



Intensive interventions for serious-risk adults using family violence

Discussion paper for consultation
October 2022

Contents

Introduction	3
Acknowledgement	3
About this document	3
The service gap for serious-risk adults using family violence	3
The opportunity: intensive interventions for serious-risk adults using family violence	4
Understanding the problem	4
Missed opportunities for engagement in services	5
A lack of appropriate and accessible responses	5
What do serious-risk adults using family violence look like?	7
Defining ‘high-risk and high-harm perpetrators’	7
Common characteristics and patterns of behaviour of serious-risk adults using family violence	7
Service model: emerging thinking	9
Design principles	9
Defining service eligibility	10
What is needed to deliver the serious-risk program	11
What the serious-risk program could look like.....	15
Evaluating the serious-risk program’s effectiveness	27
Appendices	29
Appendix A: Glossary	29
Appendix B: Case studies	31
Appendix C: Preliminary program logic	36
Appendix D: Definition of ‘serious risk’ in the MARAM guidance	37
Appendix E: Stakeholders consulted to date.....	37
Appendix F: Reference List	38

To receive this document in another format, phone 03 9085 0900, using the National Relay Service 13 36 77 if required, or [email Family Safety Victoria](mailto:reception@familysafety.vic.gov.au) <reception@familysafety.vic.gov.au>.

Introduction

Acknowledgement

Family Safety Victoria acknowledges Aboriginal people as the First Peoples and Traditional Owners and Custodians of the land on which this discussion paper was written, and we pay our respect to their Elders, past and present. We acknowledge the ongoing leadership role of Aboriginal communities in addressing and preventing family violence and will continue to work in collaboration with First Peoples to eliminate family violence from all communities.

Family Safety Victoria also acknowledges victim survivors and remembers those who have been tragically killed as a result of family violence. We keep forefront in our minds all who are experiencing family violence and sexual violence – today and every day – and for whom we undertake this work.

About this document

This discussion paper aims to support stakeholder consultation for the development of intensive interventions for serious-risk adults using family violence (the serious-risk program), funded as part of the 2022-23 Victorian Government state budget.¹ Family Safety Victoria is consulting with stakeholders across government and the family violence service sector who have experience working with adults who use violence and victim survivors. We are also consulting with people with lived experience of family violence.

Family Safety Victoria is seeking your advice to inform the design and development of the serious-risk program. Discussion prompts have been provided throughout the document to guide your response, but feedback is welcome on any details presented here. We would welcome your input by email or in conversation – contact Aisling McCartney or Matthew Daniel (perpetrator.accountability@familysafety.vic.gov.au) – by Friday 4 November 2022.

This document represents point-in-time thinking based on consultation and research conducted as of the date of publication — **the final service specifications may differ as a result of consultation findings.**

Please refer to Appendix A: Glossary for definitions of key terminology used throughout the document.

The service gap for serious-risk adults using family violence

Following the *Royal Commission into Family Violence (RCFV)*, the Victorian Government has increased focus on keeping perpetrators in view and held accountable for their behaviour.² This is a priority area in the second *Family Violence Reform Rolling Action Plan 2020-2023 (RAP)*, with an emphasis on developing a system-wide approach to keeping perpetrators accountable, connected and responsible for stopping their violence.³

Despite the development of a broader suite of interventions for adults using family violence since the RCFV, the Expert Advisory Committee on Perpetrator Interventions (EACPI) recommended in their final report that the Victorian Government ‘develop and deliver a family violence intervention in the community for high risk perpetrators who are unsuitable for participation in an MBCP’. EACPI further noted that serious-risk men – those demonstrating high likelihood of reoffending, and high severity of family violence offending – must be a ‘priority for interventions, due to the increased risk of harm they pose to victim survivors’.⁴

There are limited evidence-informed, community-based interventions that target serious-risk adults using family violence despite evidence that differentiated approaches according to level of risk are needed.⁵ Broadening the suite of perpetrator interventions to include a focused response for serious-risk perpetrators has the potential to reduce the impact and incidence of the violence on current and former

partners and family members, as well as reducing the likelihood that a perpetrator will harm future partners and family members.

The opportunity: intensive interventions for serious-risk adults using family violence

The Victorian Government has provided \$3.234 million for a two-year (2023 and 2024) program to target and evaluate intensive interventions for high-risk and high-harm perpetrators, including strengthened family safety advocacy (the serious-risk program).⁶

Funding has been provided to deliver the serious-risk program in four areas across Victoria (covering regional and metropolitan areas). One of the four pilot sites is intended to be led by an Aboriginal Community Controlled Organisation (ACCO). An evaluation of the effectiveness of the two-year program will be undertaken.

Family Safety Victoria is currently designing the serious-risk program, which seeks to:

- reduce the use and impact of family violence on former, current or future partners and family members
- better coordinate across the service system so that serious-risk adults using family violence remain in view and their use of violence is disrupted, creating space for greater victim survivor agency and decision-making
- tailor a behaviour change response to the individual using family violence to keep them actively engaged with the service system and accountable for their actions
- build evidence of what works to address serious-risk perpetration of violence (contributing to Recommendation 87 of the RCFV).

Service delivery is intended to begin from early 2023.

Understanding the problem

High-level problem statement

Despite significant progress since the RCFV, there is a lack of coordinated, appropriate and accessible service responses for serious-risk adults using family violence who are not eligible or suitable for, or who choose not to engage with, voluntary community-based family violence services. The system response to these perpetrators is fragmented, contributing to missed opportunities to work together to engage them in an appropriate intervention. A collaborative, responsive, evidence-informed program is needed to disrupt perpetrators' use of violence, change their behaviour and lead them to accountability for their use of violence. Without this response, a significant number of current and potential future adult and child victim survivors remain exposed to serious risk of injury (psychological and/or physical) or death.

The RCFV noted that there is a need for more systemic, collaborative, formal and informal approaches to keeping adults using family violence in view and accountable.⁷ This has been echoed in more recent Victorian research.⁸ The 'Perpetrators and people who use violence' priority area of the RAP aims to 'develop a system-wide approach to keeping perpetrators accountable, connected and responsible for stopping their violence'.⁹ The continued implementation of the Family Violence Multi-Agency Risk Assessment and Management (MARAM) Framework, Family Violence Information Sharing Scheme (FVISS) and Child Information Sharing Schemes (CISS) are critical components of these reforms.

While significant progress has been made in bringing relevant services together to ensure the accountability of adults using family violence, stakeholders have highlighted that an adequate response to serious-risk perpetrators requires a higher degree of coordination and collaboration across sectors than is commonly seen in Victoria. High levels of coordination can be seen in existing serious-risk models from other jurisdictions.¹⁰ The current siloed and fragmented responses to serious-risk adults using family violence in Victoria present two key challenges in working with this cohort:

- missed opportunities for engagement in services
- a lack of appropriate and accessible responses.

Missed opportunities for engagement in services

Serious-risk adults using family violence often have very low voluntary engagement with services and usually actively avoid contact.¹¹ For example, at least 58 per cent of all people using violence referred (predominantly via Victoria Police L17 reports) to The Orange Door network in 2020-21 did not engage with the service.¹² Of this 58 per cent, 14 per cent declined or disengaged with the service, and 44 per cent were not able to be contacted (typically by telephone, after a minimum of three attempts at different times of the day). In the rare cases where initial engagement is successful and the serious-risk adult using family violence agrees to participate in a program their continued engagement is not guaranteed.

The two to three weeks following police attendance is a crucial window where adults using family violence are potentially more open to change.¹³ However, many missed engagements across the service system occur in this period. Research and recent stakeholder consultations suggest there are more opportunities to engage adults using family violence at touchpoints across systems including: Courts, Corrections, Victoria Police, Child Protection, Mental Health, and Alcohol and Other Drug service systems – all of which are required to align to MARAM.¹⁴ Stakeholders also advise that the techniques and skills used by practitioners to engage serious-risk adults using family violence may be as important as leveraging missed opportunities for engagement.

A lack of appropriate and accessible responses

Community-based perpetrator interventions in Victoria have expanded in recent years beyond Men's Behaviour Change Programs (MBCPs) to include a broader suite of services such as case management and targeted services for specific cohorts. Despite these efforts, a number of challenges relating to the appropriateness and accessibility of community-based responses persist:

- there is no tailored response for serious-risk adults using family violence
- serious-risk perpetrators are often 'screened out' of existing perpetrator interventions.

A lack of a tailored response for serious-risk perpetrators

The RCFV heard that existing MBCPs (as well as other community-based interventions) have limited effectiveness for serious-risk adults using family violence, particularly those who are resistant to interventions and show high levels of non-compliance.¹⁵ In their final report, EACPI specifically recommended developing a community-based family violence intervention for high-risk perpetrators who are unsuitable for participation in an MBCP.

EACPI notes that 'without alternative service responses that are better equipped to manage the risks posed by this cohort of perpetrators, their inevitable exclusion from MBCPs means, counterintuitively, that they are receiving far less intervention than lower risk perpetrators'.¹⁶ The behaviour change process is often lengthy and non-linear as attitudes and behaviour develop over a lifetime.¹⁷ Standard approaches do not always allow for the service duration and intensity needed for this population.

Serious-risk perpetrators are often screened out of existing interventions

Serious-risk adults who use violence are often deemed unsuitable or ineligible for mainstream perpetrator interventions such as MBCPs for a variety of reasons.¹⁸ Standard eligibility criteria for mainstream MBCPs preclude women, LGBTIQ+ people and people using violence against other family members (that is, non-intimate partners such as children and parents or other older relatives). Other reasons reported by stakeholders for perpetrators being unsuitable for MBCPs include:

- the adult using family violence is not willing or motivated to stop using violence and change their behaviour¹⁹
- the adult using family violence is reluctant to participate in a group program, for reasons relating to shame or not identifying with other members of the group
- the adult using family violence has current alcohol and drug use issues²⁰ (with some MBCPs applying an abstinence policy)
- the service provider assesses the adult using family violence as likely to collude with members of the group, posing a risk to victim survivor safety and group efficacy²¹
- the adult using family violence has mental health issues or cognitive impairment preventing involvement in group activities
- the adult using family violence has other complex needs preventing participation in the group for the full duration (for example, perpetrators experiencing homelessness)
- the nature and severity of the person's violence does not align with other members of the group
 - a level of homogeneity in the group make-up is reported as required for efficacy
 - other members of the group may ostracise a serious-risk adult using family violence if their violence is deemed as 'worse' than other members of the group (for example, incest or child sex offences)
- the service provider cannot source victim survivor contact information.²²

It is worth noting that a number of initiatives in Victoria, including the seven programs for people using violence from diverse cohorts, provide support for some groups that may otherwise not be able to access mainstream MBCPs (including Aboriginal people, women using force, LGBTIQ+ people, culturally and linguistically diverse communities and those with cognitive impairment). However, these initiatives are not yet available state-wide and are not tailored to serious-risk adults using family violence.

What do serious-risk adults using family violence look like?

Defining ‘high-risk and high-harm perpetrators’

One of the first steps in designing the serious-risk program is to define the target population; who are ‘high-risk and high-harm perpetrators’?²³

In Victoria, specialist family violence service providers working with adults using family violence are required to align to the MARAM Framework. A MARAM risk assessment helps professionals determine the level of risk to the victim survivors: ‘at risk’; ‘elevated risk’; and ‘serious risk’. Under MARAM, an adult using family violence is assessed as presenting ‘serious risk’ if their behaviours and/or the circumstances suggest an increased risk of serious injury (psychological or physical) or death to the victim survivor.²⁴ The ‘serious risk’ level contains an additional category of serious risk *plus* requiring immediate protection of victim survivors in certain cases. In the cases where immediate protection is required, a referral to a Risk Assessment and Management Panel (RAMP)¹ may be warranted if the risk posed by the perpetrator is unable to be mitigated through existing service system responses²⁵. A summary of MARAM’s ‘serious risk’ factors can be found at Appendix D.

Perpetrator-focused MARAM practice guidance has only recently been released, and stakeholders advised that variations in definitions of risk, and risk assessment tools, still exist across the service system.²⁶ For example, Risk-Need-Responsivity (RNR) approaches for offender management are used in many statutory settings and focus on reducing recidivism rates (for a range of different crimes) by tailoring responses to an offender’s specific criminogenic needs and characteristics.²⁷ Stakeholders from statutory settings acknowledged that while mature in their use of RNR approaches, their organisations are at different stages of alignment to MARAM. However, there was general agreement from most stakeholders that MARAM’s ‘serious risk’ category should be used to define the target population for this program, while consideration should be given to how RNR principles and approaches could be used in the response.

