proposed in the context of FDV by Dr Joanie Smith. See Smith, J. (2013). *Experiences of consequences, accountability and responsibility by men for their violence against women and their children*. PhD. University of Melbourne.

³ Campbell, E., Parsons, C., & Vlasis, R. (2016). *Pathways towards accountability: Mapping the journey of perpetrators of family & domestic violence*, RMIT University, Melbourne.

interventions. The concept has evolved somewhat since that time – with the CIJ’s focus shifting from individual interventions towards *systems of intervention*.

This is particularly relevant when so many workforces and areas of government are beginning to grapple with the possibility that they might have a specific role to play in addressing perpetrator driven risk.

Parallel to its Victorian work, at a national level the CIJ has been involved in a large, multi-jurisdictional ANROWS project focusing on perpetrators’ pathways through perpetrator intervention systems, led by Curtin University’s School of Occupational Therapy and Social Work and involving researchers from Western Australia, Victoria, NSW and Queensland.⁴ This project involved multiple pieces of interlocking work, including: case studies of how regional/local integrated FDV service systems engage with perpetrators; a detailed unpacking of the often used term ‘accountability for using violence’; and analyses of minimum data sets, sibling sexual violence and perpetrator program social returns on investment.

This project also included the development of a detailed perpetrator pathway mapping process by Dr Karen Upton-Davis of Curtin University. Through a different, but complementary methodology to the CIJ’s Framework of Roles and Responsibilities, Dr Upton-Davis created detailed service system maps for each Australian state/territory, focusing on the volume, visibility and strength of perpetrator pathways through and across a large number of sub-systems and agencies in each jurisdiction.⁵

Rather than focusing, as the CIJ project did, on the roles and responsibilities of various types of services that have contact with perpetrators, Dr Upton-Davis’s mapping process takes a ‘bird’s eye’ but detailed view of whole perpetrator intervention systems. This mapping methodology enables users to discern the current capacity of the system in terms of: the visibility of perpetrators in different parts of the system; the strength of different parts of the system to detect and take appropriate action with respect to perpetrators; and the volume of perpetrator engagement, including information flows relating to perpetrator-driven risk.

Simultaneous to – but separately from – the Victorian and national work, Stopping Family Violence (SFV) began to conceptualise the broad parameters of what mature multi-agency responses to perpetrators might look like, beyond the involvement of agencies that are core to an integrated response. This has manifested in a pilot community-based response in Derby, WA focusing on FDV perpetration and substance abuse. In co-designing the project, SFV identified the roles and responsibilities of a wide range of agencies that were likely to contribute to the success of any local and coordinated response to perpetrators, recognising that there can be many barriers and blockages in these multiple and varied systems that enable perpetrators to hide or fall out of view. This work has assisted SFV’s thinking about perpetrator intervention systems, a key focus of this document.

As an Australian partner agency in the *Safe and Together* model,⁶ SFV has been delivering accredited training throughout Australia that aims to assist systems to become more FDV-informed in their

⁴ Chung, D., Upton-Davis, K., Cordier, R., Campbell, E., Wong, T., Salter, S., Austen, S., O’Leary, P., Brackenridge, J., Vlasis, R., Green, D., Pracilio, A., Young, A., Gore, A., Speyer, S., Mahoney, N., Anderson, S., & Bisset, T. (in preparation). *Improved accountability: The role of perpetrator intervention systems*. Research Report. Australia’s National Research Organisation for Women’s Safety.

⁵ *ibid*

⁶ <https://safeandtogetherinstitute.com/about-us/about-the-model/>

practice around interviewing, assessment, documentation and case planning. While the *Safe and Together* model has traditionally focused on assisting child protection and family support services to become more proficient in responding to FDV, SFV has also begun to explore what it might mean for a wider range of agencies to adopt the perpetrator, pattern-based lens that is central to the model. SFV recognises that the principles of this model can be applied beyond child welfare systems, and can therefore be used to inform the development of mature perpetrator intervention systems.

About this paper

The primary purpose of this paper is to bring together and articulate the complexity inherent in perpetrator intervention systems in a way that individuals who develop and influence systems can consider, use and build upon. It is intended to support governments, policy developers and researchers to establish what is needed to facilitate the development of appropriate perpetrator intervention systems.

The paper draws on all of the work summarised above. It is not a review of literature, nor a report of findings from specific research. Rather, it is an exploration of concepts informed by CIJ and SFV's previous and continuing work, complemented by references to contemporary literature.

The paper commences with exploration of some underpinning concepts and then proposes a set of foundations for perpetrator intervention systems. We outline each proposed foundation, discussing some of the nuances that have emerged in our consultations and analysis. We also illustrate some foundations with hypothetical case studies. The final section of the paper presents applications of the foundations to a generic perpetrator intervention system, proposing outcomes that might be achieved and issues to take into account.

Service systems across Australia are grappling with questions about how to pivot towards perpetrators. The discussion below is largely conceptual, but we believe that it has deeply practical implications for how to achieve that pivot in ways that are safer and more accountable to victim-survivors.

Introductory concepts

What is meant by ‘perpetrator accountability’?

‘Perpetrator accountability’ has become one of the most oft-used terms in FDV policy and systems reform. However, it can mean quite different things to different people and/or in different contexts. These meanings – and the very fact that they differ – greatly influence efforts to develop and evolve perpetrator intervention systems, as well as the governance, policy and practice environments in which they sit. In this report, we draw upon and extend conceptual work on the notions of accountability, conducted as part of the above-mentioned ANROWS research project. This is to tease out what perpetrator accountability means in practice.⁷

Any integrated response to FDV needs to enable a perpetrator to travel along a pathway that is informed by the experiences and needs of victim-survivors, hopefully to a place in which he⁸ takes responsibility for and desists from violence, and (where this is wanted by a victim-survivor) strives to make right the damage his violence has caused.

In this paper, the CIJ and SFV construe perpetrator accountability as *the collaborative ability of FDV systems and agencies to keep a perpetrator within view, in order to assess, monitor and manage dynamic risk*. In this context perpetrator accountability is not a set of singular actions or consequences to hold perpetrators accountable for their behaviour. Rather, it is an ongoing response that expands the purpose of the system from solely protecting victim-survivors from risk to actively and deliberately responding to, and containing, risk at its source as well.

The work by Chung and colleagues around perpetrator accountability⁹ distinguishes between *mechanisms* to hold perpetrators to account, and accountability as a *process* centred around the impacts of perpetrator behaviour and the experiences and needs of victim-survivors. Chung et al found that, as policy and legal responses to perpetration of FDV have evolved, they have tended to be founded on the assumption that perpetrator accountability involves a perpetrator experiencing a consequence or intervention as a result of their use of FDV. Where formal responses are concerned, this includes the intervention of police; a perpetrator’s attendance before a court; and the imposition of a criminal penalty, a civil order, or both.

⁷ Chung, D., Upton-Davis, K., Cordier, R., Campbell, E., Wong, T., Salter, S., Austen, S., O’Leary, P., Brackenridge, J., Vlasis, R., Green, D., Pracilio, A., Young, A., Gore, A., Speyer, S., Mahoney, N., Anderson, S., & Bisset, T. (in preparation). *Improved accountability: The role of perpetrator intervention systems*. Research Report. Australia’s National Research Organisation for Women’s Safety.

⁸ Of course, heterosexual intimate relationships are not the only context in which FDV occurs; however, given that most family and domestic violence is enacted by cisgendered males against cisgendered females and children, and that patriarchy underpins most forms of FDV, this paper uses male-gendered pronouns for perpetrators and female for victim/survivors.

⁹ *ibid*

In this context, accountability is about the action that is taken by a service and/or legal system – to denounce the behaviour of a perpetrator; to punish criminal wrongdoing; to restrict future use of FDV; or even to refer a perpetrator to a program to address his behaviour. This stems from the fact that criminal justice responses are not actions taken for or on behalf of the victim-survivor of a crime but, rather, actions taken on behalf of the state.

The work by Chung and colleagues argues that, what goes unacknowledged in much of this system activity, is that a formal intervention or consequence from the legal system often bears little relationship to a perpetrator's own internal feelings of responsibility or ownership of his actions. This holds true even when a court has referred him to attend a Men's Behaviour Change Program (MBCP) in the somewhat unreasonable assumption that the referral itself is a form of accountability, and that desistance from violence will be the inevitable result. Similarly, being 'held to account' by the legal system might have little or no positive influence on the perpetrator's feelings of accountability to the victim-survivor(s) and for the harm he has caused.

Further, this work argues that there is no guarantee that victim-survivors will experience interventions or consequences as a form of accountability either. Certainly, victims of crime, including of a FDV related offence, usually have little involvement in the prosecution of an offender, other than to make a statement to police and provide evidence to the court when required, including a Victim Impact Statement where procedures allow. Where pleas are made or offenders are ultimately convicted for a relatively minor offence, this can contribute to a victim-survivor's sense that her experiences have been minimised and that the perpetrator has not been subjected to a consequence with any meaning.

Victim-survivors of FDV who receive the formal protection of a civil order may feel that the perpetrator has experienced a consequence of some kind, and may feel safer as a result – especially if he has been excluded from the family home. Many victim-survivors report, however, that the risk they experience increases when they do not know the perpetrator's whereabouts and when his life has become unstable (for example, as a result of homelessness). Similarly, the imposition of 'accountability' by the state does not necessarily take into account the needs of victim-survivors. For example, it is not uncommon for a perpetrator excluded from home to live instead in the family car, meaning that the victim-survivor and her children no longer have transport.

In summary, where an action has been taken by service or justice system agencies in response to a perpetrator's use of FDV, this does not necessarily mean that a perpetrator has felt internal responsibility for his behaviour, or that the victim feels that he has been held accountable or responsible to her.¹⁰ It is important never to assume the impact of an intervention.

¹⁰ *ibid*

A broader conceptualisation

A broader conceptualisation of perpetrator accountability means that ongoing responses to perpetrator risk need to be situated within a process that is meaningful both to perpetrators and victim-survivors. Perpetrator accountability, then, cannot be the domain of any single organisation, service or intervention. Instead, a wide range of government and non-government agencies have roles and responsibilities, suggesting the need to conceptualise a *perpetrator intervention system*, one that keeps the perpetrator within view towards the fundamental objective of increasing safety and wellbeing for adult and child victim-survivors.

Perpetrator intervention systems can be conceived as:

FF ... a 'system within a system' – those agencies and services within an integrated FDV [family and domestic violence] system that have roles and responsibilities to directly or indirectly address the risk posed by perpetrators, and to scaffold pathways towards accountability and non-violence.¹¹

Unlike the broader, integrated FDV service systems of which they are a part, however, perpetrator intervention systems have not been well defined or conceptualised. This is in large part because:

- perpetrator interventions have historically been equated only with actions taken, or services provided, by MBCP providers or by Corrective Services.
- responses to FDV have been driven by and based on incidents that have come to the attention of the system, rather than on perpetrator *patterns* of behaviour.
- as mentioned previously, systems responses to perpetrators have tended to focus on somewhat formulaic accountability mechanisms that are not optimally connected to victim-survivor experiences or needs.
- information sharing and risk management processes at the core of systemic responses have understandably focused on attempting to place a protective bubble around adult and child victim-survivors and have not yet matured into additionally placing 'bubbles of responsibility' around perpetrators to reduce their inclination and opportunities to continue to use violence.
- related to this, while a few agencies within integrated responses have engaged in information sharing practices stemming from their engagement with perpetrators, the majority of agencies within the broader system that have contact with perpetrators generally do not, making it difficult to keep perpetrators within view.
- the different and diverse ways in which bringing perpetrators into view of integrated systems can work towards the safety of victim-survivors and their families have not been well articulated; and where they have, different service system agents might have different perspectives concerning the purpose of perpetrator engagement.

¹¹ Department of Social Services (2017). *Scoping study of innovations in family and domestic violence perpetrator interventions*. Commonwealth of Australia. p.9

- more specifically, while the roles and responsibilities of government and non-government agencies with respect to broader integrated service system responses have begun to be mapped, this has not been the case in terms of a focus on addressing perpetrator patterns of behaviour. It is worth noting in this context that services without specialisation in FDV understanding and responses potentially have contact with a higher volume of perpetrators than specialised or fully specialised services, inviting the question regarding what roles, responsibilities and parameters might be appropriate for their engagement with perpetrators.
- how perpetrator intervention systems operate within the broader landscape of how peer networks, micro- and macro-communities might influence a perpetrator's belief systems and violence-supporting narratives has not been well defined.¹²

Foundations for perpetrator interventions

CIJ and SFV believe that all practices to intervene with perpetrators – across all parts of perpetrator intervention systems, including government *and* non-government agencies – should be underpinned by a common set of foundations. These are fundamental to effective collaboration, reducing the risk of inadvertently harmful interventions and promoting perpetrator accountability.

This document proposes twelve foundations:

1. The needs and experiences of family members affected by a perpetrator's use of violence need to be central to all the ways that a perpetrator intervention system responds to that violence. A system's responses need to be undertaken on behalf of and in solidarity with family members, guided by their goals and struggles both to resist the violence and to express their dignity.
2. Government and non-government agencies have a collective responsibility to bring perpetrators into view in a way that acknowledges adult and child victim-survivors' dignity and contributes to their safety and wellbeing. Each agency can map its roles and responsibilities for doing so as part of an ongoing, collaborative mapping exercise, so that these are transparent and serve to synergise positive outcomes across agencies.
3. Stakeholders and agencies comprising a perpetrator intervention system must actively develop a shared definition of success for perpetrator interventions and engagement, rather than assume the existence of a shared understanding.
4. Perpetrator behaviour needs to be understood as intentional, patterned behaviour, rather than characterised as a set of incidents of violence. It exerts significant control and influence over victim-survivors' behaviour and family functioning, despite the best efforts of family members to express their dignity and live in safety.

¹² Douglas, U., Bathrick, D., & Perry, P. (2008). Deconstructing male violence against women: The Men Stopping Violence Community-Accountability Model. *Violence Against Women*, 14(2) 247-261.
<http://menstoppingviolence.org/cms/docs/DeconstructingMaleViolenceAgainstWomen.pdf>

5. Systems centred on victim-survivors' experiences and needs can retain these experiences and needs as their central focus while pivoting to bring a perpetrator into view as well. Bringing a perpetrator into view can help broader integrated FDV systems to collaborate with and support those who are experiencing harm.
6. Perpetrator intervention systems involve a wide spectrum of interventions: front-end, mid-point and back-end. While back-end, intensive interventions are generally only provided by specialist perpetrator intervention services, non-specialist services have roles to perform along many points of the spectrum.
7. Perpetrator intervention systems need the capacity to focus on identifying and responding to the dynamic risks posed by perpetrators, including acute dynamic (spiking) risk that emerges or varies over time. Addressing specific risk issues and situations can be a way of working towards longer-term and deeper behaviour change goals.
8. All engagement and interventions with perpetrators – including the enactment of perpetrator accountability mechanisms – can create or reinforce immediate or longer-term risks to the safety of victim-survivors. Agencies engaging with perpetrators need to identify and be mindful of these risks when they determine whether to engage, who should engage, when, how, and in what context.
9. Most FDV perpetration is an expression of gender-based power, and many perpetrators choose violence as part of enacting (male) entitlement and privilege. Yet perpetrators and victim-survivors also experience oppression in the context of other forms of power-over. These include colonisation and Indigenous oppression; racism; classism; able-ism; xenophobia/vilification of refugees; and bi/homophobia, transphobia, gender conformism, and heteronormativity. Understanding and practising intersectionality must, therefore, be a critical part of all perpetrator interventions.
10. People who cause FDV harm are heterogeneous in terms of the level and nature of the risk they pose, and their backgrounds and life situations. Furthermore, their pathways towards responsibility and accountability can be lengthy, non-linear and idiosyncratic. Perpetrator intervention systems need to tailor interventions to each specific perpetrator through ongoing processes of Safety and Accountability Planning and review.
11. Perpetrators' informal and formal community networks can influence their pathways towards responsibility and accountability. These can work with or against mainstream service system interventions and, as such, need to be recognised as part of a perpetrator intervention ecosystem. Perpetrators have multiple identities and might belong to, or associate with, more than one community.
12. Men's violence against women, children and people with diverse gender identities cannot be prevented by working with one perpetrator at a time. Program managers, practitioners and others working within perpetrator intervention systems need to be conscious of how their work can support, rather than inadvertently undermine, societal and structural changes required to address the roots of men's use of violence.

These foundations are interdependent: understanding and applying any one requires an understanding of the others.

In addition to the foundations we identify as needing to underpin perpetrator intervention *systems*, at least two related and more specific sets of principles have been developed to underpin *all* perpetrator interventions. These first set was recently defined by the Victorian Expert Advisory Committee on Perpetrator Interventions (EACPI)¹³ and a second set relates specifically to perpetrator interventions in refugee and other CALD communities, developed as part of another recent ANROWS-funded project.¹⁴ The first set of principles is included in Appendix 1; the second will be published by ANROWS in May 2020.

¹³ Expert Advisory Committee on Perpetrator Interventions (2018). Final Report. State of Victoria.

¹⁴ Fisher, C., Martin, K., Wood, L., Pearman, A. & Lang, E. (in preparation). *Best practice principles for interventions with family and domestic violence perpetrators from refugee backgrounds*. ANROWS research publication.

Foundation 1 – Centrality of family member struggles

The needs and experiences of family members affected by a perpetrator’s use of violence need to be central to all the ways that a perpetrator intervention system responds to that violence. A system’s responses need to be undertaken on behalf of and in solidarity with family members, guided by their goals and struggles both to resist the violence and to express their dignity.

Family members actively respond to the violence they experience with acts to reclaim dignity. To this end, response-based practice that documents women’s and children’s efforts to resist the violence they experience, as well as their efforts to create moments of safety and dignity for themselves, are gaining increasing recognition in Australia.¹⁵ The *Safe and Together* model of refocusing child protection and family support services is also based on the premise of active victim resistance to coercive control.

A recent SFV issues paper describes this perspective as being:

FF ... 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).¹⁶

In its fifth annual report, the New Zealand Family Violence Death Review Committee critiqued the notion of victim-survivors suffering from learned helplessness, and similarly critiqued the notion of an ‘empowerment approach’ to support them. This is worth quoting at some length:

FF The concept of learned helplessness suggests victims do not leave partners who abuse them because, as a result of being abused, they form the ‘irrational’ belief that:

- they do not have power in their lives
- the abusive partner is all-powerful
- they cannot escape the abuse.

¹⁵ See, for example, <https://www.insightexchange.net/publications/videos/>, <http://www.dignityconference.com/> and <https://www.responsebasedpractice.com/>

¹⁶ Vlais, R., Ridley, S., Green, D., & Chung, D. (2017). *Family and domestic violence perpetrator programs: Issues paper of current and emerging trends, developments and expectations*. Perth: Stopping Family & domestic violence. p.9.

Victims are therefore seen as developing a 'syndrome' that immobilises them, making them passive and helpless in the face of danger ... the fact that victims did not leave an abusive partner or repeatedly seek help from the police is taken as evidence that the abuse was not as bad as claimed or that the victim chose to stay in the situation and was, therefore, partially responsible for it.

... The myriad of acts a victim may take in order to resist abuse must be overlooked if she is to be constructed as passive and helpless. If her help-seeking cannot be overlooked because it is too overt, then people assume this particular victim must have been lying about her abuse because she is failing to exhibit the symptoms of a stereotypical abuse victim.

... Many family & domestic violence services use an empowerment framework to guide their practice. An empowerment framework seeks to counter the disempowerment IPV [intimate partner violence] victims have experienced by supporting them in their individual decisions about how to address the abuse they are experiencing ... an agency response based on an empowerment philosophy has the unintended and dangerous consequence of placing the responsibility to stem the abusive partner's violence and initiate safety plans on the victim rather than on the family & domestic violence response system. It also avoids focusing on how we can contain the abusive person's behaviour so we can create safety for the victim. Instead, the focus becomes the victim and what actions she can take to help herself.

... An empowerment framework does not adequately acknowledge or address the constraints of real people's lives, including the impact of the abuse and the abusive partner's behaviour in curtailing the victim's choices, the larger systemic and structural impediments victims face, and victims' varying levels of vulnerability. Nor does an empowerment framework allow us to face up to the fact that what we are currently offering victims of IPV is not working for them. A learned helplessness approach explains a victim's lack of autonomy and choice in terms of her own psychological processes, whereas an empowerment approach is premised on the assumption that all victims of IPV [can operate] from a space of autonomy and choice [if they are empowered to do so].¹⁷

It is therefore important that perpetrator intervention systems understand and assess how victim responses and resistance, in each situation, might be constrained by:

- a perpetrator's actions to entrap their victim-survivors and substantially curtail the power of victim responses.
- a perpetrator's anticipation, sabotage and curtailing of victim resistance – for example, widening his tactics of coercive control when he sees his (ex) partner develop some more autonomy in her life, or choosing to escalate physical violence tactics when she physically struggles to free herself.

¹⁷ Health Quality and Safety Commission New Zealand (2015). *Family & domestic violence Death Review Committee Fifth Report*. See also Ministry of Social Development (2017). *Family & domestic violence, sexual violence and violence within whanau: Workforce capability statement*. New Zealand Government.

- social and structural constraints and contexts that ‘support’ a victim-survivor’s entrapment – for example, the victim being part of a community or extended family that would punish or cast her and her children out for taking overt protective action such as separation; or the additional barriers she faces due to living with a disability or facing other social inequities.
- a victim-survivor’s understanding of the likely social and systemic responses should she speak out about the violence – for example, that she will be punished by the child protection and family law systems, or that police in their rural community will take his side due to his positive reputation or role within community.

Perpetrator intervention systems therefore have a responsibility to engage directly and indirectly with perpetrators in ways that support victim-survivors’ existing struggles towards safety and dignity. As Vlasis (2014) outlined in a paper focusing specifically on the role of MBCP facilitators:

FF *Rather than ‘empowering’ women, is our role to actively and respectfully intervene in men’s lives, often against their (at least initial) wishes, so that we can work with them to stop the oppression that’s limiting their partner’s space for action ... Rather than focusing all our efforts on ‘empowering’ those struggling against oppression, is our role to respectfully and strategically involve ourselves in the lives of those who are exercising their privilege to cause the oppression?¹⁸*

Basing goal setting on victim and family needs

As the CIJ’s earlier report explores, a vital corollary of this perspective is the importance of basing interventions with a perpetrator on what his family members specifically need from the service system to assist their goals towards safety, wellbeing and dignity.¹⁹ While the long-term goal might be to work towards the perpetrator adopting non-violence as a new way of being, in the short- to medium-term, the system can work towards addressing (acute) dynamic risk and interrupting or changing his patterns of coercive control in ways that meet victim-survivor’ immediate needs.

Goals can be markedly varied, based on each victim-survivor’s lived experience of risk, and can significantly shift over time. For example, historically, service systems have responded to isolated incidents of violence leaving victim-survivors with the task of managing the perpetrator afterwards. For a victim-survivor, the most important fear (and current risk) to address might be the potential for the perpetrator to use ‘backlash’ violence against her following police and/or court intervention. Reducing this risk might give her to have some confidence in the service system’s ability to help manage the ongoing threat that he poses to family safety.

For another victim-survivor, her most pressing need might be to protect her children from the perpetrator’s tendency to use them as a pawn against her. For yet another, reversing the perpetrator’s increasing constriction of her social movements and escalating tactics of emotional violence might be her highest priority for now.

¹⁸ Vlasis, R. (2014). *Domestic violence perpetrator programs: Education, therapy, support, accountability ‘or’ struggle*. Melbourne. No To Violence Male Family & domestic violence Prevention Association.

¹⁹ Centre for Innovative Justice (2017). *Pathways towards accountability: Mapping the journey of perpetrators of family & domestic violence – Phase 1*. RMIT. Report to Victorian Department of Premier and Cabinet.

Focusing on MBCPs, Vlasis & Green used the following hypothetical and somewhat aspirational case study to emphasise the opportunities that perpetrator intervention systems have to orient themselves towards specific victim-centred goals.²⁰

HYPOTHETICAL: Putting family members at the centre²¹

Julie was referred by police to a specialist women's FDV service after being called-out in the aftermath of an incident in their family home. Julie had retreated into the bathroom in fear of her husband John, and he had tried to break down the bathroom door 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 protection order granted at the local Magistrates' Court the following Monday. Given this uncertainty, Julie opted to stay with friends, at least until the court hearing.

Julie understood the intentions of police excluding John from the home, but pleaded for him to be allowed to return as she felt more frightened when he was out of her sight, because this meant she could not monitor his moods or the signs of him building up to another episode of violence.

John was mandated by the Magistrates' Court to be assessed for participation in an MBCP. The MBCP provider, upon receiving the referral, obtained the police assessment and information concerning his participation in a different MBCP three years prior. The MBCP provider also obtained the exit plan available from the previous provider, which detailed the safety and accountability goals that John was working on when he left that program. Because Julie was already supported by the specialist women's FDV service, the MBCP provider arranged for that service, rather than its own partner and family contact worker, to provide contact during John's involvement in the program. With Julie's permission, the specialist women's FDV service provided information about John's violence to the MBCP, as did a court-based practitioner who had conducted Julie's preliminary risk assessment.

The first appointment with John was arranged within a few days of his court appearance. Before the session, the MBCP provider conferred with the specialist FDV women's service supporting Julie and her children to learn about what they wanted the program to work towards with John. Julie's most pressing need was for an assessment of whether it was safe for her and the children to remain in the family home, and of the likelihood that John would adhere to the conditions of the protection order.

²⁰ Vlasis, R., Ridley, S., Green, D., & Chung, D. (2017). Family and domestic violence perpetrator programs: Issues paper of current and emerging trends, developments and expectations. Perth: Stopping Family & domestic violence. Retrieved from sfv.org.au

²¹ Hypothetical case studies are used in this paper to help make concrete the application of the dimensions. These do not draw upon the names or details of any real-life cases. This hypothetical is adapted from Vlasis, R., Ridley, S., Green, D., & Chung, D. (2017). Family and domestic violence perpetrator programs: Issues paper of current and emerging trends, developments and expectations. Perth: Stopping Family & domestic violence. Retrieved from sfv.org.au

The MBCP provider agreed 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 heard John's (quite incomplete) understanding of the protection order conditions, and paying careful attention to minimising collusion, provided him with a small amount of space to talk about his 'outrage' over recent events. In this discussion, John revealed some of his entitlement-based attitudes and narratives concerning his right to 'punish' Julie.

The practitioner used motivational interviewing to attempt to increase John's willingness to comply with the conditions of the protection order. John was tentatively willing to focus on one or two practical

strategies to abide by the conditions of the order during higher-risk times, such as when he started thinking about his children and how 'she' had deprived him of seeing them.

After this initial session, the MBCP manager conferred with the specialist women's service, and a joint decision was then made between the two agencies and police that there was a reasonable chance that it would be safe for Julie and the children to stay at home. The MBCP manager agreed to continue to modify the program's usual intake and assessment process to continue attempts to reduce the short-term (acute) risk that John posed to his family, delaying but still working towards his possibly entry into the groupwork component of the MBCP. ●

In this example, the MBCP provider adapts its customary intake and assessment process to work with John in a way that addresses his family's most immediate needs – to maximise the chances that they are safe to stay at home. This obviously requires a high level of integration and collaboration with specialist women's and children's services working on their behalf. Crucially, it also requires the MBCP provider to adopt a flexible approach in engaging with the perpetrator, to view these early sessions as being as much about providing a flexible response to risk, as about conducting a standard intake process towards his entry into the program.

Obviously, the needs that family members might have to live safer and freer lives in relation to a perpetrator's violent and controlling behaviour can change over time, both as the perpetrator's behaviour shifts (increasing or decreasing in existing risk, and/or morphing into new patterns of risk), and as family members move towards autonomy. Extending the hypothetical above, it is relatively easy to imagine that if the service system is successful in engaging John in a way that places enough restraints on his opportunities and inclination to use violence so that they are safe to stay at home, some weeks later the family might need the perpetrator intervention system to:

- continue work towards reducing the risk of John using physical violence, and of contravening the conditions of the protection order
- understand the ways that John attempts to undermine Julie's parenting during his time with his children (during child contact conditions permitted in the order)
- assess whether police and child protection need to make an application to the Magistrates' Court to vary the conditions of the order to further restrict the circumstances of John's contact with his children
- work with John to help him come to terms with these external consequences arising from his use of violence and, over some weeks or months, to start to take responsibility for his behaviour.

This hypothetical scenario can further be extended, to a point where the service system has been able to work with John productively so that the family can stay safely apart. While John's use of coercive

control tactics has not completely reduced - and while he still holds on to some blame towards Julie for 'separating the family' - the main focus for the family now is the need to *repair* some of the damage that he has done. The family now needs the service system to work with him towards active and visible efforts (in front of the children) to support Julie's parenting and status as a mother, and to introduce non-violent male role models into his son's life to counteract the increasing tendency of his son to use violence in early dating relationships and bullying at school.

Providing the right intervention at the right time – the second of the six National Outcome Standards for Perpetrator Interventions²² – requires understanding the dynamic risk factors related to the risk posed by the perpetrator, including acute dynamic risk factors that are currently occurring or predicted. It also requires an understanding of the perpetrator's specific patterns of coercive control; the types of tactics he uses to control family members; and the nature and extent of their use. This understanding can assist with the development of individualised case plans with perpetrators that are reviewed on an ongoing basis, as more is learned about the perpetrator's patterns of behaviour, and also as family needs shift.

Achieving a clear picture of a family's specific needs and a perpetrator's patterns of violent behaviour requires effective information sharing between relevant agencies and skilled assessment of the perpetrator. It is also assisted by inputs from the family members affected by the violence. These are the people who are often in the best position to shape the specific risk reduction and behaviour change goals that will contribute to their own safety. When family members wish to contribute, practitioners, services and authorities involved in perpetrator interventions – front end, mid-point and back-end – should base their interventions at least in part on their goals.

Drawing a line in the sand

A further important consideration in the centrality of family member struggles are some women's and children's own efforts to hold a perpetrator accountable for his use of violence and to draw a line in the sand about his behaviour.

Joanie Smith's qualitative research with victim-survivors, perpetrators and service providers across four Victorian rural MBCPs, found that some women made increasingly brave attempts over time to hold their partner accountable for his 'promises' to change.²³ In some instances their courage to do so was assisted by knowing that their partner was participating in a MBCP, and/or bolstered by the support they were receiving via the partner and family contact component of the program.

Smith first coined the term web of accountability in response to these findings:

FF *When men talked about accountability and responsibility it was most impacted by the interplay between the formal consequences from police and courts, and the informal responses from their partners and children ... Men identified the threat of their partners leaving and their feelings about their children, as more compelling than the impact of the intervention system by itself. It was this combination of*

²² Commonwealth of Australia (Department of Social Services) 2015. National Outcome Standards for Perpetrator Interventions. https://plan4womenssafety.dss.gov.au/wp-content/uploads/2015/04/nospi_coag_paper.pdf

²³ Smith, J. (2013). *Experiences of consequences, accountability and responsibility by men for their violence against women and their children*. PhD. University of Melbourne.

formal and informal consequences that created the strongest compulsion to attempt behaviour change.

