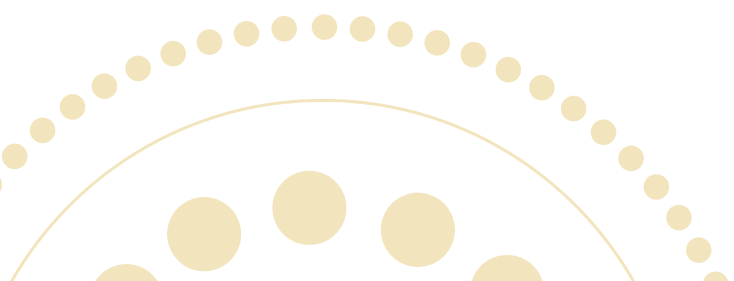




FREE FROM PROMOTION



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Introduction

Family and domestic violence is a gendered crime perpetrated mainly by men against their female intimate partners or family members. In Australia, anywhere between one in three (Mouzos & Makkai, 2004) and one in five women (ABS 2005; 2012) experience violence by an intimate partner or family member and one in four children witness this abuse while they are growing up (Indermaur, 2001). For Aboriginal women and children, the rates are even higher with up to one in two experiencing family and domestic violence (Mouzos & Makkai, 2004; AIHW, 2006).

The impacts of family and domestic violence for adult and child victims are pervasive, affecting all aspects of health and wellbeing. Family and domestic violence is the leading cause of: perceived and actual threats to safety for women and children (ABS, 2005; 2012); non-accidental injury and death for women aged between 15 and 44 (VicHealth 2004); homelessness for women and children (Tually, Faulkner, Cutler & Slatter, 2008); mental health diagnoses and substance misuse for women (Golding, 1999; Keys & Young, 1998); and physical and emotional harm (or risk of) for children (Humphreys 2007).

The prevalence of family and domestic violence and the magnitude of its effects on the health and wellbeing of adult and child victims, is caused in part by the often inconsistent, incoherent and ineffective responses to the men at risk of or using violence. This includes:

- ☉ engaging women and children around strategies to keep themselves safe in isolation of a response to the perpetrator. This often leads to men who use violence being 'invisible' to the service system which can reduce women's confidence in the service response and exacerbate risk;
- ☉ inconsistent responses/decision making within the criminal justice system;
- ☉ siloed approaches to service delivery including agencies and organisations working in isolation with limited to no sharing of information or case coordination;
- ☉ inadvertent collusion with perpetrators deflections, minimisations or victim blaming;
- ☉ limited capacity to identify and respond to perpetrators of family and domestic violence when they present in non-violence related fields e.g., substance misuse, mental health; and
- ☉ limited capacity to respond to men using violence who have complex or diverse needs such as co-occurring substance misuse or mental health issues, men with disability or English as a second language.

As a result, the safety for women and children experiencing family and domestic violence is regularly undermined or compromised; men who use violence continue to do so without consequence; service providers feel increasingly frustrated and hamstrung; and violence supportive community attitudes are reinforced.

To redress this situation, the Western Australian government has committed to improving the safety and outcomes for women and children experiencing family and domestic violence through introduction of an *in egra ed* and

accountable systems response that prioritises victim safety and perpetrator accountability. This is formalised through the state government's commitment to the *National Plan to Reduce Violence against Women and their Children 2010-2022* and *Western Australia's Family and Domestic Violence Prevention Strategy 2022*.

Integrated responses to family and domestic violence are recognised nationally and internationally as best practice. The term 'integrated response' refers to government agencies and community sector services working in a coordinated and collaborative manner to provide holistic, safe and accountable responses to victims and perpetrators of family and domestic violence; streamlined pathways through the service system; and coordinated service delivery between agencies. Integrated responses increase the collective capacity and effectiveness of the service system to identify and respond to victims and perpetrators. With regards to men who are using violence, the important functions of an integrated response include but are not limited to: promoting gender equity; reducing community tolerance to violence through information, education and direct action; identifying men using violence; engaging men about their violence; assessing, managing and monitoring risk; supporting behaviour change; and providing options for the containment of violence and risk.

Accountable responses to family and domestic violence prioritise the safety of women and children and hold men responsible for their use of violence. In practice, an accountable service response to men using violence provides consistent and constant messages and actions that violence will not be tolerated, is not justifiable, normal or excusable. The actions that may result from this stance will vary according to the agency or organisation involved. However, at a minimum, would include: providing consistent information and messages that violence is not tolerated or accepted; not colluding with men's deflections or victim blaming; providing referrals to behaviour change interventions; sharing information about risk; reporting criminal offences; reporting concerns about the child and adult victim to child protection (and/or other relevant authorities); participating in multi-agency case (risk) management; and contributing to the monitoring of a man's use of violence.

