



Intensive interventions for serious-risk adults using family violence (the 'serious-risk program')

Overview of emerging thinking on the service model

October 2022

Acknowledgement

Family Safety Victoria acknowledges Aboriginal people as the First Peoples and Traditional Owners and Custodians of the land and water on which we rely, 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.



The service gap and opportunity

- The Royal Commission into Family Violence (2015) and the Expert Advisory Committee on Perpetrator Interventions (2019) identified a gap in the service system for **more intensive community-based interventions for serious-risk perpetrators** who are unsuitable for participation in Men's Behaviour Change Programs (MBCP).
- Despite significant progress since the RCFV, there is more to do to **join up responses across the service system** so that serious-risk adults using family violence receive an appropriate response that **keeps them in view, disrupts their use of violence** and **leads them to accountability**.
- Without this response, victim survivors remain exposed to serious risk of injury (physical or psychological) and death.
- 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 contact' (the serious-risk program).



Aims of the program

- **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 family violence.*



Target population:

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

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 the **Multi-Agency Risk Assessment and Management (MARAM) guidance** (which means they pose a serious risk of harm – physical or psychological – or death, to victim survivors)

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).

In-scope adults using family violence may include some individuals involved in the criminal justice system or Risk Assessment and Management Panels (RAMPs); however, careful consideration needs to be given to the benefits and risks of intervening with these cases, and victim survivor safety should be paramount.

Discussion prompts:

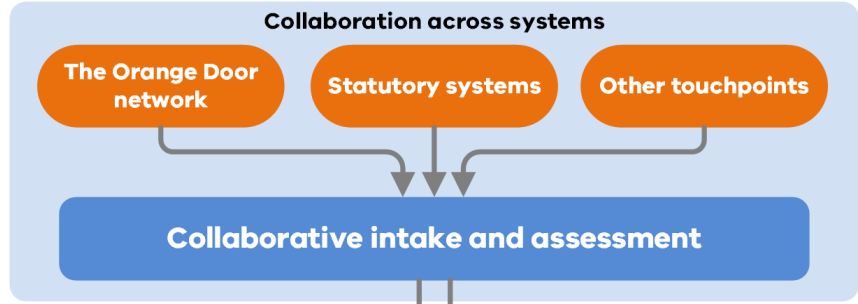
Is the serious-risk program likely to be oversubscribed with this eligibility criteria? If yes, what could help to moderate demand?

Are there additional eligibility criteria we should consider?



Serious-risk program service model – emerging thinking

Family Violence Multi-Agency Risk Assessment and Management (MARAM)
 Throughout the response | Coordinated by the serious-risk program lead | Multi-agency action to respond to changes in risk



Discussion prompts:

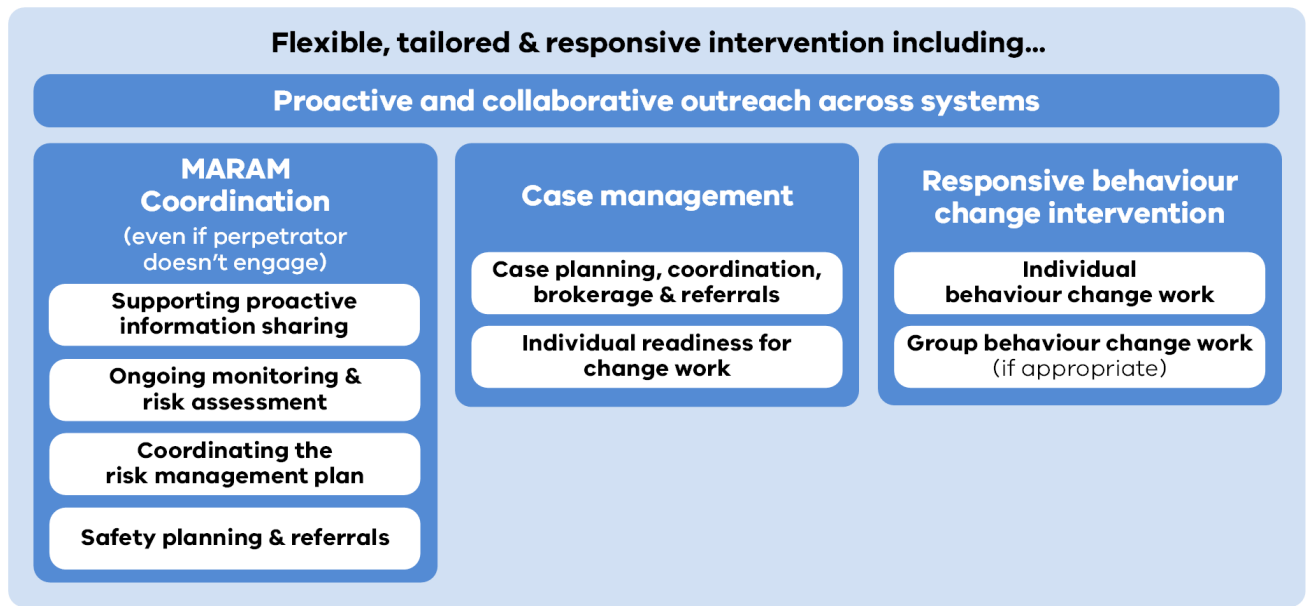
What are your overall thoughts on the preliminary service model?

