



TOWARDS SAFE FAMILIES

A practice guide for men's domestic violence behaviour change programs



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CONTENTS

INTRODUCTION	9
Background	9
How to use this practice guide.....	9
Notes on language used in this guide	8
Glossary	10
Introduction to the minimum standards	12
Quick reference guide	13
SECTION 1: PRACTICE CONTEXT	23
Domestic and family violence.....	24
Definitions and understandings.....	24
<i>Domestic and family violence</i>	24
<i>Gendered nature of domestic and family violence</i>	24
<i>Common misconceptions about domestic and family violence</i>	25
<i>Forms of domestic and family violence</i>	26
Effects of domestic and family violence.....	27
<i>The effects of domestic and family violence on women</i>	27
<i>The effects of domestic and family violence on children</i>	28
<i>The effects of domestic and family violence on women’s parenting</i>	29
<i>Parenting by men who use domestic and family violence</i>	30
Legal responses to domestic and family violence.....	31
<i>Broad legal context for domestic and family violence</i>	31
<i>Apprehended Domestic Violence Orders</i>	32
Domestic and family violence in particular contexts	33
<i>Aboriginal family violence</i>	33
<i>Violence against a same-sex or transgendered partner</i>	34
<i>Violence against women and children in culturally and linguistically diverse communities</i>	35
<i>Violence against women with disabilities</i>	36
<i>Domestic and family violence in rural and remote areas</i>	37
Men’s behaviour change work	38
Definition and scope of men’s behaviour change programs	38
Men’s behaviour change work in NSW	38
NSW principles for men’s behaviour change work	39
Aims and strategic objectives of men’s behaviour change work	39
Risks and limits of men’s behaviour change work	39
Program approaches.....	40
<i>The centrality of group work</i>	40
<i>Group work and individual work combined</i>	41
<i>Individual work as an alternative to group work</i>	41
Other approaches.....	41



TOWARDS SAFE FAMILIES

A practice guide for men's domestic violence behaviour change programs

<i>Couple counselling</i>	41
<i>Contraindicated counselling approaches</i>	42
Men's behaviour change work in context.....	43
SECTION 2: PROGRAM MANAGEMENT	45
Relevant minimum standards.....	46
Program planning	47
Clients.....	47
Components of a program	47
Holistic casework	47
Planning to provide services to men	48
<i>Evidence-based models of practice</i>	48
<i>Program integrity</i>	52
<i>Determining content across the program</i>	53
<i>Group work structure</i>	54
<i>Determining program length</i>	56
<i>Designing a course of group work</i>	56
<i>Designing a group session</i>	57
Planning to provide services to women and children.....	58
<i>Why partner support is critical</i>	58
<i>Models of partner support</i>	59
<i>Why child responsiveness is critical</i>	60
<i>Models for responding to children's risk and needs</i>	60
Policies and procedures.....	62
Staffing, supervision, professional development and staff safety.....	63
Staffing	63
<i>The importance of effective staffing arrangements</i>	63
<i>Skills and knowledge required of staff</i>	63
<i>Qualities of program staff</i>	64
<i>Skills and experience required of facilitators</i>	64
<i>Partner support workers</i>	65
<i>Number of facilitators</i>	65
<i>Gender of facilitators</i>	66
<i>Gendered divisions of work</i>	66
<i>Staff with direct personal experience of domestic and family violence</i>	67
Supervision and professional development	68
<i>Understanding the importance of supervision and professional development</i>	68
<i>Clinical supervision</i>	68
<i>Professional development</i>	69
<i>Observation of practice</i>	70
Staff safety and wellbeing	71
<i>Staff safety practices regarding dangers in men's behaviour change work</i>	71
<i>Staff wellbeing</i>	71
Integrated practice	72

<i>Coordinated community responses</i>	72
<i>Reference groups</i>	74
<i>Integration with courts</i>	74
Evaluation.....	75
Impact evaluations	75
<i>Evaluations of ‘success’ and ‘effectiveness’</i>	75
<i>Evaluations of a program’s impact on women and children’s safety</i>	76
<i>Evaluations of the impact of a program on the behaviour of individual men</i>	76
Process evaluations.....	77
Managing data for evaluation purposes.....	78
Access.....	79
Waiting lists	79
Re-referring men.....	79
Enhancing access to men’s behaviour change programs.....	80
<i>Key concepts in cross-cultural engagement</i>	80
<i>Service responses for Aboriginal families</i>	81
<i>Service responses for people from CALD communities</i>	84
<i>Service responses to people with cognitive impairments</i>	88
<i>Service responses to people with disabilities</i>	88
<i>Access for gay and bisexual men in same-sex relationships, men who have sex with men, transgender and intersex men</i>	89
<i>Programs in rural and regional areas</i>	91
Administration	92
Limited confidentiality for men	92
Confidentiality for women.....	93
Confidentiality for children.....	93
Record keeping	93
<i>Men’s files</i>	93
<i>Women’s and children’s files</i>	93
<i>Storage of files</i>	93
Referrals and secondary consultations.....	95
The value of referrals	95
Secondary consultations.....	95
SECTION 3: SAFETY AND WOMEN’S AND CHILDREN’S WELLBEING.....	97
Relevant minimum standards.....	98
Safety.....	98
<i>Principles for safety</i>	98
Women’s and children’s safety	98
<i>Identification of risk indicators, dangers and threats</i>	98
<i>Safety planning for women and children</i>	100
<i>Concerns for children’s safety and wellbeing</i>	101
<i>Responding to risk and danger</i>	102
<i>Coordinated risk management processes</i>	103
<i>Responding to criminal acts</i>	103



Women's and children's wellbeing	104
Working with women	104
<i>Implementing partner support</i>	104
<i>Considerations in supporting women</i>	109
Working in the best interests of children	112
<i>Responding to children's vulnerability</i>	112
<i>Addressing children's safety and needs via partner support</i>	112
<i>Managing complexities in direct contact with children</i>	113
Assessing women and children.....	114
<i>Levels of assessment for women and children</i>	114
<i>Initial assessment—assessing risk</i>	114
<i>Detailed assessment</i>	116
<i>Ongoing risk assessment</i>	116
<i>Goal setting and case planning for women</i>	117
<i>Case planning for children</i>	118
SECTION 4: WORKING WITH MEN	119
Relevant minimum standards.....	120
Entry, assessment, case planning and exits	121
Entry	121
<i>Timing responses to first contact</i>	121
<i>Responding to first contact initiated on behalf of a man</i>	121
<i>First phone conversations with men</i>	121
Assessing men	122
<i>Tools for assessment of men</i>	122
<i>Inclusive assessment</i>	122
<i>Components of assessment for men</i>	123
<i>Contact with men's (ex)partners</i>	124
<i>Introducing men's behaviour change</i>	124
<i>Assessing suitability and eligibility</i>	125
<i>Assessing claims by men to be victims of domestic and family violence</i>	129
Case planning for men	132
<i>Goal setting</i>	132
<i>Tailoring programs to individual men</i>	132
<i>Case planning for Aboriginal men</i>	133
<i>Case planning for men who speak limited or no English</i>	133
Working with men who are referred.....	134
<i>Guiding principles for referral to MBCPs</i>	134
<i>Implementing active referrals</i>	134
<i>Limits on feedback to referrers</i>	134
<i>Referrals from Community Services</i>	135
<i>Referrals from courts and Corrective Services NSW</i>	135
Exit processes	136
<i>Exit planning</i>	136
<i>Follow-up</i>	136

<i>Discharging men</i>	137
Group, individual and case work.....	139
Starting points	139
<i>Praxis in men's behaviour change work</i>	139
<i>Desistance</i>	141
Accountability to women and children	142
<i>Bringing in the voices of women</i>	142
<i>Bringing in the voices of children</i>	143
<i>Addressing collusion</i>	144
<i>Addressing intimate partner sexual violence</i>	145
Inclusive practice.....	146
<i>Working cross-culturally with men</i>	146
<i>Supporting participation of LGBTI people</i>	146
Group work.....	147
<i>Good practice</i>	147
Individual and case work with men	152
<i>Case management</i>	152
<i>Complementary individual work</i>	155
<i>Enhancing readiness to change</i>	156
Reviewing men	158
What to review.....	158
Conducting case reviews	159
<i>Reviewing men who are subject to formal referral and are being case managed</i>	159
Parenting after violence programs	161
REFERENCES	163
PROGRAM RESOURCES.....	171
Introduction	172
ASSESSMENT, RISK AND SAFETY.....	173
Men's comprehensive assessment tool	173
Violent behaviours: checklists for men and women.....	184
Determining whether a man is in need of protection from family violence	194
Safety planning materials	198
Case plan template	201
Risk review and management plan	203
PARTNERSHIPS	206
Reference group terms of reference.....	206
MoU and protocol between MBCP and women's service	208
MoU and protocol between MBCP and active referrers	214
Active referral templates.....	218
Reports to referrers	227



TOWARDS SAFE FAMILIES

A practice guide for men's domestic violence behaviour change programs

PROGRAM PARTICIPATION.....	230
Program information for women.....	230
Program information for men	232
Participant agreement	234
Group conduct agreement	237
Non-attendance policy and procedures.....	238
Couple counselling indication tool	240
CLINICAL TOOLS.....	242
Partner support record	242
Participant check-in form	248
Session summary form.....	252
Participant review tools	255
Exit form and interview prompts	261
EVALUATION TOOLS.....	264
Program evaluation form for men.....	264
Program evaluation form for women	266
OBSERVERS	269
Information for observers	269
Session feedback form for observers	271
DEBRIEFING AND CRITICAL REFLECTION.....	274
Session review form	274
ENDNOTES	277

INTRODUCTION

Background

In NSW, men's behaviour change programs (MBCPs) are provided by both government and non-government agencies and are delivered in a wide range of community, custodial and community-correctional settings. They provide a valuable service to men seeking to change their violent behaviour, and to women and children affected by men's use of violence.

These MBCPs have arisen organically across NSW and some programs have been developed without providers having close connections to the broader domestic and family violence service system. As a consequence, group programs have varied widely in their stated purpose, ideology, understanding of domestic and family violence and their partnerships with relevant local agencies.

The NSW Government has recognised the importance of delivering safe and ethical programs by establishing minimum standards, which apply to all group programs for male perpetrators of domestic and family violence. Compliance with these standards is required for programs to receive government funding or referrals from government agencies.

The objective of the minimum standards is to ensure that all programs in NSW reflect good practice and are safe and effective in changing the behaviour of perpetrators of domestic and family violence. While there is room for variation in the methods and approaches adopted by program providers, the minimum standards set benchmarks that will apply to all programs.

How to use this practice guide

This practice guide helps program providers implement the NSW minimum standards. It provides examples of acceptable, optimal and unacceptable practices related to the standards to highlight how they might be put into practice (see page 13). Programs must comply with all acceptable practices, and are encouraged to work towards achieving the suggested optimal practices.

Beyond these practices, many other issues need to be considered if programs are to achieve excellence. The guide discusses some of these, both to deepen program providers' understanding of the work and to flag issues for further consideration.

No one resource can address all the subtleties and complexities of domestic and family violence and men's behaviour change work. The Department of Attorney General and Justice (DAGJ) recommends this guide be read alongside books, articles and other resources dedicated to strengthening the safety, integrity and relevance of men's behaviour change work.

Notes on language used in this guide

Gendered language

The language throughout this document refers interchangeably to women and partners, rather than to victims of domestic and family violence. References to women are in the context of their current or previous relationship with a prospective or current participant of a behaviour change program.

Gendered, heterosexual language is used since most programs work with men who perpetrate violence in the context of a current or former relationship with a woman. It serves also as a reminder about the gendered nature of domestic and family violence in heterosexual relationships.

Use of heterosexual language in this guide does not mean the guide is irrelevant to work with men in same-sex relationships, men who have sex with men (who may identify as heterosexual), transgender and intersex men (who may identify as being in a same-sex or heterosexual relationship). As discussed on page 34, many people in the gay, lesbian, bisexual, transgender and intersex (GLBTI) community have experienced domestic and



family violence. DAGJ asks that the minimum standards be implemented by all MBCPs, including those focusing specifically on GBTI people; the guide is intended to be applied in those situations, with readers substituting differently gendered terms to suit their professional context.

The guide does not address issues relating to work with women who perpetrate violence in the context of a same-sex intimate relationship, although many of the practice approaches might be suited to such work. For this reason, unless referring to specific research findings, this guide does not refer to lesbians and women in same-sex relationships.

Infants, children and young people

For ease of reading, in many instances 'children' has been used to refer to all infants, children and young people.

Participants, men and batterers

The terms 'participant' and 'men' are used interchangeably throughout the guide. The choice of the term 'participant' reflects the range of men who engage in behaviour change group programs, some of whom are not criminal offenders. 'Men', used in the context of this guide, refers to men who perpetrate violence—not all men.

In the United States, 'batterers' is commonly used to describe men who perpetrate violence. This term appears in several quotes from US-based writers.

Family

The nature of the relationship between the parties is an important difference between domestic and family violence and other forms of violence. 'Family' includes marriage, de facto relationships, kinship or blood ties, or similar relationships, such as step-parenting. Some people might also consider their carer to be a family member.

It is preferable that 'family' is defined from within—that is, that program providers respect people's own definitions of who constitutes their family.

Violence

MBCPs frequently address behaviours that do not involve physical violence, but that affect others' health, wellbeing, freedom, sense of safety and autonomy. These are still forms of violence. The guide generally uses the term 'violence' to cover the wide range of behaviours that violate the right of another person to safety, autonomy and wellbeing.

Glossary

Gender

Gender refers to socially constructed identities and roles. While it is often perceived in binary terms, some people view gender along a continuum of masculinity and femininity, and others understand it in a less linear fashion. There are genders of all kinds, and some people choose to have no gender.

Heterosexism

Heterosexism refers to negative attitudes, bias, and discrimination in favour of opposite-sex sexuality and relationships. It presumes that everyone is heterosexual or that only opposite-sex attractions and relationships are acceptable and legitimate. It therefore presumes heterosexuality is superior, preferable and the norm by which everything else is measured. It refers to the way society/institutions benefit heterosexual dominance and exclude GLBTI persons from social, religious and political positions. Like racism and sexism, heterosexism is entrenched through customs, traditions and institutions. Heterosexism is a foundation for all other forms of homophobia and often leads to discrimination.

Homophobia

Homophobia is the irrational, conscious or unconscious fear, disgust or hatred of gay, bisexual or lesbian people, or those perceived as such. It is reflected in a range of attitudes and behaviours, including discrimination and some forms of violence. It can also be seen in the refusal of people, organisations, governments and other social actors to confront the reality and specificity of non-heterosexual sexual orientation. Homophobia's premise is that homosexuality is inferior, abnormal and marginal.

Intersex

Intersex people have genetic, hormonal and physical features that may be considered typical of both males and females. That is, they may be thought of as being male with female features, female with male features, or they may have no clearly defined sexual features at all.

Intersex is not a sexual orientation. 'Although nearly all intersex have a sexual orientation, [they] are no different to other people in this. It is unknown if ... intersex influences sexual orientation, and intersex resist efforts by researchers who seek to link the two. Likewise, intersex is not a gender. People who are intersex have genders of all kinds, including no gender.'¹

Legally mandated participation

Legally mandated participation refers to participation that is court ordered or made part of a man's probation or parole conditions. While magistrates and judges might include participation in a program a condition of an Apprehended Domestic Violence Order (ADVO) or Supervision Order, strictly speaking, they can only order a man to undergo assessment: programs cannot be directed to accept an ineligible or unsuitable man. If a magistrate has placed a condition of attendance on an ADVO for which the person is not suitable or eligible to undertake, the Parole and Probation Officer (PPO) or program provider could refer the Order back to court to have the condition deleted.

Praxis

Praxis is the process by which a theory, learning or skill is enacted, practised, embodied, or realised.

Referrals—warm, formal and active

A 'warm referral' is one in which a referrer outlines the service and program to the man, explains how to access the service, and talks with him about the benefits of his participation. The man is then able to make a decision about whether, when and how to contact the program.

A warm referral becomes a 'formal referral' when a referrer secures consent from the man to exchange information with the program, and subsequently contacts the program in writing or via telephone to this end. In a formal referral, a man is expected to initiate contact with the program himself.

An 'active referral' is one in which a referrer requests program staff to initiate contact with a man, and provides his contact details to this end. In making an active referral, referrers generally explain to the man where he is being referred and why, what will happen in the process, and what will happen if he is ineligible or decides not to participate in the program.

Sexuality

Sexuality is a central aspect of being human and encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction. Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviours, practices, roles and relationships. While sexuality can include all of these dimensions, not all are always experienced or expressed. Sexuality is influenced by the interaction of biological, psychological, social, economic, political, cultural, ethical, legal, historical, religious and spiritual factors.²



Transgender

Transgender is not a sexual orientation. The term transgender or 'trans' is a broad term used to describe someone who does not fit into society's expectations of what it means to be male or female. Often this is someone whose gender identity does not conform to the sex that they were assigned at birth. The Gender Centre of NSW's definition of transgender is:

an experience where an individual has a core sense of gender, which may be neither, or both genders and crosses the traditional gender binary construct. The term transgender has crept into common usage as an umbrella term to encompass many diverse conditions and identities as well as behaviours.³

Introduction to the minimum standards

The NSW Government has minimum standards for men's domestic and family violence group behaviour change programs. These minimum standards set benchmarks that apply to all programs classified as 'men's domestic and family violence behaviour change group programs'. A program is classified as such if it is a group program for men who have displayed a pattern of abusive behaviour towards their partner and/or family, with the specific aim of promoting behavioural change, particularly a reduction in abusive behaviour. Abusive behaviour may include physical abuse, psychological abuse, sexual abuse, economic abuse and social abuse.

Although they may address the same types of abusive behaviours, programs that do not fall under this classification include:

- programs lacking a specific aim to reduce abusive behaviour, such as programs addressing anger management as an issue in isolation
- programs that do not offer group work
- programs operating specifically for women
- programs offering a holistic healing approach
- counselling services.

These types of programs do not fit the definition of men's domestic and family violence behaviour change group programs and are not required to comply with the minimum standards.

Programs run specifically for Aboriginal men are required to comply with the minimum standards if they fall within the above definition of men's domestic and family violence behaviour change group programs.

Programs run with a focus on healing as opposed to behaviour change, are not required to comply with the minimum standards.

Quick reference guide

Programs must comply with all acceptable practices, and are encouraged to work towards achieving the suggested optimal practices.

MINIMUM STANDARD	ACCEPTABLE PRACTICES	OPTIMAL PRACTICES	UNACCEPTABLE PRACTICES	PAGE REFERENCE	RELEVANT PRACTICE RESOURCES
1.1: Program providers will develop and operate from written procedures that address risks to women and children	<p>The program has procedures for:</p> <ul style="list-style-type: none"> regular and systematic monitoring of threats or risks to safety responding to perceived threats to safety including reviewing critical incidents responding to criminal acts and potential breaches of court orders 	<p>The program's risk monitoring and risk management procedures are integrated with those of other domestic and family violence service providers and relevant agencies within the region, and use a common, evidence-based approach towards identifying and classifying risk.</p>	<p>The program has no written procedures to address risks to women and children.</p>	102	<p>Risk review and management plan</p> <p>Violent behaviours: checklists for men and women</p> <p>MoU and protocol between MBCP and women's service</p>
1.2: Program providers will ensure that current partners of program participants are provided with support prior to and during the program	<p>The program provider makes all practicable efforts to commence contact with women during the assessment period.</p> <p>The partner support worker works to a predetermined schedule of how frequently, and at which points, to make contact.</p> <p>In the course of case planning, the partner support worker works with each woman to determine an approach to contact that suits her, and reviews this with her regularly.</p>	<p>Contact after the assessment period occurs after the man's second or third session, at least every three or four weeks through the program, and when the man leaves the program (with contact to respond to safety concerns being additional to this schedule). If they wish, women have at least one face-to-face session with the partner support worker in addition to their initial risk assessment.</p>	<p>There is no, or infrequent, partner support.</p> <p>Women are not contacted as part of assessment.</p>	106	<p>Partner support record</p> <p>Case plan template</p>
1.3: Partner support workers will prepare women for the participation of their partners in a behaviour change group program	<p>The partner support worker encourages women to talk about any negative effects of their (ex)partner's participation in the program.</p> <p>A partner support worker provides information to women about:</p> <ul style="list-style-type: none"> their rights, including rights to live in safety, legal protection, support and information the limitations of MBCPs including the real possibility that the violence may not stop or might change in form the participant's attendance and participation in the group including what the group will be talking about what the program provider will do if a participant breaches a court order or commits an act of violence against them or their children support services and resources 	<p>The program holds regular information sessions for participants' (ex)partners, focusing in part on the limits and risks of men's behaviour change work.</p>	<p>The program makes no efforts to communicate the limits and risks of men's behaviour change work.</p> <p>The program has no contact with women prior to their (ex)partner's participation in the program.</p>	111	<p>Program information for women</p>
1.4: Partner support workers will complete individual risk assessments and safety plans	<p>The program has documented processes for assessing risk.</p> <p>The partner support worker takes a structured approach to risk assessment and documents her findings.</p> <p>The partner support worker reviews risk in the course of all contact with women and children.</p> <p>Every woman is supported to develop a safety plan for her and the children.</p> <p>Safety plans are documented in women's files.</p> <p>Risk assessments contribute to men's assessments and reviews.</p>	<p>Risk assessment includes application of a dangerousness or lethality measure.</p>	<p>The partner support worker does not routinely assess risk.</p> <p>The partner support worker does not use a structured approach to risk assessment</p>	114	<p>MoU and protocol between MBCP and women's service</p> <p>Risk review and management plan</p> <p>Violent behaviours: checklists for men and women</p> <p>Safety planning materials</p>



TOWARDS SAFE FAMILIES

A practice guide for men's domestic violence behaviour change programs

MINIMUM STANDARD	ACCEPTABLE PRACTICES	OPTIMAL PRACTICES	UNACCEPTABLE PRACTICES	PAGE REFERENCE	RELEVANT PRACTICE RESOURCES
1.5: The contact worker is to disclose to women any new expressed or perceived threat to their safety	<p>The program has policies and procedures to respond to risks, threats and dangers.</p> <p>The program has policies and procedures to manage and learn from critical incidents.</p> <p>The program responds to risks, threats and dangers in a timely and appropriate fashion.</p> <p>The program's facilitators and partner support worker jointly determine a course of action regarding expressed or perceived threats to women's and children's safety.</p>	<p>The program has protocols with local police, CSNSW, Community Services and women's domestic and family violence services about responses to risk and danger.</p>	<p>The program takes an ad hoc approach to risk and danger.</p>	103	<p>MoU and protocol between MBCP and women's service</p> <p>MoU and protocol between MBCP and active referrers</p> <p>Risk review and management plan</p> <p>Safety planning materials</p>
1.6: Where women and children express an interest in having ongoing contact from a partner support worker additional contact will occur for the duration of the program	<p>When men leave the program, their (ex)partners are offered active referral—with a handover plan—to a local domestic and family violence service that will continue to provide support if needed.</p>	<p>Program support for women continues as long as they require it.</p>	<p>The program takes no responsibility for ensuring that support to women continues when their (ex)partners leave the program.</p>	107	<p>Program information for women</p>
1.7: Group facilitators and partner support workers will have appropriate knowledge and training about the impact of domestic and family violence on women and children	<p>Group facilitators and partner support workers have formal training in domestic and family violence from a recognised training institution (which could include tertiary or vocational training from specialist domestic and family violence trainers). This formal training addresses:</p> <ul style="list-style-type: none"> • the gendered nature of domestic and family violence • the dynamics of domestic and family violence • the effects of domestic and family violence on women and children • recognising and responding to domestic and family violence. <p>Group facilitators and partner support workers have detailed relevant knowledge of the criminal justice system, the child protection system, and civil responses to domestic and family violence.</p>	<p>All program staff with clinical roles have demonstrated experience working in a specialist domestic and family violence service, and specialised domestic and family violence training at a TAFE or postgraduate level.</p>	<p>Some or all program staff with clinical roles have no knowledge of or training on:</p> <ul style="list-style-type: none"> • the gendered nature of domestic and family violence • the dynamics of domestic and family violence • the effects of domestic and family violence on women and children • recognising and responding to domestic and family violence. 	63	
1.8: Partner support workers must have relevant knowledge, training and experience to enable them to support and advocate for women and children	<p>The partner support worker has experience advocating for victims of domestic and family violence.</p> <p>The partner support worker has skills in domestic and family violence case management, risk assessment and risk management, and safety planning.</p>	<p>The partner support worker has a competency-based qualification specific to men's behaviour change work from a tertiary-level institution.</p>	<p>The partner support worker has no knowledge, training or experience in direct service provision to women and/or children in relation to domestic and family violence.</p>	65	

<p>2.1: To ensure program transparency, accountability and integration program providers will develop a formal relationship with relevant local agencies</p>	<p>The program has an MoJ and protocols with local women's services. The program has a close working relationship with Community Services. The program has at least some contact with the local office of CSNSW, even if referrals are not (yet) received from these sources. The program has taken steps towards building relationships with local Aboriginal services or organisations. The program has taken steps towards building relationships with the local multicultural resource centre and/or other CALD service providers.</p>	<p>The program has close working relationships with other local MBCPs. The program uses an assessment tool and intake processes in common with all MBCPs in its region. The program has close working relationships with local women's services in the planning, delivery and management of domestic and family violence programs. The program has an MoJ and protocols with the local office of CSNSW. The program has close working relationships with local Aboriginal services or organisations. The program has close working relationships with the local multicultural resource centre and/or other CALD service providers. The program provider has met with local magistrates and provided details of the program, including its compliance with the minimum.</p>	<p>The program has no contact with other local MBCPs. The program has no contact or relationship with local women's services. The program has no contact with Community Services. The program has no contact with the local office of CSNSW.</p>	<p>73</p>	<p>MoU and protocol between MBCP and women's service MoU and protocol between MBCP and active referrers</p>
<p>3.1: Group facilitators must have relevant knowledge and training</p>	<p>Each group facilitator has formal group-work training from a recognised training institution (this includes tertiary or vocational training). One of the group facilitators has at least 50 hours supervised men's behaviour change group work practice.</p>	<p>Each group facilitator has at least 50 hours supervised men's behaviour change group work practice.</p>	<p>Group work is facilitated by one facilitator. Group work is co-facilitated; however, the senior facilitator has less than 50 hours of supervised men's behaviour change group work practice.</p>	<p>64</p>	
<p>3.2: All programs will have a minimum of two group facilitators</p>	<p>Group work is facilitated by two appropriately skilled and experienced facilitators.</p>	<p>Groups of over 14 participants are led by three facilitators.</p>	<p>Group work is led by only one facilitator. Groups of over 18 participants are led by only two facilitators. Group work is unfacilitated.</p>	<p>66</p>	
<p>3.3: Group facilitators must undertake supervision</p>	<p>The clinical supervisor has tertiary education in a relevant discipline, for example, social sciences, psychology or social work, family and couple therapy as well as relevant clinical experience and knowledge of domestic and family violence. Group facilitators who are not experienced undertake fortnightly supervision. Experienced group facilitators undertake supervision at least monthly.</p>	<p>Supervision is informed by a deep understanding of supervision theory and practice. Supervision is provided in a number of modes—group and/or peer-based, and individual. Male clinical staff receive at least some of their supervision from a female supervisor.</p>	<p>Some or all clinical staff do not have regular supervision.</p>	<p>69</p>	



TOWARDS SAFE FAMILIES

A practice guide for men's domestic violence behaviour change programs

MINIMUM STANDARD	ACCEPTABLE PRACTICES	OPTIMAL PRACTICES	UNACCEPTABLE PRACTICES	PAGE REFERENCE	RELEVANT PRACTICE RESOURCES
3.4: Program providers will develop policies to ensure that group facilitators undertake ongoing professional development	Program providers have a policy ensuring that group facilitators undertake ongoing professional development.	<p>Program staff have many and varied opportunities for professional development. Each staff member's particular professional development needs are identified via supervision, process evaluation and reflective practice.</p> <p>Professional development is located within a whole-of-program approach to quality service provision.</p> <p>At least half of the hours used by any staff member for professional development are directly focused on women and children.</p> <p>Program staff in clinical roles participate in at least four relevant professional development activities each year.</p>	<p>Program staff do not participate in professional development activities each year.</p> <p>Program staff focus exclusively on men's behaviour change work in their professional development.</p>	69	
3.5: Behaviour Change Group Programs will have a duration of at least 24 hours over 12 weeks	The program offers an open group or closed group, comprising at least 24 hours of group work over at least 12 weeks.	<p>The program offers a modular or multiphase group.</p> <p>The program's course of group work requires participation over at least six months.</p>	<p>The program's course of group work is less than 12 weeks or less than 24 hours.</p> <p>The program uses stand-alone activities for men's behaviour change work, such as retreats, camps or whole-day workshops as alternatives rather than complements to group work.</p>	56	

<p>3.6: Program providers will complete an operational review of each program focusing on process and content</p>	<p>The program provider conducts a review at the end of each group program (or each school term in the case of ongoing groups) that—with input from women via partner support workers, reference group members and parties to memoranda of understanding—considers:</p> <ul style="list-style-type: none"> • program structure and content • factors affecting the quality of program delivery • program reach (the diversity of program participants compared to that of the program's catchment area) • factors that limit or facilitate accessibility and reach • client satisfaction • factors that impact on client satisfaction • how women's risk and needs are identified and addressed by the program • how children's risk and needs are identified and addressed by the program. 	<p>The program provider conducts comprehensive bi-annual program reviews—drawing on qualitative and quantitative inputs from a broad range of stakeholders—that consider:</p> <ul style="list-style-type: none"> • trends and patterns in men's participation • trends and patterns in women's uptake of services offered by the program. <p>The program implements a process for reflecting on implementation of the minimum standards.</p>	<p>The program provider conducts no formal reviews of the program. There are no written reports of program reviews.</p>	<p>78</p>	<p>Evaluation tools Session review form Session summary form</p>
<p>3.7: Program providers will evaluate the impact of programs on the behaviour and attitudes of group participants</p>	<p>All men are subject to case review at least once during the program and prior to exiting the program. Case reviews are primarily informed by men's (ex)partners and children.</p>	<p>Case reviews inform curriculum and session plans. Case plans are adjusted according to the outcomes of case reviews.</p>	<p>Men are not subject to case review. There is no input from men's (ex)partners and children in the review process, or this input is given equal or less weight in the process.</p>	<p>159</p>	<p>Participant review tools Partner support record</p>
<p>3.8: Program providers will contribute to an evidence base for behaviour change programs</p>	<p>The program maintains a basic dataset that meets DAGJ's requirements. The program's dataset is up to date and easily accessed.</p>	<p>Not applicable.</p>	<p>The program has no basic dataset. The program has poor practices regarding maintenance and accessibility of a basic dataset.</p>	<p>78</p>	
<p>4.1: Programs must be grounded in an evidence-based theory of change</p>	<p>The program has a documented model of practice.</p>	<p>Documentation of the program's model of practice references a substantial body of theory and evidence for its approach.</p>	<p>The program has no documented model of practice and no documented evidence for its approach.</p>	<p>48</p>	
<p>4.2: Program providers will document and implement thorough participant assessment procedures</p>	<p>Assessment includes identification of risk indicators, dangers and threats; and assessment of the man's eligibility and suitability. The program makes all practicable efforts to contact a man's (ex) partner as part of the assessment process and takes her input into account when deciding whether or not to admit him to the program. The program has identified and documented the ways that assessment fits within its model of behaviour change.</p>	<p>Assessment with the man occurs over two or three sessions. Assessment includes activities to introduce some of the fundamental ideas of men's behaviour change. Assessment includes a preliminary focus on safety strategies that the man can apply to attempt to interrupt his use of violence over the coming period before he starts the program. Assessment includes activities or approaches that might enhance the man's readiness for change.</p>	<p>Assessment is conducted on an ad hoc basis. Men are accepted into the program without risk assessment. Men are accepted into the program without formal assessment. Men are accepted into the program without the program having contact with their (ex)partners.</p>	<p>123</p>	<p>Violent behaviours: <ul style="list-style-type: none"> • checklists for men and women • Men's comprehensive assessment tool </p>



TOWARDS SAFE FAMILIES

A practice guide for men's domestic violence behaviour change programs

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<p>4.3: Program providers will have procedures for engaging participants, which challenge them to acknowledge their abusive behaviour</p>	<p>Programs document the underlying rationale for each group work activity in their session plan, and identify and address anything about an activity that might pose a barrier to a man's engagement.</p> <p>Reviews of group work sessions include consideration of men's engagement.</p> <p>Programs use a variety of activities to cater to the range of participants in a group.</p> <p>Programs cater to the full range of learning styles.</p>	<p>Session outlines and content are developed with consideration to the learning styles and capacities of the participants.</p> <p>Programs have materials for men who have low literacy.</p> <p>Programs have materials that acknowledge the diversity of men's backgrounds and identities.</p>	<p>Programs do not demonstrate responsiveness to group participants.</p> <p>Programs' materials are inappropriate to participants.</p>	151	
<p>4.4: Program content will include explicit information about the impact of domestic and family violence on women and children and women's disproportionate experience of domestic violence</p>	<p>Facilitators use a range of formats to provide explicit information about the impact of domestic and family violence on women, and women's disproportionate experience of such violence.</p> <p>The impact of domestic and family violence on women is addressed in all program activities.</p> <p>A gendered lens is clearly visible in the program's content and materials.</p>	<p>The curriculum features a number of activities that deeply address the impact of domestic and family violence on women at regular intervals throughout the program.</p> <p>Group work activities include opportunities such as role plays or 'internalised other interviewing' in which men are invited to actively empathise with their (ex)partners.</p>	<p>The impact of domestic and family violence on children is not a core theme of the program.</p>	142, 143	

<p>4.5: Program content will include information on different forms of domestic and family violence and provide opportunities for participants to come to an understanding about the nature of their offending behaviour</p>	<p>Program content includes information and group work activities on different forms of domestic and family violence and provides opportunities for participants to come to an understanding about the nature of their violence.</p> <p>The program's curriculum is outlined in a document that, for each session:</p> <ul style="list-style-type: none"> • describes the main focus • outlines key activities and how to conduct them • contains resources and handouts for participants • contains forms for participants to complete 	<p>The program's curriculum is documented in a guide containing:</p> <ul style="list-style-type: none"> • a session outline • key learning outcomes associated with the session • the primary theme/s of the session, located in terms of the outcomes the session will work towards • secondary themes for the session (ideas that will be introduced and expanded in future sessions, or need to be reinforced from previous sessions) • what needs to be observed to gauge whether participants are understanding the concepts and are on a pathway to applying their learning • descriptions of how to run each activity in the session, including notes to highlight particularly challenging or complex implementation issues or things to keep in mind • descriptions of any potential risks in running an activity and what the facilitators and/or partner support worker (in the course of partner support) should do to minimise these • notes from previous post-session debriefs or other reflective activities • copies of handouts and forms for participants • copies of session-related administration, debriefing and risk management forms and templates to be used by facilitators 	<p>53</p>	<p>Unacceptable practice regarding minimum standard 4.5:</p> <ul style="list-style-type: none"> • Program content only minimally addresses different forms of domestic and family violence, or does not address them at all. • The program provides no or few opportunities for participants to come to an understanding about the nature of their violence. • The program operates with no documented curriculum. • The program uses curriculum from another program without adaptation to local circumstances or to the provider's theoretical model. • The curriculum is focused largely or exclusively on matters other than men's use of violence. • The curriculum is implemented rigidly and facilitators cannot adapt it to engage with the specific narratives or understandings that participants have about the nature of their violence.
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TOWARDS SAFE FAMILIES

A practice guide for men's domestic violence behaviour change programs

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4.6: Program providers will develop procedures for non-attendance of mandated participants	The program has a policy and procedures regarding non-attendance of mandated participants.	<p>The program provider has engaged with local magistrates to ensure that they are aware of:</p> <ul style="list-style-type: none"> the program and its purpose the program's eligibility criteria how magistrates can refer what information the program will provide to magistrates regarding a participant who is court-mandated or court-referred (including in relation to breaches of ADVOs or other orders, or commission of any other offence). <p>The program provider has informed magistrates that participation in, or completion of, the program does not mean an offender will necessarily change his behaviour, and that participation should not be a substitute for legal sanctions.</p>	The program has no documented processes for mandated participants.	135	Non-attendance policy and procedures
4.7: Program providers will have procedures for group facilitators to prevent their implicit or explicit collusion with participants' attitudes that support violence against women	<p>The program requires facilitators and other program staff to practise non-collusively.</p> <p>Group facilitation and assessment are routinely observed by other domestic and family violence professionals, with structured opportunities for feedback.</p> <p>The program has in place processes to address collusion by facilitators or other program staff.</p> <p>Program staff are encouraged to identify collusion in the course of session reviews, supervision and professional development.</p> <p>Episodes of collusion are seen as opportunities for learning; they are discussed openly and in a non-judgemental fashion by the program team, with alternative pathways being charted collaboratively.</p>	<p>Facilitators review video recordings of their own practice for the purposes of critical reflection, with a particular focus on potentially collusive practices.</p>	The program has no processes to address collusion.	144	Participant agreement

<p>4.8: Program providers will offer appropriate referrals to meet a participant's additional needs</p>	<p>The program makes use of an up-to-date referral database. The program has links with key local services for men, women and children regarding substance abuse, homelessness, mental health and problem gambling. The program has links with local Aboriginal and migrant services. Referral options are explored for each client in the course of case planning. All clients requiring referral are referred in a timely and appropriate fashion. All referrals are documented in case notes. The program has documented policies and procedures for referral.</p>	<p>The program has agreed referral protocols with key local services for men, women and children regarding substance abuse, homelessness, mental health and problem gambling. The program has agreed referral protocols with local Aboriginal and migrant services.</p>	<p>Program staff are unfamiliar with their referral options. Program staff do not refer.</p>	<p>95</p>	
<p>4.9: Program providers must comply with the requirements of a referring agency for a report on a participant's completion of a program</p>	<p>The program has one or more standard reporting templates that it uses for mandated participants.</p>	<p>Program staff have worked with local and/or regional court staff to communicate the limits of reporting in the context of men's behaviour change work and these are documented in an MoU or protocol. The program has an MoU and protocol with local and/or regional CSNSW offices governing the referral of mandated participants, information sharing and case management.</p>	<p>The program has no documented processes for mandated participants. The program provides court referrers with information other than attendance and completion.</p>	<p>135, 136</p>	<p>Feedback letter to a court Feedback letter to Community Services or CSNSW</p>
<p>5.1: Program facilitators must undertake training to ensure culturally competent practice</p>	<p>All program staff have training to work with interpreters in a clinical setting. All program staff have basic cultural competence training. When the program's demographic reflects a particular cultural group, program providers ensure that facilitators have appropriate training to meet the needs of that community.</p>	<p>Program staff have advanced cultural competence training and this is reflected in both their work practice and a whole-of-organisation approach to cultural respect, inclusion and accessibility.</p>	<p>Program staff have not had cultural competence training.</p>	<p>70</p>	
<p>5.2: Programs addressing other forms of family violence will be specific to the participant's needs</p>	<p>Barriers to inclusion are addressed in the case plans of gay, bisexual, transgender and intersex men. Group agreements specifically address and seek to prevent homophobia and transphobia.</p>	<p>The program has documented approaches to working with gay, bisexual, transgender and intersex men. The program provider has links with organisations advocating for inclusive practice for gay, bisexual, transgender and intersex men, enabling secondary consultations and referral pathways for support related to their experience of homophobia or transphobia. Program materials are inclusive of gay, bisexual, transgender and intersex men and their families.</p>	<p>The program does not engage with men's sexuality, intersex or gender identity. There are no structured processes in place to address and prevent homophobia and transphobia.</p>	<p>91</p>	



TOWARDS SAFE FAMILIES

A practice guide for men's domestic violence behaviour change programs

SECTION 01

Practice Context



DOMESTIC AND FAMILY VIOLENCE

Definitions and understandings

Domestic and family violence

Domestic and family violence is violent, abusive or intimidating behaviour carried out by an adult to control and dominate people with whom they have or have had an intimate or familial relationship. It causes fear, as well as psychological and sometimes physical harm.

Domestic and family violence is most often perpetrated by men against women and children. However, violence perpetrated against a same-sex partner, relative or housemate is still domestic and family violence.