Common characteristics and patterns of behaviour of serious-risk adults using family violence

A number of ‘typologies’ exist to attempt to categorise adults using family violence, however there is no universally accepted framework.²⁸

Drawn from diverse research and evidence, the characteristics and patterns of behaviour listed below are commonly associated with serious risk presented by adults using family violence. Note that characteristics and patterns of behaviour linked to serious risk will vary across individuals, and any individual may be assessed as presenting with one or a combination of these. The MARAM Foundation Knowledge Guide and Comprehensive perpetrator-focused MARAM Practice Guides include a deeper

¹ A Risk Assessment and Management Panel (RAMP) is a formally convened meeting of local agencies and organisations involved in conducting multi-agency risk assessment of people who are at serious risk of harm from family violence and require immediate protection. A RAMP is engaged when the usual service system cannot mitigate the serious risk posed by a perpetrator due to systemic or structural barriers, or intensifying, overt, calculating and immutable perpetrator behaviour. RAMPs are co-chaired by a specialist family violence service and Victoria police, and core membership includes representatives from the Department of Families, Fairness and Housing, clinical mental health services, alcohol and drug services, men’s family violence services, family services and child protection. RAMPs are in 18 areas across Victoria.

exploration of characteristics linked to serious risk, and all organisations required to align to MARAM should refer to this guidance when working with adults using violence.²⁹

Generalised use of violence³⁰

- Around 40 per cent of serious-risk adults using family violence have a history of non-family violence offending.³¹
- The ANROWS Pathways to Intimate Partner Homicide (PIPH) project identified three cohorts of offenders through an analysis of 199 incidents of intimate partner homicide in Australia: 'Fixated threat' (33 per cent of the sample), 'Persistent and disorderly' (40 per cent) and 'Deterioration/acute stressor' (11 per cent). The 'Persistent and disorderly' group showed significantly higher use of violence towards non-family members compared to the other two groups and 'consistent and regular contact with the criminal justice system' (i.e. high rates of recidivism).³²

Complexity of needs

- Some serious-risk adults using family violence – such as the PIPH 'Persistent and disorderly' group³³ – present with multiple and complex needs, commonly including substance use issues, mental health issues (including personality disorders)³⁴, cognitive impairment and a history of trauma. Aboriginal people, many of whom have experienced trauma and intergenerational trauma, were over-represented in the PIPH 'Persistent and disorderly' group.³⁵
- The EACPI final report³⁶ notes that not all perpetrators who present a serious risk have complex needs, and not all perpetrators with complex needs necessarily present a serious risk of family violence reoffending. However, 'complex needs can increase the risk of family violence (re)offending, as well as affect a perpetrator's ability to respond to treatment for family violence offending (responsivity)'.³⁷

Extent of historic use of family violence

- Most serious-risk adults using family violence have known histories of family violence perpetration against intimate partners.³⁸ However, some people who commit acts of family violence that cause severe physical injury or even death do not have any previous history of family violence offending.³⁹
- There was evidence of previous violence for the majority of intimate partner homicide cases included in the PIPH, however the 'Deterioration/acute stressor group' generally showed minimal previous family violence.⁴⁰

Use of coercive, controlling and manipulative behaviour; intense fixation, jealousy and emotional dependence; and violence exclusively directed towards family members⁴¹

- Coercive, controlling and manipulative behaviour may be used against victim survivors and/or professionals, with some able to manipulate the system to perpetrate abuse or manipulate the risk assessment process itself (for example, by using their knowledge of the legal system to their advantage and/or to threaten a victim survivor; manipulating reception or other staff to obtain information about a victim survivor's current location).
- A serious-risk adult using family violence may show an intense fixation on, jealousy towards, and emotional dependence on their victim survivors. These perpetrators may fear losing their relationship with their victim survivors.
- The PIPH 'Fixated threat' cohort showed the most prevalent use of 'coercive controlling behaviours and non-physical forms of abuse'.⁴² This cohort also presented with high social standing and potentially a superior self-view.⁴³

Appendix B includes case studies that have been adapted from real stories (some details, including names, have been changed for anonymity) and are intended as tools to help contextualise and test the service model. Based on consultation and research so far, these case studies attempt to cover some common characteristics, presentations and circumstances of the in-scope perpetrators for the serious-risk program.

Discussion prompts

- What other common presentations and patterns of behaviour are likely with serious-risk adults who use family violence?
- Are the case studies (at Appendix B) realistic and representative of the in-scope serious-risk adults using family violence?

(If you have any pre-existing case studies that you think would be in scope for this serious-risk program, please share with your response.)

Service model: emerging thinking

This section describes emerging thinking about the service model, based on initial, targeted consultation and desktop research. A preliminary program logic can also be found at Appendix C.

Design principles

The serious-risk program will be developed in alignment with the EACPI principles for perpetrator interventions.⁴⁴ The principles most relevant to this program are:

- Victims' including children's, safety and freedom underpins all interventions with perpetrators of family violence.
- Interventions with perpetrators are informed by victims and the needs of family members.
- Perpetrators are kept in view through integrated interventions that build upon each other over time, are mutually reinforcing, and identify and respond to dynamic risk.
- Responses are tailored to meet the individual risk levels and patterns of coercive control by perpetrators, and address their diverse circumstances and backgrounds, which may require a unique response.
- A systems-wide approach collectively creates opportunities for perpetrator accountability. Actions across the systems work together, share information where relevant, and demonstrate understanding of the dynamics of family violence.

Additionally, some stakeholders have suggested that the serious-risk program should align with RNR principles, including:

- assessing *risk* of reoffending, positing that those with the highest risk of reoffending would benefit from the most intensive intervention
- addressing criminogenic *needs* to reduce recidivism rates (for family violence and other crimes)
- matching a *response* to the offender's characteristics (such as learning style, level of motivation, personal circumstances).⁴⁵

The design of the serious-risk program will also be underpinned by the Family Violence Reform Rolling Action Plan (RAP) reform-wide priorities⁴⁶:

- Intersectionality
- Aboriginal self-determination
- Lived experience.

Accordingly, consultation with diverse communities, Aboriginal people and people with lived experience will inform the design of the serious-risk program to ensure it delivers on these priorities.

A self-determined, culturally safe response for Aboriginal people

The design and implementation of the serious-risk program will align with the principles set out in *Dhelk Dja: Safe Our Way: Strong Culture, Strong Peoples, Strong Families*.⁴⁷ When working with Aboriginal people, holistic, trauma-informed and whole-of-family (where safe) responses should be considered, as detailed in *Nargneit Birrang: Aboriginal holistic healing framework for family violence*.⁴⁸ In support of the principle of self-determination, we intend to have a serious-risk program pilot led by an Aboriginal Community Controlled Organisation (ACCO). The successful ACCO or partnership delivering the serious-risk program would be encouraged to tailor the model to the local context and community needs. Aboriginal people could choose to receive service from either the ACCO-led service or one of the mainstream services. Mainstream service providers delivering the serious-risk program must also ensure service delivery is culturally safe for Aboriginal people.

Defining service eligibility

Suggested in-scope adults using family violence

It is proposed that the serious-risk program will be open to adults (18 years of age or older) using family violence who are:

- assessed as presenting 'serious risk' under MARAM, **and**
- not eligible or suitable for, and not currently engaged in, an appropriate family violence service response (such as MBCPs and other community-based or statutory case management or behaviour-change responses for perpetrators).⁴⁹

In-scope perpetrators may include those who are involved in the criminal justice system at the time of their referral to the program. However, their suitability for inclusion in the program would depend on the nature of their involvement in the criminal justice system – for example, perpetrators who are currently in prison or who are already receiving statutory-based case management or other behaviour-change responses would not be suitable.

In-scope perpetrators may also include active or inactive RAMP cases where no other appropriate perpetrator-focused family violence service response is involved. However, careful consideration needs to be given to the benefits and risks of intervening with RAMP cases, and victim survivor safety should be prioritised above all else.

Initial research and consultation on this program focused on defining a set of characteristics or a sub-group of serious-risk adults using family violence that would be the target population for this intervention (see Appendix B for case studies that demonstrate common characteristics or presentations of serious-risk adults using family violence).

The advantages of **targeting a particular set of characteristics or sub-group** include the ability to design a prescriptive model that responds to the unique needs and presentations of that group, as is common in RNR approaches used in statutory settings.⁵⁰ It may also be easier to manage demand for the program with narrow eligibility criteria. However, focusing on only one sub-group of serious-risk adults using family violence presents ethical challenges around prioritisation for the intervention (that is, which sub-group is the most 'in need' of this program). Additionally, serious-risk adults using family violence who could benefit from the program may be screened out if they do not meet strict eligibility criteria. Given this program presents an opportunity to build evidence about what works to address serious-risk perpetration of family violence, there is value in keeping the eligibility criteria broad to ensure there are enough referrals into the program, and to test the effectiveness of all components of the service model.

Some stakeholders have suggested that **keeping service eligibility broad**, provided the adult using family violence still meets the MARAM 'serious risk' threshold, allows for a continuum of responses from

earlier intervention (with younger adults or first-time offenders) through to crisis and criminal justice responses. These stakeholders advise that a flexible service model with components that can be tailored to the needs of the individual, and which can be scaled up or down in terms of service intensity and duration, would be an appropriate response for the spectrum of serious-risk presentations that may appear in this program. There are risks associated with broad eligibility criteria that would need to be managed. We do not want to design a 'one-size-fits-all' model that may not be prescriptive or targeted enough to be effective with this population. Broad eligibility criteria may also present demand challenges and lead to long wait lists (especially if adults using family violence who are eligible for other services are referred into the serious-risk program to alleviate demand on those other services).

Weighing up all of these considerations, we are proposing broad eligibility criteria with targeted mitigations to address the risks associated with this broad approach. This will include careful consideration of the specific needs of different perpetrators as they move through the proposed service model.

Suggested out-of-scope adults using family violence

It is proposed that adults using family violence who do not meet the MARAM 'serious risk' threshold, or who are eligible and suitable for, or currently engaged in, other appropriate behaviour change programs are ineligible for the serious-risk program. This will allow the serious risk program to focus on known gaps in the system.

Given the level of risk that these perpetrators may pose to victim survivors, it is recommended (as in the UK Drive Project) that the program carefully weighs the benefits and risks of intervening, in particular when there are few services involved with the perpetrator (such as in case study 2).⁵¹ If the agencies involved determine that the intervention itself may escalate risk, and there are no known opportunities to monitor and 'disrupt' a perpetrator's use of violence safely, it may not be an appropriate response for that person. In these cases, it is recommended that victim survivor support and safety is prioritised over any perpetrator intervention (including referrals to RAMP, where required).

Discussion prompts

- Are there other risks or issues associated with having broad eligibility criteria that would need to be managed?
- Is the serious-risk program likely to be oversubscribed with broad eligibility criteria? What could help to moderate demand?
- If you strongly believe the serious-risk program should focus on a particular set of characteristics or sub-group of serious-risk adults using family violence, what additional eligibility criteria should we consider?

What is needed to deliver the serious-risk program

The role of Department of Families, Fairness and Housing (DFFH)

The Victorian Government has provided \$3.234 million for a two-year (2023 and 2024) serious-risk program.⁵²

DFFH, as the funder of this program, is responsible for:

- leading program design
- coordinating across internal and external stakeholders throughout design and implementation, including with service delivery partners critical to the program's success.
- leading implementation.

What is needed from other parts of the system

In MARAM-aligned practice, risk management occurs both indirectly, through collaborative and coordinated multi-agency actions that support adult and child victim survivor/s, and through direct contact with the person using family violence (where possible).⁵³ Coordination and implementation effort at the system-wide and local levels by all the service systems involved in responding to adults using family violence and victim survivors – not just the specialist family violence service provider – is therefore critical to the program's success. The RAP reinforces the need for this coordination and implementation effort – aiming to strengthen system-wide approaches to keeping adults using family violence accountable for their violence. High levels of coordination can also be seen in existing serious-risk models in other jurisdictions.⁵⁴

Stakeholders have expressed that a joined-up systems-wide approach, where responsibility for risk is shared across the various service systems involved with the adult using family violence (as is intended under MARAM), is critical to the success of the serious-risk program.

Key service systems that should collaborate and coordinate risk management and implementation efforts include specialist family violence services (for both adults using violence and victim survivors), The Orange Door network, Risk Assessment and Management Panels (RAMP) (where appropriate and safe to do so), Courts, Corrections, Victoria Police, Child Protection, Mental Health, Alcohol and Other Drug, Housing service systems.

Proactive engagement and outreach using a systemic approach

Recent stakeholder consultations suggest there are untapped opportunities for engagement with adults using family violence at touchpoints across the various service systems with which they are involved, at various points in their service journey.⁵⁵ Additionally, some professionals caution that adults using family violence with complex needs can disengage due to the volume of appointments with different services, which may point to a need for better coordinated service delivery.⁵⁶ Some stakeholders have suggested a more systemic, coordinated and proactive approach to engagement is needed to take full advantage of untapped opportunities, better leverage an individual's motivation to participate, coordinate service delivery and improve risk assessment and management.⁵⁷

Any proactive engagement by the serious-risk program to the perpetrator would need to be undertaken by professionals who are suitably qualified (preferably trained in the Comprehensive perpetrator-focused MARAM Practice Guides, the FVISS and the CISS) and skilled in anti-collusive practice, to maintain the safety and confidentiality of victim survivors. Stakeholders also advise that the practitioner's engagement skills and the techniques they employ to engage serious-risk adults using family violence are critical. Practitioners who use trauma-informed, person-centred practice (while remaining anti-collusive) and evidence-informed techniques, such as motivational interviewing, are more likely to effectively engage serious-risk adults using family violence in a service response.

Multiple attempts at proactive engagement may be required before a serious-risk adult using family violence is ready to engage with the program.⁵⁸ In the rare cases where initial engagement is successful and the serious-risk adult using family violence agrees to participate in the program their continued engagement is not guaranteed. Ongoing, collaborative and proactive outreach may be required to support continued engagement in the serious-risk program.

Opportunities for proactive engagement and outreach by the serious-risk program to perpetrators suggested by stakeholders include:⁵⁹

- collaborative engagement with Victoria Police at the time of the incident or during a follow-up visit, to motivate adults using family violence who are concerned for their social standing (such as case study 2) and/or to manage safety risks to staff of service providers
- engagement with perpetrators while they are being held in Victoria Police holding cells

- collaborative engagement with perpetrators alongside Victoria Police's Family Violence Investigation Units (FVIUs) as part of their high-risk offender management approach.
- engagement and outreach with perpetrators at interactions with child protection, supported by generally closer collaboration with child protection to make the most of motivations for perpetrator engagement related to parenting and contact with children
- engagement with perpetrators at court appearances (including at Magistrates, Specialist Family Violence, Family Law and Drug courts)
- engagement with perpetrators at touchpoints in the Corrections service system (for example, for serious-risk adults using family violence who are leaving prison without completing a treatment program during their sentence, or those on supervised Community Corrections Orders)⁶⁰
- engagement with perpetrators at community events (in particular, for Aboriginal, multicultural and faith-based communities)
- for active RAMP cases, collaborative engagement with perpetrators as determined, agreed and delegated at a RAMP meeting
- engagement and outreach in/with other services (for example, legal, housing, emergency departments, mental health, drug and alcohol, and disability services) at the invitation of professionals in those systems.

