

Innovative Perpetrator Responses in the ACT – Scoping Study

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PRESENTED TO:

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Acronyms

ACCO	Aboriginal Community Controlled Organisation
ACT	Australian Capital Territory
ADHD	Attention deficit-hyperactive disorder
AMC	Alexander Maconochie Centre
AOD	Alcohol and other drugs
AVITH	Adolescents and young people who use violence in the home
BCP	Behaviour change program
BIS	Brief Intervention Service
CBT	Cognitive Behavioural Therapy
CoP	Community of Practice
DA	Domestic Abuse
DFSV	Domestic, family and sexual violence
DFV	Domestic and family violence
DSS	Department of Social Services
DVCS	Domestic Violence Crisis Service
EACPI	Expert Advisory Committee on Perpetrator Interventions
EQUIPS DFV	Explore, Question, Understand, Investigate and Practice, Plan, Succeed Domestic Abuse Program
FVIO	Family Violence Intervention Orders
GBTQ+	Gay, Bisexual, Trans, Queer +
IPV	Intimate Partner Violence
JACS	Justice and Community Safety
KIND	Kinship, Improve relationships, No violence, Developing skills
LGBTQ+	Lesbian, Gay, Bisexual, Trans, Queer +
MBCP	Men's behaviour change program
MfC	Motivation for Change
mHub	Multicultural Hub Canberra
MRS	Men's Referral Service
NTV	No to Violence
PCYC	Police Community Youth Club
R4C	Room for Change
RJ	Restorative Justice
RJU	Restorative Justice Unit
WWM	Working with the Man
VAW	Violence against Women

Introduction

Recent national and state-based inquiries have demonstrated a heightened focus on the importance of holding perpetrators to account and ensuring perpetrator visibility at multiple points of the family violence response system. The consultations which informed the National Plan to end Violence against Women and Children 2022-2032 (Fitz-Gibbon et al., 2022a, 2022b) highlighted that, across Australia and at multiple points of the domestic, family and sexual violence (DFSV) system, people who use violence are often invisible and their risk may be invisible and goes unassessed and unmanaged. The National Plan to end Violence against Women and Children 2022-2032 (Department of Social Services, DSS, 2022) recognises the critical need to have whole of system responses to people who use violence, including for the justice, health and human services to be better equipped, trained and funded to hold perpetrators to account and to keep their risk in view. The National Plan and the Action Plans which followed it support the development and delivery of a suite of perpetrator interventions, including the need for greater variety and quantity of perpetrator interventions to meet the current and anticipated levels of demand.

Within the broader context, the heightened focus in recent years on perpetrator interventions as a necessary component of a whole-of-system responses to DFSV has driven significant reform in terms of the availability and diversity of program offerings. While some investment has been made to build the evidence base on men's behaviour change programs (MBCPs) (see, among others, Helps et al., 2023; McGowan et al., 2023), there remains limited evidence on the effectiveness and outcomes of interventions for people who use violence. However, we note that the focus on building more coherent perpetration intervention systems aligns with an important fact demonstrated by national and international evidence: approaches to DFSV which rely solely on enacting harm minimisation practices upon victim-survivors are not sufficient to curb incidents of abuse (see, among others, EACPI, 2018; Kelly & Westmarland, 2015; RCFV, 2016).

Aligning with its broader commitments under the National Plan to end Violence against Women and Children 2022-2032 (Department of Social Services, DSS, 2022), the Commonwealth Government has committed \$25 million over five years (2022-23 to 2026-27) to work in partnership with state and territory governments to apply innovative approaches to address DFSV perpetrator behaviour. This program is entitled *Innovative Perpetrator Responses*. As part of the national partnership, funding will be delivered to the ACT for initiatives aimed at holding perpetrators of DFSV to account, preventing perpetrators from reoffending and escalation of harm, and improving safety outcomes for victim-survivors.

About the scoping study

This scoping study represents an important opportunity to develop effective and innovative system responses to perpetrators of DFSV in the ACT. Its aim is to better understand potential innovative approaches and examine available evidence, both to support proposed approaches across other jurisdictions and identify future pilots that may be undertaken in the ACT.

To fulfill this aim, this scoping study has three key objectives:

1. To understand what an effective perpetrator system looks like in Australia and internationally,
2. To identify what perpetrator services and systems exist in other jurisdictions and in the ACT, and

3. To identify and provide recommendations on opportunities for the ACT to trial new and innovative approaches to address perpetrator behaviour.

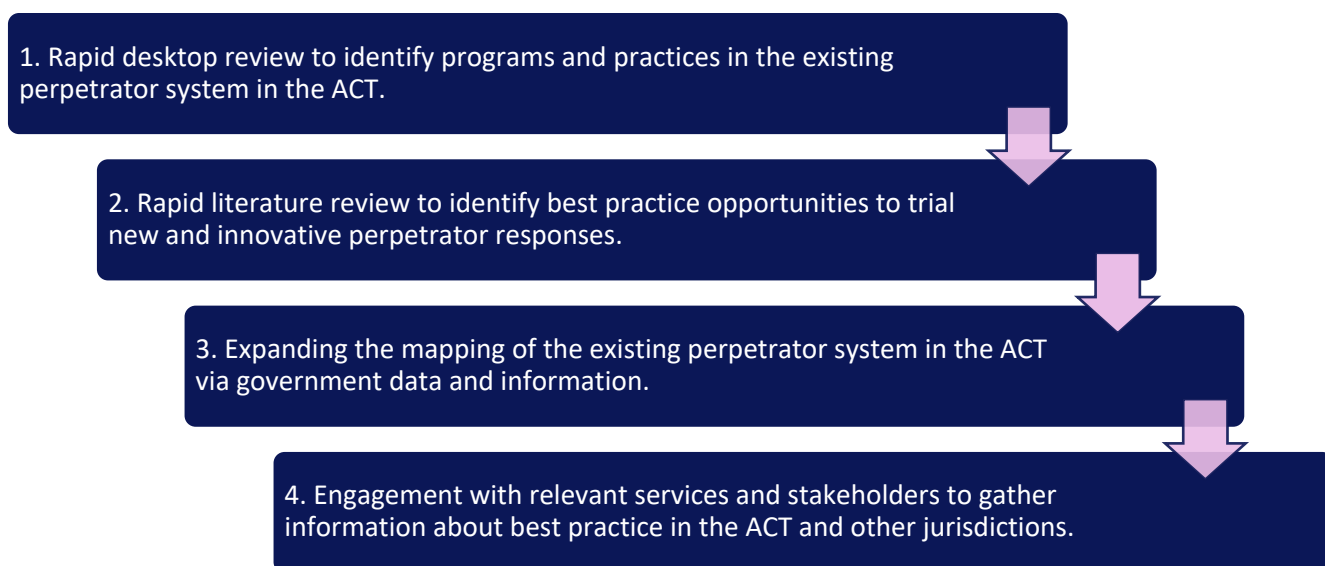
Effective engagement with First Nations communities was recognised as an integral component of this scoping study. At each point of the data collection, the scoping study team has tried to ensure that consideration was given to capturing current programs, practices, views and recommendations of First Nations community members, with a particular focus on the views and needs of Territory-based Aboriginal Community Controlled Organisations (ACCOs). This has, however, been difficult to achieve within the rapid timeframes of the scoping study; several First Nations-led organisations advised the scoping study team that they did not have capacity to engage within the available timeframe.

In addition to our engagements and background review, the scoping review is informed by the recommendations from the *We Don't Shoot our Wounded* (WDSOW) report (ACT Victims of Crime Coordinator, 2009) and a number of other First Nations focused reports published in recent years that are specific to the ACT.

Approach to the scoping study

For this scoping study, data collection occurred across four main phases, as shown in Figure 1 below.

Figure 1: Phases of data collection



Throughout the scoping study, and across each of these data collection activities, particular attention has been paid to identifying:

- Innovative perpetrator intervention programs and practices,
- Perpetrator interventions developed specifically for multicultural communities,
- Perpetrator interventions led by Aboriginal Community Controlled Organisations (ACCOs),
- Perpetrator interventions for adolescent men and boys who use and are at risk of using violence,
- Perpetrator interventions for the LGBTQ+ community,

- Perpetrator interventions for people with disability,
- Budget estimates for perpetrator program pilots and initiatives,
- Strategies used to engage individuals who use violence from non-English speaking backgrounds, and
- Initiatives which support a whole-of-system response to perpetrators of DFV.

Over the course of the scoping study, we consulted with a range of ACT-based organisations, as well as key stakeholders from other Australian-based organisations. Within the rapid timeframes of this study, it was not possible to engage all ACT and non-ACT based stakeholders relevant to this program of work. In several instances organisations and individuals contacted were not available to meet within the timeframes allocated. As such, while we believe the engagements undertaken capture a range of views, we also believe there will be a need for further co-design conversations in the development of any innovative interventions resulting from this funded program.

Background desktop review

To review the newest and most innovative responses to perpetrators of DFV, a search was conducted for all perpetrator interventions, with particular emphasis on pilot programs over the last five years within Australia. The results, collated into a rapid evidence review table, revealed that interventions typically fall into one of four categories:

- 1) Additional or adjusted versions of Men's Behaviour Change Programs (MBCPs),
- 2) Improving police responses to DFV,
- 3) Interventions delivered in correctional facilities, and
- 4) Early interventions.

Most common was the first category: pilots or initiatives that still utilised MBCP, but which created programs to compliment this model, such as:

- Fathering programs,
- Programs which included a nature element,
- Programs combined with alcohol and other drugs (AOD) treatment,
- InLanguage, InCulture programs that operate as a pre-MBCP, with the aim of preparing participants prior to enrolment in an MBCP, and
- Accommodation for perpetrators excluded from the home.

Across these interventions individualised case management was positioned as a core component of the response provided. Case management is seen as vital in supporting people who use violence with complex needs – including to address alcohol and other drug misuse, mental health issues, financial and gambling problems, housing and homelessness, and assistance to navigate and access various support services. Case management is also viewed as vital to ensuring that program participants engage as fully as possible with the primary intervention program.