There are many behaviours, tactics and acts that constitute domestic and family violence. These include physical abuse; sexual abuse; psychological, emotional and verbal abuse; social abuse; economic abuse; and harassment and stalking. These forms of abuse often occur simultaneously and systematically, and have the effect of coercing and controlling a partner. Many forms of domestic and family violence are offences under the *NSW Crimes (Domestic and Personal Violence) Act 2007*.⁴

Aboriginal communities generally prefer to use the term 'family violence' to describe all forms of violence—including physical, emotional, psychological, sexual, sociological, economic and spiritual—in intimate, family and other relationships of mutual obligation and support.⁵

In the case of an Indigenous person ... [they have] a 'domestic relationship' with another person if the person is, or has been part of the extended family or kin of the other person according to the Indigenous kinship system of the person's culture.⁶

Gendered nature of domestic and family violence

An analysis of the evidence of reported domestic and family violence, including the incidence, frequency and intensity of abuse, identifies an underlying gender dynamic. Domestic and family violence is a 'gendered crime' and in the overwhelming majority of cases, women and children are the victims of men's violence. For example, Canadian research has found that women are:

- twice more likely than men to be injured as a result of spousal violence
- five times more likely than men to require medical attention or hospitalisation as a result of spousal violence
- five times more likely than men to report fearing for their lives due to spousal violence.⁷

While men do sometimes experience violence from their female partner, research shows that relatively few men in heterosexual relationships are *solely* victims of intimate partner violence. Men are much more likely than their female partner to be using a number of repeated, patterned forms of violence to dominate and control over time.⁸ Their violence is more likely to inflict severe injury and to result from attempts to control, coerce, intimidate and dominate female partners.⁹ Where violence is used by both partners in a relationship, the woman's acts are more likely to be in self-defence.¹⁰

At a societal level, violence is contextualised by gender relations in which men are socialised to assume male power, privilege and entitlement, particularly in family relationships with women and children. In contemporary Australian society women face social, structural and economic barriers to being safe from domestic and family violence and achieving justice when violence occurs.

Cultural norms and expressions of masculinity also support domination, power and control over women, and male entitlement. In this, homophobia and fear of the feminine go hand in hand. Men's fears of being rejected from social forms and networks of male solidarity help to fuel their adherence to dominant forms of masculinity or 'hegemonic masculinity'.¹¹

It is therefore critical to implement a gendered approach to domestic and family violence, particularly in terms of:

- the language used to discuss domestic and family violence
- the ways that domestic and family violence is understood and explained

- the actions taken to address safety and wellbeing of women and children exposed to domestic and family violence
- the ways that professionals work with men who use domestic and family violence.

While feminist understandings about the role of gender are crucial in all elements of men's behaviour change work, there is also a need to understand other factors that affect men's lives and choices. Other, complementary theories and perspectives on power and control—such as those that address racism, colonised experience, homophobia, or disability discrimination—can also help program providers develop more effective ways to stop domestic and family violence.

Common misconceptions about domestic and family violence

Below are some common misconceptions about men who are violent towards their partners, about women who experience domestic and family violence and about patterns of domestic and family violence in different cultures and contexts.

It's because he drinks.

There is significant evidence for a correlation between use of violence and substance abuse¹², and for providing substance abuse treatment concurrent with men's behaviour change work (see page 152). However, not all people who abuse alcohol are violent, and many men are violent whether they are drunk or sober. While alcohol might disinhibit violence in some men, their underlying attitudes and values are the starting point for that violence.

He had a difficult and/or violent upbringing.

Often people seek to explain domestic and family violence by suggesting that men who perpetrate violence had traumatic childhoods, or that they repeat the violence they witnessed in their own family backgrounds. However, this belief cannot account for the very large number of men and women who have been exposed to family violence and are not violent in adulthood. Nor does it explain how a significant number of men who report happy and non-violent childhoods perpetrate violence in an adult relationship.

He has a stressful job.

Many men and women work and live in stressful environments without resorting to violence. Men who are violent towards their family members usually do not also perpetrate violence towards their co-workers, bosses or friends. This shows that they are able to control their feelings in other environments.

He can't control his anger. The pressure just builds up.

Many men who perpetrate violence do so when they are not feeling angry or stressed. Many men who are angry or stressed do not perpetrate violence. Domestic and family violence is always unacceptable, regardless of men's feelings before, during or after they have been violent or controlling.

Men who perpetrate violence are mentally ill.

There is no evidence that men who are violent, as a whole, have higher rates of psychiatric disorders than other men. Given that domestic and family violence affects a significant proportion of the population, it cannot be explained solely in terms of 'abnormal' personality characteristics. Men who perpetrate violence often look and act like 'ordinary' men.

It's a relationship issue.

Domestic and family violence is often understood or presented as a relationship issue or a dynamic between two people. For example, 'We had a fight' or 'It was a violent relationship'. This has the effect of ascribing some measure of blame to those who experience violence.

Women who are victims of domestic and family violence are predisposed to it.

Some people believe that some women allow themselves to be abused, or have psychological problems that lead them to choose as partners men who perpetrate violence. However, there is no evidence that it is a particular 'type' of woman who is likely to experience domestic and family violence.



Domestic and family violence is more acceptable in some cultures.

This belief may reflect the negative stereotypes held by some people about other cultures. It is difficult to know the prevalence of domestic and family violence in any community. It may be more difficult for Aboriginal women and women from CALD communities to leave violent partners, as they often face additional obstacles. These include a lack of social and economic resources, language barriers, racism and inappropriate responses from police and other services. What is clear, however, is that all communities—including Anglo Australian ones—have violence-condoning and violence-supporting values, systems and practices.

Domestic and family violence is a private matter.

Violence that occurs in the home has historically been seen as a private matter, less serious than violence occurring in public. Violence in the home is as serious and damaging as all other forms of violence. Many acts of violence are crimes.

These misconceptions about domestic and family violence reflect attitudes about men and women in general. They influence the way those who experience domestic and family violence see themselves; they also inform responses to domestic and family violence by social institutions and services, including police, doctors, counsellors, the law and the media.

Generally, these misconceptions have the effect of silencing and marginalising people who experience domestic and family violence, and reinforcing male power and privilege. Furthermore, they:

- fail to name the violence as a crime, treating it instead as a problem
- provide men who perpetrate violence with an invitation to excuse themselves and to look for causes, triggers, precipitating events and circumstances
- individualise the 'problem' by ignoring the social, cultural and historical contexts in which violence towards women and children has been excused
- fail to focus on men stopping their violence
- tend to involve the women and children in responsibility for the violence, often requiring them to change in order to avoid violence.

Forms of domestic and family violence

The categories of domestic and family violence described below are commonly used, but should not be regarded as definitive. Those who experience them might see them as interchangeable, inseparable, or indistinguishable. As Barbara Hart has argued, '[it] is the sum of all past acts of violence, and the promise of future violence, that achieves enhanced power and control for the batterer'.¹³

Emotional violence

Emotional violence is behaviour that does not accord equal importance and respect to another person's feelings, opinions and experiences. It is often the most difficult to pinpoint or identify.

Examples include:

- refusing to listen to or denying a person's feelings
- telling a person what they do or do not feel
- ridiculing or shaming a person
- making a person responsible for the other's feelings, blaming or punishing them for how the other feels
- manipulating a person by appealing to their feelings of guilt, shame and worthlessness
- telling someone directly or indirectly that if she expresses a different point of view then she will cause trouble or that there will be trouble (and implying or telling her that avoiding trouble is more important than how she feels)
- verbal putdowns and ridiculing any aspect of a woman or child's being, such as her body, beliefs, occupation, cultural background, skills, friends or family
- non-verbal actions, such as withdrawal, refusal to communicate, and rude or dismissive gestures.

All the forms of violence discussed below are implicitly emotionally violent and controlling.

Physical violence

Physical violence is any actual or threatened attack on another person's physical safety and bodily integrity: from hitting, kicking, choking/strangling, punching, and assault with weapons, through to murder. In addition to threatened or actual harm to people, it includes harming or threatening to harm pets or possessions. Smashing property, throwing things, and physical intimidation such as threatening gestures are all acts of physical violence, as is the criminal act of stalking.

Sexual violence

Sexual violence is any actual or threatened sexual contact without consent, such as unwanted touching, rape, exposure of genitals and making someone view pornography against their will. Expecting a woman to have sex as a form of reconciliation after using violence against her is a form of sexual violence, because in these circumstances she is unable to withhold consent for fear of further violence. Women with disabilities are believed to experience higher levels of sexual violence—such as unwanted touching by a carer.

While some forms of sexual violence are criminal acts, for example, sexual assault and rape, many other forms—such as using degrading language—are not.

Social violence

Social violence is behaviour that limits, controls or interferes with a woman's social activities or relationships with others, such as controlling her movements and denying her access to family and friends. Other forms of social control include excessive questioning, monitoring her movements and social communications, being aggressive towards men who are viewed as 'competition', and acts of jealousy. Monitoring internet use, intercepting emails or harassment via social networking sites are other examples of behaviours that control women's social connectedness.

Financial violence

Financial violence includes not giving a woman access to her share of the family's resources, expecting her to manage the household on an impossibly low amount of money and/or criticising and blaming her when she is unable to, monitoring her spending, and incurring debts in her name.

Spiritual violence

Spiritual violence is any behaviour that denigrates a woman's religious or spiritual beliefs, or prevents her from attending religious gatherings or practising her faith. It also includes harming or threatening to harm women or children in religious or occult rituals, or forcing them to participate in religious activities against their will.

Other controlling behaviour

Some men control women in ways that do not fit the above descriptions or that are not—on the surface—violent, but still deny a woman's right to autonomy and equality. Examples of this are acts like a man always 'losing' the car keys or being late to look after the children when she wants to do something he disapproves of.

Effects of domestic and family violence**The effects of domestic and family violence on women**

Domestic and family violence has short and long-term physical, emotional, psychological, financial and other effects on women. Every woman is different and the individual and cumulative impact of each act of violence depends on many complex factors.

While each woman will experience domestic and family violence uniquely, there are many common effects of living with violence and living in fear.

The obvious physical effects of domestic and family violence on women are physical injury and death. Yet there are also other effects on women's physical health—such as insomnia, chronic pain, various reproductive health problems and physical symptoms of post-traumatic stress disorder—that are not necessarily the result of physical injuries. Women experiencing domestic and family violence have higher rates of miscarriage, most probably because pregnancy is often a time when violence begins or is exacerbated.



The psychological effects of domestic and family violence on women must never be underestimated. Women who experience domestic and family violence often have feelings of low sense of self-worth, failure, powerlessness and helplessness.

Cognitive effects of violence include impaired concentration, confusion and intrusive thoughts about traumatic experiences (flashbacks).

Abused women are more likely to experience depression, panic phobia, anxiety, sleeping disorders and emotional problems. They have higher stress levels and are at greater risk of suicide attempts. They are at increased risk of misusing alcohol and other drugs, and of using minor tranquilisers and pain killers.

Women who experience domestic and family violence are often unable to act on their own choices because of physical restraint, fear and intimidation. They are frequently silenced and unable to express their point of view or experience. They often make their partner's needs and feelings the constant focus of their attention as a survival strategy and avoid self-assertion at all costs. Women who experience domestic and family violence live in constant fear of further violation.

One of the most insidious effects of domestic and family violence is the damage it can do to women's perceptions over time. Women often lose confidence in their own perception of reality. Some become habituated to their partner's behaviour, seeing it as normal or as something they deserve. This can lead women to collude with or play down the violence. The behaviour in question is still violent or controlling, even if the woman experiencing it does not recognise this. It is also violent or controlling even if the woman manages to defend herself and avoid some of the intended effects.

Women who experience domestic and family violence often have fewer coping and problem-solving skills, and experience far greater social isolation, including from their own extended family. Isolation can be a form of controlling behaviour or a consequence of women's stress, anxiety, shame, physical exhaustion, substance abuse, physical injuries and fear.

Watching the effects of violence on their children can also be very damaging for women. They may feel or be unable to protect their children; this can have serious effects on their identity and confidence as mothers. Women's capacities to parent their children effectively might be affected by the physical, emotional and cognitive effects of their own experiences, and by men's attempts to undermine their confidence and ability to parent their children. (See *The effects of domestic and family violence on women's parenting* on page 29.)

The effects of domestic and family violence on children

There are many ways that children are exposed to domestic and family violence—many not including hearing or seeing the violence. For this reason, when it occurs in a family with children, domestic and family violence is *always* child abuse.

A recent review by the Australian Domestic Violence Clearinghouse found that 'More than two decades of international research definitively shows that infants, children and adolescents experience serious negative psychological, emotional, social, and developmental impacts to their wellbeing from the traumatic ongoing experiences of domestic violence'.¹⁴ These impacts are often cumulative—that is, they amass over time.

Research also shows that domestic and family violence affects unborn children—family violence often commences or intensifies during pregnancy and is associated with increased rates of miscarriage, low birth weight, premature birth, foetal injury and foetal death.¹⁵

Domestic and family violence does not predetermine outcomes for children and young people, but it does influence them significantly—particularly when exposure to the violence occurs in a child's early years. This is in part because of the complex neuropsychological impacts of compromised attachment and living in a state of heightened fear.¹⁶ Infants and young children exposed to domestic and family violence are more likely to miss key developmental experiences, which—because they are foundational—can have a cascading effect on their further developmental progress.

The effects of domestic and family violence vary from child to child. Furthermore, they are mediated or filtered by other factors, such as poverty or marginalisation on the basis of culture or race. The secondary effects of

violence, for example unstable housing, lack of access to education, poor access to ante and post-natal care, can also significantly impact on children's safety and wellbeing.

In addition to physical injury and death at the hands of male family members, children manifest physical symptoms of stress or distress, for example, bedwetting, stomach upsets and chronic illnesses.

The immediate emotional effects of experiencing domestic and family violence tend to differ with age.

Babies and toddlers who experience domestic and family violence often cry more than other infants and show signs of anxiety and irritability. They frequently have feeding and sleep difficulties. They are often underweight for their age and have delayed mobility. They often react to loud noises and are wary of new people. They might be very demanding or very passive.

Preschool children lack the cognitive maturity to understand the meaning of what they observe and the verbal skills to articulate their feelings. They exhibit their emotional distress by 'clinginess', eating and sleeping difficulties, concentration problems, inability to play constructively and physical complaints. They sometimes have symptoms similar to post-traumatic stress disorder in adults, including re-experiencing events, fearfulness, numbing and increased arousal. Immature behaviour, insecurities and reduced ability to empathise with other people are common for this age group. Frequently, children have adjustment problems, for example, difficulty moving from kindergarten to school.

As they get older, children start to observe patterns or intentions behind violent behaviour. They often wonder what they can do to prevent it, and might attempt to defend themselves or their mother. Pre-adolescent school-aged children have the capacity to externalise and internalise their emotions. Externalised emotions might manifest in rebelliousness, defiant behaviour, temper tantrums, irritability, cruelty to pets, physical abuse of others, limited tolerance and poor impulse control. Internalised emotions might result in repressed anger and confusion, conflict avoidance, overly compliant behaviour, loss of interest in social activities, reduced social competence and withdrawal, or avoidance of peer relations. Overall functioning, attitudes, social competence and school performance are often negatively affected, and children often have deficits in basic coping and social skills. The low self-esteem engendered by experiences of violence is exacerbated by these other effects.

Adolescents who have experienced domestic and family violence are at increased risk of academic failure, dropping out of school, delinquency, eating disorders and substance abuse. They frequently have difficulty trusting adults and often use controlling or manipulative behaviour. Depression and suicidal ideation or behaviours are common. Adolescents are also at greater risk of homelessness and of engaging in delinquent and/or violent behaviour.

Children's anger at their mother tends to increase with age. Older children and adolescents commonly see their mother as causing or being complicit in the violence, or blame her for 'failing' to protect them or for not taking them away from the abusive situation.

The effects of domestic and family violence on women's parenting

Understanding the effects of domestic and family violence on women's parenting, and equally importantly, on others' perceptions of their parenting is critical for any work to address children's safety and wellbeing.

Women's parenting capacity might be undermined by the effects of violence, such as depression, anxiety or substance abuse. However, other less direct impacts of violence might be equally or even more detrimental. For example, being belittled or humiliated in front of a child can undermine the authority a woman needs to parent confidently; needing to prioritise her own and her children's survival might make it difficult for a woman to provide the intensive involvement and engagement her distressed child needs.¹⁷

Conversely, with tremendous resilience, many women continue to parent their children well under adverse circumstances. For some of these women, their form of resistance to the violence is to live 'as normal' a life as possible.

Domestic and family violence professionals have a responsibility to be cautious in how they discuss women's parenting and its impact on children. Women are generally regarded as having primary—and almost exclusive—responsibility for children's health, wellbeing and developmental outcomes. This social expectation creates a



concurrent expectation that women will also deliver the conditions of safety required to achieve these outcomes, and as a result, a child's being unsafe is attributed primarily to a woman's 'failure' to leave the relationship, protect, or otherwise keep safe her child, rather than to the perpetrator's failure not to hurt. In this way, men are largely relieved of accountability for the effects of their behaviour on children.¹⁸ Women, however, face intense pressure to take responsibility for their children's exposure to violence—for example, by leaving the abusive relationship.

This means that domestic and family violence professionals need to achieve a balance between ascribing too much or too little responsibility to women for their parenting practices. When sole responsibility falls on women, they might be shamed, marginalised and punished, with the effects of the violence they have experienced being trivialised or unrecognised. When the responsibility women do have is denied or removed entirely, this risks '[making] them too small as individuals and [reinforcing] the passivity that was inherent in the experience of victimization'.¹⁹

It is important to acknowledge that some women also offend against their children. Sometimes this reflects an attempt to prevent greater harm from the primary perpetrator of violence in the family. Other times, the violence precedes, or is not entirely conditional upon, the family violence experience.

Parenting by men who use domestic and family violence

Men who abuse women are more likely to abuse children too—at approximately seven times the rate of physical abuse than other men, and at six times the rate of sexual abuse.²⁰

A wide-ranging literature review on women's parenting in the context of domestic and family violence²¹ identified a number of key themes and issues in the violence that fathers use against their partners and children. Tactics used by these men might include:

- taking advantage of the social conflation of women's self-identities and identities as mothers to attack women's confidence in both their mothering role and their relationship with their child
- preventing women from attending to their babies, insulting them in front of their children, depriving them of sleep, dominating their attention and time so that they have little to spend with their children, or otherwise making them physically or psychologically unavailable to parent
- harassing women via child contact and financially exhausting them by pursuing repeated family court appearances
- using their persuasive power and influence to induce children into abusing and belittling their mother
- repeatedly denigrating women's character and sense of worth, with the effect of lessening the child's regard or respect for their mother
- undermining women's sense of parental authority by portraying them as incompetent and manipulating their ability to apply parenting skills
- involving children in their acts of violence against their partner (for example, by making them witness the violence) as a means of deliberately adding to women's distress and trauma
- using the family law and child protection systems against women—threatening to expose them as 'bad mothers' or to report them to child protection (these threats are potent because, as described above, society makes women entirely accountable for children's outcomes and experiences in the family).

Another common tactic of violence is exercising control over conception and pregnancy (via rape, other forms of sexual coercion and manipulating the use of contraception). These forms of abuse can trap women in their relationships and create dependency. Entrapment can be intensified when men make their partners feel that they will not be able to survive as single parents, when there are cultural norms about not leaving relationships, or when women have a disability.

Despite these and other forms of violence, many, if not most, children will have positive experiences of being parented by their father at some point in their lives, and may hold a range of positive feelings towards him. Their attachment to their father might be strong, despite his violence, and they are likely to want his continued love and affection. Most children want their father to stop being violent; they do not want him to go away. This attachment is usually reciprocal: while men might struggle to privilege a child's needs over their own, most nevertheless hold feelings for the children in their life and have a sense of responsibility towards those children.

Children can be an important motivating factor for some men to seek help to stop their use of violence, but it is best to be cautious about men's claims about the relationships they have with the children in their lives. The experience of Victorian men's behaviour change professionals is that men in MBCPs often go to pains to present themselves as 'good fathers', and this is often an important part of their identity. However, in reviewing relevant research, Hunt²² and Bancroft²³ found that men's construction of love and care for their children is based largely on the men's own needs and not the children's, and the children are presented as a possession or an 'investment' of the man. These studies found that men tended not to acknowledge the impact of their use of domestic and family violence on their children and prioritised their right for contact over consideration of the potential trauma for their child; they often had a romantic notion of their children's unconditional love towards them. Furthermore, while men considered violence against their partners to be more acceptable than violence directly against their children, they were unaware of how their violence against their partners also constituted abuse towards their children.

Both Hunt and Bancroft also found that men saw abuse, violence and force as sometimes acceptable features of good parenting, largely because they expected rigid compliance with their rules and expectations, and focused on their own needs, with the needs of their children considered secondarily or not at all. Men who perpetrated violence were generally uninvolved in parenting, expecting mothers to take responsibility for day-to-day care.

Among perpetrators of domestic and family violence, there is a continuum of practice regarding optimal parenting. Other research by Bancroft has found that the parenting styles of men who perpetrate violence are often characterised by:

- authoritarianism, for example, expecting to be obeyed; being intolerant of children's behaviour or needs; or being unwilling to accept feedback or criticism from family members (these factors appear to contribute to increased risk of child abuse)
- lack of or inconsistent involvement and/or interest in the child, neglect and irresponsibility, for example, being less physically affectionate, leaving childcare and knowledge of the child to its mother (lack of attention to the child is also seen as a risk factor for child abuse)
- unrealistic expectations about the child's behaviour
- undermining the child's mother, for example, being contemptuous when arguing with her; insulting, degrading and ridiculing her; or overruling her parenting decisions
- self-centredness, for example, being unwilling to modify their own lifestyle to accommodate the child's needs; being insensitive to the child's feelings and experiences; not establishing emotional boundaries with the child; making theatrical displays of own distress; or taking personal credit for successes of the child and blaming failures on its mother
- manipulation, for example, creating confusion in the child about who is responsible for the violence
- ability to perform under observation, for example, behaving in a gentle, caring and attentive manner in public and during supervised access.²⁴

These findings suggest that even if they have ceased using violence, men might need help to develop parenting practices that will meet a child's emotional and developmental needs and are appropriate to a child's trauma experiences.

Legal responses to domestic and family violence

Broad legal context for domestic and family violence

The *Crimes (Domestic and Personal Violence) Act 2007* (the Act) addresses domestic and personal violence respectively. Section 9 of the Act sets out the objects in relation to domestic and family violence as being:

- to ensure the safety and protection of all persons, including children, who experience or witness domestic violence, and
- to reduce and prevent violence by a person against another person where a domestic relationship exists between those persons, and
- to enact provisions that are consistent with certain principles underlying the Declaration on the Elimination of Violence against Women, and
- to enact provisions that are consistent with the United Nations Convention on the Rights of the Child.



Section 11 of the Act defines a domestic violence offence as 'a personal violence offence committed by a person against another person with whom the person who commits the offence has or has had a domestic relationship'.

For the purposes of the Act, a person has a domestic relationship with another person if the person:

- is or has been married to the other person, or
- is or has been a de facto partner of that other person, or
- has or has had an intimate personal relationship with the other person, whether or not the intimate relationship involves or has involved a relationship of a sexual nature, or
- is living or has lived in the same household as the other person, or
- is living or has lived as a long-term resident in the same residential facility as the other person and at the same time as the other person (not being a facility that is a correctional centre within the meaning of the *Crimes (Administration of Sentences) Act 1999* or a detention centre within the meaning of the *Children (Detention Centres) Act 1987*, or
- has or has had a relationship involving his or her dependence on the ongoing paid or unpaid care of the other person, or
- is or has been a relative of the other person, or
- in the case of an Aboriginal person or a Torres Strait Islander, is or has been part of the extended family or kin of the other person according to the Indigenous kinship system of the person's culture.

The Act sets out provisions for a range of responses to domestic and family violence, including Apprehended Domestic Violence Orders (ADVOs).

Apprehended Domestic Violence Orders

In NSW an ADVO is a court order that places additional legal restrictions on the behaviour of a person (called the defendant), to make another person safer. An ADVO can specify, for example, that the defendant may not:

- physically assault, harass, stalk or intimidate the protected person
- damage, or threaten to damage, the protected person's property
- perpetrate domestic and family violence
- enter, remain on, or access the protected person's home or workplace
- contact the protected person directly or through another person.

Other conditions may be applied to the ADVO if necessary.

ADVOs can be made provisionally by police (for example, out of business hours) or by a magistrate. Magistrates have the power to issue permanent or interim ADVOs.

ADVOs apply where the people involved are related, living together or in an intimate relationship, or have been in this situation earlier. This includes carers and others living in the same residential facility.

Most ADVO applications are now made by police. A person may also seek an ADVO directly via their local court, or with the assistance of an advocacy service or lawyer.

In certain circumstances, police may apply for an ADVO on a person's behalf without their consent. To do this, they must demonstrate that this is in the person's (and/or their children's) best interest.

The person the ADVO is made against does not have to be charged with a criminal offence for an ADVO to apply; however, an ADVO is not a substitute for a criminal charge, and so the defendant may be charged for violence-related or other offences. A defendant does not get a criminal record or go to jail unless they do not comply with the conditions of the order or are found guilty of criminal offences.

It is a crime to disobey an ADVO. If the defendant disobeys any of the orders in the ADVO (called a breach of an ADVO), they may be arrested and charged.

ADVOs can be changed or cancelled by applying to the court, although this depends on the type of ADVO and whether the police applied for it. Applications to vary or revoke orders relating to children must be applied for by a police officer.

Fact sheets and resources about ADVOs are available at NSW Legal Aid: www.legalaid.nsw.gov.au

People of diverse sex, sexuality or gender may have specific cultural needs in relation to ADVOs and court processes. The Inner City Legal Centre's Safe Relationships Project website has specific information for GLBTI people regarding ADVOs: <http://www.iclc.org.au/srp/>

Domestic and family violence in particular contexts

Aboriginal family violence

The NSW Government has acknowledged that 'Family violence is one of the most serious issues affecting Aboriginal communities. It has a devastating impact and burden on the health and social and emotional wellbeing of Aboriginal communities'.²⁵

The NSW Aboriginal Health Strategy: Responding to Family Violence in Aboriginal Communities notes that:

Aboriginal women continue to report higher levels of physical violence during their lifetime than do non-Aboriginal women, and are also much more likely to experience sexual violence and sustain injury. Barriers to seeking support services, and the likelihood of receiving inadequate or inappropriate responses, mean Aboriginal women are increasingly vulnerable to the risks and effects of violence.

- In NSW Aboriginal women remain significantly over-represented among reported victims of sexual assault and domestic violence related assault.
- In 2008, the rates of reported victims of domestic violence were 6 times higher for Aboriginal females than non-Aboriginal females (3,148 per 100,000 and 511 per 100,000, respectively), and 4 times higher for Aboriginal males than non-Aboriginal males.
- The proportion of hospitalisations due to violence was much higher among Aboriginal people (18 per cent) compared to non-Aboriginal people (5 per cent). Aboriginal females are 12 times more likely to be hospitalised due to violence compared to the non-Aboriginal population.

Aboriginal children are significantly over-represented in the child protection system. The following statistics²⁶ provide an indication of the rates of child abuse in NSW:

- The number of child protection reports made to Community Services for Aboriginal children and young people has increased by more than 3 times in the past 8 years, from 18,348 in 2001/02 to 59,375 in 2008/09. During the same period, the increase for the non-Aboriginal population was 1.7 times, from 141,295 reports made in 2001/02 to 250,301 in 2008/09.
- In NSW, the rate of child sexual assault of Aboriginal females under the age of 16 years in 2004 was more than double that of non-Aboriginal females. However, of all the children who accessed services that respond to sexual assault in 2003–2004, only 11 per cent were Aboriginal.²⁷

As the NSW Department of Community Services has noted:

- Many cultural and historical factors need to be acknowledged by anyone who works closely with Aboriginal people. Having a greater understanding of this background puts us in a better position to appreciate both the current impacts these factors have on communities and how we can work with Aboriginal people in the future.²⁸

In the context of Aboriginal family violence, many factors have contributed to Aboriginal families' vulnerability to violence. These include:

- dispossession from land and traditional culture
- breakdown of community kinship systems and erosion of traditional lore and customs
- racism and vilification
- economic exclusion and entrenched poverty
- effects of overcrowding and inadequate housing
- the effects of institutionalisation and child removal policies
- inherited grief and trauma
- the loss of traditional Aboriginal female roles, male roles, and status.²⁹



In the face of this collective trauma, Aboriginal Elders, workers, communities and the NSW Government are working proactively to develop holistic, respectful approaches to prevent future violence. The NSW Aboriginal Family Health Strategy is one aspect of this work. While the strategy specifically does not address working with perpetrators of violence³⁰, it provides a valuable lens and considerations to frame work with Aboriginal men, and of course informs work with Aboriginal women and children.

Violence against a same-sex or transgendered partner

In 2004 research conducted by DAGJ found that:

- during the previous 12 months 56 per cent of homosexual people experienced homophobia or violence³¹
- during their lifetime 85 per cent of gay men and lesbians experienced harassment or violence³²
- one in four gay men and lesbians has been assaulted or physically attacked some time in their life.³³

This broader societal context of homophobia and transphobia in NSW needs to be recognised and understood, as it provides the backdrop to the experiences and help-seeking practices of GLBTI people who perpetrate or are victims of domestic and family violence.

International studies on the prevalence of violence in GLBTI relationships indicate that rates are similar to those perpetrated by men against women in heterosexual relationships.³⁴

In 2006 a survey of 308 GLBTI people, conducted by the Same-sex Domestic Violence Interagency at Sydney Mardi Gras Fair Day, *Fair's fair*, found that in their current or previous relationship, 48 per cent had experienced controlling or jealous behaviour, 45 per cent had been humiliated and 35 per cent had been hit, kicked, pushed or had things thrown at them.

In *Private lives* (2006), the largest national health survey of 5500 GLBTI Australians, 33 per cent of respondents reported having been in a relationship where the partner was either verbally or physically abusive. Abuse was reported more frequently by women than men (41 per cent versus 28 per cent), and was highest for transgender males. All intersex females reported being regularly insulted and two thirds had been hit, deprived of financial independence and in fear for their life.

Neither *Private lives*, nor *Fair's fair* ascertained whether the abuse was in the context of a GLBTI relationship, but in any case, these figures indicate that a significant proportion of people in the GLBTI community are likely to have experienced violence in the context of an intimate relationship.

While forms of violence are also generally the same, there are some additional tactics of violence that have particular power because of homophobia and transphobia:

- threats to reveal a person's sexual orientation, HIV status, transgender or intersex to their friends, colleagues, family or people in positions of power (such as landlords)
- homophobic or transphobic insults
- threats to cut the person off from the GLBTI community
- playing down or denying violence by saying that domestic and family violence only happens in heterosexual relationships
- threatening to deny access to children (recognition of parenthood in GLBTI relationships differs between jurisdictions)
- telling the person that support services are homophobic or only for female victims of violence
- threatening to reveal the relationship to Centrelink (recent changes to federal laws mean that same-sex de facto couples now have the same reporting requirements as heterosexual couples where previously they could live together and claim single benefits)
- using HIV or other chronic illness to control a partner
- attempting to 'normalise' the violence by claiming it is a feature of GLBTI relationships and lifestyles (this is particularly powerful if the victim is young, not out or recently out or not connected with a broader GLBTI community).

Intersex³⁵ and transgender³⁶ advocates in NSW have identified forms of abuse that are quite specific to the context of their intimate relationships, for example:

- withholding, or threatening to restrict access to hormones, medications, medical treatment or support services
- ridiculing or disrespecting a partner's gender identity or intersex
- demanding that a partner present as a certain gender
- insisting that a partner has treatment to look more male or more female
- drawing attention to anatomical differences
- using inappropriate pronouns or intimidating language.

The effects of violence are similar for all those who experience it, regardless of gender, sexuality or sex diversity.

GLBTI people often have little confidence in the willingness or capacity of the legal system or support services to respond to their needs in relation to domestic and family violence. Their lack of confidence might often be justified—research in NSW found ‘significant variation in services regarding their competence and confidence in working with GLBTI community members and understanding their specific needs. Some services were well informed and sensitive to these needs, while others lacked a basic awareness’.³⁷

The potential for homophobia and transphobia in the service system means that people in the GLBTI community might be less likely to use services. *Fair's fair* found that over 57 per cent of all those who experienced violence did not seek any formal or informal support relating to the abuse; for men this was 67 per cent. Those who did seek help preferred to talk to family or friends. *Private lives* found that of survey respondents who had experienced physical abuse, only one in 10 had reported to the police (notably, of those who had, more than half were satisfied with the response).

There is an historic reluctance in GLBTI communities to talk openly about domestic and family violence, for fear of fuelling homophobia and transphobia. Some people believe that it is better not to seek help or talk publicly about domestic and family violence in GLBTI relationships because it ‘looks bad’.

The use of power and control is a commonality among perpetrators of violence, regardless of gender and sexual orientation. In the context of domestic and family violence in same-sex relationships, power is based on social dynamics between the couple aside from gender, such as relative personal power, socio-economic status, level of education, disabilities, and race.³⁸

Violence against women and children in culturally and linguistically diverse communities

All communities—including Anglo Australian ones—have violence-condoning and violence-supporting values, systems and practices. However, the risk of experiencing continued domestic and family violence is higher in some communities, perhaps including CALD communities.³⁹ This is most likely explained by systemic factors that make women from those communities more vulnerable, such as:

- lack of options to initiate contact with services using a language other than English (this makes it harder for women to be proactive in seeking out support services or legal protection)
- women's limited access to information about domestic and family violence, their rights and services that might support them
- lack of translated materials
- barriers at the point of service delivery (such as lack of interpreter services and limited cultural competence among service providers)
- racism or stereotyped views of service providers (for example, about the place of violence in a woman's culture).

In addition:

a significant number of women who seek assistance from family violence crisis services are living in Australia on temporary or provisional visas. Conditions attached to these visas differ, and women in these situations usually require specialist advice. Many women fear that reporting or leaving family violence will jeopardise their future residency. While their fears of deportation might or might not be well



founded, it is critical to recognise that some women who are deported may face punishment or death on return to their country of origin. Others might be shunned by their families, or considered to have brought great shame upon them ... Women who are recently arrived in Australia are often particularly isolated, perhaps knowing no one other than their partner's immediate family. Other barriers to their leaving the violence include lack of independent funds, lack of income-earning capacity, the need to send money back to family overseas, experiences of state-based repression, and experiences in Australia of marginalisation and racism.⁴⁰

Women's beliefs (such as that separation or divorce is wrong) might also impact on their vulnerability, although these beliefs are not always based in culture or religion.

Some of the barriers and difficulties that women encounter in accessing the service system are also issues for men in the context of MBCPs:

- lack of information about MBCPs
- lack of services provided in languages other than English
- racism and culturally exclusive practices on the part of service providers.

In addition, racism on the part of other group participants, and service providers' assumptions about violence being embedded into the cultures of CALD communities, might act as barriers to joining or participating in a program.

Violence against women with disabilities

Women with disabilities are at greater risk of domestic and family violence and sexual assault than other women.⁴¹ In 2006 a Canadian study⁴² of 7027 women found that women with disabilities were 40 per cent more likely to have experienced partner violence, particularly severe violence, compared to women without disabilities. The study found that perpetrator-related characteristics entirely accounted for the higher risk of partner violence against women with disabilities.

Some tactics of domestic and family violence are specific to the victim having a disability.

- Emotional or psychological violence includes: denying that the woman has a disability; withholding or altering medications, aids or equipment; threatening to withdraw care and/or services; ignoring requests for assistance; threatening to punish or abandon the woman; threatening to institutionalise the woman; threatening to have the woman's children removed, or to deny her access to them; denying the woman's rights; violating the woman's privacy; or restricting the woman's access to others (including services).
- Physical violence includes: administering poisonous substances or inappropriate drugs; depriving the woman of food, water or heat; handling the woman in inappropriate ways (for example, in personal or medical care); using restraints; refusing to provide assistance with essential needs; using inappropriate behaviour modification; undertaking experimental treatment; using chemical restraints; confining the woman; controlling the woman's use of equipment.
- Sexual violence includes: demanding or expecting sexual activity in return for help; taking advantage of physical weakness or limitations to force sexual activity; being rough with intimate body parts; being sexually abusive under the pretence of 'sex education'; leaving the woman naked or exposed; denying the woman's sexuality; denying the woman opportunities for sex education and information; denying appropriate reproductive health care; forcing the woman to be sterilised against her wishes; forcing or coercing abortion; suppressing a woman's menstrual cycle against her wishes.

A review on the literature concerning the nature of violence against women with disabilities⁴³ found that women with disabilities:

- experience violence in similar ways to other women and also experience violence specifically related to their disability
- experience prolonged, severe, frequent violence
- experience violence at the hands of a greater number of perpetrators
- are not believed when they report experiences of violence
- think they will not be believed and so do not report experiences of violence.

The cumulative effect of these different experiences of domestic and family violence means that programs need to make special efforts to respond to the safety, risk and support needs of women with disabilities.

Domestic and family violence in rural and remote areas

It is uncertain whether domestic and family violence is more prevalent in rural and remote areas compared to urban locations. What is known is that it can be particularly difficult for women in rural and remote locations to leave a relationship where their partner is using violence, due to financial insecurity and dependency, a perceived lack of confidentiality and anonymity, the stigma attached to the public disclosure of violence, and the lack of transport and telecommunications options.⁴⁴ Higher levels of firearm ownership are believed to be the primary factor in increased risk of family violence-related homicide in rural and remote areas.

Research by the Women's Services Network (WESNET) found:

a direct link between dominant rural ideologies and community acceptance of domestic violence. The complex interplay of community values and attitudes present in regional, rural and remote areas and, in particular, acceptance and condoning of domestic and family violence, are directly linked to its increased incidence.⁴⁵

Furthermore, traditional beliefs about masculinity that potentially influence a man's violent and help-seeking behaviours might be particularly prevalent in rural communities.⁴⁶ A study of one South Australian rural community found that concerns about confidentiality and anonymity, combined with community attitudes supporting patriarchal ideology and traditional, male-dominant models of masculinity, served as a barrier for both victims and perpetrators to access programs.⁴⁷ Homophobia and transphobia might also be more pronounced in some rural communities; the effects of these are compounded by limited access to supportive services.⁴⁸

Rural communities vary significantly in terms of size, demographic composition, and levels of service delivery, community cohesiveness, and community action. Yet there are some general differences between rural and metropolitan communities. In rural communities:

- residents have less confidentiality and less anonymity when they use services
- neighbours are often more likely to know each other, and perhaps more likely to have a culture of reciprocal support
- isolation often has a physical component, with neighbours often living kilometres apart.

Some service providers also believe that issues specific to rural communities, such as drought, are implicated in domestic and family violence. There is no doubt that these issues can reduce women's options (for example, by limiting their financial capacity to leave) and might also serve as a socially acceptable excuse for violence.

Distance is a significant factor in men's access to behaviour change programs. With petrol prices increasing, and most rural drivers preferring (or needing) large cars or 4WDs, the financial costs of attending a program in a rural area can be quite high.

Small populations mean that men are concerned about confidentiality and anonymity, and thus might be less willing to participate in an MBCP. This also influences the number of men seeking to be in a men's behaviour change group at any one time—some rural providers find it difficult to secure the minimum number of men needed to make a group viable.



MEN'S BEHAVIOUR CHANGE WORK

Definition and scope of men's behaviour change programs

MBCPs work with men who perpetrate domestic and family violence, and the (ex)partners and children of those men. They typically involve assessment, including risk assessment, and then:

- group work, individual counselling and case management for men
- support, information, referral, safety planning and, in some cases, counselling and case management for women and children.

MBCPs are not self-help processes. They require trained workers with professional supervision and accountability, and should only exist if they meet DAGJ's minimum standards.

MBCPs are also not the same as anger management programs. There are many feelings that participants commonly experience in their lives, such as anxiety, distress, impatience, agitation, frustration and fear. Proposing anger management as a response to domestic and family violence promotes the idea that men's violence is a consequence of their inability to manage anger. This fails to recognise that men can be violent and controlling when they are not angry, or non-violent even when angry, and that they might control their violence in some settings but not others (for example, at work, but not at home).

There are substantial limitations in the ability of anger management programs to address men's domestic and family violence and to work towards the safety of those affected by their violence. Anger management programs:

- can reinforce men's beliefs that their violence is a result of their anger 'getting out of control', rather than a deliberate choice
- rarely address broader issues of power and control, focusing instead on mastery of emotions
- can reinforce the tendency for domestic and family violence perpetrators to see themselves as victims (of the various things and people they perceive as 'making them angry'), thereby helping them feel justified to act abusively
- do not address situations where men perpetrate violence when they are not feeling anger (men who perpetrate violence often experience a number of other emotions—such as anxiety, distress, impatience, agitation, frustration—before and during violent acts instead of or in addition to anger. Sometimes they feel little emotion at all. Indeed, research suggests that 'the majority of partner abusive men do not present with anger-related disturbances')⁴⁹
- do not address the patterned and multifaceted nature of domestic and family violence—the indirect and direct things that men do in between their acts of violence to control their partner's actions, degrade her sense of worth, or pressure her always to put his needs and wishes first
- do not include a component supporting the safety and recovery needs of those affected by his violence, which is as important as the work with the man himself.