Interaction between formal and informal supports was an important theme throughout the research. For a number of women in this study, it was the informal support, which made the most difference to their dialogue about their choices... Many of the women believed much of the informal support came from their own self-help strategies. They felt let down by the formal support system and turned to community and family to fill the gap. Having both formal and informal support systems created greater support for women and a stronger accountability web for the men. The interplay between informal and formal supports on accountability processes is as yet, a largely unexplored field of research and was a significant issue to emerge from this study.

... Regardless of their choice to stay or leave, women with more positive experiences of support felt more in control. Women developed a different narrative about what they would accept from their partner after positive support experiences. This process strengthened the formal accountability that men experienced from the justice system and informal mechanisms outside the integrated service response.²⁴

Further, as discussed by Vlasis (2013):

FF *[Smith] and her colleagues found that accountability was strongest when formal and informal accountability processes worked together to form a web of accountability around the man. While formal service system accountability processes are crucial, she found that some women, particularly when supported through MBCP partner contact and other community-based support services, became sufficiently empowered over time to make their own demands of the perpetrator, and to take appropriate action if these demands aren't met.*

Importantly, [Smith's] research does not suggest that women should be held responsible for holding perpetrators accountable for their behaviour. Rather, her research supports other studies demonstrating that women are not passive victims, but engage in deliberate and active attempts to resist the violence they are experiencing, to maximise their children's safety and chances of survival, and to find whatever moments and opportunities of dignity and normality possible for themselves and their children. For some women, this extends towards efforts to hold the perpetrator accountable, and if women are engaging in this struggle out of their own volition, the service system has a responsibility to work with women around these efforts. This is particularly the case given that there can be significant risks for women who attempt to hold their partner accountable, including retribution, escalation of the perpetrator's tactics of control, etc.^{25, 26}

²⁴ *ibid*

²⁵ Vlasis, R. (2013). *What can be done to strengthen accountability for men who perpetrate family and domestic violence?* Melbourne: No To Violence Male Family & domestic violence Prevention Association. p.5

²⁶ Given that partners' attempts to hold the perpetrator accountable to his promises and work towards change can strengthen when a man participates in a MBCP, it can be crucial in this respect to extend partner and family contact beyond

In an earlier report, the CIJ briefly documents New Zealand efforts to formally structure family-based accountability processes for FDV perpetrators, where it is safe and appropriate to do so.²⁷ Drawing upon practices in some NZ sexualised offender intervention approaches, extended family members and others who care about the family – and who have a stake in the perpetrator’s cessation of his use of violence – can be assisted by the service system to hold meetings with the perpetrator after he completes an MBCP. In these meetings they are supported to provide feedback to him on the ways in which he might and/or might not be meeting the specifics of his accountability plan to provide safety for his family. Family-based accountability processes such as these, however, will not be safe or appropriate in all situations.²⁸

the cessation of his participation in the program. A woman might be at heightened risk if she attempts to hold her partner accountable for his behaviour slipping back after he completes the program.

²⁷ Centre for Innovative Justice (2015). *Opportunities for early intervention: Bringing perpetrators of family & domestic violence into view*. RMIT. <http://mams.rmit.edu.au/r3qx75qh2913.pdf>

²⁸ See also Cagney, M., & McMaster, K. (2013). The next step: A resolution approach to dealing with intimate partner violence. *Ending Men’s Violence Against Women and Children: The No To Violence Journal*, Spring 2013, 29–50

Foundation 2 – Collective responsibility

Government and non-government agencies have a collective responsibility to bring perpetrators into view in a way that acknowledges adult and child victim-survivors' dignity and contributes to their safety and wellbeing. Each agency can map its roles and responsibilities for doing so as part of an ongoing, collaborative mapping exercise, so that these are transparent and serve to synergise positive outcomes across agencies.

The Victorian RCFV emphasised that government and non-government departments and agencies – including, but importantly not limited to, specialist FDV services - have a collective responsibility to keep people who cause FDV harm within view. The RCFV emphasised that this should involve more than the joining up of services but, rather, the development of an integrated approach towards risk assessment, risk management, intake, referral, case management, and specialist interventions. This is expressed in Recommendation 85, which requires that the Victorian government:

- map the roles and responsibilities of all government and non-government agencies and service providers that have contact with perpetrators of family & domestic violence
- confirm the principles that should inform the programs, services and initiatives required to respond to perpetrators of family & domestic violence who pose a high, medium and low risk to victims.

Arguably, this recommendation underpins all other relevant Royal Commission recommendations, as it seeks to ensure that each agency and service which directly *or indirectly* intervenes with perpetrators understands their roles and responsibilities – not only in relation to perpetrators but to each other. Without this understanding, other perpetrator-focused recommendations will be hard to implement with proper effect.

To this effect, the CIJ produced three reports for the Victorian Government relevant to the implementation of Recommendation 85:

- *Pathways towards accountability: mapping the journey of perpetrators of family & domestic violence – Phase 1*²⁹
- *Consultations concerning the web a framework of roles and responsibilities of agencies in relation to perpetrator interventions: Recommendation 85 of Royal Commission into Family Violence – mapping report*³⁰
- *Bringing pathways towards accountability together – Perpetrator journeys and system roles and responsibilities*³¹.

²⁹ Centre for Innovative Justice (2017). *Pathways towards accountability: Mapping the journey of perpetrators of family & domestic violence – Phase 1*. RMIT. Report to Victorian Department of Premier and Cabinet.

³⁰ This was an internal report provided to Government on the feedback from services and agencies received across the consultations.

³¹ Vlasis, R. & Campbell, E. (2019) *Bringing pathways towards accountability together: Perpetrator journeys and system roles and responsibilities*, RMIT University, Melbourne. <https://cij.org.au/cms/wp-content/uploads/2018/08/bringing-pathways-towards-accountability-together-perpetrator-experiences-and-system-roles-and-responsibilities-170519.pdf>

As mentioned earlier, these three phases of work have progressively informed the conceptualisation of the foundations in this paper, as has the ANROWS-funded research at a national level referred to earlier, as well as SFV's work on perpetrator intervention systems.

Web of accountability

After conducting research with perpetrators, partners and practitioners across four Victorian rural MBCP providers, Smith adapted the concept of a *web of accountability* from other contexts and applied it innovatively to processes that attempt to hold men accountable for their use of FDV.³² The web involved three general categories of strands, as described by No To Violence:

- FF** *...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 telephone-based via men's enhanced intake or the MRS After Hours Service)*
- 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.*³³

In supporting this conceptual approach, No To Violence commented:

- FF** *Men who use family & domestic violence are very adept at making use of whatever gaps or inconsistencies are present in service system responses – gaps in the accountability web – to extend their control over family members. They can threaten to involve the child protection system to 'out' her as a bad mother, draw systems agencies workers into colluding with their violence-supporting narratives, and use evidence of inconsistent responses by systems agencies to convince her that it is all her fault. A strong web of accountability... is crucial to reduce the wriggle room available to men to wriggle out of accountability for their behaviour.*³⁴

In a recent review of the different ways in which the term perpetrator accountability is conceptualised, understood in a policy context and operationalised into practice, Chung, Campbell and Vlasis³⁵ highlight the potential of the web of accountability to counter the tendency to equate accountability with punishment by the criminal justice system. They critique the common (yet often

³² Smith, J. (2013). *Experiences of consequences accountability and responsibility by men for their violence against women and children*. PhD dissertation. University of Melbourne. Smith, J., Humphreys, C., & Laming, C. (2013). The central place of women's support and partner contact in men's behaviour change programs. *Ending Men's Violence Against Women and Children: The No To Violence Journal*, Spring, 7–28.

³³ Vlasis, R. (2013). *What can be done to strengthen accountability for men who perpetrate family and domestic violence?* Melbourne: No To Violence Male Family & domestic violence Prevention Association, p 5.

³⁴ *ibid*, p.6

³⁵ Chung, D., Upton-Davis, K., Cordier, R., Campbell, E., Wong, T., Salter, S., Austen, S., O'Leary, P., Brackenridge, J., Vlasis, R., Green, D., Pracilio, A., Young, A., Gore, A., Speyer, S., Mahoney, N., Anderson, S., & Bisset, T. (in preparation). Improved accountability: The role of perpetrator intervention systems. Research Report. Australia's National Research Organisation for Women's Safety.

unspoken) assumption that mechanisms or responses to hold perpetrators accountable automatically lead to improvements in victim-survivors' safety. Rather, isolated perpetrator interventions or other accountability mechanisms can sometimes do the direct opposite.

A web of accountability offers a way to consider the potential effects of any single accountability mechanism in the light of other formal and informal responses to a perpetrator's behaviour. Government and non-government agencies that directly or indirectly intervene with perpetrators share responsibility for building these webs of accountability. Their collective responsibility is most likely to be fulfilled when they share common goals and hold differentiated and overlapping roles and responsibilities.

A perpetrator's web of accountability involves the combination of actors within the formal perpetrator intervention service system, and those less-formal influences within the wider perpetrator intervention ecosystem. As such, community and (sub)cultural networks can also be part of webs of accountability.

Furthermore, as emphasised in other perpetrator intervention system principles, a web of accountability for a perpetrator should take into account:

- the experiences and needs of the family members affected by his use of violence; the actions they take to resist his violence and maintain some dignity in their lives; and what they are already doing, or plan to do, to mitigate the risks he poses and/or move him towards ceasing his use of violence and control.
- what the system knows about his specific patterns of coercive control, the impacts of these patterns on adult and child victim-survivors and on child and family functioning, and how these patterns need to change.

Agency roles and responsibilities

The need to 'engage' perpetrators is often expressed by FDV stakeholders. What is exactly meant by this, however, and the specific intentions of doing so, are rarely articulated.

Caution and misconceptions about perpetrator engagement both contribute to and combine with generalised uncertainty about roles and responsibilities in relation to perpetrators. Examples of uncertainty include:

- how roles and responsibilities differ between agencies – at different points in time, in different contexts, and with different perpetrator cohorts
- the objectives of perpetrator engagement by non-specialist service agencies; the limits of their responsibilities; and how their role differs from specialist behaviour change interventions.

As part of defining differentiated and overlapping roles and responsibilities for government and non-government agencies, stakeholders involved in delivering services within perpetrator intervention systems must start to address questions such as:

- What are the objectives of perpetrator engagement in a particular situation or cohort; at a particular point of time; and by a particular agency?

- How does engagement in a particular setting relate to prior and potential future engagement with a perpetrator, whether by the same or other service system agencies?
- How can we achieve a more integrated approach, particularly across departments, statutory authorities and non-government agencies?
- How can/should engagement be informed by family members who have been affected by a perpetrator’s violence - especially, but not only, in relation to their current and prior engagement in the service system?
- What parameters or limits to engagement should be kept in mind for a particular situation and a particular agency, especially for agencies that do not specialise in perpetrator interventions?

These questions are relevant not only to perpetrator engagement as a whole but, more specifically, to particular aspects of perpetrator engagement, such as conducting risk assessment with perpetrators. The Victorian Government, for example, has released guidelines for risk assessment and risk management responsibilities for workforces with differing degrees of FDV specialisation. These include expectations for these workforces when they are conducting risk assessment with perpetrators.³⁶ This can be a highly difficult and challenging endeavour for agencies and practitioners with little such specialisation. In this context, understanding one’s role, parameters and limits in risk assessment with the perpetrator is crucial.

When professionals are sufficiently trained, supervised and provided with practice guidance and have clarity about their specific role and responsibilities vis perpetrators, they are more likely to attempt to engage perpetrators and to do so in ways that involve less risk. They are less likely to overreach, or to make attempts at interventions that would be better left to other agencies or practitioners, or for other contexts or points in time.

In other words, clarity can help services and practitioners to know where and when to step back, as well as where and when to step in. After all, it is easier to feel confident in one’s role within defined limits and parameters. It is also easier to take incremental steps in the knowledge that others will also be ‘doing their bit’ and are available to collaborate where and when appropriate. Enacting appropriate roles and responsibilities can mean that each service’s contact with a perpetrator can help to make future (near-term or later) engagement by other services more purposeful and informed. The concepts of *horizontal and vertical integration* explored on page 58 outline this in more detail.

Mapping roles and responsibilities

Several attempts to develop a framework to map workforce roles and responsibilities for perpetrator engagement – including for workforces without specialisation in FDV – have been made in recent years. This includes two broad frameworks arising out of Europe, and two more detailed mapping processes from Australia.

³⁶ Family Safety Victoria (2019). MARAM Foundation Knowledge Guide. State of Victoria.

Intervention ladder

The Swedish Association of Local Authorities and Regions (SALAR), in its 2018 report focusing on how to improve the quality of FDV perpetrator intervention programs,³⁷ introduced the concept of an *intervention ladder for perpetrators*. This ladder focuses on six rungs required for a system, in a cross-agency coordinated fashion, to build or escalate interventions with perpetrators progressively, with each intervention building on the next. SALAR stressed that, with respect to the first three rungs (and to some extent the fifth and sixth), services without specialisation in responding to FDV perpetrators (or without specialisation in FDV per se) can perform an important role in helping to build an intervention.

The six rungs of the ladder are:

1. Discovering men who are perpetrating FDV, where SALAR argues the importance of “developing improved and more systematic methods of discovering violence is important in all entities of the healthcare system and social services that can come into contact with violent men. These entities can include primary health care centres, child welfare services and social services, family law units, family counselling, units working with counselling, financial assistance, substance abuse and support to persons with functional impairments, to name a few.”³⁸
2. Motivating men to participate in a specialist intervention: “Just as there must be a broad-based preparedness to discover violence, personnel in those areas of the healthcare system and social services that may come into contact with batterers need a fundamental preparedness to engage batterers and motivate them with regard to the intervention. There must also be clear access paths and routines for referring the men to an intervention, in order to keep the threshold for seeking help as low as possible.”³⁹
3. Efforts to promote change and support, often prior to a man’s participation in a MBCP or MBCP-like intervention, involving either fully specialised services or partially specialised services located in social services, justice-based or and health services settings, that work towards beginning the process of change.
4. Treatment [sic]⁴⁰ involving longer-lasting behaviour change focused interventions, usually conducted by fully specialised services.
5. Monitoring the effects of the intervention on the safety and wellbeing of adult and child victim-survivors, including any new relationships that the perpetrator enters and new children with whom he has contact. This occurs intensively for the first nine months after the intervention has begun, and for at least 15 months after the end of the intervention.
6. Support towards maintaining any changes that have occurred.

³⁷ Swedish Association of Local Authorities and Regions (2018). *Changing violent men: Improving the quality of batterer interventions*. <https://webbutik.skl.se/bilder/artiklar/pdf/7585-683-4.pdf>

³⁸ *ibid*, p. 31

³⁹ *ibid*, pp 33-34

⁴⁰ The term ‘treatment’ is controversial within industry, as it infers an understanding of FDV as a mental health issue rather than as a social problem.

This concept of a ladder is entirely consistent with CIJ and SFV’s concept of collective responsibility, and how each service ‘doing its bit’ can help to lay the foundations for other services to do theirs (concurrently or in the future). It is related to the notion of *vertical integration* within perpetrator intervention systems that will be introduced at a later stage of this paper.

Project ENGAGE

In 2018, the European Network for the Work with Perpetrators (WWP-EN) launched the ENGAGE project to develop roadmaps for frontline professionals – in health care, social services, child protection, law enforcement and other sectors – when coming into contact with perpetrators of FDV. The project aims to “increase the potential of perpetrator programmes to prevent and reduce domestic violence against women and children by improving the quantity and quality of (self-) referrals to these programmes through a coordinated multi-agency response that prioritizes victim safety.”⁴¹

Conducted across several European countries, the project involved consultations with frontline workers and research with FDV perpetrators to develop a roadmap for perpetrator engagement. The roadmap was finalised in early 2019 and published in English, French, Italian, Spanish and Catalan.⁴² The English version is represented in Figure 1.

⁴¹ Geldschläger, H. (2019). *ENGAGE Roadmap for frontline professionals interacting with male perpetrators of domestic violence and abuse to ensure a coordinated multi-agency response to perpetrators*. https://www.work-with-perpetrators.eu/fileadmin/WWP_Network/redakteure/ENGAGE/engage_EN_190313_web.pdf

⁴² Stakeholder organisations from Austria, Croatia, Finland and Germany have also contributed to the project.

engage Roadmap: 4 Steps

Safety and rights of the victims / survivors are the priority in all our interventions!

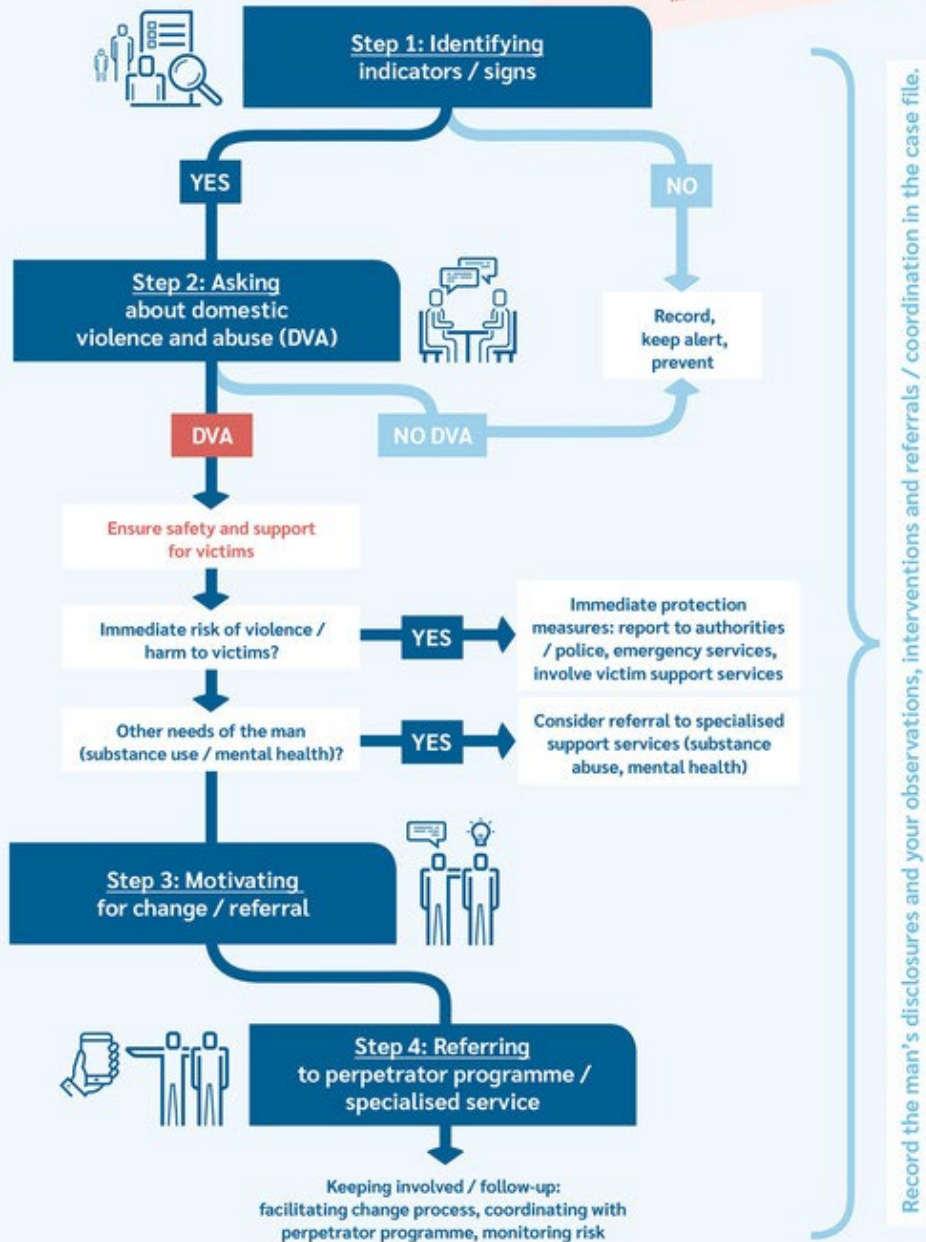


Figure 1: ENGAGE roadmap for frontline professionals⁴³

The roadmap is associated with a practice guidance document that outlines each of the steps in a moderate amount of detail, combining practice principles with some specific micro-practice tips.⁴⁴ In summary, the guide suggests that the role of frontline professionals is to:

- identify signs of the use of FDV in male service users' discourse and behaviour
- address the issue with them in a respectful and direct way
- give clear, unequivocal messages about violence and its consequences
- encourage and motivate perpetrators to get professional, specialised help from perpetrator programs and to stop their abusive behaviours
- make referrals to/provide information and contact details about perpetrator programs that are available
- make sure that women and children victim-survivors receive adequate support and safety planning
- work in collaboration with other relevant services within an integrated approach to hold the man accountable for his behaviour.⁴⁵

The guide stresses that frontline professionals are not responsible for providing specialist services such as long-term counselling to help men stop their violence/abuse; nor for identifying the processes that led to the violent behaviour; nor exploring non-abusive alternatives.⁴⁶

The two European frameworks outlined above focus on a set of broad responsibilities for engaging FDV perpetrators, undifferentiated by workforce. The two Australian frameworks that we describe below take a more nuanced approach that enables mapping of separate workforces' engagement of perpetrators, either in terms of specific roles and responsibilities for such engagement that applies to that workforce (the CIJ framework), or of how such engagement sits within the context of perpetrator intervention systems (Curtin University framework).

CIJ Roles and Responsibility Framework

As described above, the CIJ's report - *Bringing pathways towards accountability together: Perpetrator journeys and system roles and responsibilities* – presents a framework that enables mapping of government and non-government agencies' and services' roles and responsibilities with respect to perpetrator contact and engagement.⁴⁷ The framework also enables a deep consideration of agencies' roles and responsibilities, helping to delineate service objectives and to identify the knowledge and skills that practitioners need for perpetrator contact and engagement.

⁴³ Geldschläger, H. (2019). *ENGAGE Roadmap for frontline professionals interacting with male perpetrators of domestic violence and abuse to ensure a coordinated multi-agency response to perpetrators*. https://www.work-with-perpetrators.eu/fileadmin/WWP_Network/redakteure/ENGAGE/engage_EN_190313_web.pdf

⁴⁴ *ibid*

⁴⁵ *ibid*, p.5

⁴⁶ *ibid*, p.5

⁴⁷ Vlasis, R. & Campbell, E. (2019) *Bringing pathways towards accountability together: Perpetrator journeys and system roles and responsibilities*, RMIT University, Melbourne. <https://cij.org.au/cms/wp-content/uploads/2018/08/bringing-pathways-towards-accountability-together-perpetrator-experiences-and-system-roles-and-responsibilities-170519.pdf>

While written in the context of the implementation of a RCFV recommendation and specifically for the Victorian Government, the framework is relevant across jurisdictions, and may help to deepen jurisdictions' responses to the National Outcome Standards for Perpetrator Interventions.⁴⁸

The framework was constructed to enable mapping at the *level* or *type* of service, rather than by agency or individual practitioner.⁴⁹ This is because many agencies provide a wide range of services that might have quite varied roles and responsibilities in perpetrator engagement – from none through to FDV specialisation.

The framework is not designed to prescribe specific work practices. Rather, it assists stakeholders to determine, for their service type, which roles and responsibilities are appropriate and safe for them to enact in terms of perpetrator engagement. It is applicable to a wide range of workforces, with varying degrees of specialisation (including none) in FDV or perpetrator engagement. These include: specialist perpetrator intervention services; child-focused services (child protection; intensive family support; family law); primary health care; alcohol and other drug services; mental health; education; housing and homelessness; justice system and legal services; law enforcement; Corrections and other offender management services; court-based services and others.

In the CIJ's work on developing a web of roles and responsibilities for perpetrator contact and engagement, the distinction between specialist, non-specialist and partially specialist interventions is made at the level of a specific *service*, rather than broader *agency*. Some departments or agencies provide services designed to meet different intervention objectives, and implemented by practitioners with different levels of specialist expertise. Conversely, the CIJ found that it is just as crucial not to rely on definitions of specialisation based on individual *practitioners*. Smooth, interdependent working relationships between stakeholders requires commonly understood and consistent understandings of the roles and responsibilities of each service. This should not depend on the particular, and often fluctuating, specialist expertise of constituent practitioners at any point of time.⁵⁰

There are eight *roles* and fourteen *responsibilities* in the CIJ's framework. These delineate appropriate and safe objectives of any given service in terms of engaging perpetrators.

Roles indicate where a service type sits in the context of perpetrator interventions, informed by:

- the context in which the service interacts with a perpetrator or his family members
- the timeframe in which that interaction may occur (relative to the service system becoming aware of a perpetrator's behaviour)
- the depth of the service's involvement.

⁴⁸ Commonwealth of Australia (Department of Social Services) 2015. National Outcome Standards for Perpetrator Interventions. https://plan4womenssafety.dss.gov.au/wp-content/uploads/2015/04/nospi_coag_paper.pdf

⁴⁹ To provide an example of service type delineation, the alcohol and other drug services sector can be categorised into the following service types: AOD intake; AOD counselling services (community-based and forensic); Care and recovery coordination; Intensive AOD therapeutic and rehabilitation programs (residential and non-residential); AOD harm reduction services; AOD pharmacological services; Addiction medicine services; AOD residential withdrawal services; and AOD non-residential withdrawal services. Roles and responsibilities can be mapped separately for each service type.

⁵⁰ This is not to understate the usefulness of specialist or partially specialist practitioners within services that do not have highly specialised roles. However, such practitioners can help their peers within the service to enact that service's roles and responsibilities with respect to contact and engagement with perpetrators more adeptly.

The eight roles in the framework are:

- Role 1 Initial engagement with the perpetrator, or on issues of perpetration, during or in the immediate or near aftermath of family violence incidents
- Role 2 Initial engagement with the perpetrator, or on issues of perpetration, in the aftermath of family violence disclosure or identification
- Role 3 Bringing the perpetrator into view and adopting a perpetrator pattern-based lens in the context of services directed to victim-survivors
- Role 4 Contact in the context of relationship, family-focused or post-separation interventions
- Role 5 Opening an appropriate and safe door to intervention and window onto risk, in the days following initial or re-contact.
- Role 6 Keeping the door and window open in the first weeks following initial or re-contact
- Role 7 Responses to perpetrators over a timeframe of months
- Role 8 Longer-term responses.

Six of these eight roles are defined partly in terms of the timeframe in which opportunities for perpetrator engagement arise after identification (or re-identification) or disclosure. Two of the roles are defined more in terms of whether the perpetrator is being engaged in relation to the presence of other family members. It is important to note that consistent with a pattern, rather than incident-based, understanding of FDV, these timeframes delineate key periods or opportunities for the service system to engage, rather than key stages or phases in a perpetrator's use of violence. Indeed, roles do not describe a linear progression. This is due to the complicated, stop-start-move-backwards ways that many perpetrators move through the system. Some perpetrators cycle through two or three settings several times, or reappear in previous settings after engagement with later ones.

Responsibilities are the *functions* that services are able to perform with respect to perpetrator engagement. They are delineated to encourage services to consider the *intent* behind their intervention, including where they may either 'lean in' and potentially do more than they are currently doing with respect to engaging with any given perpetrator – or where they should instead 'hold back' and collaborate with a specialist service.

The fourteen responsibility functions in the CIJ's framework are:

- Responsibility A Identification of family violence perpetration, or consolidation of identification, through engagement with the perpetrator
- Responsibility B Augmenting or contributing to ongoing risk and threat assessments
- Responsibility C Information sharing regarding perpetrator behavioural and attitudinal patterns, dynamics and risk situations
- Responsibility D Risk management through coordinated (multi-agency) actions directed towards or involving perpetrators
- Responsibility E Initial specialised perpetrator assessment

Responsibility F	Ongoing specialised perpetrator assessment and intervention planning
Responsibility G	Referral to services addressing risk
Responsibility H	Family violence informed coordinated case management of perpetrators
Responsibility I	Scaffolding the perpetrator's participation in services, building the perpetrator's capacity to participate, and strengthening internal motivations to change
Responsibility J	Active collaboration with specialist intervention services after referral
Responsibility K	Limiting the perpetrator's opportunities or inclinations to use violence
Responsibility L	Interventions addressing dynamic risk factors and criminogenic needs
Responsibility M	Contributing to behaviour change objectives
Responsibility N	Contributing to sustainable behaviour change and secondary desistance from violence.

Enacting some responsibilities does not always necessitate actual engagement with a perpetrator. For example, in the course of a session, an AOD or mental health practitioner might form a suspicion that a client is a perpetrator of FDV, but decide not to engage immediately. Instead, they might first arrange a secondary consultation with a specialised perpetrator intervention service and/or seek further information about the client from other agencies within the opportunities and limits conferred by relevant information sharing and privacy laws. Depending on the nature of the situation, this might lead to a decision to prioritise establishing who within the system can reach out to offer support to the victim-survivor, before engaging the man on his FDV perpetration.

In 2019 the CIJ published a detailed report outlining how the framework can be used by stakeholders seeking to map perpetrator engagement roles and responsibilities at the level of service type. The report also provides a 'magnifying glass' that can be used by stakeholders to focus on and contextualise the application of applicable roles and responsibilities, to assist with developing more specific perpetrator engagement policy, practice guidelines, and position descriptions for practitioners. The report is available from the CIJ website.⁵¹

Mapping whole perpetrator intervention systems

At the time of writing, Dr Karen Upton-Davis from Curtin University's School of Occupational Therapy and Social Work is developing a process to map a perpetrator intervention system at the whole-of-jurisdiction level, as part of a large ANROWS-funded research program.⁵² Based on detailed jurisdiction-level consultations, the maps will provide a systemic overview of the intersections between perpetrators (and/or information about perpetrators) and the agencies and services with which they, and/or their information, come into contact. The maps will also indicate the volume and visibility of perpetrators as they move through various sub-systems within the overall system.

⁵¹ <https://cij.org.au/cms/wp-content/uploads/2018/08/bringing-pathways-towards-accountability-together-perpetrator-experiences-and-system-roles-and-responsibilities-170519.pdf>

⁵² Chung, D., Upton-Davis, K., Cordier, R., Campbell, E., Wong, T., Salter, S., Austen, S., O'Leary, P., Brackenridge, J., Vlasis, R., Green, D., Pracilio, A., Young, A., Gore, A., Speyer, S., Mahoney, N., Anderson, S., & Bisset, T. (in preparation). Improved accountability: The role of perpetrator intervention systems. Research Report. Australia's National Research Organisation for Women's Safety.