Coordinated, cross-system collaborative engagement and outreach may have an added benefit of helping to build the family violence capability of professionals within these touchpoint agencies. Stakeholders also advise that every attempt to engage with a serious-risk adult using family violence is an opportunity for risk assessment and management. These opportunities help keep perpetrators in view of the service system, whether they directly engage with the service or not.



Figure 1 - System and community touchpoints around adults using family violence

Discussion prompts

- What comments do you have on the suggested proactive engagement approaches?
 - Are there any other opportunities, or alternative approaches, that you would suggest?
- What other parts of the existing system (outlined in Figure 1) could undertake or support proactive outreach with serious-risk adults using family violence?
 - How could workplace, community and social networks surrounding the adult using family violence be used for outreach/engagement (for example, to apply ‘social pressure’ to participate)?

What the serious-risk program could look like

The service model shown in Figure 2 reflects initial thinking about service design based on research and stakeholder feedback to date.

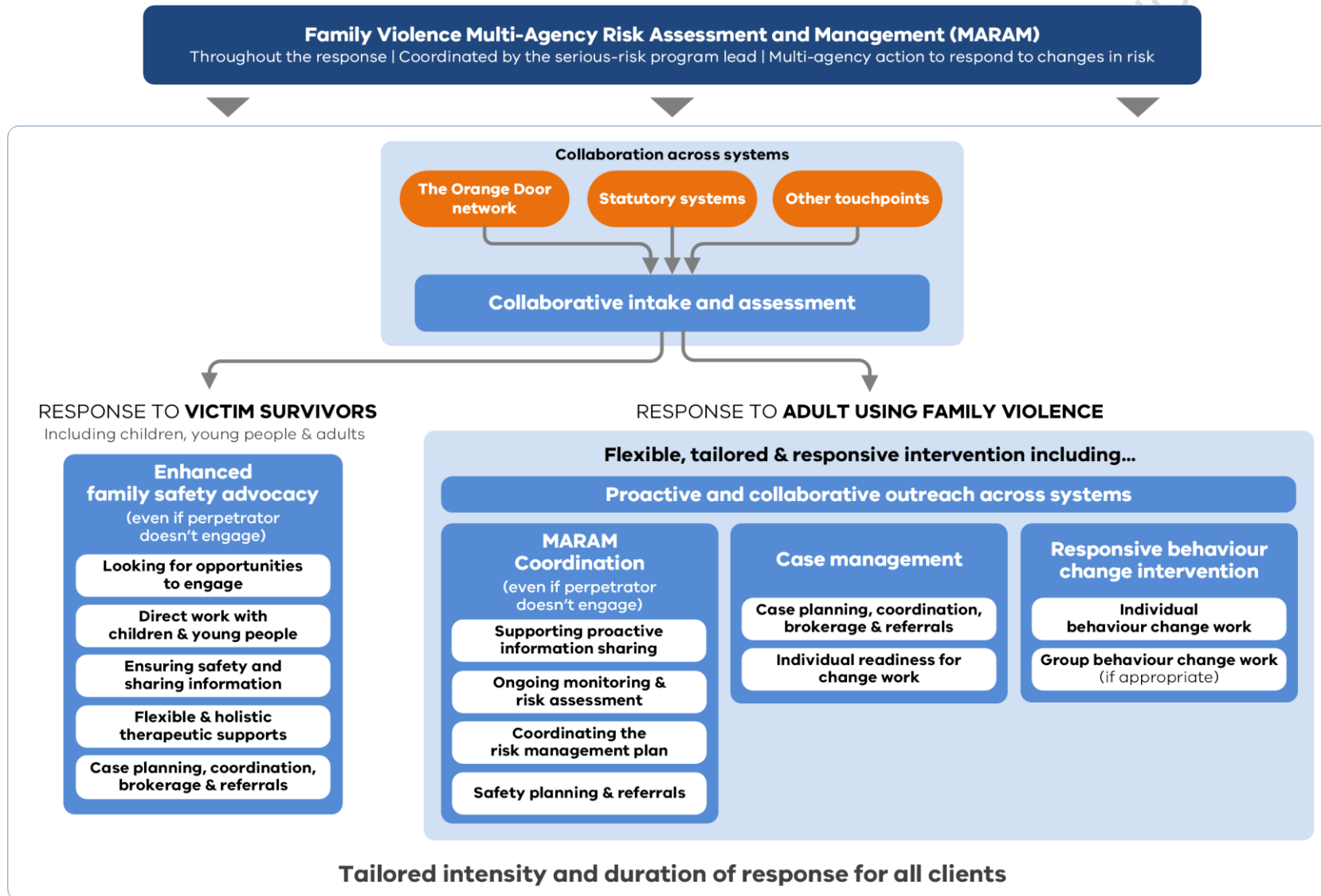


Figure 2 - Overview of the preliminary service model

The assumption is that this service model contains all the core components and enough flexibility to be effective with a range of serious-risk perpetrator presentations and sub-groups. However, each perpetrator may require a tailored response based on their individual needs and not all components of the model will be suitable or appropriate for every perpetrator (for example, group behaviour change work may never be suitable for some serious-risk adults using family violence).

The response to perpetrators in the preliminary service model is significantly informed by the UK Drive Project, an existing voluntary program responding to serious-risk adults using family violence. A three-year evaluation of the Drive Project (which included a randomised control trial) found that:

- the use of high-risk physical abuse reduced by 82 per cent
- the use of high-risk sexual abuse reduced by 88 per cent
- the use of high-risk harassment and stalking behaviours reduced by 75 per cent
- the use of high-risk jealous and controlling behaviours reduced by 73 per cent
- ‘the perpetrators using the most severe violence and abuse were also the ones who changed to the greatest extent’.⁶¹

The subsequent sections outline the proposed elements of the preliminary service model in detail, including key points of difference from existing service responses in the Victorian system.

Discussion prompt

- What are your overall thoughts on the preliminary service model?
- Do you think that one flexible service model could respond to the many presentations of serious-risk adults using family violence?
 - If not, which sub-groups would need a more specialised response and why?
 - Who is best placed to deliver the specialised response?

Collaborative intake and assessment

A streamlined, collaborative intake and assessment process that uses the right levers (including information sharing) and touchpoints will be critical to the success of this program.

Referral sources

The Orange Door network is the entry point for specialist victim survivor family violence services, specialist perpetrator services and child and family services in 15 of the 17 Department of Families, Fairness and Housing (DFFH) areas, with the final two areas coming online by the end of 2022. Accordingly, The Orange Door network will likely be the primary entry pathway for the serious-risk program, as it responds to referrals from Victoria Police L17 reports, community organisations and self-referrals (with the Men’s Referral Service (MRS) receiving and triaging male respondent Victoria Police L17 Family Violence Reports that are submitted outside of business hours following a family violence incident).

Statutory service systems (such as Victoria Police, courts, Child Protection, Corrections) and other service systems (such as legal, housing, emergency departments, mental health, drug and alcohol, and disability services) may also refer directly into the program, especially where there are time-sensitive opportunities for collaborative, proactive engagement with serious-risk adults using family violence or victim survivors (as outlined in the ‘proactive engagement and outreach using a systemic approach’ section above).

Some serious-risk adults using family violence being investigated by FVIUs or exiting from RAMP may also be referred directly to the serious-risk program, where an ongoing family violence service intervention may be beneficial (and not already in place).

Intake

It is assumed that initial triaging, assessment of risk and broad suitability would be undertaken at the entry point to the family violence service system (most likely The Orange Door network or MRS if received after business hours). Initial risk assessments that may prompt a referral include:

- a victim survivor MARAM comprehensive risk assessment
- a MARAM intermediate risk assessment (victim survivor or perpetrator).

Identified cases would then be referred to the provider of the serious-risk program; this may include cases where the adult using family violence has not been contacted and a MARAM comprehensive risk assessment has not been completed. It is recommended that assessment of an individual's suitability for the serious-risk program is completed jointly by the serious-risk program provider and all agencies involved in an individual's case. The UK Drive Project has a permanent 'panel' to support this assessment process.⁶² Joint assessment would aim to ensure all agencies involved share relevant information, opportunities for potential monitoring and 'disruption' activities and secure agreement from those agencies for ongoing collaboration for the duration of the response.

Some stakeholders have also suggested that Central Information Point (CIP) reports would help support intake to the serious-risk program and ensure the provider has all the information needed to provide the best response. Where a serious-risk adult using family violence enters the program via The Orange Door network or MRS, CIP reports could be provided as part of usual procedures (that is, a summary report first, with the opportunity to request more detailed information later).

Discussion prompts

- How should other services refer into the serious-risk program?
 - For example, via the family violence intake point (primarily The Orange Door network); or via a warm referral directly to the serious-risk program provider, with support from the family violence intake point?
 - How could the broader public refer into the serious-risk program?
- How could we streamline the intake and assessment process to minimise the number of touchpoints and respond as quickly as possible?
- Is access to a CIP report critical for the intake process?
 - Why or why not?
 - If you think it is critical, how would this work where a referral does not come via The Orange Door network?

(Note, all specialist perpetrator intervention services likely to be delivering the serious-risk program will already be prescribed Information Sharing Entities (ISE) under the FVISS and CISS)

Enhanced family safety advocacy

Recognising the increased risk to victim survivors presented by serious-risk adults using family violence, the funding for this program provides for 'strengthened' family safety advocacy (sometimes referred to as 'family safety contact', 'partner safety contact' or 'partner contact').

As defined in NTV's *Family safety advocate practice guidance*, the purpose of family safety advocacy is to work directly with impacted family members of perpetrators attending intervention programs to 'engage around risk assessment and safety, provide supports, and establish a counterpoint to the perpetrator's

under-reporting of their use of violence and abuse'.⁶³ Family safety advocacy is crucial for accurately assessing the dynamic level of risk of the adult using family violence and ensuring the ongoing safety of victim survivors.⁶⁴ Victim survivors offered family safety advocacy may include current and former partners of the adult using family violence, their children, and other affected family members.

ANROWS research into family safety advocacy for MBCPs highlighted that:

- when there is a lack of family safety advocacy, family violence perpetrators can more easily use their participation in a MBCP as a tool for further abuse
- for it to be effective, family safety advocacy needs to be well-resourced, consistent and prioritised
- victim survivors should have ongoing access to support regardless of the level of engagement of the adult using family violence in the intervention – this support could be through family safety advocacy or another service response.⁶⁵

Stakeholders advised that family safety advocacy may be an effective method of reaching victim survivors who might not otherwise be engaged with the service system.

What the model could include

Practice elements of enhanced family safety advocacy

Drawing on research, existing family safety advocacy models and stakeholder consultation, the following have emerged as potential practice elements necessary to deliver enhanced family safety advocacy in the serious-risk program. These are aligned with the *Family safety advocate practice guidance*.⁶⁶

- Looking for opportunities to engage victim survivors
- Direct work with children and young people as victim survivors
- Prioritising victim survivor safety, including information sharing
- Flexible and holistic therapeutic supports for victim survivors
- Case planning, coordination, brokerage and referrals for victim survivors.

Points of difference and emphasis in family safety advocacy approach

The model proposes some notable points of difference and emphasis when compared to what stakeholders have reported is common family safety advocacy practice. These should be considered while being mindful that stakeholders have also reported funding constraints are a key barrier to delivering what service providers would see as 'ideal' family safety advocacy.

- Victim survivors should be offered family safety advocacy even if the adult using family violence refuses to engage with the serious-risk program. This support would be offered while the serious-risk program is actively attempting to engage the perpetrator and disrupt their use of violence. If the case is closed, the victim survivors should be offered 'step down' support over an appropriate period of time, which may include transition to a specialist family violence service for victim survivors.
- Children and young people victim survivors should be offered family safety advocacy even if the adult victim survivor chooses not to engage with the service.
- The same level of support (including service intensity and duration) should be offered to victim survivors as is offered to the perpetrators in the serious-risk program, especially where the victim survivor is not engaged with any other service.
- Proactive collaboration by family safety advocates with other agencies to find opportunities to engage with victim survivors will be critical.
- Family safety advocacy engagement is mostly attempted by telephone; however, this is often not successful. Stakeholders suggested that face-to-face contact (where it is safe and appropriate to do so) can be a more effective way to engage many victim survivors, particularly those with learning or intellectual disabilities.
- Some victim survivor stakeholders suggested:

- victim survivors could be more proactively invited to inform the intervention for perpetrators in an ongoing way
- there could be value in people with lived experience of family violence playing a role in delivering family safety advocacy. Any people with lived experience in these roles would need to satisfy the usual prerequisite skills and qualifications for the specialist family violence workforce (see ‘Workforce capabilities’ section below)
- victim statements – which may be from people with lived experience not impacted by the perpetrator in a given case – could be used to demonstrate the impact of family violence on victim survivors.

Discussion prompts

- What comments do you have on the potential features of enhanced family safety advocacy noted above?
 - Are there any features you would suggest that would be unique to this program?
- How could the approach ensure greater emphasis on the needs of children and young people?
- What are the implications for resourcing and practice of the proposed approach?
- What are the considerations for strengthened, culturally safe family safety advocacy in the context of whole-of-family work with Aboriginal people? (Noting that whole-of-family work is not always safe or appropriate.)