Practice Standards for Perpetrator Intervention

The purpose of the practice standards is to support agencies and organisations to provide a response to men using violence that holds them accountable and provides opportunity for them to take responsibility for their behaviour. The practice standards are separated into two distinct parts: minimum standards for men's family and domestic violence behaviour change programs and outcome standards for perpetrator intervention. A summary of each is outlined below.

1. *Minimum standards for men's family and domestic violence behaviour change programs.* The minimum standards establish the key components of program governance, design, delivery and review/evaluation that all men's behaviour change program must adhere to.
2. *Outcome standards for perpetrator intervention.* The outcome standards establish the overarching standards of best practice necessary for leading effective work towards safety for women and children. These standards apply to all aspects of the service system including legislation, strategic and operational policy, procurement processes and service provision.

Target audience

This document has two distinct target audiences:

- ☀ Service providers, agencies and organisations who procure or facilitate men's family and domestic violence behaviour change programs. The minimum standards for men's behaviour change programs and outcome standards for perpetrator intervention are relevant to this target group.
- ☀ Service providers, agencies and organisations who are involved in responding to adults and children experiencing or perpetrating family and domestic violence (including those who may procure these services). This includes services who are engaged with men who are using violence but who may not be involved in providing a direct response to the violence e.g., alcohol and other drugs and mental health services. The standards for perpetrator intervention are relevant to this target group.

Endorsement and implementation

The standards have been endorsed by the:

- ☀ Minister for Child Protection
The Department for Child Protection and Family Support is the lead agency responsible for family and domestic violence strategic planning and the Minister for Child Protection is responsible for overseeing this work.
- ☀ Family and Domestic Violence Senior Officer's Group (SOG)
The SOG is convened by the Department for Child Protection and Family Support and includes representatives from state and commonwealth government departments that have a role in responding to family and domestic violence and the community services sector through the Women's Council for Domestic and Family Violence Services. The SOG is responsible for overseeing the development, implementation and monitoring of an integrated and accountable systems response to family and domestic violence in Western Australia.

For family and domestic violence services funded by the Department for Child Protection and Family Support or the Department of Corrective Services, the Practice Standards for Perpetrator Intervention form part of service agreements.

Related policies and procedures

The Practice Standards for Perpetrator Intervention are complemented by or align to the following policy and procedures. Professionals, organisations and agencies implementing these standards must be familiar with and guided by these documents:

- ☀ Western Australia's Family and Domestic Violence Prevention Strategy to 2022;
- ☀ Family and Domestic Violence Common Risk Assessment and Risk Management Framework;
- ☀ Guidelines for Multi-Agency Case Management;

Definitions

Family and domestic violence

The following definition is adapted with permission from *No o Violence: Male Famil Violence Pre en ion Associa ion*, Victoria.

Family and domestic violence is characterised by a pattern of coercive control that one person exercises over another to dominate and get their way. It is behaviour that physically harms, creates fear, prevents a person from doing what they want, or compels them to behave in ways they do not freely choose. The use of coercive

Victim safety

The terms 'victim' and 'victim safety' are used throughout this document. 'Victim' refers to adults and children harmed or at risk of harm as a result of family and domestic violence. The term is broadly used to include women and children who are experiencing family and domestic violence and those that may be affected or harmed through secondary exposure/victimisation. In Western Australia exposing a child to family and domestic violence is a form of child abuse and the person responsible for causing harm to the child is the perpetrator of the violence³.

'Victim safety' is a term used to denote a victim's relative safety in relation to the risks posed by the perpetrator. Victims of family and domestic violence cannot and will not be safe if the risks associated with the perpetrator have not been managed. Assessments of victim safety must consider their physical, emotional and social wellbeing and economic security over the short and long term. Good practice assessment includes a structured professional judgement that is informed by family and domestic violence risk indicators, professional judgement and the victim's perspective about their level of risk and safety⁴.

Perpetrator intervention

The term perpetrator intervention is used to describe actions, initiatives, strategies and responses aimed at increasing or promoting the safety of women and children through responses to men who are at risk of, or using violence. Perpetrator intervention can occur through a range of approaches, including using violence risk indicators, professional judgement and the victim's perspective about their level of risk and safety⁴.



Key terms used throughout the minimum standards include:

The safety of women and children must be given the highest priority

Standard 1.1: Program providers will develop and operate from written procedures that address risks to women and children

In planning behaviour change group programs, providers must give priority to the safety of women, children and victims of program participants.