The maps will be represented in diagrammatic form, with software being developed to enable each jurisdictional map to be modified as circumstances change and systems mature – and indeed, to enable stakeholders to start again completely with respect to their map. The mapping tools, once finalised, are intended to be available for government and non-government stakeholders to use when determining policy and reforms to strengthen perpetrator intervention systems within their jurisdiction.

The maps will diagrammatically represent the visibility and volume of perpetrators, and of information about perpetrators, flowing between different parts of the perpetrator intervention system, as well as different parts of any given sub-system. *Visibility* in this context refers to the ability of a connection between two or more agencies or types of services to keep the perpetrator within view, particularly through the exchange of information related to perpetrator-driven risk. *Volume* refers to the amount of perpetrators and information about perpetrators that flows through this connection.

In addition to volume and visibility, the mapping process will focus on the *strength* of an agency's or service's ability to contribute to the overall perpetrator intervention system, as defined by four components:

- Identification of domestic and family violence perpetration
- Systematic recording of perpetrator information
- Systematic sharing of perpetrator information with appropriate others
- Action taken following information received about perpetration.

As noted earlier, Dr Karen Upton-Davis is refining and applying these mapping tools separately to each Australian state/territory, to develop initial broad jurisdiction-based maps of volume, visibility and strength of perpetrator information flows and engagement across different parts of each jurisdiction-based perpetrator intervention system. Through this process Upton-Davis has noted some commonalities across maps:

- Perpetrators are markedly invisible when they are in contact with the service system for reasons unrelated to FDV.
- Many perpetrators who are 'snagged' into a service system response quickly 'unsnag' themselves and disappear from view without a change to their violent behaviour having been affected.
- There is a dearth of information available – even from within the FDV sector, both quantitative and qualitative – about perpetrators and perpetration.
- There is a paucity of information loops.
- Gaps in service provision exist not only for particular cohorts, but also between jurisdictions.
- There are marked differences between jurisdictions in relation to practices to make perpetrators visible at coordinated, integrated response meetings.
- Many workers, even those involved directly in the FDV sector, while holding specialised knowledge of their particular area, have limited understandings of how other services and workers fit within the broader system of responses to perpetration.

Degrees of specialisation

The roles and responsibilities enacted by a government or non-government agency depend in part on their degree of specialisation in FDV perpetrator interventions:

- little or no specialist perpetrator intervention capacity
- partial specialist intervention capacity
- full specialist knowledge, expertise and experience in perpetrator interventions.

This distinction is critical. Just as it is essential that services start to lean in and contribute to perpetrator accountability, it is equally essential that they do not underestimate the complexity and risks associated with any intervention. This includes either ‘overreaching’ or incorrectly concluding that specialist intervention is unnecessary. Further, it is essential that services do not overestimate their own capability to deal with FDV complexities and risks, especially not alone without at least secondary consultation and collaboration with specialist services. In many situations, specialisation in perpetrator interventions is required not only to conduct appropriate interventions in a safe and potentially effective manner, but also to know what interventions might be most suitable for which perpetrators and at which points in time.

In some situations, the distinction between specialist and non-specialist interventions is difficult to make. Certainly, there are several ‘grey areas’ of partial specialisation, or where services are *becoming specialised*, some examples of which include:

- magistrates who deliberate on a range of matters across different areas of law rather than sitting in specialist FDV courts, but who nevertheless handle a high proportion of FDV cases.
- court-based case managers in diversion programs, whose clients are diverse but are very often FDV perpetrators.
- police FDV personnel undertaking work related to intelligence gathering, profiling and risk management with high-risk, high-harm perpetrators.
- corrective services case managers who work specifically with offenders presenting complex criminogenic needs. These case managers do not specialise only in work with FDV perpetrators, but these clients comprise a high proportion of their caseload.

The examples above demonstrate that specialisation in perpetrator engagement and interventions is not a unitary thing. A service might hold specialised expertise in *some* aspects of perpetrator engagement, but not others. One important ramification of this is that MBCPs are *not the only specialists* in perpetrator interventions. However, it is important to understand that the full range of specialist expertise is unlikely to be developed in contexts other than MBCPs. All services need to be aware of overlaps and gaps in expertise, so that overall responses to perpetrators incorporate all elements necessary for effective engagement and intervention.

Furthermore, all services – irrespective of their degree of perpetrator intervention specialisation – can apply a *FDV lens* to their work, through which they understand and respond to their clients experiencing or using FDV in a way that they perhaps have not (consistently) done before.

Services' responsibility to each other

The concept of collective responsibility suggests that services that engage with and have contact with perpetrators need to be accountable to each other, in terms of enacting mutually negotiated roles and responsibilities.

In Duluth-type Coordinated Community Responses (CCRs) in the United States, where police may arrest perpetrators based on probable cause,⁵³ these accountabilities are achieved by an interdependent, closely connected chain of service system actions by attending police, victim advocates, prosecutors, judges, pre-trial probationary supervisors and post-trial probation officers. CCRs in this context occur in catchment areas with populations measured in the tens of thousands. They typically have a predictable sequence of criminal justice system activities – commencing with a 911 emergency call, and ending in probation and the perpetrator's attendance at a Batterer Intervention Program (BIP), as they are known in the United States.

What happens in each step of the chain is crucial and can affect the whole sequence. For example, the ability of attending police to collect and document the right information in the right ways can strongly impact on the ability of the prosecutor to work towards a prosecution. The CCR is fairly tightly defined: it focuses predominantly on criminal justice system agencies⁵⁴ in a specified geographic area.

Integrated responses in many jurisdictions of Australia are less likely to be so firmly situated in the criminal justice system and often involve (or attempt to involve) a wider range of sub-systems and systems agencies. They are also often based on catchment populations of hundreds, rather than tens, of thousands. This scope and breadth does not reduce the need for constituent agencies to be mutually accountable as they scaffold pathways for perpetrator accountability. It does, however, make accountability more complex than the somewhat linear processes that characterise CCRs.

In broader systems, the varied implicit and explicit purposes of the different agencies involved in a collective response can make it difficult to reach agreement on the responsibilities of each. This difference of purpose or remit has significant implications for the success of an integrated response, because a weakened link ultimately weakens the whole chain.

While Australian contexts are typically different to those in the United States, some of the practices of CCRs – such as practitioners observing or “shadowing” the work of other agencies – could be emulated here. Perpetrator interventions will be greatly improved by agencies listening to each other; developing shared understandings; and building the kinds of strong relationships that make it possible to put new ideas on the table.

⁵³ Mandatory arrest laws are present in over 20 U.S. states where police are required to make arrests in all circumstances where there is probable cause.

⁵⁴ The original CCR in the U.S., based in Duluth, Minnesota, is currently extending its focus to include a partnership with child protection services.

HYPOTHETICAL: Collective responsibility

Brian is a 27-year-old man attempting to recover from an ice addiction. He has an acquired brain injury (ABI) sustained from a motor bike accident three years ago. This affects his ability to learn and to process social information. He reports an “on-again, off-again” relationship with Jody, with whom he lived in a share house until recently.

Brian starts receiving services from a non-residential AOD therapeutic and rehabilitation service. The AOD practitioner is quite sympathetic to him, given the struggles he has due to the ABI and a childhood spent mainly in out-of-home-care. During their third session, Brian talks about some recent “trouble with the cops”. While he had not disclosed any history of police or court involvement when asked during his initial assessment, Brian tells the AOD practitioner that the police took out a protection order against him one night when “I was off my face”. When asked about the contents of the order, Brian mumbles “Ah, it means I can’t go near my girlfriend Jody”.

Knowing that Brian is not supported by any other services and concerned about whether he really understands the order, the AOD practitioner makes a time to call him the following day to assess and, if necessary, strengthen, his understanding of the order.

Brian does not answer his phone at the arranged call time, but brings the order with him to the next session. As the order states that Brian is not to have contact with Jody under any circumstances, the AOD practitioner concludes that he is considered to pose a significant risk to Jody. Brian becomes agitated when the practitioner raises questions about his relationship, and the practitioner decides to set the issue aside for a future session.

Consistent with jurisdictional FDV information sharing laws, the AOD service requests that police share details from the FDV incident report about the call-out that prompted them to apply for the protection order. The report reveals that Jody incurred minor leg wounds caused by glass shards after Brian allegedly shattered a glass door, but that police decided not to lay charges.

The practitioner explores with Brian his current living arrangements, given that he can no longer reside at the share house where Jody is living. He is couch-surfing, which could lead him back into environments conducive to ice or other drug use, or to violate the conditions of the protection order.

Brian is supported to contact a housing and homelessness intake point to explore temporary accommodation options and is placed into crisis accommodation. He is also referred to a financial counselling service, given that his main source of income is Centrelink payments, and that his financial management is affected by his ABI. Upon making the referrals, the AOD service provider notifies the financial counsellor and the support worker at the crisis accommodation service about his use of violence.

Brian does not attend his fifth appointment with the AOD service. The following week, the housing support worker informs the AOD service that Brian has left the crisis accommodation and that others at the accommodation report that he had been acting ‘wired’ in the days before leaving, raising the possibility that he is back to using ice regularly.

The AOD service contacts the financial counselling service to establish whether Brian is still attending, and is informed that he participated in the one session only. The financial counsellor reports that during that session, Brian was distressed at Jody withdrawing as a signatory from their joint bank account, saying that he was sure they were going to get back together again “soon”.

Due to concern about a potential spike in risk, the AOD service informs police about recent developments. While they cannot take any action with respect to Brian without more concrete indicators of significantly enhanced risk, they lodge the information and the issue is discussed at the next triage meeting of the local multi-agency risk management response meeting.

A specialist women's FDV service has already had contact with Jody via standard referral processes that were enacted after the previous police intervention. At that time, Jody was assessed as being at relatively low to moderate risk.

At the multi-agency meeting, team members are reluctant to add to Jody's fear without knowing if this is warranted. It is agreed that contact by the specialist women's FDV service is preferable to a police welfare check; accordingly, the women's worker agrees to contact Jody and conduct further risk assessment, and then report back any pertinent information.

When contacted by the women's service Jody expresses confidence in the existing safety arrangements and doesn't want any additional support. The worker commits to contacting Jody again if any further information comes to the service's attention, and informs the triage team of Jody's current felt-safety and support needs. All of the information during this process is documented and stored in a shared database for future reference.

Two months later, Brian knocks on Jody's front door. Her flatmate answers and Brian asks to see Jody. The flatmate, knowing who Brian is and that Jody does not want to see him, asks him to leave. She tells him that if he does not leave, she will call the police. Brian escalates his demands to see Jody and threatens the flatmate, who shuts and locks the door on him and calls police. Brian bangs on the door and tries to force it open. Police arrive and arrest him on charges including contravention of the protection order.

As Brian appears ice-affected, police also arrange medical attention before taking him back to the station. In custody, Brian repeatedly says, "Why won't that bitch see me?" He is kept in custody to appear at the Magistrates Court.

Brian is fast-tracked through the Magistrates' Court as part of reforms to enable swift responses to FDV matters. Because the FDV-harm aspect of Brian's behaviour has been acknowledged by all

professionals, and his encounters with the many different parts of the service system have been so well-documented, the magistrate is well-placed to understand Brian's history of engagement/participation and the risk his behaviour poses to Jody.

Brian's bail conditions during the process include random drug testing by police, with the FDV Investigation Unit also making occasional unannounced visits to keep a visible presence. The Legal Aid duty lawyer representing Brian persuades him to resume sessions with the AOD service to address his ice use, emphasising that it is in his best legal and personal interests to do so.

The matter proceeds at court, and Brian agrees to short- to medium-term case management from a service that works with offenders awaiting sentencing in relation to criminal charges to which they have pled guilty. In addition to Brian's participation in the AOD service, the case manager makes assisted referrals for: a renewed intake assessment by the local housing and homelessness intake point; to resume participation in financial counselling; and to a men's behaviour change program. Due to the additional challenges in relation to Brian's ABI, the MBCP provider decides to commence work with him in individual sessions, with a short to medium-term focus on reducing the risk he poses to Jody, before attempting to work towards longer behaviour change goals.

With intensive case management, over the next four months, Brian's life stabilises. He ceases his ice use and finds a new, drug-free share house to live in. While he does not qualify for NDIS support, the case manager arranges for a disability employment service provider to assist him to find a job and to provide him with at least occasional support to keep the job once found. Throughout the process, the case manager is conscious of the need not to overwhelm Brian with too many simultaneous services, so carefully sequences and monitors his involvement with various services as part of a service coordination role. ●

There might have been a very different outcome in this hypothetical had all services involved not been aware of their roles and responsibilities, and able to contribute towards a meaningful response to Brian centred on Jody's needs. For example, there would have been a real possibility of Brian breaching the conditions of the protection order if the AOD practitioner had not taken an interest in his understanding of, and motivation to comply with, the order. By taking a short-term, FDV-informed case management approach to Brian's situation, the AOD practitioner was able to reduce the risk to Jody by helping to improve some of the basic conditions of Brian's life. It can also be imagined what Jody might have experienced if the AOD practitioner had not shared information with police about acute spikes in risk related to Brian's ice use; or if court, legal, MBCP and other services did not work closely together after his court appearance. The consequence to Jody of any weak link in this chain could have been significant.

Foundation 3 – Defining success

Stakeholders and agencies comprising a perpetrator intervention system must actively develop a shared definition of success for perpetrator interventions and engagement, rather than assume the existence of a shared understanding.

On the surface, measuring and defining success for perpetrator intervention systems seems fairly straightforward. Success is indicated by increased safety and wellbeing for those experiencing the perpetrator's violence. Delving more deeply, however, reveals some complexities in terms of how success is both conceptualised and measured.

A recent discussion paper by SFV highlights the consequences of the lack of an outcomes framework to guide considerations of what success means in terms of perpetrator intervention programs.⁵⁵ The absence of an outcomes framework results in quite varied and distinct approaches towards conceptualising and measuring outcomes in perpetrator engagement, with flawed use of recidivism measures largely filling the vacuum. The authors of this discussion paper argue that:

FF *...the vacuum perpetuated by the lack of a broad consensus on what counts as success in this work is becoming increasingly problematic. This is further compounded by a 'growth spurt' in MBCP funding currently taking place in Australia's three most populous states, spurred by major inquiries and reforms that have prioritised, among other things, how to focus on perpetrators as the source of the problem rather than sole reliance on protecting victim-survivors ... Understandably, commissioners and funders of MBCPs will want to see that the increased allocation of attention and resources dedicated to this work is achieving results ... Without a broad industry and government consensus concerning how to measure effectiveness, and without realistic expectations concerning what these programs can achieve, the potential exists for a backlash against increased funding in the future from stakeholders asking, "where's the evidence?"⁵⁶*

The authors of this paper further argue that, while there is currently a push for new approaches in perpetrator programs, it is difficult to innovate productively, let alone evaluate new initiatives, when there is a lack of consensus about what counts as success.

Although working towards the safety of women and children is a commonly articulated goal of integrated responses in general, there is often not a single, consistent definition of 'safety'. Issues here include the extent to which safety:

- focuses specifically on the cessation of physical and sexualised violence and, if so, on safety from injurious violence

⁵⁵ Vlasis, R., & Green, D. (2018). *Developing an outcomes framework for men's behaviour change programs: A discussion paper*. Stopping Family Violence.

⁵⁶ *ibid*, p.3

- includes a broader focus on freedom from other tactics of coercive control, including emotional safety
- relates to broader issues of victim-survivors' struggles for space for action in their lives, dignity, autonomy and social and cultural connectedness that can be disrupted by perpetrator patterns of FDV
- means that space for non-perpetrating parents to build and maintain relationships with their children free from the perpetrator's attempts to sabotage these relationships
- is defined somewhat differently by each victim-survivor and their family, in accordance with their needs and experiences.

While defining success in terms of victim-centred outcomes is complex, it is also crucial. It is critical that the fundamental goal of working towards the safety, wellbeing and dignity of victim-survivors does not become confused with *strategic impact objectives* of perpetrator engagement. In terms of program logic models, impact-level objectives associated with perpetrator engagement are not the ultimate outcomes. Rather, they are a means to the ends of victim-survivor safety and wellbeing. The efforts of perpetrator intervention systems to engage perpetrators indirectly or directly and bring them into view are only one set of strategies that work towards this ultimate goal, within the context of broader and wider integrated service system responses.

Taking a broader view of the perpetrator intervention system as a whole, recidivism is often used as a measure of systemic, as well as intervention-level, success. However, as described by SFV's 2017 issues paper regarding MBCPs, there are a number of conceptual and practical problems with recidivism as a measure, in that it:

FF *Captures only physical and sexual violence tactics used by FDV [family and domestic violence] 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."⁵⁷

In terms of perpetrator intervention systems as a whole, this latter point in SFV's critique of recidivism as a measure emphasises the importance of defining the success of perpetrator interventions not solely in terms of behaviour change objectives. Many of the responsibility functions in CIJ's web of roles and responsibilities do not relate directly to perpetrator behaviour change, but focus on risk assessment and risk management, or on contributing towards pathways for responsibility taking and accountability. Furthermore, interventions that enable a fuller understanding of the perpetrator's specific patterns of coercive control, as well as patterns of sabotaging family relationships and connections with services and community supports, can help the broader integrated FDV service system to identify the needs of family members.

Developing a shared understanding of the problem

A shared understanding about the very nature of FDV is crucial to developing a shared understanding of what counts as success in perpetrator interventions. A belief that FDV results from anger management problems, emotional dysregulation or mental health issues and expressed through particular incidents of physical and sexualised violence, will lead to very different indicators of success than when the focus is on perpetrator patterns of coercive control. Indicators of success that draw upon the latter perspective focus on the system of tactics that a perpetrator puts into place to control family members, driven by core beliefs that include his right and entitlement to get his own way. Rather than focusing on discrete incidents of violence enacted by a perpetrator, success in this respect means how victim-survivors experience any changes or differences in his patterns of coercive control.

If agencies and stakeholders that make up a perpetrator interventions system do not have a shared understanding of the problem, there will not be solid agreement on how to define and measure the success of the system's engagement with perpetrators, and the success of constituent interventions. For example, a perpetrator might be considered 'rehabilitated' or 'changed' by some stakeholders due to the absence of law enforcement or justice system involvement in the years following his participation in a perpetrator intervention program. However, other stakeholders might identify his use of new tactics (different to previous physical violence) to control the lives of his family members around his will and needs. These could be indicators that the patterns of the risk may have changed, but their underlying drivers have not.

Systemic markers of success

The success of perpetrator intervention *systems* – as distinct from interventions with individual perpetrators – can be defined partly in terms of how they assist non-specialist services to achieve their

⁵⁷ Vlasis, R., Ridley, S., Green, D., & Chung, D. (2017). *Family and domestic violence perpetrator programs: Issues paper of current and emerging trends, developments and expectations*. Perth: Stopping Family & domestic violence.

core objectives in ways that also contribute towards victim-survivors' safety and perpetrator accountability. Expected outcomes of a well-developed perpetrator intervention system, based on a range of agencies carefully enacting agreed upon roles and responsibilities, could include:

- specialist women's and children's FDV services having more information about a perpetrator's behaviour, to assist their crisis response, case management and advocacy responses
- more child victim-survivors of severe FDV violence remaining in the care of their non-offending parent, rather than being removed into out-of-home care
- safer families both where the perpetrator can remain living with the family, and where the perpetrator needs to live apart
- fewer contraventions of FDV protection orders, with associated reductions in police and court activity⁵⁸
- fewer contraventions of other orders and bail conditions
- improved outcomes around alcohol and other drugs (AOD) and mental health.

These examples show that perpetrator intervention systems are highly relevant to issues of paramount importance for child protection, family support, police, court, corrections, health and other services. Systemically, the success of perpetrator intervention systems can be conceptualised not only in terms of their ability to contribute directly and indirectly towards the safety, wellbeing and dignity of victim-survivors; but also in their ability to assist service system agencies to achieve outcomes related to their core activity. These system-level impacts of perpetrator interventions and perpetrator intervention systems can be as important to conceptualise and measure in monitoring and evaluation processes as individual-level impacts.

Indeed, a recent Australian Social Return on Investment analysis focusing on Australian MBCPs demonstrates that the costs of FDV are so high across health, social services, justice system, economic and other sectors, that even programs with very small rates of success can provide positive returns in terms of cost savings for government, and more so when considering cost savings to society as a whole.⁵⁹

Setting reasonable expectations

While it is important to take a broad and systemic view when defining what success means for perpetrator intervention systems, this is not to say that expectations should be unrealistically high.

As the CIJ and SFV have described in earlier reports, perpetrator pathways towards responsibility taking and accountability can be long, winding and stop-start and require an accumulation of both external and negative consequences over time.⁶⁰ Patterns of behaviour can be highly reinforced by both the immediate 'pay-offs' that perpetrators experience when they use violence – for example,

⁵⁸ It is likely, however, that well-functioning perpetrator intervention systems will drive an increase in prosecution of contraventions in the short- to medium-term, due to the system's enhanced ability to detect and respond to contraventions.

⁵⁹ Chung, D., Upton-Davis, K., Cordier, R., Campbell, E., Wong, T., Salter, S., Austen, S., O'Leary, P., Brackenridge, J., Vlasis, R., Green, D., Pracilio, A., Young, A., Gore, A., Speyer, S., Mahoney, N., Anderson, S., & Bisset, T. (in preparation). Improved accountability: The role of perpetrator intervention systems. Research Report. Australia's National Research Organisation for Women's Safety.

⁶⁰ Centre for Innovative Justice (2016). *Pathways towards accountability: Mapping the journey of perpetrators of family & domestic violence – Phase 1*. RMIT. Report to Victorian Department of Premier and Cabinet. Vlasis, R., Ridley, S., Green, D., & Chung, D. (2017). *Family and domestic violence perpetrator programs: Issues paper of current and emerging trends, developments and expectations*. Perth: Stopping Family Violence.

emotional 'regulation', reinforcement of control, re-assertion of gender-based privilege – and by peer cultures and micro- and macro-communities that emphasise dominant masculinities.

For some people who cause FDV harm, significant and sustained behaviour change will require the achievement of secondary and tertiary desistance goals. These goals involve changes in identity, general maturation and lifestyles – a life-long project requiring participation in informal networks and communities of belonging with shared values underpinning non-violence.

In this context, the expectation that perpetrator intervention systems can 'fix' coercive and controlling men in one fell swoop, to change them from the binary positions of violent to non-violent, is unrealistic. Perpetrators come into interventions and systems with highly-reinforced patterns of coercive control, and ways of organising their intimate and family relationships around their personal needs. For some perpetrators who could be considered 'criminally oriented men', these patterns are interwoven with attitudes and belief systems that condone violence in other settings for personal gain.

Interventions and intervention systems can work towards changing these patterns of attitudes and behaviour. Complete eradication of complex and intricate patterns of coercive control across the breadth of tactics used, however, is unlikely for perpetrators who are only involved in the perpetrator intervention system for weeks or months.

A central question for ongoing assessment therefore becomes: *In what ways have the perpetrator's patterns of coercive control, and organisation of his intimate and family relationships around his 'needs', changed due to the activity of the perpetrator intervention system?*

This question allows for the possibility not only of the perpetrator's patterns becoming more limited and less intense due to engagement by the system, but also the possibility of him adapting by changing or substituting some tactics for others. This includes, for example, introducing and extending less prosecutable means of violence and control to avoid further police and court scrutiny of his behaviour.

The question also enables consideration of the possibility of the perpetrator using involvement in the service system as a further tactic to control or pathologise his (ex)partner, such as by using engagement with a service as 'proof' that he has changed, or using the child protection or family law systems to harm his (former) partner's relationship with her children.

To achieve the goal of sustained non-violence, and the eradication of most or all of their patterns of coercive control, most people who cause FDV harm will need to be engaged by the perpetrator intervention system several times. Each time, ideally, their patterns of behaviour would change 'in the right direction' and they would make a series of positive incremental changes that accumulate over the long-term.

Seen in this light, expectations of success for perpetrator intervention systems are no different than expectations set for other sectors. For example, AOD interventions with people struggling with substance abuse often do not achieve the goal of 'fixing' the person's substance abuse problem in one intervention cycle. Their patterns of substance abuse might have reduced or changed, but for some people with AOD issues, each intervention achieves incremental changes that work towards longer-term goals.

HYPOTHETICAL: Defining success

Resumption of or 'saving' a relationship are commonly cited goals for perpetrators seeking to join an MBCP. Yet for (ex)partners of those people, their definition of *success* might look very different. This scenario highlights that perpetrator interventions impact in many different ways over time.

James, married to Susan with four children aged 18 months to nine years, was three-quarters through completion of a MBCP. He initially 'self-referred' to the program on the insistence of Susan, who decided to take the risk of confronting him and insist that his behaviour had to change for their relationship to continue. James was the biological father of the three youngest children and stepfather to the oldest child – Susan's child from a previous relationship.

James had made some changes to his behaviour over the course of participating in the program. He reduced his intimidation and standover tactics. He could sometimes employ strategies to calm himself when he became 'worked up' over Susan not having done things to his liking. However, his emotional abuse tactics had worsened, involving frequent criticisms of Susan's parenting as being 'too soft'.

Susan felt undermined and gaslit by James's constant denial of her experiences or feelings. James also continued to insist on things being done his way. He had very inappropriate developmental expectations of the children and expected his parenting style to prevail. His social and financial abuse behaviours had not lessened, meaning that Susan felt like she was living in a straitjacket. She also felt that she could not meet her children's emotional needs, as she was constantly stressed by James's behaviour.

Susan found the support provided through the MBCP provider's family safety contact worker invaluable. In these phone calls and the occasional face-to-face session, Susan had opportunities to reflect and process what James's mixed progress meant for her and her family.

Increasingly exhausted, Susan felt that the situation was untenable. Feeling supported through family safety contact, and with James engaged in the program, Susan decided to end the relationship. She informed the family safety contact worker of this three weeks before talking with James, giving the

MBCP men's workers time to prepare a risk management strategy for James's reactions. The breaking-up conversation was also carefully planned: Susan had two friends present during the conversation with James, and local police were requested to be on stand-by should they be required.

After Susan's conversation with James, the MBCP engaged him in individual sessions to assess the risk of backlash and retaliation, and to assist him to find alternative accommodation. James was initially agitated and blamed Susan for 'kicking the children's father out of his home'. While he continued to feel aggrieved, however, he also showed some understanding as to why Susan took this course of action. These insights, although limited, were reinforced by the MBCP workers as a means of keeping James focused on the situation being a result of his own choices and behaviours.

After completing the remaining MBCP sessions, James agreed to continue working on his behaviour in individual sessions. His aims were to work towards becoming the father he deep-down aspired to be, and supporting – rather than sabotaging – Susan's parenting in the process. While he did not consistently attend these sessions, Susan, who continued to receive partner and family contact, reported that James was making some effort to be less critical of her in front of the children. His contact visits with the children, however, were still highly stressful for Susan.

At a subsequent contact visit James became aware of an incident that had occurred at the children's school, in which their 7-year-old son had been bullied. James felt that the way Susan had managed the situation was again 'too soft' and that Susan's parenting was to blame for their son growing up 'unable to defend himself'. James became abusive and threatening towards Susan at the contact visit, which resulted in Susan contacting the police for assistance.

When the police attended the home, they were aware of James's prior history of FDV and were able to ask him about his current engagement with services. The police supported James to make contact with his previous MBCP program, which re-engaged him for another round of sessions. The MBCP workers also informed the family safety contact service, which followed up with Susan.

When undertaking this second cycle of intervention with James, the program was able to draw upon its previous experience with the family to enhance risk assessment and safety planning with both James and Susan. The program's response was conceptualised as an extension of the previous work and, as such, the system was better equipped to meet the changing risks and needs. ●

Setting high aspirations

While it is important to have realistic expectations for the success of perpetrator interventions and perpetrator intervention systems, this does not mean that the *goals* of intervening with people who cause FDV harm should be set low. While we might not expect many perpetrators to cease all their violent and controlling behaviour in a sustainable way as a result of one intervention or one cycle through the intervention system, it is vital that the goal of complete non-violence when working with the perpetrator is nevertheless there. In other words, what the system needs to *require* of perpetrators – complete violence and controlling behaviour cessation, starting from now – and what the system knows it can realistically *expect*, are often two different things.

Setting the bar sufficiently high is important for goal-setting with each individual perpetrator. In *Setting reasonable expectations* (above), it was suggested that a system might ask:

*In what ways have the perpetrator's **patterns of coercive control**, and organisation of his intimate and family relationships around his own 'needs' changed due to the activity of the perpetrator intervention system?*

This question may be followed by another, to consider whether the system has had success in working with him towards aspirational goals.

*In what ways have the perpetrator's **patterns of behaviour** in his intimate and family relationships changed due to the activity of the perpetrator intervention system?*

For a perpetrator who is a parent, for example, these goals might include him supporting, rather than sabotaging, his (ex)partner's parenting. Success, then, would be defined not only in terms of the absence of violent and controlling behaviours, but also by the degree to which the perpetrator:

- actively fulfils emotional and social caring responsibilities as a father
- talks his (former) partner up as a parent to their children and shows gratitude for her vital role in the family
- works towards repairing some of the damage he has caused.

Success might also involve the perpetrator working hard to re-establish the family's connections with cultural supports that he no longer mediates or gatekeeps, and/or facilitating his child's access to non-violent male role models.

As Mandel (2014) stresses through the *Safe & Together* model, expectations for perpetrator accountability need to be based on setting a sufficiently high bar for fathers (and men in general),

rather than accepting a highly gendered double-standard where fathers (men) get away with doing much less than mothers (women) in order to be viewed as a 'good parent' or 'respectful partner'. In this sense, case goals should relate not only to what the perpetrator needs to stop doing; but also to what he needs to start doing, or do more of, to increase victim-survivors' safety.⁶¹

While these more positive, reparative goals might be seen as aspirational – and while we might not expect many people who cause FDV harm to reach towards them – setting these goals is entirely consistent with promoting pathways towards responsibility taking and accountability. True individual accountability, ultimately, involves the perpetrator taking action towards repairing some of the harm caused by his use of violence, to the extent possible. Setting high goals is similarly entirely consistent with establishing what family members might need to rebuild their lives towards safety, dignity and wellbeing – especially if a perpetrator is to remain part of the family (whether cohabitating or not).

⁶¹ Mandel, D (2014). Beyond 'batterer accountability': The case for the co-arising of perpetrator pattern-based approach, domestic violence-informed child welfare systems and greater partnership with domestic violence survivors as parents. *Ending Violence Against Women and Children: The NTV Journal*, Spring 2014, 50-85.

Foundation 4 – Perpetrator patterns of behaviour

Perpetrator behaviour needs to be understood as intentional, patterned behaviour, rather than characterised as a set of incidents of violence. It exerts significant control and influence over victim-survivors' behaviour and family functioning, despite the best efforts of family members to express their dignity and live in safety.