Men's behaviour change work in NSW

While there are some professionals and organisations with significant experience in delivering MBCPs, in general, the men's behaviour change field in NSW is relatively new. Program providers can learn from each other, and from professionals in other states, to deepen their expertise to address the complexities of working in this risky and often fraught area. However, it is important that all program providers recognise from the outset:

- the NSW principles for men's behaviour change work
- the aims and strategic objectives of men's behaviour change work
- the risks and limits of men's behaviour change work
- the place of men's behaviour change work in a broader community response to domestic and family violence
- the roles of other professionals who engage with men in an integrated family violence service system.

NSW principles for men's behaviour change work

The principles on which the NSW minimum standards for men's domestic and family violence behaviour change programs are based are:

- The safety of women and children must be given the highest priority.
- Victim safety and offender accountability are best achieved through an integrated, systemic response that ensures that all relevant agencies work together.
- Challenging domestic and family violence requires a sustained commitment to professional and evidence-based practice.
- Perpetrators of domestic and family violence must be held accountable for their behaviour.
- Programs should respond to the diverse needs of the participants and partners.

Aims and strategic objectives of men's behaviour change work

Aim of men's behaviour change work

MBCPs have the fundamental aim of working towards the safety, autonomy and human rights of women and children.

The term 'men's behaviour change program', while commonly used, is somewhat problematic because it focuses attention on only one aspect of achieving safety and wellbeing for women and children. Men's behaviour change is a means of achieving the above-mentioned aim, rather than an end in itself.

Strategic objectives of men's behaviour change work

MBCPs work towards the safety, autonomy and human rights of women and children via a range of strategic objectives, including to:

- enhance women's safety, wellbeing and agency through partner support
- enhance children's safety, wellbeing and agency through support for their mother and work with their father or male guardian
- achieve at least short-term changes in at least some aspects of a man's behaviour and reduce the likelihood that he will perpetrate violence in the medium and long term
- monitor the use of violence by male participants
- work with the criminal justice system to support processes that lead to appropriate sanctions for men who use criminal violence
- help to manage high-risk situations involving the safety of any person
- contribute to the achievement of coordinated community responses to domestic and family violence, and towards an integrated service system
- work consciously towards doing no harm during men's behaviour change work.

Risks and limits of men's behaviour change work

Behaviour change work with men is similar in some ways to other types of counselling interventions, but very different in other ways. It carries extra risks to all involved and requires specific skills and knowledge. Where men's behaviour change work is conducted inappropriately, or without adequate safeguards, interventions with men have the potential to endanger women and children, program staff and others.

Safety might be compromised, for example, by:

- program staff not paying enough attention to risk indicators, or having inadequate or inappropriate responses to risk situations
- program staff allowing disclosures of violence to pass without notice
- a man learning from other group members new or alternative tactics of controlling his (ex)partner and children
- a man distorting the concepts or strategies he learnt in the program to increase his control over his partner (for example, avoiding or withdrawing from his partner and calling it 'time out')



- a man using what he has heard in the program to justify or make light of his own use of violence (for example, thinking that his behaviour is okay because—unlike some others in the group—he doesn't actually hit his partner)
- a man's sexist portrayals of women (for example, as victims, or naggers, or sex objects, or figures for ridicule) being reinforced by other participants in the program
- a man claiming his completion of a program as proof that the problem is 'fixed'
- a man using his attendance at the program as a way to influence a magistrate's decision making
- a man lying to his partner about his attendance, the content of the program, or what was said or what transpired during the program sessions (for example, telling her that the program facilitators said that he has been 'cured' or that everyone in the program is saying that she is the one who needs to change)
- a woman seeing her partner's participation in a program as proof of his likelihood to change, and therefore as a reason to stay in the relationship or relax her safety planning and precautions.⁵⁰

Given the risks inherent in men's behaviour change work, program providers must conduct it with maximum attention to safe and ethical practice.

It is also important to understand the limits of men's behaviour change work in changing what men do. Despite some research showing significant success in changing men's behaviour⁵¹, overall the long-term effectiveness of MBCPs in reducing recidivism is mixed and inconclusive, although research in this field is plagued with methodological limitations and complexities.⁵² Research and the experience of men's behaviour change professionals in over 20 years of practice in Australia and elsewhere suggest that:⁵³

- over the course of the program, some participants significantly reduce or stop their use of violence, and take substantial steps towards living non-violently and respecting others
- some reduce or stop their use of violence for a period, but then relapse (during or after they complete the program)
- some reduce or stop some types or forms of violence, but continue to use or increase others, or substitute physical for non-physical forms of violence to maintain unequal power relationships⁵⁴ or avoid breaching a court order⁵⁵
- some make little or no change
- some drop out before completing a program.

It is also important to note research demonstrating that the risk of men reassaulting their partners can be particularly high during the early stages of their involvement in the program.⁵⁶

Program approaches

The centrality of group work

Group work is the preferred core approach to working with men who perpetrate violence. With the right facilitation by suitably experienced professionals, participants in a group can collaborate and support each other to make changes in their own attitudes and behaviour. This helps to minimise polarisation of views between the professional and a program participant.

Furthermore:

- Some learning outcomes can be obtained only from group work, and others happen faster in group work.
- Group settings help participants focus on their behaviour without seeing themselves in pathological terms (for example, as 'bad' or 'crazy').
- Group engagement with others can maintain and enhance a participant's motivation to attend.
- Interactions among group participants, and using a diverse range of group activities, can make learning a more dynamic process and cater to different learning styles.
- Sharing in group settings can break the secrecy and shame that often surrounds domestic and family violence.
- A man's disclosure about his violent behaviour to other men in his group can prepare him for disclosure in other settings.

- Group work might sometimes be more cost effective than one-on-one interventions (this alone is not a justification for adopting group work over other interventions).

There are limits and risks to group work as a strategy. These include:

- the potential for an unhelpful group culture to foster collusion and reinforce a man's violent-supporting narratives and attitudes
- the potential of the group setting to reproduce problematic patterns of hierarchy and interpersonal power, through how participants treat each other and how the facilitators work with the participants
- the possibility of a man learning new ways of controlling his partner and enforcing his gendered power
- a man using comparisons with other men to trivialise or excuse his own use of violence
- the lack of opportunity to focus in-depth on each particular man, especially with large groups.

Additionally, men with limited English proficiency and men from marginalised populations might encounter significant barriers to participating in groups.

These risks and limits do not outweigh the benefits of group work; rather, they should be mitigated by conscious efforts.

Group work and individual work combined

Some providers find it helpful to complement group work for men's behaviour change with individual sessions. Complementary individual work can be used to:

- gain further information about a man's belief systems
- enhance a man's goal setting and readiness for change
- address personal issues beyond the scope of the group
- monitor and respond to ongoing risk issues
- work with a man around an issue he is finding difficult to understand or accept
- assist with a man's exit planning and/or the development of a self-management plan.

All individual work with men that complements group work should be consistent with a program's broader philosophy regarding men's responsibility for their use of violence.

When a man is engaged in individual work with a practitioner external to the program in combination with group work, there needs to be communication and coordination between the group facilitator and practitioner so that the practitioner does not undermine the work done in the group. This is particularly important if the practitioner does not have skills and experience in men's behaviour change and domestic and family violence work.

Individual work as an alternative to group work

The benefits of group work are so great that individual work is only an alternative to group participation when there are clear and compelling reasons, such as when a program cannot provide culturally safe group work experiences for marginalised men. Language or cultural differences should not preclude men from participating in group work (see page 83) if the program provider fulfils its responsibilities to provide cultural safety.

Many men, if given the choice, would prefer to attend individual sessions than participate in a group. Often this is due to their desire to keep their behaviour secret and/or their discomfort in talking about personal matters in a group setting. These are not adequate reasons to substitute group participation with individual work.

Other approaches

Couple counselling

Couple counselling—in which both partners work together on their relationship or parenting issues—is only indicated when:

- a man has ceased using violence, and
- his partner is no longer fearful of him, and
- both partners are willing participants and have been prepared for the possible problems and complexities.



Inappropriate use of couple counselling might compromise women's and children's safety, in that:

- it has the potential to revictimise a woman both physically and psychologically
- the woman might feel intimidated or otherwise unable to voice her feelings, thoughts or experiences
- the woman might judge that she needs to censor herself in sessions to protect her safety and that consequentially the man may speak more freely than her, thereby exacerbating his domination of the agenda and the issues under discussion and generally reinforcing the skewed power relationship between them
- that the containment and feeling of safety of the counselling will lead the partner to say more about 'risky' subjects than she would normally and that this may lead to increased danger for her outside of sessions
- the man might retaliate against a woman for something she said in the course of couple counselling
- the woman might experience the session as abusive, particularly if the counsellor allows the man to dominate the agenda and the discussion in the session
- couples counselling itself becomes a coercive issue and the woman is pressured to take part in return for the client having attended a violence prevention program
- it might introduce or strengthen a narrative that the man's behaviour is due to a relationship problem, and/or that responsibility for the violence is somehow shared by the woman
- the process might reproduce or accentuate power differentials between the man and the woman in other ways.⁵⁷

A similar set of risks applies to participation in mediation sessions, relationship or marriage enhancement groups and courses, and family therapy also involving children.

Program staff need to make a detailed suitability assessment before referring to any couple counselling professional in the public or private sector. In particular, program staff need to ensure that the woman feels safe and is safe to express herself. Even in situations where a man has ceased using violence, couple counselling still might not be advisable.

It is not appropriate for MBCPs to provide couple counselling directly, as this potentially blurs the difference between relationship conflict and family violence. Agencies that provide both an MBCP and couple counselling should take considerable care to differentiate these two programs.

It is preferable that any referral to couple counselling is made formally, so that the provider of the couple counselling is aware of the man's previous use of violence, and confident to contact the MBCP for a secondary consultation should any concerns arise.

The Couple counselling indication tool in the *Practice Resources* section aids a structured professional judgement about the appropriateness of referral for couple counselling after a man has completed an MBCP.

Contraindicated counselling approaches

Some counselling approaches are contraindicated in men's behaviour change work:

- therapies that focus primarily on addressing personality-based issues arising from childhood-related experiences
- fair fighting techniques and other conflict resolution strategies that assume mutual responsibility
- anger management (see page 38)
- systems theory approaches that treat the violence as a mutually circular process and ascribe some degree of responsibility for either the perpetration or cessation of abuse to the victim
- addiction counselling models, which identify the violence as an addiction and the victim and children as enabling or co-dependent in the violence
- family therapy or counselling that places the responsibility for the man's behaviour on the children and/or partner
- theories or techniques that identify poor impulse control as the primary cause of violence
- methods that identify psychopathology on behalf of either the perpetrator or victim as a primary cause of violence.⁵⁸

Men's behaviour change work in context

Systemic responses are critical to both preventing violence and responding appropriately when it occurs. Without these, both perpetrators and victims of violence will continue to believe that men may perpetrate violence with impunity. In particular, men need to know that their use of violence will not be condoned by any person or institution. They need to see that everyone—including individuals, community providers, police and the legal system—will protect the rights of others to safety and autonomy.

Women and children need to know that they will be believed and that their rights will be upheld. They need to have options other than living in violent and unsafe situations, to know about these options, and to be supported in making changes in their lives if they decide to do so. The legal remedies available to protect women and children must be applied consistently.

This broader context for responses to domestic and family violence suggests that it needs to be addressed in the context of gender inequality between women and men. In such a context, work with individual men to change their violent behaviour sits alongside other political, legal and social responses aimed at ending all gender-based inequalities, not only violence against women and children. This includes work to:

- challenge gender socialisation
- transform men's unearned gender-based privileges and entitlement
- redistribute economic power
- challenge institutionalised violence.

It is thus critical that MBCPs support broader efforts in the community to address gender-based inequalities. As the *National Plan to Reduce Violence against Women and their Children* notes:

The unequal distribution of power and resources between women and men and adherence to rigid or narrow gender roles and stereotypes reflect gendered patterns in the prevalence and perpetration of violence ... At every level of society, gender inequalities have a profound influence on violence against women and their children. Building greater equality and respect between men and women can reduce the development of attitudes that support or justify violence.

Other factors contribute to gender equality, such as where women from culturally and linguistically diverse communities have difficulties accessing the paid workforce or higher education. Broader social policy initiatives that address gender inequality and improve the status of women are critical to reducing violence against women.⁵⁹



TOWARDS SAFE FAMILIES

A practice guide for men's domestic violence behaviour change programs

SECTION 02

Program Management



RELEVANT MINIMUM STANDARDS

- 1.1 Program providers will develop and operate from written procedures that address risks to women and children
- 1.2 Program providers will ensure that current partners of program participants are provided with support prior to and during the program
- 1.3 Partner support workers will prepare women for the participation of their partners in a behaviour change group program
- 1.6 Where women and children express an interest in having ongoing contact from a partner support worker additional contact will occur for the duration of the program
- 1.7 Group facilitators and partner support workers will have appropriate knowledge and training about the impact of domestic and family violence on women and children
- 1.8 Partner support workers must have relevant knowledge, training and experience to enable them to support and advocate for women and children
- 2.1 To ensure program transparency, accountability and integration program providers will develop a formal relationship with relevant local agencies
- 3.1 Group facilitators must have relevant knowledge and training
- 3.2 All programs will have a minimum of two group facilitators
- 3.3 Group facilitators must undertake supervision
- 3.4 Program providers will develop policies to ensure that group facilitators undertake ongoing professional development
- 3.5 Behaviour Change Group Programs will have a duration of at least 24 hours over 12 weeks
- 3.6 Program providers will complete an operational review of each program focusing on process and content
- 3.7 Program providers will evaluate the impact of programs on the behaviour and attitudes of group participants
- 3.8 Program providers will contribute to an evidence base for behaviour change programs
- 4.1 Programs must be grounded in an evidence-based theory of change
- 4.8 Program providers will offer appropriate referrals to meet participants' additional needs
- 5.1 Program facilitators must undertake training to ensure culturally competent practice

PROGRAM PLANNING

Clients

The clients of an MBCP are the men who participate in program activities, and the women, children and potentially other family members who are affected by these men's use of violence. It is preferable that all people who use a program's services are seen as clients in their own right.

Components of a program

MBCPs are provided in a range of settings and vary in both their service context and their resourcing. The matrix below lists components of an MBCP that might be provided to women, children and men. While many of these are required in order to meet the minimum standards, others (such as case management) are at the discretion of the provider.

	WOMEN	CHILDREN	MEN
Core program components			
Assessment	•	•	•
Victim support (face to face or phone)	•	•	
Safety planning	•	•	
Group work			•
Information provision	•	•	•
Ongoing risk assessment and risk management	•	•	
Appropriate referrals	•	•	•
Optional program components			
Men's behaviour change individual sessions			•
Case plans	•	•	•
Case management	•	•	•
Reviews in relation to case plans	•	•	•
Exit planning	•	•	•

Figure 1 Components of a men's behaviour change program

Holistic casework

Services provided by an MBCP to a man, woman or child will be most useful when they are tailored to the person's individual goals, while working towards the safety and wellbeing of all family members. Much of this guide is premised on the idea that this 'holistic casework' is a preferable approach.

In such an approach, clients of MBCPs are encouraged to develop their own short and long-term goals for engaging with the service and to identify both their inner resources and external, community resources that might contribute to achieving their goals. Because goals are likely to change over time, they are revisited periodically throughout the program, including as part of exit planning.

When services are provided on a casework basis, the form that a program takes differs for each client. For example, not all men require case management or one-to-one sessions to complement group work and some men might need to participate in the program for a longer period of time than others. Similarly, the frequency or pattern of contact the partner support worker has with a woman or child will vary according to their needs and wishes.



Practice advice on case planning and case management is provided in:

- Assessing women and children (page 114)
- Case planning for men (page 132)
- Individual and case work with men (page 152).

Planning to provide services to men

Evidence-based models of practice

What a model of practice needs to cover

Minimum standard 4.1 requires that programs are grounded in an evidence-based theory of change. An explicit, documented model of practice provides a rationale, structure and coherency to all aspects of a program's work. It also helps programs to be accountable, by communicating their underlying viewpoints and perspectives to service users and the broader domestic and family violence sector.

Acceptable practice regarding minimum standard 4.1:

The program has a documented model of practice.

Optimal practice regarding minimum standard 4.1:

Documentation of the program's model of practice references a substantial body of theory and evidence for its approach.

Unacceptable practice regarding minimum standard 4.1:

The program has no documented model of practice and no documented evidence for its approach.

At its broadest level, a model of practice needs to:

- incorporate a structural/gendered analysis of men's use of domestic and family violence, so that it addresses the underlying beliefs and practices related to men's entitlement, privilege, objectifying and sexist attitudes towards women, violence-supporting masculinities, as well as the social and cultural conditions that support and maintain these underlying factors
- be informed by a coherent set of psychological theories regarding:
 - what motivates, skills, reinforces, supports and maintains participants' changes in behaviour and attitudes
 - ways that these changes might lead to deeper changes in the person's ways of relating and being, and in their personal and emotional lives.⁶⁰

Both of these broad elements of a model are essential. It is impossible to use a purely structural approach without using psychological, individual-level considerations, because all interventions are based on assumptions, beliefs and strategies about how people change, whether these are or are not articulated and formally represented in a model. Furthermore, it is problematic to run a program purely on psychology and individual-level change models as there is clear evidence that domestic and family violence involves a strong, underlying dimension of gendered power and is not merely a product of a person's deficits.

Neither approach, in its pure, isolated form, is ideal. Rather, programs generally:

- use educational components based on principles of adult learning to focus on key themes relating to men's use of power, privilege, entitlement and control
- draw on one or more therapeutic approaches to inform the ways that they work with men to encourage, support and maintain behaviour change, and where relevant, work towards deeper changes in their ways of being and their lives (the term 'therapeutic' in this sense means applying therapeutic principles to assist in the behaviour change process, rather than healing psychological ills or wounds).

Any model employed by a program needs to:

- be able to explain the underlying societal and cultural factors that support men to use domestic and family violence, both in terms of how they can contribute to men learning to use domestic and family violence, and in how these factors manifest in a particular act of violence

- be able to explain the mechanisms by which men choose to perpetrate violence in any given moment, including the build-up/antecedents of violence
- account for the numerous subtle, ongoing acts of violence and of omission that men use to control a partner and cause fear or subordination
- explain how men might become more motivated and ready to participate in a program working towards change, and identify what is needed over time to maintain and build on this motivation and commitment (this includes describing how to identify and respond to life circumstance and motivational barriers and enhancers)
- outline the processes involved in men changing their attitudes and behaviours
- outline the processes by which the program will support the development of new understandings and skills
- outline how men can be supported to self-monitor and self-manage the factors that increase or decrease the risk of them using violence
- outline the processes that will help men reinforce changes made and practise new skills and understandings between group sessions
- account for influences in the man's social environment that might influence the change process
- outline the processes that will help maintain changes and minimise the chances of relapse.

The model that a program constructs to guide its operations is ideally a synthesis of two or more approaches to men's behaviour change work (see below), even if one particular approach serves as the 'spine' of the model. No single approach captures everything, and each comes with its own strengths and weaknesses. It is very important to appreciate and learn from the strengths of different approaches, even if those approaches are not adopted in their entirety. Employing a model based entirely on a single approach without any consideration of others can significantly limit practice. Often program models integrate two particular approaches, for example, the Duluth and cognitive-behavioural approaches.

Choice of approaches

There is insufficient comparative research between approaches to determine whether any are more effective than others in reducing recidivism. Comparative research of this nature is very difficult, as few programs use one pure approach; rather, most embody a mix of models.⁶¹

Some common approaches are described below. There is also a summary of program approaches⁶² at www.ncjrs.gov/pdffiles/168638.pdf

Duluth approach

The Duluth approach, developed by the Domestic Abuse Intervention Project in Duluth, Minnesota, is an integrated service system response that works towards the safety of victims through a number of coordinated strategies, rather than focusing solely on a men's program linked to the criminal justice system. However, it is also a highly influential approach towards working with men outside of this context, especially in MBCPs in English-speaking countries. It has been invaluable in helping the domestic and family violence sector realise that rehabilitating the perpetrator of violence is not the only aim of working with men, and that engaging men can lead to other important outcomes for women and children.

The approach is based on a curriculum that focuses on the constellation of abuse and violence in the Power and Control Wheel. This emphasises how physical and sexual violence is linked to male power and control through particular control tactics that form the spokes of the wheel: minimising, denying, blaming, using intimidation, emotional abuse, isolation, children, male privilege, economic abuse, and threats. The Duluth approach emphasises that men maintain control through ongoing coercion, intimidation and isolation as well as particular acts of violence. The approach is based on a curriculum focusing on eight themes, with several sessions on each theme: non-violence, non-threatening behaviour, respect, support and trust, honesty and accountability, sexual respect, partnership, and negotiation and fairness.

For each theme, video vignettes are used to explore how men use controlling behaviour in relation to that theme. Participants are invited to consider the underlying intentions and goals of using that behaviour, the beliefs and attitudes underlying the behaviour, and the feelings that were being suppressed by the behaviour. Men do homework tasks to identify and explore aspects of their behaviour that correspond to the theme, and to identify and practise more egalitarian ways of relating.



The model highlights that men often perceive themselves to be the victims (which they might be in other areas of their lives, but not in their relationship), and perpetrate violence to gain power, status or 'respect'.⁶³

The Duluth approach is sometimes criticised as being too confrontational and for overly challenging men's violence-supporting narratives.⁶⁴ However, program staff who draw on the Duluth approach use various means to apply the model, including an invitational approach that supports men to develop their own stance against violence and abuse. Like any approach, this model can sensitively support men's processes and journeys of change, assisting them to make sense of their own use of abuse and violence and to develop self-awareness.

Information about the approach and resources for practitioners is available on the Duluth website: www.theduluthmodel.org

Cognitive-Behaviour Therapy

Men who perpetrate violence against their partners often see themselves as victims of unfair treatment at the hands of their partner. They blame her for their own violence and for not living up to their expectations. This dehumanises her and makes her a legitimate target (in his frame of reference) for further violence. This is generally a cyclical process, with men's self-talk being repeated and rehearsed.

Cognitive-Behaviour Therapy (CBT) attempts to interrupt the psychological processes by which the man grants himself permission to perpetrate violence, by helping him identify his physiological signs, thoughts and feelings prior to the incident, and to use this knowledge to predict and prevent future violence.

CBT also attempts to explore the underlying beliefs and thought patterns that produce the self-talk, for example, the 'implicit theories' or core beliefs that perpetrators of violence have about their partner and about women in general.⁶⁵ These might include: entitlement, need to be a real man, violence is normal, women are objects to serve men, my behaviour is uncontrollable, need to control others or they will control me, sex drive is uncontrollable, revenge/I must win, and downplaying the harm.⁶⁶ Men believe that these implicit theories reflect social norms rather than their own beliefs, and therefore overestimate how many other men subscribe to these beliefs. The implicit beliefs operate at an unconscious level to drive thinking and action.

CBT uses vignettes, role playing, discussions, practising alternative behaviours, rehearsal, providing men with feedback (both from other participants and facilitators), and real-life application of skills learnt. It involves teaching and rehearsing new skills, and as such is similar to a training approach.

CBT is often incorporated with other approaches (such as Duluth) as it focuses on skill building and has practical implications and techniques. An approach based solely on CBT would be inadequate because perpetrators often have these skills already; they use them in other areas of their lives but choose not to do so with their partners. When employing a CBT model, facilitators not only teach skills, but also explore what stops a man from using his existing skills to interrupt the sequences of thoughts, feelings and behaviours leading to his use of violence.

There is emerging consideration given towards deepening the work with men's emotions in ways that complement the CBT and Duluth models. This recognises that programs do not only help men describe feelings and connect them to beliefs and expectations; rather, they also need to help men recognise the importance of emotions, label emotions, be open to expressing a wide range of emotions, and understand how emotions link to thought and behaviour.⁶⁷ Furthermore, they need to assist men to develop a sense of emotional responsibility whereby they are interested in and curious about their partner and children's feelings, and also less likely to dominate others with their emotions or focus on their own emotions without considering others.⁶⁸

A common application of the CBT approach in MBCP work with specific groups of mandated men is offence mapping, a process that assists offenders to identify and analyse the pathways leading up to an incident of offending. It focuses on the various decision-making points in this pathway, at which different decisions could have been made that might have led to a different outcome. Once these decision points are identified, offence mapping assists offenders to respond differently at these decision points in the future. The offender's thinking

and emotions are mapped at these decision points and at different stages of the pathway, to help the offender develop insight into the types of pathways that he might be at risk of reproducing in the future.⁶⁹

Invitations to Responsibility and narrative approaches

The ‘invitations to responsibility’ approach is very influential in many Australian programs. Drawing on the theory and practice of narrative therapy, this and other narrative approaches:⁷⁰

- acknowledge that a man can have contradictory and multiple experiences, and that men’s behaviour change work can involve helping men to both identify and strengthen values, self-identities and perspectives leading towards non-violence and demonstrate how behaviours that hurt or abuse others are inconsistent with who they want to be and how they want to relate to others
- consciously articulate his reasons for not using violence
- tap into his existing implicit values for how he would prefer to live (even if these values have laid dormant and are outside his awareness) and help him understand how in the past (and the present) he has tried to implement these positive values
- work with him to identify and challenge the restraints (for example, patriarchal sense of entitlement, dominant models of masculinity, homophobia) that prevent or distract him from taking responsibility)
- help him explore the gains and losses that come from his violent behaviour, and the benefits to him and his partner of behaving non-violently
- separate his identity from his actions while still holding him responsible, assuming there is always more to him than his use of violence, and that his violent behaviour does not equal who he is
- consider that he might have taken a stand against violence or injustice in other areas of his life, and what this means for how he perceives himself, and how he can stop using violence in his current relationships
- identify exceptions when he stopped himself from using domestic and family violence, or exhibited non-violence, and what he can learn from this in terms of taking responsibility and moving towards non-violence
- identify the factors, qualities, ways of thinking, emotions, skills and social supports that will help him take a stand against his use of violence in his relationships that he can build on and nurture
- employ a collaborative, gentle and respectful approach rather than attempting to force or shame him into changing
- help him identify and use other-centred shame and remorse, rather than self-focused attempts at an apology or ‘quick fix’, to help him learn to take responsibility and make deeper reparations than just offering an ‘apology’.

See www.bridgesinstitute.org/manual.html for a typical example of a narrative approach towards stopping men’s domestic and family violence.

Strengths-based approaches

A narrative approach employs some aspects of strengths-based approaches. These:

- help the man identify his strengths and resources, not just his deficits
- help him identify his goals for positive change and for what he wants in his life and relationships
- support him to identify and address things that are getting in the way of his goals—namely his use of violence
- focus on what has worked in the past for him to stop his use of violence, and what he can learn from these occasions, thereby encouraging hope
- focus on things in his environment and resources that can help him address these barriers and work towards his goals
- help him to be his own authority in building on past successes of not using violence, identifying what is and isn’t working and what might work, with the facilitator being a guide rather than expert in this process.



Despite some advocates of strengths-based approaches being critical of a gendered analysis of family violence⁷¹, these approaches do not need to run counter to a gendered and systemic analysis of violence. Indeed, they can be complementary to CBT and/or Duluth models. Incorporating strengths-based elements into program design and group activities can assist in enhancing readiness to change, goal setting, skills identification, self-efficacy, self-reflection and self-management.

Descriptions of strengths-based approaches are provided, for example, by Lehmann and Simmons (2009), Ward et al. (2007) and McMaster and Wells (2003).

Limitations of typology-based approaches

Despite many attempts by researchers to construct typologies of perpetrators, none has been consistently demonstrated to be useful in predicting treatment outcomes or the degree of risk posed to women and children.⁷² As one writer notes:

Rather than distinct types ... differences [among men] may be represented as dimensions among men who batter. The differentiation is more of a continuum with men being more or less severely violent and showing a greater or lesser extent of psychopathology. If this is the case, then treatment groups tailored to 'types' [would be] difficult to justify and to implement.⁷³

In addition, there is a risk that efforts to differentiate 'types' of perpetrators might mask the commonalities between them, particularly in terms of their patriarchal entitlement, power and control.

There is, however, research to support classifying perpetrators according to the severity of their violence across a constellation of dynamic dimensions (physical violence, controlling behaviour, threatening behaviour, and/or verbal-emotional abuse).⁷⁴ This can assist in providing holistic casework and tailoring programs to meet individual needs and risk factors.

Program integrity

Program integrity refers to how well a program's basic concepts and theories—including its theory of causality of violence and model of men's behaviour change—are put into practice. It is widely considered that a program's effectiveness is compromised when there is a poor fit between its purported concepts and theories and actual practice.⁷⁵ Furthermore, the lack of a clearly defined and transparent program logic can make a program less accountable to women, children and other stakeholders.

Some of the important elements of program integrity are ensuring:

- that facilitators and other program staff are sufficiently trained and skilled in MBCP work and also in the program's theoretical and operational model and approaches
- that facilitators and other program staff have a solid understanding of their particular model and approaches and their strengths and weaknesses, and how they are used to facilitate behaviour change
- strong supervision that takes into account the program's theoretical approaches and models
- a management philosophy that supports the program's key concepts
- documentation of the program's underlying theoretical and operational model and approaches, assumptions, values and ways of conceptualising domestic and family violence and men's behaviour change work
- a program guide that fosters a consistent approach while maintaining flexibility and responsiveness.⁷⁶

Program integrity can be checked as part of a process evaluation. On a day-to-day basis, observers, supervisors and facilitators have a role in checking that all the activities in the program are consistent with its foundations. When an aspect of practice undermines program integrity, this needs to be addressed systematically.

For an optimal example of a program's approach towards documenting its theoretical and operational model and interventions, see *Children's service manual of the Caledonian System (2009)*, (electronic manuals for the Caledonian System can be located via the internet).

Determining content across the program

Domestic and family violence is still understood quite narrowly in Australian society. While physical forms of violence are now generally seen as unacceptable, relatively few people would recognise other forms of violence, such as emotional, social and financial abuse. In the broader community, physical violence is often perceived as 'worse' than these other forms. However, women who have been abused often report fear and control being far more oppressive.

In the context of an MBCP, many men might take time to understand the depth and breadth of their violence and to recognise that their violence:

- takes multiple forms and comprises more than just physical acts
- assists them to maintain control of their partner and children
- has multiple effects on their partner and children, and in many different dimensions of their lives.

Minimum standard 4.5 therefore states that 'Program content will include information on different forms of domestic and family violence and provide opportunities for participants to come to an understanding about the nature of their offending behaviour'. Fundamental messages regarding the forms, effects and impacts of domestic and family violence need to be evident throughout the program—deepening in their complexity as men's understanding increases.

To achieve minimum standard 4.5 in a way that maximises program integrity, there needs to be a core curriculum of topics addressed in group work and complementary individual contact. This curriculum does not need to be static or set permanently; indeed, flexibility ensures that a program can:

- respond to requests by partners to cover particular topics at particular times (provided this can be done without alerting a man to his partner's disclosure)
- tailor activities to the learning styles, needs or issues of men in a particular group
- take advantage of natural opportunities that arise during group discussion to focus on particular issues.

Curriculum that is based on evaluation and reflective practice is likely to better reflect a program's model and approaches towards behaviour change, and to better engage group members.

Acceptable practice regarding minimum standard 4.5:

Program content includes information and group work activities on different forms of domestic and family violence and provides opportunities for participants to come to an understanding about the nature of their violence.

The program's curriculum is outlined in a document that, for each session:

- describes the main focus
- outlines key activities and how to conduct them
- contains resources and handouts for participants
- contains forms for participants to complete.

Optimal practice regarding minimum standard 4.5:

The program's curriculum is documented in a guide containing:

- a session outline
- key learning outcomes associated with the session
- the primary theme/s of the session, located in terms of the outcomes the session will work towards



- secondary themes for the session (ideas that will be introduced and expanded in future sessions, or need to be reinforced from previous sessions)
- what needs to be observed to gauge whether participants are understanding the concepts and are on a pathway to applying their learning
- descriptions of how to run each activity in the session, including notes to highlight particularly challenging or complex implementation issues or things to keep in mind
- descriptions of any potential risks in running an activity and what the facilitators and/or partner support worker (in the course of partner support) should do to minimise these
- notes from previous post-session debriefs or other reflective activities
- copies of handouts and forms for participants
- copies of session-related administration, debriefing and risk management forms and templates to be used by facilitators.

Unacceptable practice regarding minimum standard 4.5:

Program content only minimally addresses different forms of domestic and family violence, or does not address them at all.

The program provides no or few opportunities for participants to come to an understanding about the nature of their violence.

The program operates with no documented curriculum.

The program uses curriculum from another program without adaptation to local circumstances or to the provider's theoretical model.

The curriculum is focused largely or exclusively on matters other than men's use of violence.

The curriculum is implemented rigidly and facilitators cannot adapt it to engage with the specific narratives or understandings that participants have about the nature of their violence.

Group work structure

While group work is a feature of all MBCPs, its structure differs from program to program. Each structure has advantages and disadvantages, and program providers need to consider what is within their capacities and is most likely to achieve program integrity. Evaluation is vital here, so that program providers can learn from their experience.

Advantages and disadvantages of different group work structures are explored below.

Open group with a rotating curriculum of topics

In an open group, once men have been assessed as suitable, they can join at any time. This approach:

- reduces waiting times before men begin in the group—if it is not at capacity, they can start straight away
- provides a mix of experience levels, meaning that those who have been in the program for a relatively lengthy period can help to challenge newer men and invite them to consider new perspectives, so that the program's messages are not always coming from the facilitators
- means that existing members of the group can help new members feel at ease—for example, by explaining the process and group conduct rules, encouraging them to participate, sharing stories of what being in the group has meant to them
- might make it easier for some men to stay with the program for longer, as there is no defined end point to the group, aside from the minimum number of sessions they have agreed to in the group contract.

The disadvantages of this approach are that:

- regular changes in the configuration of men might result in less trust and group cohesion
- when men can start the group at any point along the curriculum, they are not exposed to topics in a logical sequence and may not benefit fully from topics for which they do not yet have the foundational concepts

- there is a risk that facilitators constantly need to backtrack to help men who lack the grounding to discuss the topic at hand
- it can be difficult to keep track of which topics each man in the group has covered.

Closed group

In a single closed group, all men start in the first, or first few, sessions. Closed groups are offered at fixed times during the year, often coinciding with school terms. With this approach:

- group cohesion is more likely
- it is easier to control the topics that men are exposed to, and in what order
- dynamics of the group can be more predictable, enabling the facilitators to take a more proactive and deliberate role.

The disadvantages of this approach are that:

- with only a few defined starting points during the year, there can be some significant waiting times for men to start the group
- it is harder to encourage men to continue with a program once the group course has finished (there might be more stigma attached to repeating a course than to participating for a longer period)
- programs with this structure tend to be shorter, which might not be sufficiently intensive for some men to change.

Given that both open and single-closed group structures have significant advantages and disadvantages, a number of program providers combine these approaches to achieve the best aspects of both, into modular or multiphase groups.

Modular groups

These groups consist of a set of modules (for example, four sessions each) whereby new men can commence at the start of the module only. A module might be structured around a related set of topics, or comprise a block of sessions with no themed topics.

This provides many of the advantages of the open group, but offers greater stability and cohesion. It also makes it easier to keep track of where each man has started and what he has covered. If a man is recommended to continue with the program after he has completed the number of sessions expected in the participation contract, he can be encouraged to do one or more additional modules.

Multiphase program of group work

Multiphase programs of group work typically involve:

- an open-entry group that men can join at any time (this might or might not have a set curriculum)
- a second-phase, closed group comprising those participants from the open group who have appeared to be developing some praxis (see page 139) in their men's behaviour change journey
- in some instances, a third-phase open maintenance group (possibly at a reduced frequency such as fortnightly or monthly) or a return to the open group to extend the man's participation in the program. A third-phase group can also focus on one or more areas covered in previous phases but in considerably more depth.

An advantage of multiphase programs is that program providers have more options for tailoring their service delivery to individuals. If men have minimal engagement with the group process or core ideas of the program, they can stay longer in the first phase open group. Multiphase programs can achieve more cohesive and change-ready closed groups.

This approach also enables men to start in a group immediately once they are assessed as suitable and to remain for a longer period of time.

An obvious disadvantage of multiphase programs is that they are more resource intensive.



Determining program length

Minimum standard 3.5 requires that behaviour change group programs be of at least 24 hours duration over 12 weeks.

This minimum standard refers to group work only. Time spent in individual assessment, individual sessions or counselling to complement group work, or exit planning does not count towards these 24 hours. If a man is not suitable for group work (for example, because he has a significant cognitive impairment), he could be provided with 24 hours of post-assessment individual counselling.

There is no definitive evidence relating program length to treatment effectiveness. However, there can be significant benefits for longer group work programs⁷⁷:

- They provide more opportunities to keep men engaged in the service system; this is particularly valuable for monitoring high-risk clients.
- They allow more time for work to support women and children.
- They enable the work to be tailored to meet each individual man's risk and needs (longer programs are better able to encompass men's journeys through the program—taking into account, for example, points where a man slips back in his awareness or commitment).
- They enable opportunities for particular skill or topic areas to be revisited on several occasions (short programs often result in issues being covered only once, meaning that they are less likely to resonate or take root).
- They create more opportunities to work towards secondary desistance (see page 141).
- They provide more time to engage men who start off with low readiness to change.

United Kingdom research with general offender populations (rather than domestic and family violence offenders specifically) suggests that longer programs might be more effective in reducing recidivism, particularly for higher-risk offenders.⁷⁸ Frequent sessions (such as more than one per week) might help to reduce the risk of recidivism, especially at the early stages of a man's participation in the program where there is some evidence to suggest that the risk of recidivism might be relatively high.⁷⁹

Acceptable practice regarding minimum standard 3.5:

The program offers an open group or closed group, comprising at least 24 hours of group work over at least 12 weeks.

Optimal practice regarding minimum standard 3.5:

The program offers a modular or multiphase group.

The program's course of group work requires participation over at least six months.

Unacceptable practice regarding minimum standard 3.5:

The program's course of group work is less than 12 weeks or less than 24 hours.

The program uses stand-alone activities for men's behaviour change work, such as retreats, camps or whole-day workshops as alternatives rather than complements to group work.

Designing a course of group work

When designing a whole course for men's behaviour change group work, there are several issues to keep in mind:

- time
- sequencing
- activities between sessions.

Each of these is discussed below.

Course design should also be informed by adult learning principles. Addressing these is beyond the scope of this guide; it is best to seek input into program design from appropriately skilled adult learning professionals.

Time

A crowded curriculum might result in participants being overwhelmed by new content. A modular approach, in which several sessions are bundled together to focus on a set of related themes or issues, provides multiple opportunities for reinforcement while lessening the likelihood of participants feeling overloaded.

Allowing sufficient time during check-in (see page 148) to discuss concepts arising from the previous session is another way of addressing this.

Sequencing

Sequencing of topics can impact significantly on men's engagement and learning.

In the early stages of a new group, men are likely to be immersed in denial, justifications and blaming, and unlikely to give much of themselves. Difficult or confronting topics, or activities that require significant personal disclosures, are sometimes best left until later in the program. If these are introduced too early, men might be too defensive or closed to engage with them.

Some topics require a degree of awareness and understanding of particular core concepts for men to benefit fully from them. Activities that encourage men to discuss and use their shame constructively might also be best conducted later, when men are more likely to have heard and thought about the impacts of the behaviour, and when they feel safe in the group and program to explore their shame in depth.

It is preferable to begin a program with presentations and motivational exercises that help men express their goals and what they desire from their relationships and their lives. This can help establish a hopeful and positive tone to a group.

Core themes usually need to be addressed many times before they are understood and integrated by men. Most men feel anxious when they begin a program; this can make it hard for them to concentrate and fully absorb new learning. Generally, their level of understanding will deepen over time, and this deepened understanding will in turn scaffold other realisations. For example, early in a program the facilitators might devote time to increasing awareness of the different types of violence and abuse. However, at that point, few men are likely to be open to considering the full breadth or depth of their own violence, and hence to fully apply the activity to their own circumstances. If the theme is reintroduced in the middle and again at the end of the course, men are more likely to see how the information is relevant to their own lives.

Even if there is no time for an in-depth return to an issue covered earlier in a program, it is still important to create and make use of spontaneous opportunities to refer back to it at later stages in the program.

Activities between sessions

Activities between sessions can allow men to consolidate skills learnt in previous sessions by applying them in the context of the current theme. For example, participants might be encouraged to practise 'time out':

- after their initial training in how to use the technique appropriately
- again after several more sessions, this time making use of time out to identify and interrupt thought-stacking and to remember the reasons why they do not want to perpetrate violence
- towards the end of the program, this time using time out to focus on what their partner might be feeling and on remembering the shame they felt after the last time they used violence.

This cumulative reinforcement of skills might help men embed the skills and practices of non-violence.

Activities between sessions can be tailored to individual men, such as in terms of their level of concreteness or the requirement for in-depth reflection.