Program providers must develop and implement policies and procedures regarding:

- ☀ regular and systematic monitoring of threats or risks to safety;

they would be best placed to provide the services that would ordinarily be offered by a partner support worker. This should be considered in circumstances where the partner support worker is having difficulty contacting or engaging the woman.

Whether partner contact is provided internally by the program provider or by a victim support service, the facilitators of the men's family and domestic violence behaviour change program and workers (or service) providing partner contact must work closely together to support victim safety and the management of risk. This must include: continual information exchange and discussion about risk, safety and wellbeing concerns; and joint planning to support the safety and wellbeing of the woman and children.

When partner support is provided by an external agency, a memorandum of understanding must state the obligations of the external agency concerning the provision of victim support. Refer to the note on page 13 for further information.

Standard 1.3: Partner support workers will prepare women for the participation of their partners in a behaviour change group program

A partner support worker will provide information on:

- ☉ the rights of the adult and child victim/s including safety, legal protection, support and information;
- ☉ the limitations of men's behaviour change group programs including the real possibility that the violence and controlling behaviours may not stop;
- ☉ the participant's attendance and participation in the group including what the group will be talking about;
- ☉ what the program provider will do in the event of a participant breaching a court order or committing any act of violence against them or their children; and
- ☉

Standard 1.5: The partner support worker is to provide emotional and practical support for women and children

Women and children must have access to emotional and practical support through the partner support worker and/or other referral options.

Partner contact must be delivered in a manner that supports the diversity of women's and children's needs by offering a flexible and timely service.

Standard 1.6: The partner support worker is to disclose to women any new expressed or perceived threat to their safety

Policies and procedures will be developed regarding actions to be taken where there is threat (expressed or perceived) to the safety of women and their children. Procedures must include that any information that indicates new or increased risk is immediately communicated by the group facilitator to the partner support worker and in turn to the woman.

Where there are concerns about the immediate safety of a woman and child/ren, the group facilitator and partner support worker will take all necessary action to secure immediate safety. This should involve directly contacting the partner to explain the risk and plan for their safety and liaising with relevant agencies to manage the risk.

Standard 1.7: Group facilitators and partner support workers will have appropriate knowledge and training about the impact of family and domestic violence on women and children

This includes:

- ☉ knowledge about family and domestic violence including the gendered nature, dynamics, and impacts on women and children. Knowledge and experience must be at a sufficient level to enable quality risk assessment;
- ☉ knowledge of legal and statutory responses to family and domestic violence including the criminal justice system, child protection, family law and extensive knowledge of violence restraining orders and how they operate; and
- ☉ formal training about family and domestic violence. Where possible, training should be provided by a recognised training institution or facilitators with expertise in family and domestic violence and/or perpetrator

Standard 1.8: Partner support workers must have relevant knowledge, training and experience to enable them to support and advocate for women and children

Any person undertaking partner support work will have as a minimum:

- ☉ experience in advocacy for victims of family and domestic violence; and
- ☉ family and domestic violence case management, risk assessment and safety planning skills.

Note about partner contact delivered through an external agency

When partner contact is provided by an external agency, a memorandum of understanding detailing roles and responsibilities must be developed. In particular, the memorandum of understanding must include clear and specific guidelines about:

- ☉ information sharing between the men's family and domestic violence behaviour change program and the partner contact agency;



Victim safety and perpetrator accountability are best achieved through an integrated and accountable systems response

Standard 2.1: To ensure program transparency, accountability and integration, program providers will develop a formal relationship with relevant local agencies

At a minimum, formal relationships will be developed with Western Australia Police, Department for Child Protection and Family Support, Department of Corrective Services, family and domestic violence services for women and children and relevant men's services. Program providers should also seek to establish relationships with local services for Aboriginal people, people from culturally and linguistically diverse backgrounds and people who are of diverse sexuality and gender.

This formal relationship should be established by the program provider and include a documented agreement (or terms of reference) about how the agencies will be involved in the development and ongoing functioning of the men's behaviour change group program.

The purpose of the relationship will be to develop processes to:

- ☉ maintain the integrity of the program with its theoretical base including through evaluation and observation/monitoring procedures;
- ☉ ensure that victim safety remains the primary consideration of the program;
- ☉

Standard 2.2: To support risk assessment and risk management, program providers will work collaboratively with relevant local agencies

Program providers will work collaboratively with relevant agencies to assess, manage and monitor risk. This will include:

- ☉ exchanging information with agencies to support/inform:
 - ☉ assessment, management and monitoring of risk;
 - ☉ perpetrator accountability across all systems and services; and
 - ☉ coordination of service responses to the adult and child victim and perpetrator.