MARAM Coordination

The serious-risk program, and other services involved with serious-risk perpetrators participating in the program, will need to deliver on the responsibilities set out in the MARAM Framework⁶⁷, including:

- comprehensive risk assessment
- coordinated and ongoing risk management (including safety planning, where appropriate)
- proactively sharing information relevant to the assessment and management of family violence risk (as authorised by legislation).

The providers of the serious-risk program, like all providers of specialist perpetrator interventions, will be expected to take a leadership role in coordinating risk assessment and risk management. As outlined in the adult perpetrator-focused MARAM Practice Guides, this may include proactively managing risk ‘indirectly’ by coordinating multi-agency actions, and ‘directly’ through working with the serious-risk adult using family violence.⁶⁸

Stakeholders have suggested that there are opportunities to more fully and frequently use MARAM practice guidance and information sharing provisions to improve coordination and collaboration. Some barriers to undertaking MARAM coordination responsibilities in existing programs include:

- Comprehensive level perpetrator-focused MARAM guidance has only recently been released and it has not yet been fully integrated into practice across agencies in both community-based and statutory settings.
- If an adult using family violence is not engaged with a service (voluntary or mandatory), then no part of the system is actively leading the coordination of multi-agency risk assessment and management.

What the model could include

Practice elements of MARAM coordination

Drawing on research, existing serious-risk adults using family violence models, and stakeholder consultation, the following have emerged as potential practice elements necessary to deliver MARAM coordination in the serious-risk program. These are aligned with the responsibilities set out in the MARAM Framework.⁶⁹

- Supporting proactive information sharing relevant to risk assessment and management
- Ongoing monitoring and risk assessment
- Coordinating the risk management plan for the perpetrator – including ensuring this plan aligns to any safety planning and risk management strategies already developed with victim survivor/s
- Safety planning and referrals.

Existing system touchpoints that could be leveraged for MARAM coordination purposes are outlined in Figure 1.

Points of difference and emphasis in MARAM coordination approach

The model proposes some notable points of difference and emphasis when compared to what stakeholders have reported is common MARAM practice.

- The serious-risk program could actively lead the coordination of multi-agency risk assessment and management, whether the serious-risk adult using family violence is directly engaged with the service or not.
- In the cases where a serious-risk adult using family violence does not directly engage with the service, indirect multi-agency work would focus on:
 - keeping perpetrators visible
 - using existing service system levers to reduce risk
 - finding opportunities to ‘disrupt’ the perpetrator’s use of violence and attempt to re-engage them in the service response.
- A similar program in the UK – The Drive Project – does not require direct engagement from the high-risk and high-harm perpetrators it targets. The program evaluation found that 84 per cent of case managers’ workloads involved ‘indirect’ work and only 16 per cent involved ‘direct’ work. Where perpetrators refused to engage at all, Drive was still able to significantly reduce risk using a police-led multi-agency response that included: sharing information, ‘disrupting’ and preventing further violence, and working directly with victim survivors.⁷⁰
- The UK Drive Project evaluation reported a number of effective ‘disruption’ activities in working with serious-risk perpetrators, including:
 - referral to social services (for victim survivors and/or perpetrators) – to initiative home visits, and ensure that any requirements placed on the perpetrator by Child Protection are being followed
 - using information sharing as a key ‘pathway to disruption’, in particular by ensuring police and social services have the perpetrator’s current address
 - finding opportunities to act on breaches to intervention orders for perpetrators without relying on victim-survivors to report (for example, encouraging housing services to report breaches)
 - proactive policing, including for non-family violence offending such as driving without a license, and drug possession.⁷¹
- The serious-risk program could lead a regular and responsive case conferencing function with all services involved with the serious-risk adult using family violence and their victim survivors. This may include:
 - identifying opportunities for proactive engagement
 - sharing current risk-relevant information in real time
 - collaborating on a comprehensive MARAM risk assessment and risk management plan
 - identifying the range of MARAM actions each may take, relevant to their service response
 - identifying where systems abuse may be likely to occur and measures to address this risk.
- Similar case conferencing functions exist in other serious-risk programs:
 - Colorado’s model – which includes a dedicated stream for serious-risk adults using family violence – uses a Multi-disciplinary Treatment Team (MTT) to collaboratively make decisions about risk

assessment and risk management.⁷² MTT's comprise: the treatment provider, criminal justice agency, a victim advocate and other services as needed.

- The Multiple and Complex Needs Initiative (MACNI) is a specialist service for people 16 years and older who have been identified as having multiple and complex needs, and who may pose a risk to themselves and the community.⁷³ MACNI uses a care team model to facilitate better coordination of supports, deliver holistic care to the client and prevent further risk escalation. Led by Complex Needs Coordinators and comprising all services involved in delivering client support, care teams meet approximately fortnightly to share information and coordinate support according to the client's care plan.
- A key enabler of the MARAM coordination function could be to base the response on the principle of 'shared responsibility', as with the Serious Offenders Coordination program.⁷⁴ In practice, this would mean that while the serious-risk program would lead this function, all agencies involved in a case would share responsibility for the response.

Discussion prompts

- Does risk assessment and management in the serious-risk program need to include anything unique that is not already accounted for under MARAM?
- Is there a need for regular, structured multi-agency coordination and collaboration (similar to Colorado's Multi-disciplinary Treatment Team or MACNI's care team)?
 - If so, what should this look like?
- Are there any opportunities for enhanced family safety advocacy to strengthen risk assessment and management?
- In what ways could people with lived experience of family violence (such as victim survivor advocates) inform risk assessment and management?

Case management

Research and consultation all strongly point towards the need for extended, intensive case management as a key part of the response to serious-risk adults using family violence. Existing case management for perpetrators, as defined in Victoria's *Perpetrator case management program operational guidelines* (the guidelines), aims to 'reduce the risk associated with perpetrator's use of family violence by providing an individualised and tailored response to address the barriers to engaging in the change process.'⁷⁵

What the model could include

Practice elements of case management

Aligning with the guidelines, the case management component of the serious-risk program could include a focus on the following practice elements:

- Case planning, coordination, brokerage and referrals
- Individual readiness for change work (likely to include motivational interviewing).

Points of difference and emphasis in case management approach

Case management practice in the serious-risk program would be similar to that provided through the existing perpetrator case management program. However, for the serious-risk program case management would be sufficiently resourced to:

- allow for a greater intensity and duration of support, if needed (see further exploration of intensity and duration later in this document)
- allow practitioners to 'stretch' from more conventional case management work into deeper individual behaviour change work to challenge and shift behaviours and attitudes (if there is sufficient motivation). Some stakeholders have referred to this as a key feature of 'clinical case management',

and it is offered in some existing serious-risk models.⁷⁶

Discussion prompt

- What comments do you have on the potential features of case management noted above?
 - Are there any features that would be unique to the serious-risk program?

Responsive behaviour change interventions

Evidence of what works in behaviour change interventions for perpetrators is still emerging⁷⁷. A number of pieces of work are underway in Victoria to help build the evidence base as part of the *Family Violence Reform Rolling Action Plan 2020-23*⁷⁸, Family Violence Research Grants⁷⁹, and perpetrator program evaluations.

Serious-risk adults using family violence are often ineligible or deemed unsuitable for existing behaviour change interventions (as explored earlier in 'Understanding the problem'). Research and stakeholder consultation have shown a clear need for tailored, responsive approaches to behaviour change with serious-risk adults using family violence.⁸⁰

What the model could include

Responsivity

Many stakeholders advised that the behaviour change interventions in the serious-risk program should be responsive to changing needs, risk levels and circumstances of the perpetrator. Responsivity is a fundamental principle of Risk-Needs-Responsivity (RNR) based approaches which are common in statutory settings and increasingly being explored in the context of responses to family violence behaviour change.⁸¹

Key areas of flexibility to deliver a responsive intervention could include the ability to:

- scale the intensity of the intervention, including:
 - slowing the pace of delivery of 'content', for example for perpetrators with learning difficulties
 - focusing on support needs and maintaining contact when motivation is lacking, and carefully choosing moments to drive the perpetrator to greater accountability and change (as in the UK's Drive model)⁸²
- integrate with treatment for substance use or other challenges⁸³
- integrate various therapeutic modalities (see exploration of modalities below)
- conduct individual behaviour change work in addition to, or in place of, group work, as in some existing serious-risk models. This is not currently offered in the Victorian system.
- take a holistic approach when working with Aboriginal people, which may include whole-of-family work (if safe and appropriate)⁸⁴
- provide culturally appropriate interventions for people from diverse communities (including in languages other than English)⁸⁵
- repeat or 'catch up' on any content missed in group work, which could include 'rolling' groups.

Practice elements for responsive behaviour change interventions

Drawing on research, existing serious-risk models and stakeholder consultation, the following have emerged as potential practice elements necessary to deliver an intensive response for adults using family violence accepted into the serious-risk program:

- Individual behaviour change work
- Group behaviour change work (if appropriate).

Considerations for each of these elements and the ‘treatment’ modalities to be used are explored below.

Individual behaviour change work - considerations

- Structured individual work may be delivered:
 - as a ‘stepping stone’ to group work⁸⁶
 - in parallel with group work
 - as the only behaviour change work for those not suitable for groups (potentially case study 1 or 2) or who prefer not to engage in group work (for reasons including fear of judgement).⁸⁷
- Newer, accommodation-based perpetrator interventions, as well adaptations used by MBCPs and case management providers in response to COVID-19 restrictions may be informative for individual behaviour change work.⁸⁸

Group behaviour change work - considerations

- Stakeholders have advised that group-based behaviour change work can offer a level of peer accountability not possible through individual behaviour change work.
- If group work is determined to be appropriate for an individual perpetrator, it could be delivered by the serious-risk program, or alternatively the serious-risk program could prepare for and support engagement in existing group work programs (such as MBCPs) through parallel individual work.
- Further consideration is needed to determine if participants in a group should have similar characteristics (including circumstances and risk levels).
 - In the Duluth model, group work participants have varied characteristics.⁸⁹ Practitioners in the Duluth model report that this can be effective provided participants can identify with one another and find common ground (for example through shared identity as a parent).
 - However, other stakeholders advise that group work with serious-risk offenders is most effective when there are narrowly defined eligibility criteria, as in the case of RNR approaches.⁹⁰ These stakeholders advise that there may be risks to the safety and efficacy of the group if perpetrators with very different characteristics (such as recidivist offenders and first-time offenders) participate in the one group.
- Group behaviour change work could build on existing MBCPs or other culturally specific responses (such as holistic healing responses for Aboriginal people).
- Careful consideration should be given to the appropriateness and readiness of serious-risk adults using family violence for group work. Not all serious-risk adults using family violence who participate in this program will be suitable for group work.

Modalities to support behaviour change

There is currently no prescribed behaviour change intervention modality for MBCPs in Victoria.⁹¹ A recent review of reviews of behaviour change interventions found ‘various therapeutic modalities [were used], often used in combination, including general counselling, cognitive behavioural therapy (CBT; group and/or individual), brief intervention (for example, solution-focused), anger management treatment, psychotherapeutic interventions, relationship counselling, psychoeducation, the Duluth model (a coordinated community response employing a feminist psychoeducational approach), a range of motivational approaches, and a pharmacological intervention.’⁹² The same report found that ‘most [reviews] reported mixed findings and concluded that there is currently insufficient evidence’ to determine which modalities (or combination thereof) are most effective.

Some stakeholders have advised that a highly prescriptive (or ‘manualised’) curriculum would be beneficial, particularly for group work. There is a growing evidence base of ‘what works’ in prescriptive interventions for offenders based on RNR principles in statutory settings and increasing interest in applying these models for community-based family violence behaviour change, particularly in combination with the Duluth model.⁹³ EACPI encouraged exploration of RNR-based behaviour change interventions.⁹⁴ Some researchers have highlighted potential challenges in directly applying prescriptive RNR-based interventions into the family violence context given these models are not specific to family

violence and tend to have a focus on outcomes related to reconviction rather than victim survivor safety.⁹⁵

The UK Drive Project exclusively uses individual behaviour change work with serious-risk perpetrators, in 'a bespoke offer that resists standardisation as a strict set of activities or programme that could be delivered to each service user'. The evaluation found the following key features of practice employed by case managers aimed at behaviour change:

- relationship building for behaviour change
- eliciting accountability through skilful 'challenging' (that is, challenging a perpetrator's narratives and attitudes)
- listening, care and non-judgement
- working on impulse control and emotional regulation
- creating opportunities for positive self-redefinition
- working with past trauma as a route to acknowledging the impact of abuse
- 'counselling' from a trained Domestic Violence Prevention Programme facilitator.

In contrast, Scotland's Caledonian system relies on extensive manuals, including over 400 pages specifically for work with serious-risk perpetrators for an intervention comprising both group and individual work. The program's evaluation found that 'practitioners largely followed the structure provided by the manual. However, there were some examples of deviations from the manual reflecting either local resourcing issues or deliberate decisions by staff to vary content or delivery, primarily to try and better match it to the perpetrator's perceived needs'.⁹⁶

Colorado's model (an existing serious-risk program) is informed by RNR principles, with a focus on 'teaching positive nonviolent cognitive-behavioural skills'. It includes a combination of individual and group work in response to the needs of the individual, however it does not specify a particular manualised approach.⁹⁷

Discussion prompts

- What comments do you have on the possible practice elements?
 - Is there anything you would change, add or remove?
- In what ways could the adaptations to MBCPs and case management made in response to COVID-19 restrictions be of benefit to the serious-risk program?
- Are there any innovative approaches to behaviour change that could be explored through the serious-risk program?
- Do you agree that group work may be effective with a range of perpetrators with different presentations of serious risk?
 - Why or why not?
- Should the program consider adopting a manualised treatment or RNR program for its group work component that targets a particular sub-group of serious-risk adults using family violence with common characteristics? (noting that not all participants of the program would be eligible)
 - If yes, which sub-group and theoretical model or program would be most suitable and why?
- What advice would you have for working with serious-risk adults using family violence from Aboriginal and other diverse communities?
 - Are there any other elements or adaptations that would be required?
 - Could any elements of practice with Aboriginal serious-risk adults using family violence inform practice with non-Aboriginal people?