Designing a group session

Curriculum for group work can be mapped out with reference to the program model and elements of praxis (see page 139); it is preferable that it is documented in detail. The write-up for each group work session might contain:

- a session outline
- key learning outcomes associated with the session



- the primary theme of the session
- themes from previous sessions to be reinforced and themes of future sessions to be foreshadowed
- what needs to be observed during the session in order to gauge whether participants are understanding the concepts and are on a pathway to applying their learning
- descriptions of how to run each activity in the session, including notes to highlight particularly challenging or complex implementation issues or things to keep in mind
- descriptions of potential risks in running an activity and what the facilitators and/or partner support worker will do to minimise these
- notes from previous post-session debriefs or other reflective activities
- a list of all handouts and resources to be given to participants during the session
- a list of all forms and templates to be used by facilitators during the session.

Planning to provide services to women and children

Why partner support is critical

Partner support is an 'assertive outreach' response where workers seek to establish and offer an opportunity for the (ex)partners of participants to have access to support, information, program input and referral options.⁸⁰ The proactive nature of this support is particularly important. Australian research has found that women are less likely to receive partner support when MBCPs employ passive strategies such as inviting rather than initiating contact.⁸¹

Many of the women who receive support from an MBCP are in a different cohort to those who use women's family violence services such as crisis accommodation. A significant proportion of women who receive partner support from an MBCP are likely to have never sought or received assistance from a specialist family violence service, and research from Australia and the United States suggests that most would not initiate contact with family violence services themselves.⁸²

The support provided by MBCPs can have wide-ranging positive effects for women. Research from the UK Domestic Violence Intervention Project concluded that women found contact from an MBCP empowering and that 'the pro-active approach ... enabled women to make changes sooner and/or more definitely than they would otherwise have done'.⁸³ Likewise in the United States, 'pro-active services for women had benefits of reduced violence, improved quality of life and social support and easier access to resources'.⁸⁴ An Australian research study into partner support provided by one MBCP concluded that:

Women indicated that being contacted was a lifeline and that they were pleased that the onus was not on them to make contact, but on the PCW [partner contact worker]. They appreciated the PCW's pro-activity in contacting women when they had concerns about her safety or when the PCW was aware that the woman was struggling with a particular issue, for example a court hearing. They did not experience this contact as intrusive, but caring and respectful.⁸⁵

In that study, women reported that without their partner's participation in the program, they would not have had access to vital supports. This access to services was one part of a journey away from the effects of violence: restoring a sense of feeling 'safer', having space to make decisions about the relationship and reconnecting to strengths and future hopes. In this way partner support contributed to increasing women's safety and wellbeing.⁸⁶

Research from the United States⁸⁷ and Australia also confirms the important role of partner support in helping women understand that the offender is responsible for the use of violence and that the women themselves are not to blame:

Women experienced gaining information about domestic violence and feeling validated by the PCW. They valued having the violence named and that the PCW and [MBCP] facilitators were clear that the partner's violence was unacceptable and a crime. For some women, the PCW was the first helpful experience in recovery from domestic violence.⁸⁸

Partner support can also provide opportunities for program providers to dispel men's misinformation about men's behaviour change work and their own participation. Australian research found that participants often provided incorrect information to their partners and manipulated their representations of the process to their own ends.⁸⁹ This had implications for women's and children's safety and wellbeing, and for women's decision making.

Research clearly supports the view that possibly the most vital role of MBCPs is facilitating contact with women and potentially children, in the interests of their immediate and long-term safety and wellbeing. This contact is important for women and children even when they appear to be in no physical danger.

Through partner support, women:

- have a safe space to talk about their experiences and those of their children
- have opportunities to identify and validate the ways they have resisted their partner's violence and reclaimed space for their own lives
- are supported to make plans to meet their own and their children's safety needs
- have opportunities to identify and gain access to services and information
- have opportunities to obtain realistic expectations about the program
- are given clear messages that their partner is fully responsible for his use of violence
- learn that their experiences and feelings are shared by many other women
- have chances to discuss their options and decisions about the relationship
- feel that they have a professional who can advocate on their behalf
- have opportunities for ongoing support, particularly support that strengthens women's self-agency.⁹⁰

Partner support is also important because program providers have a responsibility and duty of care to ensure that men's participation does not endanger their family or exacerbate abuse (see Risks and limits of men's behaviour change work on page 39). Partner support offers women opportunities to:

- obtain accurate information about the program and their (ex)partner's participation
- give information to program staff about their (ex)partner's behaviour
- inform staff if they are concerned that their partner's participation in the program is making things worse
- give feedback to program staff about the program and issues in service delivery that they would like to see addressed
- contribute to program evaluation and learning.

Models of partner support

Women and children who have experienced domestic and family violence often need intensive support, and a dedicated partner support worker is generally required to provide this.

Partner support can be implemented via two basic models:

- by the agency providing the MBCP, or
- by another agency, most likely a specialist women's domestic and family violence service.

Providers of MBCPs that do not have dedicated women's and children's services often find that they have neither the resources nor the staff with specific skills to provide adequate levels of partner support. In these circumstances, a contractual arrangement with a local women's domestic and family violence service is required.

One considerable benefit of this is that a woman's needs for other forms of support (such as crisis accommodation) can be met seamlessly. She does not need to retell her story to a new worker and engage with a new service. A second benefit is that this is a practical way for women and men's services to work collaboratively, thereby strengthening these relationships within the context of an integrated domestic and family violence service system.

One of the difficulties posed by outsourcing partner support is it can be a challenge to organise regular meetings when agencies each have their own busy, and often conflicting, schedules. Further, by not being co-located, there are fewer opportunities for informal discussions and information exchange. Effective procedures for information exchange might go some way towards mitigating this last drawback.



Regardless of who provides partner support, it is important that the roles and responsibilities of partner support workers are documented in position descriptions, and policies, procedures and protocols exist to guide all aspects of partner support work. In particular, it is helpful for:

- partner support workers to participate in all team meetings, debriefing, supervision and professional development
- there to be agreed lines of communication and accountability between partner support workers and facilitators.

The sample Memorandum of Understanding (MoU) and protocols between an MBCP and women's service in the *Practice Resources* section provide detailed descriptions of roles and responsibilities in partner support.

Programs that undertake partner support themselves, rather than via a women's service, need to ensure that they have strong, positive relationships with local women's services to which they might refer or from whom they might seek secondary consultation. The sample MoU in Section 3 demonstrates the kinds of practices that need to be agreed on between programs and women's services if women are to receive comprehensive, safe and ethical support.

Why child responsiveness is critical

Children are the most powerless and vulnerable in a domestic and family violence situation and they are often the silent victims. Evidence shows that men who perpetrate violence towards their partners also often enact violence directly against their children and that all domestic and family violence has a deep and lasting impact on children (see page 28). For these reasons, programs that seek to engage men around their use of violence need to be responsive and accountable to the children affected. Even if resources preclude direct engagement with children, program providers should continually monitor risk to them, refer appropriately and report safety concerns to Community Services.

Researchers⁹¹ have found that children who experience domestic and family violence express a desire to have their thoughts heard and be respected by those around them, and also to have the opportunity to provide an opinion on their situation. Offering children opportunities to voice their experience, opinions, needs and wants is empowering⁹² and also ensures programs are better able to work with each child towards their safety and wellbeing.

A conscious approach to accountability to children can help to ensure that:

- women are supported and resourced to parent their child in the context of trauma
- children's individual safety and support needs are identified and addressed
- children are linked with services to help them make sense of and start to heal from their experiences
- men are encouraged to reflect on the impacts of their violence on their children
- men's actions that undermine or negatively affect their partner's parenting and the mother-child bond are identified and addressed
- men have opportunities to reflect on how they approach their children and parenting, and are encouraged to relate in ways that are more likely to help children heal from their experiences of violence.

Models for responding to children's risk and needs

Contemporary approaches to dealing with domestic and family violence argue for children's programs running concurrently with the men's program. It is advantageous to have a designated children's support worker, who works closely with the partner support worker, to undertake child contact work. This enables a focus on each person (adult or child) in their own right. While not required by the minimum standards, a separate child support worker might also be more likely to identify abuse by a mother towards a child.

A child support worker could be involved in all aspects of program planning, including session planning. They could make useful contributions to assessment of men, risk assessment, case planning for men and women, and case reviews. They might also co-facilitate sessions in the men's behaviour change group that focus on parenting or the effects of violence on children (see page 28), or work with men on a one-on-one basis.

However, specialist work directly with children is often beyond the scope of MBCP providers. In such circumstances, it is worthwhile exploring collaborative approaches for developing children's programs—for example, in partnership with a women's service.

Other features of a model for responding to children's risk and needs include:

- processes by which partner support workers attend to the needs, concerns and experiences of children and adolescents (for example, in the course of regular contact with women)
- processes by which men are assessed in terms of their capacity to keep their child safe (for example, during contact visits)
- processes and documented pathways for reporting to Community Services child protection services
- referral protocols with relevant local universal services (such as Early Childhood Health Services).

It is recommended that all program providers planning to incorporate child contact work within their programs consult extensively with the Children's service manual of the Caledonian System (2010), which can be viewed online at http://issuu.com/stirling/Community_Services/caledonian_system_-_children_s_service_manual_-_ma This is a comprehensive practice guide and 'how to' resource for child contact work covering a wide range of issues.



POLICIES AND PROCEDURES

Program providers are likely to need policies and procedures on the following matters to implement the minimum standards:

- regular and systematic monitoring of threats or risks to safety (1.1)
- responding to perceived threats of safety (1.1)
- reviewing critical incidents (1.1)
- responding to criminal acts (1.1)
- notifying relevant authorities of possible risk to children (1.1)
- partner support (1.2, 1.6): including duration and frequency of contact from partner support worker
- safety planning (1.1)
- skills, knowledge and experience required of group facilitators and partner support workers (1.7, 1.8)
- managing relationships with relevant local agencies (2.1)
- staffing levels for group and individual work with men (3.2)
- supervision for program staff (3.3)
- professional development for program staff (3.4, 5.1, 5.2)
- program evaluation (3.6)
- participant reviews (3.7)
- achieving program integrity (4.1)
- assessment of women, children and men (4.2)
- engaging men in programs (4.2)
- non-attendance of mandated participants (4.6)
- non-collusive practice (4.7)
- appropriate referrals (4.8), including referrals for Aboriginal families, families from CALD communities, men who are gender diverse or same-sex attracted, and people who have complex needs
- reporting on individual participants (4.9).

In addition to measures to support implementation of the minimum standards, policies and procedures to address the following issues will ensure an optimal approach to men's behaviour change work:

- occupational health and safety policies and procedures specific to the context of MBCPs
- direct contact with children
- advocating for women and children
- cultural safety for Aboriginal families
- cultural competence for families from CALD communities
- inclusive practices
- confidentiality and privacy
- men's exits and discharges from the program
- incoming referrals.

STAFFING, SUPERVISION, PROFESSIONAL DEVELOPMENT AND STAFF SAFETY

Staffing

The importance of effective staffing arrangements

One of the greatest difficulties for most users of human services is lack of coordination and communication between agencies. Gaps in the provision of services and/or information can compromise safety and lessen the chances for women and children to rebuild their lives after experiencing domestic and family violence.

Women, children, men and program staff will be best served when:

- providers of MBCPs ensure that all staff inputs are coordinated and effective
- roles and responsibilities of all staff are clearly documented and communicated to all stakeholders
- there are ample opportunities for staff to share their knowledge, ideas, concerns and experiences
- practice is reviewed regularly.

Skills and knowledge required of staff

Men's behaviour change work is a specialist field of practice; it can be difficult, complex, and personally and professionally challenging. Some skills required for the work are specific to particular roles, others are generic for all staff working in MBCPs. All staff, for example, need to be knowledgeable and skilled in:

- the nature and dynamics of domestic and family violence
- theories of behaviour change generally, and the organisation's theoretical frameworks specifically
- risk assessment and risk management
- responding to safety concerns
- working cross-culturally and inclusively
- civil and criminal law regarding domestic and family violence
- issues regarding substance misuse relating to domestic and family violence
- the impact of domestic and family violence on children and parenting
- how to form enabling and respectful relationships with clients
- how to manage threatening or abusive client behaviour
- responding to children's needs for safety and wellbeing
- how to share information appropriately and safely.

While most staff have a background in some form of counselling and/or group work, the importance of specialist domestic and family violence work cannot be overemphasised. Minimum standard 1.7 requires that group facilitators and partner support workers have appropriate knowledge and training about the impact of domestic and family violence on women and children. This is critical to ensuring safe and ethical practice, and limiting the risks of men's behaviour change work.

Acceptable practice regarding minimum standard 1.7:

Group facilitators and partner support workers have formal training in domestic and family violence from a recognised training institution (which could include tertiary or vocational training from specialist domestic and family violence trainers). This formal training addresses:

- the gendered nature of domestic and family violence
- the dynamics of domestic and family violence
- the effects of domestic and family violence on women and children
- recognising and responding to domestic and family violence.



Group facilitators and partner support workers have detailed relevant knowledge of the criminal justice system, the child protection system, and civil responses to domestic and family violence.

Optimal practice regarding minimum standard 1.7:

All program staff with clinical roles have demonstrated experience working in a specialist domestic and family violence service, and specialised domestic and family violence training at a TAFE or postgraduate level.

Unacceptable practice regarding minimum standard 1.7:

Some or all program staff with clinical roles have no knowledge of or training on:

- the gendered nature of domestic and family violence
- the dynamics of domestic and family violence
- the effects of domestic and family violence on women and children
- recognising and responding to domestic and family violence.

Qualities of program staff

Men's behaviour change professionals must be very attentive to their own gendered or power-over ways of relating beyond the men's behaviour change group setting. Ideally, they would take opportunities to champion equal relationships, gender awareness, feminism and non-violent ways of relating, and to live their own lives according to the ideas they espouse.

Skills and experience required of facilitators

The term 'facilitators' refers to program staff who work directly with men in an MBCP. Minimum standard 3.1 requires that group facilitators have relevant knowledge and training. These staff require highly developed skills in group work, and need to be skilled and confident in managing conflict, difficult group dynamics and difficult behaviour. They should be able to identify and work against collusion and trivialisation of domestic and family violence—in their own practice, as well as in others'. They need to be able to plan and conduct group sessions that are engaging and constructive for men, and to respond appropriately to unforeseen occurrences in group settings.

Minimum standard 3.2 requires all groups to be led by two facilitators. As MBCPs constitute a relatively new field in NSW, programs are likely to employ one experienced, and one less experienced facilitator.

Professional facilitators are trained in their own professional field, and must follow the ethical standards of their own professions, as well as complying with the minimum standards. Where there is a conflict of standards, facilitators should bring this to the attention of both DAGJ and the professional body.

Acceptable practice regarding minimum standard 3.1:

Each group facilitator has formal group-work training from a recognised training institution (this includes tertiary or vocational training).

One of the group facilitators has at least 50 hours supervised men's behaviour change group work practice.

Optimal practice regarding minimum standard 3.1:

Each group facilitator has at least 50 hours supervised men's behaviour change group work practice.

Unacceptable practice regarding minimum standard 3.1:

Group work is facilitated by one facilitator.

Group work is co-facilitated; however, the senior facilitator has less than 50 hours of supervised men's behaviour change group work practice.

Partner support workers

Minimum standard 1.8 requires partner support workers to have relevant knowledge, training and experience to enable them to support and advocate for women and children. These staff need advanced skills in risk assessment and risk management. They also need counselling skills to engage and support women in crisis, recovery and healing. They should be aware of the range of services and options open to women and children, and skilled at assisting them to use these. They should know how to act on concerns regarding risk to children, as required by NSW's shared approach to child wellbeing, set out in *Keep Them Safe*.⁹³

In addition to the skills and knowledge that might be required of any women's domestic and family violence worker, there are others that are specific to the context of partner support in MBCP work:

- engaging, validating and supporting women who might be understandably wary of MBCPs and/or the domestic and family violence service system
- communicating women's and children's voices and needs to other program staff
- discussing with women the risks and limits of men's behaviour change work.

The following skill and experience levels are suggested for partner support workers:

- experience in direct service provision to women in the context of domestic and family violence
- demonstrated understanding of the men's behaviour change process and the gendered nature of male domestic and family violence.

Partner support workers will benefit from opportunities to observe the program's group sessions before starting in their role.

It is always preferable that partner support work for Aboriginal women is undertaken by an Aboriginal partner support worker.

Acceptable practice regarding minimum standard 1.8:

The partner support worker has experience advocating for victims of domestic and family violence.

The partner support worker has skills in domestic and family violence case management, risk assessment and risk management, and safety planning.

Optimal practice regarding minimum standard 1.8:

The partner support worker has a competency-based qualification specific to men's behaviour change work from a tertiary-level institution.

Unacceptable practice regarding minimum standard 1.8:

The partner support worker has no knowledge, training or experience in direct service provision to women and/or children in relation to domestic and family violence.

Number of facilitators

Minimum standard 3.2 requires all programs to have a minimum of two group facilitators. The reasons for co-facilitation include that:

- group members can observe non-violent ways of relating in the interactions between facilitators
- facilitators can give each other support and feedback
- there is potentially less bias in the analysis of group process
- there is greater accountability
- there is greater safety for the facilitators
- if necessary, one facilitator can attend to facilitation, while the other attends to a 'crisis' situation (for example, a participant arriving drunk or expressing suicidal ideation)
- there is a mechanism for inducting or training new or less experienced facilitators
- one facilitator can focus primarily on group dynamics while the other focuses primarily on content (alternating these roles within the session).



Due to safety risks, lack of accountability and the importance of modelling respectful ways of relating, men's behaviour change groups should never be led by a single facilitator.

Large groups (over 14 participants) can be difficult to manage productively by only two facilitators. A third facilitator could be used in these situations to ensure that each man is considered and attended to in whole group and small group exercises, and to help manage difficult dynamics. Particularly large groups (over 18 participants) might need four facilitators so the group can split in two for at least part of the session.

Acceptable practice regarding minimum standard 3.2:

Group work is facilitated by two appropriately skilled and experienced facilitators.

Optimal practice regarding minimum standard 3.2:

Groups of over 14 participants are led by three facilitators.

Unacceptable practice regarding minimum standard 3.2:

Group work is led by only one facilitator.

Groups of over 18 participants are led by only two facilitators.

Group work is unfacilitated.

Gender of facilitators

In Australia, commonly accepted practice is to have one female and one male facilitator. The advantages of this practice are that:

- male facilitators can demonstrate non-violent ways of being and relating as a man, and show that men can and do stand up against domestic and family violence
- female facilitators offer participants experience in listening to and engaging with women in respectful ways
- men and women running groups together provide role models of non-violent, cooperative and more equal ways of relating between women and men
- the presence and active participation of a female facilitator can provide another level of accountability, including for the male co-facilitator (who is unlikely ever to understand the full depth of his male privilege)
- the presence of a female co-facilitator challenges the idea and desirability of men-only spaces and highlights the importance of women being involved in men's conversations about their behaviour
- female facilitators can often speak of their direct, firsthand experience of working with women and children, thus bringing more women's voices into the room.

It is important for program providers that do not have a female facilitator to explore other approaches to ensuring accountability on gendered practices and issues. These include regular observation (directly or via audio or video tape) by an appropriately experienced female domestic and family violence worker, and contact with an experienced domestic and family violence worker via peer supervision, individual supervision or telephone supervision (in cases of geographical isolation).

In groups where all members have taken significant steps in their journey towards non-violence, it might be viable to have two female facilitators. Where this is not the case, having two female facilitators is unacceptable because participants are unlikely to take their views seriously, instead finding it easier to dismiss them as 'nagging', 'over-sensitive' or 'feminist' (in a pejorative sense).

To avoid situations of conflicted interest, and to minimise the risk that women's experiences or views will be inadvertently disclosed to their (ex)partners, partner support workers should not facilitate the men's behaviour change group.

Gendered divisions of work

In a highly gendered society, it is very easy for work to be allocated along gendered lines. For example:

- A male facilitator might fall into the role of ally to the participants, with the female facilitator being left to the role of challenger.

- A male facilitator might take more than an equal share of the lead role.
- A female facilitator might feel or be expected to be the main person who represents the voices of women and children or to challenge sexist comments.
- A female facilitator might feel or be expected to tend to men's sadness or distress.
- A female facilitator might find that attempts during debriefing to discuss gendered dynamics between the facilitators are met with some defensiveness or resistance if the male facilitator is not open to his own journey of identifying and transforming his use of male privilege and entitlement.
- Organisational or administrative tasks such as organising refreshments and doing photocopying might fall to female staff.
- Tasks related to 'hosting' (for example, opening and closing group sessions) or being the public face of the program provider might fall to male staff.

A qualitative Australian study documented examples of female MBCP co-facilitators bearing a disproportionate burden of traditional gendered roles in program operations and administration.⁹⁴ The research also revealed a lack of safe organisational processes to address inequities.

Gendered roles in MBCPs serve only to reinforce sexual divisions of labour—for participants and staff alike. As such, they are unhelpful to the men's behaviour change process. Fluidity of roles, especially gendered roles, is likely to be much more conducive to men's change, as well as preventive of collusive relationships between facilitators and participants. Gendered roles can also significantly impact on the female co-facilitator's experience of the group, given the particular difficulties they often face being the only woman in the room.

Staff with direct personal experience of domestic and family violence

Staff who have direct personal experience of domestic and family violence—as victims or perpetrators—need to have addressed this fully, both to prevent emotional self-harm and ensure an appropriate, professional response to clients.

Some family violence professionals believe that involving previous participants of MBCPs in formal, ongoing roles within men's behaviour change groups is an important component of an integrated community response to domestic and family violence. They argue that former participants who acknowledge their ongoing commitment to long-term change and are demonstrably non-violent can act as mentors and role models for other men.

Other program providers and women's advocates feel it is inappropriate for men who have used violence and participated in men's behaviour change processes to earn income and/or professional standing from work in domestic and family violence prevention. They note that, for men who like 'being in control', there is a risk that becoming an authority figure in a group is simply a new setting in which to apply their controlling behaviours. Furthermore, if such a man continues or resumes using violence against his partner, he might exert considerable pressure on her not to report.

There is no research evidence for or against the involvement of former participants—as mentors, facilitators or guest speakers—in MBCPs; however, it is preferable to err on the side of caution. As such, if a program provider chooses to involve in program delivery (as a volunteer or paid worker) a man who has used violence, it is important to try to minimise the possibility of harmful or dangerous outcomes arising from such involvement by establishing various safety conditions, for example:

- providing a written role description
- ensuring he satisfies all selection criteria
- providing effective training and induction
- having regular contact with his partner, if he has one (including if he starts a relationship)
- involving him in briefing and debriefing for every group session
- providing regular supervision with a professional facilitator
- having a formal contract with him for providing his services (whether paid or voluntary)
- having a policy on payment/honoraria for volunteers
- conducting an exit interview on his departure from the program.



The program provider might wish to consider limiting the man's role to speaking about his own journey, rather than giving him a broader facilitation role.

Any allegations or disclosures that a member of staff is or has been a perpetrator of domestic and family violence must be taken seriously and handled appropriately and safely. Programs should have policies on responses to such allegations or disclosures; they might also wish to implement a policy of having regular contact with the partners of all male staff.

Supervision and professional development

Understanding the importance of supervision and professional development

A professional's practice is always affected by their attitudes and values, which are in turn shaped by dominant patriarchal culture. Supervision, professional development and observation can help ensure that staff identify, address and minimise:

- their use of gendered power and privilege (in the case of male workers)
- their conformity with gender stereotypes
- their use of other forms of power-over.

To get the most from supervision, professional development and observation, staff need to be very open and receptive to feedback, understanding that gendered or other power-over ways of working are not a reflection of them as a person, but rather, of their society.

Clinical supervision is different in its intent and function to professional development; both have an important place in the accountability and quality of programs. Clinical supervision offers professionals a highly structured and tailored opportunity to reflect on their casework, taking into account the specifics of their own work (and sometimes personal) context. Professional development is more general, and focuses more on attaining skills or knowledge relevant to the work context.

Clinical supervision

Supervision is a discussion between an individual worker and an appropriately skilled person, for the purpose of reviewing the worker's clinical practice.

In the case of men's behaviour change work, it is preferable that a supervisor has tertiary education in a relevant discipline (for example, social sciences, psychology, social work) as well as significant clinical experience and knowledge of domestic and family violence. Supervision might be provided by another member of staff, or outsourced.

Individual supervision is important for all clinical staff of MBCPs: facilitators, partner support workers and children's workers, in addition to program coordinators and managers who often are involved in some aspects of clinical decision-making if not direct service delivery.

Minimum standard 3.3 requires that all group facilitators undertake supervision. The frequency of supervision depends on each professional's level of experience. Group facilitators who are not experienced should undertake fortnightly supervision; for experienced group facilitators, supervision must occur at least monthly.

Where face-to-face meetings are not possible, supervision could be provided via phone or other electronic means.

Supervisors might also observe a worker's practice—in situ or via a video recording. This allows the supervisor an extra level of insight and so offers workers extra opportunities for very precise feedback about their practice. Ideally, every facilitator would be observed by their supervisor twice yearly, and given verbal and written feedback about their strengths, recommendations for improvement, and specific suggestions for professional development.

Peer or group supervision (within the program or the broader service system) offers many benefits to domestic and family violence workers, but this should be provided in addition to individual supervision.

Practice issues that might be addressed in supervision include intervention styles, case-specific matters, and personal and political issues arising from the work. Quality supervision addresses:

- issues associated with identifying and responding to attitudes that support violence against women and underpin abusive behaviour
- reflections on workers' own patriarchy, homophobia, racism, and other forms of privilege
- the worker's specific professional development needs.

MBCP supervisors also require their own clinical supervision.

Supervisors are in a position of considerable trust and responsibility in MBCPs. As such, they need to have significant levels of skill and experience in domestic and family violence prevention and MBCPs. They need to have the capacity to help program staff respond to difficult or challenging situations in their men's behaviour change practice. Supervisors have a responsibility to keep up to date with issues in domestic and family violence and the men's behaviour change field.

Acceptable practice regarding minimum standard 3.3:

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

Group facilitators who are not experienced undertake fortnightly supervision.

Experienced group facilitators undertake supervision at least monthly.

Optimal practice regarding minimum standard 3.3:

Supervision is informed by a deep understanding of supervision theory and practice.

Supervision is provided in a number of modes—group and/or peer-based, and individual.

Male clinical staff receive at least some of their supervision from a female supervisor.

Unacceptable practice regarding minimum standard 3.3:

Some or all clinical staff do not have regular supervision.

Professional development

Men's behaviour change work is an ever-evolving area with significant ethical, legal, political and personal dimensions. It is imperative that all staff involved in delivering MBCPs participate in regular professional development across the full spectrum of domestic and family violence issues. Minimum standard 3.4 requires program providers to develop policies to ensure that group facilitators undertake ongoing professional development.

MBCP providers have a responsibility to provide a budget that supports each staff member to participate in professional development activities on a regular basis, by subsidising part or all of the costs.

It is preferable that program staff participate in a broad range of professional development, including activities about women's and children's issues, rather than only attending professional development on men's behaviour change work.

Acceptable practice regarding minimum standard 3.4:

Program providers have a policy ensuring that group facilitators undertake ongoing professional development.

Optimal practice regarding minimum standard 3.4:

Program staff have many and varied opportunities for professional development.

Each staff member's particular professional development needs are identified via supervision, process evaluation and reflective practice.



Professional development is located within a whole-of-program approach to quality service provision. At least half of the hours used by any staff member for professional development are directly focused on women and children.

Program staff in clinical roles participate in at least four relevant professional development activities each year.

Unacceptable practice regarding minimum standard 3.4:

Program staff do not participate in professional development activities each year.

Program staff focus exclusively on men's behaviour change work in their professional development.

Culturally sensitive and responsive practice is the product of a professional's skills, attitudes and values, as well as an organisation's systems and values. Program providers require a comprehensive approach to addressing access and equity issues, including providing opportunities for all program staff to develop cultural competency. Minimum standard 5.1 requires that program facilitators undertake training to ensure culturally competent practice.

Acceptable practice regarding minimum standard 5.1:

All program staff have training to work with interpreters in a clinical setting.

All program staff have basic cultural competence training.

When the program's demographic reflects a particular cultural group, program providers ensure that facilitators have appropriate training to meet the needs of that community.

Optimal practice regarding minimum standard 5.1:

Program staff have advanced cultural competence training and this is reflected in both their work practice and a whole-of-organisation approach to cultural respect, inclusion and accessibility.

Unacceptable practice regarding minimum standard 5.1:

Program staff have not had cultural competence training.

Observation of practice

In addition to observation by a supervisor (see page 68), program sessions might also be observed by 'outsiders' to the program, such as reference group members, professionals working in women's services or other parts of the domestic and family violence service system, trainee facilitators, other men's behaviour change professionals, students or researchers.

The presence of observers adds another layer of accountability by inviting 'public' scrutiny of facilitators. For observers, attendance at a group or groups can provide useful insights into men's behaviour change work.

Observation of groups offers program providers opportunities to obtain feedback about:

- facilitators' competency
- facilitators' training needs
- how the program is being delivered
- the degree to which staff adhere to the principles, values and goals of the program, and to their organisation's model of behaviour change
- how the facilitators work together, in particular in relation to gendered roles
- the ability of facilitators to foster an ethos amongst the participants of respect for women (this includes considering their own use of gendered and other power-over behaviour).

Observers generally attend a group only to observe; they do not participate in the group in any active way. Sometimes, they are asked to sit outside the circle, and their presence is not acknowledged after an initial introduction.

It is preferable that observers see all aspects of the group, from planning to debriefing. An observer might attend a single session, several sessions or a full program.

Some program providers give observers a checklist to guide their observation and invite feedback on their work. An example of materials for observers is included in the *Practice Resources* section.

Staff safety and wellbeing

Staff safety practices regarding dangers in men's behaviour change work

Safety of all people—including staff—is paramount in men's behaviour change work. Program providers need to have comprehensive occupational health and safety policies and procedures specific to the context of MBCPs. These should be documented in the organisation's more general policy and procedures, and program staff need to be inducted into their implementation.

Safe practices include:

- informing the local police station about the program, including locations and times that the program is running
- speed dial to the local police station and emergency services (000)
- safety protocols for after-hours work, including procedures for staff leaving the premises after a group session and/or at night
- multiple exits from rooms where men's behaviour change groups are run
- considering whether facilitators should sit near a door during group sessions
- alarm systems and duress buttons
- ensuring staff safeguard personal information (for example, having silent home telephone numbers, having their name suppressed on the Electoral Roll)
- safety protocols for contact work, including for outreach appointments with women
- ensuring that assessment of men includes their potential to endanger staff.

Staff wellbeing

Men's behaviour change groups are very different from generic men's support or personal growth groups. In addition to the risks that might be posed by individual men, the stress and emotional impacts of working around domestic and family violence issues might have implications for workers' emotional wellbeing and their own intimate relationships.

Debriefing

Debriefing is a conversation between facilitators that takes place immediately after a men's behaviour change group session. It provides a space for facilitators to discuss any issues arising from the session that might impact on their health or emotional wellbeing. While it is often neglected, debriefing is essential to staff occupational health and safety. Failure to debrief can have negative consequences including sleeplessness, aroused defences, stress reactions, anxiety and inattention.

Debriefing is different to session review about broader individual or group issues, processes, dynamics and outcomes (this process is discussed in Session reviews on page 147, with a corresponding tool 'Session review form' in the *Practice Resources* section).

It is an integral part of delivering a group session and program providers should:

- allocate time and appropriate remuneration for participation in debriefing
- require all facilitators to debrief after every session.

It is preferable that facilitators decide on a session-by-session basis about how long to debrief, provided there is an agreed minimum amount of time. If debriefing cannot be completed immediately, it should be completed the next day.



While program staff might not need to debrief after individual sessions with men or partner support work, it is preferable that there are processes by which they can do so if required.

Other mechanisms for staff wellbeing

Supervision (see page 68) should provide opportunities for staff to talk about and address the emotional impact of men's behaviour change work on themselves and their relationships.

Integrated practice

Coordinated community responses

Women's and children's safety depends in part on coordinated community responses to men's use of violence. The strength, consistency and coherency of the domestic and family violence service system are as important in changing men's behaviour as what occurs in the actual MBCP itself.⁹⁵ Indeed, an MBCP of sufficient standard and quality that is strongly supported by other agencies working in a coordinated fashion towards similar goals might be more effective than a program of an excellent standard that is working alone.⁹⁶

There are many aspects of coordinated community responses:

- appropriate referrals and referral processes
- consistent risk assessment and risk management practices
- prompt, coordinated multi-agency responses to significant risk
- sound information-sharing procedures
- consistent messages across different agencies concerning men's responsibility for their use of violence
- consistent understanding of MBCP practices
- support for policing and civil and criminal justice system responses to protect women and children and hold men accountable for their behaviour
- ongoing, regular and frequent opportunities for exchanges of experiences, news, perspectives and information between professionals across agencies working on domestic and family violence issues
- mechanisms for interagency accountability, including dispute resolution
- processes to measure, identify and respond to local trends, issues and needs, including those arising from local demographics
- collaborative decision-making processes to determine how the local domestic and family violence service system operates.

Coordinated community responses are founded on agencies having a common or closely aligned vision, understanding and language concerning domestic and family violence; mutual respect and goodwill; a shared understanding of the unique and overlapping roles and responsibilities of each agency working within the local system; and adequate leadership, resources, time and infrastructure. It is preferable that these are evident in written agreements and everyday practice.

MBCP providers share responsibility towards coordinated community responses. As such, they should be deeply engaged in domestic and family violence coordination and networking activities, and share responsibility for resourcing, convening and supporting these. They also need to be aware of debates and developments concerning domestic and family violence at state and federal levels, and where possible, contribute their practice-based experience to them.

Formal agreements maximise the strength and breadth of a community response. They ensure that agency relationships are not entirely based on individuals. Minimum standard 2.1 states: 'To ensure program transparency, accountability and integration program providers will develop a formal relationship with relevant local agencies'. Formal relationships are those that are documented (for example, via memoranda of understanding (MoU) or protocols) and feature clearly defined roles and responsibilities.

Parties to these formal relationships and to the building of coordinated community responses include local and regional:

- women’s services (including, but not limited to, domestic and family violence services)
- MBCP providers
- professionals working in domestic and family violence coordination or networking roles
- domestic and family violence networks or coordinating structures
- police
- women’s domestic and family violence court advocacy services
- Community Services child protection services—in government and community-based agencies
- Corrective Services NSW (CSNSW)
- Local Area Health Services
- migrant resource centres and/or other providers that can assist in responding to cultural and linguistic diversity
- representatives of local Aboriginal services or organisations
- other providers, populations or groups relevant to local needs.

The *Practice Resources* section provides sample memoranda of understanding and protocols that can be adapted for local use.

Acceptable practice regarding minimum standard 2.1:

The program has an MoU and protocols with local women’s services.

The program has a close working relationship with Community Services.

The program has at least some contact with the local office of CSNSW, even if referrals are not (yet) received from these sources.

The program has taken steps towards building relationships with local Aboriginal services or organisations.

The program has taken steps towards building relationships with the local multicultural resource centre and/or other CALD service providers.

Optimal practice regarding minimum standard 2.1:

The program has close working relationships with other local MBCPs.

The program uses an assessment tool and intake processes in common with all MBCPs in its region.

The program has close working relationships with local women’s services in the planning, delivery and management of domestic and family violence programs.

The program has an MoU and protocols with the local office of CSNSW.

The program has close working relationships with local Aboriginal services or organisations.

The program has close working relationships with the local multicultural resource centre and/or other CALD service providers.

The program provider has met with local magistrates and provided details of the program, including its compliance with the minimum standards.

Unacceptable practice regarding minimum standard 2.1:

The program has no contact with other local MBCPs.

The program has no contact or relationship with local women’s services.

The program has no contact with Community Services.

The program has no contact with the local office of CSNSW.



Reference groups

Structured input into a men's behaviour program by local stakeholders is as important as that program's contribution to the local domestic and family violence service system. A program reference group is the best way to ensure that:

- women's and children's safety remains the primary consideration of the program
- the NSW minimum standards are implemented and upheld
- the program is transparent and accountable to other stakeholders involved in local domestic and family violence responses, particularly women's services
- there is continual input from other professionals in the field into the planning, delivery and evaluation of MBCPs
- the integrity of the program is maintained, especially in how its theoretical and conceptual base and model of intervention are effected in program activities
- program evaluation activities are ethical, relevant and appropriate
- program evaluation informs and amends any future program planning and delivery.

An MBCP reference group is not the same as a local or regional multi-agency domestic and family violence coordination committee. These committees usually do not have time to address the above-listed issues. Delegating reference group roles to a committee of this nature risks compromising the quality of input and accountability of the MBCP.

A program reference group requires documented terms of reference. A sample of this document is provided in the *Practice Resources* section, and offers extra guidance on such a group's activities and responsibilities.

Integration with courts

In NSW convicted offenders will be referred to Corrective Services NSW for assessment of their suitability to attend a program. Referrals from the Court to NGO programs are less common. It is not desirable for a Magistrate to refer an offender directly to a program; rather, a referral for assessment of their suitability to attend a program is preferred.

Often in NSW, Probation and Parole Officers will refer offenders to an NGO program if they do not meet the criteria to attend a Corrective Services behaviour change program. Referral protocols should be established and implemented between the referring agency—for example, Corrective Services NSW—and the MBCP they are referring to. Protocols should also be developed and implemented governing responses to disclosures of violence, breaches of apprehended domestic violence orders, and non-attendance and non-compliance with the program. This formal relationship is a requirement under minimum standard 2.1.

EVALUATION

Evaluation is essential if program providers are to continually improve the quality, accountability, responsiveness and accessibility of their program and check whether their program appears to be causing additional danger to women and children. Evaluation is usually conceptualised in two separate (yet often interlinked) forms—impact and process. Each of these is discussed below.

Impact evaluations

Measuring the overall impact of an MBCP necessitates collecting, collating and analysing data from various sources and then combining these to identify trends, patterns, issues, themes and contradictions. This is frequently beyond the scope and skill of program providers; however, occasionally providers do collaborate in research processes that include program impact measures.

In the context of men's behaviour change work, there are also many challenges in considering the degree to which a program, or programs generally, impact on the achievement of the aim of working towards the safety, autonomy and human rights of women and children. Program providers need opportunities to contribute to quality research about the impacts of MBCPs, but they must guard against simplistic approaches, especially those that do not prioritise the voices and experiences of women and children. Below are discussions of three types of impact evaluations that MBCPs should be especially cautious about.

Evaluation is a specialised field of skill and knowledge, and programs will be best served by obtaining advice from an evaluation professional before starting any form of impact evaluation. Such a professional can advise on relevant evaluation measures, instruments and processes.

Evaluations of 'success' and 'effectiveness'

'Success' can be many things to many people, as UK researchers discovered in their qualitative study of male participants of MBCPs, (ex)partners of MBCP participants, behaviour change professionals and policy makers. They found that, for women, the six themes that emerged were:

- respectful/improved relationships
- expanded space for action (having a voice for themselves and their children, the ability to make meaningful choices, and increased wellbeing)
- support/decreased isolation
- enhanced parenting
- reduction or cessation of violence and abuse
- their (ex)partner understanding the impact of domestic and family violence.

For men, the themes were enhanced awareness of self and others, reduction or cessation of violence and abuse, and an improved relationship with better communication. Funders and commissioners spoke of safety for women and children (including safe child contact), increased wellbeing and quantifiable measures. Family violence professionals viewed outcomes in terms of safety and freedom from violence and abuse, empowerment/having a voice, enhanced/safer parenting and improved wellbeing.⁹⁷

The researchers concluded that success means far more than just 'ending the violence'. It would be quite possible for the physical violence to stop, but at the same time, for women and children to continue to live in unhealthy atmospheres laden with tension and threat. Instead, they proposed a more nuanced understanding of success in which more subtle, though ultimately life-enhancing, changes are recognised.⁹⁸

The idea of 'effectiveness' is equally complex, especially because there is a difference between a statistically significant reduction across a sample, and effectiveness in relation to any given man. For example, 10–20 per cent reduction in domestic and family violence offences compared to a control group is a good outcome across a sample, but it means that many participants will still reoffend. It is thus critical not to over-inflate expectations of effectiveness for any given man. Generalised impact data (such as official records of recidivism or reassault) rarely conveys the complexities of delivering MBCPs, and there is a danger that it might be taken to imply rates of 'success' or 'failure' of either participants or a program.



Because of these wide-ranging variables and subtleties associated with success and effectiveness evaluations, they are largely beyond the capacity of individual programs.

Evaluations of a program's impact on women and children's safety

Monitoring risk to women and children is an ongoing responsibility of MBCP providers. However, evaluating a program's impact on safety is much more difficult, because:

- 'safety' means different things to different people
- 'safer' is a relative term and each family member's baseline will differ—for example, in one Australian study, some women reported that the actual experience of violence had so altered their sense of safety that they were unsure of their capacity to ever feel safe again⁹⁹
- safety has both felt and actual aspects—that is, a woman might feel safer, but not actually be safer, or vice versa
- safety has many prerequisites—for example, in the above-mentioned Australian study, women clearly identified that their journey away from violence also required access to resources such as secure housing and adequate income¹⁰⁰
- safety cannot be predicted.