Principle 3

Challenging family and domestic violence requires a sustained commitment to professional and evidence-based practice

Standard 3.1: Group facilitators must have relevant knowledge and training

In addition to Standard 1.7 practitioners facilitating men's family and domestic violence behaviour change programs will have, as a minimum, formal group work training from a recognised training institution, which could include tertiary or vocational training.

Standard 3.2: All programs will have a minimum of two group facilitators

One facilitator should be female and one facilitator male to enable positive role-modelling. One of the two group facilitators must have significant experience. Significant experience means a minimum 50 hours supervised practice in delivering men's domestic violence behaviour change group programs.

Standard 3.3: Group facilitators must undertake supervision

Group facilitators must take part in formal, individual, clinical supervision to apply knowledge to practice, to develop skills, and to challenge ideas and practice. Group facilitators who are not experienced will undertake fortnightly supervision. Experienced group facilitators will undertake supervision at least monthly.

The clinical supervisor must have tertiary education in a relevant discipline for example, social sciences, psychology, social work, family and couple therapy as well as relevant clinical experience and knowledge about family and domestic violence.

Standard 3.4: Program providers will develop policies to ensure that group facilitators undertake ongoing professional development

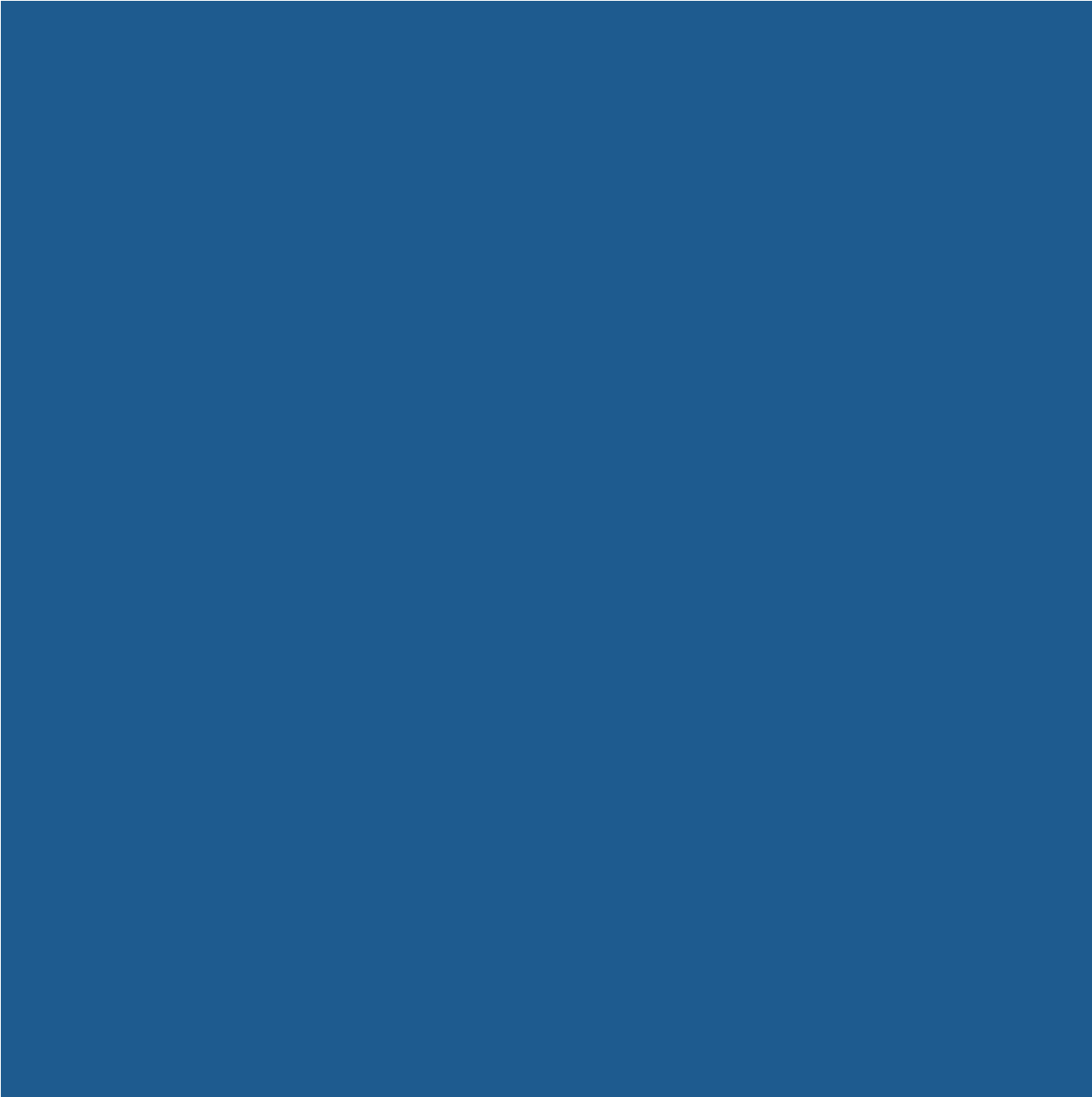
Beyond the initial training required to facilitate men's family and domestic violence behaviour change group programs, it is the responsibility of the program provider to ensure that group facilitators undertake ongoing professional development to build on existing knowledge and maintain an awareness of the current research and practice trends.