FDV integrated service systems face a major challenge to identify and respond to *patterns of behaviour*, rather than focus on individual incidents. Historically, FDV has been identified by police or other early responders *after an incident*, in part because these are what are most likely to be actionable in a criminal justice sense.

While incidents of physical or sexualised violence are more likely to be visible to the service system, effective responses both to victim-survivors and to perpetrators require an understanding of a perpetrator's patterns of behaviour overall.

A pattern-based approach to FDV acknowledges coercive control⁶² as an underlying concept describing the intent of most, but not all, perpetration of violence. Coercive control is:

FF *...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 ... [the] focus is on the long duration of the consequences rather than the episodic nature of the repeated actions ... 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.*⁶³

Evan Stark, who coined the term coercive control, emphasised that:

FF *...the women in my practice have repeatedly made clear that what is done to them is less important than what their partners have prevented them from doing for themselves by appropriating their resources; undermining their social support; subverting their rights to privacy, self-respect and autonomy; and depriving them of substantive equality.*⁶⁴

⁶² Stark, E. (2007). *Coercive control: How men entrap women in personal life*. Oxford University Press.

⁶³ Walby, S., Towers, J., Balderston, S., Corradi, C., Francis, B., Hieskanan, M., Helweg-Larsen, K., Mergaert, L., Olive, P., Palmer, E., Stockl, H., & Strid, S. (2017). *The concept and measurement of violence against women and men*. University of Bristol: Policy Press.

⁶⁴ Health Quality and Safety Commission New Zealand (2015). *Family & domestic violence Death Review Committee Fifth Report*.

Kelly and Westmarland (2016) similarly argue that adopting an incident-based way of thinking about FDV colludes with perpetrator narratives that minimise and justify their behaviour. They argue that the focus of perpetrator intervention systems on incidents, rather than patterns, reinforces perpetrators' descriptions of their behaviour as stemming from isolated 'explosions of anger'. This obscures the myriad controlling behaviours and patterned tactics with the intent of long-term control over the relationship and family and the entrapment of victims. As Kelly and Westmarland observe:

FF ... 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 ... 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.⁶⁵

The efforts of perpetrator intervention systems can fail victim-survivors if the focus is solely on 'signature' incidents of physical and sexualised violence. As with defining success, how 'achieving safety' is framed is crucial. If a perpetrator intervention system takes an incident rather than pattern-based approach, perpetrators who are under its scrutiny can shift to less-visible tactics of coercive control and strengthen other means of domination and entrapment.

Not all FDV is intended by perpetrators to achieve long-term, coercive control. Sometimes, perpetrators have less power in a relationship,, such as an adolescent using FDV in the context of multi-generational, complex trauma or disability.⁶⁶ While it can be very challenging to unpack in the context of FDV used by people who experience a range of other forms of vulnerability, the use of a 'pattern-based' lens can help here.

Despite these complexities, coercive control has recently been legislated into the definition of FDV in Queensland. This gives police and other authorities the power to act on matters where a pattern of behaviour is present, even in the absence of a major incident of violence. Coercive control has also been legislated in the UK and most recently in Scotland as a specific offence in the criminal code.⁶⁷

In recommending that the New Zealand FDV service system adopt a new way of thinking about both FDV and child abuse and neglect, the NZ Family Violence Death Review Committee noted several implications of taking a pattern-based approach to this behaviour. Relating to perpetrator engagement:

FF While any particular incident of physical violence might appear 'low-level', it is appreciated that it cannot be properly understood without being viewed in the

⁶⁵ Kelly, L., & Westmarland, N. (2016) Naming and defining 'domestic violence': Lessons from research with violent men. *Feminist Review*, 112(1), 113-127. pp.114-124

⁶⁶ Campbell, E., Richter, J, Howard, J & Cockburn, H, (forthcoming) 'Positive Interventions for Perpetrators of Adolescent violence in the home (PIPA) Project', ANROWS.

⁶⁷ Stark, E., & Hester, M. (2019). Coercive control: Update and review. *Violence Against Women*, 25(1), 81-104.

context of the abusive person's entire pattern of behaviour. This includes other acts of physical violence, as well as controlling and coercive behaviour that do not involve physical abuse – the bigger dynamics in the pattern of abuse.

Any episode of violence must be placed in the context of the person's patterns of abusive behaviour in previous relationships. This involves both appreciating that such information is relevant and being able to access it.

All intimate partners with whom an abusive person has a relationship will potentially be at risk from their behaviour. It is important to consider that IPV is not an event that only concerns those individuals who were involved in any particular episode. There is a public interest in protecting hidden and future victims.

The focus shifts from being reactive to preventative. If this is an ongoing pattern of harm, as opposed to a single incident, we need to consider what strategies we can put in place to disrupt that pattern of behaviour and/or protect those who are at risk from it.⁶⁸

In a subsequent paper, the NZ Family Violence Death Review Committee contextualised perpetrator patterns of coercive control and entrapment as involving three main components:

1. Specific tactics of coercive control across physical, sexualised, psychological/emotional, social, financial and spiritual violence.
2. Taking deliberate advantage of the victim's lack of power in her community or society at large to isolate and entrap her. Examples include taking advantage of transphobia or immigration status, or exploiting the tendency to dismiss or disbelieve the experiences of women with disabilities.
3. Use of FDV or other service systems as further means of entrapment – for example, manipulating family law or child protection systems to cast a woman as an 'incapable mother'. This includes situations where a perpetrator attempts to manufacture a situation in which the victim-survivor is arrested by police for resisting his violence or defending herself, or when a perpetrator willingly sees a private psychologist to produce 'evidence' that he has 'changed'.⁶⁹

In their recent review of current issues, challenges, trends and opportunities for MBCP work in Australia, Stopping Family Violence (2017) comment:

FF *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*

⁶⁸ Health Quality and Safety Commission New Zealand (2015), pp.36-37

⁶⁹ Tolmie, J., Smith, R., Short, J., Wilson, D., & Sach, J. (2018). Social entrapment: A Realistic understanding of the criminal offending of primary victims of intimate partner violence. *NZ Law Review* 2018, 181-218.

*entraps his (ex)partner is somewhat different from one that focuses on reducing re-offending behaviour.*⁷⁰

A pattern-based understanding is one of the underpinnings of the *Safe and Together* model approach in child protection and family support services contexts.⁷¹ Properly assessing and addressing the harm that a FDV perpetrator can cause to child welfare and family functioning requires an in-depth understanding of exactly what he does to organise the family around his 'needs'. This includes the ways that he: sabotages his (ex)partner's parenting; harms her bond and relationship with her children; and gatekeeps and controls the family's connections to health services and community and cultural supports. Often, these will not fit neatly into incident-based categories of physical or even emotional violence.

A pattern-based approach also assists with the establishment of goals or aspirations for behaviour change. Here, it is helpful to conceptualise safe behaviours in the form of patterns. While needing to be specific and concrete, a Safety and Accountability Plan⁷² for a perpetrator cannot list every single positive behaviour that he needs to take, for example, to start to repair some of the harm he has caused, or to be a more supportive partner, or to be a safe parent. A 'tick and flick' approach is not true accountability for a perpetrator to move from coercive control to care; from ownership of family members to partnership; nor from other-blaming to responsibility-taking. Safety and Accountability Planning requires a focus on specific behaviours, but in the sense of these being demonstrations of wider patterns and intent towards responsibility-taking, other-centred care, equality and partnership.

Documenting patterns of behaviour

The ability of a perpetrator intervention system to hold perpetrators accountable for the effects of their violence on adult and child victim-survivors depends on that system's ability to document patterns of behaviour – not just incidents, and to share that documentation among agencies. This presents a major challenge for government and non-government agencies that engage with perpetrators, including those without FDV specialisation. In Australia, entire systems – and many of their recording and reporting tools and mechanisms – are predicated on incident-based understandings of FDV.

Documenting a perpetrator's patterns of behaviours can have important implications for a system's efforts to hold him accountable across a range of legal contexts (including those related to child protection, child access and family law). It can also reduce the system's ability to string together interventions over time to work towards behaviour change goals.

The New Zealand Family Violence Death Review Committee has provided a tool to guide such documentation.⁷³ While designed to assist legal practitioners and others to collect evidence in support

⁷⁰ Vlasis, R., Ridley, S., Green, D., & Chung, D. (2017). *Family and domestic violence perpetrator programs: Issues paper of current and emerging trends, developments and expectations*. Perth: Stopping Family Violence. p.18

⁷¹ See <http://endingviolence.com/our-programs/safe-together/safe-together-overview/> and Mandel, D (2014). Beyond 'batterer accountability': The case for the co-arising of perpetrator pattern-based approach, domestic violence-informed child welfare systems and greater partnership with domestic violence survivors as parents. *Ending Violence Against Women and Children: The NTV Journal*, Spring 2014

⁷² Safety & accountability plans are explained in Dimension 11 of this report.

⁷³ Family Violence Death Review Committee (2018). *Social entrapment: A realistic understanding of the criminal offending of primary victims of intimate partner violence*. New Zealand Government.

of victim-survivors who have been charged with criminal acts of violence against a perpetrator (for example, as self-defence), the questions and examples it contains are also more broadly applicable.

HYPOTHETICAL: Perpetrator-focused and victim-focused case notes

When documenting a case, notes can powerfully influence outcomes. Below are two examples of case notes for the previous hypothetical about Susan and James. Version 1 of the case note has a clear focus on the victim-survivor, but uses disparaging and blaming language. While it incorporates many of the 'facts' of the case, Version 1 does not account for how Susan's actions may be related to James's patterns of control. It also fails to convey the impacts of the violence on child and family functioning. In contrast, Version 2, provides a more detailed picture of the multiple ways that the family is impacted by the James's behaviour and draws attention to flags for ongoing risk.

VERSION 1

Mother has a history of domestic violence relationships including with both fathers of her children. She has a trauma history and of substance abuse relapses. The most recent referral was because her current partner (father of the three youngest children) assaulted her during a heated argument in front of the children, giving her a black eye. After he was arrested, she went to the police, denied the violence and tried to bail him out. She insists she wants to maintain the relationship even though interviews with the older children indicate they are scared of him and the youngest was in danger of being physically harmed during the last incident. Father has shown a willingness to address his behaviour and has self-referred to a local MBCP provider.

VERSION 2

James has a pattern of negatively impacting family functioning through physical and emotional violence directed against Susan in the presence of the children.

In the most recent arrest James punched her in the head three times, giving her headaches for three days and a black eye; threw her down on the ground and kicked her in the stomach.

Family has moved several times because of evictions related to property damage caused by James during violent outbursts. Moving has disrupted

kids' academic attendance. Oldest child (Taylor – Susan's daughter from previous relationship) has missed 22 days of school this year due to the effects of violence.

Susan is increasingly concerned about the disruption caused to the children and her capacity to provide for their needs given that James withholds financial support any time his behaviour is challenged. On the other hand, she says she still loves James.

James is regularly verbally abusive to Susan and Taylor. Taylor has stepped in to defend Susan verbally and once physically. The older two children have said they are afraid that James will hurt Susan "when he gets angry", but that he has never physically hurt or disciplined them.

Family is less financially stable than one year ago; Susan and James have lost their jobs due to James's violence and arrest.

Susan was involuntarily exited from her substance abuse program 3 months ago when James threatened another (male) client in the parking lot. She relapsed, but time of writing she is three weeks sober.

James's lack of attention to the care needs of his children and the increasing impacts on child and family functioning, mean that reunification needs to be subject to James's meaningful engagement in a MBCP program. ●

Foundation 5 – Pivoting to the perpetrator

Systems centred on victim-survivors' experiences and needs can retain these experiences and needs as their central focus while pivoting to bring a perpetrator into view as well. Bringing a perpetrator into view can help broader integrated FDV systems to collaborate with and support those who are experiencing harm.

The term 'pivoting to the perpetrator' was possibly first used – or used in a deliberate way – as part of the *Safe and Together* approach towards addressing child maltreatment. It reflects the need for child protection and family support services to understand the behaviours of adult victim-survivors (mothers) in the light of perpetrators' patterns of violent and controlling behaviour.⁷⁴

Mothers are often blamed for not protecting their children from that behaviour. Pivoting to the perpetrator, however, enables mothers' actions to be re-framed in ways that instead highlight their strengths and the steps they take to resist violence and control. For example:

- A mother's hesitancy to 'cooperate' with child protection services might stem from her awareness that the perpetrator will use the system to pathologise her as a 'bad mother', or from ways in which he limits her access to potential supports and alternative perspectives.
- A woman's substance abuse problems could be at least partly influenced by a perpetrator's behaviour – for example his tactics to undermine her efforts to control her drinking or recover from drug misuse.
- A mother's decisions not to separate from the perpetrator (or to return to live with him) could be based on her judgement that the best way to manage or mitigate risks to herself and her children is to keep him in sight, so she can observe his moods and predict escalation.
- What might be perceived as a mother's 'neglect' of the children may in fact be the product of the perpetrator deliberately keeping her up at night so that she is too tired and depressed to parent effectively the next day.⁷⁵ It could also be the result of the perpetrator requiring her labour and attention to meet his own needs and demands (at the expense of the children's).
- A mother's conflict with her children might be deliberately stoked by a perpetrator, perhaps by him encouraging/modelling emotional violence against her, and/or by his efforts to instil a narrative within the family/cultural community/social networks that she is a 'weak mother'.

In these and many other examples, understanding the perpetrator's patterns of behaviour in controlling family functioning can help child-focused services to identify what a mother does to protect her children, rather than judging her as 'unwilling' and/or 'unable' to protect them by refusing to leave. For example, staying with the perpetrator, or not cooperating with child welfare systems, can

⁷⁴ <https://safeandtogetherinstitute.com/>

⁷⁵ This is a useful example of the patriarchal burden of responsibility placed on mothers, in which fathers remain free from scrutiny. The physical and emotional welfare of children is commonly seen as entirely a mother's responsibility, so that blame is not attributed to fathers when children are neglected. Setting low expectations for fathers in terms of the physical and emotional care for their children results in fathers needing to do very little to be viewed as a 'good dad', while mothers are easily criticised for not living up to the much higher expectations placed upon them.

be viewed as protective actions when considered in light of a woman's assessment of what is likely to happen should she separate from the perpetrator or cooperate with the system. The tragic, yet heroic, actions that victim-survivors take to protect their children – such as 'agreeing' to sex so that the perpetrator falls asleep, rather than shouting and scaring the children awake – also become more visible to the system when this approach is taken.

Adopting a perpetrator pattern-based approach is important not only when engaging victim-survivors and perpetrators through child welfare systems. There are many other service sectors and sub-systems in which victim-survivors are judged for what are typically termed 'unhelpful', 'uncooperative' or 'messy' behaviours. These behaviours can look very different when understood in the light of the perpetrator's coercive controlling behaviours and efforts towards social and economic entrapment.

The concept of pivoting to the perpetrator is crucial in the system's ability to ally with victim-survivors and family members experiencing violence; to understand some of the complexities in supporting them in the light of the perpetrator's behaviour; and to help bring to light their active resistance to the violence. Critically, pivoting to the perpetrator is not necessarily or solely about engaging him, but also about how understanding his patterns of behaviour in order to support adult and child victim-survivors. The Queensland *Walking with Dads* initiative featured in CIJ's *Pathways towards accountability: mapping the journeys of perpetrators of family & domestic violence*⁷⁶ report highlights how adopting a perpetrator pattern-based lens is enabling child protection practitioners to strengthen their working relationships with the non-perpetrating parent, and to do so in ways that are beginning to transform practice in positive directions.

The practice of pivoting towards the perpetrator is now being adopted outside of child protection and family service system contexts as well. An example includes in multi-agency, high risk client strategies that attempt to place protective bubbles *around families* at particularly high risk of lethal or highly injurious violence from a perpetrator.⁷⁷

Increasingly, however, specialist FDV women's advocacy work also often involves strengthening risk management through inter-agency collaboration towards protecting women and children. This work encompasses keeping the perpetrator within view – or pivoting to the perpetrator – and attempting to disrupt or reduce his opportunities or inclination to use violence. In effect, in the words of Caring Dads founder Katreena Scott, this means placing a bubble around *him* (in addition to the family).⁷⁸

Examples of this include:

- The UK Drive Project where specialist male FDV practitioners are attached to four Multi Agency Risk Assessment Conferences (MARACs), working with police to engage high-risk perpetrators over many months towards risk assessment and (acute) dynamic risk reduction goals through a flexible but intensive case management approach.⁷⁹ This is a multi-agency approach combining strategies to disrupt the perpetrator's opportunities to use violence with

⁷⁶ Services and Practitioners for the Elimination of Abuse in Queensland (2017). *Walking with Dads ... making men who cause DFV harm visible in Child Safety work*. <https://www.speaq.org.au/practice-articles/practice-articles-public/walking-with-dads-making-men-who-cause-dfv-harm-visible-in-child-safety-work/>

⁷⁷ For example, Family & Domestic Violence Response Teams in Western Australia; Family Safety Meetings in South Australia; Safety Action Meetings in NSW, Risk Assessment and Management Panels (RAMPs) in Victoria.

⁷⁸ In communication.

⁷⁹ See <http://driveproject.org.uk/>, including year two evaluation results at <http://driveproject.org.uk/wp-content/uploads/2019/01/Drive-Year-2-UoB-Evaluation-Report.pdf>

others to address factors that accentuate risk. The latest evaluation results suggest the potential of this type of case management approach to contribute towards the ability of the integrated response to keep victim-survivors safe.⁸⁰ Further UK initiatives based on the use of the Priority Perpetrator Identification Tool also attempt to focus attention on high risk, high harm perpetrators in these ways.⁸¹

- A smaller version of this project run in Melbourne's south metropolitan suburbs as part of *Taskforce Alexis*, described in CIJ's previous report, *Pathways towards accountability: mapping the journeys of perpetrators of family & domestic violence*.⁸²
- A specialist family violence investigation team within the Cold Case Serious Crime Squad of WA Police, which is investigating serious and serial FDV offenders across WA. Perpetrators investigated by this team often offend against multiple adult and child victim-survivors. By focusing on the pattern of offending over time, the team can identify and support multiple victim-survivors and work towards convincing perpetrators to change their long-term violent behaviour.
- Perpetrator outreach services and independent perpetrator services operating as part of New Zealand's Integrated Safety Response trials.⁸³
- Multi-agency high-risk meetings that take place as part of the Gold Coast Integrated Response in Queensland. In these, each participating agency may place on the agenda the perpetrators they are most concerned about in terms of risk, for the purposes of sharing information and developing multi-agency risk management strategies.
- The Queensland Child Safety (child protection) system, through the *Walking with Dads* initiative referred to above, which is developing the capacity to work with perpetrators beyond the closure of related child protection cases.⁸⁴

The common feature of these and other examples is that multiple agencies are working to strengthen risk management by attempting to place restraints on perpetrators' opportunities and/or inclination to use violence, rather than only attempting to place a protective bubble around victim-survivors. In most situations, this requires the ability to collect and share information and track perpetrators through multiple relationships.

⁸⁰ *ibid*

⁸¹ Robinson, A., & Clancy, A. (2017). *New initiatives to tackle domestic violence using the Priority Perpetrator Identification Tool: Final report*. Cardiff University Crime and Security Research Institute.

⁸² Campbell, E., Parsons, C., & Vlasis, R. (2016). *Pathways towards accountability: Mapping the journey of perpetrators of family & domestic violence*, RMIT University, Melbourne. p. 22. <https://cij.org.au/research-projects/bringing-pathways-towards-accountability-together/>

⁸³ Mossman, E., Paulin, J., & Wehipeihana, N. (2017). *Evaluation of the family & domestic violence Integrated Safety Response Trial: Final report. Social Policy Evaluation and Research Unit*. New Zealand Government. Retrieved from <http://superu.govt.nz/sites/default/files/ISR%20pilot%20evaluation%20FINAL.pdf>

⁸⁴ This need can occur in cases where, for example, the perpetrator's current risk to the children subject to the child protection case has reduced for reasons other than significant improvements in his safe parenting capacity, and where he is likely to resume being a risk to these children at a future point or to children of future partners.

Ensuring women's voices and experiences are central

It is important that any work with/towards/informed by perpetrators is literally a pivot, rather than a step away from, the centrality of victim-survivors. The CIJ has consistently heard that specialist women's and children's FDV services are critically important in ensuring that pivoting to the perpetrator does not displace their clients' voices.

In discussions about the relevance of RAMPs (multi-agency Risk Assessment and Management Panels) to collective responsibility for perpetrator accountability the CIJ heard that, while the RAMPs need to also focus on perpetrators, this should never be achieved by making invisible or de-prioritising women's experiences. A RAMP process is more likely to be effective when it is contextualised by a woman's prior experiences of the perpetrator; her protective behaviours for herself and her children; and her resistance to his violence.

Proactive, systemic efforts to keep the perpetrator within view

Considering the full range of existing interventions that can potentially impact on perpetrators' opportunities and inclinations to use violence – including but not limited to MBCPs – significant potential already exists in systems to make a real difference to victim-survivors' lives. While systems have a long way to go on a myriad of fronts to improve the quality of FDV work, there are many emerging and existing interventions within the law enforcement, second responder, justice system, child protection and family services, family law and primary health care sub-systems.⁸⁵

The impact of these various existing and potential interventions, however, is constrained by their reactive and uncoordinated nature. Most perpetrator interventions take place after a perpetrator's behaviour comes to the attention of authorities or a particular community. They often occur in a way that does not take into account information gathered during previous interventions or engagements, nor the impact of those prior encounters.

Pivoting to the perpetrator involves a more strategic, proactive systematic approach towards identifying a perpetrator's patterns of risk and coercive control over time. These patterns are more likely to be ascertained when information is contributed by all the agencies that have contact with him and/or with adult and child victim-survivors. A systematic pooling of information potentially enables a more strategic, long-term engagement strategy that sets achievable, step-by-step risk reduction goals to be achieved by the actions of multiple agencies. This keeps the perpetrator within view of the system, rather than him ducking in and out of view when incidents of violence become visible.

Taking this more systematic, proactive, multi-agency approach is not possible with all perpetrators of course, due to the sheer volume of perpetrators who come into contact with the system. Work in the UK to develop a triaging process to identify higher-risk, higher-harm perpetrators (including trialling the use of a Priority Perpetrator Identification Tool to guide structured decision-making about interventions based on information pooled from various agencies and sources) is an example of this.⁸⁶

⁸⁵ Centre for Innovative Justice (2017). *Pathways towards accountability: Mapping the journey of perpetrators of family & domestic violence – Phase 1*. RMIT. Report to Victorian Department of Premier and Cabinet.

⁸⁶ Robinson, A., & Clancy, A. (2017). *New initiatives to tackle domestic violence using the Priority Perpetrator Identification Tool: Final report*. Cardiff University Crime and Security Research Institute.

It should be noted, however, that any attempt to triage perpetrators according to levels of risk – and thereby concentrate the system’s risk management efforts on perpetrators currently and potentially causing the most harm – can have the effect of shifting the system away from earlier intervention opportunities. While highly proactive, multi-agency integrated responses to manage known risk from the highest-harm, highest-risk perpetrators are understandably designed to save lives, it is also recognised that working with this cohort is mostly about managing risk, rather than behaviour change.

Preventing the continual need to devote such high levels of resources to managing risk requires identifying and resourcing earlier intervention opportunities, to change behaviour amongst perpetrators before their behaviour becomes entrenched and dangerous. Additionally, in Australia, FDV Death review data repeatedly demonstrates that up to half of FDV related deaths are perpetrated by people who have no prior involvement with the specialist FDV response systems, highlighting the need for multiple strategies of identification and engagement.⁸⁷

Perpetrator intervention systems also require more than isolated interventions across various sub-systems or sectors ‘doing their own thing’. Particularly for higher-risk, higher-harm perpetrators, the same degree of multi-agency coordination and proactive strategy required to place a protective bubble around adult and child victim-survivors is required to place restraints on perpetrator opportunities and inclinations to use violence. Just as multi-agency strategies to keep victim-survivors safe need to be creative and attuned to each person’s individual circumstances, the heterogeneity of perpetrators requires the same type of case-by-case sensitivity and planning.

⁸⁷ Australian Domestic and Family Violence Death Review Network (2018). Data Report. Domestic Violence Death Review Team. <https://apo.org.au/sites/default/files/resource-files/2018/05/apo-nid174811-1209156.pdf>

HYPOTHETICAL:

Pivoting to the perpetrator in a child protection context

In this case study, we see how this foundation of pivoting to the perpetrator supports the system to engage with the perpetrator in ways that take into account the impacts of his behaviour on the family. Pivoting also enables a sensitive, rather than judgemental, response to his partner.

Twenty-one-year-old Cassie and her two young children Ben and Toby (aged six and thirty months, respectively) are referred to child protection by an Enhanced Maternal Child Health Service (EMCHS). The EMCHS has worked with the family for some time, initially because of Cassie's vulnerability as a young mother who had lived in out of home care since the age of 11.

Cassie is in a de facto relationship with Charlie, who is twelve years older than Cassie and the father of both children. Police attended an FDV incident seven months ago and requested a protection order because they were concerned about Cassie's safety. Cassie did not want the order – in part because she wanted Charlie's support as a co-parent – so limited conditions were finalised on the order, enabling him to live with her. At that time, Cassie did not take up attempts by women's FDV services to engage.

The child protection referral is made due to an incident described by Cassie. Charlie pushed her down a small flight of steps while she was holding Ben, almost causing Ben to fall out of her arms. The EMCHS practitioner sees evidence of significant bruising and cigarette burns on Cassie's arm, but Cassie does not want to discuss how these happened. Toby is exhibiting a significant developmental delay in speech acquisition, which the practitioner thinks might be at least in part related to the violence to which Charlie is exposing the children.

The child protection intake team receives all this information from the EMCHS; it then contacts the Central Information Point and learns that Charlie has a conviction for FDV related assault of a previous partner. This information prompts them to take the case to investigation.

Given Cassie's history of involvement in the child protection and out of home care system as a child, the child protection investigation worker makes a time to interview Cassie in the more neutral presence of the EMCHS nurse, at the EMCHS clinic.

During the interview, Cassie backtracks somewhat on her previous disclosures of Charlie's violence. While she does refer to "anger", "moods" and times when he "just sees red", she is very hesitant to elaborate. She says that he's a really good father, given the circumstances of his own (violent) upbringing, and is trying to turn over a new leaf. Using and mirroring language that Cassie expresses in the interview to indicate Charlie's violence, the child protection worker explores with Cassie how often the children are present and what happens when Charlie "becomes angry", "is moody" or "sees red".

The child protection and EMCHS practitioners assess Charlie's impact on Cassie's parenting. They start off by asking her what Charlie does to support her as a parent and to make her job of mothering easier; they then progress to asking what he does that is not as supportive, and then what he does that might make parenting harder for her.

The assessment reveals that Charlie frequently uses tactics to sabotage Cassie's parenting, including caustic barbs such as, "You'll drive the kids into being wards [out of home care] just like you were". The EMCHS and child protection workers end the session by focusing on Cassie's strengths, and what she does to parent the best she can, despite Charlie's behaviour.

The child protection investigation assesses that Ben and Toby are at significant risk of both cumulative/developmental and incident-based injurious harm from Charlie, and that Charlie's violence is compromising Cassie's ability to provide a safe environment for her children. The initial priorities of the case plan focus on using Cassie's existing connection with the EMCHS practitioner – whom she has come to trust and value as a “lifeline” – as the bridge to new services, including specialist FDV support.

Child protection case management services picks up the case plan. They are conscious that Charlie could start to interfere with Cassie's access to services. After several unsuccessful attempts to contact him, they confer with local police and it is agreed that a member of the local FDV investigation unit will make an unannounced visit to Charlie to encourage him to engage with child protection. The police officer applies a light touch in this discussion, emphasising the opportunities Charlie has to influence his children in positive directions, while also noting that – in the context of his prior criminal record with respect to FDV and current protection order – a decision not to engage would “not send a good signal about how much you value your relationships with your children.” Charlie is standoffish and somewhat defensive during the discussion, ultimately telling the officer, “Unless you are here to charge me with something, you've got no right to be here.”

The service support around Cassie increases, with child protection and other services sensitive to ways that her ability to engage and follow through with agreed elements of the case plan might be affected by Charlie's patterns of coercive control.

After two more unsuccessful attempts to contact Charlie and with continued concerns about the threat he poses to the family, child protection decide that the children are not safe to remain residing with him. Cassie decides to remain living with Charlie, in part because she is too frightened about what would happen if she left him. She is not confident that the service system will be able to contain his violence.

Rather than remove the children from Cassie's care, police succeed in having the Magistrates' Court name them on the existing protection order in a way that necessitates Charlie living separately and only having supervised contact with them. While police do not apply to strengthen conditions about Charlie's contact with Cassie, naming the children on the order in this way potentially offers her some increased protection.

Aware that serving the order on Charlie could in itself precipitate a spike in risk (especially given that Charlie shows relatively little regard for police), the process is managed carefully. Police prioritise assisting Charlie to remove his personal belongings from the home and ensure that he has short-term stable accommodation (Charlie ends up staying with his parents). In short, they make sure he knows that he is within their view.

A men's FDV case management practitioner is organised to help manage risk over the first few or several weeks after the strengthened order was put into place. This practitioner is introduced to Charlie by police on a visit several days after the court hearing.

Charlie engages only intermittently with the case management service, but this engagement is still useful from a risk management point of view. The case manager reports to police, who are taking overall responsibility to manage the threat that he poses to all family members.

Despite the protection order enabling opportunities for Charlie to have supervised access with Ben and Toby, he only takes up these opportunities on a couple of occasions. The child protection practitioners supervising these visits note that Charlie has little idea how to engage with either child, and contact sessions are very short. After a couple of months, Charlie stops having contact with Cassie and relocates to another part of the state. ●

Foundation 6 – Spectrum of interventions

Perpetrator intervention systems involve a wide spectrum of interventions: front-end, mid-point and back-end. While back-end, intensive interventions are generally only provided by specialist perpetrator intervention services, non-specialist services have roles to perform along many points of the spectrum.

Engagement with and responses to people who cause FDV violence harm can occur at a number of different points over time along a spectrum of interventions. This spectrum can be divided into *front end*, *middle point* and *back-end* (or ‘intensive’) interventions. The division of this spectrum into these points is somewhat arbitrary, but it has some validity in terms of the different types of interventions offered, as well as the objectives of these interventions. Examples of interventions across the different points along this spectrum have been detailed in recent CIJ reports.⁸⁸

There are many pathways for perpetrators to enter (or re-enter) the FDV service system. It is most common to enter via emergency services who attend an FDV incident. Other pathways open up, for example, during child protection investigations and acute or sub-acute mental health interventions.