Engaging with people who use violence from First Nations communities

The National Plan (DSS, 2022) recognises that Aboriginal and Torres Strait Islander peoples in Australia disproportionately experience DFSV. The National Plan also draws on the Closing the Gap targets and flags the need for Aboriginal and Torres Strait Islander peoples to be involved in developing the solutions that impact their communities. Recognising the strength of Aboriginal and Torres Strait Islander cultures and identities as fundamental to improving life outcomes, the National Plan highlights the need for Aboriginal organisations to deliver DFSV services, healing, men and boys services and recovery services for their communities. Within this, the National Plan objectives highlight the need to engage Aboriginal and Torres Strait Islander men and boys in programs outside of the criminal justice system, with a focus on promoting cultural healing led by Aboriginal Community Controlled Organisations (ACCOs). The development of whole-of-family approaches to addressing harms and healing are recommended to help understand the complex intergenerational trauma.

As part of this scoping review, we were provided with a number of reports by the ACT Government relating to First Nations communities, perpetrator interventions and DFSV. Across these documents, we found intersecting and overarching themes relevant to the development of perpetrator initiatives within the ACT. There is a clear need for culturally specific, safe and appropriate programs to support First

Nations victim-survivors and people who use violence. Those that can support multiple complexities such as substance abuse, family violence, trauma, and cultural healing are perceived as most needed in these communities. Holistic, whole-of-family responses led by or in collaboration with Aboriginal Controlled Community Organisations ACCOs are ideal. In addition, collaboration between ACT Policing, family violence services and ACCOs (such as Alexis-style programs) for high-risk families may assist in reducing the high number of children removed from households and the misidentification of Aboriginal women as the perpetrator.

The *Listen. Take Action to Prevent. Believe and Heal Report*, presented by the Sexual Assault Prevention and Response steering committee included 24 recommendations to improve the ACT's response to sexual assault. These recommendations were guided by a series of overarching principles, including that consideration be given to:

- The intergenerational experience of colonisation and dispossession of Aboriginal and Torres Strait Islander people, recognising this as a central consideration of any policy or service response to sexual assault.
- The systemic barriers which prevent Aboriginal and Torres Strait Islander women, children and young people from making disclosures, and how these should be understood and accepted in all policy development and service responses.
- The right to self-determination, and for Aboriginal and Torres Strait Islander people to be decision makers in all matters that affect their lives, including social, emotional and economic. Responses for Aboriginal and Torres Strait Islander people should be co-designed and, where possible, led by Aboriginal and Torres Strait Islander people.
- Robust data collection and monitoring, recognising the importance of understanding the demographic profile of people accessing services, the effectiveness of those responses and the outcomes for victim survivors. However, Aboriginal and Torres Strait Islander people should always have a choice in whether they identify as being Aboriginal and Torres Strait Islander or not in any given situation. (ACT Government, 2021, p.23)

The report also recognises that, in general, policy designed to meet the needs of Aboriginal and Torres Strait Islander people will help ensure that the system is more responsive and culturally-appropriate for the diversity of our whole community. These principles are highly relevant to the ACT Government's current work and should be applied to decision making carried out as part of expanding the ACT's perpetrator intervention system. Recommendation 13 of the *Listen. Take Action to Prevent. Believe and Heal Report* (2021) called for more research and pilot mechanisms to hold perpetrators to account, through the expansion of restorative justice processes for victim survivors and alternative civil justice regimes.

A few years prior to that, the *Our Booris, Our Way* Report examined the experiences of the Aboriginal and Torres Strait Islander community with the child protection system in the ACT. The Report made 28 recommendations, of which, Recommendation 9a identifies the lack of culturally appropriate programs to address AOD rehabilitation, family violence, and mental health or trauma counselling. The development of culturally appropriate programs to target substance use, mental health and family violence was positioned as an important measure to reduce the high number of Aboriginal and Torres Strait Islander children removed from their homes. Recommendation 9a stated:

There is a need for cross government collaboration to appropriately fund supporting programs that are evidence based, culturally appropriate and have demonstrated effectiveness in behavioural changes, addiction issues and skill building as these are what create long-term sustainable changes. (2019, p.83)

As this recommendation articulates, the *Our Booris, Our Way* report highlights the need for timely and culturally safe family violence programs as a mechanism through which to decrease the number of Aboriginal and Torres Strait Islander children in out of home care.

In 2009, about a decade before the *Listen. Take Action to Prevent. Believe and Heal* report and the *Our Booris, Our Way* report, the *We Don't Shoot Our Wounded* (WDSOW) report was released. It highlighted the impact of intergenerational and trans-generational post-traumatic stress on both Aboriginal and Torres Strait Islander victims and people who use violence.

The WDSOW findings stated a need for 'strategic, multi-layered and sustainable ways forward' (ACT Victims of Crime Coordinator, 2009, p.12). To achieve this, interventions that incorporate counselling (or 'healing') were encouraged, as was targeted assistance to provide high level support to alleviate the multiple stressors that increase risk of victimisation or offending. Also highlighted in the report findings was the need for a holistic response from the criminal justice system, one that acknowledges the interplay of factors and provides more targeted and tailored programs. Such a response would link services such as health, education, employment, housing, child protection, social security and other service providers – while ensuring they have a restorative and rehabilitative emphasis which is culturally safe and appropriate.

Drawing on interviews with 15 First Nations women, the report made 11 recommendations, focusing predominately on victim-survivor support and access. Recommendations specific to the wider perpetrator interventions system included a professional education program stressing that 'violence is not our way' (Recommendation 5) and an assurance that Aboriginal and Torres Strait Islander family violence victim-survivors voices would continue to be heard (Recommendation 6). Recommendation 6 is broadly relevant to perpetrator interventions in terms of ensuring that effective family/partner contact work is part of any pilot or initiative supported in the forthcoming program.

The importance of culturally specific programs

There is increasing evidence on the need to develop in-language and in-culture perpetrator intervention programs to address the specialised needs of multicultural communities. Specifically, the development of culturally informed programs that can be delivered in languages spoken by program participants seeks to increase perpetrator engagement in the behaviour change progress and ensure greater inclusion. Research by the Australian Migrant Resource Centre (2018) suggests that such programs may enhance rapport-building between program facilitators and program participants, resulting in improved outcomes. Despite increasing awareness of the potential benefits of in-language, in-culture perpetrator intervention programs (Australian Migrant Resource Centre, 2018; Emezue et al., 2021; EACPI, 2018), very few have been developed in Australia and elsewhere.

The lack of linguistically and culturally tailored programs has negatively impacted the access, recruitment, retention and engagement of culturally and linguistically diverse perpetrators (Australian Migrant Resource Centre, 2018; Emezue et al., 2021; EACPI, 2018). Due to the predominant delivery of

perpetrator intervention programs in English, a lack of English comprehension is considered a major barrier to engagement (Mackay et al., 2015). People who use violence but do not meet English literacy proficiency requirements are often excluded from participation in existing perpetrator intervention programs (EACPI, 2018; Mackay et al., 2015). Despite increasing awareness of the need for, and potential benefits of, in-language, in-culture intervention programs, very few have been developed in Australia and elsewhere – and there are few evaluations of the effectiveness of those that have. The Motivation for Change (MfC) program developed and delivered by inTouch Multicultural Centre Against Family Violence, based in Victoria (Australia), represents one of the few multilingual, multicultural programs currently offered. This program was reviewed in 2023 (see Fitz-Gibbon, Helps & Tan, 2023).

The MfC program is an ‘inLanguage, inCulture’ 15-week program designed for men who use violence towards a family member. Recognising the importance of culturally informed interventions, the program is intended to receive internal and community-based referrals – with the understanding that participants would complete this program prior to going on to complete a MBCP. Including the critical components of individualised case management (delivered over a six-month period) and family safety contact work, the MfC program is an innovative and much-needed offering within the broader suite of perpetrator interventions available across Victoria.

MfC content is designed to support a person’s journey of change – the program itself is not badged as a MBCP, but rather a motivation for change – akin to a program readiness offering. Over the course of the program, the content is designed to:

- assist men to understand the impact of violence on their families, and
- work through their beliefs and attitudes that are supportive of violence or excuse, justify and rationalise violence.

The curriculum is sequenced to move from a perpetrator’s recognition of their behaviour as violence, to understanding the impact of violence, to forming habits and changing patterns to prevent further use of violence. Given the culturally specific development of the program content, the practitioner team involved in delivery is aware that challenging attitudes and cultural beliefs can be a sensitive process. The program is designed to take into account a participant’s community, allowing time for facilitators to explore their journey and bring them to new understandings around their behaviour(s) and its impact.

Since it was developed, the MfC program has been offered in a range of languages and cultures. At the time of this review, it had programs to South-Asian groups, delivered in Hindi and English, and to Afghan groups, delivered in Dari. Several of the facilitators understand and/or speak multiple languages. By speaking to a client in their first language, the program aims to build rapport with these men and support them in understanding more complex concepts. The review into the MfC program conducted in 2023 found that there is a specific need to support and upskill practitioners to deliver a range of inCulture, inLanguage programs for people who use violence. Recognising the unique expertise required to undertake this work is essential.

Working with adolescents who use violence

There is consistent evidence of a link between young people’s experiencing family violence in their families of origin (see for example, Fitz-Gibbon et al., 2022) and their perpetration of DFSV during adolescence and as an adult (see for example, Boxall et al., 2021). This highlights the need for

interventions targeted at young people who are victims of these forms of violence and/or are using these behaviours.

Young people's use of violence in the home has unique dimensions; programs and interventions aimed at adult offenders may not be appropriate or effective for them (Moulds et al., 2019). For example, in family violence situations involving an adult, the removal of the perpetrator from the household may, in some cases, help to reduce violence. However, because the young person may be legally dependent on the victim of their abuse, removal may not be feasible or appropriate (Savvas & Jeronimus, 2017).

Further, interventions that are designed to deter adult offending behaviour may not be effective with young people. Adolescence is a period of rapid brain development, which means that young people can exhibit risk-taking behaviour and low impulse control (Steinberg, 2005). In addition, while there is an emphasis on holding offenders accountable for their behaviour through legal sanctions and behaviour change programs (Sentencing Advisory Council, 2017), contact with the criminal justice system may cause more harm than good for young people (Savvas & Jeronimus, 2017).

The unique contexts within which AVITH occurs, along with the differences between young people using violence in the home and adult DFV perpetrators, highlight why young people who use family violence require a specialised response. In particular, there is general consensus that addressing young people's use of violence requires working with the entire family unit rather than the young person in isolation.