Do you think that one flexible service model could respond to the many presentations of serious-risk adults using family violence?

RESPONSE TO VICTIM SURVIVORS
 Including children, young people & adults

- Enhanced family safety advocacy**
 (even if perpetrator doesn't engage)
- Looking for opportunities to engage
 - Direct work with children & young people
 - Ensuring safety and sharing information
 - Flexible & holistic therapeutic supports
 - Case planning, coordination, brokerage & referrals

RESPONSE TO ADULT USING FAMILY VIOLENCE



Tailored intensity and duration of response for all clients



Key model feature:

Proactive engagement and outreach using a systemic approach

- Evidence suggests engagement is more likely to be effective with hard-to-engage perpetrators if we **go to them**, rather than waiting for them to come to us, and **take advantage of 'windows of accountability'** when they may be more receptive to an intervention.
- Stakeholders also suggest there are **untapped opportunities** to engage with serious-risk perpetrators at **various touchpoints** across the service systems in which they are involved.
- Therefore, **proactive, collaborative, cross-systems engagement** of serious-risk perpetrators by suitably qualified practitioners is critical to the success of the program – from initial engagement, and throughout the response to maintain engagement.
- Even if a **perpetrator refuses to participate** in the program, proactive engagement attempts may help to **keep them in view**, and provide **opportunities for risk assessment and management**.

Discussion prompts:

What other parts of existing service systems 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 engagement (for example, to apply 'social pressure' to participate)?



Key model feature: Enhanced family safety advocacy

Family safety advocacy in perpetrator interventions involves working directly with impacted family members 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'.*

Enhanced family safety advocacy in this program could include:

- **pro-active engagement and holistic support offered at the same intensity and duration** as the response offered to the adult using family violence (**even if the perpetrator doesn't directly engage with the program**)
- **direct work with children and young people** as victim survivors in their own right
- inviting victim survivors to **inform the perpetrator intervention**
- **'step down' support and supported transition** (if needed) to other services at case closure.

Discussion prompts:

How could the approach ensure greater emphasis on the needs of children and young people?

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.)

RESPONSE TO VICTIM SURVIVORS

Including children, young people & adults

Enhanced family safety advocacy

(even if perpetrator doesn't engage)