First responders are defined as personnel or practitioners who respond to the immediate or near aftermath of a particular incident of FDV that has come to the attention of authorities, and who might engage with the perpetrator as part of this response. While this is often a perpetrator’s first interaction with a FDV service sub-system, some will have had prior contact as a result of previous incidents and/or interventions, travelling along the same or different pathways.

Still at the front-end are *second responder* interventions that typically take place in the days or one-two weeks after a precipitating incident or after the perpetrator becomes known to the system through other means. Examples of these second responder interventions can include:

- Men’s enhanced intake or active referral services that telephone male FDV respondents based on active referrals from police.⁸⁹
- Court-based respondent workers who engage with men appearing for protection order proceedings in Magistrates’ or Local Courts.⁹⁰

While sowing seeds for possible ‘back end’ interventions at a later point, the objectives of second responder interventions are often based on reducing risk in the immediate term, and on increasing compliance with civil or criminal justice system conditions related to a perpetrator’s use of FDV.

⁸⁸ Centre for Innovative Justice (2015). *Opportunities for early intervention: Bringing perpetrators of family & domestic violence into view*. RMIT University.

Centre for Innovative Justice (2017). *Pathways towards accountability: Mapping the journey of perpetrators of family & domestic violence – Phase 1*. RMIT. Report to Victorian Department of Premier and Cabinet.

⁸⁹ Johns, G., & Benjaminsen, C. (2013). Evolution of an active referral service for male family & domestic violence. Workshop article based on a presentation at the 2012 No To Violence Conference on Responses to Men’s Domestic and Family & domestic violence.

⁹⁰ Murray, J. Allen, J. & Hallabi, F. (2013). Engaging men at court. Workshop article based on a presentation at the 2012 No To Violence Conference on Responses to Men’s Domestic and Family & domestic violence.

Second responder interventions often involve one-off contact with a perpetrator or, at most, a small number of contacts over a short period of time. Because of the very brief nature of the response, they have potential to reach relatively large volumes of people who cause FDV harm.

Next along the continuum, extending in time beyond the front-end, are those interventions to work with perpetrators in the short-term after initial referral, over a period of some weeks to a few months. These ‘middle point’ interventions include coordinated case management work to: address risk factors accentuating the frequency and intensity of a perpetrator’s use of violence; increase his capacity and willingness to engage in deeper behaviour change interventions;⁹¹ and provide family & domestic violence informed individual counselling.⁹²

While these mid-point interventions have potential to help make a dent in the risk posed by a perpetrator and to set out a pathway for him to move into back-end interventions and programs, they generally cannot pursue behaviour change goals or work towards significant and long-term reductions in his tactics of coercive control. Rather, they focus on potentially ‘winnable’ risk reduction goals in the short-term that might be stepping stones for some perpetrators to start the longer-term journey towards taking responsibility and changing their behaviour.

In some situations, mid-point interventions might have a significant focus on strengthening the capacity of a perpetrator to participate in MBCP work. This might be required if substantial mental health, AOD or other issues would preclude his effective participation in a deep intervention. Mid-point interventions can also be a means of providing a flexible response to perpetrators who are on a wait list to commence a MBCP or other ‘back end’ perpetrator program. Ideally, when used in this way, they would address the immediate risk landscape in addition to building his motivation and capacity to participate in a program. More generally, mid-point interventions reflect the third rung in the SALAR’s intervention ladder for perpetrator engagement described earlier.⁹³

In Australia, mid-point interventions are the least-developed along the perpetrator intervention spectrum.⁹⁴ A small number of examples were provided in CIJ’s previous report *Pathways towards accountability: mapping the journeys of perpetrators of family & domestic violence*, focusing on short- and medium-term case management in the family services, child protection and multi-agency high-risk response contexts. Some mid-point intervention work is also occurring in NSW through a trial of brief intervention workshops to assist FDV perpetrators to comply with protection orders or bail conditions.⁹⁵ The Victorian Government has allocated a significant amount of money towards men’s family violence case management trials run by community-based MBCP providers, involving case management service targets across many areas of Victoria, with these trials straddling both mid-point and deeper intervention stages.⁹⁶

⁹¹ Scott, K., Heslop, L., Kelly, T., & Wiggins, K. (2015). Intervening to prevent repeat offending among moderate- to high- risk domestic violence offenders: A second-responder program for men. *International Journal of Offender Therapy and Comparative Criminology*, 59(3), 273-294.

⁹² Department for Child Protection (2013). Perpetrator Accountability in Child Protection Practice: A resource for child protection workers about engaging and responding to perpetrators of family and domestic violence. Western Australian Government.

⁹³ Swedish Association of Local Authorities and Regions (2018). Changing violent men: Improving the quality of batterer interventions.

⁹⁴ Vlasis, R. (2017). *Scoping study of innovations in family and domestic violence perpetrator interventions: Informing the development of the Perpetrator Innovation Fund*. Family Safety Branch, Commonwealth Department of Social Services.

⁹⁵ See <http://www.crimeprevention.nsw.gov.au/domesticviolence/Pages/Our-programs-Engage.aspx>

⁹⁶ Expert Advisory Committee on Perpetrator Interventions (2018). Final Report. State of Victoria.

At the back-end of this spectrum are MBCPs and other relatively more intensive interventions that attempt to work with men over a longer period, towards risk reduction and behaviour change goals. While MBCPs feature prominently in this part of the spectrum, other examples include Corrections-based supervision when this includes an active case management component; and intensive FDV-informed fathering programs, such as Caring Dads. This part of the spectrum also includes post-MBCP interventions designed to support and extend the changes made through an MBCP.⁹⁷

Horizontal and vertical integration

If they are to contribute to inter-agency strengthening of risk management processes, perpetrator interventions – across the front-end, middle-point or back-end points of the intervention spectrum – cannot act in isolation. Horizontal and vertical collaboration and integration are an essential part of well-developed perpetrator intervention systems.

Horizontal integration refers to agencies collaborating with other agencies that are simultaneously providing (different) services to the perpetrator, through information sharing and collaborating towards shared goals.

Vertical integration refers to perpetrator interventions at one end of the spectrum building towards interventions with the perpetrator at later points of the spectrum – whether these interventions are provided by the same or other agencies. As suggested by the Swedish concept of an intervention ladder outlined earlier, each intervention or engagement with a perpetrator needs to strategically build upon those that have occurred before *and* lay foundations for those that might follow.⁹⁸ Vertical integration requires services to be mindful of this continuity, and to retrieve and share information with providers of previous and future services when appropriate.

In some instances, horizontal integration requires collaboration between parties at different points along the spectrum, who are engaging with a perpetrator at the same time. For example, when:

- a participant in an MBCP or other intensive intervention is subject to (renewed) police and justice system involvement due to a FDV incident, triggering first and second responder interventions at the front-end.
- a perpetrator continues to receive specialist mid-point male FDV case management after commencing an MBCP, to strengthen/maintain his internal motivation and capacity to participate in the program.
- a spike in risk is identified for an FDV offender on probation, who is being intensively supervised through Community Correctional Services.

This is an important reminder that, with respect to any given perpetrator, interventions occurring at different points along the spectrum do not necessarily occur along a linear sequence.

Each intervention at any point of the spectrum can contribute towards keeping a perpetrator within view. It can do so by adding to, or augmenting, existing assessments of dynamic risk (including acute

⁹⁷ The principle that perpetrator interventions occur across a spectrum of interventions is evident in the web of perpetrator engagement roles and responsibilities that the CIJ developed in Victoria. Six of the eight roles comprising this web framework are defined in large part by the points in the perpetrator intervention spectrum at which they are located.

⁹⁸ Swedish Association of Local Authorities and Regions (2018). *Changing violent men: Improving the quality of batterer interventions*. <https://webbutik.skl.se/bilder/artiklar/pdf/7585-683-4.pdf>

dynamic risk) developed by other agencies, as well as by collaborating with other agencies towards a shared approach to reduce risk. For this to occur, the lead agency involved in any given perpetrator intervention needs to understand its roles and responsibilities, vis-à-vis other agencies, to augment and contribute to ongoing risk assessments, share information, and engage the perpetrator through the lens of scaffolding opportunities for accountability. For some agencies/authorities, this also includes roles and responsibilities to attempt to place conditions or restraints around the perpetrator's use of FDV, and/or to limit his opportunities for causing FDV harm. The roles and responsibilities of each agency to contribute towards keeping the perpetrator within view need to be widely understood amongst all systems agencies collaborating towards this goal.

HYPOTHETICAL: Horizontal and vertical integration in practice

In this case study we see horizontal and vertical integration in practice, when agencies share information and collaborate effectively to engage a father and an adolescent son who are both perpetrating violence.

Faiz, Nadia and their three children (Talia, Grace and Ibrahim, aged 2, 11 and 15 respectively) are recently arrived refugees from South Sudan. They experienced significant trauma as they fled their home country. Faiz is unemployed, while Nadia has obtained low-paid but stable work in the cleaning industry. A settlement service has been supporting the family's transition into Australia for some months now, and has built up a good rapport with the family.

The settlement service refers the family to a family support service (FSS), because the school has raised concerns about Ibrahim's aggressive behaviour at school. The settlement agency suspects FDV is occurring in the home, but is unable to assess this safely as Faiz gatekeeps the family's access to the settlement agency. The worker has been unable to talk to Nadia without him present. Faiz accepts the referral to the FSS as he is concerned about Ibrahim's schooling.

The FSS practitioner confers with the settlement agency before making the first home visit. On its advice, he does not attempt to achieve too much during the initial home visit, but explains that making separate times to see each parent alone is a routine way of getting to know the family and the support that they need. While Faiz is hesitant about this arrangement, the FSS practitioner explains that this will help the conversations to go into more depth. Faiz accedes to the request when the FSS practitioner says that the settlement worker agrees that

individual interviews would be useful and that she will sit in on both interviews.

During the individual session with Nadia, the FSS and settlement service practitioners ask questions concerning day-to-day family life in Australia, including Faiz's role as a partner and parent. With support and encouragement from the settlement service worker, Nadia discloses that she is increasingly feeling frightened around Faiz, and that she feels isolated and increasingly exhausted. Nadia says that while Faiz has never hit her, he has raised his hand to threaten to hit her a number of times. He recently confiscated her mobile phone for several days, telling her in front of the children that she's a 'whore' and wondering whether she spends her days 'looking at other men'.

Conscious of how criminalised the South Sudanese community has become, and of the community's experiences of racist profiling, she pleads with the practitioners not to tell anyone, and says that they cannot afford to get into trouble with the authorities. She emphasises that Faiz is increasingly restless and feels himself diminished as a man because he is no longer the breadwinner of the family and the family's finances no longer go through him.

Given Nadia's reticence to go into details, the FSS conducts a preliminary FDV risk assessment to the best extent possible. They offer to refer her to a specialist women's FDV service, but she declines.

Knowing the school has already flagged Ibrahim's behaviour, the practitioners end the session talking about this. Nadia is hesitant to say much, except that Ibrahim sees himself as responsible for strictly enforcing Grace's behaviour, to the extent that she is starting to avoid him. The practitioners enquire about Faiz's responses to Ibrahim's behaviour. Nadia says that, while Faiz does not use physical violence, he scolds Ibrahim and attempts to ground him. Ibrahim ignores Faiz's punishments and so the two end up in 'screaming matches'. Nadia is prepared to discuss this because she is concerned not only about Ibrahim's behaviour, but also about whether Faiz might escalate his own response.

Faiz's individual session is arranged to closely follow Nadia's, thus minimising opportunities for him to pressure her to disclose what she discussed during her session. Indeed, Faiz immediately asks the practitioners what they discussed with Nadia. The settlement worker tells him that Ibrahim's behaviour at school was the focus, reminding him that these concerns had been raised by the school. Faiz lets out a sigh and says, "I don't know what to do with that boy, he's hanging out with the wrong sort of people".

The FSS practitioner lets the settlement service worker do most of the engagement, due to her longer connection with Faiz and his family. The settlement worker asks Faiz where he thinks Ibrahim's behaviour might be leading him at school and in his new life in Australia. She explores his concern and worry about Ibrahim's behaviour and what it means for their family and the South Sudanese community.

The practitioners are careful not to disclose any indication that Nadia discussed Ibrahim's violence towards her or Grace, focusing instead on school reports about his behaviour, which Faiz had discussed with the settlement worker in the past.

The practitioners ask Faiz about Ibrahim's behaviour at home, and Faiz readily shares frustrations about his inability to "control my boy", and about his feeling that Ibrahim doesn't treat his parents with any respect. The practitioners ask Faiz whether at times this leads to Ibrahim becoming aggressive in the

family home. Faiz acknowledges this and offers without prompting that Nadia bears some of the brunt of this. He doesn't frame this as violence, but rather says that Ibrahim, "Shows no respect to us as parents ... he flies off in a rage". The practitioners, sensing that Faiz might not be prepared to accept this as family violence at this stage (in part because of his own use of similar behaviour) opt not to pursue this line of discussion.

In the conversation, Faiz shows concern about Ibrahim's behaviour getting worse. He says that he feels powerless to stop him and blames the influence of Ibrahim's friends at school, saying, "They don't understand our culture". While he is open about his concern about Ibrahim's behaviour towards himself and Nadia, Faiz raises no concerns about Ibrahim's behaviour towards Grace.

It is clear from these first assessment interviews that a delicate and staged approach will be needed in order to work towards safety for all family members. Conferring after the session, the settlement service and the FSS agree to refer the family to an agency that offers a range of generalist and specialist services, including an MBCP and a specialist women's support service, as well as an Adolescent Family Violence Program (AFVP). While the latter cannot work with families where there is a flag of active or past violence towards the child from a parent who might participate in the program, after conversation between the intake worker and the FSS worker, it is agreed that the agency will reach out firstly to Nadia and Faiz, with a view to developing a trust relationship that will enable whole-of-family risk assessments to be conducted.

The initial focus of the engagement will be framed around Ibrahim's school issues, and also perhaps Grace's mental health, as the school reports she is showing early signs of anxiety and depression. Case notes and flags will highlight that FDV is occurring and practitioners working with the family will slowly explore family violence issues and safety in the hope of at least developing safety plans for Nadia and Grace, as well as potentially for Ibrahim. ●

Foundation 7 – Focus on (acute) dynamic risks⁹⁹

Perpetrator intervention systems need the capacity to focus on identifying and responding to the dynamic risks posed by perpetrators, including acute dynamic (spiking) risk that emerges or varies over time. Addressing specific risk issues and situations can be a way of working towards longer-term and deeper behaviour change goals.

Long-term behaviour change objectives are important for some perpetrator interventions, particularly those occurring at the back-end of the intervention spectrum. The focus, however, on ‘changing the perpetrator’ can unfortunately sometimes displace attention from short-term, risk reduction goals related to the acute dynamic risk that a perpetrator poses. While only back-end/intensive interventions should directly concern themselves with long-term behaviour change goals, all interventions, at all points in the spectrum, need to identify and respond to acute dynamic risk when it arises.

Dynamic risk is different to static risk, which tends to involve relatively stable factors that cannot be changed, or are very difficult to change, through interventions. For example, gender is a significant static risk factor for perpetrators of FDV – approximately 95% of perpetrators are male.¹⁰⁰

Dynamic risk factors are those that are more amenable to intervention and change. They include a perpetrator’s:

- beliefs, attitudes, narratives, emotional (dis)regulation, mental health issues and other *internal factors* related to risk
- *behaviours that complicate or exacerbate risk*, such as substance misuse, problem gambling, lifestyle issues related to emotional maturity or general lack of taking responsibility, etc
- *external circumstances* such as his partner becoming pregnant, ending their relationship, moving out or making other signature or incremental gains to assert her autonomy and freedom from his coercive control, and in some situations law enforcement or justice system interventions.

Some dynamic risk factors are referred to as ‘criminogenic needs’, as per the Risk Needs Responsivity framework.¹⁰¹ However, criminogenic needs as defined by this framework do not specifically relate to

⁹⁹ The text in this section is a modified reproduction of ‘Dynamic risk’ pp.66-68 in Vlasis, R., Ridley, S., Green, D., & Chung, D. (2017). *Family and domestic violence perpetrator programs: Issues paper of current and emerging trends, developments and expectations*. Perth: Stopping Family & domestic violence. SFV.org.au. The lead writer in both instances was Rodney Vlasis. Stopping Family & domestic violence has kindly provided permission for this text to be reproduced and adapted.

¹⁰⁰ Our Watch (2015). *Change the story: A shared framework for the primary prevention of violence against women and their children in Australia*. Our Watch. Melbourne.

¹⁰¹ Andrews D., & Bonta J. (2010). *The psychology of criminal conduct*. 5th ed. Newark, N.J.: Matthew Bender.

FDV offending but, rather, were developed and conceptualised in relation to generalised violent offending and other forms of criminal behaviour.

For this reason, CIJ and FSV prefer the use of the term *dynamic risk factors*, as these can be selected and conceptualised in a way that is specific to FDV perpetration.¹⁰² In some instances, dynamic risk factors can compound and combine to escalate risk. For example, the combined dynamic risk factors for a perpetrator experiencing depression; holding a significant level of negative beliefs and hopelessness about the future; and witnessing his partner gaining increasing confidence and autonomy in her life might increase risk in a *multiplicative*, rather than cumulative, way.

This means that the way that a particular dynamic risk factor might impact upon risk – and therefore the prioritisation that it should receive in the service or intervention mix – depends on the specifics of risk assessment with each perpetrator in each situation.

For example, unemployment as a dynamic risk factor will not be significantly related to risk for every perpetrator who is unemployed, and would not be an intervention target in many contexts. In some situations, however, it might be more strongly correlated with risk, and therefore deserving of attention via case planning or case management. For example, if a perpetrator feels that his life is deteriorating as a result of being unemployed and his ex-partner is achieving increasing success in her efforts to obtain more autonomy in her life, his lack of productive work could be considered as an intervention target.

Importantly, tackling such a dynamic by addressing only the unemployment issue would not suffice here. It would be critical to focus on aspects of the perpetrator's thinking that lead him to believe that his ex-partner is responsible for his present state and that he is entitled to punish her (i.e. to focus on central risk factors). Nevertheless, assisting him to feel better about his life and his future employment prospects could be part of the intervention mix in this situation.

Adding clinical depression to this dynamic, as well as a sense of hopelessness about the future and some degree of suicidal ideation, means that risk is likely to be even higher. Treating depression might help to reduce risk to an extent in the short-term as part of an overall case plan. Doing so as the *sole* intervention component, however, would again be very unlikely to contribute significantly to an overall reduction in risk. For a different perpetrator, where this broader dynamic is not present, treating a mild to moderate depression might not be part of a case plan at all.

Dynamic risk factors can be either *stable dynamic risks* that can change over periods of weeks, months or years; or *acute dynamic risks* that arise over periods of hours or days. The latter are spikes in risk associated with immediate, imminent or transient changes in internal states, complicating behaviours or external circumstances. For example, while a significant and ongoing substance abuse problem can be a stable dynamic risk factor for FDV, current or imminent intoxication – regardless of whether the person has an ongoing substance abuse problem – can represent acute dynamic risk.

¹⁰² For a detailed explanation of the application of the Risk Needs Responsivity framework in developing and implementing family & domestic violence perpetrator interventions, see *The Risk Context* chapter in Vlasis, Chung, Ridley and Green (2017); and Vlasis, R. (2018). *Application of the Risk Needs Responsivity for community-based men's behaviour change program providers*. NSW Education Centre Against Violence.

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. They include a perpetrator's hostility towards women; heightened commitment to male entitlement and privilege and objectification of women; as well as core beliefs that fuel his victim stance and denial of responsibility for his use of violence; and the ideas he has about what it means to be a man. Central dynamic risk factors drive most perpetration of FDV and *must* be addressed if a perpetrator is to reduce the risk he poses to family members and change his behaviour in the long-term.

Addressing central risk factors requires highly specialised interventions, usually by MBCPs. Specialised perpetrator programs spanning several months or longer are designed specifically with central risk factors in mind. Even in MBCPs, this back-end work can be difficult, complex and lengthy due to the number and tightly interwoven nature of these and other central stable dynamic risk factors.

Many 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 to support male superiority.¹⁰³ Contributions from other FDV service system agencies, and work towards cultural shifts and gender equality in micro- and macro-communities, are therefore also important ways to address central risk factors.

Other stable dynamic risk factors, such as substance abuse, significant mental health problems, gambling related harm, homelessness and life disorganisation, have a less central, but still important role in perpetration of FDV. Unlike central risk factors, they do not *drive* risk but can be associated with the frequency and severity of the perpetrator's use of violent and controlling tactics.

Because interventions directed specifically towards these risk factors do not engage with central risk factors, they are generally insufficient to produce sustained risk reduction or long-term behaviour change. Indeed, interventions focused specifically on these factors alone might be insufficient to produce even *short-term* reductions in risk. However, addressing them via mid-point and/or back-end interventions can help to reduce some of the harm caused by a perpetrator's use of violence. Achieving reductions in a perpetrator's substance abuse, for example, *might* result in fewer or less severe acts of physical violence. It will be unlikely, however, to reduce his overall use of coercive controlling tactics and the climate of fear he instils in family members, or produce long-term behaviour change. Another example of a constructive intervention would be one that provides FDV-informed coordinated case management to stop a perpetrator becoming homeless and/or jobless.

For some perpetrators, addressing non-central stable risk factors is not only about harm minimisation in the short- or medium-term, but also a way of strengthening their *capacity* to participate in a perpetrator intervention and work towards change. Severe AOD use, poor mental health, or major life disintegration or disorganisation, for example, can make it even more unlikely than usual for a perpetrator to focus on his use of violence. For some perpetrators, addressing issues such as these enables them to – concurrently or subsequently – participate in a specialist perpetrator intervention that focuses on central dynamic risk factors.

¹⁰³ For example, see http://www.ncdsv.org/images/MSV_CommunityAccountabilityModelMen'sVAW.pdf

In contexts such as these, mid-point interventions can also be a stepping-stone to later, specialist perpetrator interventions designed to address central risk factors, including for perpetrators who cannot be mandated or persuaded to participate immediately. One such example of a constructive mid-point intervention is when an AOD, mental health or case management specialist uses their time with a perpetrator to explore and build some internal motivation to accept a referral to a MBCP.

This again highlights the need for vertical integration. These interventions are not an alternative to specialist perpetrator interventions, and cannot achieve the same objectives. Keeping a perpetrator within view does not mean referring him to an AOD or case management intervention and then forgetting him, or simply handing him a Men's Referral Service brochure once that intervention concludes. There needs to be much stronger link to the next step.

Where possible, specialist perpetrator interventions and other interventions designed to address non-central risk factors should occur concurrently. When this is not possible, the latter need to be an active stepping-stone to the former.

Acute dynamic risk

At any point in the intervention continuum – from first responses through to back-end MBCPs and post-MBCP maintenance – acute dynamic risk factors can arise, producing a temporary spike in risk. In some situations, these risk factors are predictable, such as a perpetrator attending a family law hearing and realising that he will not have the level of access to his children that he expects. Whereas his male entitlement and betrayal narratives are stable dynamic risk factors that require specialist perpetrator interventions, the hearing itself is an acute dynamic risk factor associated with elevated risk for at least the hours, days and weeks surrounding the hearing.

For another perpetrator, the advent of an interim protection order might serve as an acute dynamic risk situation, if he has relatively low stake in conformity and a strong victim stance that the victim-survivor or wider system is “out to get him”. A change in a perpetrator's access to a victim-survivor (such as discovering her whereabouts after she leaves refuge, or gaining more access to her children) is another example of an acute dynamic risk factor.

Spikes in risk due to acute dynamic risk factors might be predicted if enough is known about the perpetrator and his patterns of coercive control. While not all acute dynamic risk factors can be foreseen – unpredictable events or sudden changes in the perpetrator's internal states can happen at any time – an FDV service system that has a strong, multi-agency focus on the perpetrator, along with appropriate information sharing, can make some risk factors predictable.

In the first of the examples above, 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 from a child contact centre practitioner reporting on the ways that the perpetrator talks to his children during supervised visits. Information sharing arrangements mean that this information can be relayed to and accessed by authorities and agencies involved in addressing the risk posed by the perpetrator. In turn, it can then be used to inform efforts to support the victim-survivor and her family with safety planning and risk management strategies; as well as to inform interventions focused on reducing the perpetrator's inclinations and opportunities to escalate his violent and controlling tactics.

In the second example, signs of how the perpetrator might respond to the application of an interim protection order might be contained in victim-survivor reports and/or what he says to police after the precipitating FDV incident and/or in the court. Alternatively, he might have a history of non-compliance with court or Corrections orders based on other matters. Sharing this information could help to inform front-end, second responder interventions that attempt to build his understanding of the protection order conditions and to find and strengthen reasons for compliance. Such information sharing might also result in increased police monitoring, if risk was considered sufficient.

All agencies that intervene with perpetrators share responsibility for addressing spikes in risk that arise from acute dynamic risk factors. This includes non-specialist services. Perpetrator intervention systems should therefore gear themselves not only towards long-term objectives of sustained and comprehensive changes in the perpetrator's patterns of behaviour towards family members, but also shorter-term identification and reductions in risk.

Narrative is essential

The fluid nature of risk – and the importance of capturing both context and severity of risk-related information – requires that information about a perpetrator's behaviour be collected, shared and analysed at least partly in narrative form. While tick boxes and the use of actuarial tools to estimate degree of risk can be useful in many circumstances, the presence of particular evidence-based risk factors – without accompanying narrative information – might not be sufficient to indicate the severity of current threat or dangerousness.

For example, many FDV perpetrators hold a sense of entitlement and believe they have the right to enact punishments when their entitlement-based expectations have not been met. The degree to which a perpetrator holds on to these "rights", and the extent to which he has previously punished a victim-survivor, can give a sense of the threat that he poses. This can only be described in narrative form.

Similarly, how a perpetrator has responded when his partner has attempted to shape opportunities for autonomy (in the context of staying in the relationship) might be an important predictor of the degree of escalation of risk if she decides to separate from him. What he has specifically done and the lengths he has gone to in order to suppress her autonomy – including the extent of his planning and the nature of his punishment-based actions – again can only really be expressed in narrative form.

The context around an evidence-based risk factor, and the severity of a perpetrator's behaviours associated with the factor, is vital for understanding the threat that he poses. Information about context and severity cannot be conveyed through scores and tick-boxes alone.

Foundation 8 – Intervention-related risks

All engagement and interventions with perpetrators – including the enactment of perpetrator accountability mechanisms – can create or reinforce immediate or longer-term risks to the safety of victim-survivors. Agencies engaging with perpetrators need to identify and be mindful of these risks when they determine whether to engage, who should engage, when, how, and in what context.

All perpetrator interventions, at all points on the spectrum, have potential to compromise the safety of family members. High practitioner skill, quality supervision and practice management, as well as adherence to minimum standards, professional practice standards or codes of practice (where they exist) can reduce these unintended consequences. It is not possible, however, to negate them completely.

While all the risks of perpetrator interventions are too many to enumerate, examples include a perpetrator of FDV:

- responding to a police call-out or court order by escalating their tactics of violent and controlling behaviour, with the goal of punishing the victim-survivor for initiating the interventions.
- using a holistic, family-centred intervention (if insufficiently informed by a perpetrator pattern-focused understanding of FDV) to deny his responsibility for his use of violence, blame it on family dynamics, or characterise it as a relationship problem.
- shifting responsibility for his violence to his consumption of AOD or mental health issues, because the part of the system that is focusing on these non-central dynamic risk factors are poorly or only passively linked to specialist perpetrator intervention services.
- using his participation in a MBCP against his partner – such as lying to her about what the program practitioners have said about the seriousness of his behaviour; putting pressure on her to believe that he has ‘changed’ now that he has (finally) gone to a program; or convincing influential members of his community that he has ‘changed’ by virtue of participating in the program, thereby making it more difficult for her to be believed if she seeks help from community leaders.
- using the child protection or family law systems to threaten or disrupt the relationships that his (ex) partner has with her children.

These risks mean that, when any opportunity for engagement with a perpetrator arises, there are some key considerations for practitioners to explore, including:

- whether engagement might lead him to mistakenly believe that his current or former partner has ‘docked him in’ (for example, if the issue of FDV is being explored on the basis of the practitioner’s suspicions)
- the extent to which he might use the resulting engagement to strengthen his violence-supporting narratives and move further away from taking responsibility for his behaviour

- the extent to which he might respond to attempts to engage him with increased hostility and control towards family members
- the ability of the agency making the intervention to identify these risks, drawing upon information obtained from other agencies where appropriate
- the ability of the agency, in collaboration with other agencies, to respond to and minimise these risks.

As emphasised previously, mechanisms enacted by criminal justice system and law enforcement agencies to hold perpetrators accountable for their behaviour do not automatically improve victim-survivor safety. Research from the United States, for example, demonstrates that some of the highest risk periods for re-assault occur in the first few months after arrest for FDV offences.¹⁰⁴

For government and non-government agencies with little or no specialisation in perpetrator interventions, identifying and mitigating risks – and more fundamentally, determining whether it is appropriate and safe to engage in a specific situation – might require secondary consultations or collaboration with a specialist service. Humphreys and Campo (2017) for example, in their recent review of FDV-informed fathering interventions, outline a number of considerations when determining whether, when and how holistic, family-centred practice might safely include perpetrator engagement. They suggest that interventions should:

- have the safety of women (or non-offending parents) and children as their priority
- only be offered to participants who have been assessed as suitable and safe to participate
- be centre-based rather than home-based
- be conducted by highly trained workers who have expertise in FDV intervention, engaging with men, and preferably child development
- focus on parenting rather than the couple
- explicitly address the issues of FDV
- make connections to the wider service and intervention system.¹⁰⁵

A central part of government and non-government agencies taking collective responsibility for scaffolding perpetrator pathways towards accountability is to identify opportunities for direct and indirect engagement. Opening up opportunities for perpetrator engagement, however, also increases the range of intervention-related risks. Service providers must, therefore, implement intervention-related risk identification and management strategies. The principal mechanism for doing this is to utilise specialist perpetrator intervention service providers for secondary consultations.

Two men’s FDV case management initiatives detailed in the CIJ’s *Pathways towards accountability* report provide examples of careful process in determining whether, when and how to engage with people who cause FDV harm. In both the Taskforce Alexis and Families@Home projects, the decision about perpetrator engagement arises from the intake and assessment process involving the victim-

¹⁰⁴ Klein, A. (2015). *Practical implications of current domestic violence research for probation officers and administrators*. Battered Women’s Justice Project. Minneapolis.

¹⁰⁵ Humphreys, C., & Campo, M. (2017). *Fathers who use violence: Options of safe practice where there is ongoing contact with children* (CFCA Paper No. 43). Melbourne: Child Family Community Australia information exchange, Australian Institute of Family Studies. <https://aifs.gov.au/cfca/publications/fathers-who-use-violence>

survivor or family.¹⁰⁶ Furthermore, the views of the perpetrator's (ex)partner have significant influence over the decision, in recognition that victim-survivors are often in the best position to assess the safety of attempting to approach a perpetrator with an intervention.