Other aspects and enablers of the model

Existing research, models from other jurisdictions and stakeholder consultation all strongly point towards the need for intensive, extended and tailored responses when working with serious-risk adults using family violence and their victim survivors.

Drawing on research, existing serious-risk models and stakeholder consultation, the following have emerged as potential practice elements to consider for the serious-risk program.

Duration

For adults using family violence, the path to responsibility for their violence is potentially a life-long journey requiring consistent effort and possible re-engagement with services.⁹⁸ Stakeholders reported that, for many, the duration of existing responses (for example, 20 weeks for an MBCP) is not sufficient. Some stakeholders suggested that adults using family violence with cognitive challenges require a slower pace when participating in a MBCP – potentially at half the pace of a standard group – which would require an even longer service duration. The Centre for Innovative Justice recommends specialist interventions of six months or more to achieve sustainable behaviour change.⁹⁹ Interventions including a focus on serious-risk adults using family violence in other jurisdictions have tended to be longer: two years in the Scottish Caledonian System¹⁰⁰, 12 months in the UK Drive Project¹⁰¹, and an average of nine months in Colorado's¹⁰² approach (noting that both the Caledonian and Colorado models are mandated, and there is no minimum intervention length in Colorado's model).

At a minimum, the duration of the response offered to victim survivors will need to match the response provided to perpetrators, to ensure their safety throughout the intervention.

Intensity

The EACPI final report acknowledges that the intensity of an intervention may be just as important as assessed level of risk when it comes to ensuring victim survivor safety.¹⁰³ EACPI also states that 'a more high risk and complex needs perpetrator may be assessed as requiring a higher level of intensity of treatment'.¹⁰⁴ Existing models have greater intensity for serious-risk perpetrators compared to lower-risk perpetrators.¹⁰⁵ For example, in Colorado's model, perpetrators posing the highest risk are required to have two clinical contacts per week – one focused on family violence, the other focusing on other treatment such as AOD use or cognitive skills.¹⁰⁶ Participants of this model can transition between levels of support if needed.

At a minimum, the intensity of the response offered to victim survivors will need to match the response provided to perpetrators, to ensure their safety throughout the intervention.

Discussion prompt

- What suggestions would you have about the intensity and duration of the serious-risk program? (Consider what would be required for child and adult victim survivors and perpetrators).

Phasing and sequencing

Some existing serious-risk models take a phased approach. Broadly, these are:

- *preparation* for intensive behaviour change work, which can include stabilising their lives by addressing critical needs¹⁰⁷, or by first engaging in a 'stepping stone' module focused on other needs such as parenting skills in order to build motivation¹⁰⁸
- *intensive responses*, including intensive one-to-one case management and group work¹⁰⁹
- a lower intensity *step-down* phase to transition out of the serious-risk program¹¹⁰.

In addition to these phases, careful consideration needs to be given to exit planning and case closure in the serious-risk program, to avoid a 'support cliff' and minimise risk escalation during this time of transition.

Exit planning, step-down support and case closure - considerations

- Victim survivor safety must be paramount in this program. In cases where intervening with the perpetrator is found to be exacerbating risk to victim survivor safety, it is recommended that these aspects of the service are paused or stopped altogether. Consideration should be given to a referral to RAMP if the escalated risk and imminency of the threat warrants it.
- Victim survivors could play a role in determining when to exit the adult using family violence from the serious-risk program. For example, in Colorado's model, people using violence are only able to exit the program if the adult victim survivor agrees.¹¹¹
- Some stakeholders suggested including monitoring/proactive engagement or post-intervention support in the year following completion of the 'core' program, in parallel with extended support for the victim survivors.¹¹²
- Implementation of a post-participation service by MBCP providers in 2022 could inform the types of step-down support provided as part of the pilot.
- For serious-risk adults using family violence who do not directly engage in the program, case closure could be considered when all opportunities to proactively engage the person, disrupt their use of violence and manage risk have been explored. However, it may be necessary to rapidly reopen their case if circumstances change.
- Exit planning needs to be carefully managed where either the serious-risk adult using family violence, or their victim survivors (or both) move away from the geographical area in which the program is being delivered. In these cases, it may not be possible or practicable for the service provider to continue to deliver an intensive response that involves regular proactive outreach. Where possible, the serious-risk adult using family violence and their victim survivors should be referred into an appropriate response, in their new local area.

Workforce capabilities

Workforce capabilities can be described as the 'knowledge, skills and abilities required to perform...roles efficiently and effectively'.¹¹³ In line with existing expectations for the specialist family violence workforce, the workforce delivering the serious-risk program will need to:

- demonstrate Tier 1 capabilities as defined in the Victorian *Responding to Family Violence Capability Framework* (Capability Framework)¹¹⁴
- demonstrate the key capabilities for each MARAM responsibility defined in the *MARAM Foundation Knowledge Guide* and associated practice guides and undertake these responsibilities when working with victim survivors and adults using family violence.¹¹⁵

Note that these expectations apply to the serious risk program's workforce as a whole, not to all individual practitioners. For example, practitioners skilled in working with victim survivors may not have the same level of skill in working with people using violence, and vice versa.

Beyond these baseline expectations, further workforce considerations have emerged.

Workforce - considerations

- Due to the leadership expected of practitioners working with perpetrators in coordinating risk assessment and risk management, and the level of risk to be managed in the serious-risk program, these practitioners would ideally be practicing at a 'Senior' or 'Expert' level as defined in the Capability Framework.
- Given the diverse and complex presentations of adults using family violence expected in the serious-risk program, a team-based approach may be needed. For example, practitioners with specialisations or experience in working with people experiencing alcohol and other drugs and mental health challenges may be useful to include in a multi-disciplinary team.

- Practitioners working with both victim survivors and adults using family violence will need to be particularly skilled at identifying manipulative, coercive and controlling behaviours, including identifying possible systems abuse. Some stakeholders commented that this expertise is still being developed in the workforce. For serious-risk adults using family violence who exhibit coercive and manipulative behaviours (such as case study 2), engagement with two practitioners to one perpetrator may be needed to ensure staff safety and wellbeing and prevent unintended collusion.
- Practitioners working with perpetrators should be skilled at identifying and engaging with serious-risk adults using family violence. Some stakeholders suggested that experience beyond perpetrator interventions would be useful for this, in contexts such as family violence responses for victim survivors and in statutory settings.
- Practitioners having existing networks and relationships across the service system would be beneficial to encourage a multi-disciplinary, multi-agency approach to responding to the adult using family violence.¹¹⁶ Additionally, for serious-risk adults using family violence with substance use challenges (such as case study 1), there is evidence to suggest that integrated approaches addressing this need and the use of family violence are required.¹¹⁷ This may also be a consideration for other needs (such as mental health challenges). This could have implications for the pace and sequencing of interventions, integration of educational content, and membership for group work.¹¹⁸
- Some stakeholders have suggested after-hours availability would be beneficial to be able to gain and maintain engagement with both victim survivors and adults using family violence.
- There are known workforce supply constraints in the specialist family violence sector that may impact on the ability of service providers delivering the serious-risk program to identify and recruit suitably qualified and experienced practitioners.

Discussion prompts

- What comments do you have on workforce capabilities and considerations?
- How else can the program support practitioner safety and wellbeing while working with serious-risk adults using family violence?
 - If you have any examples from other programs or contexts, please share.
- Do you see any particular challenges with possible after-hours availability?
- Is there anything you would suggest to help overcome workforce supply challenges?

Supervision and reflective practice

As well as supporting practitioner wellbeing, quality supervision can help practitioners to maintain a lens to perpetrator accountability, manage invitations to collude and reduce the family violence risk presented by perpetrators to victim survivors.¹¹⁹ Under the *MBCP Minimum Standards*, facilitators and family safety advocacy workers have access to monthly supervision.¹²⁰

Supervision and reflective practice - considerations

- More frequent supervision may be required to support staff to develop the skills and effective practice needed to work with serious-risk adults using family violence. One stakeholder with experience working with perpetrators suggested that supervision would be critical to support practitioners to avoid collusion when working one-to-one with especially manipulative perpetrators.
- The Multiple and Complex Needs Initiative (MACNI) includes group supervision and reflective practice for the entire care team involved in a case.¹²¹ Stakeholders advise that group supervision and reflective practice is an important feature of MACNI, especially when a client does not actively engage with the program. It may help uncover new opportunities or techniques for more effective engagement.

Evaluating the serious-risk program's effectiveness

The serious-risk program will be independently evaluated to help contribute to the evidence base about what works with serious-risk adults using family violence.¹²² The evaluation may measure the effectiveness of the program overall, as well as individual components. Evaluation findings will be used

to inform possible expansion of the serious-risk program, as well as improvements to existing programs and services.

The preliminary program logic (Appendix C) proposes some likely outcomes for the serious-risk program over the short-, medium- and long-term. Stakeholders have advised that use of TRAM should be required as the means for capturing outcomes data for this program.

Additionally, people with lived experience of family violence (both clients of the program and other advisors) should be invited to participate in the evaluation.

Discussion prompts

- How would we know if the serious-risk program has been successful?
 - How do we overcome the challenges of evaluating the effectiveness of a flexible service model?
- Do the outcomes and their sequence in the program logic (Appendix C) make sense?
 - If not, why not?

Appendices



Appendix A: Glossary

Terminology	Definition
Aboriginal / First Peoples	In this document, 'Aboriginal' and 'First Peoples' refer to both Aboriginal and Torres Strait Islander people.
Adults using family violence / Perpetrators	<p>'Adults using family violence' is consistent with the terminology used in the MARAM Framework.¹²³</p> <p>In line with the RCFV¹²⁴ and the FVISS Guidelines¹²⁵, the term 'perpetrator' is often used in legal and policy contexts within government, recognising that these are the most widely used terms in the Victorian community. However, the term perpetrator is not an appropriate term for engaging with people using family violence in direct practice, and the Victorian Government encourages use of other appropriate terminology. This paper predominantly uses the term 'adults using family violence'. You will see the term 'perpetrator', where it is contextually specific, or it reflects the wording in a source document.</p>
Criminogenic needs	Criminogenic needs refer to the dynamic risk factors, reasons or circumstances that lead to criminal behaviour (such as antisocial or pro-criminal attitudes, values or beliefs; criminal associations; temperament and personality factors; criminal history; family history; level of education; socio-economic status). ¹²⁶
Diverse communities	<p>The <i>Everybody Matters Inclusion and Equity Statement</i>¹²⁷ defines diverse community groups as:</p> <ul style="list-style-type: none"> • Aboriginal communities • Multicultural and faith-based communities • Older people • Women in or exiting prison or forensic institutions • People who work in the sex industry • People living in regional and rural communities • Young people • Male victims • People with disabilities • People experiencing mental health issues • LGBTIQ+ communities.
Existing / Other serious-risk models	<p>Existing interventions from Victoria and other jurisdictions that include a focus on serious-risk adults using family violence. These include:</p> <ul style="list-style-type: none"> • The Drive Project (UK) – a voluntary program¹²⁸ • Colorado's model (USA) – a court-ordered program¹²⁹ • The Caledonian system (Scotland) – a response provided to both voluntary and court-ordered clients.¹³⁰
People with lived experience	<p>In line with the <i>Family Violence Lived Experience Strategy</i>¹³¹, this document uses the term 'people with lived experience' to describe:</p> <ul style="list-style-type: none"> • adults, children and young people who have experienced family violence • people with an experience of using the family violence system • the families, carers and other people directly impacted by family violence via the aforementioned experiences.