Programs for LGBTQ+ people who use violence

Research and policy reviews have in recent years recognised the lack of interventions for individuals perpetrating violence in LGBTQ+ relationships. There is also limited workshop capacity building among professionals supporting people experiencing violence in same-sex relationships, especially regarding the unique nature of same-sex intimate partner violence (Campo & Tayton, 2020; Cannon & Buttell, 2015; Gray et al., 2020). The importance of developing a specific program for LGBTQ+ men and non-binary people is well summarised by Thorne Harbour Health (2022, pg. 4), who state:

- Family violence, including partner violence within [LGBTQ+] communities has been widely unaddressed.
- Mainstream ... [BCPs] ... may not be safe for [LGBTQ+] participants due to lived experiences of homophobia, biphobia and transphobia.
- A program where the participants do not feel represented may be less effective.
- Drivers of violence for [LGBTQ+] men may be unique to drivers of violence observed in mainstream groups.
- [M]ainstream group facilitators can lack the understanding to comprehensively analyse culturally specific nuanced forms of violence.

Research has also highlighted important workforce considerations when delivering programs specific to this cohort. National and international evidence shows that DFV workers without LGBTQ+ specialist understanding may not be familiar with the distinct ways LGBTQ+ people experience intimate partner and family violence (Fileborn, 2012; Furman et al., 2017; Gray et al., 2020).

Programs for neuro-diverse people who use violence

Research has identified the ways in which neurodivergent men with autism and/or attention deficit-hyperactive disorder (ADHD) may experience additional barriers to engagement in perpetrator interventions above and beyond those experienced by neurotypical men. There remains limited research on practitioners' experiences of working with this cohort. In a 2022 study with Australian and English perpetrator intervention service providers and other relevant practitioners, Renehan and Fitz-Gibbon (2022) found practitioners to emphasise the importance of understanding the experiences of men with autism and ADHD when delivering any perpetrator intervention programs. Practitioners engaged in that study were clear that autism and ADHD do not cause DFV and constructing it as such can be harmful and stigmatising to neurodivergent people. However, they were conscious of the need to better understand how neurodivergent people perceive and experience the world. Such understanding, they said, is crucial for developing an effective suite of interventions, including perpetrator programs, that are responsive to their individual needs.

In this 2022 study, practitioners from Australia and the UK also identified several challenges in meeting the needs of neurodiverse perpetrators through the delivery and structure of perpetrator intervention programs. They include: sensory sensitivities, group dynamics and relating, and emotional sensitivity to other group members' reactions. Practitioners reflected on the additional challenges experienced by ADHD clients, including 'escalated thinking and trigger responses' and a 'lack of concentration, focus and irritability'. Program pace was also identified as a key challenge impacting engagement.

Interventions that address co-morbidities

Several perpetrator interventions have been developed in recognition of the complex needs of people who use violence, alongside the need for interventions to address DFV perpetration. Here we provide a review of the U-Turn program and the KODY program; both are based in Victoria and have emerged in the period since the Royal Commission into Family Violence.

The U-Turn program was developed in collaboration between a community organisation and the Magistrates Court. U-Turn is an early intervention program targeted at men who have recently been in contact with the court and present with co-morbid family violence and problematic AOD use. The objective was to keep men who had previously had no contact or minor contact out of the criminal justice system (Meyer et al., 2021; Meyer, Burley & Fitz-Gibbon, 2022; Meyer et al., 2023).

The program piloted in Victoria consisted of a 12-week group-based model and was informed by harm minimisation principles, feminist theory and a psychoeducational framework for behaviour change. The program content included the following topics:

- Harm reduction,
- Relationship between AOD and family violence,
- Gendered nature of family violence,
- Impacts of violence on women, children and community,
- Respectful communication (post separation),
- Emotional regulation, and
- Basic legal education (to assist with understanding court orders).

Although limited by a small sample size, an evaluation of the program found indications for effectiveness in the following areas: increasing family safety; assisting men to shift attitudes and behaviour around their use of family violence and problematic AOD use; and keeping respondents on family violence court orders (referred to as Family Violence Intervention Orders (FVIO) in Victoria) out of the criminal justice system (see Meyer et al., 2021; Meyer et al., 2023). Findings did indicate that outcomes may be better where the participant remained in a relationship with the affected family member or if they were working towards a reconciliation (Meyer et al., 2021; Meyer et al., 2023). The evaluation highlighted that this type of intervention suits men with limited complex needs – for example, those who do not have chronic illicit drug use, significant trauma, mental health problems, ongoing child protection involvement, or housing instability or homelessness, all of which can lead to disengagement from the program (Meyer et al., 2021; Meyer et al., 2023). The role of family safety contact (FSC) work was highlighted as critical in the evaluation, which cited wider benefits for families, including improved co-parenting and father-child relationships when children were involved. Improved emotional wellbeing for both participants and affected family members (AFMs) was also found (Meyer et al., 2021).

The KODY program provides an example of an innovative partnership program designed to take an all-of-family response. Odyssey House (an AOD treatment organisation based in Victoria) partnered with Kids First Australia, a Caring Dads provider, to allow participants to receive AOD treatment whilst simultaneously improving their parenting skills (Kertez et al., 2022). The program is staffed by AOD case managers who identify clients (fathers) using or at risk of using DFV; then they refer them to the KODY program where it is determined if they are suitable. Men are also referred from other programs within Kids First and other external services (i.e. child protection, other Victorian based DFV or AOD services).

KODY program participants need to be engaged and receiving support from Odyssey House. All-of-family support is offered by *Kids in Focus* to the men, their children and the mothers of their children as part of the intervention program. The KODY program comprises the standard *Caring Dads* program with the addition of curriculum materials and specialist AOD facilitation of group sessions (Kertez et al., 2022).

No evaluation is available for the KODY program as yet, but data collection for evaluating this pilot program is currently underway. Researchers undertaking the evaluation anticipate findings to have implications for policy development and to support ‘less fragmented service system responses’ (Kertez et al., 2022: 1).

Interventions in partnership with the police

Alexis is a family violence response model developed in 2014 by Victoria Police in collaboration with a specialist community family violence service (Hamilton, Harris & McCook, 2023). The aim was to reduce recidivist family violence occurring in households by holding recidivist perpetrators to account using inter-agency collaboration. The model incorporates three main components:

1. a specialist family violence worker who is embedded within the police unit,
2. a coordination team, and
3. an executive group.

The Alexis program is focused on high-risk households where police have attended three or more times in the previous 12 months, or if a member of Victoria police believes that future significant events are likely to occur (Hamilton et al., 2023). The family violence worker supports victims and perpetrators by engaging them with relevant services (i.e. counselling, housing, AOD support) while the police are responsible for the criminal justice intervention and case management. The coordination team consists of Victoria police and any relevant key agencies working with the recidivist/high-risk family (i.e. child protection, corrections), with meetings held monthly to discuss the family's needs. The main goals are to encourage information sharing, gain a holistic understanding of the family, improve the integration of services, promote re-engagement if disengagement occurs and provide a streamlined interface experience for families (Hamilton et al., 2023).

An initial evaluation in 2017 found that clients engaged with the Alexis model demonstrated an 85% reduction in reported family violence (Hamilton et al., 2023). This was based on callouts to police per client, which decreased from 5.5 to 0.8 after Alexis intervention with the family (Hamilton et al., 2023). A second, more recent evaluation collected data on 75 perpetrators 20 to 36 months after their case was closed. In this evaluation, just over half (51%) of the perpetrators had no further recorded incidents of family violence. Of the remaining perpetrators, 22 per cent had reoffended against the same victim (in another location outside of the pilot catchment) and 37 per cent had offended against a different victim. From these two groups, there were eight instances where the perpetrator had offended against the same victim and another victim (Hamilton et al., 2023).

Online program delivery

Prior to the COVID-19 pandemic, the dominant mode of delivery for BCPs had been in-person and via on-site group sessions (Bellini and Westmarland, 2021). While some online BCPs were in operation prior to the COVID-19 pandemic (see, for example, Bellini & Westmarland, 2021), they were few and far between. Although restrictions are no longer mandated, the capacity to deliver online BCPs has now been established. This development has the potential to improve the accessibility of BCPs for populations such as LGBTQ+ men and non-binary people as well as participants living in rural and regional locations. Co-located group programs for diverse populations such as these can be rare, as there may be an insufficient number of participants in one location to justify a group program.

In their review of online programs – which included but was not limited to DFV perpetrator interventions – Spencer et al. (2021) found that the online programs decreased participants' levels of emotional and physical intimate-partner violence perpetration. In their exploratory study of an online pilot program in Minnesota (United States) Bellini and Westmarland (2021) found that men appeared to be more 'open' to sharing their thoughts and feelings than with in-person programs. They also found increased attendance compared to in-person programs that tend to be subject to weather conditions or health requirements (Bellini & Westmarland, 2021).

Notwithstanding these noted benefits, facilitators in Bellini and Westmarland's (2021) study found it harder to gauge visual cues and/or engage men throughout online sessions, especially because they were not in physical proximity to each other and online program facilitators (see also Vlasis & Campbell, 2020). Online video platforms acted as a barrier for participants to speak to each other in a more organic manner at times, particularly when technical issues occurred (Bellini & Westmarland, 2021; Vlasis & Campbell, 2020). Notably, facilitators expressed concern about not having control and/or the ability to identify men's behaviours that are normally disallowed during in-person sessions (Bellini &

Westmarland, 2021). Behaviours that divert attention away from online sessions included the consumption of alcohol, cigarettes, or ‘multi-tasking’ by watching the television at the same time (Bellini & Westmarland, 2021).

In these instances, the gap between reality and the ‘performance’ on video merely facilitates BCP completion, rather than an effective change in behaviour (Vlais & Campbell, 2020). For this reason, research has concluded that additional and supplementary forms of intervention are essential to gauge the impact of online interventions and the level of support that may be required to manage anger and the risk of violence in the future (Spencer et al., 2021). Moreover, not all perpetrators may have access to a foundational amount of software, bandwidth, or hardware necessary for the use of online interventions (Vlais & Campbell, 2020). Finally, there are concerns about privacy and the possibility of conversations within group being overheard or leaked to people outside online programs (Bellini & Westmarland, 2021; Solove, 2013; Vlais & Campbell, 2020).