Looking for opportunities to engage

Direct work with children & young people

Ensuring safety and sharing information

Flexible & holistic therapeutic supports

Case planning, coordination, brokerage & referrals

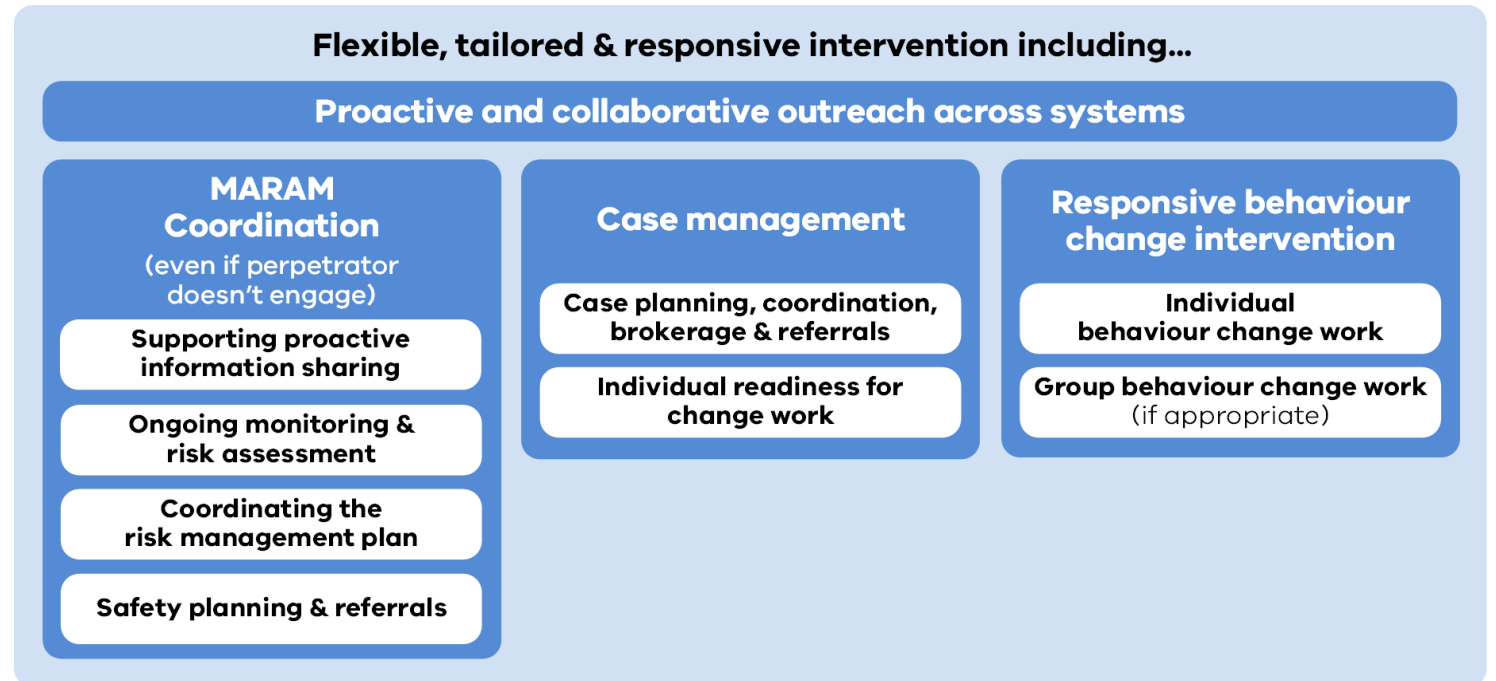


Key model feature:

Flexible, tailored and responsive intervention for the adult using family violence

The preliminary service model aims to be flexible enough to **respond effectively to a range of presentations** of serious-risk perpetrators, by:

- allowing the program to **responsively 'dial up' and 'dial down' effort** across the components of **MARAM Coordination, Case Management** and **Responsive behaviour change intervention**
- allowing practitioners to **'stretch' from conventional case management into deeper individual behaviour change work** (if there is sufficient motivation)
- including **individual and group behaviour change work** in the one program.

RESPONSE TO **ADULT USING FAMILY VIOLENCE**

Key model feature:**Dedicated responsibility to coordinate MARAM activity**

The program will **lead the coordination of Family Violence Multi-Agency Risk Assessment and Management (MARAM) activity – even if the perpetrator doesn't directly engage** with the program. This function could include:

- **proactively managing risk, coordinating multi-agency action** (including leading a case conferencing function) and taking full advantage of **information sharing** provisions.
- **filling a gap in longer-term community-based MARAM coordination** – existing responses can not keep cases open for an extended period if the perpetrator does not engage or disengages.
- **collaboratively identifying ways to safely 'disrupt' a perpetrator's use of violence** across systems*. Disruption tactics would aim to keep the perpetrator in view and provide victim survivors with time to make decisions; as well as providing further opportunities to engage (or re-engage) the perpetrators.