Terminology	Definition
Perpetrator accountability	<p>The RCFV¹³² defined perpetrator accountability as comprising elements of both individual and system accountability, including:</p> <ul style="list-style-type: none"> • ‘understanding and responding to the needs and experiences of victim survivors, and their views about the outcomes they are seeking to achieve; • prioritising women and children’s safety through effective and ongoing risk assessment and management; • encouraging perpetrators to take responsibility for their actions, including the impact of their actions on their children; • providing a suite of options to assist perpetrators to gain insight into and awareness of their actions and change their behaviour, tailored to their risk profile; • having a strong set of laws and legal processes that impose clear consequences and sanctions for perpetrators’ violent and abusive behaviour and failure to comply with court orders; and • fostering collective responsibility among government and non-government agencies, the community and individuals for denouncing perpetrators’ use of violence’.
Reoffending	<p>‘Reoffending’ is used in this document to mean offences that become known to the criminal justice system. The term ‘reoffending’ does not reflect the true nature or dynamic of family violence. Family violence is a daily lived experience for victim survivors, not just a series of discreet incidents that become known to the criminal justice system. You will see the term ‘reoffending’ where it is contextually specific, or it reflects the wording in a source document.</p>
Responsivity	<p>A term predominantly used in statutory settings (where RNR approaches are commonly used), ‘responsivity’ refers to an adult using violence’s ability to respond to treatment for family violence offending.¹³³</p>
Serious risk	<p>Under MARAM, an adult using family violence is assessed as presenting ‘serious risk’ if their behaviours and/or the circumstances suggest an increased risk of serious injury (psychological or physical) or death to the victim survivor.¹³⁴</p>
Stakeholders	<p>People who were engaged during scoping consultation for the serious-risk program from May to August 2022. A full list of stakeholders consulted in this phase is included in Appendix E.</p>

Appendix B: Case studies

Case study 1 – Adult using family violence with complex and multiple needs

Adult using family violence	Victim survivors
 <p>Thanh 28 y/o male</p> <ul style="list-style-type: none"> • Substance use: historic heroin use, current amphetamine use. Receiving court-ordered AOD treatment (following a conviction for drug-related offences). • Depression (including two previous suicide attempts) and anxiety diagnosis • Conviction for arson-related offences • Family of origin is characterised by criminal behaviour and some alleged connection to organised crime • Employed part-time 	 <p>Nhi, Quang, Linh & Huy</p> <ul style="list-style-type: none"> • Nhi (ex-partner, 26 y/o female). Employed part-time • Quang (2 y/o) – Thanh and Nhi's son • Linh and Huy (6 y/o & 8 y/o) – Nhi's children from a previous partner

History (as gathered by The Orange Door network)

Older history

- Thanh's* family of origin is characterised by criminal behaviour and some alleged connection to organised crime.
- Thanh has a conviction for arson-related offences.
- Thanh has a history of perpetrating family violence:
 - With his previous partner: seven Victoria Police (L17) referrals over four years (with three non-criminal abuse classifications – verbal and emotional), including a Family Violence Intervention Order (FVIO) breach (assault) (resulting in a fine only).
 - With Nhi*, Thanh has had four L17 referrals over ten months, with the most recent report involving physical assault. Huy*, Linh* and Quang* witnessed the assault and Child Protection (CP) opened an investigation with the family. CP have ongoing concerns about Quang showing signs of attachment issues, and Linh and Huy showing emotional dysregulation at school.
 - The Orange Door network has attempted to contact Thanh several times following police referral, unsuccessfully. Despite not being able to contact Thanh directly, The Orange Door network undertook their MARAM risk assessment and management responsibilities, including requesting a CIP report on Thanh and using the FVISS and CISS to share risk relevant information with the services already involved with the family (i.e., Police, CP, AOD treatment service, Corrections worker overseeing AOD treatment order).
- Thanh has a long history of substance use and mental health issues:
 - He has previously used heroin. He is currently using amphetamines and has a conviction for drug-related offences (for which he is receiving court-ordered alcohol and other drug (AOD) treatment). Thanh's attendance at the AOD treatment service has been intermittent. The AOD service has shared information about Thanh's attendance with the Corrections worker overseeing his AOD treatment order.
 - Thanh has both a depression and anxiety diagnosis and has attempted suicide twice before.
- Thanh and Nhi have been together (on-and-off) for three years.

Four weeks ago

- Nhi and Thanh separated after Thanh physically assaulted Nhi, which resulted in Police and CP attendance at the home. Nhi reported to police that in addition to physically assaulting her, Thanh also threatened suicide should Nhi leave him.
- Police issued a Family Violence Safety Notice (FVSN) and made a L17 referral to The Orange Door network. CP re-opened an investigation with the family.

- The Orange Door network contacted Thanh who declined the service. The Orange Door network also contacted Nhi, who agreed to see a victim survivor specialist family violence service.
- Nhi has told The Orange Door network that Thanh has said he planned to contest the FVIO application, which made Nhi fearful and distressed.
- Nhi also reported that Thanh went to stay with a friend following police attendance.
- The Orange Door network proceeded to undertake their MARAM risk assessment and management responsibilities, including requesting a CIP report on Thanh and using the FVISS and CISS to share risk relevant information with the services already involved with the family (i.e., Police, victim survivor specialist family violence service, Child Protection, AOD treatment service, Corrections worker overseeing AOD treatment order).

Earlier this week



- While a victim survivor specialist family violence service worker was on the phone to Nhi, Thanh returned to the home and refused to leave until he saw Quang. Nhi hung up the call and contacted police immediately.
- Police attended the home and arrested Thanh for breaching the Safety Notice. He was charged and remanded, then subsequently bailed after questioning.
- CP received the L17 referral from the incident and spoke to Nhi. While CP identified Nhi was ‘acting protectively and other services were involved’ (i.e., victim survivor specialist family violence service; AOD treatment service with Thanh), concern remained about the system interventions to manage Thanh’s behaviour/risk.

In the past 24 hours

- Thanh presented at Nhi’s home threatening suicide unless she let him see Quang.
- Nhi reported Thanh was ‘high’, kicking items outside the house, smashing her car windows.
- Thanh told Nhi that he would ‘burn the house to the ground’ with both of them and the children locked inside. Nhi reported that Thanh had left two full petrol cannisters in the garage.
- Nhi called 000. Police attended and arrested Thanh and he was remanded into custody for a court hearing in a few days’ time.

* No real names have been used in this case study.

Case study 2 – Adult using family violence (exclusively) who is coercive, controlling and manipulative

Adult using family violence	Victim survivors
 <p>Jack 36 y/o male</p> <ul style="list-style-type: none"> • Owns a security installation company • Has a good relationship with the town police officer and other business owners • Owns a shotgun 	 <p>Mandy & Troy</p> <ul style="list-style-type: none"> • Mandy (partner, 24 y/o female) – has an intellectual disability, unemployed, no license, no access to money, and no mobile phone • Troy (son of Mandy and Jack; 3 months old)

History (as gathered by The Orange Door network)

Older history

- Jack* and Mandy* have been in a relationship for six years and married for five years. Shortly after their wedding, Jack moved Mandy from South Australia (where all Mandy’s family and friends live) to regional Victoria.
- Two years ago, police attended their home after Jack smashed a television during an argument, prompted by Mandy contacting her mother using a payphone (Jack does not permit Mandy to own/access a mobile phone). Jack explained to police that Mandy’s mother had previously tricked Mandy into giving her money, which was why he got so upset about Mandy speaking to her and admitted he did the wrong thing. Mandy confirmed Jack’s statement and no further action was taken.

- Not long after this Police contact, they moved further out of town and now have no immediate neighbours. They live two hours from the nearest regional centre, and 15 km from the nearest shops.
- Mandy gave birth to Troy* three months ago.

Last week



- A maternal and child health nurse (MCH) noticed Troy had bruises and a burn and was withdrawn and fearful. MCH notified Child Protection (CP), who interviewed both Jack and Mandy separately.
- CP spoke to Jack about Troy’s bruises and burn. Jack told CP that Mandy had fallen while carrying both Troy and hot food.
- The CP practitioner noticed numerous security cameras in and around the house. Jack told CP that Mandy had requested the cameras to protect her from ‘predators’, as she was vulnerable due to her intellectual disability.
- Initially, when CP attempted to interview Mandy away from Jack, Jack objected stating that she needed his help to translate what they were saying because of her intellectual disability. CP insisted on separate interviews and Jack eventually relinquished.
- Once alone with CP, Mandy refused to talk about Troy’s bruises and burn but disclosed that Jack has physically and sexually abused her several times, including threatening her with his shotgun, and that she was ‘scared he might do something worse’.
- Mandy told CP that Jack doesn’t allow her to work, to have any bank accounts or access to money, or to have a mobile phone.
- CP have taken out an interim accommodation order for Troy, who has been placed in temporary foster care, stipulating that Jack must agree to participate in a family violence behaviour change program before Troy can return home. CP made a referral to The Orange Door.

In the past 24 hours

- The Orange Door network spoke to Jack and offered him a referral to a Men’s Behaviour Change Program. Jack declined.
- The Orange Door network spoke to Mandy. Mandy told The Orange Door network that Jack inflicted the burn on Troy and the bruise on his leg as punishment, after seeing Mandy leave the home on the cameras at a time that she hadn’t pre-arranged with Jack. (She took the baby for a walk in the pram as he was unsettled). Mandy declined any ongoing support from The Orange Door network.
- The Orange Door network proceeded to undertake their MARAM risk assessment and management responsibilities, including requesting a CIP report on Jack and using the FVISS/CISS to share risk relevant information with the services already involved with the family.

* No real names have been used in this case study.

Case study 3 – Young adult using family violence with history of trauma

Adult using family violence	Victim survivors
 <p>David 19 y/o male</p> <ul style="list-style-type: none"> • Identifies as Aboriginal • Works as a labourer in a timber yard • Lives between his mother Margaret’s house and a share house • Extensive history of trauma, including physical and sexual abuse • Reluctant to engage with local Aboriginal services as members of his abusers’ extended family work there. 	 <p>Margaret & Maisie</p> <ul style="list-style-type: none"> • Maisie (female, 2 y/o), David’s daughter. Showing signs of trauma. • Margaret (female, 49 y/o) – Identifies as Aboriginal. David’s biological mother and Maisie’s carer. Fearful of the system: doesn’t want David to become criminalised, and scared Maisie will be removed from her care.
<p>History (as gathered by The Orange Door network)</p> <p>Older history</p>	

- David* is a 19-year-old Aboriginal man who has a two-year old daughter, Maisie*, currently in the care of his mother, Margaret*. David's ex-partner and Maisie's mother left when Maisie was six months old and has no contact with the family.
- David has a history of extensive trauma, including physical and psychological abuse by members of his immediate and extended family.
- Between the ages of 17 and 19, David perpetrated family violence against his mother, Margaret.
- There have been five Victoria Police (L17) referrals in the past two years. Three of those have occurred in the past six months. The frequency and severity of the violence is escalating, including:
 - A year ago:
 - Police attended the home on two occasions after a neighbour reported verbal abuse from David towards Margaret
 - Margaret advised police that her son has 'outbursts' because of his traumatic history
 - Police made an L17 referral to The Orange Door network.
 - The Orange Door network was unable to contact David, and Margaret declined support. Despite not being able to contact David directly, The Orange Door network undertook their MARAM risk assessment and management responsibilities, including requesting a CIP report on David and using the FVISS and CISS to share risk relevant information with the services already involved with the family (i.e., Police).
 - The Orange Door network's Aboriginal responses team was consulted on the case.
 - Six months ago:
 - David attended Margaret's home around 10pm, under the influence of alcohol. He was banging loudly on the door, demanding to see Maisie
 - neighbours called the Police who arrived to find David apologetic and tearful.
 - Police made another L17 referral to The Orange Door network.
 - The Orange Door network was unable to contact David or Margaret. The Orange Door network again undertook their MARAM risk assessment and management responsibilities, including requesting a CIP report on David and using the FVISS and CISS to share risk relevant information with the services already involved with the family (i.e., Police).
 - The Orange Door Network's Aboriginal responses team was again consulted on the case.

Two weeks ago

- Neighbours reported David yelled at Margaret out the front of her home as he was leaving after seeing Maisie. David threatened to kill Margaret and then smashed the side mirror off her car.
- Neighbours called police. On their arrival, Margaret denied that David had smashed the mirror and stated the argument was just normal 'mother-son bickering'.
- Police made another L17 referral to The Orange Door network.
- The Orange Door network successfully made contact with David and Margaret, but both declined support. The Orange Door network again undertook their MARAM risk assessment and management responsibilities, including requesting a CIP report on David and using the FVISS and CISS to share risk relevant information with the services already involved with the family (i.e., Police).
- The Orange Door Network's Aboriginal responses team was again consulted on the case. Recommendations were made on David and Margaret's file to attempt to learn more about their community connections and opportunities for alternative responses.

One week ago

- After an argument at Margaret's, David tipped over a bookshelf, threw several items around the living room, and attempted to choke Margaret.
- Maisie witnessed the incident and was crying, unable to be soothed, when Police and CP arrived.
- Margaret declined to speak with police or CP or make a formal statement and reported that she and Maisie were not in danger. CP opened an investigation.

- Police issued David with a summons to appear in court for an intervention order hearing and made another L17 referral to The Orange Door network. Margaret reported that she did not support this.
- The Orange Door network was again unsuccessful in attempting to contact Margaret and David. The Orange Door network again undertook their MARAM risk assessment and management responsibilities, including requesting a CIP report on David and using the FVISS and CISS to share risk relevant information with the services already involved with the family (i.e., Police and CP). The Orange Door Network's Aboriginal responses team was again consulted on the case.

* No real names have been used in this case study.