Evidence suggests that online BCPs may have had a positive impact in the absence of in-person programs, yet experts caution against understanding remote delivery as a straightforward solution to waitlists and accessibility problems. Issues of concern – such as the authenticity of engagement in the online forum, the adaptability of content and facilitation styles, access to technology, the exacerbation of the digital divide, perpetrator visibility, and risk for affected family members – are yet to be properly understood and addressed. For this reason, and given the relatively smaller jurisdiction in focus, this scoping study has not made recommendations relating to online program delivery.

The importance of family and partner contact work

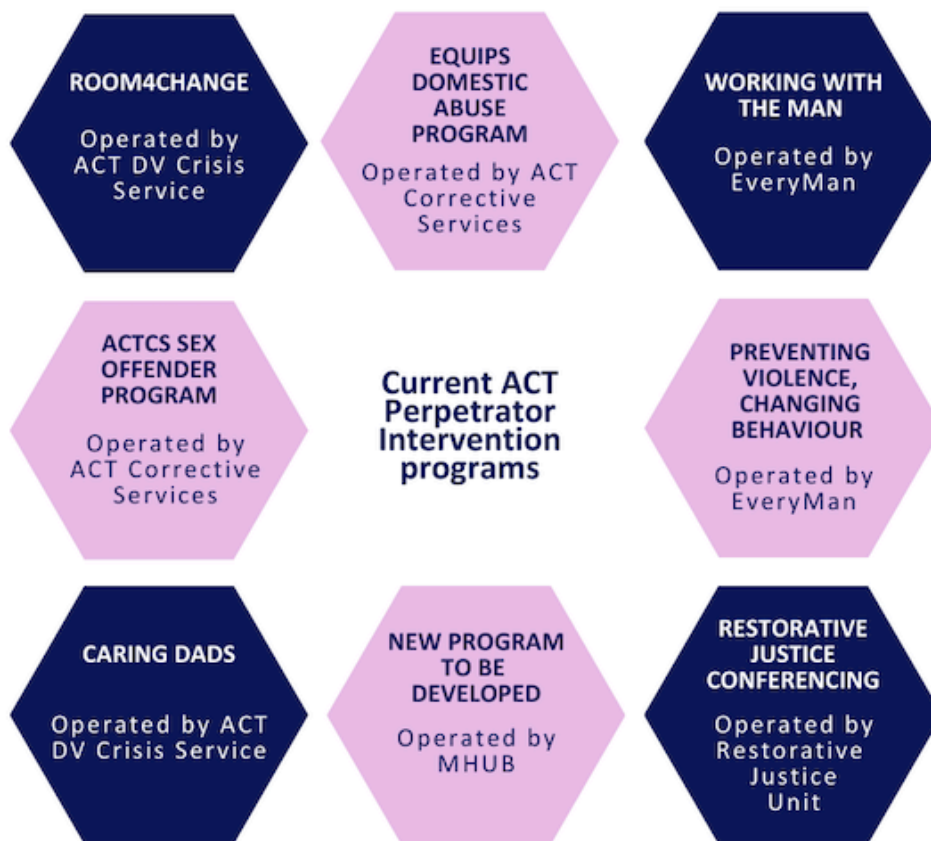
Family contact work (also referred to as partner contact work) is a critical component of any perpetrator intervention program. Family contact work can support victim-survivor safety, increase visibility of the perpetrator’s behaviours and level of risk, and provide more accurate reporting on the perpetrator’s behaviour change (or lack thereof) during and post program (Hine et al., 2021; Nicholas et al., 2020; Westwood, Wendt & Seymour, 2020). Engaging with affected family members is also critical for program evaluations (see, for example, Meyer et al., 2021; O’Connor et al., 2021). While this is positioned as critical to meaningful evaluation, there is also a recognition of the challenges faced when attempting to recruit affected family members for participation in program reviews and evaluations.

In addition to ensuring that family and partner contact work is embedded in program delivery, there is also a need to ensure that the voices of affected family members are captured in any evaluations undertaken of the programs funded. Perpetrators’ self-reported behaviour change data is known to be limited, hence the importance of affected family member voices in validating and cross-checking program participant accounts.

Current state analysis: Perpetrator interventions in the ACT

Our review identified seven interventions that involve working with people of DFSV in the ACT. These interventions are listed in Figure 2 below.

Figure 2: Interventions currently working with perpetrators of DFV in the ACT



Although it was not operational at time of the scoping study, as shown in Figure 2 above, we have been advised of the planned implementation of a MBCP specific to multicultural communities and people who use violence; it will be operated by Multicultural Hub Canberra (MHub). Key components of the program include one-on-one case management, brokerage funding, and partner support work. It is anticipated that the program will begin operation in February 2025.

As described in detail below (and in Table 1), there was significant variation across the services, in regard to the length of the service provision, key components of the program, and the underlying theoretical frameworks and principles guiding delivery and curricula. However, there was also a small number of similarities. These were:

- *Consent-based participation:* Although several stakeholders noted that participation in a program may be a condition as part of a court order (e.g., bail) or their sentence, no services were mandated to engage with perpetrators who may be referred.
- *Suitability and risk assessment processes at intake:* All of the services involve some level of risk and suitability assessment – considering whether the referred person is suitable for participation.

- *Duluth education materials*: Although only one service reported that their curriculum was drawn entirely from the Duluth model, all programs included elements of the Duluth curriculum to varying extents. The Duluth model, which originated in the United States, is based on a multi-agency collaborative approach understanding violence as a result of actions by the perpetrator to intentionally control and maintain power over their intimate partner.

The team acknowledge that the services described below do not comprise an exhaustive list of those in the ACT working with perpetrators of violence and supporting them to live non-violent lives. Where these were not programs specifically designed to prevent the occurrence and re-occurrence of DFSV they were considered outside the scope of the study and are not listed below.

Room4Change

Room4Change (R4C) is a 30-week group-based MBCP which has been operating in the ACT since 2019. Underpinned by the Duluth model, R4C views violence as a choice made by perpetrators to exert power and control, and because it ‘works’ for them. A recent evaluation of R4C found that the program is aiming to bring about a reduction in men’s use of violence through several primary mechanisms. These are:

1. Creating opportunities for introspection and reflection,
2. Energising and maintaining motivation to change,
3. Improving accountability for past and future behaviour,
4. Taking responsibility,
5. Improving understanding of domestic and family violence,
6. Developing tools to manage risky situations, and
7. Building supports and help-seeking potential (Payne, 2021).

Eligibility for the program appears to be relatively broad - candidates must be male, 18 years and older and assessed as suitable after a comprehensive assessment with a staff member. The assessment is guided by the Towards Safer Families Practice Guide.

In addition to the 30-week curriculum, the other main components of R4C are as follows:

- *One-on-one sessions with practitioners*: Individual sessions provide participants with additional assistance and support for their specific needs, including employment, financial difficulties and AOD abuse. Individual sessions also provide a space for program participants to reflect on their engagement with the practitioner.
- *Residential program*: R4C has capacity to provide accommodation for 11 men who use violence, including those who are participating in R4C. The primary purpose of the housing is not to prevent housing insecurity among men using violence but to support the safety of victim-survivors and their families. For example, if during their participation in the MBCP component it becomes apparent that the perpetrator is escalating in risk, rehousing them for even a short period of time could be used as a mitigation strategy. The residential component of R4C is an important and innovative program feature of the program. Experiences of housing instability is a recognised risk factor leading to disengagement in a program and early program drop out (Fitz-

Gibbon et al., 2024). For several interstate BCPs demonstrated housing stability, including the ability to provide a fixed address for the duration of the program, is a requirement for program eligibility (Fitz-Gibbon et al., 2024). The need for housing options for men engaging in BCPs was acknowledged by a number of the stakeholders who we engaged with as part of this scoping study. Stakeholders reflected that it was not only necessary for protecting the safety of victim-survivors and their family members, but also for supporting effective engagement in and completion of BCPs.

- *Family and partner support work:* Domestic Violence Crisis Service (DVCS) proactively engage with the partners, former partners and family members of referred perpetrators. Partner support has a strong focus on safety planning, and is underpinned by a recognition that MBCP participation may actually increase risk for some family members. Importantly, even if the person using violence is found unsuitable for MBCP or stops participating, the partner support component of R4C can continue if family members want it. Because R4C may be engaging with multiple family members of the perpetrator, it is a very resource-intensive component of the program. However, it was also viewed by stakeholders as being a crucial component, facilitated by the co-location of the MBCP within a crisis intervention service.

The accessibility and relevance of R4C for First Nations men is not clear and was not considered as part of the evaluation (Payne, 2021).

Caring Dads

Caring Dads is a 17-week program that is targeted at men who use violence and have children. The curriculum aims to leverage men's relationships with their children and their desire to be 'good' parents to increase their motivation to change their behaviours, as well as to improve their parenting. The specific goals of the program include:

1. Developing the motivation of men to engage in the process of examining their fathering,
2. Increasing men's awareness and application of child-centred fathering,
3. Increasing men's awareness of, and responsibility for, abusive and neglectful fathering behaviours and their impact on children, and
4. Increasing men's trust and planning for the future.

The program curriculum is underpinned by cognitive behavioural therapy (CBT) principles, with four modules focusing on parenting (and co-parenting) and communication skills, positive role modelling of behaviours, and understanding the impact of their abusive behaviours on their children.

Caring Dads is available at DVCS for those who complete the DVCS R4C Men's Behaviour Change Group. However, unlike R4C, which has a rolling system of participation (i.e., people can start participating at any point during the program), Caring Dads runs once a year and has a closed participation model. Interestingly, it was suggested by stakeholders that Caring Dads was a useful starting point to work with men referred to DVCS for support to address their use of violence when their insights into their behaviour may be relatively low. This was identified as being particularly relevant for First Nations men. These observations are supported by a broader body of research which has identified that a key motivation for men participating in MBCPs more generally is to improve their skills and relationships with children (Payne, 2021; Fitz-Gibbon et al., 2024).

As part of our engagements, we were told, anecdotally, that variations of the Caring Dads program have been delivered in Canadian Indigenous communities. We were also made aware of the Commonwealth Government funded Strong Fathers, Strong Families program, which operates to strengthen the role of Yolngu fathers within First Nations communities. This program is delivered on country and includes a strong focus on culture and accountability.