A not uncommon outcome of MBCPs is that women decide to leave their relationships. Often the MBCP is instrumental in this process, for example, by providing information, referrals and support or by assisting with safety planning. Another common outcome is that women feel more supported or confident to assert themselves and/or establish 'ground rules'. In either case, they might feel and/or be safer, although of course, leaving an abusive partner can sometimes increase danger to women and children.

In these circumstances, it is difficult to know whether, and to what extent, a program provider might attribute a change in safety to its intervention.

Despite all these qualifications, it is important that women are invited to comment on their perceptions of safety and their levels of fear before, during and after the group. Talking with women in open-ended ways, sensitive to their needs, can provide insights about program quality and efficacy. However, any information obtained about safety needs to be cross-referenced with other evaluation indicators in order to obtain an accurate overview.

Evaluations of the impact of a program on the behaviour of individual men

Evaluating the impact of a program on the behaviour of individual men is exceptionally complex. Even if it is assumed that some or many men make changes in their behaviour, it is uncertain how long these changes will be sustained. For example, a man who is formally referred, and whose participation in the program is linked to outcomes related to the child protection or Corrective Services system, might reduce his use of violence due to the monitoring and the threat of sanctions that the system entails. Once the system's involvement and monitoring ceases, he might revert to his previous behaviour.

While there is evidence that men can modify their behaviour, research over the longer term demonstrates that it is exceedingly difficult to predict *which* men will sustain positive change, or *for how long*.

Furthermore, there are methodological challenges to gathering data. Perpetrators' self-reports commonly understate the amount of violence being experienced by their family members and women often describe more frequent and severe levels of all forms of abuse than their partner admits.¹⁰¹ Self-reporting tools may focus on physical behaviours and overlook a range of more subtle psychological or controlling forms of violence. Any self-report measures can be easily, though sometimes unconsciously, distorted, and are unreliable when used on a stand-alone basis.

This means that program providers or researchers wishing to evaluate changes in men's behaviour should use women and children as their primary sources of information. However, where possible, all available information should be collated (from direct observation, family members, and the man himself) with discrepancies or commonalities noted and analysed.¹⁰²

Follow-up of women in the medium term (for example, six months after the conclusion of the program) can provide a valuable way to check their safety needs and gather evaluation data. Program providers who have pre-existing, positive relationships with women and children are probably best placed to gain accurate information about men's behaviour change. Generally, the greater time since last contact, the harder it will be to obtain information.

Despite these qualifications about evaluating a program's impact on men's behaviour, there is clearly a need to monitor the risk posed by individual men, as well as their engagement in the program. See *Reviewing men* on page 158.

See www.adfvc.unsw.edu.au/PDF%20files/workingwithmen.pdf for a more detailed discussion of the idea of progress in men's behaviour change program work.

Process evaluations

Process evaluation is within the capacity of all program providers and should be used to inform all aspects of their MBCP work.

A process evaluation can be informed by:

- input from program users (women, children, men) and program staff about their experiences, ideas, stories, feelings, criticisms or suggestions for change
- quantitative data related to service provision (for example, number of men referred or who enquired about the program, number of referrals from different referral sources, number of men assessed, number of men participating, average period of participation, number and nature of outward referrals and secondary consultations, nature and amount of contact with family members, common drop-out points for men, nature and intensity of individual contact provided to men)
- demographic data about participants in the program.

When analysed, such information can help program providers refine and tailor their programs to enhance their reach, accessibility, and possibly their effectiveness. It also enables programs to adapt to changing circumstances, and address gaps (for example, in referral pathways into and out of the program for men, women and children). Process evaluation also increases program transparency and decreases the risk of drift from a program's theoretical and operational model and documented intentions.¹⁰³

For these reasons, minimum standard 3.6 requires program providers to complete an operational review of each program focusing on process and content.

Accordingly, at the end of every program, providers should collect and collate the information listed above. They should also:

- review critical incidents and how each was managed
- review learning from the risk assessment and risk management processes that were implemented
- draw together quantitative and qualitative indicators about support given to women and children
- document and reflect on any dilemmas, difficulties or challenges encountered, and how they were responded to
- invite other stakeholders (for example, women's services) to contribute their experiences, ideas, stories, feelings, criticisms or suggestions for change
- document the processes used towards inclusiveness for partners and children of men in the group, and for group members themselves
- develop recommendations and action plans for future program delivery.

In the interests of shared learning, program providers should prepare a review document after each program, for consideration by the program's reference group and management team.



Program providers must also reflect and learn from activities beyond direct service provision, such as integration and networking activities. They may also wish to consider the financial costs and resource issues arising from conducting a program.

Acceptable practice regarding minimum standard 3.6:

The program provider conducts a review at the end of each group program (or each school term in the case of ongoing groups) that—with input from women via partner support workers, reference group members and parties to memoranda of understanding—considers:

- program structure and content
- factors affecting the quality of program delivery
- program reach (the diversity of program participants compared to that of the program's catchment area)
- factors that limit or facilitate accessibility and reach
- client satisfaction
- factors that impact on client satisfaction
- how women's risk and needs are identified and addressed by the program
- how children's risk and needs are identified and addressed by the program.

Optimal practice regarding minimum standard 3.6:

The program provider conducts comprehensive bi-annual program reviews—drawing on qualitative and quantitative inputs from a broad range of stakeholders—that consider:

- trends and patterns in men's participation
- trends and patterns in women's uptake of services offered by the program.

The program implements a process for reflecting on implementation of the minimum standards.

Unacceptable practice regarding minimum standard 3.6:

The program provider conducts no formal reviews of the program.

There are no written reports of program reviews.

Managing data for evaluation purposes

Minimum standard 3.8 requires program providers to contribute to an evidence base for behaviour change programs. Collecting data in a standardised way across programs allows for longitudinal and retrospective studies in the future.

Acceptable practice regarding minimum standard 3.8:

The program maintains a basic dataset that meets DAGJ's requirements.

The program's dataset is up to date and easily accessed.

Optimal practice regarding minimum standard 3.8:

Not applicable.

Unacceptable practice regarding minimum standard 3.8:

The program has no basic dataset.

The program has poor practices regarding maintenance and accessibility of a basic dataset.

ACCESS

Waiting lists

There are two points in a program when a man might need to wait: for assessment and then to start the program. Such waits might have significant impacts on all stakeholders. For many men, a wait might mean that their interest in participating wanes, especially if they were initially spurred to make contact by a sense of crisis that has now passed. Participants on time-limited community-based orders (CBOs) who have to wait for a place in a program might have their order expire before the program ends. They might be less likely to continue without the support of their Probation and Parole Officer and/or their legal mandate. Waits might also reduce active referrers' confidence to endorse and refer to a program. It is therefore important to minimise wait times, and manage waiting processes effectively.

The partner support worker should have active contact with a man's (ex)partner during any waits. Women and children should not have to wait until their male family member starts in a group to receive services, support and information.

If the wait for an assessment session is two weeks or more, programs could phone the man in the interim to make sure he remembers the appointment and that he is planning to attend.

There are various strategies to keep men engaged after assessment if they need to wait to start in a group.

- Information sessions can allow men to meet the facilitators, counter myths that men might have about the program or how they will be treated and start to build trust in the program. Usually, such sessions feature program staff and some current or former participants speaking about the program and its benefits. The information can be quite deliberately pitched to address fears and barriers to participation. These sessions should only be for information; they should not feature group work or self-disclosures.
- Multiple assessment sessions (for example, two or three over a few weeks) give opportunities for continued engagement with men, lessening the period before a new group begins.
- Individual sessions while a man waits allow program staff to use motivational interviewing techniques to enhance readiness to change, introduce some of the concepts of the program, undertake risk assessment, and start to explore some strategies the men can use to keep their partner and children safe. Individual sessions need not be frequent—fortnightly would be adequate; however, they may still be beyond the resources of some program providers.
- Telephone contact may offer similar gains, especially if the program provider instigates specific phone appointments. Men should also be invited to phone the service if they wish.
- Provision of reading material can also be helpful; however, this should not be a substitute for any of the above strategies, as men usually require some personal assistance to make sense of their reading.

Re-referring men

A man might need to be referred on instead of being admitted to a program if:

- he is ineligible
- his participation is contraindicated
- he decides not to participate
- the program for which he has been assessed is full and cannot accommodate him.

In any of these circumstances, staff should try to help the man identify and explore other options.

If a program is full, referral to another local program is the preferred approach. Programs within one hour's driving distance should have cross-referral arrangements in place, including protocols to accept each other's assessments. When no other MBCP is available nearby, referral to a suitably skilled and qualified professional (in the public or private sector) is appropriate.



Men should never be left without a referral and should always be provided with written information about how they can return to men's behaviour change work at a later point. Their (ex)partners should have been contacted by the partner support worker in the course of assessment. They should be contacted again to be notified that their (ex)partner will not be participating, and to put in place safety plans and provisions for support and information.

When referring a man to a different kind of service (for example, counselling, a mental health service, a substance abuse treatment program), it can be helpful to offer to provide an ongoing secondary consultation role around the man's use of violence. This can help the other service provider work with the man in ways that do not collude with his use of violence, to be aware of risk and safety issues, and to encourage his ultimate participation in an MBCP.

If a man needs to be referred on and was initially engaged in the service via active or formal referral, in general his 'case' should be returned to the original referrer, stating the recommended referral pathway and the reasons for re-referral.

Enhancing access to men's behaviour change programs

Key concepts in cross-cultural engagement

A cultural lens

Many of the issues associated with domestic and family violence and men's behaviour change work are mediated through a cultural lens:

- men and women's underlying beliefs and practices related to men's entitlement, privilege and attitudes towards women and masculinity
- the meanings men ascribe to their use of violence and their violence-supporting narratives
- men's learning styles and preferred ways of engaging with confronting and challenging ideas
- men and women's willingness to talk openly with 'outsiders' about their experiences and behaviours
- men's motivation to change their behaviour and attitudes, and the resources and support they can draw on to do so
- men and women's parenting practices.

These issues are as culturally embedded in Anglo cultures as they are in the cultures of Aboriginal or CALD communities. Of course, they are also affected by other factors, such as experiences of racism, migration or colonisation, education, acculturation and personal histories. All program providers have the responsibility to be curious and open to how culture might interact with these factors, and to how all factors impact on both the individual and their family.

Cross-cultural dynamics

In this guide, the term 'cross-cultural' refers to the dynamic between one cultural context (that of the professional and their organisation) and another (the man and his family). Cross-cultural dynamics are at play not just in interpersonal communications, but also in promotional materials, the physical location of services, and many aspects of service delivery.

Cultural safety

Cultural safety is achieved when there is 'an environment ... where there is no assault, challenge or denial of [people's] identity, of who they are and what they need'.¹⁰⁴

While in general, MBCPs need to be culturally safe, most men in patriarchal cultures believe their violence is acceptable or at least excusable, and have often found reinforcement for this belief in their own social, legal and religious institutions. Challenging this belief cross-culturally can be particularly difficult and complex, and potentially undermines cultural safety. In these instances, women's and children's safety takes precedence, but it is most constructive to have a thoughtful and respectful engagement with men about their use of cultural defences for their violence. Working successfully with men cross-culturally involves finding ways to support their cultural identities *and* help them to stop their use of violence.

Program providers should not assume that other cultures are more misogynist or violent than their own. All cultures have traditions, narratives and resources that support ways of relating that enhance women's and children's safety and challenge the use of violence by men towards women and children.

Violence towards women and children is often challenged within communities by men and women who draw on both traditional and 'modern' resources to do so. Finding 'cultural allies' who will work with the men to find cultural narratives that support change can be an important part of MBCP work. This might involve an Elder, religious leader or women's group co-facilitating or guest speaking in a program.

Another aspect of cultural safety is identifying cultural strengths. This has implications for work with women and with men. In each case, a culturally safe approach seeks helpful concepts and resources within a client's culture. Working with men, this includes finding concepts and resources that help them take responsibility, while understanding that responsibility might look different in different cultures. This is a process best undertaken by professionals within the culture, who can then advise MBCP professionals on preferred approaches.

Cultural competence

Cultural competence is one way of thinking about how to respond effectively to a culturally and linguistically diverse community. Cultural competence can be defined as 'a set of congruent behaviours, attitudes and policies that come together in a system, agency or among professionals and enable that system, agency or those professionals to work effectively in cross-cultural situations'.¹⁰⁵

This definition suggests that cultural competence occurs at two levels: in individuals (attitudes, values, skills) and in organisations or systems (policies, partnerships, protocols and resources).

Individual professionals can enhance their cross-cultural practice via:

- secondary consultation
- co-facilitation or co-case management
- cultural awareness training
- cultural allies.

Cultural competence, in the context of whole organisations, requires MBCPs to:

- provide service responses that are accessible and relevant to the diverse communities in which programs are located
- respond effectively to the linguistic, cultural and structural factors that may affect men's participation in an MBCP or women's uptake of partner support services
- adapt, where possible, to engage with the cultural, linguistic and social context of program users.

Cultural competence is often used to describe effective service responses to both Aboriginal and CALD communities. However, working responsively and respectfully with Aboriginal communities is a very different process to working effectively with CALD communities. This stems from the very different social, cultural and historic contexts of Aboriginal communities and immigrant communities, and the consequent different responsibilities that service providers have to the first peoples of Australia. For this reason, service responses to CALD communities and Aboriginal communities are discussed separately below.

Cross-cultural caution

While learning about other cultures is a critical skill in cultural competence, all program staff need to be aware of the risks of cultural stereotyping. Cultures are continually evolving and each person lives culture in a different way. Therefore, any cultural information a professional encounters must be tested out and revised with each person they work with.

Service responses for Aboriginal families

Owning the problem

Providers of MBCPs need to offer appropriate and respectful responses to Aboriginal families. Working towards this level of inclusiveness is a long journey—it requires resources, patience, foresight, imagination and effort.



Most mainstream organisations and institutions have long histories of engaging in systematic oppression and discrimination, and so responsibility rests with them to put in the considerable work needed towards becoming more accessible and more inclusive, now and into the future.

Practices and settings that act as barriers to certain individuals or population groups are rarely intended. Most service providers are aware of low participation rates amongst some sectors of their local population, and recognise the importance of increasing their accessibility. The challenge, however, appears to be for these service providers to embrace this as *their problem* and *their responsibility* to solve.

Working in partnership

All work with Aboriginal families should be founded on strong working relationships with Aboriginal community-controlled organisations (ACCOS) where these exist, local Aboriginal Elders and Aboriginal workers. Working in partnership will help program staff to:

- process their own assumptions and stereotypes about Aboriginal family violence
- understand how to respond to Aboriginal family violence in ways that are culturally safe
- situate work around Aboriginal family violence in a broader context of work towards justice for Aboriginal people
- ensure that their partner support work and risk assessment and risk management work with Aboriginal families are appropriate and respectful
- ensure their processes, policies and procedures contribute to cultural safety for Aboriginal families.

ACCOS are embedded in Aboriginal communities and involved in all aspects of community life. They are fundamentally different to mainstream community service organisations (CSOs). However culturally competent a CSO is, it cannot replace Aboriginal services or be Aboriginal in its approach. For example, ACCOS treat casework and community development—for example, combating racism—as fundamentally linked.

MBCPs need to value, acknowledge and commit to the centrality of ACCOS, Elders and Aboriginal workers in addressing Aboriginal family violence. Partnering with an Aboriginal organisation, Elder or worker is a process of building trust. It takes time, and requires self-reflection, a willingness to learn and to share resources, and an awareness of the way power dynamics can work between Aboriginal and non-Aboriginal workers and organisations. The Victorian Aboriginal Child Care Agency (VACCA) *Aboriginal Cultural Competence Framework* outlines a partnership approach that supports Aboriginal self-determination.¹⁰⁶ While developed in a different state and for a different context (child and family services), this is a highly useful guide for MBCPs and recommended reading for all those who will be working with Aboriginal families. VACCA notes:

Without a partnership approach to working with Aboriginal organisations and communities, a CSO's cultural competence will be inadequate and may inappropriately create competition with Aboriginal services. But without some measure of cultural awareness, CSOs may approach Aboriginal organisations without adequate cultural understanding and respect, leading to a mutually unsatisfying experience. It is therefore advised that CSOs have a staged approach to developing or strengthening their cultural competence.¹⁰⁷

Partnership arrangements between ACCOS and MBCPs might include:

- negotiating protocols for case management and secondary consultations
- reciprocal training and professional development arrangements, including mentoring
- secondments
- outreach placements to Aboriginal community settings
- paying the ACCO to provide training for MBCP staff in issues regarding Aboriginal cultural safety.

The resources of ACCOS are also often very stretched, in terms of providing services and partnering with mainstream organisations. It is helpful for MBCP professionals to be aware of the significant demands placed on the time and resources of ACCOS, and to make every effort to minimise partnership costs to ACCOS.

It is particularly important that all programs conducted specifically for Aboriginal families are controlled by Aboriginal agencies or communities, with skilled and experienced men's behaviour change professionals

providing input and support as required. Community ownership and determination of a program are not counter to the achievement of minimum standards, but how these standards are achieved in Aboriginal contexts should be the domain of Aboriginal service providers.

Cultural safety for Aboriginal families

Cultural safety is a critical aspect of providing respectful and accessible services to Aboriginal people. Many Aboriginal people have suffered differing degrees of disconnection from their land, language, culture, family and community. Aboriginal communities that have been forbidden to use their language or practise traditional culture can experience intense grief arising from the denigration of their cultural identity. These losses have impacted on the social, emotional, mental, physical and spiritual wellbeing of Aboriginal peoples.¹⁰⁸

Acknowledging and valuing the many significant differences between Aboriginal and non-Aboriginal cultures—such as ways of demonstrating respect, communication practices, the place of silence, and the cultural significance of relationships—are important ways that MBCPs can work against this history.

The concepts of extended family and ‘community as family’ in Aboriginal communities illustrate a difference between Aboriginal and Western cultures that has implications for an MBCP. Aboriginal conceptualisations encompass ‘the idea that children are not just the concern of the biological parents, but of the entire community. The raising, care, education and discipline of children are the responsibility of everyone — male, female, young and old’.¹⁰⁹ An extended family structure includes blood relations, marriage relations, community, kin, and non-related family. It is founded on mutual respect, a sense of belonging, acceptance and knowledge of Aboriginal kinship ties, and mutual obligation and support.¹¹⁰

A culturally safe MBCP would recognise Aboriginal definitions of family in all of its practices regarding:

- assessment
- who is offered contact and support (for example, this might not be only provided to a man’s (ex)partner)
- safety planning
- case planning
- who is involved in case management
- case reviews.

Gendered roles and responsibilities are another area of culture particularly relevant to men’s behaviour change work. When working with Aboriginal families and communities, program providers must recognise and respect gender-segregated roles and responsibilities where these exist, both in terms of assessment and other clinical practices, but also in settings such as meetings. Program providers should be guided by Aboriginal Elders or organisations regarding protocols around gender segregation.

‘Shame’ has a special meaning and place in Aboriginal culture.

[It] is more than feeling embarrassed or ashamed; for Aboriginal people it refers to being made to feel different or singled out. Shame can be a matter concerning what can be discussed and by whom, and it can be about gender differences, personal and sexual matters.¹¹¹

Service responses for Aboriginal families

Aboriginal communities can be close knit. This can be very positive for families, but might also place additional pressures on victims of Aboriginal family violence in terms of felt or real privacy, confidentiality and anonymity. Aboriginal people require a meaningful choice about whether to use an Aboriginal or mainstream service, or a combination of both. When a client does choose to have some involvement with a mainstream service, they are more likely to receive a culturally safe and respectful service if the mainstream professional has ongoing dialogue with an Aboriginal adviser or cultural ally via secondary consultation (see page 95 for more on secondary consultations).

If an Aboriginal man chooses to participate in a mainstream program, the program provider needs to be aware of, and plan for, additional supports that he might need. MBCP work can trigger issues around trauma, grief and loss for any man. In Aboriginal communities, these issues are both multigenerational and pervasive; they are closely linked with the practices of colonisation. An Aboriginal man must have the support of an Aboriginal worker at the outset of his involvement in a mainstream program, to address these issues should they arise.



The historical—and to some extent continuing—systemic racism experienced by Aboriginal people in their encounters with police and child protection authorities means that Aboriginal people are often understandably wary of involvement of statutory authorities. Program providers need to take this into account in all aspects of their work—including matters such as ADVOs, court-mandated participation and responding to breaches of court orders.

Healing work and men's behaviour change work

The Aboriginal Family Health Strategy notes that 'The concept of healing is ... fundamental to building the capacity and strengths of individuals, families and communities to respond to and recover from the trauma of family violence, sexual assault and child abuse'.¹¹² This healing work is also intertwined with grief, loss and the multigenerational trauma associated with the impacts of colonisation.

In the context of men's behaviour change work with Aboriginal men, healing is generally considered to be the first stage in an overall and integrated approach. This does not mean that the issue of violence is ignored, but rather that it is contextualised, looking, for example, at how colonisation has disrupted the evolution of traditional knowledge about how men can relate respectfully and non-violently to family. At the same time, healing work acknowledges other impacts of colonised experience, addressing issues such as drug and alcohol issues, and the intergenerational effects of forced child removal policies. The commencement of work towards healing is generally considered a precondition for men's behaviour change work with Aboriginal men; in many instances, the two will overlap.

Meeting the NSW minimum standards

Programs run specifically for Aboriginal men are required to comply with the minimum standards if they fall within the following definition of men's domestic and family violence behaviour change group programs:

a group program for men who have displayed a pattern of abusive behaviour towards their partner and/or family, with the specific aim of promoting behavioural change, particularly a reduction in abusive behaviour. Abusive behaviour may include physical abuse, psychological abuse, sexual abuse, economic abuse and social abuse.

Programs run with a focus on healing as opposed to behaviour change, are not required to comply with the minimum standards.

In practice, however, the delineation between these two forms of programs may not be so clear-cut. Indeed, one possible approach is to integrate them by initially focusing on healing via individual work and case management, followed by a men's behaviour change group once participants have developed sufficient trust in the process. Some Indigenous programs around Australia are trialling multiphase programs such as these, taking a deeply holistic, whole-of-family approach.

It is probable that the complexities of multiphase or staged approaches to men's behaviour change in the context of Indigenous family violence will mean that programs conducted specifically for Aboriginal communities will take longer to fully implement the minimum standards. Responsibility for progress to implement minimum standards in Aboriginal communities needs to be shared between mainstream programs and communities.

Service responses for people from CALD communities

Working in partnership

The most fundamental aspect of improving access for both women and men from CALD communities is partnership. Working in partnership with relevant CALD agencies or community groups will help program staff to:

- process their own assumptions and stereotypes about the place of gender and violence in cultures that are not their own
- ensure that their partner support work and risk assessment and risk management work with women and children are appropriate and respectful
- ensure their processes, policies and procedures take into account cultural difference, barriers to access and the needs of any over-represented cultures in their local community

- modify their model, curriculum, sessions or activities to be both accessible and relevant to men's behaviour change work with men from CALD communities
- identify approaches to men from specific CALD communities or to a particular cohort of men who are participating in a program
- identify issues that might not be easily interpreted from English into the partner's language and develop (and perhaps test) alternative language, with a view to talking about these with interpreters
- explore opportunities for conducting groups targeting men from particular cultural communities, in languages other than English (see page 87).

Other ways that programs work in partnership with CALD organisations to increase access to culturally safe services include:

- allocating a percentage of their program budgets towards cultural competence or for work with a particular CALD community
- identifying key language groups across a region and then each program provider taking responsibility for contracting an interpreter for one of these languages (see Working with interpreters, below)
- sharing the cost and work of developing materials and/or conducting a group in a language other than English (see page 87)
- utilising an organisation's community liaison officer (or other similar position) to facilitate relationship building
- providing an outreach service (for example, having a domestic and family violence worker located part time at the CALD organisation's offices)
- sharing training/professional development between a number of agencies.

It might also be possible for several programs jointly to employ a bilingual worker. This person could be employed as a community liaison officer or a caseworker, or in a men's behaviour change role. They might also be involved in the development of a group conducted in a language other than English (see page 87). Bilingual workers can face particular challenges associated with balancing the expectations of their employing agency and their community. Programs choosing to employ a bilingual worker need pathways of responsibility and accountability that acknowledge these tensions; they must also provide an appropriate level of support. If the bilingual worker is also employed or active in a partner organisation, program providers should discuss with the worker and the organisation any conflicts of interest that might arise.

Examples of cultural competence for people from CALD communities

Eliminating or mediating barriers to access that might affect women or men's uptake of services on offer is a step towards being a culturally competent organisation. This includes addressing issues such as lack of quality, translated materials, lack of interpreters, Anglo-centric service structures (such as set times for appointments) and Anglo-centric spaces (such as no separate space for women).

All people perceive professionals through the lens of culture. In cross-cultural situations, this may affect the depth of communication that is possible. For example, in relation to work with Maori and Pacific peoples in offender rehabilitation in New Zealand, some practitioners have found that when an offender sees a practitioner as a venerated older man, specific modes of conduct often follow, such as deference and/or not speaking unless invited.¹¹³

In many cultures, talking with someone outside the family may be considered shameful. There are often also strict protocols around what can and cannot be discussed with someone of the opposite gender. If it seems these issues might be affecting the quality of the communication during assessment, the domestic and family violence professional could:

- ask the person if they would prefer to speak with someone older/younger or of the same gender
- attempt to address the issue directly, perhaps by acknowledging that the person may not be used to speaking with an outsider about these issues
- offer to invite a cultural ally or advocate into the process.

It might also help for the professional to talk about their clinical role, their professional ethics regarding confidentiality, and their longstanding experience talking about domestic and family violence issues.



Secondary consultations and co-case management are indicated for all work with women and men from CALD communities, but especially for people who are newly arrived or refugees. Sources of such support include staff in migrant resource centres and ethno-specific agencies, religious leaders and other valued community leaders. These people might be regarded as 'cultural allies' in the men's behaviour change process. Where a cross-cultural dynamic continues to be a barrier to engagement, program providers should consider seeking a secondary consultation with an appropriate service provider.

Working with interpreters

Interpreters can assist in providing services to people who speak limited or no English. Interpreters should be used when 'a person exhibits hesitation or difficulty in understanding and communicating in English, or if he/she requests an interpreter'.¹¹⁴ Stress can affect people's English proficiency; offer an interpreter if this occurs.

Program providers should only use accredited, professional interpreters. It is never appropriate to use a child, family member or friend to interpret, even if the person needing the interpreter says this is their preference.

Interpreter services should be offered to women and men for all interviews (including assessment) and group sessions. Interpreters can be engaged for onsite or telephone interpreting. Before booking an interpreter the professional should check whether the client has any preferences regarding the interpreter's gender. They should also check which language and dialect they prefer to speak, as a person's country of birth is not always an accurate guide to their preferred language.

When an interpreter meets the client, the professional should check that the client is comfortable with the interpreter. Common reasons for a client not feeling comfortable are: knowing the interpreter, preferring an interpreter of another gender, and the interpreter speaking their language but not their dialect.

If a client is not comfortable because they know the interpreter, the professional should emphasise that interpreters are bound to a professional code of conduct that requires them to keep confidential all details relating to their interpreting work. Even with this assurance, some clients may prefer to use an interstate telephone interpreter.

An interpreter is not an advocate or a counsellor and they should not be asked to provide advice, or an opinion or any other assistance, beyond an interpretation of the interview between the person and the service provider.¹¹⁵ Their role is to interpret only what is said. Therefore, it is a professional's responsibility, not the interpreter's, to ensure that effective communication occurs. Care should be taken to:

- use jargon-free, plain language
- give key contextual information where relevant
- check that the client has understood what is being said
- give the client plenty of opportunity to tell their story, ask questions or seek clarification.

In the specific context of domestic and family violence, some concepts or points of language might not be easily interpreted. A CALD community partner or bilingual worker can assist programs to identify these and establish culturally relevant alternatives prior to using an interpreter.

Effective use of interpreters involves skill and practice. If possible, all professionals should be trained in using interpreters. For general advice on working with interpreters, see *Fact Sheet 4: Requesting and Working with Interpreters: How to work effectively with an Interpreter on-site* (see www.crc.nsw.gov.au/services/language_services/fact_sheets/fact_sheet_4).

Using written materials

For program participants who cannot read English, program providers should translate key documents, such as participation agreements, or read them aloud and discuss them with the aid of an interpreter.

If materials are being translated, they should be back-translated by an accredited translator. They should also be checked with a focus group of readers whose demographic profile is the same as that of the intended audience. This ensures that the language level and pitch of the translated material is appropriate.

Establishing a program in a language other than English

The development of an MBCP in a language other than English (LOTE) is a long-term venture, and considerable planning and development time are required. It is unlikely that the length of time between the programs' initial conceptualisation and actual delivery will be less than 18 months.

A crucial first step is creating a strong working group consisting of at least one representative agency from each of the following:

- an existing MBCP provider
- a welfare/advocacy association representing the particular language group(s)
- a specialist multicultural women's domestic and family violence agency
- a representative from the relevant local or regional domestic and family violence integration or networking committee
- a peak body or statewide advocacy agency representing the interests of CALD communities (if the focus of the program is on one or more new or emerging communities, this could be an association focusing on the welfare of refugee and other newly arrived communities).

A working group for the development of an MBCP in a LOTE is likely to be significantly more involved than a regular MBCP reference group. Its role might include assisting the facilitators and partner support worker to manage clinical situations, thereby supplementing the support provided through supervision. Indeed, a Victorian program conducted in Vietnamese found that once the intake and assessment process began, the working group spent about half of its meeting time focusing on clinical issues.

Minimum standard 2.1 requires that the program have a reference group. This would meet less frequently than the working group, and would consist of representatives from a wider range of stakeholders.

If there are not already sufficiently experienced and qualified workers available from the particular language group(s), recruitment of bilingual facilitators and the partner support worker should begin early in the process. These workers might have existing formal or informal counselling, welfare and/or community organising roles within their community, but might not have existing experience in the delivery of domestic and family violence services. Sufficient time and resources are required to provide these workers with foundational domestic and family violence training, specialist training in working with men, significant opportunities to observe MBCP practice and to be closely supervised co-facilitating mainstream MBCPs in English.

Clarification of roles is extremely important. Bilingual workers might need to leave behind particular ways of working with families that worked well in their previous roles, but are not appropriate or safe in men's behaviour change work. For example, facilitators might find it challenging to leave partner support to the partner support worker. Bilingual workers are also often employed at several different organisations as their skills are much in demand. Some workers may need some assistance to negotiate the boundaries between their role within an MBCP and their other professional roles.

Bilingual workers should not provide interpreting unless they are professionally accredited interpreters and interpreting is part of their job description. Interpreting requires full concentration, so if a worker is expected to perform an interpreting role, they should not be required to perform other roles (such as facilitation) simultaneously.

Supervision arrangements need to be particularly strong for newer bilingual workers. These could include direct observation of sessions when the program begins. Unless the supervisor speaks the language in which the program is being conducted, they will need to engage a professional interpreter to interpret for them while they observe the bilingual worker.

Sufficient time needs to be allowed for promoting a program in another language in the community; it is preferable that this is based on a detailed social marketing strategy. Marketing messages should be tested with men who are as much like the intended audience as possible. Translated materials should use culturally appropriate and relevant concepts and examples. They should be back-translated by an accredited translator, and focus group tested if possible.



It is possible that magistrates and CSNSW will be keen to direct men to attend; however, starting a new program with a significant proportion of mandated participants can present quite a challenge if facilitators are relatively inexperienced.

Service responses to people with cognitive impairments

In the context of this guide, cognitive impairments include intellectual disabilities, acquired brain injuries (ABIs), and impairments attributable to substance abuse (these are only sometimes regarded as ABIs).

Some cognitive impairments affect people's attention, concentration, memory and information processing. Where this is the case, keep the person involved and participating all the time, in order to maintain their engagement. Repetition is often important, and can increase knowledge and retention of key concepts. It is preferable to use simple language (short sentences, each with a single concept; short words; simple sentences). It can also be useful to break concepts into parts, and then to help the person bring these parts together.

People with cognitive impairments often fear stigmatisation, and might say they have understood something when they have not, so it is good practice to ask them to summarise what has been discussed.

Written materials are not always useful for those with a cognitive impairment; however, simple visual representations, symbols and some limited text might help some people. It is best to discuss with each person whether, and how, written materials might be useful for them.

Role plays can be a particularly valuable learning tool. People with cognitive impairments might find concepts easier to understand when they are played out rather than discussed in abstract terms. Role plays could be used in partner support work, individual counselling or group work.

While there is no published evidence or practice wisdom directly relating to work with men with cognitive impairments in the context of men's behaviour change, the literature on treatment for sexual assault offenders with an intellectual disability suggests that group CBT is the most effective treatment for them.¹¹⁶

When involving a man with a cognitive impairment in a men's behaviour change group, facilitators could:

- use warm-up exercises relating to the content of the group at the beginning of the session to engage and prepare him
- limit the use of written tasks and materials in group sessions
- consider asking other group participants to assist him with any writing activities
- develop alternative home activities
- involve him in developing symbols that can be used alongside text for white-boarding
- increase use of role plays, in particular those that involve all group participants
- address the same issue or idea in a number of different ways
- offer additional one-on-one work to complement group work.

Service responses to people with disabilities

Organisational aspects of disability access

All service providers have a responsibility to ensure access for people with disabilities. A disability action plan is the preferred way to achieve this. Such a plan might address issues such as:

- physical accessibility
- training needs
- processes to ensure that people with disabilities are able to communicate in their preferred way (for example, using Auslan, Braille or pictograms, or via a communication assistant)
- developing and maintaining links with relevant disability service providers.

Working with women with a disability

Partner support workers working with women with a disability need to take into account issues such as:

- the limited pathways to safety (attributable to service barriers as well as social isolation)

- the likelihood of victims experiencing more frequent, more diverse and longer-term violence, perhaps at the hands of multiple perpetrators
- victims' perceived or actual reliance on perpetrators for basic care.

When working with a woman with a disability, a partner support worker should:

- check what, if any, communication assistance she requires
- check whether she identifies as having a disability
- enquire about what, if any, supports she and/or her family require for daily living, and who provides that support
- check whether she requires mobility aids, medications or treatments and record the details of any schedules that apply to these
- identify any support services/agencies that she and/or her family are engaged with
- explore what support or assistance she needs if she wishes to access other services, including accommodation
- develop a safety plan that makes specific provisions for her and her children's requirements (addressing, for example, lack of mobility, communication difficulties)
- believe her and directly address any concerns she has about whether she will be believed by others, especially if the perpetrator has undermined her confidence or self-esteem.

It is important to avoid making assumptions about people's cognitive abilities based on their presentation. Likewise, women with a disability might have a range of identities; their risk and wellbeing might be influenced by many factors—separate or linked with their disability. Partner support workers should explore how factors such as living in a rural area, being in a same-sex relationship, immigration status, or dependence on the perpetrator might impact on a woman's safety and access to services, and make provisions to address these. If the woman has children, the partner support worker should check on their support needs, keeping in mind that the specific context of their mother's disability might also inform their experience of the violence.

Secondary consultations with disability caseworkers might be of assistance to partner support workers, especially around matters concerning safety planning.

Access for gay and bisexual men in same-sex relationships, men who have sex with men, transgender and intersex men

Minimum standard 5.2 requires programs addressing other forms of domestic and family violence to ensure that they are specific to the participants' needs. In practice, other forms of domestic and family violence likely to be addressed in the course of an MBCP include violence by a same-sex male partner or violence by a transgender or intersex man (hereafter these men are referred to as gay, bisexual, transgender and intersex (GBTI) people; these terms are defined in the glossary).

Respecting identity

While most men who participate in mainstream MBCPs will have a primary heterosexual relationship or heterosexual identity, some (including those who are currently in a relationship with a woman) may also be same-sex attracted. Some men identify as heterosexual and have sex with men.

Gender identity and intersex have no correlation with sexuality; that is, transgender men or intersex may be in primary relationships with women, men or sex and/or gender diverse partners. They might identify as being in heterosexual, gay, lesbian, bisexual or other relationships. They might choose not to label their relationships at all.

A person's intersex, sexuality or gender orientation are not the reasons they present to an MBCP; these are simply part of who the person is. However, recognising cumulative effects of homophobia and transphobia is important as these often impact on GBTI people's perceptions and experiences of violence and help seeking. Respect for a person's gender identity, sexuality or intersex should be a fundamental principle and practice of all programs. This includes using pronouns and language appropriate to a person's self-identity.



Organisational development

Homophobia and transphobia are in part expressions of patriarchy, and as such, all program staff need to have a deep and complex understanding of their own ideas, prejudices and stories—about sexuality, intersex and gender identity generally, and in relation to LGBTI domestic and family violence specifically.

NSW research into gaps in appropriate domestic and family violence service delivery for LGBTI communities suggests that organisations need to¹¹⁷:

- ensure staff are provided with appropriate training and ongoing support in the delivery of good practice domestic and family violence services
- seek the support and resources of specialists in the area of LGBTI domestic and family violence in the design and delivery of training, services or policies
- ensure sustainability of inclusive practices, programs and policies in the reorientation of services
- initiate and foster ongoing working relationships with LGBTI community organisations, networks and groups in building and maintaining culturally appropriate domestic and family violence support services and increasing access
- develop and utilise client intake forms and domestic and family violence screening processes in order to gather specific statistical data on intersex, sexuality and gender
- use gender-neutral and inclusive language in all intake processes. This includes not assuming heterosexuality, ensuring gendered language does not exclude, and being sensitive to the diversity of relationships
- collect accurate data detailing the number of LGBTI clients presenting and the reasons for accessing services.

The referral of LGBTI clients to relevant and appropriate support organisations is a key principle of inclusive and respectful practice. Transgender clients may benefit from the support of an organisation that specifically works in the field of transgender violence, for example, the Transgender Anti-Violence Project.¹¹⁸ Programs should consider developing formal partnerships with relevant LGBTI community organisations and strategies to overcome service delivery barriers. Approaches might include making provision for co-case management or individual counselling to complement group work.¹¹⁹

Contact with male or intersex partners

Male and intersex partners should be contacted by the partner support worker. Her specialist skills in addressing partners' safety, wellbeing and needs make it appropriate that she works with the same-sex partner.

If partner support is provided by a women's domestic and family violence service, then face-to-face contact with male partners should take place either on the MBCP's premises (if safe to do so) or at another safe location.

Safety planning should take into account any specific concerns or risks related to homophobia or transphobia, for example, threats to 'out' a man's sexual orientation, intersex, gender identity or HIV status, or that may affect access to LGBTI communities.

Support for male-to-female transgender clients

The historical development and theoretical positioning of some women's services might make them reluctant to work with male-to-female (MTF) transgender clients and/or unskilled to respond appropriately to their issues. This might particularly be the case for transgender clients who are yet to commence or complete surgery, or do not wish to have surgery. Programs and women's services should consider these issues and their obligations under NSW anti-discrimination legislation and decide on a course of action when they are developing their MoU, not when a client walks through the door.

Programs and women's services should work closely and seek the advice of transgender and LGBTI support and advocacy services to create appropriate referral pathways. The ways that people present and identify can be highly complex and individual. Service should recognise the need for sensitive practice in this field and the importance of seeking organisational expertise in understanding best practice for transgender clients affected by violence.

Responding to children in LGBTI families

GBTI people often have parenting responsibilities and LGBTI families may have diverse structures that appear significantly different from the nuclear family. Professionals should not make assumptions about a person's parenting practices, legal status or identity as a parent, or about their children's needs. The partner support worker should follow her usual processes and practices for exploring children's safety and wellbeing, using the child's ways of identifying and naming their parents.

Acceptable practice regarding minimum standard 5.2:

Barriers to inclusion are addressed in the case plans of gay, bisexual, transgender and intersex men.

Group agreements specifically address and seek to prevent homophobia and transphobia.

Optimal practice regarding minimum standard 5.2:

The program has documented approaches to working with gay, bisexual, transgender and intersex men.

The program provider has links with organisations advocating for inclusive practice for gay, bisexual, transgender and intersex men, enabling secondary consultations and referral pathways for support related to their experience of homophobia or transphobia.

Program materials are inclusive of gay, bisexual, transgender and intersex men and their families.

Unacceptable practice regarding minimum standard 5.2:

The program does not engage with men's sexuality, intersex or gender identity.

There are no structured processes in place to address and prevent homophobia and transphobia.

Programs in rural and regional areas

Human services providers across all sectors, including MBCP providers, face particular problems in rural and remote locations. These include difficulties in recruiting sufficiently skilled and experienced staff and supervisors to conduct highly specialised roles and a lack of easily accessible training and professional development opportunities.¹²⁰ For service providers, offering services on an outreach basis, participating in meetings, and attending training frequently take up more time because of the distances that workers must travel.

Rural and regional program providers in Australia, where practicable, attempt a number of innovations to overcome some of the barriers for men and their partners to access the programs' services. In large regions, some programs either offer closed groups in several different locations across a calendar year, for example; or run groups in two or more locations concurrently. Many rural providers also use telephone contact to keep men engaged and facilitate conversations that enhance readiness to change (see page 156).