CONSULTATION DRAFT - NOT GOVERNMENT POLICY

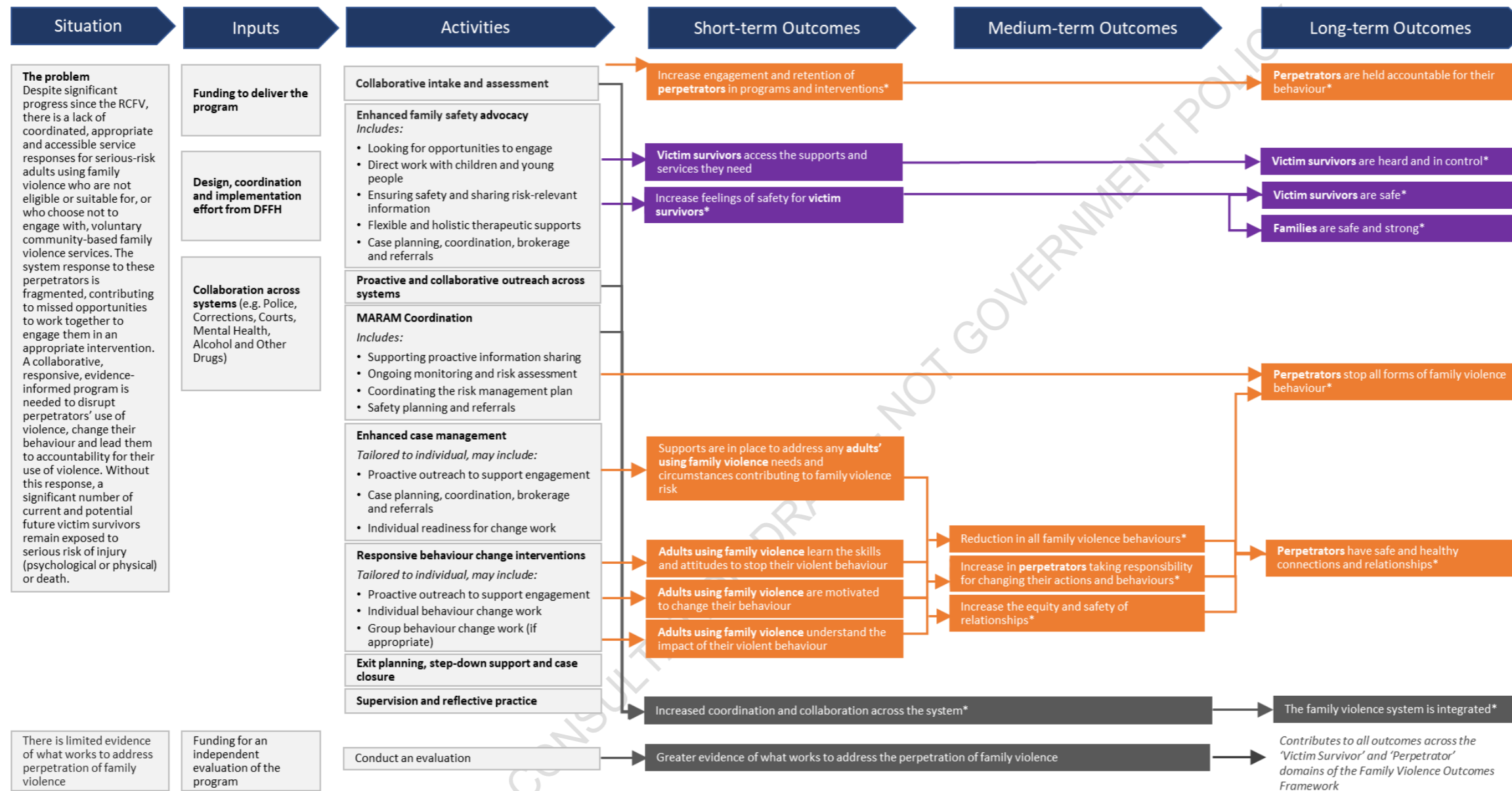
Appendix C: Preliminary program logic

The preliminary program logic summarises early thinking about the serious-risk program's purpose and service model

Preliminary program logic: Intensive interventions for serious-risk adults using family violence

Program aims:

- To keep current and potential future victim survivors safe by:
 - keeping serious-risk adults using family violence in view, disrupting their use of violence and holding them accountable through a strong, coordinated, system-wide approach
 - engaging serious risk adults using violence in intensive interventions that lead to behaviour change.
- To build evidence of what works to address serious-risk family violence perpetration.



Assumptions: specialist family violence service providers are available and willing to deliver this program; suitably qualified practitioners are available to lead this work; staff are willing to participate in required training (e.g. MARAM, TRAM); low staff turnover for the duration of the program; partner agencies across the system will participate; MARAM coordination function will be effective regardless of level of direct engagement; engagement strategy will be effective for participants who have motivation to engage; tailored, flexible and enhanced interventions will be effective for participants who engage with the program; evaluation provider available and willing to deliver evaluation.

External factors: existing funding and contracting arrangements of service providers; other reforms impacting on service provider capacity; availability of MARAM and TRAM training for providers; availability of other services in area; research and evidence on effective perpetrator interventions

Key

- Outcomes relating to **victim survivors**
- Outcomes relating to **adults using family violence/perpetrators**
- Outcomes relating to the **family violence system**

* Outcome/indicator wording taken directly from the published Family Violence Outcomes Framework. These outcomes align to, and support, the Dhelk Dja Theory of Change.

Appendix D: Definition of ‘serious risk’ in the MARAM guidance¹³⁵

Under MARAM, an adult using family violence is assessed as ‘serious risk’ if they present an increased risk of serious injury (psychological or physical) or death to the victim survivor.

The following information has been reproduced from the perpetrator-focused MARAM Practice Guides.

Serious risk factors include:

MARAM evidence-based risk factors – serious risk factors	
<ul style="list-style-type: none"> Physical assault while pregnant/following new birth Planning to leave or recent separation Escalation - increase in severity and/or frequency of violence Controlling behaviours Access to weapons Use of weapon in most recent event Has ever tried to strangle or choke the victim Has ever threatened to kill victim 	<ul style="list-style-type: none"> Has ever harmed or threatened to harm or kill pets or other animals Has ever threatened or tried to self-harm or commit suicide Stalking of victim Sexual assault of victim Obsession / jealous behaviour toward victim Unemployed / Disengaged from education Drug and / or alcohol misuse / abuse

To be assessed as serious risk:

- a number of serious risk factors are present
- frequency or severity of risk factors may have changed or escalated
- serious outcomes may have occurred from current violence and it is indicated further serious outcomes from the use of family violence are likely, and there may be imminent threat to the life of the victim survivor, themselves or the community
- immediate risk management is required to lessen the level of risk or prevent a serious outcome from the identified threat presented by the person using family violence
- statutory and non-statutory service responses are required and coordinated and collaborative risk management and action planning may be required.

Appendix E: Stakeholders consulted to date

From May to August 2022, Family Safety Victoria engaged the following government, sector, inter-jurisdictional, and lived experience stakeholders with expertise in perpetrator interventions to assist with scoping the serious-risk program:

Other government departments		
Department of Justice and Community Safety (DJCS)	Victoria Police	Department of Families Fairness and Housing (incl. within Family Safety Victoria)
Corrections Victoria Forensic Intervention Services	Court Services Victoria	Department of Health
Community Corrections Services Case Management	Coroner’s Court	
Sector organisations		
No to Violence (NTV)	Sunraysia Community Health Services	Safe & Equal

Specialist Family Violence Advisors (mental health and alcohol and other drug services)	Bethany	
Existing forums/groups (incl. lived experience)		
Cross-Government Perpetrator Accountability Group (GPAG)	Sector Perpetrator Accountability Group (SPAG)	Victim Survivors' Advisory Council (VSAC) members
Inter-jurisdictional stakeholders		
The Duluth Model Organisation (USA)	Joint Venture Business Unit (NZ) – Eliminating family violence and sexual violence	Respect (UK), Drive Project

Appendix F: Reference List

- ¹ [Victorian State Budget 2022-23 Budget Paper 3](#)
- ² [Royal Commission into Family Violence final report and recommendations](#)
- ³ [Family Violence Reform Rolling Action Plan 2020-23](#)
- ⁴ [EACPI Final Report](#) (pp.60 & 70)
- ⁵ Vlasis et al. (2017). Family and Domestic Violence Perpetrator Programs: issues paper of current and emerging trends, developments and expectations. Stopping Family Violence Inc.; [EACPI Final Report](#) (pp.9-10); [Royal Commission into Family Violence final report and recommendations](#);
- ⁶ [Victorian State Budget 2022-23 Budget Paper 3: Service Delivery](#) (p. 45)
- ⁷ [Royal Commission into Family Violence final report and recommendations](#) as cited in [EACPI Final Report](#) (p. 16)
- ⁸ [Centre for Innovative Justice's \(CIJ\). \(2018\). 'Bringing pathways towards accountability together – Perpetrator journeys and system roles and responsibilities'](#) (pp.11-12; 40-41); also cited in [EACPI Final Report](#) (pp. 18-19)
- ⁹ [Family Violence Reform Rolling Action Plan 2020-23](#)
- ¹⁰ [Evaluation of the Drive Project – a three-year pilot to address high-risk, high-harm perpetrators of domestic abuse](#) (2019); Australia's National Research Organisation for Women's Safety. (2019). [Evaluation readiness, program quality and outcomes in men's behaviour change programs](#) (pp 127-131); Buechner Institute for Governance. (2015). Colorado's Innovative response to domestic violence offender treatment: current achievements and recommendations for the future. Buechner Crime Briefing, February 2015. (Colorado, Denver).
- ¹¹ [MARAM Practice Guides Foundation Knowledge Guide: Guidance for professionals working with child or adult victim survivors, and adults using violence](#)
- ¹² [The Orange Door Annual Service Delivery Report 2020-21](#)
- ¹³ J Edleson (2008) as cited in [Centre for Innovative Justice \(CIJ\). \(2015\). Opportunities for Early Intervention: Bringing perpetrators of family violence into view](#)); [Royal Commission into Family Violence final report and recommendations](#) as cited in [EACPI Final Report](#) (p. 15); [Centre for Innovative Justice's \(CIJ\). \(2018\). 'Bringing pathways towards accountability together – Perpetrator journeys and system roles and responsibilities'](#) (p. 46)
- ¹⁴ [Centre for Innovative Justice \(CIJ\). \(2015\). Opportunities for Early Intervention: Bringing perpetrators of family violence into view](#); [Centre for Innovative Justice \(CIJ\). \(2018\). 'Bringing pathways towards accountability together – Perpetrator journeys and system roles and responsibilities'](#) (pp.11-13; 40-41)
- ¹⁵ [Royal Commission into Family Violence final report and recommendations](#)
- ¹⁶ [EACPI Final Report](#) (p. 69)
- ¹⁷ [EACPI Final Report](#) (p. 19)
- ¹⁸ [EACPI Final Report](#) (p. 65)
- ¹⁹ [EACPI Final Report](#) (p. 65)
- ²⁰ [EACPI Final Report](#) (p. 65)
- ²¹ [EACPI Final Report](#) (pp. 68-69)
- ²² [EACPI Final Report](#) (p. 68)
- ²³ [Victorian State Budget 2022-23 Budget Paper 3: Service Delivery](#) (p. 45)

- ²⁴ [MARAM Practice Guides Foundation Knowledge Guide: Guidance for professionals working with child or adult victim survivors, and adults using violence](#)
- ²⁵ [Risk Assessment and Management Panels \(RAMPs\) – Safe & Equal website](#)
- ²⁶ Acknowledged in [EACPI Final Report](#) (p. 59)
- ²⁷ Ward et al., (2007), 'Reconstructing the Risk-Need-Responsivity model: a theoretical elaboration and evaluation'. *Aggression and Violent Behaviour* 12: (pp. 208-228).
- ²⁸ [MARAM Practice Guides Foundation Knowledge Guide: Guidance for professionals working with child or adult victim survivors, and adults using violence](#)
- ²⁹ [MARAM Practice Guides Foundation Knowledge Guide: Guidance for professionals working with child or adult victim survivors, and adults using violence](#)
- ³⁰ Holtzworth-Munroe A Stuart GL. Typologies of male batterers – three subtypes and the differences among them. *Psychological Bulletin* 1994;116(3):476-97; Victorian Government (2022), MARAM Comprehensive assessment guide for working with adults using family violence; [EACPI Final Report](#) (p.59)
- ³¹ Coghlan S and Millsteed M 2017, Identifying the differences between generalist and specialist family violence perpetrators: risk factors and perpetrator characteristics, In Brief No. 8, Crime Statistics Agency.
- ³² Australia's National Research Organisation for Women's Safety, (2022). The 'Pathways to intimate partner homicide' project: key stages and events in male-perpetrated intimate partner homicide in Australia. Research report. Issue 4 (ANROWS, Sydney).
- ³³ [MARAM Practice Guides Foundation Knowledge Guide: Guidance for professionals working with child or adult victim survivors, and adults using violence](#) (p.102); Australia's National Research Organisation for Women's Safety, (2022). The 'Pathways to intimate partner homicide' project: key stages and events in male-perpetrated intimate partner homicide in Australia. Research report. Issue 4 (ANROWS, Sydney).
- ³⁴ Holtzworth-Munroe A Stuart GL. Typologies of male batterers – three subtypes and the differences among them. *Psychological Bulletin* 1994;116(3):476-97
- ³⁵ Australia's National Research Organisation for Women's Safety, (2022). The 'Pathways to intimate partner homicide' project: key stages and events in male-perpetrated intimate partner homicide in Australia. Research report. Issue 4 (ANROWS, Sydney).
- ³⁶ [EACPI Final Report](#) (p.60)
- ³⁷ [EACPI Final Report](#) (p.60)
- ³⁸ Crimes Statistics Agency, Victoria cited in [MARAM Practice Guides Foundation Knowledge Guide: Guidance for professionals working with child or adult victim survivors, and adults using violence; EACPI Final Report](#) (p.59)
- ³⁹ [EACPI Final Report](#) (p.67); Australia's National Research Organisation for Women's Safety, (2022). The 'Pathways to intimate partner homicide' project: key stages and events in male-perpetrated intimate partner homicide in Australia. Research report. Issue 4 (ANROWS, Sydney).
- ⁴⁰ Australia's National Research Organisation for Women's Safety, (2022). The 'Pathways to intimate partner homicide' project: key stages and events in male-perpetrated intimate partner homicide in Australia. Research report. Issue 4 (ANROWS, Sydney).
- ⁴¹ Holtzworth-Munroe A Stuart GL. Typologies of male batterers – three subtypes and the differences among them. *Psychological Bulletin* 1994;116(3):476-97; MARAM Comprehensive assessment guide for working with adults using family violence; [EACPI Final Report](#) (p.59)
- ⁴² Australia's National Research Organisation for Women's Safety, (2022). The 'Pathways to intimate partner homicide' project: key stages and events in male-perpetrated intimate partner homicide in Australia. Research report. Issue 4 (ANROWS, Sydney).
- ⁴³ Australia's National Research Organisation for Women's Safety, (2022). The 'Pathways to intimate partner homicide' project: key stages and events in male-perpetrated intimate partner homicide in Australia. Research report. Issue 4 (ANROWS, Sydney).
- ⁴⁴ [EACPI Final Report](#) (pp. 25-26)
- ⁴⁵ Ward et al., (2007), 'Reconstructing the Risk-Need-Responsivity model: a theoretical elaboration and evaluation'. *Aggression and Violent Behaviour* 12: (pp. 208-228).
- ⁴⁶ [Family Violence Reform Rolling Action Plan 2020-23 \(reform principles\)](#)
- ⁴⁷ [Dhekk Dja: Safe Our Way – Strong Culture, Strong Peoples, Strong Families](#)
- ⁴⁸ [The Nargneit Birrang Framework](#)
- ⁴⁹ [EACPI Final Report](#) (pp.11, 65 & 70)