Working with the Man

Working with the Man (WWM) is a voluntary, specialist behavioural change program for men who have been violent towards women. WWM is underpinned by the Bower Place Method, which is informed by family therapy, theories of development and change, neurobiology, and an understanding of inequality. It draws from CBT, as well as family system theory and psycho-education models to motivate men to change their behaviours. It has a strong focus on situating the individual within their family and broader social relationships and contact with different systems.

Eligibility for WWM is very broad. According to an evaluation of the program conducted by Milllear (2019), men and women aged 14-75 can participate. The main eligibility criteria for the program appears to be being assessed as suitable for participation by the practitioner, which includes whether the person is ready to be held accountable for their use of violence. Participation in WWM is open-ended, but at a minimum involves one session per week for 20 weeks (approximately six months). Program exit occurs when the perpetrator and practitioner agree that they have achieved their stated goals.

The WWM curriculum is delivered through intensive one-on-one case management sessions between the perpetrator and the practitioner. Perpetrators may also be encouraged to participate in group work, but only where this is considered appropriate. Consistent with the Bower Place Method, case management sessions are not just focused on addressing the abusive behaviours of the perpetrator but also on identifying their other needs and working with them to address them. This can include housing, employment, physical health and mental health, and legal matters. The other core component of the program is Partner Contact, which involves another member of staff working with affected partners, former partners and family members who may be at-risk of further violence.

It is important to note that WWM is one of only a small number of MBCPs providing this level of intensive one-on-one support for people who use violence. The decision to provide one-on-one case management was described to the team during our engagements as important in the way it responds to minimisation or denial of the abusive behaviours, and to minimise risk of collusion. This was described as being potentially more likely within group settings where the facilitator is required to monitor group dynamics and the attitudes and language of multiple participants. However, the program is resource intensive to deliver, and there is currently a wait-list. The relevance and efficacy of the program for First Nations communities is currently unclear as the evaluation did not explore this as part of the analysis (Milllear, 2019).

Preventing Violence, Changing Behaviour

Preventing Violence, Changing Behaviour is a 12-week group-based program targeted at people who are using violence in a range of contexts. However, advice provided to the team indicates that the vast majority of participants are referred for DFV. The program focuses on accountability and responsibility and is underpinned by CBT principles.

The Preventing Violence, Changing Behaviour program was described during the scoping study engagements as not being a MBCP, as it is broadly focused on the use of violence, rather than DFV specifically. It was suggested that this program could be a useful mechanism for encouraging perpetrators to think critically about their use of violence, which could then increase their motivation to engage in the WWM program.

EQUIPS DFV

In 2022, ACT Corrective Services implemented the Explore, Question, Understand, Investigate and Practice, Plan, Succeed Domestic Abuse Program (EQUIPS DFV). The EQUIPS DFV program is based on the NSW EQUIPS model, with very few (if any) differences between the two. At time of this scoping study, the EQUIPS DFV program was available for two core populations: men incarcerated in the Alexander Maconochie Centre (AMC) and men managed by Community Corrections (i.e., are residing in the community but are on parole or other types of orders). All participants must have been sentenced. The program is not available to individuals on remand. Other eligibility criteria for the program are that the participant has a current or historical charge of DFV and has been assessed as medium or medium-high risk, per the Level of Service Inventory-Revised risk assessment tool. Participants must not have a current sex offence.

Like the NSW model, the ACT EQUIPS Program runs for 40 hours over 10 weeks, with cohorts typically comprising 12 individuals. If participation in the group-based component is not appropriate (e.g., for safety reasons), it is possible for participants to receive one-on-one support as an alternative. However, advice provided to the team suggests that this option has only been used on rare occasions. Sessions are run by facilitators approved by ACT Corrective Services and can include ACT Corrective Services staff as well as community-based practitioners. Facilitators, where possible, work in pairs; one male and one female.

The EQUIPS DFV curricula has five core modules:

1. Understanding of domestic and family violence,
2. Challenging Participants' cognitions, feelings, and behaviors associated with the promotion or maintenance of violent behaviors,
3. Offending pattern insights through offense mapping to identify antecedents, warning signs, and high-risk situations,
4. Victim empathy and understanding of the impacts of DFV, and
5. Sexual respect, relationship skills, and safety strategies to model conflict management, communication skills, and dispute resolution techniques.

Modules 4 and 5 are based on Duluth education materials, while modules 1, 2 and 3 are based on CBT.

The EQUIPS DFV program was described to the scoping study team as a moderate-intensity program, best suited to offenders who are assessed as medium risk for reoffending. However, as noted above, individuals who are assessed as high risk are also eligible to participate. The efficacy of the EQUIPS DFV model for low and high-risk offenders was explored by Rahman and Poynton (2018) in their evaluation of the NSW program. They found no evidence that the program was more or less effective for medium or medium-high risk offenders, compared to low to low-medium risk offenders. The efficacy of the EQUIPS DFV program for Indigenous participants is currently unclear.

Importantly, like R4C, the EQUIPS program also includes a partner support component, which is undertaken by DVCS. However, partner support is currently only available for men who are participating in the community-based EQUIPS DFV program, not for those participating within the AMC.

The EQUIPS DFV is one of four EQUIPS programs operated by ACT Corrective Services. Importantly, offenders who are eligible for EQUIPS DFV may also have co-occurring addiction-related health issues. This is supported by broader evidence that a high proportion of DFV offenders who are reported to the police have AOD-related health issues (see for example, Miller et al., 2016; Morgan & Gannoni, 2020; Payne, 2021). Although offenders are not able to participate in AOD treatment at the same time as completing the EQUIPS DFV, as long as their sentence is long enough, they may be able to complete both programs while being managed by Community Corrections or residing in the AMC. Further, those who are residing in the AMC and have high-level and chronic AOD issues may be eligible to participate in SOLARIS which is a 16-week therapeutic in-patient program. However, SOLARIS clients are not able to complete EQUIPS programs while they are residents of SOLARIS.

An evaluation conducted in 2018 indicated there was no difference in the likelihood of reoffending between referrals who started the EQUIPS program in NSW and those who did not. However, it was noted that only a third of referrals actually went on to complete the program, suggesting that those who did not complete it may 'dilute' the results. For further information see Rahman and Poynton (2018).

Restorative justice conferencing

In November 2018, the ACT Restorative Justice (RJ) Scheme was expanded to include DFV and sexual violence matters. The Scheme, which is managed by the Restorative Justice Unit (RJU) within the ACT Justice and Community Safety (JACS) Directorate, involves the delivery of RJ conferences for eligible matters referred at all stages of the criminal justice system. Conferences involve the victim-survivor (the person harmed) and the perpetrator (the person responsible) of a crime meeting in a safe and respectful space to discuss the harm caused by the crime and to identify ways in which these harms can be repaired. Persons harmed and persons responsible may be supported by other parties, including service providers and advocates. Conferences are prepared and facilitated by highly trained Convenors employed by the RJU.

The Scheme operates in accordance with the *Crimes (Restorative Justice) Act 2004* (hereinafter, The Act). The Act outlines how the Scheme operates within the criminal justice system in the ACT and includes information about referral pathways and timing, eligibility and suitability, RJ conferences and potential outcomes (or 'agreements'), and general administration. The Scheme is integrated into and supplements traditional criminal justice processes (i.e., arrest, court, sentencing, incarceration and parole processes).

The Act allows for DFV offences to be referred to the RJU at all stages of the criminal justice process, from arrest through to post-sentence. However, serious offences may only be referred after a perpetrator has pleaded or been found guilty in court, and 'less serious' offences may be referred at court prior to plea in exceptional circumstances. Young people and adult perpetrators are eligible for inclusion in the program.

The objectives of the RJ Scheme are set out in section 6 of the Act and apply to all three phases. In summary, the aims of the Scheme are:

- to enhance the rights and interests of victims,

- to have a system that brings together people harmed by crime in a safe environment,
- to facilitate referrals to restorative justice from criminal justice agencies, and
- to ensure access to RJ at every stage of the criminal justice process without substituting or interfering with established justice processes.

However, the scoping study team have chosen to include the Scheme in the current review of the ACT perpetrator service ecosystem because it has been evaluated in relation to its impact on recidivism among participants (Lawler et al., 2023). Further, there is a broader body of research that has argued that restorative justice programs like the Scheme could have an important role in offending desistance processes, through various mechanisms (see, for example, Claes & Shapland, 2016; Lauwaert & Aertsen, 2016; Ward et al., 2014).

The Scheme involves various components other than the conference itself. From point of their being found suitable, the facilitator meets regularly with the perpetrator to prepare them to participate in the conference. As part of this preparatory work, they will encourage and facilitate the perpetrator's participation in services that can help them to increase their insight into their behaviour and address their offending behaviours. This includes not only MBCPs, but also counselling and men's health services (e.g., MensLink). During the conference, the perpetrator is supported to listen to the victim-survivor and any other participants, which may include support people for the victim-survivors and the perpetrator, and to take responsibility for their behaviours. During the conference, facilitators are also trained to challenge any minimising language or behaviours the perpetrator or other participants may engage in.

Although not mandatory, most RJ conferences end with an agreed plan, including actions that the perpetrator is encouraged to complete to make amends for the harms they have caused. These plans can include a range of activities, such as continued participation in support services, as well as community activities and supporting family members. These agreements are prepared in consultation with all participants, including the offender.

Stakeholders who spoke to Lawler and colleagues (2023) as part of the evaluation reflected that the Scheme was more suitable for Indigenous communities because it had the capacity to divert Indigenous peoples away from the criminal justice system. Further RJ processes are more consistent with Indigenous healing and recovery processes, as they facilitate the involvement of the broader community, including Elders, and are less stigmatising. However, the evaluation found that the majority of Indigenous victim-survivors and offenders did not consent to participate in the Scheme (Lawler et al., 2023). Reasons for the low uptake described by Indigenous stakeholders included that the program was housed within the JACS Directorate and so was perceived as a government service.