Perpetrator intervention system reform risks

The principle of understanding - and, where possible, predicting and mitigating - the risks of engagement and intervention with perpetrators does not only operate on a perpetrator-by-perpetrator basis. At a systems level, work to reform and strengthen perpetrator intervention systems can in itself create risks that need to be anticipated and mitigated. These include the following:

- Despite work to assist services and practitioners to understand the parameters and limits of their roles with respect to perpetrator engagement, growing systems-wide and societal awareness of its importance is likely to result in some over-stepping their skillset. Counter-productive and dangerous practice is likely to result in some cases.
- New information sharing powers operating in some jurisdictions, particularly relating to information obtained from engagement and contact with perpetrators, could be subject to backlash from men's rights movements (because in some jurisdictions, that information can be shared without consent). If not managed carefully, this could undermine the confidence of services to share information.
- A significant proportion of males identified by police as victims in relation to an FDV incident are likely to be the predominant aggressor rather than the genuine victim.¹⁰⁷ For example, Women's Legal Service of Victoria found that, of 55 women they assisted from January to May 2018 who were named as respondents to a police application for a protection order, 32 were incorrectly identified as the perpetrator in the relationship.¹⁰⁸ Their designation as perpetrator meant that those women lost their right to consent to their information to be shared. While such information sharing would be beneficial in many circumstances – and might in some cases help the system to correct the misidentification – it might also result in permanent records of “fact” that in future could be subpoenaed by lawyers operating on behalf of the actual (male) predominant aggressors.
- In Victoria, new information sharing legislation has expanded the list of agencies ('Information Sharing Entities') that can share information according to the new provisions under the Act. While it is likely to take some time for this new information sharing environment to 'warm up', eventually, there are risks in the system being able to absorb the sheer volume of information sharing requests related to perpetrators, in ways that do not detract from capacity to perform other core tasks.

¹⁰⁶ Campbell, E., Parsons, C., & Vlasis, R. (2016). *Pathways towards accountability: Mapping the journey of perpetrators of family & domestic violence*, RMIT University, Melbourne. <https://cij.org.au/research-projects/bringing-pathways-towards-accountability-together/>

¹⁰⁷ Department of Social Services (2017). *Scoping study of innovations in family and domestic violence perpetrator interventions*. Commonwealth of Australia.

¹⁰⁸ Women's Legal Service of Victoria (2018). *Snapshot of Police Family Violence Intervention Order applications: January-May 2018*.

None of the above are reasons for not developing and reforming perpetrator intervention systems. However, they are examples of how many – if not all – such developments and reforms carry *systems-generated risks*, just as individual engagement and interventions with perpetrators can carry risks for those affected by their violent and controlling behaviour.

As noted elsewhere in this paper, the assumption that enacting perpetrator accountability mechanisms automatically increases victim-survivor safety can result in services being blind to systems-generated risks. Of course, enacting these mechanisms through law enforcement, civil and criminal justice system pathways, and through community accountability processes, can increase both felt and actual victim-survivor safety much of the time. However, perpetrators are diverse and will respond to attempts to hold them accountable in different ways. Tasmanian analyses of FDV incidents involving police call-out, for example, shows that a substantial proportion of FDV perpetrators are involved in at least one more incident resulting in police call-out in the months following a reported FDV incident, and that the likelihood of further police call-outs increases with each subsequent call-out.¹⁰⁹ For these men, law enforcement responses to hold perpetrators accountable do not necessarily improve victim-survivor safety.

Focus group testing

Partner support work in the context of MBCP provision enables feedback from victim-survivors about how MBCPs impact upon their own lives and that of the perpetrator – including whether his participation in the program is resulting in any unintended negative consequences for her and her family. Outside of MBCPs, however, very little is known about how victim-survivors experience their partner being engaged by the service system. Focus group explorations with victim-survivors can be a means of generating this information.

Qualitative research with perpetrators themselves can also be useful in this respect. In a recent project commissioned by the Magistrates' Court of Victoria to improve the wording of FDV protection order conditions and accompanying explanatory text for both Respondents and Affected Family Members, the CIJ gained valuable insights into balancing clear and strong accountability-based language, with sensitive attention towards the risks of some (or many) perpetrators becoming particularly agitated.¹¹⁰ For example, the sequence of information presented in writing made a difference to how closely the protection order was read and considered in full by the respondent. This kind of qualitative research with perpetrators – conducted in an appropriate way so that the research itself does not escalate risk – should be explored further. Understanding the value of procedural justice in this context should also be remembered.¹¹¹

¹⁰⁹ Morgan, A., Boxall, H., & Brown, R. (2018). Targeting repeat domestic violence: Assessing short-term risk of reoffending. *Trends and Issues in Crime and Criminal Justice*, 552, Australian Institute of Criminology.

¹¹⁰ Campbell, E., Vlasis, R. & Hawkins, K. (forthcoming) *Setting the Foundation for Compliance: Improving understanding of Family Violence Intervention Orders in Victoria*,

¹¹¹ Campbell, E., Vlasis, R. & Bissett, T (2018) *Beyond 'getting him to a program': towards best practice for perpetrator accountability in the Specialist Family Violence Court context*. Centre for Innovative Justice, RMIT University.

Foundation 9 – Intersectionality

Most FDV perpetration is an expression of gender-based power, and many perpetrators choose violence as part of enacting (male) entitlement and privilege. Yet perpetrators and victim-survivors also experience oppression in the context of other forms of power-over. These include colonisation and Indigenous oppression; racism; classism; able-ism; xenophobia/vilification of refugees; and bi/homophobia, transphobia, gender conformism, and heteronormativity. Understanding and practising intersectionality must, therefore, be a critical part of all perpetrator interventions.

The term *intersectionality* was introduced three decades ago by American civil rights and gender activist Kimberlé Crenshaw.¹¹² It expresses how multiple forms of structural disadvantage, exclusion and oppression based on people’s social and personal identities, can impact upon people’s experiences of marginalisation.

For example, while gender inequality affects all women, its impact is experienced differently by women who experience multiple forms of disadvantage/oppression. Furthermore, some women experience higher rates of gender-based violence than others, based on the compounding and multiplicative ways in which they are marginalised. Conversely, some people have multiple identities that compound to provide them with significant privilege in terms of economic, political, interpersonal and other forms of power.

Intersectionality is more complex than viewing multiple forms of oppression and marginalisation as having cumulative effects. In her review of intersectionality, feminism, gender inequality and FDV, Smith (2013) highlights the interlocking nature of multiple forms of disadvantage, and argues that it is important to understand how these are experienced at the individual, identity level:

“[I]ntersectionality moves us from notions of universal human experience in which we are either a gender, or a class, or a cultural identity, to examine the complexity of multiple experiences.”¹¹³

Intersectionality is central to understanding many victim-survivors’ experiences of FDV. The specific foci of the Victorian RCFV on women with disabilities, Indigenous women, women from refugee and newly arrive backgrounds, and women who do not have cisgendered and heteronormative privilege exemplifies how this understanding has grown in policy environments. The Victorian Government has also developed a Diversity and Intersectionality Framework as part of *Ending Family Violence: Victoria’s Plan for Change*¹¹⁴

¹¹² Crenshaw K. (1991). Mapping the margins: Intersectionality, identity politics, and violence against women of color. *Stanford Law Review*, 43, 1241–1299. See also <https://philpapers.org/archive/CREDTI.pdf>

¹¹³ Smith, J. (2013). *Experiences of consequences, accountability and responsibility by men for their violence against women and children*. PhD dissertation. University of Melbourne. p.27

¹¹⁴ See www.vic.gov.au/how-were-planning-reduce-family-violence

Nationally, in terms of violence prevention, Our Watch has developed an organisational strategy to strengthen its intersectional approach, to examine:

FF “[H]ow other forms of structural inequality and oppression, such as racism, colonisation, ethnocentrism, ableism, class privilege, and heterosexism, homophobia and transphobia, intersect with gender inequality and oppression to exacerbate violence against women. Fundamentally, this approach requires us to consider how structural inequalities and identities intersect and interact, in order to effectively address the underlying drivers of, and contributors to, violence against all women, across the diversity of the Australian population.”¹¹⁵

Many people have multiple identities that provide them with privilege in some forms, but structural disadvantage or experiences of oppression in others. This includes some perpetrators of FDV. Smith (2013) argues that:

FF *Intersectionality provides another way to interpret men’s construction of powerlessness and victimisation. It provides further explanation for how men can see themselves as powerless and offers an approach for workers to engage men within that construction of self ... how much of men’s dialogue [in the men that she interviewed] was a conscious choice to deny responsibility, and how much was based in genuine belief that they were victimised whether by their partners’ ‘manipulations’ [inverted commas added]; as a consequence of their own upbringing; of structural forces beyond their control; or by genuine belief (sometimes based on trying and failing) that they were unable to control their anger? Intersectionality was useful in answering these questions.*¹¹⁶

Intersectionality and victim stance thinking

Joanie Smith above refers to the *victim stance* that underlies many perpetrators’ rationalisations and justifications for their use of violence, a constellation of thinking that they use to give themselves the green light to choose to use violence. Some men’s victim stance is founded on ways of thinking and forming expectations of women and children based on their gender-based privilege, as the following hypothetical case study demonstrates.

¹¹⁵ Our Watch (2017). Organizational Strategy to Strengthen our Intersectional Approach. Melbourne. p. 4

¹¹⁶ Smith, J. (2013). *Experiences of consequences accountability and responsibility by men for their violence against women and children*. PhD dissertation. University of Melbourne.

HYPOTHETICAL: Victim stance thinking¹¹⁷

Robert was referred to a men's behaviour change program by his alcohol and other drug counsellor, after the counsellor identified that he was using violence against his girlfriend. During the initial assessment session, the MBCP practitioner gave Robert a small amount of time to talk about his views on what was happening, to gain some insight into his thinking – the practitioner provided limits on this, however, to minimise colluding with Robert's views.

Robert discussed a recent incident when he went out dancing with his girlfriend Samantha. He straightened his back and bent a bit forward in his chair, looking the practitioner in the eye "You should have seen what happened! I've told her over and over again not to go up and talk to guys she doesn't know. It's for her own protection. Yet do you know what she did? She went up to some guy and started talking to him. She later told me that he was an old high school friend who she hadn't seen for years, but I don't believe that bullshit."

"I got so, so angry. I boiled. She knew I'd react, she knows I get angry. She did that to get at me. She shows me no respect. Yeah [dropping his voice slightly and shrinking his shoulders] ... I shouldn't have punched that guy ... I just lost it. I got so angry. But what was I to do? I've told her over and over again, she just doesn't listen! She gets me so, so jealous, she knows I'm an angry guy ..."¹¹⁸

Robert uses a range of tactics to control Samantha's behaviour: physical violence against the man at the club to make her too afraid to talk to other men; emotional violence by screaming at her in the locked confines of the car on the way back home; social violence to monitor her movements and conversations with men via social media; economic violence to leave her with insufficient financial means to have a social life. Underlying these tactics is a set of entitlement-based expectations that can come with the privilege of being male.

In this hypothetical, Robert:

- places responsibility for his emotional life, including his feelings of jealousy and insecurity, on to Samantha, and blames her for making him jealous.
- sees his own male superiority as self-evident – for example, Samantha is someone who cannot look after herself, she is being 'disrespectful' and 'disloyal' by not listening to his 'better judgement' about the dangers of talking to other men.
- sees himself as Samantha's victim, believing himself to be deliberately provoked.
- believes that he has the right to dictate Samantha's behaviour and to punish her for non-compliance.
- gives himself a 'green light' to use violence. His male privilege makes it easier for him to dehumanise Samantha, centre entirely on his own needs and experiences, and to use a range of violent and controlling behaviours to attempt to shut down her capacity to 'make him jealous'.

¹¹⁷ Reproduced with permission from Services and Practitioners for the Elimination of Abuse, Queensland (SPEAQ)

¹¹⁸ Services and Practitioners for the Elimination of Abuse Queensland (in preparation). 'Men's behaviour change work – it's not anger management'.

Men's victim stances originate in broad societal beliefs and attitudes relating to women, sexism and dominant masculinities. However, for some men, their victim stance is also fed by their own lived experiences of victimisation or oppression (though not by their partner). Robert might have experienced violence as a child in his family-of-origin. He might have experienced (and be experiencing) racism and multiple disadvantages as an Aboriginal [or Torres Strait Islander man] or refugee. He might have grown up in an impoverished area characterised by multiple social problems that can come from substantial lack of class privilege and stigma; or experienced the powerlessness that can come from living with a significant mental health disability in a rural location. While he is in no way a victim of Samantha's behaviour, his experiences of genuine powerlessness, oppression and marginalisation – now or in the past – can intersect with his male privilege to strengthen his victim stance.

Sensitivity does not mean providing an excuse

It is important not to overstate the role of oppression in a man's victim stance. It is in no way an excuse, or even an explanation, for their use of violence. Many people experience multiple oppressions and do not use violence. Furthermore, many perpetrators benefit from compounding forms of privilege, and have not experienced significant social disadvantage of *any* form.

Nevertheless, intersectionality implies that perpetrator intervention systems need to be sensitive to the social and structural disadvantages that some perpetrators face, that impact upon their participation and experience of services. Perpetrator interventions do not impact upon or 'land' on all people who cause harm equally.

Perpetrator intervention systems also need to be sensitive to the oppression faced by many men who are caught up in the criminal justice system. There is a markedly disproportionate representation by Aboriginal and Torres Strait Islander men, men with cognitive impairment, men with mental health problems, and men from impoverished and socially marginalised backgrounds. Sensitivity to this marginalisation is particularly important given that criminal justice system responses to FDV perpetration are about, in part, the use of state-based power – through law enforcement and justice-based systems – over the perpetrator to 're-balance' the lack of power that his victim-survivors have in stopping his use of violence. This use of state-based 'power over' has markedly different impacts and consequences for a man who is Aboriginal or Torres Strait Islander or has an ABI, for example, to those for an upper-middle class, cisgendered and able-bodied Caucasian.

Responses to perpetrators also need to be sensitive to:

- barriers that affect access and participation.
- felt and real safety of participants who might encounter marginalisation or hate in group-based perpetrator interventions.
- the ways that state-based institutions and authorities have discriminated and may still discriminate against people from certain communities and particular identities, affecting their trust and experiences of service provision.
- the ways that their own experiences of hate, stigma, marginalisation and oppression are implicated in (but not excuses for) some perpetrator's choices to use FDV.¹¹⁹

¹¹⁹ For example, with respect to how the experiences of powerlessness by refugee men reinforce their existing victim stance based on male entitlement, see Fisher, C. (2013). 'Changed and changing gender and family roles and domestic violence in African refugee background communities post-settlement in Perth, Australia'. *Violence Against Women*, 9(7), 833-847;

- cultural and community-based processes that some marginalised groups use to respond to FDV within their communities, and how these intersect with mainstream service system responses. People from some marginalised communities might experience multiple systems of response and/or social realities, such as realities framed as being traditional/cultural as well as white/mainstream.
- how violence by some men might be tolerated by victim-survivors, for example, sexually intrusive behaviours used by some men with disabilities against female carers, residents or professional carer staff.
- how perpetrators can draw upon multiple identities – not only their dominant or ‘signature’ identity (for example, their ethnocultural identity) – to justify attitudes and violence towards women, and the dangers of systems and practitioners making assumptions about which aspect of their identity to focus on.¹²⁰

With regard to the last point, Debonnaire reflects on good practice in the context of an MBCP:

FF *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.¹²¹*

Reframing ‘victim vulnerability’ to understanding perpetrator tactics

People who cause FDV harm can also use multiple and compounding forms of privilege to further their use of violence and control against victim-survivors. An example is a father who uses his male, cisgendered and heterosexual privilege to use violence against an adolescent child who is transgender, or not heterosexual, or gender non-conforming. While the violence in part stems from transphobia, homophobia and/or gender norms, *it is still FDV*.¹²²

Zannettino, L. (2012). " . . . There is no war here; it is only the relationship that makes us scared": Factors having an impact on domestic violence in Liberian refugee communities in South Australia. *Violence Against Women*, 18(7), 807-828.

¹²⁰ Debonnaire, T. (2015). *Responding to diverse ethnic communities in domestic violence perpetrator programmes*. Expert essay, Work with Perpetrators European Network.

¹²¹ *ibid*, pp.6-7

¹²² Other examples of the application of intersectionality to perpetrator intervention work are provided by Vlasis, Ridley, Smith and Green (2017). Vlasis, R., Ridley, S., Green, D., & Chung, D. (2017). *Family and domestic violence perpetrator programs: Issues paper of current and emerging trends, developments and expectations*. Perth: Stopping Family & domestic violence. sFDV.org.au, see pages 19-20

Intersectionality and several other foundations for perpetrator intervention systems highlighted in this paper have important implications for how we consider the issue of ‘victim vulnerability’. As violence against women activist Ada Conroy emphasises in the male perpetrator engagement training she developed through (Melbourne’s) Women’s Health in the North, the question “Which women might be particularly vulnerable to family and domestic violence, perhaps more so than others?” elicits a long list of responses:

- women with disabilities;
- Indigenous women;
- young women;
- elderly women;
- women living in impoverished circumstances;
- refugee or other CALD women;
- lesbian or bisexual women or women who identify as queer;
- isolated rural women;
- and others.

A significant (perhaps majority) proportion of the overall population of women have one or more of these characteristics.

As Conroy emphasises, thinking of these women as ‘vulnerable’ implicitly places partial responsibility on to them for their experiences of FDV. If they weren’t ‘vulnerable’, they might not be as targeted, or their experience of FDV might not be as severe. This language of vulnerability obscures the deliberate actions that perpetrators use to take advantage of how particular women are marginalised and oppressed by community and society structures and processes in the course of their day-to-day lives.¹²³

Understanding each perpetrator’s particular tactics of coercive control necessitates identifying the ways that he uses a victim-survivor’s marginalisation to strengthen her social entrapment and his control.¹²⁴ A perpetrator might, for example, make use of disabling environments faced by women with disabilities to isolate his partner from informal and formal supports. Another might have additional financial violence tactics at his disposal, because his ex-partner’s Newstart payments do not provide enough money to live on. Yet another might take advantage of his ex-partner’s previous incarceration, knowing that she will not risk retaliation against him for fear that police will automatically assume her to be the predominant aggressor.

As seen in the examples above, a perpetrator’s tactics do not relate only to the expanded range of actions he can take to control the victim-survivor’s world. They also relate to his ability to anticipate the discriminatory, negative and unhelpful social and service system responses she might receive, due to the marginalisation she faces from these systems. As outlined previously in this paper, the

¹²³ Conroy, A. (2019). Working with male perpetrators of family violence: Reflections on collusion. PowerPoint presentation. Melbourne: Women’s Health in the North.

¹²⁴ Tolmie, J., Smith, R., Short, J., Wilson, D., & Sach, J. (2018). Social entrapment: A Realistic understanding of the criminal offending of primary victims of intimate partner violence. *NZ Law Review* 2018, 181-218.

perpetrator might also be able to *manipulate* these social and service system responses, such as when he makes use of racist stereotypes to discredit a woman of colour's testimony to police, or plays on her mental health issues to convince child protection or family law services that she is not a 'capable mother'.

It is important to emphasise that a perpetrator's ability to use tactics of social entrapment is not due to the victim-survivor having personal deficiencies. Rather, the perpetrator makes use of features of our society that marginalise and oppress these women, taking advantage of objective aspects of her circumstances rather than personal subjective characteristics.¹²⁵ A more equitable society that did not discriminate against and oppress Indigenous nations, people of colour, people with disabilities, and people from LGBTIQ communities, would leave perpetrators with a reduced 'toolkit' of coercive controlling tactics from which they could draw.

¹²⁵ *ibid*

Foundation 10 – Safety and accountability planning

People who cause FDV harm are heterogeneous in terms of the level and nature of the risk they pose, and their backgrounds and life situations. Furthermore, their pathways towards responsibility and accountability can be lengthy, non-linear and idiosyncratic. Perpetrator intervention systems need to tailor interventions to each specific perpetrator through ongoing processes of Safety and Accountability Planning and review.

Perpetrator intervention systems need to tailor their responses individually to people who cause FDV harm based on a range of factors. While the growing influence of the Risk Needs Responsivity (RNR) framework is a factor here, recognition of the limitations of a ‘one size fits all’ approach to perpetrator interventions is not new.

Tailoring is required because people who cause FDV harm:

- might be newly engaged by the formal service system, or come back into view after a significant period without engagement and/or have a history of using violence against several distinct victim-survivors over time.
- pose different levels of risk, with higher risk, higher-harm perpetrators often requiring lengthier and/or more intense interventions.
- do so in many different intimate contexts – not just monogamous, heterosexual relationships. FDV is also perpetrated against co-parents, and against multiple partners in polyamorous relationships. Similarly, it may be perpetrated after a relationship has ended or in multiple relationships over time.
- vary in their use of violence other than FDV and/or in their other criminal behaviour.
- vary in the complexity of (non-central) dynamic risk factors or criminogenic needs that do not drive their use of violence, but do accentuate it.
- vary in their capacity at a particular point in time to participate in a specialist intervention, due to concomitant health or lifestyle issues.
- have differing levels of readiness to participate in a service and readiness to change. Furthermore, the factors that might contribute towards the development of an internal motivation to change are not the same for each perpetrator.
- journey in different ways, and at different paces, towards taking responsibility and being accountable for their behaviour.
- have differing stakes in conformity (being what they might have to lose by disregarding conditions imposed on them by civil and criminal justice system or the Children’s Court).
- hold multiple identities/cultures/ways of thinking/traditions and be influenced by multiple micro- and macro-communities.

The heterogeneity of perpetrators can also be evident within particular forms of FDV, such as elder abuse. Drawing upon research by elder abuse prevention specialists, Vlasis (2017) for example argues that:

FF *Elder abuse focusing predominantly on financial abuse tactics might differ significantly from abuse involving substantial caregiver neglect. Even with the latter, there are substantially different implications for intervention when neglect is accompanied by deliberate emotional abuse tactics in the context of exerting power and control over the victim, as distinct from carers who begin to neglect their parents' needs out of sheer exhaustion from the logistical and emotional demands of their caring role in the context of other life demands (for example being the primary carer of their own children).¹²⁶*

Similarly, adolescent violence in the home can operate within different contexts, ranging from sons who are recruited into using violence against their mother by a violent father, or conditioned to replay his behaviour; through adolescents who use violence in a more expressive or reactive way in the context of multi-generational, complex trauma; to those using violence as a primary result of a cognitive or psycho-social disability, but whose families will not seek support because of fear of punitive responses from the service and justice systems.¹²⁷

Tailoring interventions is also implicit in the principle of placing family member experiences and needs at the centre in perpetrator intervention systems. Families and victim-survivors will vary (individually and over time) in what they need from the perpetrator intervention system as it works towards supporting them in their recovery journey.

Identifying, predicting and responding to acute dynamic risk (Foundation 7) is also highly relevant here. Spikes in risk do not play out in the same way for each perpetrator. Churning perpetrators through an intervention can be counterproductive and even dangerous, and can render victim-survivor voices and needs invisible.

Tailoring responses to individual perpetrators is a challenge for perpetrator intervention systems, given that these systems:

- work with large volumes of perpetrators (that are likely to increase with community awareness and trust in the responses of formal service systems).
- are based on consistently applied interventions and consequences, such as civil and criminal justice system restraints.
- typically rely heavily upon group-based interventions for specialist behaviour change programs (because groups are a potentially useful and ethically important context for behaviour change work).
- have limited capacity and funding to fine-tune responses to each perpetrator.

¹²⁶ Vlasis, R. (2017). *Scoping study of innovations in family and domestic violence perpetrator interventions*. Family Safety Branch, Commonwealth Department of Social Services. p.97

¹²⁷ Campbell, E., Richter, J., Howard, J. & Cockburn, H (forthcoming) 'Positive Interventions for Perpetrators of Adolescent violence in the home (PIPA) Project, ANROWS.

Despite these challenges, and acknowledging the difference between aspirational practice and what is practical given these constraints, there is increasing focus on the need to tailor responses. For example, in their chapter *The practice context*, Vlais, Ridley, Chung & Green (2017) detail some of the considerations and practices involved in adopting the RNR model and tailoring responses in the context of group-based MBCPs.¹²⁸

An earlier review focusing on adoption of the RNR framework within the New Zealand MBCP equivalent context is provided by Ken McMaster (2013).¹²⁹ Australia's only contemporary practice guide for MBCP work, *Towards Safe Families*, contains some tools to support individualised monitoring and case planning practice. However, advances in individualised responses over the past five years render some of these tools in need of an overhaul and update.¹³⁰

Various terms are used to refer to the process of individualised planning and monitoring of interventions for people who cause FDV harm, including *case formulation*, *case planning*, *case management*, and *exit planning*. These all have overlapping, but also quite distinct, meanings. *Co-case management* can potentially refer to when a specialist perpetrator intervention service collaborates closely with the agency referring a perpetrator to the program, towards shared case-based goals.

Based on research conducted through the ANROWS project *Evaluation readiness, program quality and outcomes in men's behaviour change programs*, Day, Vlais, Chung and Green (2019) have proposed the concept of *Safety and Accountability Plans* as a means for perpetrator intervention systems to tailor responses to perpetrators.¹³¹ These plans would detail the specific attitudinal and behavioural goals for a perpetrator to work towards, based on an understanding of his patterns of coercive control, and where he is currently in his journey towards responsibility and accountability.

With respect to MBCP interventions, SFV has identified some key requirements when developing and implementing individualised Safety and Accountability Plans for each participant. These should:

- initially draw on relevant information already held by other agencies in the integrated response system
- be constantly reviewed and updated to include new information obtained by other agencies.
- be co-designed (where possible) with other agencies that are closely involved in assessing and managing the risks posed by the perpetrator (for example, child protection, community corrections)
- include accountability planning from the beginning of the program, with accountability measures being reviewed, updated and refined over time (if the perpetrator is engaging in specialised FDV case management prior to, or rather than, an MBCP, an accountability plan should be developed as part of the case management process)
- document and be informed by the perpetrator's reasons and motivations to commit to implementation, and reflect deepening/new internal motivations as they arise

¹²⁸ Vlais, R., Ridley, S., Green, D., & Chung, D. (2017). *Family and domestic violence perpetrator programs: Issues paper of current and emerging trends, developments and expectations*. Perth: Stopping Family & domestic violence.

¹²⁹ McMaster, K. (2013). The changing nature of family & domestic violence interventions. *Te Awatea Review: The Journal of Te Awatea Violence Research Centre*, 10(1&2), 8–11.

¹³⁰ NSW Department of Attorney General and Justice (2012). *Towards safe families: A practice guide for men's domestic behaviour change programs*. State of New South Wales.

¹³¹ Day, A., Vlais, R., Chung, D., & Green, D. (2019). *Evaluation readiness, program quality and outcomes in men's behaviour change programs* (Research report, 01/2019). Sydney, NSW: ANROWS.

- document individual goals against which the perpetrator’s attitudes and behaviours will be measured
- be based on the perpetrator’s patterns (rather than only focusing on goals concerning the cessation of discrete incidents of violence)
- use language that can be understood by the perpetrator and family members (and potentially others who might help to hold him accountable to the plan)
- do not rely totally (or even predominantly) on the written word – for example, incorporate visual cues and reminders, new app-based interactive technologies to help develop and refine aspects of the plan, and other means suited to the individual perpetrator’s preferred engagement and learning styles
- be written in a way that can contribute to the risk management and safety plans for women and children affected by the perpetrator’s use of violence.¹³²

SFV similarly notes that a perpetrator’s Safety and Accountability Plan has potential to be used systems-wide, in multiple settings and interventions:

FF *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.

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

¹³² Vlasis, R., Ridley, S., Green, D., & Chung, D. (2017). *Family and domestic violence perpetrator programs: Issues paper of current and emerging trends, developments and expectations*. Perth: Stopping Family & domestic violence.

*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 ... Of course, this would also all depend on a renewed risk assessment.*¹³³

Overall, perpetrator intervention systems face the quandary that, with such high volumes of perpetrators entering the system, individualised and ongoing planning can be difficult and even unrealistic in many contexts. For perpetrators who pose a medium to high risk, however, tailoring responses is important for intervention effectiveness.

HYPOTHETICAL: Safety and accountability planning in practice

Safety and accountability planning is a dynamic, ongoing process. This hypothetical demonstrates how they are achieved in practice, and how plans can be used in multi-agency, collaborative processes to respond to perpetrator-driven risk.

Child protection services were notified by police after a FDV incident in which Jacob, a 42-year-old male with no prior involvement with any FDV service system agency, assaulted his wife Sarah while she was carrying Jackson, their four-month-old infant. Sarah was injured by the assault and Jackson was assessed by paramedics because he had slipped from her grasp during the assault. Police applied for and obtained a FDV protection order that named both Sarah and Jackson as protected persons. Jacob was also charged with assault.

While Jackson was named on the Order, Jacob was permitted supervised contact under the Order's conditions. Child protection services identified Jacob as an ongoing risk to Jackson's safety and welfare, due to the likelihood that his relationship with Sarah would continue beyond the cessation of the Order.

Child protection services referred Jacob to an MBCP, providing information to the MBCP provider arising from its interviews with Sarah and investigatory work on the case.

Sensitive and patient engagement with Sarah enabled child protection services to obtain the beginnings of a picture of Jacob's patterns of violent and controlling behaviour towards her, and what impact this had on Jackson and on Sarah's parenting capacity. Child protection services noted, for example, that Sarah had missed Jackson's four-month child and maternal health nurse review because Jacob's tactics of social and emotional violence meant that she was unable to leave the house for the appointment.

Jacob was invested in the relationship with Sarah and this served as some motivation for him to agree to the referral. He also believed that it would help him avoid imprisonment as a consequence of the assault, especially as he had no prior criminal history.

Jacob was initially very hesitant to disclose much in the program about his use of violence, fearing that this might incriminate him in relation to the assault charge. However, after several weeks in the program, he met with his lawyer, who advised him that Sarah's injury and Jackson's assessment made it very likely he would be found guilty.

¹³³ *ibid* p.85

The MBCP provider used its Safety and Accountability Planning process to tailor its predominantly group-based approach to Jacob (and to other participants in the program). The group work component of the program was modular, with each module consisting of six sessions. In the last session of each module Jacob, as with each other participant, worked in small groups to identify elements of their own Safety and Accountability Plan. Participants then briefly discussed their ideas with the whole group, to enable the facilitators to check that their ideas were sound and embodied the program's principles of responsibility and safety.

Between the end of each module and the start of the next one, each participant was required to write up these elements using a Safety and Accountability review template, and to present what they wrote to the rest of the group during the first session of the next module. This provided an opportunity for group participants and the facilitators to give feedback on each person's safety planning strategies and other elements of the developing plan. Group participants were briefed and scaffolded to provide feedback in ways that would assist plans to become more specific, realistic and achievable.