- ⁵⁰ Ward et al., (2007), 'Reconstructing the Risk-Need-Responsivity model: a theoretical elaboration and evaluation'. *Aggression and Violent Behaviour* 12: (pp. 208-228).
- ⁵¹ Consultation with the Drive Project head of Program and Practice, September 2022
- ⁵² [Victorian State Budget 2022-23 Budget Paper 3](#)
- ⁵³ [MARAM Practice Guides – Working with adults using family violence](#) - Responsibility 8: Comprehensive Risk Management and Safety Planning
- ⁵⁴ [Evaluation of the Drive Project – a three-year pilot to address high-risk, high-harm perpetrators of domestic abuse](#); Overview of the Caledonian system in [ANROWS \(2019\)](#) (pp. 127-131); Buechner Institute for Governance. (2015). Colorado's Innovative response to domestic violence offender treatment: current achievements and recommendations for the future. Buechner Crime Briefing, February 2015. (Colorado, Denver).
- ⁵⁵ Also cited in [Centre for Innovative Justice's \(CIJ\). \(2018\). 'Bringing pathways towards accountability together – Perpetrator journeys and system roles and responsibilities'](#) (pp.11-13)
- ⁵⁶ Meyer, S; Burley, J & Fitz-Gibbon, K (2022) Combining Group-based Interventions for Intimate Partner Violence Perpetrators With Comorbid Substance Use: An Australian Study of Cross-sector Practitioner Views
- ⁵⁷ [Centre for Innovative Justice's \(CIJ\). \(2018\). 'Bringing pathways towards accountability together – Perpetrator journeys and system roles and responsibilities'](#) (pp.11-13)
- ⁵⁸ [Centre for Innovative Justice's \(CIJ\). \(2018\). 'Bringing pathways towards accountability together – Perpetrator journeys and system roles and responsibilities'](#) (p.13)
- ⁵⁹ Also cited in [Centre for Innovative Justice's \(CIJ\). \(2018\). 'Bringing pathways towards accountability together – Perpetrator journeys and system roles and responsibilities'](#) (pp. 40-47)
- ⁶⁰ [EACPI Final Report](#) (pp. 65 & 70)
- ⁶¹ [Evaluation of the Drive Project – a three-year pilot to address high-risk, high-harm perpetrators of domestic abuse \(Executive Summary\)](#) (p. 1-2)
- ⁶² Consultation with the Drive Project head of Program and Practice, September 2022
- ⁶³ [NTV Family Safety Advocate Practice Guidance](#), Australia's National Research Organisation for Women's Safety. (2020). Prioritising women's safety in Australian perpetrator interventions: Mapping the purpose and practices of partner contact (Research to policy and practice, 08/2020). Sydney: ANROWS.
- ⁶⁴ [Centre for Innovative Justice's \(CIJ\). \(2018\). 'Bringing pathways towards accountability together – Perpetrator journeys and system roles and responsibilities'](#) (p.50); [EACPI Final Report](#) (p.59)
- ⁶⁵ Australia's National Research Organisation for Women's Safety. (2020). Prioritising women's safety in Australian perpetrator interventions: Mapping the purpose and practices of partner contact (Research to policy and practice, 08/2020). Sydney: ANROWS.
- ⁶⁶ [NTV Family Safety Advocate Practice Guidance](#), Australia's National Research Organisation for Women's Safety. (2020). Prioritising women's safety in Australian perpetrator interventions: Mapping the purpose and practices of partner contact (Research to policy and practice, 08/2020). Sydney: ANROWS.
- ⁶⁷ [MARAM Practice Guides Foundation Knowledge Guide: Guidance for professionals working with child or adult victim survivors, and adults using violence](#)
- ⁶⁸ [MARAM Practice Guides – Working with adults using family violence](#)
- ⁶⁹ [MARAM Practice Guides Foundation Knowledge Guide: Guidance for professionals working with child or adult victim survivors, and adults using violence](#)
- ⁷⁰ [Evaluation of the Drive Project – a three-year pilot to address high-risk, high-harm perpetrators of domestic abuse](#)
- ⁷¹ [Evaluation of the Drive Project – a three-year pilot to address high-risk, high-harm perpetrators of domestic abuse](#)
- ⁷² Buechner Institute for Governance. (2015). Colorado's Innovative response to domestic violence offender treatment: current achievements and recommendations for the future. Buechner Crime Briefing, February 2015. (Colorado, Denver).
- ⁷³ [Multiple and Complex Needs Initiative \(MACNI\)](#)
- ⁷⁴ [Serious Offenders Coordination](#)
- ⁷⁵ [Perpetrator case management program – operational guidelines](#)
- ⁷⁶ [Evaluation of the Drive Project – a three-year pilot to address high-risk, high-harm perpetrators of domestic abuse](#)
- ⁷⁷ Australia's National Research Organisation for Women's Safety, (2022). The effectiveness of interventions for perpetrators of domestic and family violence: an overview of findings from reviews. Research report, WW.22.02/1 (ANROWS, Sydney). (pp. 2)

- ⁷⁸ [Family Violence Reform Rolling Action Plan 2020-23](#)
- ⁷⁹ [Victorian Government Family Violence Research Grants](#)
- ⁸⁰ [EACPI Final Report](#) (pp. 24),
- ⁸¹ Vlais et al. (2017). Family and Domestic Violence Perpetrator Programs: issues paper of current and emerging trends, developments and expectations. Stopping Family Violence Inc.; [EACPI Final Report](#)
- ⁸² [Evaluation of the Drive Project – a three-year pilot to address high-risk, high-harm perpetrators of domestic abuse](#)
- ⁸³ Meyer, S; Burley, J & Fitz-Gibbon, K (2022) Combining Group-based Interventions for Intimate Partner Violence Perpetrators With Comorbid Substance Use: An Australian Study of Cross-sector Practitioner Views
- ⁸⁴ [Nargneit Birrang Holistic Healing Framework](#)
- ⁸⁵ Vlais et al. (2017). Family and Domestic Violence Perpetrator Programs: issues paper of current and emerging trends, developments and expectations. Stopping Family Violence Inc. (p. 58)
- ⁸⁶ As in the Caledonian system – see overview of the Caledonian system in [ANROWS \(2019\)](#) (pp. 127-131)
- ⁸⁷ [Evaluation of the Drive Project – a three-year pilot to address high-risk, high-harm perpetrators of domestic abuse](#) (pp. 45)
- ⁸⁸ [Service guidelines for perpetrator interventions during coronavirus \(COVID-19\) – 4 November 2020](#)
- ⁸⁹ [The Duluth Model](#)
- ⁹⁰ Ward et al., (2007), ‘Reconstructing the Risk-Need-Responsivity model: a theoretical elaboration and evaluation’. Aggression and Violent Behaviour 12: (pp. 208-228).
- ⁹¹ [Men’s behaviour change minimum standards](#)
- ⁹² Australia’s National Research Organisation for Women’s Safety, (2022). The effectiveness of interventions for perpetrators of domestic and family violence: an overview of findings from reviews. Research report, WW.22.02/1 (ANROWS, Sydney).
- ⁹³ Vlais et al. (2017). Family and Domestic Violence Perpetrator Programs: issues paper of current and emerging trends, developments and expectations. Stopping Family Violence Inc.; [EACPI Final Report](#)
- ⁹⁴ EACPI (pp. 28)
- ⁹⁵ Polaschek (2016), cited in Vlais et al. (2017). Family and Domestic Violence Perpetrator Programs: issues paper of current and emerging trends, developments and expectations. Stopping Family Violence Inc. (p.80); [EACPI Final Report](#) p.60)
- ⁹⁶ [Caledonian System Evaluation \(2016\)](#) (pp. 8)
- ⁹⁷ [Colorado DVOMB Standards](#)
- ⁹⁸ [Centre for Innovative Justice’s \(CIJ\). \(2018\). ‘Bringing pathways towards accountability together – Perpetrator journeys and system roles and responsibilities’](#) (pp.11-13)
- ⁹⁹ [Centre for Innovative Justice’s \(CIJ\). \(2018\). ‘Bringing pathways towards accountability together – Perpetrator journeys and system roles and responsibilities’](#) (p.61)
- ¹⁰⁰ Overview of the Caledonian system in [ANROWS \(2019\)](#) (pp. 127-131)
- ¹⁰¹ Consultation with the Drive Project head of Program and Practice, September 2022
- ¹⁰² Overview of Colorado’s model in Vlais et al. (2017). Family and Domestic Violence Perpetrator Programs: issues paper of current and emerging trends, developments and expectations. Stopping Family Violence Inc. (pp. 54-56)
- ¹⁰³ [EACPI Final Report](#) (pp.61-62)
- ¹⁰⁴ [EACPI Final Report](#) (p.62)
- ¹⁰⁵ [Evaluation of the Drive Project – a three-year pilot to address high-risk, high-harm perpetrators of domestic abuse; EACPI Final Report](#) (p. 68)
- ¹⁰⁶ Buechner Institute for Governance. (2015). Colorado’s Innovative response to domestic violence offender treatment: current achievements and recommendations for the future. Buechner Crime Briefing, February 2015. (Colorado, Denver).
- ¹⁰⁷ Overview of Colorado’s model in Vlais et al. (2017). Family and Domestic Violence Perpetrator Programs: issues paper of current and emerging trends, developments and expectations. Stopping Family Violence Inc. (pp. 54-56); Overview of the Caledonian system in [ANROWS \(2019\)](#) (pp. 127-131)
- ¹⁰⁸ Overview of the Caledonian system in [ANROWS \(2019\)](#) (pp. 127-131)
- ¹⁰⁹ Overview of the Caledonian system in [ANROWS \(2019\)](#) (pp. 127-131); Overview of Colorado’s model in Vlais et al. (2017). Family and Domestic Violence Perpetrator Programs: issues paper of current and emerging trends, developments and expectations. Stopping Family Violence Inc. (pp. 54-56); [Drive model, UK](#)

- ¹¹⁰ [Centre for Innovative Justice's \(CIJ\). \(2018\). 'Bringing pathways towards accountability together – Perpetrator journeys and system roles and responsibilities'; EACPI Final Report](#) (p.19)
- ¹¹¹ Buechner Institute for Governance. (2015). Colorado's Innovative response to domestic violence offender treatment: current achievements and recommendations for the future. Buechner Crime Briefing, February 2015. (Colorado, Denver).
- ¹¹² [Centre for Innovative Justice's \(CIJ\). \(2018\). 'Bringing pathways towards accountability together – Perpetrator journeys and system roles and responsibilities'; EACPI Final Report](#) (p.19)
- ¹¹³ NSW Public Service Commission (2013), *The NSW Public Sector Capability Framework*, p.2. as cited in the [Responding to Family Violence Capability Framework](#)
- ¹¹⁴ [Responding to Family Violence Capability Framework](#) (expected to be updated in 2023)
- ¹¹⁵ [MARAM Practice Guides Foundation Knowledge Guide: Guidance for professionals working with child or adult victim survivors, and adults using violence](#)
- ¹¹⁶ [Centre for Innovative Justice's \(CIJ\). \(2018\). 'Bringing pathways towards accountability together – Perpetrator journeys and system roles and responsibilities'](#) (p.40)
- ¹¹⁷ Meyer, S; Burley, J & Fitz-Gibbon, K (2022) Combining Group-based Interventions for Intimate Partner Violence Perpetrators With Comorbid Substance Use: An Australian Study of Cross-sector Practitioner Views
- ¹¹⁸ [Centre for Innovative Justice's \(CIJ\). \(2018\). 'Bringing pathways towards accountability together – Perpetrator journeys and system roles and responsibilities'](#) (p.14)
- ¹¹⁹ Vlasis, R. and Campbell, E., (2019). Bringing pathways towards accountability together – Perpetrator journeys and system roles and responsibilities, (RMIT University, Melbourne) (p.66)
- ¹²⁰ [Men's behaviour change minimum standards](#). (p.13)
- ¹²¹ [Multiple and Complex Needs Initiative \(MACNI\)](#)
- ¹²² [EACPI Final Report](#) (pp.29, 96, 100-105)
- ¹²³ [Family Violence Multi-Agency Risk Assessment and Management \(MARAM\) Framework](#)
- ¹²⁴ [Royal Commission into Family Violence final report and recommendations](#)
- ¹²⁵ [Family Violence Information Sharing Guidelines: Guidance for Information Sharing Entities](#)
- ¹²⁶ Latessa, E.J and Lowenkamp, C.T (2005). 'What are criminogenic needs and why are they important'. Community Corrections: Research and Best Practices, For the Record, 4th Quarter 2005.
- ¹²⁷ [Everybody Matters Inclusion and Equity Statement](#)
- ¹²⁸ [Evaluation of the Drive Project – a three-year pilot to address high-risk, high-harm perpetrators of domestic abuse](#) (2019)
- ¹²⁹ [Colorado DVOMB Standards](#)
- ¹³⁰ Overview of the Caledonian system in [ANROWS \(2019\)](#) (pp. 127-131)
- ¹³¹ [Family Violence Lived Experience Strategy](#)
- ¹³² [Royal Commission into Family Violence final report and recommendations](#) as cited in [EACPI Final Report](#) (pp.16-17)
- ¹³³ [EACPI Final Report](#) (p.60)
- ¹³⁴ [Family Violence Multi-Agency Risk Assessment and Management \(MARAM\) Framework](#)
- ¹³⁵ [MARAM Practice Guides – Working with adults using family violence](#) Responsibility 7: Comprehensive Risk Assessment