Solid Ground

Solid Ground is operated by the Canberra Police Community Youth Club (PCYC) and is targeted at young people (11-18 years old) who are using or are at risk of using violence in the home. Participation requires the consent of the young person and their family. The broad aims of the Solid Ground program are to:

- Increase emotional awareness and management,
- Inform changes in relationship attitudes and beliefs,
- Improve understanding of safe and respectful relationships,

- Build stronger connections to community, and
- Address unhealthy attitudes of gender-based biases.

The program operates for 20 weeks with one-hour sessions conducted weekly. It involves emotional and social skill development, one-on-one case management, adventure-based activities, and respectful relationships education (Love Bites). Solid Ground also involves family-based case management, with case work being offered to the families of referred young people. At the end of the program, participant achievements are celebrated in a graduation ceremony.

Unfortunately, the scoping study team were not able to speak to anyone at the PCYC during the engagement period. Information reviewed about this program is limited to what was publicly available. The appropriateness of this program for First Nations communities could not be ascertained.

Table 1: Summary of perpetrator interventions in the ACT

Program Name	Administering organisation	Program components	Eligibility criteria	Program length
Working with the Man	EveryMan	<ul style="list-style-type: none"> • One-on-one case management • Partner support 	<ul style="list-style-type: none"> • Consent • 14 years and older • Suitable for (based on professional judgement) 	On-going (minimum 20 sessions)
Preventing Violence, Changing Behaviour	EveryMan	<ul style="list-style-type: none"> • Group work • Partner support 	Unclear	12 weeks
EQUIPS DFV	ACT Corrective Services	Group work	<ul style="list-style-type: none"> • Consent • Male, 18 years and older • Residing in AMC or being managed by Community Corrections • Must have been sentenced (available to remandees) • Medium or medium-high risk, per LSI-R 	40 hours delivered over two-hour blocks
Room4Change	DVCS	<ul style="list-style-type: none"> • Group work • One-on-one sessions • Residential support • Partner support 	<ul style="list-style-type: none"> • Consent • Suitable (based on professional judgement) 	30 weeks
Caring Dads	DVCS	<ul style="list-style-type: none"> • Group work 	<ul style="list-style-type: none"> • Consent • Male, 18 years and older • Have children 	17 weeks
Restorative Justice Scheme	Restorative Justice Unit	<ul style="list-style-type: none"> • Pre-conference preparation • Referral to external services • Conference 	<ul style="list-style-type: none"> • Consent • 11 years and older • Domestic and family violence offence • Assessed as suitable 	No set length
Solid Ground	Canberra PCYC	<ul style="list-style-type: none"> • Group work • Family case work • One-on-one case management • Adventure-based activities 	<ul style="list-style-type: none"> • Consent (young person and family) • 11-18 years old 	20 weeks

Program for culturally and linguistically diverse men	MHub	<ul style="list-style-type: none"> • One-on-one case management • Brokerage funding • Partner support 	<ul style="list-style-type: none"> • Consent • 18 years and older • Specific to culturally and linguistically diverse communities 	Unclear
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National perpetrator interventions that are available in the ACT

There are currently two national perpetrator interventions available to people who use violence in the ACT.



Men's Referral Service

The Men's Referral Service (MRS) is the national counselling, information and referral service for men. The service is provided by No to Violence (NTV). The MRS is available for men seeking advice about their own behaviours and can also be accessed by friends, family members and colleagues seeking advice about a man's behaviour. The MRS also provides support for professionals working with men who use DFV or family members who are impacted by DFV and are seeking further advice. The service is provided anonymously and is available via phone.



The Brief Intervention Service

The Brief Intervention Service (BIS) is a national intervention program delivered by NTV that offers multi-session telephone support to men who are using DFV. Men can access the service by being referred from the MRS after an initial assessment by a telephone counsellor or from other Victorian-based services. The BIS is designed to be short-term support for men who might be on a waiting list for a MBCP, or are unable to access support due to a lack of services in their area. This includes people unable to take active referrals due to waitlists, or men who do not have a suitable program available, for example men who are from remote or regional areas, men from a non-English speaking background, and other men who have barriers to attending group programs. During the sessions, the aim is to support men to change their violent behaviours, to focus on the safety of women and children, and to connect men with other ongoing services and supports (NTV, n.d.).

Throughout our engagements several stakeholders in the ACT noted that they do not utilise these services. Stakeholders working within and outside of the ACT expressed a lack of confidence in the consistency of these services and the skill level of the workforce delivering them.

Recommendations for the ACT Perpetrator Intervention System

Drawing together the evidence collected across the scoping study, we have made several recommendations for how the ACT perpetrator intervention system could be strategically strengthened and further expanded. The recommendations focus on:

- **The components of an effective and integrated DFSV perpetrator system in the ACT**, including what systems and services are effective in other jurisdictions, and the key elements of those services;
- **Perpetrator intervention initiatives that should be trialled in the ACT**, including identifying emerging interventions for First Nations communities in the ACT, as well as programs and other intervention initiatives for people with disability, people from cultural and linguistically diverse communities, adolescents who use or are at risk of using violence, and GBTIQ+ people; and
- **Specifications for effective implementation of the study recommendations.**

Our recommendations are guided by the study's goal to support the ACT Government to achieve four overarching outcomes in their development of a broader and more effective DFSV perpetrator intervention system:

Figure 3: Overarching outcomes supported by the scoping study recommendations



The components of an effective and integrated DFSV perpetrator system in the ACT

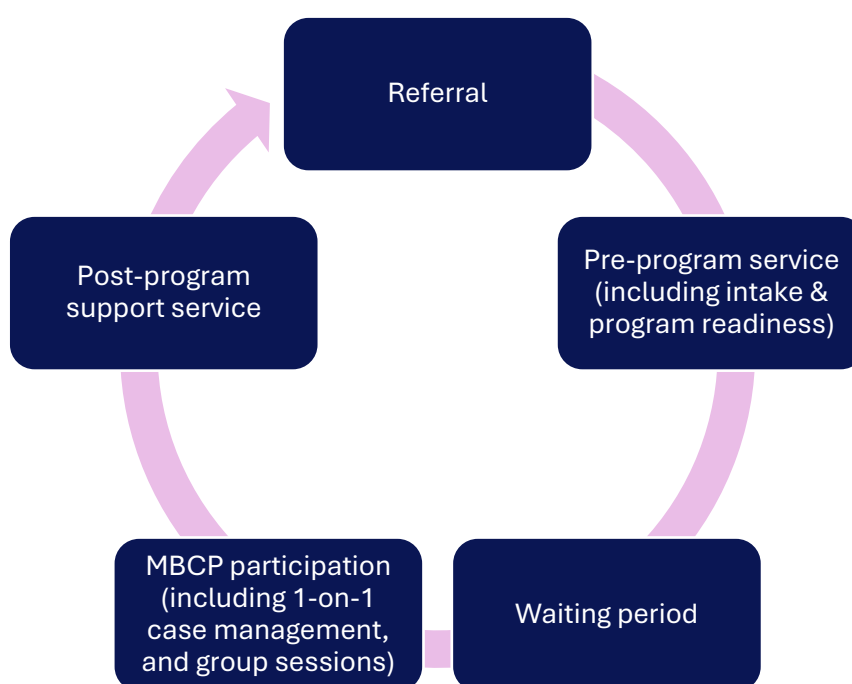
In making our recommendations for this scoping study, we have also reviewed *the Domestic and Family Violence Homicides 2000–2022* biennial report (2023) and the *Reducing Domestic and Family Violence in the ACT: Perpetrator Project Report* (2020). The key findings and recommendations from these two key reports include the following:

- Interventions should form part of a broader, integrated DFSV system response which incorporates information sharing and risk assessment with women's support services,
- There is a need to explore opportunities for early intervention of first-time perpetrators,
- There is a need for specialist services that provide interventions specific to culturally and linguistically diverse communities,

- Work should be done to identify the intersections between mental illness and substance abuse to tailor effective, multi-agency support for DFV perpetrator identification and response, and
- There should be government support of strong cross-sector and cross-service integration and collaboration through infrastructure and systems improvement.

Reflecting these findings and recommendations, this scoping study finds that there is a need to ensure a whole of system perpetrator intervention system in the ACT for people who use violence. As shown in Figure 4 below, this requires a comprehensive and coordinated response incorporating DFV risk-informed referral processes, pre-program work (including intake and program readiness work), consideration given to risk assessment and management processes during any waiting period, and MBCP program participation, followed by post-program support work.

Figure 4: Components of a whole of system perpetrator intervention system



Like many Australian state and territory jurisdictions, as yet the ACT does not have all components of a whole of system perpetrator intervention system in place. The ACT has referral pathways in place for MBCPs and a number of programs currently in operation (see Table 1 above), however, there are minimal post-program supports available presently. Throughout our engagements with ACT-based stakeholders, waiting lists did not emerge as a significant issue for program providers. Reflecting this, there is arguably less of an immediate need in the ACT for additional pre-program-work to manage risk and visibility during the waiting period, although there is still a need for program-readiness work. For this reason, in our recommendations below, we have identified post-program supports as a key growth area for the ACT perpetrator intervention system.

Recent research in Victoria has highlighted the importance of post-program supports (Fitz-Gibbon et al., 2024). Post-program support is a critical part of a perpetrator intervention system that is able to maintain visibility of risk, and to reinforce and extend any behavioural and attitudinal change achieved via the intervention program. From the perspective of victim-survivors, post-program supports are

particularly important where children are involved in the relationship, to enhance oversight and perpetrator risk visibility. This is a key potential growth area for the ACT.

As part of the funding commitment in the ACT to develop a suite of innovative perpetrator interventions for people who use violence, post-program supports could be introduced to ensure access for all program participants, state-wide, upon program completion or exit. This could be developed as a universal post-program support service, rather than being tied to a specific organisation. Once implemented into practice, an evaluation of the post-program support model should be undertaken to examine the impact of the service on supporting desistance from violence and ongoing behaviour change.

One such model of post-program support is currently being trialled by UnitingCare in one of their service delivery sites in Queensland. The Men Sustaining Change program is targeted at those men who have completed UnitingCare's 16-week MBCP – Men Choosing Change – and have been referred to the Sustaining Change Program. This could be because they have indicated a desire to maintain access to the service to support their ongoing desistance journeys, or because the facilitator believed that they would benefit from additional support. The Men Sustaining Change program involves group-based delivery of education materials and information, although the curricula is flexible and determined based on the participant's needs. The program also has a strong social component. It provides various opportunities for participants to engage with one another and the facilitators in pro-social ways. A recent evaluation of the program found positive results, as well as areas for improvement (Carswell, 2023).