Perpetrators of family and domestic violence must be held accountable for their behaviour

Standard 4.1: All aspects of program promotion and delivery promote the safety, wellbeing and equality of women and children

The following core messages should be integrated and emphasised in all aspects of program promotion and delivery:

- ☀ the safety of women and children is priority;
- ☀ there are many ways that a man can be violent and controlling;
- ☀ male family violence has wide-ranging, long lasting negative effects on those who experience it;
- ☀ male family violence is never acceptable or excusable and some forms of violence are illegal;
- ☀ every man has a choice to use violence or not use violence;
- ☀ it is each man's responsibility to stop his violence and abuse;
- ☀ men who use violence are not safe fathers, men can choose to be a safe parent by stopping their use of violent and abusive behaviours; and



Standard 4.4: Program providers will have procedures for engaging participants, which challenge

Standard 4.6: Program content will include information about the impact of violence on a man's parenting including their capacity to be a safe father to their children

Programs will incorporate information about the impact of a man's violent and controlling behaviours on his parenting capacity.

Standard 4.7: Program providers will develop procedures for non-attendance of participants

Where a participant fails to attend or participate in a group program the man's partner, referring agency and agencies involved in the assessment, management and monitoring of risk, will be notified. Program providers must set and enforce clear and consistent policies to deal with non-attendance.

Standard 4.8: Program providers will have procedures for group facilitators to prevent their implicit or explicit collusion with participants' attitudes that support violence against women

Group facilitators must develop skills in identifying and responding to attitudes that support violence against women and underpin abusive behaviour. This will be a specific focus in supervision and in the evaluation of the program.

Standard 4.9: Program providers will offer appropriate referrals to meet participant's additional needs

Participant's additional needs might include housing, alcohol and other drug support, mental health treatment, employment support, therapeutic support and other needs.

Standard 4.10: Program providers must comply with the requirements of a referring agency for a report on a participant's completion of a program

A report should be prepared following participant's completion of the program or following their termination or withdrawal. The report must include:

- ☉ assessment of risk (pre and post program);
- ☉ attendance at the program;
- ☉ assessment of the participants level of insight and behaviour change; and
- ☉ other issues relevant to risk and safety.

A copy of the report should be provided to the referring agency within two weeks of the participants' withdrawal or termination from the program and four weeks following completion of the program. A copy of the report should also be provided to agencies where it may be relevant for informing risk assessment and safety planning.

Please note: the provision of reports does not preclude the need to share information with the referring and other partner agencies throughout the man's participation in the program.

Programs should respond to the diverse needs of the participants and partners

Standard 5.1: Program facilitators must establish and sustain cultural competence through training, secondary consultation and professional networks that include services for Aboriginal people and people of culturally and linguistically diverse backgrounds

Cultural competence is the ability to interact effectively with people across different cultures, this includes an awareness of one's own cultural worldview, the assumptions and biases as well as a positive attitude towards cultural differences, knowledge of different cultural practices and worldviews and cross-cultural communication skills.

Cultural competence of staff is critical for supporting access to and engagement in men's behaviour change and partner contact work.

All staff (program facilitators and partner support workers) must develop and sustain cultural competence for working with Aboriginal people.

Where the community's demographic profile includes a particular cultural group all staff should be supported to develop their knowledge and understanding about that cultural group.

To develop and sustain cultural competence, services should:

Outcome standards for perpetrator intervention

The outcome standards for perpetrator intervention are currently being finalised by the Department of Social Services. This anticipated handbook will be released in 2015. The handbook will be added to this document, along with the corresponding practice requirements for Western Australian government agencies and community services, when available.