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 (e.g. cross-system meetings or governance structures). What should this look like?

MARAM Coordination

(even if perpetrator doesn't engage)

**Supporting proactive
information sharing**

**Ongoing monitoring &
risk assessment**

**Coordinating the
risk management plan**

**Safety planning &
referrals**

* The [UK Drive project](#) has used this approach with serious-risk perpetrators with some success.



Key model feature: Case management

Existing case management support for perpetrators* 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'.

To meet this aim, case management in the serious risk program could include:

- **Case planning, coordination, brokerage and referrals**
- **Individual readiness for change** work (likely to include motivational interviewing). This would allow practitioners to **carefully choose the right moment** to transition from maintaining contact and addressing support needs alone, into **deeper individual behaviour change work to challenge and shift behaviours and attitudes** (where motivation exists).

Discussion prompts:

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

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?

Case management

**Case planning,
coordination, brokerage
& referrals**

**Individual readiness for
change work**



Key model feature:

Responsive behaviour change intervention

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**. Key areas of responsivity could include the ability to:

- offer **individual and group** (where appropriate) **behaviour change options in the one program**
- **scale the intensity of the intervention** (for example, slowing the pace of content delivery for perpetrators with learning difficulties, or providing opportunities to 'catch up' on content missed in group work)
- **integrate with other treatment** being undertaken by the perpetrator (for example, treatment for substance use issues)
- **use various therapeutic modalities** or theoretical frameworks depending on the expertise of the practitioner and needs of the perpetrator (for example, counselling, cognitive behavioural therapy, anger management treatment or feminist, psychoeducational approaches)
- take a **holistic approach when working with Aboriginal people**, which may include **whole-of-family work** (if safe and appropriate)
- provide **culturally appropriate interventions** for people from diverse communities (including in languages other than English).

Discussion prompts:

Are there any innovative approaches to behaviour change that could be explored through the serious-risk program?

Should the program consider adopting a manualised treatment 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 program?

What advice would you have for working with serious-risk adults using family violence from Aboriginal and other diverse communities? (e.g. other adaptations required). What elements of practice with Aboriginal people could inform practice with non-Aboriginal people?

Responsive behaviour change intervention

Individual behaviour change work

Group behaviour change work
(if appropriate)



Other possible features of the preliminary model

Intensity, duration and phasing of the intervention

- 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. This may include a **longer program duration** and **greater intensity** of intervention.
- It may also be necessary to take a **phased approach to service delivery**, including a period of **preparation, intensive responses** and a lower intensity **'step-down'** phase to transition out of the program. **Exit planning** also needs to be carefully managed, with the option to swiftly re-open a case if risk levels escalate.

Workforce capabilities and considerations

- Successful delivery of the program is contingent on an experienced, skilled and capable specialist family violence workforce. Preliminary thinking is that practitioners will be required to demonstrate **Tier 1 capabilities** as defined in the [Responding to Family Violence Capability Framework](#), ideally at a **'senior' or 'expert' level**, as well as **key capabilities for each MARAM responsibility** outlined in the [MARAM Foundation Knowledge Guide](#).
- Additionally, consideration could be given to **multi-disciplinary teams** that include practitioners with **experience working with both victim survivors and adults using family violence**, as well as practitioners with specialisations in working with **people with mental health or substance use issues** and **pre-existing relationships across relevant service systems**.

Discussion prompts:

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

What comments do you have on workforce capabilities and considerations? Is there anything you would suggest to help overcome known workforce supply challenges?



Next steps

- **Consultation** throughout October **closing Friday 4 November 2022.**
- Service provider procurement intended to begin from **late 2022.**
- Service delivery intended to begin from **early 2023.**

Please send your feedback to
perpetrator.accountability@familysafety.vic.gov.au