Recommendation: As part of any funded innovations, the ACT Government should ensure funding is allocated to pre-program work, including one-on-one program readiness work, by each of the program providers, as well as the development of a post-program support service which engages with people who use violence after their participation in a behaviour change program. The post-program support service could be provided universally by a single service provider, or it could be embedded into the program delivery models for each of the innovative program providers.

Participation in BCPs can be confronting. For many people who use violence, entry into a program may represent the start of their service system engagement. Research shows that some people who use violence enter programs not viewing their behaviour as problematic, and not viewing themselves as capable or willing to change (see, among others, Fitz-Gibbon et al., 2024). Program readiness work aims to:

- Assess how ready the individual is to enter a BCP,
- Assess which program may be the most appropriate for them to enter,
- Support them to anticipate and understand the program expectations and content, and
- 'Hold' people who use violence while they are waiting to enter a suitable program.

Program readiness work is recognised as critical to laying the foundations for effective engagement in a program (Fitz-Gibbon et al., 2024).

Workforce challenges

Throughout the engagements there was recognition among practitioners and policy stakeholders as to the limitations of the current workforce in the ACT for delivery of perpetrator intervention programs. A number of programs reflected that at times they have been unable to fill advertised positions for MBCPs and that there is a recognised staff shortage in this field. These issues are exacerbated when recruitment is focused in diverse communities, including culturally and linguistically diverse communities, and LGBTQ+ communities.

As such, there will be a need to build into any program of work a clear plan for how workforce capacity building, and staff retention will be achieved. Specifically, industry planning and workforce development strategies are required to support recruitment and retention of the workforce needed to develop and deliver perpetrator intervention programs. One option for expanding the workforce may include developing protocols for allowing secondments for staff from government departments who have the necessary skills and expertise to undertake BCP roles. This would also allow for information knowledge sharing between the community-based service delivery sector, and government. Other options include providing scholarships for newly recruited staff to receive additional training and professional development where required.

Previous reviews on perpetrator interventions programs in Victoria and elsewhere (see, for example, McGowan et al., 2023) have highlighted the benefits of a community of practice in this field. Collaborative models of professional practice can facilitate opportunities for sharing learnings and practice-based discussions among practitioners working in the field. This may be particularly beneficial for workers during the first year of their employment, for practitioners developing a new program or intervention model, and for practitioners during the first year of delivering a new program.

Recommendation: A practitioner Community of Practice should be introduced to provide a forum for practitioners working as part of the perpetrator intervention system to share practice-based learnings, to provide professional support and as a place for reflective learning. This Community of Practice could include representatives from mainstream and targeted programs as well as key policy stakeholders. Professional development opportunities should also be offered to practitioners via the working group to support capacity building and retention of the workforce.

Perpetrator intervention initiatives that could be trialled in the ACT

Stakeholders in the ACT recognised several gaps in the current offerings as well as opportunities to expand the perpetrator intervention system to better meet the needs of a wider range of people who use violence. Some of the key gaps identified in the current system offerings include:

- Lack of programs specifically developed for trans-gender, gay, bi and non-binary people who use violence,
- Applicability of current programs for neuro-diverse men,
- Lack of interventions available for remand populations,
- Lack of interventions available for low-risk populations,
- Lack of longer term supports available for people who use violence, and
- Lack of interventions available for culturally and linguistically diverse men.

For effective perpetrator intervention systems, it is critical that new interventions are integrated into the wider DFSV system. Such integration helps to prevent the siloing of responses, ensuring a more cohesive and comprehensive approach. Effective perpetrator interventions should encompass various elements, including one-on-one case management, safety planning, risk assessment and management and, when appropriate, group work. It is imperative that partner and family contact work is fully funded and embedded as a core component of any new perpetrator program, ensuring that all aspects of the affected family are considered and supported. Any new interventions should also be designed with consideration of their interaction with court mandates and outcomes.

As part of the scoping study, we are aware that via mHub the Department will be funding a perpetrator intervention to be developed and delivered specifically for multicultural communities. Referred to here as the mHub intervention, this intervention reflects the importance of culturally-specific and in-language programs for people who use violence. The first report from the ACT Domestic and Family Violence Review (DFVR) found that of the 12 DFV-related homicides reviewed for the period 2000-2022, five involved a perpetrator from a culturally and linguistically diverse background (ACT Domestic and Family Violence Review, 2023).

There is consistent evidence that mainstream perpetrator intervention programs may not be appropriate or effective for culturally and linguistically diverse communities, particularly for those who have recently arrived in Australia and have not acculturated, have lower levels of English proficiency and/or have migrated from countries with few or no legal protections for women and girls (Fitz-Gibbon, Helps & Tan, 2023; Taylor et al., 2020). It has been noted that group-based service delivery models in particular may not be appropriate for all culturally and linguistically diverse men, where cultural expectations and shame may act as barriers to meaningful engagement and group discussion in these forums. Rather, one-on-one interventions may be more effective (Fitz-Gibbon, Helps & Tan, 2023; Taylor et al., 2020).

As mHub have already been funded to develop a program for culturally and linguistically diverse men using DFV, we have not recommended the development and delivery of any other interventions specific to people who use violence from multi-cultural communities, and of non-English speaking background.

1. ACCO developed and delivered Caring Dad's program

Throughout the engagements stakeholders recognised the importance of place-based models and self-determination. These principles should be at the forefront of any perpetrator intervention programs funded for First Nations communities through this innovation program of work. By centring these principles, any new intervention programs for First Nations people who use violence will align with the unique needs and strengths of First Nations communities, fostering greater community ownership and empowerment. This focus ensures that the programs are not only effective but respectful of cultural practices and responsive to the local context.

During our engagement practitioners noted that the Caring Dads program can provide an easier starting point for engagement with First Nations men who use violence. The program has been delivered in Indigenous communities in Canada and there may be promising practice models to learn from in that context.

Recommendation: The ACT Government should consider allocating funding to an Aboriginal Community Controlled Organisation (ACCO) to develop and deliver a Caring Dad’s program specifically for First Nations fathers using domestic and family violence.

We received advice throughout our engagements that was consistent with recommendations from previous reviews such as *We Don’t Shoot our Wounded*. There is a need for programs targeted at First Nations communities that focus on cultural knowledge and immersion. These programs were viewed as particularly helpful for supporting the engagement of First Nations participants who may be at different stages of readiness to address their use of violence, or who may struggle to engage in traditional group-based behaviour change curricula. Examples of these programs are currently run by Yeddung Mura, including Empowerment Yarning Circles.

2. Program for adolescents who use violence

Solid Ground in the ACT is currently the most comprehensive service working with young people (11-18 years old) who have used or are at risk of using DFV. The Restorative Justice Scheme also receives a large number of referrals for matters involving young people who have used violence in the home (Lawler et al., 2023), and EveryMan also has the capacity to engage with young people (14 years and older). However, there was clear evidence from this scoping study, including through our engagements, that there is a need for additional services in the ACT that engage with young people at risk of using or currently using violence in the home. This includes young people from culturally and linguistically diverse communities, and LGBTQ+ communities.

In addition to Solid Ground, a number of other services operating around Australia have engaged with young people using violence in the home. This includes the Adolescent Violence in the Home Program and the KIND Program, operating in Victoria and South Australia, respectively (described below).

Recommendation: The ACT Government should consider the development and delivery of a program for adolescents who use DFSV in the home and/or a program for young men using intimate partner violence (IPV). Most programs currently operating in the ACT require the participant to be 18 years or older. Addressing young people’s use of violence is an important early intervention opportunity, one that can prevent future abuse and escalation of violence. In considering the development of any program for adolescents, our engagement highlighted the perceived value of recruiting young facilitators (under 30 years old).

To inform next steps, including the potential development and delivery of a program aimed at young people using violence, we have provided an overview of the key characteristics of the Adolescent Violence in the Home program (Victorian-based) and the KIND program (South Australian-based). It is important to note that the below services have not been developed in partnership with or for diverse communities specifically. As such, the relevance and suitability of these programs for these communities are unclear. Consistent with the findings that have been described in this scoping study relating to adult perpetrators of DFV, services that are targeted at young people’s use of violence in the home should be co-designed with the target cohort, and by specialist program providers.

Adolescent Violence in the Home Program

The Adolescent Violence in the Home Program, previously the Adolescent Family Violence Program, aims to:

- promote positive parent–adolescent relationships and attachment,
- promote the stability of young people who are at risk of a range of negative consequences as a result of their use of violence and other co-occurring issues,
- strengthen parenting capacity,
- strengthen the young person’s emotional wellbeing, communication and problem-solving skills, and
- increase the safety of all family members by preventing the escalation of adolescent family violence.

This Victorian-based program was initially targeted at young people and their families living in three local government areas: the City of Ballarat, the City of Greater Geelong, and Frankston. Since then, the program has been expanded and is now available across most of Victoria, including regional areas.

The eligibility criteria for the program are broad. To participate, young people must:

- be 12–17 years old,
- have used violence against their family members, and
- consent to participate in the program.

Priority for engagement in the program is given to young people with a sole female parent or carer, Indigenous people, and people with younger siblings. These priority groups were selected because research shows they are over-represented among victims of family violence.

The program is underpinned by the Step-Up Model developed in the United States and so involves two core components: intensive and integrated family case management, and voluntary group work for the young person and their carers. Intensive case management involves the young person, their parents/carers and other family members meeting at regular intervals (typically weekly) with a support worker. This support worker is responsible for identifying the young person’s risks and needs and developing action and safety plans. Support workers also facilitate the young person’s participation in different activities and refer them to alternative services as required (e.g., substance abuse treatment).

An evaluation of the program found that it had a positive impact on young people and their families, leading to improved parenting capacity and parent-adolescent attachment. Further, young people reported that they had a better understanding of their use of violence, and were more confident in their ability to mitigate their risk of using abusive behaviours (Boxall, et al., 2020). However, there was mixed evidence of its impact on the prevalence, frequency and severity of violent behaviours. While parents and young people reported that the abusive behaviours had reduced, a matched comparison was done of offending reported to Victoria Police – for young people who participated in the program and a group of young people who did not participate; it found no difference in the prevalence of reported re-offending.