When programs have insufficient numbers of participants for a group, or lack a second qualified worker to co-facilitate the group, individual work is an acceptable—albeit short-term—alternative.



ADMINISTRATION

Limited confidentiality for men

Men's behaviour change work is founded on the concept of limited confidentiality for men. This entails holding information in trust and confidence, unless it relates to the safety of self or others.

Information that should always be confidential is that which is personal for men, does not relate to their use of violence, nor to their safety or the safety of others.

Generally, information that has limited confidentiality is that which relates to a man's violence and to one or more of the following:

- a woman or child's safety
- safety of staff
- a criminal act or breach of court orders
- the man's own safety.

As a general principle, any information that has limited confidentiality should only be disclosed as needed and only to relevant people and agencies, with due care taken to safeguard its future use. Programs require detailed policies and procedures concerning the responsibilities of individual staff and their organisation as a whole in regard to:

- what might be considered 'relevant' to a man's use of violence in the context of limited confidentiality
- what information might be disclosed, to whom, and with what provisions, in the context of information sharing with regard to a safety or duty of care issue
- reporting to referrers.

Program staff should always retain the right to decide what is confidential for men. Giving men a say in this process opens the possibility of bargaining—a controlling behaviour—and is counter to the aims and intentions of men's behaviour change work. In most instances, decisions about what is confidential need to be informed by legislation, in particular, relevant sections of Commonwealth and state privacy acts and child protection laws. Some program staff also have responsibilities imposed by their professional associations.

In MBCPs, the contract of confidentiality is between the provider and an individual. Information may, and should, be shared amongst all relevant program staff. Under certain circumstances, information held by program staff may also be shared with:

- staff from other agencies who are providing a domestic and family violence service to family members of male participants
- police
- magistrates and judges
- Community Services
- CSNSW
- other referrers, where there is a formal agreement between organisations for information sharing and the man has given his informed consent.

Program staff routinely share information with participants' (ex)partners in the context of partner support, safety planning and risk management.

It is generally presumed that, unless specifically time-limited, an agreement to limited confidentiality endures until it is revoked in writing and cannot be retrospectively revoked.

Confidentiality for women

For safety and accountability reasons, all conversations between women and program staff, and all information given to program staff by women, must be kept confidential unless:

- there are significant risk issues that require a response by another agency OR
- the circumstances require mandatory reporting OR
- a woman has specifically requested program staff to disclose information to her (ex)partner and it is safe to do so.

Confidentiality for children

Chapter 16A of the *Children and Young Persons (Care and Protection) Act 1998* allows government agencies and non-government organisations who are prescribed bodies to exchange information that relates to a child or young person's safety, welfare or wellbeing, whether or not the child or young person is known to Community Services, and whether or not the child or young person consents to the information exchange.

Further information on confidentiality for children is available at: www.community.nsw.gov.au/kts/guidelines/documents/info_exchange_factsheet.pdf

Record keeping

Up-to-date written information is essential for accountability, quality service provision, continuity and evaluation. With many legal dimensions to record keeping and files, there are some important basic principles for all providers of MBCPs:

- file notes need to discriminate between fact and interpretation
- records should never contain speculation about future behaviour
- quotes should be written down wherever possible
- disclosures should be attributed to the person who makes them (for example, 'Mr N said ...').

Men's files

Every man who is assessed should have a file created for him. This should record:

- all conversations and interviews with him (including telephone conversations and emails)
- actions, queries or concerns arising directly from contact with him
- anything he has disclosed about his violence
- his attendance and non-attendance at groups and appointments
- his basic demographic data such as postcode, relationship status, ethnicity, and number of children.

Forms used for clinical purposes, such as assessment, reviews and exit planning, should also be retained in a man's files.

Because of the possibility of records being subpoenaed, staff should take care not to include any information in a man's files that might jeopardise another person's safety (for example, his (ex)partner's address or safety plan, or information disclosed by his partner).

Women's and children's files

Every woman and child who is assessed should have a separate file. These files must be entirely separate from men's files.



TOWARDS SAFE FAMILIES

A practice guide for men's domestic violence behaviour change programs

Storage of files

Files and notes must be stored in a secure environment, with access limited only to relevant personnel. It is acceptable to take files to a men's behaviour change group for ready reference, provided they are in a locked case.

Program providers differ in the length of time that a person is still considered a client when their file is inactive. Providers should be guided by their broader general policies and procedures on this issue. Clients who notify the program that they do not wish to continue must have their file closed and stored according to provider policy, unless the provider has grounds to continue assertive outreach (for example, in situations of current or likely future risk).

REFERRALS AND SECONDARY CONSULTATIONS

The value of referrals

Women and children are likely to be safer, and men more accountable for their use of violence, when they receive responses from an integrated system. Referrals are a key part of this integration. Clear and consistent referral processes and procedures can enhance outcomes and establish and reinforce relationships between professionals to achieve further cohesion within and beyond the domestic and family violence sector.

Minimum standard 4.8 requires that program providers offer appropriate referrals to meet a participant's additional needs. Regardless of who is being referred where, the primary purpose of referring is to maximise the safety of women and children experiencing domestic and family violence. To this end:

- referrals of women and children are intended to facilitate their access to information, assistance and support, and their recovery and healing from the experience of domestic and family violence
- referrals of men to services that address co-existing issues (such as addiction) are intended to remove barriers to their successful participation in an MBCP
- referrals of men to MBCPs are intended to reinforce to men both the seriousness and unacceptability of their use of family violence, hold them accountable for such violence, and offer them a process for change.

Acceptable practice regarding minimum standard 4.8:

The program makes use of an up-to-date referral database.

The program has links with key local services for men, women and children regarding substance abuse, homelessness, mental health and problem gambling.

The program has links with local Aboriginal and migrant services.

Referral options are explored for each client in the course of case planning.

All clients requiring referral are referred in a timely and appropriate fashion.

All referrals are documented in case notes.

The program has documented policies and procedures for referral.

Optimal practice regarding minimum standard 4.8:

The program has agreed referral protocols with key local services for men, women and children regarding substance abuse, homelessness, mental health and problem gambling.

The program has agreed referral protocols with local Aboriginal and migrant services.

Unacceptable practice regarding minimum standard 4.8:

Program staff are unfamiliar with their referral options.

Program staff do not refer.

Secondary consultations

In a secondary consultation, an MBCP professional consults with another professional regarding a particular client for the purposes of gathering additional—often contextual—information, or obtaining guidance or support. Secondary consultations are particularly useful when working cross-culturally, or with clients who have addiction or active mental health issues or other complex needs.

Where it is safe and possible to do so, it is preferable to ask clients for permission to seek a secondary consultation. With their informed consent, their identity and information about their situation might be shared in the course of such a consultation. Without their consent, it is still possible to have a secondary consultation, but



in such circumstances, it is critical that details about them and their situation are not revealed. In small or close-knit communities it is easy to inadvertently reveal a person's identity without using their name; this means that it is necessary to avoid disclosing any of the specifics of the client's unique situation.

Referrals and secondary consultations also offer MBCP providers opportunities to educate, encourage and support professionals in the legal, health, community and human services sectors about the place of men's behaviour change in a broader community response to violence. MBCPs can help these professionals to minimise their collusion with men about their violence-supporting narratives, to engage men in the service system in general and men's behaviour change specifically, and to support and encourage men's continued participation in an MBCP. MBCP professionals should directly engage with unhelpful or victim-blaming narratives expressed by the other service provider or practitioner if they encounter these in the course of secondary consultations.

Done well, secondary consultations are likely to be reciprocated, with other professionals seeking guidance from MBCPs about working with men who might be using violence.

SECTION 03

Safety and
women's and
children's
wellbeing



RELEVANT MINIMUM STANDARDS

- 1.1 Program providers will develop and operate from written procedures that address risks to women and children
- 1.2 Program providers will ensure that current partners of program participants are provided with support prior to and during the program
- 1.3 Partner support workers will prepare women for the participation of their partners in a behaviour change group program
- 1.4 Partner support workers will complete individual risk assessments and safety plans
- 1.5 The contact worker is to disclose to women any new expressed or perceived threat to their safety
- 1.6 Where women and children express an interest in having ongoing contact from a partner support worker additional contact will occur for the duration of the program

Safety

Principles for safety

Safety must always be a primary consideration in the conduct of an MBCP. Underlying principles that guide programs' approaches to safety include that:

- men who perpetrate violence towards family members are responsible for this choice and must be held accountable
- all safety concerns must be communicated to the appropriate people/agencies and in a timely fashion
- women and children are more likely to be safe when there is a consistent approach for assessing and managing domestic and family violence risk across the service system
- services should take into account that their actions in response to a safety concern might make a woman and/or her children more frightened and/or might increase the risk that her (ex)partner will perpetrate violence
- a man's mental health (in particular suicidality or intention to self-harm) has ramifications for the safety and wellbeing of his (ex)partner and children
- women are usually well placed to make judgements and decisions about their own safety
- safety and risk must be assessed in a systematic way, taking into account the presence or absence of risk and protective factors, women's own judgement about their safety, and the considered judgement of all relevant professionals
- risk management strategies and one-off decisions regarding safety must be documented, and include a rationale
- all work towards safety must be consistent with the program provider's policies and procedures.

Women's and children's safety

Identification of risk indicators, dangers and threats

Risk assessment, lethality or dangerousness assessment, safety planning and risk management overlap, but they are not the same.¹²¹

Risk assessment seeks to determine the likelihood that the victim will be exposed to violence in the future. It takes into account:

- the victim's own views about the level and nature of the risk
- the presence or absence of evidence-based risk factors in both the user and victims of violence
- the considered professional judgement of the risk assessor.

Risk assessment is an ongoing, dynamic process and continually informs both safety planning and risk management.

Lethality or dangerousness assessment looks for indicators that a man is more likely to kill or attempt to kill or severely injure his partner or children. It contributes to safety planning and risk management.

Safety planning refers to specific provisions that victims can make to:

- minimise the chances that they will be harmed by an act of violence by their (ex)partner
- maximise the chances of being able to make a safe escape
- attend to practical matters that might otherwise be barriers to leaving a violent situation.

Risk management refers to planning, documenting and implementing a broad range of strategies that together help to minimise the effects of domestic and family violence on women's and children's safety and wellbeing.

Comprehensive assessment of a man needs to focus on the safety of any women and children who might be affected by his behaviour, the man himself, staff, the broader community, and existing members of the program's relevant men's behaviour change group.

In addition to looking for the presence of existing risk indicators, assessors need to consider:

the likelihood of risk factors arising in the future, and use their professional judgement to evaluate the relevance of a risk factor in each given context. For example, if a man has had a mental illness but is currently being treated and is well, this risk factor is not currently present and should not add significant weight to a risk assessment. However, the assessor should enquire about what helps the man to stay well, and the likelihood of this wellness continuing.¹²²

Furthermore, the assessment process needs to consider the impact of the program itself on particular risk factors. For example, if the man has experienced substance abuse problems or mental health issues, the risk of the problem or issue returning due to the stress and vulnerability induced through the man's participation in the program needs to be explored. Case plans need to anticipate and address such risks.

Risk indicators, dangers and threats cannot be properly assessed without contact with women. However, while women are generally in the best position to know what is likely to compromise their safety, they can sometimes be unrealistic or overly optimistic about the likely impact of the program on a man's behaviour, or otherwise underestimate their partner's dangerousness or risk of using violence. Furthermore, love, loyalty, fear of retaliation and self-blame might also result in women not disclosing violence or not revealing their level of fear.

Program staff should also draw on their own knowledge and experience in making decisions about safety. However, while nuance, 'gut instinct', and what is unsaid are important pointers for experienced professionals, they should never be a substitute for detailed risk assessments.

The NSW Government is developing a statewide *Cross Agency Risk Assessment and Management Framework*, which will provide a common and consistent set of guidelines and assessment tools for assessing and managing risk when interviewing women. This framework and the associated tools will be of considerable value for MBCP partner support work in NSW.

In the meantime, NSW program providers can draw on existing risk assessment resources from:

- the risk assessment tool(s) used by women's specialist domestic and family violence providers in their locality or region
- risk assessment and risk management frameworks used in other states, such as the *Risk Assessment and Risk Management Framework* in Victoria and the *Western Australian Family and Domestic Violence Common Risk Assessment and Risk Management Framework* (<http://www.dcp.wa.gov.au/CrisisAndEmergency/FDV/Documents/CRARMF.pdf>).

These frameworks and risk assessment tools include information to support risk assessment processes for particularly vulnerable women, such as Aboriginal women, women with disabilities, rural women, and women from CALD communities.



Safety planning for women and children

Safety planning for women

Safety planning is an important process for all women, regardless of their level of risk. It should be informed by risk assessment, and take into account the specific situation of the woman and family.

In the safety planning process, women should be:

- instructed to contact police if they think they might be in danger
- provided with other relevant contact numbers for domestic and family violence services
- assisted to plan:
 - what they will do to try to keep their children safe
 - an escape route from their home (for example, which doors, windows, lifts or stairwells to use)
 - where to go when they escape and how to get there (including form of transport if their car is unavailable)
 - what they will do and where they will go if they need to leave empty handed
 - given tips about how to minimise the risk of serious injury in the event of immediate danger
 - assisted to identify people in their community who can help them to be safe (for example, a neighbour)
 - encouraged to make provisions for accessing cash
- provided with lists of:
 - what to pack in an emergency bag—including items for children
 - what to pack if leaving home (when there is no immediate danger)
 - helpful documents to have access to
- assisted to make plans for pets
- instructed in how to use telecommunications equipment and the internet safely
- given tips on safety after leaving a relationship—including mobile phones, internet and banking safety, physical safety, safety at work and safety in transit.

Safety plans should be documented by workers, but a copy of the documentation should only be provided to a woman if there is no chance it will be seen by her (ex)partner. Program support workers should take into account a woman's literacy and cognitive state when providing written information.

Safety planning for infants, children and young people

All safety plans for women with infants and younger children in their care must address their safety concerns and needs as well as their mother's.

Whether and to what extent older children and young people are involved in safety planning depends on their maturity and the situation. Some considerations include that safety planning could increase their sense of anxiety or could actually increase risk, by making the child feel safer or more in control than they really are (with the possibility that the child could distrust safety planning if a plan 'fails').¹²³

Safety planning with a child or young person might include:

- establishing how they would get help quickly and safely
- establishing how they might respond in unsafe situations—at home, outside the home, or in different situations (such as on contact visits with their father)
- teaching them skills such as using a telephone, making emergency calls, using public transport, or calling a taxi
- helping them identify people they can talk to
- helping them develop harm minimisation skills such as avoiding confrontation, keeping calm and maintaining self-control, knowing how to 'read' others' feelings and anticipate reactions
- discussing how they might feel and what they might do when their mother is being hurt—this is especially important if there is a risk that a child might step in to stop the violence.

Depending on their emotional maturity and intellectual capacity, children are likely to need repeated opportunities to practise or rehearse their safety plans. Encouraging children to discuss 'what if' situations can provide insights into their sense of safety, and also help identify contingencies that might otherwise not be planned for.

When discussing safety with children, workers should allow them space to articulate their feelings, observations and concerns about having to have a safety plan. Many children have deeply ambivalent or confusing feelings towards their violent and non-violent parent, and may need assistance from a more neutral person to understand these as normal and understandable reactions. In particular, they need to know that having a safety plan is not the same as taking responsibility for the violence, and that having a safety plan is not a betrayal of their father.

Issues that should be included in safety plans are documented in the *Practice Resources* section (see ‘Safety Planning Materials’). Plans developed with the consent and participation of the mother can help to develop a ‘safety alliance’ between the mother and child.¹²⁴ It is always desirable that there is congruence between women’s and children’s safety plans.

Concerns for children’s safety and wellbeing

In any situation involving domestic and family violence, children’s safety is paramount. Domestic and family violence can have a significant detrimental effect on children’s physical and/or emotional health, development and wellbeing, regardless of whether or not they directly observe or experience the abuse (see page 28).

Domestic and family violence might also significantly impact on women’s capacities to parent effectively (see page 29). When considering the safety of children, workers need to recognise and validate women’s efforts to protect their children, and to give careful consideration to ways to nurture and support mother–child relationships.

Most women take considerable steps to try to keep their children safe; however, this is sometimes not enough to protect them. A report to the Child Protection Helpline might be necessary even if a woman is doing her best to protect the child from her (ex)partner’s violence. Program staff who are considering making a Child Protection report should discuss this with the woman, unless this could increase the risk to the child. Discussing reports makes it less likely that a woman feels she is being punished or is responsible for her partner’s use of violence. It also means she can focus on the reasons for the report, rather than spend time wondering who reported and why.

If it seems that a woman is not fully aware of the risk to herself or to her children, the partner support worker has an obligation to raise this with her. In particular, the partner support worker needs to highlight potential dangers and inform the woman of the long-term consequences of exposure to violence (including cumulative harm). These discussions with women about the safety of their children need to be sensitive to their situation and to the effects the violence might be having on their capacities to parent.

Parenting practices are culturally defined, and vary widely. For example, cultures differ in the ages that it is acceptable to leave ‘children’ unattended or for them to supervise other children. If a professional and a woman do not share a common culture, it is particularly important for the professional to discuss protective concerns with the woman, to minimise the chance that the concerns arise from cultural misunderstandings.

Because of the serious immediate and cumulative harm that can be inflicted by men’s use of violence, program staff must be familiar with their mandated and duty-of-care responsibilities. In summary:

- where current concerns for the safety, welfare and wellbeing of a child meet the risk of significant harm threshold, the professional should make a report to the Child Protection Helpline
- where current concerns do not meet the risk of significant harm threshold, professionals should refer to a Family Referral Service (if one exists in their area) or local children’s welfare service.

All program staff should be familiar with the *Child Wellbeing and Child Protection—NSW Interagency Guidelines*, which provide information and guidance to all agencies involved in the delivery of child wellbeing and child protection services in NSW (see www.keepthemsafe.nsw.gov.au). Any protocols developed by program providers and children’s agencies should reflect these guidelines.

NSW’s *Online Mandatory Reporter Guide* is the preferred resource for determining a course of action when there are concerns for a child’s safety or wellbeing. This tool can also be used by non-mandated professionals, or alternatively, such professionals can call the Keep Them Safe Support Line on 1800 772 479.



Responding to risk and danger

Risk and danger varies, and programs require clear guidelines about how to determine risk levels and how to decide on appropriate responses.

The matrix below categorises and defines three levels of danger and risk.

CATEGORISATION	DEFINITION
Danger situation	<p>Immediate</p> <p>Involves the risk of personal harm or significant property damage</p> <p>Requires emergency response</p>
Specific risk situation	<p>Immediate or short term (in the next week)</p> <p>May involve risk of personal harm, property damage, breach of an Order or bail conditions</p> <p>Requires a prompt but non-emergency police response and/or Child Protection response</p>
Non-specific risk situation	<p>Beyond the next week</p> <p>Is anything that:</p> <ul style="list-style-type: none"> • might not be known to the man's (ex)partner and/or to services directly supporting the woman • is likely to impact on the wellbeing of the man's (ex)partner or children <p>Does not require a police response</p> <p>Might require a Child Protection response</p>

In addition to general risk factors, some situations in MBCP service provision may be associated with increased risk to a man's (ex)partner and children. Examples of this include him: being turned away from a group session because he is under the influence of alcohol or another drug; making implicit or explicit threats; being inexplicably absent from a session (this depends on knowledge of an individual and his circumstances); leaving a session early without explanation; or breaching an ADVO.

Minimum standard 1.1 requires programs to develop and operate from written procedures that address risks to women and children. These should include procedures for:

- regular and systematic monitoring of threats or risks to safety
- responding to perceived threats of safety including reviewing critical incidents
- responding to criminal acts and potential breaches of court orders
- notifying relevant authorities of possible risk to children.

Program providers should reflect on the very broad range of risk situations that might arise, and to make contingency plans to address each.

Acceptable practice regarding minimum standard 1.1:

The program has procedures for:

- regular and systematic monitoring of threats or risks to safety
- responding to perceived threats to safety including reviewing critical incidents
- responding to criminal acts and potential breaches of court orders
- reporting concerns of significant harm to a child or young person to the Child Protection Helpline and, if concerns do not meet the risk of significant harm threshold, providing assistance or making a referral to other services.

Optimal practice regarding minimum standard 1.1:

The program's risk monitoring and risk management procedures are integrated with those of other domestic and family violence service providers and relevant agencies within the region, and use a common, evidence-based approach towards identifying and classifying risk.

Unacceptable practice regarding minimum standard 1.1:

The program has no written procedures to address risks to women and children.

Minimum standard 1.5 requires the partner support worker to disclose to women any new expressed or perceived threat to their safety. How this is achieved depends on many factors, not least being the situation and the level of risk. When workers disclose threats, they need to do so in a way that conveys confidence in women's capacities and both maximises and respects their choices. Contact with women regarding a threat to their safety should include a check on their current levels of safety and a review of their safety plan. Women should be contacted about safety concerns even if they have previously declined support from the program.

Program providers should use their professional judgement about whether to discuss a risk situation with the man in question. While this might prevent harm, it might also result in him being enraged or otherwise inflame a risk situation.

The nature of men's behaviour change work means that critical incidents will arise. Programs require documented policies and procedures to manage these and limit their aftermath. These policies and procedures should be reviewed regularly in light of learning from critical incidents.

A sample template to review and manage risk is provided in the *Practice Resources* section (see 'Risk review and management plan').

Acceptable practice regarding minimum standard 1.5:

The program has policies and procedures to respond to risks, threats and dangers.

The program has policies and procedures to manage and learn from critical incidents.

The program responds to risks, threats and dangers in a timely and appropriate fashion.

The program's facilitators and partner support worker jointly determine a course of action regarding expressed or perceived threats to women's and children's safety.

Optimal practice regarding minimum standard 1.5:

The program has protocols with local police, CSNSW, Community Services and women's domestic and family violence services about responses to risk and danger.

Unacceptable practice regarding minimum standard 1.5:

The program takes an ad hoc approach to risk and danger.

Coordinated risk management processes

In situations where there are significant ongoing safety concerns, and/or a man's level of dangerousness is assessed as high, there could be benefits in having a coordinated risk management process. This involves joint meetings or teleconferences between the MBCP, the man's case manager if this is not the MBCP (for example, a child protection worker or Parole and Probation Officer), the relevant women's domestic and family violence service if his partner is receiving services from them, and any other relevant stakeholders involved in managing risk. Where appropriate, women should also be invited to participate in these meetings.

Joint meetings enable all relevant stakeholders to share the information they hold regarding risk and develop a coordinated safety response. Any risk management strategy developed should be documented.

Responding to criminal acts

Program providers have a responsibility to respond to all violence-related illegal acts. This includes breaches of family court orders, children's court orders and ADVOs, as well as criminal violence.

Automatic reporting

The term 'automatic reporting' means that criminal acts and breaches of court orders are automatically reported to the relevant authority. Automatic reporting by service providers is preferred over women reporting, because women's choices are often shaped by factors additional to their safety concerns and personal circumstances. These factors include previous experiences or expectations of ineffective justice responses, their lack of time or practical support (such as childcare), and their confidence or emotional resilience to pursue a justice response.



Reporting perpetrators of domestic and family violence may relieve women of some of the pressure and burden of responsibility that they might feel when pursuing a justice response. It is also an important expression of community intolerance of violence. An automatic justice response signals to women and to men that domestic and family violence is a community matter, rather than a relationship issue, and that everyone has a responsibility to promote safety and prevent violence. Any response less than automatic reporting could be construed by men as trivialisation of their actions or even as tacit support of their violence, thereby supporting the idea that they can get away with violence. In this regard, discretionary decision making leaves staff open to pressure and bargaining by men.

Automatic reporting reinforces the criminality and seriousness of the man's act and positions the program provider as an upholder of law and supporter of women's rights. Furthermore, insofar as admissions of guilt and expressions of remorse are sometimes part of the cycle of violence, a justice response may impose a 'reality check' in which men must face the full consequences of their actions, including criminal sanctions. In this way, a justice response might be a step towards breaking the cycle of confession and 'forgiveness'.

Women should always be notified that an automatic report is to be made, and given assistance to update and/or implement their safety plans. Program providers may wish to consider whether there would be any circumstances (such as extreme risk arising from the report) that would warrant a provider not making a report. These should be documented in the form of a policy and procedure.

Managing risk when a crime has been committed

At a minimum, when a participant in a men's behaviour change group is believed to have committed a crime including breaching a court order (whether reported by the man, a family member or a third party), program providers must always have contact with his (ex)partner to:

- revise her risk assessment
- revisit her safety plan
- inform her of the course of action that the provider has taken or will be taking
- offer support, or offer to organise support, if she wishes to speak with police, pursue legal action or discuss her legal options
- discuss any risks to her safety that she or the provider believe could arise from legal action or speaking with police, and make changes—as needed—to her safety plan
- discuss any other action she would like the provider to take, including when and how often the provider should contact her in relation to the action
- discuss any risks to children and action that program staff feel they might need to take regarding a Community Services report (unless there are concerns that this will increase the risk to the child)
- discuss any other support needs that she and her children have.

Providers should always keep women informed of the progress and eventual outcomes of automatic reports.

Self-reporting by men

In addition to automatic reporting, men who inform staff that they have offended might be encouraged to report their acts to police. This provides an opportunity for the man to take some personal responsibility for his acts of violence, and to acknowledge that his behaviour needs to result in appropriate consequences.

However, self-reporting should never substitute for automatic reporting by the program provider. First, many men in this situation might not agree to report their acts to police, or might report a scaled-down or minimised version of their behaviour. Furthermore, historically police responses to men's admissions of violence have been inconsistent and there is no guarantee police will always act, especially without the 'victim' instigating charges and/or giving evidence. Without a concurrent report from a program provider, encouraging a man to self-report to police might actually have the unintended effect of showing that men can indeed get away with violence.

Talking with men about their violence

The question of whether and how to talk with a man about behaviour that his (ex)partner or child has reported can be difficult when the reporter does not want her disclosure to be revealed due to the risk of retaliation. The

twin dictates of confidentiality and safety require that program staff always ask about and respect the wishes of the woman or child in this regard.

When women breach court orders

Women who initiate contact with their (ex)partner despite an ADVO often do so because of fear, lack of understanding about how the order works or necessity (for example, because they need to obtain money from their partner). Women might need support to put in place practical strategies that enable them to avoid having to have contact with men subject to an ADVO.

If a woman believes a court order is no longer needed or is not meeting her needs, program staff should encourage her to discuss her situation with a women's domestic and family violence service or community legal centre. It is possible for the woman to return to the court to have an order revoked or altered, unless it has been taken out by a third party (for example, police). In these cases, she should be encouraged to discuss her situation with the third-party representative, preferably assisted by an appropriately qualified and experienced advocate.



WOMEN'S AND CHILDREN'S WELLBEING

Working with women

Implementing partner support

Frequency

Minimum standard 1.2 requires that program providers ensure that current partners of program participants are given support prior to and during the program. Women's input is a critical (not optional) element of assessment and so it is important that attempts to contact a woman begin during her (ex)partner's assessment period. If it is not possible to establish contact with her during this period, the partner support worker should keep trying to establish contact—preferably before the man attends his first group session.

Where women express interest in being contacted by program staff, there should be a minimum schedule for additional contact. Program providers might also consider making provision to check in with women in the longer term, for example, at two, four and six months after their (ex)partner leaves the program.

Within this framework, ideally women should determine the pattern of contact that suits them. Many women and children choose to have program staff contact them frequently. Others prefer to instigate contact themselves, and do so regularly or intermittently or only in times of crisis.

Being pressured not to talk, feeling overwhelmed by the violence, or being in crisis can limit women's ability or desire to engage. This means that it is very important that partner support workers are non-judgemental, flexible and proactive, continually reaching out to women in ways that do not make them feel pressured into engaging with the program.

Contact arising from specific safety concerns (for example, to advise a woman that her partner has not attended) would always be seen as extra to the schedule of contact. The concerns addressed during critical incidents are different to those that might be raised in regular contact; it is important that one set of issues does not displace another.

Women who have complex, ongoing needs might benefit from referral and/or co-case management in addition to the support they receive from the partner support worker.

Acceptable practice regarding minimum standard 1.2:

The program provider makes all practicable efforts to commence contact with women during the assessment period.

The partner support worker works to a predetermined schedule of how frequently, and at which points, to make contact.

In the course of case planning, the partner support worker works with each woman to determine an approach to contact that suits her, and reviews this with her regularly.

Optimal practice regarding minimum standard 1.2:

Contact after the assessment period occurs after the man's second or third session, at least every three or four weeks through the program, and when the man leaves the program (with contact to respond to safety concerns being additional to this schedule).

If they wish, women have at least one face-to-face session with the partner support worker in addition to their initial risk assessment.

Unacceptable practice regarding minimum standard 1.2:

There is no, or infrequent, partner support.

Women are not contacted as part of assessment.

Duration of contact

Minimum standard 1.6 requires that where women and children express an interest in having ongoing contact from a partner support worker, additional contact will occur for the duration of the program.

While the decision to end contact should rest with a client, resource issues might preclude ongoing contact with women after the program's conclusion, or if their (ex)partner withdraws from the program. If a provider will no longer give services to women and children for any reason, they should form and implement a handover plan (if another provider is to provide future support) or an exit plan, and where possible conduct an exit interview with the woman (and children, if appropriate).

Acceptable practice regarding minimum standard 1.6:

When men leave the program, their (ex)partners are offered active referral—with a handover plan—to a local domestic and family violence service that will continue to provide support if needed.

Optimal practice regarding minimum standard 1.6:

Program support for women continues as long as they require it.

Unacceptable practice regarding minimum standard 1.6:

The program takes no responsibility for ensuring that support to women continues when their (ex) partners leave the program.

Form of contact

Common forms of contact include:

- telephone contact
- regular women's support group
- one-on-one, face-to-face sessions with women and/or children
- outreach visits—if considered safe by staff and by the woman
- provision of information materials for women and children.

Email is increasingly being used as a form of communication. Where it is used, women should always be given assistance to maximise their online security. Given the rapid pace of technological change, the measures a program recommends need to be up to date. Details of safety plans should not be referred to in electronic communications.

Many programs also offer partner sessions with the men's group facilitators, at the beginning of a new program and/or at specified intervals thereafter, where men's (ex)partners are invited to come together to:

- obtain more detailed information about the program from the facilitators
- share experiences about any positive and negative impacts of the program on their (ex)partner's behaviour
- talk about ways that their (ex)partner denies responsibility, shifts blame, or uses what he has learnt or experienced in the group to increase or shift their patterns of control (this helps women realise that what they are experiencing from their partner is common to the other women's partners, thereby potentially lessening their feelings of responsibility for their partner's behaviour)
- give feedback to the program provider about any changes they wish to see in the program.

Because contact with women and children is primarily about their safety and wellbeing, the form of contact should suit their needs and circumstances. Making available multiple forms of contact will maximise the chances of women and children being supported.

The site of any face-to-face contact needs to be and feel safe for women—a neutral or women's-only space is preferable to meeting on the same site that men visit.

Clearly, women and children need to be able to speak privately about their experiences. In making telephone contact, program providers need to have a procedure in place to manage calls when a man is present or when the phone has an answering machine. Most commonly, this simply entails instructing women to pretend that the caller was a wrong number.



Who might be contacted

Partner support could be provided to any woman with whom the man has—or recently had—an intimate relationship, for example:

- a woman with whom he is currently having or has recently had a romantic or sexual relationship, regardless of whether they lived together
- the mother(s) of any children aged under 18 whom the man fathered (either as a birth or step-parent) and still has contact with, regardless of the time elapsed since separation
- any other woman whom the program provider reasonably expects might be being affected by the man's use of violence (for example, his mother, if he has recently returned home to his family of origin).

When considering how recent a relationship needs to be, two years is a reasonable 'rule of thumb'; however decisions should be made on a case-by-case basis. In situations where there is still some contact between the man and his ex-partner, or where there are indications that she could still be at risk, partner support should be offered even if more than two years have elapsed since separation. Furthermore, partner support should be offered to the mothers of all children the man has fathered, irrespective of the time lapsed since separation.

Violence often escalates post separation¹²⁵; the fact that the relationship has ended does not necessarily mean that the violence has stopped, or that the woman is not still affected by the man's past or current behaviour. Furthermore, without having contact with a woman, program staff have only the man's word that (a) the relationship has ended, (b) there is no longer contact, and (c) he is no longer in a position to be violent towards her.

Sometimes men wishing to participate in a men's behaviour change group say that they are not using violence in their current relationship, and that their reason for wanting to attend the group is to prevent a recurrence of their past behaviours. Men who participate in MBCPs do so because they perpetrate violence, which often takes the form of manipulation. Information that they provide might be understatements or outright lies, and so a man's claims are never a reason to delay or not initiate partner support.

Some men who are unpartnered at the commencement of a program develop a new relationship during the course of the program. Men can be hesitant to provide contact details of new partners, particularly if they do not want their new partners to know much, or the full extent, of their behaviour towards their previous partner(s), or if they are intent on promoting themselves as a 'new man' to their new partner. Participation contracts should reference the need for participants to provide contact details of any person they are commencing a new relationship with during the course of the program.

Of course, not all women want contact from a program provider. Some feel that the violence and abuse are the man's problem, and that the MBCP is his business. Others have left the relationship and desire no further reminders about the man or their relationship with him. In such circumstances, the partner support worker should try to ensure that the woman knows that partner support is about her and her needs, provide her with information relevant to her circumstances, and invite her to contact the program at any time.

Where a woman has a court order, the partner support worker could state at the outset of the discussion that the contact is being initiated on behalf of the program, not the man, and that she is aware of the court order in place. She could emphasise that the woman has a right to support and information, and be prepared to provide contact details and information about other local services the woman could use if she chooses not to have contact from the MBCP.

Some program providers have difficulties when men are in concurrent relationships with more than one person. In this instance, all partners could be contacted. However, great care must be taken not to disclose to one person the man's relationship with the other(s). If it appears that having multiple partners is a manifestation of a man's controlling behaviours, it is preferable to raise this with the man directly.

When men do not have any current or recent intimate relationships with women, some program providers have contact with a sister, mother, female friend or employer to get feedback about how he relates with women in other contexts.

In these circumstances, it is also important to consider whether any of these people might be at risk of the man's behaviour. For example, if a man returns to his mother's home after being subjected to an ADVO, he might perpetrate some forms of violence against her.

While women's choices about contact must be respected, all women should be notified if there is an apparent threat to their or their children's safety, even if they have previously expressed a desire not to be contacted.

Considerations in supporting women

Seeing women in their own right

Whether partner support occurs directly or via an external agency, program providers must engage with women in their own right, not simply as (ex)partners. Issues that might be of concern to women are wide-ranging and encompass much more than those of their identities as partners or mothers.

Placing or viewing women in the identity of 'victim' may also be problematic. One review of research into the place of contact with women in the course of MBCPs found that:

- women's experiences of violence are multidimensional
- women's decisions about leaving or staying do not always correlate with the cessation of violence
- many women make active decisions about what changes should occur and when; and they do this much earlier than do their male partners
- women have a variety of survival strategies that reflect the complexity inherent in relationships where violence is present.¹²⁶

Smith stresses the importance of understanding the ways women interpret and interact with the violence they experience, noting:

They are not passive victims. To define them as such is to deny the interactive nature of their lives. We need to understand how women see the violence, how women live with it and how women respond to it. This is important to ensure service delivery meets her needs, as she sees them, not as defined by 'others' who may unwittingly further oppress women by imposing a construct of violence and choice that is not reflective of the complexities of the lives these women live.¹²⁷

Noticing and validating women's sense of agency

Women almost always have thoughts or undertake acts of resistance to the violence used towards them. Many women have their own informal strategies for coping with the violence, such as threatening to leave and in cases of severe abuse, retaliating with violence.¹²⁸ Often, part of women's resistance is to try to live 'normally'—consciously trying to prevent the abuse from taking over their life.

Uncovering these points of resistance can help women to feel less like victims, and to see themselves in a different light. This process can help to heal; it can also assist women to take further steps towards safety and feel more confident to make other good decisions.

The idea of women's agency is explored in depth by Allan Wade and Linda Coates, see www.responsebasedpractice.com

Engaging women

Women's experiences of violence—and the community's responses to it—might make them understandably distrustful or sceptical about the objectives of an MBCP. Frequently, women also feel themselves to be unworthy of assistance and/or 'beyond help'. This means that the process of engagement between staff and family members can take some time. Contact, especially in its initial stages, is as much about building a quasi-therapeutic relationship as it is about assessing safety and giving information. Any engagement on a deeper level is likely to evolve over a significant period, and is primarily at the discretion of women and children.



An important element of engaging women is refraining from making any comment about any positive changes in men's behaviour, as these (a) might be counter to women's and children's experiences, (b) might not be sustained, and (c) might be construed as encouragement or pressure to stay in the relationship. Women must always be considered to be the expert on their relationship, and their experiences and needs must always be respected.

Partner support as a means to holding men accountable

Partner support can contribute to holding men accountable for their ongoing behaviour. However, while women can provide valuable information about a man's behaviour, this is not in itself a reason for contact. Many women and children fear the consequences of 'reporting', even if they are assured of confidentiality.

Where women are reluctant to talk about men's behaviour at home, this must be respected, though the reasons behind their reluctance should be fully explored to ensure that all current safety risks are thoroughly assessed and that safety plans are in place. When women or children raise fears of repercussions or payback for their disclosures, these should be discussed and safety plans revisited if required.

The process of using partner support as a means of holding men accountable should never make women feel they are responsible for monitoring their partner's behaviour. This means not asking them to identify triggers or patterns for their partner's violence in any context other than safety planning.

Feedback from partners can be used to shape curriculum or an upcoming activity, or to focus a one-on-one session with a man. In these situations, staff need to give careful thought about how to address issues raised in partner support in ways that do not 'tip off' men to what their partner has disclosed.

Giving clear messages about domestic and family violence

Women who experience domestic and family violence often internalise the explicit or implicit messages conveyed by their partner's abuse. They often blame themselves for failing to prevent or minimise the violence, or excuse or take responsibility for it. Women often do not perceive their experiences as violence; especially if they are not physically injured.

This means that two of the most important aspects of partner support work are validating and naming women's experiences as violence, and helping women understand more about domestic and family violence. Talking about issues such as the prevalence of domestic and family violence, the many forms of violence, the effects of violence on women and children, men's choices around using violence, and the myths of domestic and family violence can help women make informed choices about their situation.¹²⁹ It is helpful for partner support workers to point out that many women have found their partner's emotional and psychological abuse worse than their physical violence.

Providing support and information

Women often have a wide range of support and information needs arising from their experience of domestic and family violence. Some information might be provided by the partner support worker; however, it is also appropriate to refer to more specialised professionals in some cases. For example, Women's Domestic Violence Court Advocacy Services (WDVCAS) workers are best placed to support women in court settings.

For women, a statement of their rights and the responsibilities of the man who has been violent, can be a small yet powerful statement of belief, support and commitment to their safety.

Informing women of their rights is also a form of accountability for program providers.

Programs need to provide information to women about:

- their rights to live safely and without fear; to information, services and support; and to give or withhold informed consent
- the responsibilities and requirements placed on male participants in the program
- how the program operates, including the location, time, dates and duration of sessions; what the group talks about
- contact policies and procedures

- safety policies and procedures
- how to make a complaint about the service.

A sample information sheet is provided in the *Practice Resources* section (see 'Program information for women').

Understanding women's hopes

Hope for change can lead women to maintain their intimate relationship with a partner who perpetrates violence, even when they are fearful of him. Often, this hope is founded on love, although socially constructed values around romance, family unity and women's roles as wives, partners and mothers also play a part. Love can be a powerful tool that women use to help them cope and to endure the fear and difficulties associated with remaining in their relationship.¹³⁰

Understanding the place of love in women's hopes and decision making is a key to providing them with relevant and meaningful support; it is also critical to safety planning. Women who are still partnered and have high hopes of their partner changing his behaviour might be particularly vulnerable to downplaying acts of violence or relaxing their safety strategies once a program has commenced. The early stages of a program, when some men make some small (often unsustainable) changes, can be a risky time in this regard. Furthermore, there is evidence to suggest that risk of reassault can be highest during the early stages of a man's participation in the program.¹³¹

Women are often systematically disempowered by their experience of domestic and family violence, and so the process of identifying their hopes might take considerable time. Partner support workers have a role to play in helping women explore their ideas about intimate relationships and how their current (or past) relationships fit with these.¹³² 'Such conversations enable women to acknowledge their feelings of sadness, grief, anger and/or loss in a "safe" space in which they will not be judged and to begin a process of reconnecting or rebuilding future hopes'.¹³³

Women's expectations of a program may shift as they deepen their awareness or acknowledgement of the violence, or as their partner's behaviour changes or does not change, or as they increase their sense of agency. Women must be given detailed information about the risks and limits of behaviour change work on first contact, and have ongoing opportunities to discuss these in light of their own expectations and experience. To this end, minimum standard 1.3 requires partner support workers to prepare women for their partner's participation in a behaviour change group program.