Participants were able to draw upon what they wrote and presented at the start of previous modules, but it was not acceptable to present a carbon copy of prior efforts. Participants were expected to take a more sophisticated and nuanced approach with each iteration towards the progressive development of their plans.

Jacob initially struggled with proposing useful strategies for his plan that focused on his responsibility for his behaviour. However, because

the program provider offered all participants two individual sessions aligned with the beginning and middle stages of the groupwork component to assist participants to develop their plan, Jacob was supported to develop his plan progressively throughout the program. Jacob found the groupwork sessions focusing on children's needs and experiences particularly impactful and so he was offered a further individual session to consolidate some of these learnings into his plan.

Jacob's plan was finalised across two individual exit sessions immediately following the completion of the groupwork component. He chose to represent some features of his plan via a freely available app (not developed for FDV related purposes) that enabled him to organise pictures, voice and text creatively, as reminders of the various components of the plan that he could access from his smartphone.

Child protection services closed the case before Jacob completed the MBCP. However, the MBCP provider gave them a copy of the finalised plan (in written form) due to the possibility of re-notification in the future – Jacob's changes through the program were incremental, and program practitioners believed that he was not likely to put some or even much of his plan into practice, at least not for very long.

A copy of the plan was also provided to Community Corrective Services, who were supervising Jacob as part of a corrections order related to his conviction and sentencing on the assault charge. The MBCP provider conferred with the supervising corrections officer regarding the details of the plan, and also provided other relevant information to assist with the supervision process adopting a focus on the plan. ●

Foundation 11 – Community contexts for interventions

Perpetrators' informal and formal community networks can influence their pathways towards responsibility and accountability. These can work with or against mainstream service system interventions and, as such, need to be recognised as part of a perpetrator intervention ecosystem. Perpetrators have multiple identities and might belong to, or associate with, more than one community.

Community contexts for perpetrator interventions include friends and peers, family of origin, faith-based and sporting organisations, service clubs, workplaces, schools and other civic bodies (whether formally or informally constituted). The term Perpetrator Intervention Ecosystem refers to the combination of system and community responses. When different influences within this ecosystem work at odds, pathways towards perpetrator accountability can be stalled or interrupted at best, or rendered non-existent. Community-based responses to a perpetrator's use of violence are an important strand in a web of accountability. They can support and reinforce efforts by a mainstream service system to scaffold a perpetrator's journey towards responsibility and accountability, or undermine them.

Ultimately, particularly for some higher risk perpetrators, making sustained change requires the achievement of what criminologists call *tertiary desistance goals*. A perpetrator needs to see his emerging non-violent personal identity – based on care rather than control; partnership rather than ownership; and responsibility rather than blame – reflected back to him by a community with which he strongly identifies. The values that he draws upon for his new identity of non-violence need to be reinforced and strengthened by being located in a community and cultural home. Formal service system interventions, as important as they are, cannot provide this home.

Reproducing destructive masculinities

Community contexts can influence the violence-supporting narratives that perpetrators draw upon when they choose to use violence and/or to justify their behaviour. Research with men focusing on *negative male peer support cultures* in Australian rural communities demonstrates a number of characteristics of hyper-masculine norms – findings that are equally applicable to urban contexts:

FF *...hyper-masculine norms ... that privilege strength, domination, a frontier mentality and traditional, patriarchal norms focusing on male control within the family. These masculinities can differ between communities; for example, communities based on agriculture have different masculine cultures to those based on mining. Violence against women becomes a means through which men can maintain dominant forms of masculinity, and reinforce and re-establish their power*

and status in the context of women's rising status and power. Wendt et al (2015) draw upon research demonstrating how male peer support – such as mutual drinking, patriarchal masculine identity, strong associations with abusive peers – can both influence men to perpetrate FDV [family and domestic violence] and make it more difficult for victims to disclose and seek support.¹³⁴

Negative male peer support cultures are, of course, also highly relevant to how sexism, heterosexism, bi/homophobia and transphobia are used to define mateship amongst adolescent boys. In a study of Australian males in both urban and rural settings, Plummer (2001) found that:

FF *... homophobia targets anything that signifies a lack of allegiance to the collective expectations of male peers ... Early homophobic references seem to be rooted in gender. In particular, homophobia targets boys who depart from the collectively authorized expectations of their male peers. Homophobia precedes and presumably provides an important context for subsequent adult sexual identity formation of all men.¹³⁵*

Indeed, the last few years have seen a significant increase in discussion and debates about toxic masculinity, and how this is linked both to gender-based violence and to poor physical and mental health outcomes for many men. This discussion has become increasingly public, extending beyond the fringe of small pro-feminist men's movements, culminating in new developments, such as the controversial Gillette advertisement, attempting to redefine traditional masculinity. The marked backlash against these goes to show how strongly male peer cultures can resist change.¹³⁶

Negative male peer support cultures, and other societal influences and pressures for men to use sexism and violence to reproduce dominant masculinities, manifest in similar and different ways across socio-cultural settings and demographic contexts. In the community accountability model that underpins the work of Men Stopping Violence in Atlanta, these influences are detailed at five levels:

- The *global community* that *anchors* patriarchal structures and worldviews.
- *Macro-communities* that *instruct* and provide a 'how to' manual that supports structural inequalities.
- *Micro-communities* (such as faith communities and civic groups) that *enforce* inequity by rewarding and gatekeeping rigid gender role conformity and punishing expressions of gender diversity.
- *Primary communities* (for example, peer groups, networks of male fraternity, family of origin, gangs) that *socialise* men in gender conformity and destructive masculinities.
- The *individual level* where men live out their privilege and use of power and control in relations with women and in competition with other men.¹³⁷

¹³⁴ Vlasis, R. (2017). *Scoping study of innovations in family and domestic violence perpetrator interventions*. Family Safety Branch, Commonwealth Department of Social Services. p.83

¹³⁵ Plummer, D. (2001). The quest for modern manhood: masculine stereotypes, peer culture and the social significance of homophobia, *Journal of Adolescence*, 24, 15-23, pp 21-22.

¹³⁶ For an analysis of this backlash, see <https://theconversation.com/gillette-ad-isnt-anti-men-its-anti-toxic-masculinity-and-this-should-be-welcomed-109995>

¹³⁷ Douglas, U., Bathrick, D., & Perry, P. (2008). Deconstructing male violence against women: The Men Stopping Violence Community-Accountability Model. *Violence Against Women*, 14(2) 247-261. Retrieved from <http://menstoppingviolence.org/cms/docs/DeconstructingMaleViolenceAgainstWomen.pdf>

This means that attempts by perpetrator intervention service systems to effect long-term, sustainable change in violent men can be limited when the communities to which those men belong (as part of the Perpetrator Intervention Ecosystem) continue to support hyper-masculinities and the use of violence.

Long-term sustainable change, particularly for higher-risk men, requires significant changes in personal identity and lifestyle in ways that support non-violence (secondary desistance) *and* social bonds with communities of belonging that value non-violent identities and lifestyles (tertiary desistance). These connections provide social reinforcement for the ‘life project’ changes that the perpetrator is attempting to make, where he sees his ‘new self’ reflected in some of the people around him.¹³⁸ Finding these connections will be difficult if his primary or micro-communities, or subcultures of influence, continue to socialise and enforce controlling and violent masculinities.

Explicit and implicit attitudes towards FDV

Explicit and implicit attitudes within communities towards victim-survivors, perpetrators and FDV perpetration have a significant bearing on perpetrator pathways. Friends, family members, or influential people within a micro-community (such as a workplace, church, or sporting club), who collude with a perpetrator’s beliefs and narratives can more than negate the efforts of the formal service system.

More broadly, narratives that blame victim-survivors, or that hold perpetrators of domestic homicides to be good men who tragically became victims of mental health problems or stress, can powerfully shape how perpetrators in the general community view their own behaviour and their responsibility and accountability to change.

While perpetrators from all communities draw upon wider societal influences to shape their attitudes and narratives concerning responsibility and accountability, micro- and primary communities can exert disproportionately strong influence in tightly-knit contexts – for example, in communities defined by geography, identity or struggle. Reporting on Geoff Hunt’s murder of his partner and three children near the NSW town of Lockhart in 2014 is typical of how men who were held in high regard in tight-knit communities can be perceived as victims by virtue of their “tragic actions”.¹³⁹ Representations of perpetrators in bushfire-affected areas also fit this narrative, with “women experiencing increased male violence [being] silenced in preference of supporting suffering men”.¹⁴⁰

The esteem and positive reputation that leaders and others hold within marginalised or activist communities might also mean that their perpetration of violence is ignored by that community or being seen as either the responsibility of the victim-survivor or excused by the perpetrator’s experience of adversity. If a perpetrator of violence has – like the rest of his community – been subject to marginalisation and oppression due to systemic factors and/or has demonstrated strength and resilience in adversity, the community might struggle to acknowledge his abuse of power as a perpetrator, or might minimise or excuse it in the context of collective struggle.

¹³⁸ McNeill, F. (2016). Desistance and criminal justice in Scotland. In H. Croall, G. Mooney and M. Munro (Eds). Crime, justice and society in Scotland. Routledge.

¹³⁹ <http://www.smh.com.au/nsw/what-led-to-the-death-of-kim-and-geoff-hunt-and-their-children-20140910-10f5ih.html> is typical of reporting on this incident.

¹⁴⁰ Parkinson, D. (2014). Women’s experience of violence in the aftermath of the Black Saturday bushfires. PhD Thesis. p. 5

As people can have multiple communities of belonging and identity, in some situations more than one community can influence a perpetrator's journey. Furthermore, a perpetrator's 'most visible' identity might not necessarily be the one exerting the most influence.¹⁴¹

Perpetrator intervention systems need to take into account the reality that primary communities and micro-communities of interest, as well as the settings in which people spend much of their time, establish pre-conditions that will affect whether perpetrators move in positive directions towards responsibility and accountability, or consolidate their other-blaming, justifications and victim stance.

Responses to FDV outside the mainstream service system

Community *action* – or lack thereof – exerts a powerful influence on whether, how and when a perpetrator might begin to accept responsibility for his behaviour; develop an internal motivation to change; or even engage with a formal service system.

Organised responses to FDV are not exclusively the domain of mainstream service systems. Sometimes micro- and primary-community responses to people who cause FDV harm (and of course to victim-survivors) are – for better or worse – the *only* response. This might be the case when:

- there is a relative lack of capacity in the formal service system
- the formal service system is not trusted by the victim-survivor and/or the community because it is, or has been, complicit in their oppression
- there are perceived risks to the victim-survivor beyond those of FDV, if she has contact with the formal service system (such as having children taken away, or being deported).

It is also the case that, in some organisations and/or communities, attempts to manage FDV outside the mainstream service system are made by people wishing to protect their public standing or interests.

Community responses are not necessarily streamlined, nor are they always recognised and understood by the mainstream for what they are. In this paper, for example, we have chosen to avoid designating mainstream responses as “formal” and community responses as “informal”, because many communities have their own deeply formal processes (such as ceremony) to address FDV perpetration.

Examples of community responses and contexts include:

- Aboriginal Elder- and/or community-driven initiatives
- work by faith-based leaders and communities
- LGBTIQ social groups, focusing on a topic or hobby of mutual interest such as sport or music, in urban or rural areas or across social media
- interventions by a manager or fellow employees in a workplace when an employee is known or suspected to be using FDV.¹⁴²

¹⁴¹ Debbonaire, T. (2015). *Responding to diverse ethnic communities in domestic violence perpetrator programmes*. Expert essay, Work with Perpetrators European Network.

¹⁴² Our Watch (2018). *Practice guidance: Workplace responses to staff who perpetrate violence against women*. <https://workplace.ourwatch.org.au/resource/practice-guidance-workplace-responses-to-staff-who-perpetrate-violence/>

Community, cultural and faith leaders and mentors can perform a crucial role in contributing to processes that scaffold journeys of accountability for those who cause FDV harm within their community. Just as mainstream service systems have strengths and challenges, however, so too are there benefits and difficulties in community responses.

Community responses can be a way of defending ecological, political, relational and spiritual sovereignty. This is particularly important for marginalised communities for whom low levels of trust in mainstream services are a natural response to oppression by the state and/or welfare organisations. Safe and effective community responses might be more likely to be experienced constructively by a perpetrator because they are culturally appropriate. Unlike a mainstream intervention, a community's response to a perpetrator causing FDV harm might span years.

Difficulties that arise for communities responding to FDV often stem from the fact that their response is reactive, and is often prompted by a level of crisis. In these circumstances, already-established and problematic narratives and attitudes about FDV are likely to prevail. Perpetrators also often actively attempt to recruit friends and allies to marginalise and discredit the victim-survivor. It is not uncommon for communities (micro or macro) and organisations to be divided in their response to FDV. When this occurs, they are particularly likely to become unsafe for victim-survivors.

Of course, people within a perpetrator's communities of influence and friendship circles might keep quiet out of an understandable fear of exacerbating the violence by intervening. They might also (rightly) focus their first efforts on supporting those experiencing a perpetrator's violence. In contemporary Australia, however, it is more common for people to stay quiet because of their own victim-blaming attitudes and collusion with a perpetrator's violence-supporting narratives.

Supporting safe and appropriate community responses

Perpetrator intervention systems – and wider primary prevention initiatives – can influence, support and build capacity for community responses that assist positive perpetrator pathways. Tertiary responses and primary prevention efforts can work in tandem to support communities to reduce their tolerance for violence against women and children. Indeed, in some contexts, separating tertiary response system initiatives from primary prevention and community engagement strategies is especially ill-advised. New or planned perpetrator interventions – for example in Aboriginal and Torres Strait Islander, ethnocultural or LGBTIQ communities – might not be accepted and supported without careful, community-led processes that connect and synchronise the responses of the formal service system and the community. Without these links, one response can so easily undermine the other. Indeed, for most Aboriginal and Torres Strait Islander, CALD or LGBTIQ focused programs, community involvement in all steps along the way (if not partial or full ownership) is a pre-requisite for the program getting off the ground.

Indeed, a recent ANROWS-funded study to identify principles for perpetrator interventions in refugee and other CALD contexts suggested that perpetrator interventions should position, acknowledge and recognise the role of communities as *service providers*.¹⁴³ The researchers argued that:

¹⁴³ Fisher, C., Martin, K., Wood, L., Pearman, A. & Lang, E. (2019). *Best practice principles for interventions with family and domestic violence perpetrators from refugee backgrounds*. ANROWS research publication.

FF *As communities are at the forefront, communities are already engaged in addressing family and domestic violence in informal settings. It is therefore vital that communities should be involved in the development and delivery of perpetrator interventions. This would ensure a more culturally secure intervention, it could drive innovation, interventions could be developed that benefited the community more broadly and they would be developed and delivered in an appropriate manner. As such, the community should be recognised as a ‘service provider’. Mainstream agencies should partner with communities in the development and delivery of interventions and leverage supportive community structures in this partnership (for example religious and community leaders). Through the engaging and partnering with communities, positive community values could be leveraged to more fully and fruitfully engage men.*¹⁴⁴

Many community groups and networks would welcome support to build their capacity to respond to disclosures of FDV (and sexualised assault) by a community member, and to create pathways to accountability for perpetrators. Research with refugee communities has identified, for example, that:

FF *There is limited understanding of family and domestic violence and Australia’s formal response to it within refugee communities. Despite this, there is interest in some communities in fostering community discussions about it and building capacity to do so. Capacity could be built among community leaders and those in the community who have interest. They could then be engaged in prevention work. The building of capacity would also enable community members themselves to make more informed informal, but safe, responses in accord with the Australian legal framework and formal response system.*¹⁴⁵

Building the capacity of community, cultural and faith-based processes to support webs of accountability for FDV is challenging. Many communities have a history of experiencing oppression by formal institutions, with the mechanisms and legacy of colonisation, racism and discrimination often enduring. Some CALD, Aboriginal and Torres Strait Islander and LGBTIQ groups and networks are understandably wary about being colonised by state authorities, and/or of formal service system responses that are inappropriate or counter to their needs and circumstances.

These dynamics complicate, but do not make impossible, joint service system and community approaches towards scaffolding accountability for their community members who cause harm. We see this possibility in the efforts of Aboriginal community-controlled organisations to work with the state to address FDV harm. Likewise, partly inspired by Maori worldviews and practice, the recently published workforce capability framework for addressing FDV and sexual assault in Aotearoa/ New Zealand includes a prominent role for cultural and community responses to perpetration.¹⁴⁶

Deliberative and structured community responses to FDV are not only the domain of faith-based or ethno-cultural communities. Several participants in the CIJ’s recent consultations for the Victorian Government stressed the importance of workplace responses. A participant in one consultation, for

¹⁴⁴ *ibid*, p. 10

¹⁴⁵ Fisher, C., Martin, K., Wood, L., Pearman, A. & Lang, E. (2019). *Best practice principles for interventions with family and domestic violence perpetrators from refugee backgrounds*. ANROWS research publication, p. 9

¹⁴⁶ Ministry of Social Development (2017). *Family & domestic violence, sexual violence and violence within whanau: Workforce capability framework*. New Zealand Government.

example, noted that suicide prevention strategies on construction sites are designed to increase awareness about suicide and suicide risk factors and also provide tools for leaders or mentors in the workplace to identify and respond to workers who are vulnerable to or at risk of suicide. This participant emphasised that equipping workplaces to identify and respond to FDV – including to those who might be perpetrating violence – could draw upon a similar twofold approach.

Testing and adapting interventions with local communities

A further important application of community contexts for perpetrator interventions is the desirability of testing intervention ideas with the local communities in which they will be implemented. This can include research with focus groups of victim-survivors from these communities, a common practice in the development and refinement of Coordinated Community Responses through the Duluth approach. In workshops held recently in Australia and attended by some of the authors of this paper, Scott Miller from Domestic Abuse Intervention Programs (the Duluth approach) emphasised that focus groups to understand victim-survivor experiences of the service system are crucial to orienting innovations or adjustments in ways that meet their needs. He provided an example of how victim-survivor focus group testing of proposed changes in probation officer supervision of domestic violence perpetrators produced a more assertive probation approach that made concrete improvements in perpetrators' accountability and minimised inadvertent risks to their partners.

Foundation 12 – Supporting the prevention of FDV

Men’s violence against women, children and people with diverse gender identities cannot be prevented by working with one perpetrator at a time. Program managers, practitioners and others working within perpetrator intervention systems need to be conscious of how their work can support, rather than inadvertently undermine, societal and structural changes required to address the roots of men’s use of violence.

The tree of prevention

This final foundation goes to the very heart of the reasons we need effective perpetrator intervention systems. The primary prevention of men’s violence against women and children, and perpetrator intervention systems at the tertiary response end, are inextricably linked. This is described through the development of a *Tree of Prevention* conceptual model (p. 92) by Ashlee Gore and Michael Salter, who write:

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

From the ground to the branches, there is a transition in the tree model from focusing on those enabling conditions that facilitate primary prevention (as well as accountability) to the articulation of specific prevention activities and interventions. This shift from the general to the specific, and from context to activities, articulates how primary prevention and intervention activities take form within and with sensitivity to specific contexts and locales. This is a holistic rather than linear or causal model, which recognises the iterative relationship between gendered violence and its contexts. Gendered violence has an unfolding and multi-directional relationship with the contexts in which it occurs, shaping its contexts even as it is shaped by those contexts. The tree provides a model of those inter-relationships,

recognising that the health of the prevention and intervention system is supported by action at all levels.

This approach signals a break from the behavioural model of primary prevention, in which violence is a behavioural category produced by risk factors. This is highly abstract and decontextualised approach, that does not elucidate what boys and men understand themselves to be doing when they engage in violence. Hence, this approach overlooks the social meanings of violence and the cultural complexes and material contexts in which it is embedded. The tree model is based on a conceptual shift from violence as behaviour to violence as a social practice, recognising that violence is expressive of social locations and cultural forms that are not only sites of risk but also, potentially, of prevention. Violence prevention, therefore, involves not only the reduction of identified risk factors but also the transformation of cultural and material relations in ways that promote non-violent norms, identities and practices. Similarly, accountability – whether of individuals or [perpetrator intervention] systems – cannot occur without this conceptual shift taking place.¹⁴⁷

While primary prevention approaches towards ending men’s violence against women, and tertiary response systems to perpetrators, have often involved different workforces and very distinct and separate strategies, the Tree of Prevention concept reminds us that both are interdependent. The concept also emphasises that engaging men and boys in violence prevention initiatives is not categorically different from engaging perpetrators towards stopping their violence.

Indeed, the enactment of Foundation 12 is crucial to Foundation 11. The ability of a wider perpetrator intervention ecosystem to support the actions of a perpetrator intervention system to scaffold processes of accountability depends on primary prevention activities within that ecosystem. Addressing the root causes of gender-based violence expands the capacity of men’s peer networks and communities of influence to hold a perpetrator accountable for the impacts of his behaviour, rather than collude with and reinforce his victim stance and violence-supporting narratives. Primary prevention programs and activities, particularly those that include a component of engaging men and boys, can help to lay the foundations for community-led accountability.

¹⁴⁷ Chung, D., Upton-Davis, K., Cordier, R., Campbell, E., Wong, T., Salter, S., Austen, S., O’Leary, P., Brackenridge, J., Vlasis, R., Green, D., Pracilio, A., Young, A., Gore, A., Speyer, S., Mahoney, N., Anderson, S., & Bisset, T. (in preparation). Improved accountability: The role of perpetrator intervention systems. Research Report. Australia’s National Research Organisation for Women’s Safety.

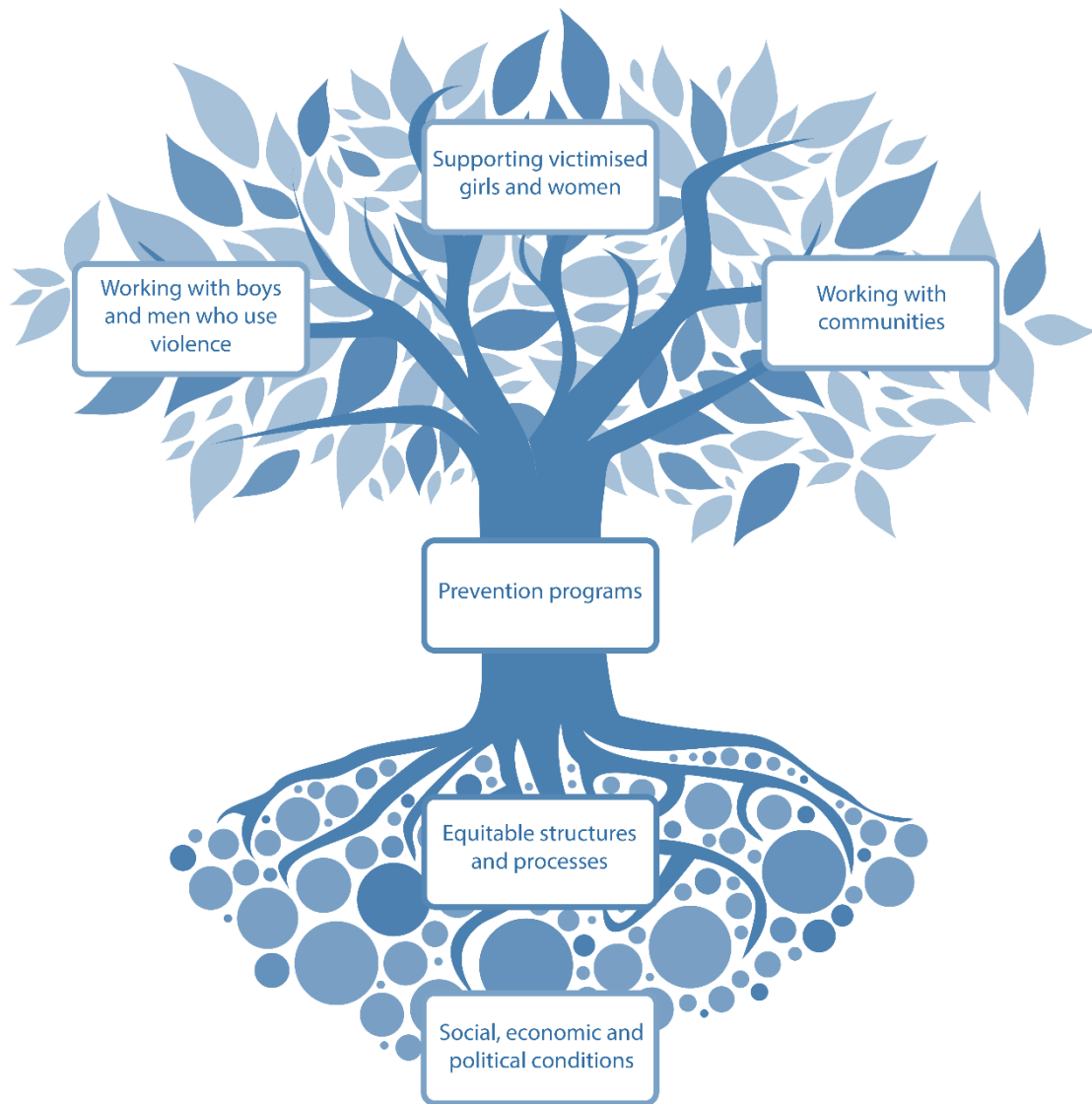


Figure 2 The Tree of Prevention¹⁴⁸

¹⁴⁸ Chung, D., Upton-Davis, K., Cordier, R., Campbell, E., Wong, T., Salter, S., Austen, S., O’Leary, P., Brackenridge, J., Vlasis, R., Green, D., Pracilio, A., Young, A., Gore, A., Speyer, S., Mahoney, N., Anderson, S., & Bisset, T. (in preparation). Improved accountability: The role of perpetrator intervention systems. Research Report. Australia’s National Research Organisation for Women’s Safety

Parallel foundations?

Arguably, the foundations for perpetrator interventions could be lightly reframed and applied to prevention of FDV:

1. Prevention efforts need to be fully transparent and accessible to the scrutiny of people and communities who lack heteropatriarchal privilege, including women, without making them responsible for these efforts.
2. Government and non-government agencies have a collective responsibility for bringing the fundamental determinants of men's use of FDV into view, and for doing so in a way that works towards gender and other intersecting forms of equality. Each agency can map their responsibilities for identifying and transforming the structural drivers of unequal power relations over which they have some influence.
3. Stakeholders and agencies involved in primary prevention efforts can actively develop a shared understanding of how success is defined in terms of gender and other intersecting forms of equality, rather than automatically assuming that a shared understanding exists. Definitions of success will not be entirely universal and need to be re/authored within each cultural and community context.
4. Heteropatriarchal behaviour is understood as an expression of systems of privilege, rather than something in which only some men engage. It is imposed in patterned ways by individuals, institutions and systems. This behaviour occurs in spite of the best efforts of those without privilege to work towards individual and collective space for action and control over their lives.
5. Prevention efforts can focus on men and boys without losing the centrality of the experiences of those without cis-heteropatriarchal privilege. Bringing the privilege of men and boys into view more broadly offers an opportunity to address issues of emotional labour, mental load, responsibilities-of-care, the male gaze and destructive masculinities in ways that benefit society as a whole, including men's physical and mental health.
6. Prevention efforts cover a wide spectrum of strategies. There are many possibilities for patient, process-driven initiatives that scaffold small groups of men to identify and tune their 'gender antennae'¹⁴⁹ and assist them to organise against heteropatriarchy within their communities. These are necessary to complement surface-level, broad-brush strategies.
7. In order to end men's violence against women and children, we need to address the heteropatriarchal privilege that underpins it. Individuals and organisations need to be attuned to concrete, everyday specifics of gender-based privilege and dominant masculinities, and understand them as expressions of gender-based oppression.

¹⁴⁹ The term 'gender antennae' refers to the ability of an individual or organisation to identify gender-based privileges, benefits and processes that maintain unequal power relations and rigid/binary notions of gender, in their own and other people's behaviour and organisational structures. See Holmes, S., & Wheeler, E. (2014). Male leaders: Community organising for gender equality. *Ending Men's Violence Against Women and Children: The No To Violence Journal*, Autumn 2014, 143-158.

8. Men with heteropatriarchal privilege who engage in prevention efforts will inevitably be imperfect allies to women and others working towards equality. This means that they will make mistakes, but these nevertheless present learning opportunities to become better allies. Approaches that are largely symbolic, image-driven or surface-level, however, risk a ‘box-ticking’ approach and assumptions that the work is done, or that more uncomfortable challenges to this privilege should not be made.
9. It is not enough to work towards ending heteropatriarchal privilege; other forms of oppression, which are deeply implicated in and enmeshed with, gender privilege must also be identified and challenged. Further, efforts to end heteropatriarchal privilege must be intersectional; they cannot replicate, express or perpetuate other forms of oppression (such as using racist stereotypes).
10. Primary prevention needs to take place in many different contexts, with many different population cohorts. It is a process, rather than a project and needs to be tailored accordingly.
11. Primary prevention efforts are most likely to be successful when they are planned, implemented and evaluated in partnership with communities.

Government and non-government agencies with roles and responsibilities as part of a perpetrator intervention system cannot be all things to all points of the prevention spectrum. There is a difference, however, between engaging in tertiary service system work in ways that are conscious of the broader goals of violence prevention, versus approaches that might marginalise these goals.

This makes it vital – albeit uncomfortable – to acknowledge that the vast majority of men enjoy the privilege that lays the foundations for those who choose to use violence. It is not just a matter of ‘us’ (those men who do not use violence and who therefore have a responsibility to speak up and condemn this violence) and ‘them’ (those who do choose to use violence). This understanding is seen through various manifestations of *Yes, all men!* responses to the *#NotAllMen* backlash against the Me Too movement.

Taking an ‘us’ and ‘them’ approach obscures the processes by which the vast majority of men receive benefits from decreased expectations in some areas of life (such as emotional and mental labour within relationships) and from increased opportunities to occupy more physical, intellectual, emotional, political and economic space than those without this privilege.¹⁵⁰ Put simply, the central dynamic risk factors that drive perpetrators’ use of FDV do not solely reside in *their* minds.