Importantly, the evaluation noted that the impact of the program was limited by the scope of the services that could be provided by the support staff. Programs were resourced to provide case management and group work, but referral to external services was required for young people with more complex and co-occurring issues that may have contributed to their use of abuse (e.g., substance abuse and histories of trauma). Due to the limited services available for young people, as well as the young people's histories of violence, meeting these complex needs through referrals was not always achieved.

KIND program

The KIND (Kinship, Improve relationships, No violence, Developing skills) program was a pilot intervention run by Youth Justice in South Australia. It provided tailored systemic intervention to young people using violence in the home, and their support network. To be eligible, young people had to:

- have a pattern of physical ADV/AFV (sentenced or a pattern of behaviour that did not lead to legal sanctions),
- consent to participate in the program,
- be aged 15-18, and
- be on a youth justice order (Moulds, et al., 2023).

The intervention aimed to work systemically with families, partners and significant others via a combination of group and individual sessions; it targeted physical forms of violence specifically. However, group sessions were limited to the young person and their support networks. The decision not to include a traditional group work component in the program was purposeful for reasons both pragmatic (getting young people organised to attend a session at the same time was very difficult) and conceptual (e.g., managing the shame of multiple young people at once could be difficult).

The curriculum was underpinned by CBT principles and the belief that abusive behaviours are learnt and so can be unlearned. Interventions were matched to the needs of the individual young people and their families, and to their level of readiness to change (informed by the Trans-Theoretical Model of Change; Moulds et al., 2023).

It was expected that the average length of a family's involvement would be three months, including two pre-assessment sessions, two post-assessment sessions, 18 intervention sessions and one follow-up approximately one month later. Each session had the same four components: a check-in to gauge interactions and behaviour during the week, safety planning, skills development and then the practice of an emotional regulation skill.

A small-scale evaluation of the program found that, similar to the Adolescent Violence in the Home Program, KIND achieved some positive outcomes for participating young people and families (Moulds et al., 2023). This included improved self-regulation skills and improved attitudes towards the use of violence and abuse. However, again, the evaluators noted that 'Factors outside the scope of the KIND Program – for example, mental health, housing, substance use, and/or challenges associated with grief/loss/trauma – hampered the progress of some clients' (Moulds et al., 2023; 247). This highlights the need for whole-of-system responses that can support young people who are using violence in the home to address the complex interplay of factors that may contribute to their use of violence.

3. Program for GBQ+ men and trans people developed by organisations with relevant expertise

Reflecting on current practices, several practitioners noted there is currently no perpetrator interventions in the ACT that are specific to trans and GBQ+ populations. Practitioners reflected that they can engage people who use violence from these communities via one-on-one case management but that it is neither safe nor appropriate to enter them into group sessions within a program that reflects a predominately hetero-lens. Room4Change, for example, has supported this cohort of men who use violence through individual sessions but have deemed them ineligible for group setting work.

When asked what a program for GBQ+ and trans populations could look like, experts suggested that there were no current examples of best practice in this space, and they were also unsure of whether existing models and curricula (e.g., the Duluth education materials) could be adapted appropriately. There was a recognised need to start ‘from scratch’, with a scoping study undertaken by GBQ+ and trans organisations, in consultation with community members, to identify what the program should look like, which organisation should deliver the service, and who the target population should be.

Importantly, there was strong feedback that GBQ+ and trans communities are diverse, and that the drivers of violence against trans people may differ across GBQ+ communities. As such, one model may not be appropriate for all communities. For example, DFV perpetrated by cisgender people against trans members of the community may be driven by factors different from violence perpetrated by trans people against their family members (see, for example, materials produced by the Zoe Belle Collective in Victoria). The complex dynamics of DFV perpetrated by and against trans and GBQ+ people need to be considered in the design and delivery of any program targeted at these communities.

Recommendation: The ACT Government should consider the development and delivery of a program specifically for GBQ+ men and trans people. Program development should be undertaken by and in consultation with specialist organisations such as A Gender Agenda, LGBTQI+ Health and Meridian. Although there are no examples of best practice in this space, there is the option that a pilot could be modelled on the Victorian ‘Clear Space’ pilot.

During our engagements, we asked relevant stakeholders to estimate how much it would cost to adapt a men’s behaviour change program specifically for GBQ+ men and trans people. Recognising that program development (including co-design) would take 12 months, they provided an estimate for program delivery of \$750k per year. This would incorporate both the individual and group work program components.

Workshop recruitment and capacity building challenges are likely to be amplified for any pilot program tailored to GBQ+ men and trans people. In such programs, a significant level of specialisation is required, not only in relation to working with perpetrators of DFV but specifically with GBQ+ men and trans people who have used violence.

To inform next steps, including the potential development and delivery of a BCP for GBQ+ people who use violence, we have provided an overview of the key characteristics of the Clear Space program pilot in Victoria (see McGowan et al., 2023).

Clear Space Program

In response to the lack of behaviour change programs tailored to LGBTQ+ men and non-binary people, in 2021, Thorne Harbour Health (based in Victoria) developed an online program pilot – the Clear Space program. Delivered in 2022, the Clear Space online behaviour change program (BCP) was developed specifically for gay, bisexual, trans, queer plus men and non-binary people (LGBTQ+) who use violence in their family and/or intimate partner relationships. Clear Space is a 20-week program designed to cater to a maximum of 10 participants.

The program is both feminist and queer informed. Like much of the BCP work underway in Australia, Clear Space has foundations in the Duluth model of perpetrator intervention and accountability. Specifically, the Clear Space program logic integrates three key pillars of the Duluth model:

- The participant must be held fully accountable for [their] violence by a community which establishes and enforces consequences for continued acts of abuse.
- The participant must have an environment which is non-violent, non-judgemental, and respectful of women and children (amongst all other impacted people, regardless of gender identity), in which to start making those changes.
- The participant must be willing to work through a long process during which [they are] painfully honest with [themselves] and become...accountable to the women (children and other impacted people, regardless of gender identity) they have harmed (Thorne Harbour Health 2022: 5).

The Clear Space pilot aimed to increase awareness that violent behaviours are a choice. Beyond Duluth, the Clear Space pilot was also queer informed. The program logic emphasised the importance of understanding the complexity of violence within LGBTQ+ communities, which results from multiple and varied intersections of power and marginalisation (Thorne Harbour Health, 2022). Specific topics covered in the program included, among others, exploring the use of intimidation as a tactic of control, exploring emotional abuse as a tactic of control, non-threatening behaviour, and exploring respect.

Referrals for Clear Space were received from a variety of sources. Potential participants were then assessed by Clear Space practitioners according to risk and eligibility. A review of the program conducted by McGowan et al (2023) noted the low number of referrals received in the first year of program commencement. Clients deemed ineligible for Clear Space were supported by Thorne Harbour Health workers for their specific needs; this may have involved referral to another program or other services, such as AOD or mental health services.

4. Modified program for neuro-diverse people who use violence

Our engagement with DVCS and ACT Corrective Services identified a critical gap in providing interventions for neurodivergent populations. Stakeholders questioned whether existing services and perpetrator programs are appropriate, and if not, what was needed to modify the programs to better meet the needs of this cohort. There was shared acknowledgement that the development of a program for this cohort would necessitate further scoping work to be done and the likely development of bespoke curricula to reflect and meet their needs. Practitioners also noted that for group work, the size of the group needed to be smaller, with approximately 6-7 participants identified as the ideal number.

During our engagements we spoke with a Victorian program provider that has recently developed curricula for a modified group program for men with a cognitive impairment and/or acquired brain injury. They estimated that the group component of the program will cost \$290k annually.

Recommendation: The ACT Government should consider the development and delivery of a modified men’s behaviour change program for neuro-diverse people who use violence. The program should incorporate one-on-one case management work with a modified group program, likely involving shorter sessions and a smaller number of program participants. Referrals could be received from forensic and disability services, in-program transforms, and from DFSV and men’s services.

The importance of evaluations

There is still limited evidence on what works in engaging people who use violence in behaviour change. Embedding evaluations is crucial for understanding impact and success – both for any individual program and for programs overall. Evaluations should include measures of short and medium-term outcomes that may contribute to behaviour change, such as reduced offending in the long term.

As noted in earlier sections of this report, strong advice has been provided by First Nations services in the ACT that they are experiencing ‘burnt out’. This is due to the large number of requests they receive to contribute to various consultation processes and research projects. Consultation burnout was also observed in the DFV sector generally, exacerbated by the workforce-related issues described previously. To minimise burnout and additional impost on service providers’ time and resources, evaluation and performance monitoring opportunities should be identified *prior* to the implementation of any new programs and embedded into service data collection processes. This will ensure that the data needed for evaluations are being collected on an ongoing basis, and in a format suitable for analysis.

During our engagements, stakeholders estimated that at least \$50-75k should be allocated within each program to support independent evaluation of the program’s delivery and outcomes. Other stakeholders cited that approximately 10 per cent of project budgets should be allocated within each program to support independent evaluation of the program’s delivery and outcomes. As part of any outcome evaluation, examples of measures that could be considered are listed in Table 2 below.

Table 2: Outcome evaluation measures

Offender related measures of change and addressing risk factors	Victim-survivor related measures of change
Increased motivation to change their behaviours	Increased feelings of safety in the home
Implementation of strategies to de-escalate	Increased confidence that they can challenge their partner safely
Improved insights into their use of violence and abuse	Increased levels of autonomy in the household
Increased confidence that they are able to stop perpetrating abuse	Increased sense of empowerment
Increased recognition of the impact of the abuse on their family members	Reduction in frequency and severity of violence
Reduction in high-risk behaviours	Reduction in parenting-related coercion
Housing stability and employment status	Increased financial independence
AOD Treatment retention and completion rates	Reduction in breaches of civil orders, including intervention or restraining orders

Frequency of AOD substance use	Sustained reductions in fear or stress
Quality of life improvement	Connection to ongoing support services post-program engagement
Improved psychological resilience	

Developing monitoring and practice standards is also important to ensure quality assurance. By establishing clear standards and continuously monitoring practice, programs can be supported to maintain high-quality interventions and make necessary adjustments to improve effectiveness over time.

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