Acceptable practice regarding minimum standard 1.3:

The partner support worker encourages women to talk about any negative effects of their (ex)partner's participation in the program.

A partner support worker provides information to women about:

- their rights, including rights to live in safety, legal protection, support and information
- the limitations of MBCPs including the real possibility that the violence may not stop or might change in form
- the participant's attendance and participation in the group including what the group will be talking about
- what the program provider will do if a participant breaches a court order or commits an act of violence against them or their children
- support services and resources.

Optimal practice regarding minimum standard 1.3:

The program holds regular information sessions for participants' (ex)partners, focusing in part on the limits and risks of men's behaviour change work.

Unacceptable practice regarding minimum standard 1.3:

The program makes no efforts to communicate the limits and risks of men's behaviour change work.

The program has no contact with women prior to their (ex)partner's participation in the program.



Recognising pressures on women

Some women experience myriad social, familial and other pressures that can shape the feedback they give about their partner's behaviour. These include not wanting program staff to feel 'bad' if the program 'doesn't seem to be working'; wanting to maintain an appearance of family harmony; and continuing to take responsibility for the violence.

Partner support workers need to be vigilant to ways that such pressures might influence women's feedback. While research shows that in general women are best placed to evaluate their own safety, this is not always the case. The presence or absence of risk and protective factors need to be continually monitored.

Discussing children

Domestic and family violence has a deep, long-lasting and very significant impact on children and young people. This means that it is both difficult and imperative to talk with women about their children's safety and wellbeing.

Women often find it hard to acknowledge the impact of violence on their children, especially if they feel responsible for the violence. Maintaining the father-child relationship is important to many women, and some may downplay or ignore the effects of their partner's violence on their children to preserve this ideal.

Women also often fear involvement of child protection services, especially if they wish to continue their relationship with their partner. This might lead them to understate both the impact of past violence and the risk of violence in the future.

Women who do not wish to have a high level of engagement with the program on their own behalf might still wish to have regular contact regarding their children, especially if they have no other source of support.

Working in the best interests of children

Responding to children's vulnerability

Men's direct and intentional use of violence against children should always be addressed by MBCPs, especially given that research shows rates of direct child abuse might be higher among perpetrators of domestic and family violence¹³⁴ and that fathers who have murdered their child have often perpetrated violence against the child's mother.¹³⁵

Even if program resources preclude contact with children, children's additional vulnerability to violence means that program providers have a responsibility to ensure that they are assessed and referred appropriately. This includes checking for violence perpetrated by the child's mother and/or sibling(s).

Addressing children's safety and needs via partner support

The wellbeing and safety of children should be discussed in most or all episodes of partner support, with information gained from this being passed back to facilitators and used to inform program content.

At a minimum, partner support workers should work with women to:

- support their children's physical and emotional safety
- support them in their mothering role, including how to mother in conditions of adversity
- help them further understand the effects of their partner's use of violence on the children
- help children to express and make sense of their contradictory feelings concerning what they have been experiencing at home (in age-appropriate ways)
- respond to children's traumatic reactions and stress or trauma-induced development delays in ways that promote positive movement and healing.

Managing complexities in direct contact with children

Direct contact with children by the partner support worker or a designated child support worker is an optimal response to meeting children's needs. However, this can be particularly difficult work and should not be entered into lightly. Some of the complexities of direct work with children include that:

- mothers might be unaware of, or defensive about, the effects of their partner's violence on children
- children might have experienced sexual or other forms of abuse from the man that their mother is not aware of
- children might have different wishes and views to their mother's, but have little power to ensure that these are taken into account
- the effects of men's violence might include children behaving aggressively or violently towards their mother, sometimes to the extent that their mother feels unsafe
- men might use children to indirectly or directly continue the abuse
- mothers might also abuse children.¹³⁶

Many men who participate in MBCPs have current or recent involvement with the Family Court, or are likely to in the future. This can include being a party to a Parenting Order prescribing contact conditions with their children. Some men are likely to have restrictions on their contact with children as a condition of an ADVO; these might stipulate that men have no access to their children at all, only very limited access, or supervised access.

In most situations, the mother and the child's consent is all that is required to work directly with the child. In general, the child's father should know about and accept the child's engagement with the MBCP. Talking with him about the child's involvement provides an opportunity to highlight the seriousness of the impact of violence on children.

Program staff must not assume that it is in the best interests of children to have more contact with their father, or indeed to have any contact at all.

Program providers who work directly with children and young people might find it useful to have policies and procedures about:

- how children and young people are offered contact (in the small number of programs in Australia that use a children's support worker, the process often involves the partner support worker discussing support options with the child's mother, and if the mother feels that direct support for the child might be desirable, the children's support worker makes contact with the mother to explore this further)
- the levels of skill and experience required of any professional who will interview or otherwise work with children
- the process of obtaining consent from the child and their mother
- responding to disclosures of violence or risk made by the children
- starting therapeutic work through play or other modalities with children when violence might still be occurring
- advocating for children within the school system
- connecting infants, children and young people and mothers with specialist services and community resources.

It is recommended that all program providers planning to incorporate child contact work within their programs consult extensively with the *Children's service manual of the Caledonian System* (2010), which can be viewed online at http://issuu.com/stirling/Community_Services/caledonian_system_-_children_s_service_manual_-_ma This is a comprehensive practice guide and 'how to' resource for child contact work covering a wide range of issues.



Assessing women and children

Levels of assessment for women and children

Women and children might be assessed at two levels:

- Initial assessment focuses primarily on gathering information to ascertain immediate risks to safety and immediate needs, and ascertaining the need for referral to a specialist women's domestic and family violence service.
- Detailed assessment addresses safety concerns, but also considers broader needs—for information, referral, counselling, health care, housing, financial support and material aid.

An initial assessment is necessary for all women and children to ensure that the program is aware of risks to the family's safety and any immediate needs. Women who wish to receive support from a partner support worker should have a detailed assessment.

Ideally, all children would have a detailed assessment, regardless of whether there are plans for them or their mother to have further contact with the program. This ensures that mothers are aware of the ways that domestic and family violence has impacted on their children, and have strategies and referral options to address these.

All assessment needs to be culturally sensitive. Where it is being undertaken in a cross-cultural context, professionals should consider whether the assessment might be more effective if it is informed by a secondary consultation or involvement of a bicultural worker.

Most women's needs and risk will change over time, and so assessment is best understood as a continuous process. Safety, in particular, must be continually assessed.

Assessment must be used as a guide to action. It should inform safety planning, case planning and the level, nature and frequency of subsequent contact with each woman and child.

Initial assessment—assessing risk

Initial assessment is primarily focused on assessing risk. However, as a process, it cannot take place without engaging women, providing a supportive response to their experience of domestic and family violence, and exploring issues for their children. As described elsewhere in this guide, women and children have been systematically disempowered and devalued by their experiences, and so a respectful, affirming and warm approach is important. This first assessment is likely to set a tone for women's and children's future engagement with the domestic and family violence service system and possibly the broader human services system, so it is important to get it right.

Minimum standard 1.4 requires that partner support workers complete individual risk assessments and safety plans.

Acceptable practice regarding minimum standard 1.4:

The program has documented processes for assessing risk.

The partner support worker takes a structured approach to risk assessment and documents her findings.

The partner support worker reviews risk in the course of all contact with women and children.

Every woman is supported to develop a safety plan for her and the children.

Safety plans are documented in women's files.

Risk assessments contribute to men's assessments and reviews.

Optimal practice regarding minimum standard 1.4:

Risk assessment includes application of a dangerousness or lethality measure.

Unacceptable practice regarding minimum standard 1.4:

The partner support worker does not routinely assess risk.

The partner support worker does not use a structured approach to risk assessment.

All MBCP staff should be aware of the following risk factors, for which there is evidence to indicate increased risk of the reoccurrence of domestic and family violence.¹³⁷ Those marked with an asterisk (*) are factors that indicate an increased risk of a victim being killed or almost killed.

Risk factors present for adult victim

- Is pregnant or has recently given birth*
- Has depression or a mental health issue
- Misuses or abuses drug and/or alcohol
- Has ever verbalised or had suicidal ideas, or has attempted suicide
- Is isolated

Risk factors present for perpetrators

- Used weapon in most recent event*
- Has access to weapons*
- Has ever harmed or threatened to harm victim
- Has ever tried to choke the victim*
- Has ever threatened to kill victim*
- Has ever harmed or threatened to harm or kill children*
- Has ever harmed or threatened to harm or kill other family members
- Has ever harmed or threatened to harm or kill pets or other animals*
- Has ever threatened or tried to commit suicide*
- Has or is stalking victim*
- Has sexually assaulted victim*
- Has breached Intervention Order
- Misuses or abuses drugs and/or alcohol*
- Demonstrates obsession/jealous behaviour toward victim*
- Uses controlling behaviours*
- Is unemployed*
- Has depression or a mental health issue
- Has a history of violent behaviour (not family violence)

Risk factors present in relationship

- Recent separation*
- Escalation—increase in severity and/or frequency of violence*
- Financial difficulties

The *Danger Assessment* helps to determine the level of danger an abused woman has of being killed by her intimate partner. The tool and associated training are available from www.dangerassessment.org



Detailed assessment

Detailed assessment goes beyond risk assessment to also consider the many other issues that women and children might need to address in order to live in safety and recover from their experiences of violence.

For women, these needs might include legal advice, access to independent income, alternative housing, support to address addictions, counselling, material aid (such as clothes, food), and support for parenting a traumatised child.

For children, these needs might include opportunities to address developmental issues arising from their experience of violence, parenting that is sensitive to their trauma responses, supportive social environments (such as playgroups or peer groups), material aid (such as clothes, books, toys) and sometimes specialised counselling. Children's needs differ according to their age and stage of development.

Detailed assessment is best undertaken in a structured and systemic way. This ensures that women's and children's long-term needs are not missed in the rush to address immediate crises. In the context of men's behaviour change work, detailed assessment might take place over several episodes of contact. Ideally it should incorporate at least one face-to-face interview.

Programs differ in the level of resourcing they have to offer detailed assessment. Referral to a local women's domestic and family violence service for detailed assessment will be a good alternative for many program providers. In these instances, the agencies should have protocols for referring and sharing information to ensure that partner support workers have a full understanding of the situations of the women and children they work with.

Ongoing risk assessment

Risk is not static. The lives of men, women and children change constantly and programs need mechanisms to identify and respond to changes that might indicate increased risk. These mechanisms should include:

- tools to guide the collection, documentation and analysis of information pertaining to risk, such as:
 - a men's initial assessment tool
 - a women's initial assessment tool
 - a risk assessment and risk management framework
 - a dangerousness checklist
- forms for program workers to record critical incidents
- forms to document risk indicators
- sufficient opportunities to apply risk assessment tools, for example (at minimum):
 - via partner support
 - via check-ins in the group
 - in debriefing
- occasional individual one-to-one sessions with men, in part to assess how risk or risk issues might be changing
- routine information sharing between facilitators, partner support workers and other relevant staff, and emergency information sharing in response to safety concerns or situations of heightened risk
- information-sharing practices and protocols with other agencies that might also be involved in assessing and managing risk, to enable case conferencing around high-risk situations where appropriate.

Programs require policies and procedures to govern how they relate to male or female clients around risk issues, including those to children. In relation to informing men, the UK organisation Respect notes:

the undertaking of a risk assessment can be part of the process of reducing risk and engaging the client in change. The client's understanding of what is in a report, and why, could be helpful in developing their cooperation in future work. The organisation will need to consider safety as there will be times when it is not safe for staff to share the outcome of a report directly with the perpetrator ...¹³⁸

Goal setting and case planning for women

As discussed on page 47, an MBCP's services will be most useful when they are tailored to a client's individual goals, while working towards the safety and wellbeing of all family members. A 'holistic casework' approach offers women an opportunity to receive wide-ranging support towards her safety and wellbeing.

Helping women define goals is an important part of partner support. This needs to be done particularly gently and patiently, as often women have had little space or sense of opportunity or worth to consider their own goals. They might feel extremely conflicted about major decisions, including whether to stay with their violent partner. Goal setting needs to be done at women's own pace and through a process that they have control and ownership of.

Some women might state their main goal to be their partner making major changes by participating in the program. In such situations, program staff have a responsibility to explain to why it is important that women set goals that do not rely on the actions of others (see page 111 for a detailed discussion on understanding women's hopes).

A woman should be regarded as a client in her own right. She requires a detailed case plan, informed by:

- her goals for being involved in the program
- her level of risk
- her needs for information, support and practical assistance (including financial support, housing and material needs)
- her safety plan (see page 100)
- any parenting issues of concern to her or the partner support worker.

The case planning process should establish the frequency and form of contact from the partner support worker, referrals and other steps that will be taken to address the woman's needs and parenting issues, and provisions for reviewing her safety plan.

If partner support is being provided by another agency (such as a local women's domestic and family violence service), the case plan should also specify roles and responsibilities of different professionals providing services to the family.

Case planning for Aboriginal women

Staying within their family is often extremely important to Aboriginal women, and they are often more likely to want to continue to live with their partner and work with him towards his changed behaviour.

If an Aboriginal woman is to have support from a mainstream program, the program provider should make provisions for her to have a culturally appropriate support—such as an Elder—to help her through any grief or trauma responses that she is experiencing. Additional reviews and case meetings would be appropriate, and should involve the woman's Aboriginal supports. Case management or co-case management by an Aboriginal service provider is also likely to improve cultural safety for Aboriginal women.

Case planning for women from CALD communities

Case plans for women from CALD communities should take into account:

- the cultural context of the woman's response to domestic and family violence, and cultural factors in how she might express her emotions
- the woman's visa status and legal position (if there is any doubt about these, they should be checked with a suitably informed professional)
- how the woman's culture informs her parenting practices—for example, ideas about children's development, the role of extended community
- the underlying reasons for any reluctance the woman has to use a service or engage with the service system.¹³⁹

If an interpreter is required, the case plan should set out how program staff and the woman will work with that professional.



Case planning for children

Children are best served by having their own case plan, informed by:

- their level of risk
- their need for information, support and practical assistance appropriate to their stage of development
- their goals (if they are mature enough to set them) or goals articulated by their mother
- their safety plan or the part of their mother's safety plan that refers to the child (see page 101)
- any issues that arise from the parenting approaches or capacities of either parent.

Where this is beyond the resources of a program, a case plan for a woman should also address the needs of the children.

Where a child has a case plan arising from engagement with Community Services, that plan should incorporate issues specific to the child's contact or involvement in an MBCP, including roles and responsibilities of Community Services and MBCP staff.

Wherever possible, children should have input into their own case plans.

SECTION 04

Working with men



RELEVANT MINIMUM STANDARDS

- 4.2 Program providers will document and implement thorough participant assessment procedures
- 4.3 Program providers will have procedures for engaging participants, which challenge them to acknowledge their abusive behaviour
- 4.4 Program content will include explicit information about the impact of domestic and family violence on women and children and women's disproportionate experience of domestic violence
- 4.5 Program content will include information on different forms of domestic and family violence and provide opportunities for participants to come to an understanding about the nature of their offending behaviour
- 4.6 Program providers will develop procedures for non-attendance of mandated participants
- 4.7 Program providers will have procedures for group facilitators to prevent their implicit or explicit collusion with participants' attitudes that support violence against women
- 4.8 Program providers will offer appropriate referrals to meet a participant's additional needs
- 4.9 Program providers must comply with the requirements of a referring agency for a report on a participant's completion of a program
- 5.2 Programs addressing other forms of family violence will be specific to the participant's needs

ENTRY, ASSESSMENT, CASE PLANNING AND EXITS

Entry

Timing responses to first contact

An enquiry about MBCPs should be seen as a call for help and an indication that women and children might be at risk of harm. A man expressing an interest in changing his violent behaviour is likely to be in crisis and might have a higher-than-usual motivation to change. A prompt response increases the chance he will enrol in a program or receive other relevant assistance; otherwise, his motivation might wane, especially if he is able to convince himself that the crisis is over. A prompt response also increases the likelihood of support for women and children through partner support, which might lower the risk of ongoing or escalated violence.

Protocols need to be in place to ensure that all staff (including duty workers and receptionists) who receive enquiries from men regarding domestic and family violence issues or MBCPs respond to these calls appropriately.

A family violence worker should respond to all enquiries within one week, but a preferable response time is two working days. The time and date of the initial contact (or referral) and the program's response should be logged, as this provides important statistical information on service responsiveness.

Responding to first contact initiated on behalf of a man

While it is preferable for a man requiring the service to make contact himself, it might be acceptable in some circumstances to accept a referral from his partner if a wide-ranging discussion indicates that there are no safety risks inherent in doing so. However, in most situations where a referral is made by a woman, it is difficult to be confident that there are no safety risks involved. Ideally, workers should not accept the referral but rather discuss with the woman how she might safely encourage her partner to make contact.

Women who initiate contact on behalf of their partner must be provided with information, support and referrals to meet their own and their children's needs. They should also be encouraged to develop a safety plan.

While programs might have arrangements in place for formal or active referral, it is preferable that a man is actively engaged in the process of booking an appointment, especially when he feels coerced to participate in the program through the mandate.

First phone conversations with men

Many program providers find that the quality of engagement with a man during initial phone discussions is an important variable in whether or not he attends for assessment.

A man might be more likely to attend an assessment session if he has experienced a positive intake conversation of some length. If he does not attend for assessment, at least he will have heard something about the program and men's responsibility. Building an initial rapport with a man via telephone might also facilitate further contact—initiated by the man or, in circumstances where there is a safety concern, the program provider.

Motivational interviewing is thus an important skill for first contact, and giving time and attention to the call is essential. Intake staff should try to ensure that an intake call is not solely a brief, administrative exchange to set a time for an appointment. It is preferable for staff to try to allocate 15–20 minutes for an intake call, using the opportunity to:

- invite the man to talk about the circumstances surrounding the referral, without necessarily exploring his use of violence in depth
- use motivational interviewing or other strategies to help the man identify why doing some work might help him achieve his goals
- provide a limited amount of information about the program
- explore, where possible, what the man can do to keep those affected by his behaviour safe



- affirm the step the man has taken by contacting the program
- begin a process of building trust and a positive perception of the program, without colluding.

In some situations, it might be viable to begin the assessment process during an intake call, with the primary aim of obtaining the man's partner's contact details and agreement for her to be contacted, and a secondary aim of discussing with the man what he can do immediately to increase safety for his family. Such a conversation can only occur if the man explicitly agrees to a phone conversation of at least 30 minutes.

Notes should be taken about all intake calls, irrespective of their length. These notes can ultimately form their own file note in the man's file, and also contribute information for the man's assessment.

Assessing men

Intake assessment is an integral part of the men's behaviour change process. It is imperative for making a realistic assessment of the man's suitability for a program and is the first step in engaging him in the behaviour change process. By providing baseline data, it also forms part of the evaluative or review process.

Program providers vary in their assessment processes for men. Some use a single session of 60–90 minutes; others conduct multiple interviews. Assessment over a number of sessions enables staff to collect more information and observe the man more closely. Intake assessments that are not conducted on a face-to-face basis (for example, via telephone or survey) are never appropriate as they are less likely to facilitate engagement.

Men who are returning to a program after a break of more than three months ideally should be reassessed, as their circumstances (and those of their partner and children) might have changed.

Tools for assessment of men

There are many tools for assessing men. These should not be administered or completed 'checklist' style. Given the importance of engaging the man and exploring safety concerns, assessors must be able to use their professional judgement to follow up on issues as they arise. Tools are, however, useful for structuring thinking and note taking.

Tools that might assist with assessing men include:

- comprehensive assessment form for men (see 'Mens comprehensive assessment tool in the *Practice Resources* section)
- checklists of violent behaviours to be completed by women and men (see 'Violence behaviours: checklists for men and women' in the *Practice Resources* section.).

The Victorian publication *A framework for comprehensive assessment in men's behaviour change programs* (Department of Human Services, 2009) provides a detailed discussion of clinical practice.

Inclusive assessment

Cultural formulisation

No assessment is complete without consideration of the cultural factors that might impact on risk, narratives about the violence and engagement with the ideas of men's behaviour change. One approach is to use a 'cultural formulisation' in assessment, to develop an effective intervention that connects with the cultural framework of a man being assessed.¹⁴⁰ This might involve:

- respectfully enquiring about a man's cultural identity—while culture profoundly shapes the way we see the world, each person experiences and lives culture differently; some may strongly identify with their cultural heritage while others may see their cultural heritage as a small part of their identity
- being attuned to the extent that a man uses culture as part of his violence-supporting narratives (see page 129)

- exploring people in a man's community who may support his change process
- identifying cultural practices that may help a man manage his emotions
- identifying cultural elements likely to affect a man's participation in a program, for example, being unable to talk in front of a female facilitator.

Men who do not feel their cultural safety is guaranteed might generally take longer to engage with an MBCP. The program has a responsibility to deliver a culturally safe environment (see page 80). Part of this might be engaging with men around a range of issues, not just their violence.

Assessing GBTI people

In addition to standard assessment, assessors should consider men's:

- experiences of homophobia/transphobia, including their expectations of homophobia/transphobia on the part of the service system—they may fear such a response from services or think that mainstream services are not for them because they are sex or gender diverse
- experiences of homophobic or transphobic violence or hate crimes—many GBTI people experience violence throughout their lives and therefore may have different expectations about healthy relationships
- level of internalised homophobia/transphobia
- stage of coming out
- level of acceptance/rejection from significant people such as family members, friends, employers, landlords—a men's behaviour change group might be the first place where a man has been able to be open about his sexuality or gender
- level of access to GBTI support resources—for example, GBTI people in rural and regional areas may have little access to locally based organisations or communities.

Components of assessment for men

Minimum standard 4.2 requires program providers to document and implement thorough participant assessment procedures. Assessment is best understood as a multifaceted approach to engaging men, and their (ex)partners and children in the domestic and family violence service system. Even if a man does not ultimately participate in a program, there can be gains for his (ex)partner and children in the assessment process.

The basic components of assessment for men are as follows:

- contact with men's (ex)partners
- identification of risk indicators, dangers and threats (see page 98)
- assessing the man's eligibility and suitability
- introducing the MBCP and some of the fundamental ideas of men's behaviour change
- deciding on a course of action.

Each of these is discussed below.

Acceptable practice regarding minimum standard 4.2:

Assessment includes identification of risk indicators, dangers and threats; and assessment of the man's eligibility and suitability.

The program makes all practicable efforts to contact a man's (ex)partner as part of the assessment process and takes her input into account when deciding whether or not to admit him to the program.

The program has identified and documented the ways that assessment fits within its model of behaviour change.

Optimal practice regarding minimum standard 4.2:

Assessment with the man occurs over two or three sessions.

Assessment includes activities to introduce some of the fundamental ideas of men's behaviour change.



Assessment includes a preliminary focus on safety strategies that the man can apply to attempt to interrupt his use of violence over the coming period before he starts the program.

Assessment includes activities or approaches that might enhance the man's readiness for change.

Unacceptable practice regarding minimum standard 4.2:

Assessment is conducted on an ad hoc basis.

Men are accepted into the program without risk assessment.

Men are accepted into the program without formal assessment.

Men are accepted into the program without the program having contact with their (ex)partners.

Contact with men's (ex)partners

Assessment must include information gathered from those who are affected by a man's violence. Self-reports of violence by violent and abusive men commonly minimise the amount of violence being experienced by their family members. It is not uncommon to find that women describe more frequent and severe levels of all forms of abuse.¹⁴¹ Any self-report measures can be easily, though sometimes unconsciously, distorted and are unreliable when used in isolation.

Partner support during assessment means that the program reaches out to women and children as early as possible, giving priority to their safety and support needs regardless of the man's engagement. Contact with women and children (as discussed on page 58) should always be an integral part of the assessment process.

Introducing men's behaviour change

Providing information about male domestic and family violence and men's behaviour change work is an important step in assessment. This helps men contextualise and understand the questions they are being asked and ensures that those who do not ultimately participate in the program have had access to some basic ideas about male family violence and men's behaviour change. Indeed, some program staff routinely treat every assessment interview as if it might be the only encounter they have with the man.

Introducing concepts such as safety, responsibility, choice and 'smokescreens'¹⁴² might also help to reduce a man's engagement in overtly collusive practices when he starts in the group, or lays the groundwork for the facilitator to address them. As such, program staff might wish to introduce the following ideas or create space for the following discussions in the assessment session(s):

- what the man wants for his relationship with his partner or for future relationships, and how his behaviour gets in the way of this
- some introductory engagement using motivational interviewing
- preliminary, 'warm-up' conversations concerning the concepts of choice and responsibility, including the costs to the man and to others of continuing to blame others rather than focus on his behaviour
- presentation and discussion of the cycle of violence model
- discussion of what the man has tried previously to prevent or stop his violent behaviour and whether these strategies worked or how they could be improved
- upcoming risk situations in which it might be important for the man to consider using these strategies.

This expanded list of topics to address is most feasible when assessment is spread over two or three sessions.

Another important benefit of spreading assessment over two or three sessions is that it can facilitate the man building trust in the service providing the program. In the general counselling and treatment literature, there is considerable evidence that the quality of the therapeutic relationship is a key determinant of the degree of change. Men who feel understood, respected, valued and encouraged might be likely to participate more earnestly in the group component of the program.

Assessing suitability and eligibility

Not all men are suited to men's behaviour change work. As a general principle, program providers offer services to a man who perpetrates violence when they have some expectation that this will reduce risk to his (ex)partner and children. This reduction in risk does not have to be achieved directly by a man's changed attitudes and behaviour; often risk declines because his family members are informed and supported (for example, to obtain an ADVO or to leave the relationship) or because the man is imprisoned for his criminal acts.

As such, there are two separate related issues to address when deciding whether a man should be offered a place in a group: eligibility and suitability. Eligibility refers to the basic grounds for a man's exclusion or inclusion in a program, such as whether he is willing to agree to limited confidentiality. Suitability refers to factors that might influence the likelihood of the man making change and/or his (ex)partner and children becoming safer.

As a general guide, programs should base their decisions about whether to admit or decline a prospective participant on a structured professional judgement, taking into account a comprehensive assessment of the man (informed by information provided by his (ex)partner) and a risk assessment for his (ex)partner.

If a man is assessed as ineligible or unsuitable, the partner support worker must contact his (ex)partner to inform her of this, assist with safety planning, ensure she has access to support and information, and address needs related to her own or her children's wellbeing.

If the man was actively or formally referred, a referral report should be sent to the referrer.

There are many considerations in assessing a man's eligibility and suitability for a program. Each of these is discussed below.

Level of risk

When considering assessment findings and deciding on a course of action, program providers should always take risk into account when deciding on whether to offer a man a place. A man who does not seem highly suitable might still be offered a place if it seems that his contact with the program might (a) facilitate his partner's access to the domestic and family violence service system or (b) check his behaviour by virtue of him feeling he is being monitored.

Socially and legally mandated referrals

Many men who seek to participate in a program are still in relationships, and have been given an ultimatum by their partner: they must do something or their family member(s) will leave. This has been referred to as a social mandate: men are not entering the process of their own volition, but rather because someone in their social environment is making them.

A significant number of men seek to participate because of a legal mandate. Often these men have been required to attend by a court or other statutory body because they have been violent or abusive towards a family member. Other times, it is because of their violent behaviour at work, while driving, in social settings or in other places. Frequently, men in this last category say that they do not use violence towards family members.

Sometimes men seek to enter an MBCP on the advice of their lawyer, usually in the hope of averting criminal sanctions or increasing their chances of access to their child.

The issue of 'mandate' is therefore a complex one. It has been presented as a continuum from 'social' to 'legal', in recognition that participants are not dichotomous groups, but rather, present with varied experiences and motivations for attending.¹⁴³

Indeed, most men have mixed motivations about attending, irrespective of the starting point for their involvement. Men from anywhere along the mandate continuum are likely to start the program thinking mostly that it is not relevant for them or that they do not need it. Their understanding of the benefits of participating are likely to be outweighed by their negative thoughts about participating.

However, many men who are initially resistant, or who are participating for questionable ends, ultimately find the process worthwhile. For some legally mandated men, the time taken through the program for this balance to shift in favour of the positive motivations for attending might take longer than for some voluntary men (see page



156 on enhancing readiness to change). However, it should never be assumed that a man who is participating on a voluntary basis will be more motivated to change than a similar man who has been legally mandated.

The complexity of the social/legal mandate continuum means that there should not be a maximum number or pre-set proportion of participants in a group who have been directed by a statutory authority to participate. Rather, program providers should admit or refuse men on the basis of their fit with the eligibility requirements.

Relationship status

Engaging with men when they are wishing to change is preferable. This means that program providers must not exclude men from the group if they are not currently in a relationship.

A man who is not currently partnered might be using controlling and manipulative tactics against a former partner, and could be at risk of using physical violence against her. His entitlement-based, self-focused attitudes might also continue to affect his children.

Even if a man has not had a partner in recent times, there are plenty of opportunities for these men to apply their learnings—for example, with a former partner (if they have contact), their children, other family members, or at work. Some men also start a new relationship while in a program.

Men's level of motivation for change

Historically, there has been a strong view among men's behaviour change professionals that men should not be accepted into an MBCP unless they appear at least somewhat committed to embark on a change process. In recent years, this has been countered with the view that:

- men who are less motivated might pose higher risks to their family members
- the domestic and family violence service system has a responsibility to offer all men an intervention as part of working towards the safety and human rights of those affected by their violence
- if men are not admitted into programs, their partners miss out on opportunities for support and a valuable opportunity to monitor and manage men's risk is lost.

Furthermore, professionals now recognise that many men—even those who appear relatively motivated—have substantial blocks to being committed to men's behaviour change work; indeed, very few start the work from a position of high motivation.

Accordingly, it is preferable to consider men are ineligible only if they appear to have practically *no* motivation for doing the work. In these instances, one or more individual sessions might be offered to the man to explore the possibility of his becoming open to the benefits of participating in the program, or open to why it might be important for him to do it.

In general, a man's potential to engage with the program to the benefit of his family members will be unknown until he has participated for some time. It is, however, important to assess motivation at the outset, as this can help to inform the program's work with the man.

Current legal standing

A man's involvement in a program should never undermine processes to hold him accountable through the criminal justice system, nor reduce the conditions of an ADVO or as an alternative to an ADVO.

Some men might be primarily motivated to participate in a program in the belief that it will reduce their legal sanctions. Where assessors believe that a man's desire to participate is motivated solely by this, they have the option to refuse his participation.

Assessors should also consider whether a man who is facing domestic and family violence-related criminal charges is likely to be willing to disclose the extent of his violence and participate fully in an MBCP.

Level of responsibility taking

During the assessment phase, program providers can expect that a man will be defensive about his behaviour. He is likely to significantly downplay his violence and use other strategies to avoid taking responsibility. This

should not be a reason to exclude him. Even if he appears to be unable to take any responsibility for his use of violence, and denies that he has used any violence, if he is open to considering at least some potential benefit of participating in the program or can see why it might be relevant to his situation, he should be accepted into the program.

Criminal orientation or psychopathology

Work with criminally oriented or psychopathic men should involve some different emphases and program features than the standard MBCP. A man should be refused entry and referred to a forensic psychiatric service if he:

- lacks a conscience or any deep relational bonds
- is particularly callous or lacks capacity for remorse or empathy
- lies pathologically
- is manipulative and deceptive, even if presenting in a charming manner
- is cold, calculating and cunning
- has relatively few inhibitions to engaging in crime
- is intensely self-interested
- tends to have extensive and generalised violent histories against multiple victims not only victims of domestic and family violence.

Standard men's behaviour change interventions with these men might not work, and might even make things worse.¹⁴⁴

When referring a criminally oriented or psychopathic man, staff should use a formal referral process, and check on the safety awareness and procedures of the agency being referred to.

Substance abuse

A man should be excluded from a program if he cannot attend the group unaffected by a substance. If this is the case, it is important that he does not withdraw from the service system, and that he has an opportunity to enter the program when his substance abuse problem is sufficiently under control. The program should refer him for substance abuse treatment and seek his consent to have ongoing contact with his treatment provider via secondary consultation to re-engage him in men's behaviour change work as soon as possible.

If a man's substance abuse problem is not of a magnitude to affect his attendance, but is still a current or recent risk factor to his use of violence, there might still be value in referring him for treatment simultaneous to his participation in the program.

Assessors should consider whether the man's participation in the program might increase his risk of substance abuse, or at least escalate his use of substances. For some men there might be the risk that the emotional content of these programs—including encounters with shame and remorse—might make the use of substances as a coping mechanism a tempting option. Referral to a substance abuse program might or might not be required. The man's case plan should include relapse prevention strategies, such as additional individual sessions and additional case reviews.

It is preferable for MBCPs to have strong relationships with local drug and alcohol service providers, and for staff of those services to understand and agree with the MBCP's principles and approach. This is more likely to ensure that men receive consistent messages.

Mental health issues

Mental health issues might also affect men's participation in a group program. Assessors need to consider not only a man's presenting state of mental health, but as with substance abuse issues, the possible impact on his mental health of the emotional journey implicit in a program. In this, assessors must be aware of the impact a man's mental health issues might be having on his (ex)partner and children.

Referral to the man's general practitioner, treating practitioner or local mental health service is the preferred option for a man whose mental health issues preclude his participation, with similar provisions for secondary consultation as outlined in *Substance abuse* above.



Cognitive deficits, intellectual disabilities or developmental disabilities

Impaired cognitive capacity due to intellectual disability or acquired brain injury might affect men's capacity to participate fully in groups. In assessing men's suitability for entry into a men's behaviour change group, staff should look at their capacity to work within the group structure and understand the core ideas. Including men with limited or impaired cognitive capacity might influence group processes; however, this is not necessarily a negative outcome. Consideration could also be given to a combination of group work and individual work to give men greater time or opportunities to absorb ideas or develop skills.

Disrupted childhood attachment

Long-term personality traits characterised by maladaptive ways of relating as a result of disrupted childhood attachment can increase the risk of some men using violence (although many men with secure attachment experiences and without pathological personality traits perpetrate violence).

There is evidence that these men can still benefit greatly from behaviour change programs. For some, concurrent psychotherapeutic approaches consistent with the program's aims and understandings of domestic and family violence can be useful adjuncts to behaviour change work.

Road rage and other forms of street/community violence

Referrers to the program need to know that the program is about domestic and family violence and not about working with men for their use of violence in the broader community. However, men who are referred for reasons other than domestic and family violence need to be assessed, as it is quite possible that they also use forms of violence towards family members.

Paedophilia

It is not appropriate for men with known histories of sex offences against children to participate in men's behaviour change groups, even when they also have a history of other forms of violence towards family members. Working with men to stop their sexual violence towards children is beyond the scope of generalist men's behaviour change groups and this work should take priority. Furthermore, there are obvious risks to a man's safety if his crimes become known to others in a group. To suggest that they don't disclose their offences to the group is problematic as it legitimises non-disclosure or partial disclosure, which defeats the purpose of groups. It also reinforces the idea of secrecy to men who have previously used this as a powerful tool.

Sexual assault outside an intimate relationship

Men who are referred primarily for their sexual assault of women outside the context of an intimate relationship should not be referred to MBCPs. Specialised sexual assault offender programs are better placed to work with these men.

Willingness to sign a participation agreement

Signing a participation agreement is often a condition of entry for men wishing to commence in an MBCP. Participation agreements (sometimes called contracts) are primarily used to:

- emphasise to men the program provider's commitment to placing the safety of women and children at the centre of its work
- reinforce to men the seriousness of the process they are about to enter
- document the program's expectations of participants.

They also provide a means for men to agree to limited confidentiality and staff contacting their family members.

Participation agreements should require prospective participants to:

- acknowledge their violent behaviour
- show a commitment and capacity to attend and participate in the entire program
- agree to behave respectfully to other group participants and program staff
- agree to a worker having regular contact with any women who might be affected by their violence
- acknowledge they are obliged to abide by the law, including the requirements of all the legal orders

- disclose their access to legal or illegal guns or other weapons (safety planning with their partner should address these issues; illegal weapons must be reported to police)
- agree to the program provider's policies on limited confidentiality and responding to criminal acts or breaches of court orders
- agree that information will be shared between the program provider and referring agency and with relevant government agencies where required by law.

Program participants need to give informed consent to limited confidentiality and should also be given information about their rights (see page 222 of the *Practice Resources* section for a sample participation contract).

Assessing claims by men to be victims of domestic and family violence

Presentations of victimhood

Men who are the principal or sole users of domestic and family violence in heterosexual relationships often present as a victim or the victim of the violence. This presentation is often persuasive because:

- while domestic and family violence is increasingly becoming unacceptable, there are still myths about 'women being just as violent as men' or 'women provoking the violence'
- women may not be passive victims and might undertake acts of retaliation that can later be (mis)construed as 'evidence' of a pattern of violence on their part
- men may claim injuries inflicted on them by their partner in self-defence (such as scratch or bite marks) as evidence of their victimisation
- even when men are not able to portray their partner as the sole aggressor and themselves as the sole victim, they often use their partner's actions of self-defence, frustration or defiance to present the situation as 'tit-for-tat fighting', perhaps by saying that 'she gives as good as she gets'
- people experiencing fear or terror will sometimes make poor decisions (including the use of violence), which might add to their portrayal as being hysterical or out of control
- men's deliberate lies are made in the context of a broader social history in which women have been portrayed as less credible than men, particularly if men present as calm, rational, eloquent and 'in control'.

For these reasons, program providers might find that police or others refer a man to their program but allege that the violence is reciprocal and that both partners are 'equally responsible'.

In other situations, a man might claim in the assessment process that he is the sole or primary victim, rather than perpetrator, of domestic and family violence. Indeed, most men will, at some stage in their involvement in an MBCP, attempt to shift responsibility for their use of violence to their partner, often by equating her behaviour to theirs. This is particularly likely when women have retaliated physically.

Men vary in the extent to which they believe that they are partly or solely the victim, versus the extent to which they *know* that they are not a victim.

Most men do not recognise their behaviours as acts of domestic and family violence. Their sense of privilege is such that they consider their controlling behaviours to be right and even necessary to ensure that others fulfil their expectations. They choose not to see that their behaviours cause fear and harm. They are, however, very aware of others' use of violence and are very quick to detail others' actions while denying or minimising their own. Program staff need to be aware of the tendency of people who have used violence and abuse as a pattern of coercion to identify as a victim when they experience any act of violence towards them.

Men who do admit to using violence often try to justify or downplay their violence, or to blame their partner—perhaps for 'provoking' an attack or giving him 'no way out'. They might refer to their partner as being over-sensitive, irrational, hysterical, a danger to themselves or even mentally ill when trying to minimise their behaviour to others. These characterisations of women are reinforced by the social position of women in relation to men.



Establishing whether a man is perpetrating or in need of protection from family violence

It can sometimes be genuinely difficult to establish whether a man who is identified as a victim of domestic and family violence in a heterosexual relationship is actually using or in need of protection from family violence. This can be even more difficult when a man is in a same-sex or transgender relationship.

Remembering that domestic and family violence involves a pattern of power and control is critical. It is different to relationship conflict. Having an understanding of the history of the relationship, and current and historical patterns of power and control, provides a context for understanding behaviour.

There are six issues to explore when teasing out whether a person is using or in need of protection from domestic and family violence.¹⁴⁵

Context, intent and effect

Many behaviours can be used by a person to survive abuse or to establish power over another. The question is whether the behaviour is part of a pattern of systematic power and control over their partner. As such, it is useful to explore:

- the context in which an act takes place (for example, what happened beforehand and afterwards, or where the violence took place)
- the intent of using the violence (for example, to pre-empt worse violence or to punish the other person)
- the effect of the violence (for example, the victim feeling scared).

Agency

Agency is the act of making decisions for oneself. A person loses agency if their partner is making decisions for them. Exploring the extent of a person's agency is often helpful here: victims of violence are more likely to report not being involved in decision making, or that their views or preferences are often disregarded.

Assertion of will

Assertion of will is linked to agency, but here the focus is on a person doing what they want, regardless of the other person's wishes. It can be helpful to explore what happens in the relationship when there are differing wants or needs, and how, if at all, compromises are made.

Empathy

Victims of violence are likely to make excuses for and empathise with the perpetrator of violence. They also might adopt a care-taking role for the perpetrator out of a sense of guilt, or downplay his responsibility for his behaviour. Perpetrators of violence often have trouble empathising with their partner's emotional experiences.

Entitlement

Entitlement is an attitude created by a lack of empathy. It allows someone to assert their will over another. Feminist analysis argues that males' sense of entitlement to assert their will (male privilege) is supported by the cultural and societal norms of a patriarchal society. Victims of domestic and family violence are less likely to demonstrate entitlement thinking and more likely to excuse or downplay the violence used against them.

Fear

Behaviours become controlling when they inspire fear. It can be helpful to explore the extent of a person's fear, what they are fearful of and how the fear impacts on their behaviour. The absence of verbally expressed fear does not mean that a person is not exhibiting behaviours influenced by fear.