FDV prevention: the long view

As work around perpetrator responses has matured in Australia and internationally, the scope of interventions has continued to grow and expand into other areas of service delivery. Traditionally, interventions targeting perpetration has largely focused on challenging and ultimately changing beliefs, values and behaviours that had already manifested in violence. While a necessary component of any perpetrator intervention system, there is growing awareness that these approaches are reactive and do little to contribute to the prevention of, and early intervention in, FDV. For this

¹⁵⁰ Taking advantage of these benefits can also come at a cost to men, in terms of the lost opportunities for love, connection and belonging that come with fulfilling dominant masculinities.

reason, considerable effort has been made in the last few years to minimise children's and teens' exposure to drivers of FDV perpetration, such as:

- attitudes and beliefs that condone violence against women
- men's control of decision making
- rigid gender roles and stereotyped construction of masculinity and femininity
- disrespect towards women and male peer relations that emphasise aggression
- material and practices that appear to condone violence in any form, especially if that violence is presented as normal and/or valorised as an expression of masculinity
- experience of, or exposure to violence (such as in childhood, or in communities with high levels of violence)
- socio economic inequality and discrimination.¹⁵¹

While these drivers often inform programmatic responses to men who are violent, belief systems are formed early in life and continue to be developed and reinforced across the lifespan. Emerging thinking is beginning to identify and describe a lifecycle approach to the prevention (intervention) of FDV perpetration.

A lifecycle approach recognises that many drivers of FDV are associated with social learning that begins very early in life: what it means to be gendered male or female; how to interact within and between genders; how conflict is resolved; how power is expressed; and how social relationships are formed and maintained. The context within which children are raised plays an influential role in the development of accepted norms around violence, power, gender and entitlement. For this reason, it is difficult to prevent FDV perpetration unless we take a life course approach to addressing the formation of beliefs and values that we already know are associated with increased risk of future perpetration.

This is certainly not to suggest that all children who experience negative role modelling around gendered power (for example) will later become perpetrators.¹⁵² However, the gendered beliefs and values that children develop create a foundation from which FDV *may* emerge in later life. It is for this reason that efforts to prevent FDV in the future must also include varied and broad ranging opportunities for early engagement and intervention, especially for children who grow up as child victims of violence.

As children develop along the life course it becomes necessary to also consider their support and intervention needs as adolescents, especially as it relates to FDV risk factors. In adolescence young people begin to experiment with peer- and partnered-relationships and, for many, these early learnings will establish a strong foundation for how they relate within and between genders in later life, as well as within their families of origin. This foundation will be influenced by a number of factors, including their own childhood experiences, the influence of peers, and the perceived success or failure of early relationships, as well as the expectations of others in their social environment.

¹⁵¹ Our Watch (2015). *Change the story: A shared framework for the primary prevention of violence*. Melbourne.

¹⁵² Godbout, N., Vaillancourt-Morel, M., Bigras, N., Briere, J., Hebert, M., Runtz, M., & Sabourin, S. (2019). Intimate Partner Violence in Male Survivors of Child Maltreatment: A Meta-Analysis, *Trauma, Violence & Abuse*, 20(1), 99-113.

In adulthood, the majority of Australian men spend a significant proportion of their waking hours in paid employment. Here, their sexist beliefs, values and attitudes are likely to be expressed in their workplace conduct and/or interactions with colleagues. If accepted, these beliefs and behaviours will be further reinforced; alternatively, when challenged, opportunities for change emerge. Workplaces are, therefore, clearly part of perpetrator intervention ecosystems. A clear need exists for people to have support and training to challenge sexist thinking and behaviours in workplaces confidently, and to act appropriately when they know or suspect that a colleague is perpetrating violence against a family member. Our Watch has developed a number of resources to this end.¹⁵³

In addition to direct interventions in the early years and beyond, it is also vital that environmental influences are also addressed and supported. Parents, teachers, coaches, peers, elders and many others play a significant role in the development of an individual's attitudes, beliefs and values across the life span. Social context is an important influence on the behaviour of individuals and community responses can reinforce, or equally undermine, change. A respected elder who promotes strict gendered roles and encourages controlling behaviours (such as 'the man controls the money') can quickly undermine any alternative narratives offered by formal but fleeting programmatic interventions.

Across the lifespan we can see that there are many complex and interrelated factors that contribute to FDV perpetration. These are not *causal*, but it is clear that certain attitudes, beliefs and values are *associated with* an increased risk of future FDV perpetration. It is evident that, for most perpetrators, there is not a 'moment in time' when they became a perpetrator of FDV. Rather, a set of conditions will have developed over a number of years and experiences. What is equally clear is that, as an individual develops through the lifecycle, there are many opportunities to shape and shift the influence of past experiences and to support them to develop alternative narratives.

Preventing FDV depends in part on interventions to target drivers of FDV perpetration across the lifecycle. An intervention ecosystem needs to address problematic thinking and offer people opportunities to develop skills to form and maintain healthy relationships into the future. Some examples of the types of programs that are needed include:

- childhood (and educator) learning programs
- childhood trauma services
- relationship and communication education
- emotional awareness/growth programs
- transition opportunities (girls to women, boys to men or non-binary)
- workplace and social/club programs
- structural leadership through mentoring and positive role modelling.

¹⁵³ See <https://workplace.ourwatch.org.au/tools-and-resources/>

The foundations in practice

Our intent in offering these foundations for perpetrator intervention systems is not only to add to the body of theoretical and conceptual knowledge regarding interventions and systems – although certainly, sound conceptualisation is a forerunner of service systems development of any kind. Rather, the CIJ and SFV hope that the foundations will contribute to the evolution of safe and potentially effective interventions with perpetrators, and to the identification of ways in which interventions should, or at least could, link vertically and horizontally.

The table below provides examples of some of the practical implications of the twelve foundations. Some of the examples are based on current reforms in state-based service systems, predominantly Victoria. These are footnoted, in anticipation that readers will follow up to learn more about the approach or activity and consider how they might apply or adapt it to their own jurisdictions.

Foundations for perpetrator intervention systems: practical examples

Foundation	Implications for reforms to strengthen perpetrator intervention systems	Examples of practice-level activities or outcomes	Notes
<p>The needs and experiences of family members affected by a perpetrator's use of violence need to be central to all the ways that a perpetrator intervention system responds to that violence. A system's responses need to be undertaken on behalf of and in solidarity with family members, guided by their goals and struggles both to resist the violence and to express their dignity.</p>	<p>This involves a further significant shift of focus in perpetrator intervention programs from 'changing the man' to using 'what adult and child victim-survivors need from us' as the starting point(s) in intervention.</p> <p>This involves more than partner and family contact attached to MBCP work. It involves conceptualising the local integrated system's work with adult and child victim-survivors as the main focus of the overall response, with perpetrator intervention programs contributing to that response.</p> <p>Interventions with perpetrators are constantly 'benchmarked' according to victim-survivor needs, experiences, journeys and resistance.</p>	<p>The local integrated service system and constituent interventions with a perpetrator take into account what victim-survivors want to see change in his behaviour.</p> <p>The local integrated service system understands each victim-survivor's resistance to the violence, and what the perpetrator does to suppress that resistance.</p> <p>The local integrated system operates so that services can ally with a victim-survivor and adopt a survivor strengths-based focus, because it understands what she does to 'manage' the perpetrator's violence; to work towards safety for herself and her family; and possibly to attempt to hold him accountable to his responsibilities in the family.</p>	<p>Responses to the perpetrator should act on behalf of and in solidarity with family member goals and struggles to resist the violence they are experiencing and to create spaces for dignity – see the subsection <i>Solidarity and struggle</i> in www.ntv.org.au/wp-content/uploads/2016/12/Elements-of-DV-perpetrator-program-work.pdf</p> <p>Victim-survivor advocacy sets the scene for intervening with the perpetrator – her and her children's (shifting) needs help to define the perpetrator intervention system's intervention goals and priorities with the perpetrator.</p>

Foundation	Implications for reforms to strengthen perpetrator intervention systems	Examples of practice-level activities or outcomes	Notes
<p>Stakeholders and agencies comprising a perpetrator intervention system must actively develop a shared definition of success for perpetrator interventions and engagement, rather than assume the existence of a shared understanding.</p>	<p>A collaborative process involving program practitioners and key stakeholders can result in the development of nested program logics for each major perpetrator intervention that:</p> <ul style="list-style-type: none"> • situate the perpetrator intervention or project in the context of broader service system or local integrated service response reforms • delineate the intended system- level mechanisms and impacts of the intervention • delineate expected impacts and outcomes at the individual client / family level. <p>The program logic(s) can then inform, and indeed drive, a Monitoring and Evaluation Plan that in turn helps inform the evaluation of the intervention or program.</p>	<p>Case planning goals for incremental reductions in perpetrator-driven risk are delineated for each perpetrator.</p> <p>These goals are modified over the course of interventions with the perpetrator.</p> <p>These goals are influenced by the local integrated system’s evolving understanding, for each family, of what adult and child victim-survivors need from the response.</p> <p>The integrated system follows the victim-survivor’s lead.¹⁵⁴</p> <p>Practitioners realise that gains in understanding and tracking perpetrator-driven risk can be the central goals in some cases – and that these goals are still important even when men’s behaviour change gains seem realistic.</p>	<p>What counts as “success” in perpetrator interventions is currently driven, on the one hand, by justice system notions of “recidivism” coming from an incident-based understanding of FDV, and by a therapeutic notion of perpetrator “progress” on the other.</p> <p>Stopping Family Violence recently developed a discussion paper¹⁵⁵ to highlight issues associated with the need to develop an outcomes framework for MBCPs and related perpetrator intervention programs, that attempts to provide an alternative to these two narratives of success.</p>

¹⁵⁴ See <https://www.insightexchange.net/follow-my-lead/>

¹⁵⁵ Stopping Family Violence (2018). Developing an Outcomes Framework for Men’s Behaviour Change Programs: a discussion paper. Stopping Family Violence. Perth.

Foundation	Implications for reforms to strengthen perpetrator intervention systems	Examples of practice-level activities or outcomes	Notes
<p>Perpetrator behaviour needs to be understood as intentional, patterned behaviour, rather than characterised as a set of incidents of violence. It exerts significant control and influence over victim-survivors' behaviour and family functioning, despite the best efforts of family members to express their dignity and live in safety.</p>	<p>Applying this principle would often require:</p> <ul style="list-style-type: none"> • Universal training in FDV-informed practice that emphasises perpetration as choice and one where the perpetrator's patterns of coercive control have significant and lasting impacts on mother, child and family functioning • Obtaining risk-related information from multiple sources, but particularly from adult victim-survivors • Assessing how <i>each individual</i> child's safety, stability and development (and developmental ecosystem) is being affected by the perpetrator's patterns of behaviour • Individually tailored case planning for each perpetrator (including those who are not being provided with case management) • (Ongoing) assessment and case planning tools/templates that drive practitioners to address specific behaviour <i>patterns and tactics</i> – rather just incidents of FDV. 	<p>Partner agencies across the local integrated system understand victim-survivor resistance, agency and active responses in the light of perpetrator patterns of coercive control, rather than pathologising and judging victim-survivors as 'unreliable' or 'making things worse for themselves'.</p> <p>Perpetrator tactics to sabotage a mother's relationship with her children; harm her capacity to parent; and isolate her and her children from community, cultural, educational, health and social supports and services, are identified in perpetrator intervention case plans.</p> <p>Reporting to and information sharing with other agencies on perpetrator-driven risk clearly documents, where possible, <i>what the perpetrator does</i> to control adult and child victim-survivors, and the specific impacts which this has on them and on family functioning.</p>	<p>Individual perpetrator case plans often cannot be finalised, or even firmly established, during the initial comprehensive intake phase because it can take some months of intervention before a perpetrator's behaviour patterns become clear.</p> <p>This has significant implications for safety and accountability planning, which needs to evolve over time and over the course of an intervention, and be influenced by the outcomes of any previous interventions.</p> <p>The Safe and Together model has relevance here, when applied through the lens of accountability-informed practices.</p>

Foundation	Implications for reforms to strengthen perpetrator intervention systems	Examples of practice-level activities or outcomes	Notes
<p>Systems centred on victim-survivors' experiences and needs can retain these experiences and needs as their central focus while pivoting to bring a perpetrator into view as well. Bringing a perpetrator into view can help broader integrated FDV systems to collaborate with and support those who are experiencing harm.</p>	<p>Bringing perpetrators into view is predicated on an understanding – at the systems level – of what impact an intervention with an individual perpetrator has, or might have, on victim-survivors.</p> <p>The local integrated response also needs to have a shared understanding of the purpose(s) of paying more attention to perpetrators. Depending on the context, purposes include:</p> <ul style="list-style-type: none"> • getting perpetrators into programs • understanding more about risk • learning about a perpetrator's patterns of coercive controlling behaviours and how this impacts child and family functioning • understanding how best to limit a perpetrator's opportunities and inclinations to use violence • enacting accountability mechanisms. 	<p>Risk review meetings concerning perpetrators who discontinue with, or are exited from, a perpetrator intervention program address:</p> <ul style="list-style-type: none"> • which of these perpetrators the local integrated response should be most worried about, and focus (at least some) continued attention on • for these perpetrators, what information the local integrated system has about the risk he poses, his patterns of coercive control and social entrapment of victim-survivors, central and non-central dynamic risk factors, and worrying aspects about his violence-supporting narratives • which other agencies as part of the local integrated system should also have this information (in a usable, abridged form) • which other agencies should be keeping them within some view. 	<p>Bringing the perpetrator into view needs to be done in a way that strengthens the local integrated system's ability to ally with and support those who are experiencing harm.</p> <p>Enacting (civil and criminal justice system and other) accountability mechanisms does not automatically improve victim-survivor safety. The possible risks to victim-survivors associated with the system paying more attention to a perpetrator should be assessed on a case-by-case basis.</p>

Foundation	Implications for reforms to strengthen perpetrator intervention systems	Examples of practice-level activities or outcomes	Notes
<p>Perpetrator intervention systems involve a wide spectrum of interventions: front-end, mid-point and back-end. While back-end, intensive interventions are generally only provided by specialist perpetrator intervention services, non-specialist services have roles to perform along many points of the spectrum.</p>	<p>Front-end (triage and intake) men’s services might need to further clarify their role. Previous men’s telephone-based assertive outreach services (enacted in response to police active referrals) can be strengthened by new opportunities for information sharing and joined-up practice inherent in integrated practice models¹⁵⁶ and by the application of the foundations.</p> <p>The ‘suite’ of front-end, mid-point and back-end/intensive perpetrator interventions available within the context of a local integrated system should be mapped and gaps identified. This mapping can incorporate what is known about the objectives of each of these interventions, and how they might complement or contradict each other.</p>	<p>Periodic practice management activities, such as file reviews, that map an individual perpetrator’s pathways through, and engagement with, specialist and non-specialist services and communities across the perpetrator ecosystem.</p> <p>For each point of engagement, the case study could identify:</p> <ul style="list-style-type: none"> • the intentions / objectives of that engagement • the impact of that engagement on victim-survivor safety, addressing risk, monitoring, and on accountability • what the engagement meant for subsequent attempts by other services to ‘engage’ or monitor him • the overall picture in terms of how services, over time, enacted accountability-informed roles and responsibilities • how engagement aligned or did not align with perpetrator intervention system principles. <p>Conclusions can then be drawn about how to strengthen both the horizontal and vertical <u>integration</u> of the perpetrator intervention system.</p>	<p>Robust evaluations of men’s telephone-based assertive outreach services are required. There is no evidence to prove or disprove that the current, phone-based ‘thin’ intervention model is the most effective use of resources.</p> <p>‘Mid-point’ men’s FDV case management interventions also require a service model and guidelines so that they embody accountability-informed practice. There is currently insufficient guidance about what accountability-informed men’s case management in the FDV field actually entails.</p> <p>A key practice in ‘FDV informed coordinated case management’ is using a systematic, considered approach to decide what interventions should be implemented in what order. These can be service coordination decisions in some complex cases. A critical issue is who makes these decisions, how, and on the basis of what information. There is increasing recognition that perpetrators can benefit from interventions targeted at their use of violence concurrently with those to address their complex needs.</p>

Foundation	Implications for reforms to strengthen perpetrator intervention systems	Examples of practice-level activities or outcomes	Notes
<p>Perpetrator intervention systems need the capacity to focus on identifying and responding to the dynamic risks posed by perpetrators, including acute dynamic (spiking) risk that emerges or varies over time. Addressing specific risk issues and situations can be a way of working towards longer-term and deeper behaviour change goals.</p>	<p>This involves a significant shift of focus in perpetrator intervention programs from ‘changing the man’ to providing a more flexible response to risk. <i>The Risk Context</i> chapter in the 2017 Stopping Family Violence issues paper describes this in some detail.¹⁵⁷</p> <p>Requires a tailored, dynamic case planning approach with perpetrators (rather than ‘set and forget’ case plans).</p>	<p>Perpetrator intervention programs utilise a risk management action matrix to guide responses to perpetrator-driven risk to adult and child victim-survivors.</p> <p>Case planning goals with a perpetrator initially focus on specific risk situations and behavioural patterns that are impacting most on adult and child victim-survivors.</p> <p>Early stage Safety and Accountability Plans take into account these priorities.</p> <p>There are more – and more intense – intake/post-intake one-to-one sessions. These should aim, for example, to enable a concentrated focus on a perpetrator’s compliance with protection order conditions, so that his family are safer to stay at home.</p>	<p>Information on what behavioural patterns and risk situations to prioritise initially is often most evident in adult victim-survivor reports. It might not always be safe for this information to influence case planning and Safety and Accountability Plans with the perpetrator overtly, because it might alert him to her disclosures.</p> <p>Focusing on initial risk reduction goals can be a stepping-stone towards later and more ambitious (behaviour change) goals. While behaviour change work needs to consider the whole of a perpetrator’s patterns of coercive control and their underlying patriarchal beliefs and male entitlement, it is also a case of one step at a time in this work towards incremental change.</p>

¹⁵⁶ For example, Victorian Orange Door Support and Safety Hubs, Western Australian Family and Domestic Violence Response Teams, ACT Family Safety Hub

¹⁵⁷ Vlasis, R., Ridley, S., Green, D., & Chung, D. (2017). *Family and domestic violence perpetrator programs: Issues paper of current and emerging trends, developments and expectations*. Perth: Stopping Family & domestic violence. p.9. sFDV.org.au

Foundation	Implications for reforms to strengthen perpetrator intervention systems	Examples of practice-level activities or outcomes	Notes
<p>All engagement and interventions with perpetrators – including the enactment of perpetrator accountability mechanisms – can create or reinforce immediate or longer-term risks to the safety of victim-survivors. Agencies engaging with perpetrators need to identify and be mindful of these risks when they determine whether to engage, who should engage, when, how, and in what context.</p>	<p>Integrated responses need to identify and be mindful of risk when determining whether to engage the perpetrator, when, how, in what context and by which service or practitioner.</p> <p>Reforms need to take into account the potential risks resulting from civil or criminal justice system enactments of accountability or protection mechanisms.</p>	<p>‘Telephone-based assertive outreach’ with the perpetrator is informed by prior service engagement with victim-survivors.</p> <p>Case planning work with a perpetrator is informed by consideration of the impact of previous interventions (FDV specialist and other) with him – for example, the impact of court involvement or court orders on his victim stance; whether there have been any occasions when the system has identified him as a ‘primary’ or ‘predominant’ victim; how he has used program participation (completion) in past proceedings.</p> <p>Unintended negative consequences of perpetrator interventions are routinely assessed as part of partner and family contact.</p>	<p>The enactment of accountability or protection mechanisms does not automatically contribute to victim-survivor safety. In some instances, it can increase risk and decrease safety for victim-survivors.</p> <p>Perpetrator intervention systems agencies involved in responding to perpetrators can often assume they have ‘done their bit’ by enacting an accountability mechanism or referring a perpetrator to a program. Currently, however, there is neither the lens nor capacity in the system to consider the multiple possible outcomes of enacting these mechanisms, and the need to monitor the impact.</p>

Foundation	Implications for reforms to strengthen perpetrator intervention systems	Examples of practice-level activities or outcomes	Notes
<p>Most FDV perpetration is an expression of gender-based power, and many perpetrators choose violence as part of enacting (male) entitlement and privilege. Yet perpetrators and victim-survivors also experience oppression in the context of other forms of power-over. These include colonisation and Indigenous oppression; racism; classism; able-ism; xenophobia/vilification of refugees; and bi/homophobia, transphobia, gender conformism, and heteronormativity. Understanding and practising intersectionality must, therefore, be a critical part of all perpetrator interventions.</p>	<p>It is critically important that practitioners work to improve understanding of the experiences, needs, histories of colonised/oppressed/marginalised cohorts. This is not sufficient, however, to achieve meaningful inclusivity and responsiveness.</p> <p>Practitioners need to work continually towards understanding their own forms of privilege and how these:</p> <ul style="list-style-type: none"> • affect their interactions with clients and other practitioners; and • shape their assumptions and narratives about FDV, power, gender-based privilege, and other forms of privilege. 	<p>Analysis of disaggregated data guides decisions about which (marginalised) perpetrator cohorts need increased effort by the service system to improve engagement and/or responsiveness.</p> <p>Perpetrator intervention program providers develop strong relationships with community-controlled organisations relating to these cohorts.</p> <p>MBCP and case management processes, groupwork activities, images, resources (etc.) are adapted for these cohorts.</p>	<p>Intersectionality is often poorly understood, and sometimes conceptualised only in terms of what hampers access to services by marginalised cohorts.</p> <p>To move beyond this requires a ‘personal as political’ approach to practice. This includes practitioners becoming aware of their own blind spots arising from privilege that they hold, and how they can inadvertently benefit from and contribute towards structural differences in power.</p> <p>It is a particular skill to apply an intersectional lens and to work with perpetrators who simultaneously use gender-based power and conform with and contribute to male supremacy, while also being oppressed or marginalised in other ways.</p>

Foundation	Implications for reforms to strengthen perpetrator intervention systems	Examples of practice-level activities or outcomes	Notes
<p>People who cause FDV harm are heterogeneous in terms of the level and nature of the risk they pose, and their backgrounds and life situations. Furthermore, their pathways towards responsibility and accountability can be lengthy, non-linear and idiosyncratic. Perpetrator intervention systems need to tailor interventions to each specific perpetrator through ongoing processes of Safety and Accountability Planning and review.</p>	<p>Perpetrator interventions need to tailor common interventions to each perpetrator using ongoing processes of accountability planning and review.</p> <p>This includes applying Risk Needs Responsivity framework principles through a gender-based, accountability-informed lens – rather than adopting a ‘traditional’ approach to the RNR framework that considers FDV as a generalised violence offence type.</p>	<p>Perpetrator intervention programs use all or some of the following means of tailoring interventions with perpetrators:</p> <ul style="list-style-type: none"> • motivational enhancement • monitoring and tracking • (ongoing) case planning • case management (and where possible/applicable, co-case management) • risk review • case review (and where possible/applicable, joint reviews with the external referrer if they have an ongoing role in managing risk) • Safety and Accountability Planning • the use of supplementary one-to-one sessions as part of implementing the above • reports to child protection, corrections and other authorities/referrers who have an ongoing role in managing risk – focusing on risk and behavioural patterns, rather than the man’s ‘progress’. 	<p><i>The Practice Context</i> chapter of the 2017 Stopping Family Violence Issues paper¹⁵⁸ and a May 2018 paper on the application of the RNR framework in community-based MBCP service provision contexts written for the NSW Education Centre Against Violence,¹⁵⁹ are important starting points in understanding tailoring.</p>

¹⁵⁸ Vlasis, R., Ridley, S., Green, D., & Chung, D. (2017). *Family and domestic violence perpetrator programs: Issues paper of current and emerging trends, developments and expectations*. Perth: Stopping Family & domestic violence. p.9. sFDV.org.au

¹⁵⁹ Vlasis, R. (2018). Application of the Risk Needs Responsivity framework by community-based MBCP providers. Education Centre Against Violence, NSW Health.

Foundation	Implications for reforms to strengthen perpetrator intervention systems	Examples of practice-level activities or outcomes	Notes
<p>Perpetrators’ informal and formal community networks can influence their pathways towards responsibility and accountability. These can work with or against mainstream service system interventions and, as such, need to be recognised as part of a perpetrator intervention ecosystem. Perpetrators have multiple identities and might belong to, or associate with, more than one community.</p>	<p>There needs to be greater recognition within service systems (and especially MBCPs and tertiary response programs) that broader Perpetrator Intervention Ecosystems can influence program outcomes for individual perpetrators.</p> <p>Thought-leaders and people of influence in micro-communities and workplaces need to be knowledgeable and skilled to engage positively around FDV – with victim-survivors and perpetrators.</p> <p>As well, MBCPs and other tertiary responses need to have capacity to identify perpetrators’ communities of influence and factor them into Safety and Accountability Plans.</p>	<p>Programs that engage men and boys in gender-based violence prevention efforts become more closely associated with MBCPs and other perpetrator intervention programs.</p>	<p>Informal community networks can interact with formal service system interventions to co-create pathways towards responsibility and accountability, or they can work at odds and thus erode potential pathways.</p>

Foundation	Implications for reforms to strengthen perpetrator intervention systems	Examples of practice-level activities or outcomes	Notes
<p>Men’s violence against women, children and people with diverse gender identities cannot be prevented by working with one perpetrator at a time. Program managers, practitioners and others working within perpetrator intervention systems need to be conscious of how their work can support, rather than inadvertently undermine, societal and structural changes required to address the roots of men’s use of violence.</p>	<p>See the restatement of the Foundations for Perpetrator Intervention systems through a primary prevention lens on page 93.</p> <p>Understanding FDV as a social rather than clinical/therapeutic problem requires male practitioners in perpetrator intervention programs to embark and remain on parallel journeys to identify, monitor and transform their own use of gender-based power, male entitlement and privilege – including in their work with female colleagues – in ways that are transparent and accountable to the experiences of their female colleagues.</p>		<p>There is much to learn from various evolving Indigenous family violence programs run by Aboriginal Community Controlled Organisations, in which working with individual men towards nonviolence occurs in the context of community-level and collective healing in the face of colonisation, attempted genocide and denial of Indigenous sovereignty.¹⁶⁰</p>

¹⁶⁰ Gallant, D., Andrews, S., Humphreys, C., Diemer, K., Ellis, D., Burton, J., Harrison, W., Briggs, R., Black, C., Bamblett, A., Torres-Carne, S., & Mclvor, R., (2017). Aboriginal men’s programs tackling family & domestic violence: A scoping review. *Journal of Australian Indigenous Issues*, 20(2), 48-68.

Conclusion

It is well accepted that integrated practice, as well as the development and strengthening of collaborative response systems, is crucial towards keeping adult and child victims safe from FDV. In strong, coordinated community responses to FDV, government and non-government agencies share information, develop and implement multi-agency risk management strategies, and use feedback to refine and construct new ways of working together to ally with victims' struggles for dignity and space for action in their lives.

To date, many of these efforts have understandably focused on how to protect adult and child victims, to direct risk management and safety planning efforts towards, and with, them. These efforts form the foundation of any integrated response system.

A small number of agency types within these integrated responses have developed their own processes and services to engage with perpetrators – typically, these have been within law enforcement, justice system and MBCPs. Over the past 10-20 years, these agencies have strengthened their capacity to work together to bring and keep perpetrators within view, albeit with significant gaps, holes and misalignments that reduce their collective capacity to respond to risk.

It is entirely possible to build upon these collaborations – to conceive of perpetrator intervention systems as involving a wider range of agencies, without losing any of the focus on women, children and other victims of (mainly men's) FDV. The notion of a perpetrator intervention *system* implies deliberate intention, shared understandings and shared objectives concerning what it means to address the source of the harm to adult and child victims directly, and to keep perpetrators within view, potentially across significant time spans and/or multiple relationships.

The pathways along which (some) perpetrators move to a place of taking significant responsibility for their behaviour – posing less of a risk to current and future family members, and less risk in a sustained way – are not linear. Progress can occur in a series of sometimes-forward, sometimes-backward and sometimes-sideways steps.

Perpetrators' changes in attitudes and behaviour are usually incremental. A perpetrator intervention system needs to have the capacity and long-term focus to keep a perpetrator within view over time and across his engagement with various services, or at least those that the system identifies as priorities.

In the conclusion to its 2015 report *Opportunities for early intervention: Bringing perpetrators of family & domestic violence into view* the CIJ emphasised the collective responsibility that government and non-government services and the community needs to take towards perpetrator accountability:

FF *Ultimately, therefore, perpetrator accountability is about all parts of the system working together. It is not about excluding, or excusing, violent and controlling men. It is not simply about locking people up, and certainly not about letting them off the hook.*

First and foremost, accountability means making victims of family & domestic violence safe. It means keeping the perpetrator firmly in view, not isolating him or propelling him from scrutiny.

It means leveraging the authority of the justice system and whatever stake in conformity the perpetrator has to ensure that he complies with the law. It means measuring the right things. It means keeping not only the violence and its user visible but also the system's response. It means every part of the system bearing responsibility and the victim setting the pace ...

At its simplest, perpetrator accountability is about widening our gaze to include individuals who use family & domestic violence – bringing them squarely into the spotlight; making them responsible for their own behaviour, certainly; but all of us accountable for how the community steps up to meet it.”¹⁶¹

The twelve foundations for perpetrator intervention systems outlined in this current document represent the CIJ's and SFV's attempt to delineate the conceptual foundations upon which systems agencies – and the community – can work together to bring and keep perpetrators within view. We lay no claim to these twelve being the 'perfect' set. No doubt readers might imagine delineations differently and indeed, our own thinking is likely to evolve over time.

The main message of these foundations, however, is that developing and scaffolding pathways towards accountability does not just 'magically' happen by well-intended agencies and services doing their own thing. Decentralisation and innovative, organic growth in perpetrator interventions and opportunities to bring perpetrators into view is important. The extent of their success, however, rests on shared foundations and understandings of how they can be achieved.

¹⁶¹ Centre for Innovative Justice (2015). *Opportunities for early intervention: Bringing perpetrators of family & domestic violence into view*. RMIT. <http://mams.rmit.edu.au/r3qx75qh2913.pdf>

Appendix 1

Victorian Expert Advisory Committee on Perpetrator Interventions (EACPI)¹⁶²

1. Victims', including children's, safety and freedom underpins all interventions with perpetrators of FDV.
2. Interventions with perpetrators are informed by victims and the needs of family members.
3. Perpetrators take responsibility for their actions and are offered support to choose to end their violent behaviour and coercive control.
4. Inter-agency risk assessment and risk management processes are consistent, robust and strong, and any risk associated with intervention is minimised.
5. Perpetrators are kept in view through integrated interventions that build upon each other over time, are mutually reinforcing, and identify and respond to dynamic risk.
6. Responses are tailored to meet the individual risk levels and patterns of coercive control by perpetrators, and address their diverse circumstances and backgrounds which may require a unique response.
7. Perpetrators face a range of timely system responses for using FDV.
8. A systems-wide approach collectively creates opportunities for perpetrator accountability, both as a partner and a parent. Actions across the system work together, share information where relevant, and demonstrate understanding of the dynamics of FDV violence.
9. People working in perpetrator intervention systems are skilled in responding to the dynamics and impacts of domestic, family and sexual violence.
10. Perpetrator interventions are driven by credible evidence to continuously improve.

¹⁶² Expert Advisory Committee on Perpetrator Interventions. Final Report. State of Victoria. Melbourne. p. 32