There is no definitive set of indicators to determine whether a person really is experiencing a controlling, coercive pattern of violence and therefore in need of protection. The following suggested indicators have been generated from the practice experience of professionals in Australia and the UK. Program providers might wish to use or adapt Respect's checklist in its *Toolkit for work with male victims of domestic violence*. Because most participants in MBCPs are male, the discussion below uses male and female gendered pronouns. However, the items are equally relevant to couples in GLBTI relationships.

A man is more likely to be using domestic and family violence if he:

- refers to his partner in aggressively critical or demeaning terms, as a character attack and out of arrogance-based anger, rather than fear-based anger or anger about the violence
- seems overly calm and confident, and has no fear or apprehension about the incident or any civil (protection order) or criminal court process that might result
- presents as overly charming or charismatic
- has a history of one or more intervention orders against him for his use of violence or for stalking, has a current order, and/or has any previous arrests or convictions for domestic and family violence or other violence-related crimes (he might be vague about these situations, not supplying many details or using language like ‘I think I’ve been interviewed by the police before’)
- discusses the incident in vague and general terms rather than providing specifics
- describes events or circumstances that are inconsistent with the known facts
- reports facts that are inconsistent with his size or that of his partner
- has or had injuries that are more consistent with him being the aggressor (for example, scratches around arms and hands, bruised hands or feet), and which are different to the injuries sustained by his partner
- conveys through his use of language, his account of events and/or description of his relationship(s) a sense of ownership, entitlement, privilege, jealousy or obsession about his partner
- is forthright, critical and opinionated about ways that ‘the system’ (for example, courts, police) responds to domestic and family violence
- focuses on his rights and how he feels they are being violated—victims will generally not feel sufficiently empowered to talk about their rights or how these rights are being violated
- appears to regard children as his property, believes his children need to show respect and to be ‘taught lessons’, appears unable to focus on children’s needs
- tries to convince the assessor that he is the injured party
- tries to ally with the assessor and subtly or grossly invites the assessor to collude with his story, using minimisation, denial, or other-blaming to confuse what really happened
- evades questions, attempts to control the conversation to discuss what is convenient to him, or diverts the assessor from asking pertinent questions (victims are more likely to be feeling disempowered, unsure of themselves and hesitant)
- leaves the assessor feeling manipulated through verbal tactics of persuasion
- appears to have power and control over his partner
- appears to have a second motive for the allegations, such as a Family Court matter or an affair, and/or appears to be smug about getting his partner into trouble
- denies any wrong-doing and takes no responsibility for the situation (victims often wrongly take some or most responsibility for the violence they are experiencing)
- seems to focus more on wanting to save or keep the relationship intact, rather than stopping the violence
- has trouble empathising with his partner’s emotional experiences
- appears to assert his will over his partner without empathising with or considering the consequences for her.

A man is more likely to be in need of protection from domestic and family violence if he:

- reports a series of incidents, not just one
- can provide some detailed context around the incidents of violence, such as the situations in which they occur, the signs that might indicate that violence is impending, and how the violence typically starts and ends
- expresses that he wants the violence to stop
- genuinely appears in fear of violence directed towards himself and/or his children
- describes doing things to avoid another incident of violence
- feels controlled by his partner, that everything or most things he does has to be answered for, that he has little safe space in which to make decisions, and/or feels that his space to make decisions is getting smaller
- has been hesitant in the past to seek help for the abuse he has been experiencing and can articulate the reasons for his hesitancy



- wrongly assumes some responsibility for the perpetrator's use of violence
- makes excuses for and empathises with the perpetrator
- adopts a care-taking role for the perpetrator out of a sense of guilt or in an attempt to relieve her of her responsibility for her behaviour
- uses violence in an apparent act of self-defence or to prevent an impending attack, to defend a child or other, or to resist or retaliate
- admits that he used violence out of self-defence or to retaliate (if this indeed occurred), rather than denying it
- is worried that if he separates from the perpetrator, the violence might escalate
- describes incidents, injuries, fear, or being controlled in ways that sound authentic
- displays some effects of trauma, and/or signs of anxiety or depression, such as changes in eating and sleeping, reduced social interactions, missed days from work or study
- is concerned that the involvement of police or courts might make things worse (victims might feel particularly small, overwhelmed or nervous in relation to the system, or fearful of retaliation from the perpetrator).

Case planning for men

Goal setting

As discussed on page 47, an MBCP's services will be most useful when they are tailored to a client's individual goals, while working towards the safety and wellbeing of all family members. A 'holistic casework' approach offers men an opportunity to receive wide-ranging support towards living non-violently.

For men, goals should be relevant to the short and long-term cessation of their use of violence and the safety of family members. They should be encouraged to consider their goals in depth, through open and reflective questioning that invites them to consider:

- how important the goal is to them, and why
- how the goal relates to values and ethical strivings¹⁴⁶ that are important to them
- what impact the goal would have on others if it is achieved
- what difference it would make to their own lives in the short and long term
- what achieving the goal would mean in terms of how they view themselves
- what is likely to happen if they do not work towards achieving the goal.

Men should be supported to avoid goals that are unrealistic, unhelpful or only self-serving. Some men, for example, might seek to focus their initial goals on 'saving' the relationship or persuading their (ex)partner to return. Program staff have a responsibility to explain why these goals are not helpful. Part of this explanation often relates to the need for clients to set goals that do not rely on the actions of others.

Tailoring programs to individual men

MBCPs have traditionally offered a 'one-size-fits-all' approach, with each male participant receiving much the same intervention. Now, there is a considerable body of opinion that programs need to be tailored to some degree, as individuals differ in:

- their goals for engagement in a program
- their motivational patterns and readiness to change
- the severity of use of violence
- the degree of risk their behaviour poses to their (ex)partner, family and others
- the meaning they ascribe to their use of violence, and violence-supporting narratives
- the life and personal issues impacting on their use of violence (for example, mental health issues, substance use)
- their learning styles and preferred ways of engaging with confronting and challenging ideas
- socio-cultural factors
- barriers that might affect their participation (such as shift work or complex needs).

A case plan considers each of these factors, focusing on what is required of the service and the man in order to meet his own goals and, more importantly, those of his partner and children.

A case planning process should be used to determine and document the range of program services that will be provided to the man. It can also inform case reviews, and provide the basis for case management, if the man is assessed as requiring this level of service.

If the man is using services provided by another agency (such as a local alcohol and other drug service), the case plan should also specify roles and responsibilities of the MBCP and the other agency.

Men referred to an MBCP by a Community Services child protection worker or Probation and Parole Officer will generally already have a case plan. For these men, men's behaviour change work might be one of a number of strategies to address their presenting issues. In these situations, the referrer needs to be involved in developing the men's behaviour change case plan. This plan can then be fitted within their broader plan.

Tailoring a program to a man's circumstances via case planning is different to offering several different levels of intervention and streaming men into these based on the severity of their use of violence or degree of risk. While some programs of this kind do exist¹⁴⁷, this is a resource-intensive approach, and considerable care needs to be taken in classifying particular men into different categories.

Case planning for Aboriginal men

Case planning for Aboriginal men needs to focus primarily on their cultural safety. This does not mean not challenging cultural narratives that are used by a man to support his violence to women and children. However, it does mean finding ways to do this that do not shame a man or create a situation where he feels under pressure to abandon his cultural identity for a 'mainstream' one. In many situations, this will mean working collaboratively with Elders and community workers who can sensitively work with the man to challenge him and help him keep his cultural identity strong.

Assessors should consider whether mainstream group work will be culturally safe for an Aboriginal man. Risks of mainstream groups include triggering grief and trauma responses, increasing a man's sense of marginalisation and difference, and a premature focus on men's behaviour change. There is also a risk that non-Aboriginal men in a group might try to attribute their use of violence to their own experiences of trauma, if they see an Aboriginal man's violence being located in Aboriginal cultural oppression and collective trauma.

If an Aboriginal man is to participate in a mainstream group, the program provider should make provisions for him to have a culturally appropriate support—such as an Elder—to help him through any grief or trauma responses that are triggered by the men's behaviour change process. Additional reviews and case meetings would be appropriate, and should involve the man's Aboriginal supports. Case management or co-case management by an Aboriginal service provider is also likely to improve cultural safety for Aboriginal men.

Alternatives to mainstream group work might be individual counselling, referral to an Aboriginal men's program, or participation in an Aboriginal healing program prior to involvement in the mainstream program.

Case planning for men who speak limited or no English

Group work with an interpreter might not necessarily be the best pathway to inclusion for a man who speaks limited or no English. Program providers should consider on a case-by-case basis whether use of an interpreter is preferable to other options such as individual work or a group conducted in the man's preferred language. If an interpreter is to be used, the case plan should set out how program staff and the man will work with that professional.



Working with men who are referred

Guiding principles for referral to MBCPs

The principles for referrals to MBCPs are that:

- they must focus on women's and children's safety
- all practicable efforts should be made to hold a man accountable for his use of violence and avoid colluding with or downplaying his violence or violence-supporting narratives
- referral should always be for assessment of eligibility and suitability rather than assuming participation in a program
- a referral automatically creates a referral relationship, in which both the referrer and the receiving professional have joint responsibility
- the best possible outcomes are most likely to be achieved when referral relationships are formalised, and subject to documented agreements.

Implementing active referrals

Regardless of who is making an active referral, there are some core elements of referral practice that maximise the effectiveness of both the referral and the referral relationship:

- clearly defined roles, responsibilities and agreements regarding information sharing—preferably contained in an MoU or other similar written agreement (see sample provided in the *Practice Resources* section)
- a shared understanding that a referral is for assessment and does not guarantee participation
- provision of complete and detailed referral information, preferably documented on a standardised form (see sample provided in the *Practice Resources* section)
- agreed parameters for reporting back, including reporting on absences by mandated participants (see below)
- ongoing communication between referrer and the program, perhaps including participation by both in case conferences, and/or the participation of the referrer in goal setting and case management.

Limits on feedback to referrers

The feedback that MBCPs can give to referrers is limited in several ways:

- program staff cannot give feedback about matters that are not related to a man's use of violence or women's and children's safety
- a man's presentation in interviews, one-on-one sessions and groups might be significantly different to his behaviour towards his family members, and therefore is an unreliable indicator of risk
- in some circumstances, when a man or his legal representatives are able to obtain or copy or see the feedback provided to an active referrer, it might not be safe to include any information from a man's partner or other family members due to the risk of retaliation—this means that the program might be unable to report what they know of men's behaviour outside the group unless it has already been disclosed or admitted by the man.

These limits mean that program staff often cannot convey a true picture of a man's behaviour in any report they make. Providing information in a report about the man's presentation in the program can be misleading, as often a man's self-reports, attitudes and behaviours expressed in the group do not portray a true indication of his use of violence and the degree of risk that he poses.

Furthermore, referrers need to be made aware that program completion does not necessarily indicate that a man's risk of using violence has been reduced.

Hypothetical examples of feedback reports provided to referrers that take these considerations into account can be found in the *Practice Resources* section.

Referrals from Community Services

Australian statistics clearly point to the co-occurrence of child abuse and family violence. In 30-60 per cent of families where domestic violence is a factor, child abuse is also occurring.¹⁴⁸ In NSW, the Child Death Review Team (2001) found that in 18 of the 19 cases reviewed where the death occurred as a result of physical abuse and neglect, there was a background of domestic violence.¹⁴⁹

These findings suggest that a significant number of men who have contact with Community Services regarding the safety and wellbeing of their children will also be abusing their partners. As such, if a local MBCP is available, Community Services staff should always consider referral of fathers for assessment. As well as potentially facilitating extra safety measures for children and their mothers, such a referral serves to:

- maximise the likelihood that all forms of violence that the man might be using are disclosed or detected
- place onus and responsibility on the man to address any violence that he might be using
- highlight to men that their behaviour might be under scrutiny.

While the caveats above regarding feedback also apply to feedback to Community Services, program providers have a responsibility to provide child protection workers with information indicating that a man poses a risk to his children and partner. This information should be as specific and detailed as possible. An *Information sharing fact sheet* accompanies the *Child Wellbeing and Child Protection—NSW Interagency Guidelines*. A sample reporting letter to Community Services is contained in the *Practice Resources* section.

Referrals from courts and Corrective Services NSW

With increasing awareness of MBCPs on the part of magistrates, judges and CSNSW staff, there is growing pressure on programs to accept mandated or active referrals from these sources. Justice responses to men must always be informed primarily by the twin dictates of women's and children's safety and men's accountability. Magistrates should not refer men to these programs as an alternative to, or diversion from, sufficiently strong civil law protection mechanisms and criminal law sanctions.

Programs that receive referrals from courts or CSNSW require a range of policies and procedures to manage these referrals, including procedures for non-attendance of mandated participants (minimum standard 4.6) and complying with a referring agency's requirements for a report on a participant's completion of a program (minimum standard 4.9).

Usually men who are directed to participate by a court or CSNSW are required to prove their attendance by having a facilitator sign an attendance sheet and/or providing a statement of completion.

Referrers do occasionally request information additional to an attendance record, for example, feedback on a man's participation in the group, his attitudes, and behaviour in or outside the group, or timelines for 'improvement in his behaviour'. For the reasons outlined previously, program staff cannot provide courts with any information other than attendance.

If a worker from CSNSW has a direct case management role, it is appropriate that MBCP staff share risk information with them.

Acceptable practice regarding minimum standard 4.6:

The program has a policy and procedures regarding non-attendance of mandated participants.

Optimal practice regarding minimum standard 4.6:

The program provider has engaged with local magistrates to ensure that they are aware of:

- the program and its purpose
- the program's eligibility criteria
- how magistrates can refer
- what information the program will provide to magistrates regarding a participant who is court-mandated or court-referred (including in relation to breaches of ADVOs or other orders, or commission of any other offence).



The program provider has informed magistrates that participation in, or completion of, the program does not mean an offender will necessarily change his behaviour, and that participation should not be a substitute for legal sanctions.

Unacceptable practice regarding minimum standard 4.6:

The program has no documented processes for mandated participants.

Acceptable practice regarding minimum standard 4.9:

The program has one or more standard reporting templates that it uses for mandated participants.

Optimal practice regarding minimum standard 4.9:

Program staff have worked with local and/or regional court staff to communicate the limits of reporting in the context of men's behaviour change work and these are documented in an MoU or protocol.

The program has an MoU and protocol with local and/or regional CSNSW offices governing the referral of mandated participants, information sharing and case management.

Unacceptable practice regarding minimum standard 4.9:

The program has no documented processes for mandated participants.

The program provides court referrers with information other than attendance and completion.

Exit processes

Exit planning

Program providers that conduct open, modular or multiphase men's behaviour change groups generally allow a man to stay in a group for as long as he wishes, providing he continues to meet the group's eligibility criteria. In the case of single-closed group programs, many providers allow a man to participate more than once, although usually not more than three times. This means that a man's exit from a program will, to varying degrees, be self-determined. Program staff can, however, make recommendations to men about the degree to which their continued participation might be warranted.

Program staff should be able to make recommendations about the continued participation of a man referred by a court, Community Services or Corrective Services. The decision about whether to continue with the program for longer could be made in a case review meeting involving a representative from the referrer (for example, the man's Probation or Parole Officer), the MBCP and the man himself.

When a man is leaving a program on a planned basis, program staff should work with him to make and document an exit plan. This should address matters such as predicting and managing high-risk situations, implementing learning and deepening understanding, and practical strategies to minimise lapses into unhelpful ways of thinking and relating.

Conducting an exit process in the context of a group session risks making the process rushed and superficial. Exit plans should be developed in a one-on-one interview so that each man has time to reflect on his own and his family members' experiences of the process and plan for the future.

The exit process should produce a written plan to remind the man of the various risk situations, issues and strategies outlined in the process. Section C contains a sample of such a tool, along with prompts that might be used in the exit interview.

While the exit plan is crucial, the program's whole process—from the first engagement—can be construed as preparing the man to exit the program and self-manage his ongoing work towards non-violence. Activities and home exercises that encourage the man to monitor risk situations, internal states and the feelings and reactions of others all work towards the goal of self-monitoring and self-management.

Men should always be encouraged to return to the program if they are having difficulties relating non-violently.

Women should always be notified when a man leaves or drops out of a program. As noted elsewhere in this guide, a man's departure should not necessitate the winding up of services to the women and children who have been affected by his violence. Exit planning for women is discussed on page 107.

Follow-up

Follow-up after a man has left a group frequently depends on the circumstances under which he left. All group participants should be contacted at some point after their departure. The timing of this contact (how soon after the man has left the program), frequency and format (face-to-face or telephone-based) depend on the particular circumstances and risk issues relating to each man. Follow-up enables program providers to reinforce the importance of maintaining behaviour change, help men review and if necessary modify their self-management plan, and remind men that the program has a continuing interest in their changed behaviour.

A man's (ex)partner should be contacted just prior to when he is contacted for a follow-up. Further contact might also be needed to address any new safety concerns.

Discharging men

A man's continued place in a program is not a given. In certain circumstances, a program provider might choose to discharge him from their program. Reasons for discharging a man include:

- when the findings from his initial assessment do not seem to match his subsequent presentations (for example, sometimes men say some of the 'right' things in assessment but subsequently demonstrate that they have simply said what they think the facilitator wants to hear, and have no intention of participating in the program in a meaningful way)
- his changed circumstances (for example, increased substance use that interferes with his ability to participate sober)
- him participating in a way that significantly and continuously disrupts the group (despite repeated attempts to address this with him)
- him not meeting attendance requirements
- him refusing to provide contact details for a new partner
- him fundamentally breaching the contract of participation in other ways.

All programs require a formal discharge policy to respond to these situations. This policy needs to:

- describe in detail each of the circumstances that might lead a man to be discharged (noting that some—such as refusing to provide contacts for a new partner—might involve a simpler process than others)
- document the steps that the program will take with a man to address the issue(s) of concern
- clearly articulate the program's expectations of what a man would need to do or change to remain in the program
- describe how current risk, safety and dangerousness issues in relation to the man's family will be taken into account in deciding whether to discharge the man (in some instances, the man's partner and/or children might be safer if the man continues in the program)
- how a man's (ex)partner and any referring agencies will be informed about the program's concerns, the steps it is taking, the man's responses to these steps, and the status of efforts, if any, to work on the issues
- describe how discharge will be communicated to a man
- articulate the options available for the program to continue work with a man in other formats (for example, by providing individual sessions if appropriate and possible)
- detail how any existing or emerging safety concerns arising or linked to discharge will be addressed
- describe arrangements for continued partner support work after a man has been discharged (such contact should continue for some time, especially if the man has been assessed as dangerous).

For many of the circumstances with which a man might be discharged, he should have opportunities to address the issue over a period of time, giving him a chance to remain in the group. For example, poor participation or apparently low levels of motivation and commitment might be addressed through one or more individual sessions with the man, to explore and respond to attitudes, barriers or life circumstances that might be influential.



The impacts on the safety of the (ex)partner and other affected family members should be given considerable weight when deciding whether, and when, to discharge a man. For example, a man might be retained in the program if his partner has just decided to leave him, especially if he has been assessed as dangerous.

The program must also provide written documentation of the man's discharge to any referring agency, including an explanation of the reason for discharge. This should make explicit any expectations the program has regarding follow-up action by the referrer.

Domestic and family violence-related criminal charges made during the program

If a man is charged with a domestic and family violence-related crime while he is involved in a program, he should be temporarily suspended from the program and reassessed, with a view to deciding whether to suspend his involvement permanently or have him start the program again. While recommending the program might be a valid option, this should be weighted against the possibility that the man:

- might feel legally constrained from talking about or taking responsibility for his violent behaviour
- might use his participation in the program to seek reduced the penalties for his behaviour if he is convicted—this is counter to the message that family violence is as important as other crimes against the person.

GROUP, INDIVIDUAL AND CASE WORK

Starting points

Praxis in men's behaviour change work

Praxis is the application of learning (its plural is 'praxes'). It is a combination of skills, knowledge, attitudes, values and abilities. In the context of a man ceasing his use of violence, there are many different elements of praxis, each of which might be demonstrated in many different ways.

Figure 2 provides some of the many possible elements of praxis and indicators of each.

ELEMENT OF PRAxis	INDICATORS
Accepts full responsibility for his use of violent behaviour	Names and provides examples of all the forms of violence, power and control that he has used Does not blame other people, his past, substances or other factors for his use of violence Talks about his use of violence as a choice
Accepts the consequences of using violence	Pleads guilty to domestic and family violence-related criminal charges that have been laid against him Does not appeal or otherwise challenge justice responses Complies with ADVOs Does not use intimidatory or otherwise violent behaviour if his (ex)partner decides to leave the relationship temporarily or permanently Understands how his (ex)partner and others affected by his violence might continue to relate to him with hyper-vigilance and mistrust even after he stops his use of violence
Understands the value of living non-violently	Names the ways that his violence has affected his (ex)partner, his children, his relationships and himself Names the ways that living non-violently will make positive differences to his (ex)partner, his children, his relationships and himself
Demonstrates sustained capacity for empathy with women and children	Listens without defensiveness and strongly takes into account views about his behaviour expressed by those affected by his violence Identifies ways that he has demonstrated violence-condoning attitudes and beliefs such as male entitlement and self-righteousness
Uses non-violent approaches	Identifies the situations in which he is at most risk of using violence and uses self-management plans to manage risk in these situations Identifies his own particular patterns related to his use of violence, and their associated physiological states, emotions, thoughts and behaviours

Figure 2 Examples of elements of praxis

Shaping curriculum around elements of praxis helps providers to:

- select curriculum topics and activities that work towards assisting men to achieve the elements, and to structure the program
- identify possible measures of change (noting that achieving all of the elements of praxis suggested in the matrix above does not automatically mean that risk has reduced significantly or at all)
- systematically review individual men during the program (see page 158.)
- structure internal documentation of review findings
- communicate to other stakeholders what the program is attempting to change in order to work towards enhanced safety and wellbeing for women and children.



Who decides whether men are demonstrating praxis?

Indicators of praxis need to be observable to others. In the case of men's behaviour change, they must be evident to men's (ex)partners and children. Partner feedback is the ultimate test of whether a man has changed, and to what extent, keeping in mind the considerations outlined in the section *Considerations in supporting women* from page 109. Observing a man in the group, judging his participation and what he contributes, looking at his homework tasks and observing him in role plays are limited in the information they yield about whether he is demonstrating an element of praxis.

Where there is a discrepancy between feedback from a man's (ex)partner and the observations of program staff, the woman's feedback should almost always be put first. In such a case, program staff have a responsibility to consider the meaning of the discrepancy, and what to do about it.

Achieving elements of praxis is no guarantee of long-term behavioural or attitudinal change. This is because the application of an element of praxis might:

- be inconsistent, demonstrated in some contexts and not others (for example, in the group session but not at home, when sober but not when intoxicated)
- fade after a man has stopped attending the program
- not be supported by influential figures or subcultures in a man's life.

Furthermore, achieving elements of praxis can take considerable time. The steps towards achieving behaviour-based elements of praxis can involve:

1. developing an understanding of the element
2. being able to articulate relevant issues related to the element in the group
3. realising after using violence (for example, through subsequent discussion in the group), how he could have applied the element to stop himself from using violence
4. effectively applying the element in situations where he is at risk of using violence
5. effectively applying the element to make it less likely that he will be at risk of using violence.

Individualising case plans

All men need to work towards achieving all the program's change praxes, but an individual man might also wish to set other, complementary goals. It is preferable that these are noted in his case plan.

Implementing a praxis-based approach

Praxes could be documented in the program guide and also made available to participants and partners. They could be used to:

- develop curriculum for each session
- inform case planning and case reviews for any given participant
- identify and act on discrepancies between the facilitators' observations and the lived experiences of a man's (ex)partner and children.

Praxis takes time to build across a program, and each element reinforces and 'scaffolds' others. This means that any single element of praxis might inform several group work or individual sessions, and any particular session will generally be informed by multiple praxes, even if one or two are the central focus.

It is helpful if program providers:

- specify observable indicators that a particular element of praxis is being achieved
- link praxes to the dimensions of men's behaviour change
- use the praxes to help guide information obtained from partners
- review their praxes on an annual or bi-annual basis.

These approaches provide an additional level of program integrity and can also promote transparency.

Desistance

While work towards praxis is important, it is equally important that men's behaviour change work helps men achieve the personal changes necessary for them to be non-violent in the long term. The concept of desistance—ceasing and refraining from offending—is important here. While the term arises from offender management literature¹⁵⁰, it is equally relevant in the context of an MBCP.

'Primary desistance' concerns stopping one's use of violence whereas 'secondary desistance' involves committing to a non-violent way of living and sustaining this in the long term. The two concepts are related, as sustaining the goal of primary desistance in the long term might mean, for some or many men, making the deeper changes consistent with the concept of secondary desistance.

Moran poses a key question for MBCPs:

how men, in the light of having to continue to live in a patriarchal society, with few alternative role models existing as to alternative masculinities, will successfully accomplish the trajectory of personal change which extends beyond primary desistance—the stopping of physical violence, to accomplish the more transformative goal of secondary desistance, i.e. those forms of behaviour and attitudes towards self and others and the discovery of new meanings in one's life which signifies and reinforces a sustained commitment to change and growth.¹⁵¹

He argues that:

there is evidence, however, that men who have been violent and abusive do need to recover, to move away from the unhealthy and damaging models of male behaviour which they have absorbed, and to learn not just the skills, but the values and attributes, the growth and development needed in order to live at peace with themselves and with others.¹⁵²

Drawing on desistance literature, Moran argues that for a man to make deeper changes, a program must help him to:

- critically reflect on beliefs and expectations of self-gratification and self-preservation in his dealings with others that he has held since childhood (and that have been reinforced constantly throughout his adulthood), and to work towards taking responsibility for himself and his life as an adult
- strengthen the supports in his life that are likely to be helpful for sustaining non-violence, rather than those that reinforce his violence-supporting narratives and identities
- learn and embed skills to interrupt pathways towards his use of violence in potential trigger situations
- consider how his use of violence has (inadequately) met his needs and what he will put in its place to better meet these needs
- reconstruct his personal identity away from traditional patriarchal notions of what it means to be a man, towards new ways of considering himself (as a person and as a man) that will lead to more fulfilment and growth.

Jenkins¹⁵³ notes that men who perpetrate violence often 'overdo' the socially constructed roles of manhood and masculinity that are provided by most cultures—that is, they put into practice 'too well' the expectations on them to be competitive, right and entitled to power. These notions are related to the concept of hegemonic masculinities, or the dominant narratives and stories that men are culturally conditioned to play out and which are reinforced at multiple points in multiple ways.¹⁵⁴

Fear of being labelled as feminine and of being displaced outside the bonds of male solidarity have played a role in pressuring men to conform to dominant and inflexible notions of masculinity and 'manliness'. Homophobia also plays a role here, and considering this in men's behaviour change work can yield valuable insights for participants.

Achieving long-term, deep change can be difficult, particularly in the context of shorter programs. However, when opportunities arise to work with men for longer periods, these concepts can be helpful to consider.

The desistance literature reminds us that the long-term abstinence from offending behaviour involves more than, or is not fully equated to, the removal of the risk factors associated with the individual's initial offending. The



concept of desistance also points to the non-linear, 'zigzag' nature of change, with motivation being crucial to sustain change in the long term.¹⁵⁵

Accountability to women and children

Bringing in the voices of women

Placing women and children at the centre of men's behaviour change work means that their voices can be heard by men who perpetrate violence. For some men, learning about the impact of their behaviour can be an impetus to change. Moreover, the voices of women can help concretise the ideas addressed by programs.

Minimum standard 4.4 requires, in part, that program content include explicit information about the impact of domestic and family violence on women, and women's disproportionate experience of such violence. There are many ways to achieve this, for example, by:

- presenting stories, statistics and facts about women's experiences, and the effects of domestic and family violence
- using quotes drawn from books
- presenting relevant DVDs or audio recordings
- exhibiting drawings, paintings or other artwork by women about their experiences of violence
- inviting men to reflect on and talk about what they think their partner would feel or think in their situation (some facilitators include role exploration with men invited to step into the role of a woman)
- having guest speakers who can talk firsthand about their experiences working with women who have experienced domestic and family violence
- providing feedback from the program's women's support group, if one exists, and if permission is granted by the group and if it is safe to do so
- having women (not partners) observe group sessions and give feedback to facilitators afterwards
- meetings between facilitators and partner support workers before each group session to identify issues to address in that session
- ensuring that female facilitators always have the last word at the conclusion of a group session
- self-audits and record keeping by facilitators about the ways they have helped to bring women's voices into group sessions.

Acceptable practice regarding minimum standard 4.4:

Facilitators use a range of formats to provide explicit information about the impact of domestic and family violence on women, and women's disproportionate experience of such violence.

The impact of domestic and family violence on women is addressed in all program activities.

A gendered lens is clearly visible in the program's content and materials.

Optimal practice regarding minimum standard 4.4:

The curriculum features a number of activities that deeply address the impact of domestic and family violence on women at regular intervals throughout the program.

Group work activities include opportunities such as role plays or 'internalised other interviewing' in which men are invited to actively empathise with their (ex)partners.

Unacceptable practice regarding minimum standard 4.4:

The program applies a non-gendered lens to domestic and family violence.

The impact of domestic and family violence on women is not a core theme of the program.

Bringing in the voices of children

Minimum standard 4.4 requires, in part, that program content include explicit information about the impact of domestic and family violence on children.

In addition to at least one structured session on how men relate to their children and the effects of their violence on children and their partner's parenting, the voices of children should be present in most or every session. There are many ways to achieve this, for example, by

- presenting stories, statistics and facts about children's experiences
- presenting information on the effects of domestic and family violence on children
- using quotes drawn from books, relevant DVDs or audio recordings about children's experiences of domestic and family violence
- exhibiting children's drawings, paintings or other artwork that conveys their experiences or feelings related to domestic and family violence
- having guest speakers who can talk firsthand about their experiences working with children who have experienced domestic and family violence
- inviting men, during check-in at the start of sessions, to talk about issues concerning how they are relating to their children
- asking men who are describing/disclosing their violence to think about what their children might have been thinking or feeling—at the time and in the aftermath
- role play exercises that bring about an awareness of the impact of violence and witnessing violence on children.

It is helpful to have a collection of materials about domestic and family violence relating to all developmental stages.

Programs need to be proactive in creating structured opportunities for men to understand the effects of their violence on children and to parent in child-centred ways. They also need to help men recognise how their behaviour might undermine women's authority, ability to connect or bond with a child, and to understand the harm that this does to children.

Structured approaches maximise the chance that men will come to understand the importance of respecting their (ex)partner's parenting choices and decisions, make parenting decisions in partnership with the child's mother without controlling or bullying her parenting, and value and support their (ex)partner's relationship with her children.¹⁵⁶

It is preferable that programs allocate at least one session focusing specifically on these issues. In the context of a six-month program, at least three sessions could be allocated towards parenting issues.¹⁵⁷

Program evaluation should include quantitative and qualitative measures of the degree to which the program has been accountable to children. This can include asking women about the effects of the man's participation in the program on how he relates with their children, on his attitudes towards them, and on his support or lack thereof of herself as a parent and of the mother-child bond.

Acceptable practice regarding minimum standard 4.4:

Facilitators use a range of formats to provide explicit information about the impact of domestic and family violence on children.

The impact of domestic and family violence on children is addressed with men frequently in the course of a program.

Optimal practice regarding minimum standard 4.4:

The curriculum features a number of activities that focus on the impact of domestic and family violence on children at regular intervals throughout the program.

Group work activities include opportunities such as role plays, in which men are invited to actively empathise with children.



Unacceptable practice regarding minimum standard 4.4:

The impact of domestic and family violence on children is not a core theme of the program.

Addressing collusion

Men who perpetrate violence can be incredibly persuasive and subtle in the ways they downplay, deny, justify and rationalise their behaviour. Furthermore, they hold implicit beliefs about women, relating to women and relationships¹⁵⁸ that enable them to feel right and vindicated regarding their behaviours, and to perceive themselves as the victim in their interpersonal relationships.

In group activities, men frequently present their experiences or ideas in ways that reflect their lack of feelings of responsibility for their behaviour. In the process, they often attempt to find common agreement with other participants, and/or with the facilitators. In some situations the invitation to collude is direct and blatant—as in a sexist joke or stereotyped reference to women as ‘always being on men’s cases’. At other times, it might be quite subtle, revealing itself through the man’s narrative about the events leading up to a particular situation.

Significant and ongoing collusion amongst participants in a men’s behaviour change group can be very detrimental to the safety of women and children. Unless it is addressed in a strategic and skilful way, there is significant potential for collusion to reinforce men’s existing ways of avoiding responsibility. There is a danger that participants’ direct and indirect joining and mateship around their ‘innocence’ and women’s ‘culpability’ become the real foreground of the group, with facilitators’ interventions being listened to politely, but not really accepted. For these reasons, minimum standard 4.7 requires program providers to have procedures for group facilitators to prevent their implicit or explicit collusion with participants’ attitudes that support violence against women.

Responding to invitations to collude can be highly complex. Skilled and experienced facilitators of MBCPs are able to:

- identify direct and indirect invitations to collude
- judge participants’ responses to these invitations to determine the potential impact on others (for example, subtle or obvious reactions of agreement observable through body language)
- monitor and restrain their own potential to collude with these invitations (for example, automatic head nodding, own body language indicating some level of agreement) or to challenge the comments with inappropriate aggression
- determine whether responding to a man’s comments or joke in a constructive way is the most appropriate course of action, or whether doing so will only generate defensiveness and give the issue more ‘air time’ in his and other participants’ minds
- determine whether the issue can be addressed at a slightly later stage in the discussion or at a later point in the session, and what the risks might be if this does not occur
- address a comment or joke in ways that do not replicate power-over or authoritarian tactics, and which create opportunities for men to critically reflect on the function and effects of the comment or joke.

There is considerable potential for insufficiently skilled and experienced facilitators to inadvertently strengthen men’s implicit beliefs and violence-supporting narratives through poor practice in responding to collusion. Sufficient training, supervision and observation of practice (see page 68) can help facilitators enhance their skills in this and other areas of their work.

Acceptable practice regarding minimum standard 4.7:

The program requires facilitators and other program staff to practise non-collusively.

Group facilitation and assessment are routinely observed by other domestic and family violence professionals, with structured opportunities for feedback.

The program has in place processes to address collusion by facilitators or other program staff.

Program staff are encouraged to identify collusion in the course of session reviews, supervision and professional development.

Episodes of collusion are seen as opportunities for learning; they are discussed openly and in a non-judgemental fashion by the program team, with alternative pathways being charted collaboratively.

Optimal practice regarding minimum standard 4.7:

Facilitators review video recordings of their own practice for the purposes of critical reflection, with a particular focus on potentially collusive practices.

Unacceptable practice regarding minimum standard 4.7:

The program has no processes to address collusion.

Addressing intimate partner sexual violence

Sexual violence—in the form of rape, unwanted touching, forced participation in activities of a sexual nature (such as watching pornography) and other coercive acts relating to sex—is commonly used by men against their intimate partners. The very idea of consent to sex is problematic in the context of domestic and family violence, because:

freedom and opportunity to abstain from sexual activity is not possible in a context where a partner uses threats and other forms of violent duress. Many of the coercive or violent behaviours used by men implicitly or explicitly deny women the capacity to voluntarily agree to or abstain from sexual activity.¹⁵⁹

All group programs must therefore address and engage with issues surrounding men's use of sexual violence.

In the context of domestic and family violence, men use intimate partner sexual violence:

- to create fear, to dominate and to enforce control
- as a manifestation of their unearned gender-based privilege, which includes a sense of entitlement to sexual gratification
- to dehumanise their partner as a sexual object rather than as a person with her own needs and preferences
- to scaffold their violence-supporting narratives (for example, a man's story that he is being 'victimised' when his partner won't have sex with him)
- to help them regulate their emotions without considering their partner's feelings, experiences or wishes (for example, a man using 'make-up' sex soon after an incident of violence to try to smooth over the effects of his actions).

Men's denial, minimisation and lack of understanding concerning sexual violence are particularly pronounced. Of all the major types of domestic and family violence, sexual violence is often the one that men are most hesitant to talk about in MBCPs. It can therefore take some creativity and focus for facilitators to address issues such as men's sense of entitlement to obtain sexual gratification, the effects of sexually objectifying women, and consent in sexual relating.

Many professionals find it difficult to address men's use of sexual violence in the course of group work. This has resulted in a search for innovative and creative approaches and group work activities to open up discussion around sexual violence and sexual respect, in ways that feel safe to men. Some of these issues and accompanying practice suggestions were addressed by the Australian Domestic and Family Violence Clearinghouse at its March 2011 conference on intimate partner sexual violence. See the Clearinghouse's winter 2011 newsletter or view the conference proceedings on the Clearinghouse website: www.austdvclearinghouse.unsw.edu.au



Inclusive practice

Working cross-culturally with men

Working in partnership with CALD community organisations, and/or using secondary consultations (see page 95) can help to maintain cultural competence while engaging men to explore and address their use of violence.

To facilitate access for a man who is already in an MBCP, program staff should:

- identify in his case management plans how his cultural background and identity might influence his participation and journey, and make provisions to address any barriers or anticipated difficulties
- consider offering several complementary individual sessions before and during the group program to address any issues arising from the cross-cultural context
- develop and/or use educational materials (including scenarios) that can provide non-Anglo examples of male family violence, and that engage with or express non-Anglo cultural norms.

Programs need to have in place and use arrangements for ongoing (rather than one-off) secondary consultations to inform their cross-cultural work with men. This is especially important when working with men to discover how they use cultural narratives to explain or legitimise their use of violence. It is preferable that a cultural ally is directly involved in interviews, though this is not always practical. An alternative approach is for the cultural ally and program staff jointly to identify a course of questioning and engagement that might enable a man to discover for himself aspects of his culture that support women's and children's safety.

When engaging in cross-cultural discussions about domestic and family violence, it is important to point out that Australia has laws against many forms of family violence. However, it is never appropriate to talk about male domestic and family violence as something that is 'not part of Australian culture' or 'not acceptable in Australia'. Both of these statements imply that men's violence is acceptable elsewhere, potentially legitimising men's use of violence in non-Western places or cultures. Furthermore, highly prescribed gender roles are common to all patriarchal societies, including Australia's; facilitators should not downplay sexism in Australia by comparing it to sexism in other countries.

It is worth exploring how entitlement-thinking manifests in different cultures. For a detailed exploration of this issue, see the chapter on 'Domestic violence and race, class, culture and ethnicity' in *Accountability and connection with abusive men (2004)*, published by the Massachusetts Department of Social Services Domestic Violence Unit (www.vaw.umn.edu/documents/accountabilityconnection/accountabilityconnection.pdf)

Supporting participation of LGBTI people

While LGBTI-specific MBCPs do exist, they are rare. It is therefore important that LGBTI people have access to mainstream programs.

Anecdotal evidence suggests that men who perpetrate violence are also more likely to express homophobic and racist attitudes. While they might moderate these in the presence of a man who is clearly 'other' to them (for example, someone whose skin is a different colour or a man who is 'out' about his sexuality), it is very likely that group participants will assume men's heterosexuality because of their presence in the group. Assumptions about heterosexuality are frequently reinforced by unconscious heterosexism on the part of facilitators.

Unless hetero-normativity is directly acknowledged and challenged, it is rarely visible to those who are not LGBTI. For those who are, it frequently reinforces their marginalisation, difference and oppression. Heterocentrism is not inclusive. More dangerously, it hides the diversity of LGBTI communities and therefore serves to perpetuate homophobia and transphobia, including homophobic and transphobic violence.

LGBTI people in predominantly heterosexual men's behaviour change groups might need extra support systems to deal with difficult issues and issues such as 'coming out'. Homophobia and transphobia within the group

should be discussed sensitively with the individuals beforehand. LGBTI people need to be able to trust that facilitators will act assertively against homophobia or transphobia in a group; at the same time program providers should respect men's choices about whether to come out. It is acceptable for a man in a same-sex relationship to pretend in a group that his partner is female.

In addition to affecting the sense of safety and wellbeing of any LGBTI man in the group, homophobia/transphobia is a power-over way of relating that is entirely counter to the aims of MBCPs. As such, homophobia and transphobia must never be tolerated in men's behaviour change groups. This includes, but is not limited to stereotypes, statements about the 'naturalness' of heterosexuality, implicit or explicit threats, harassment, bragging about homophobic or transphobic violence, or aspersions about the character or masculinity of a LGBTI man. The link between homophobia/transphobia and dominant masculinities is discussed further below.

Examples of inclusive practices are:

- naming homophobia and transphobia as behaviours that are not acceptable in the group (and documenting this in the group agreement)
- talking about ways that patriarchy also oppresses people in LGBTI relationships
- normalising LGBTI people and relationships by using examples of diverse couples as well as straight couples in talking about ways that men try to exert power and control
- addressing homophobia and transphobia in discussions reflecting on masculinity
- engaging with men around their homophobia/transphobia and associated stereotypes
- referring to acts of violence that are specific to LGBTI relationships, such as threats of 'outing'
- acknowledging different sexualities, gender and intersex diversity in discussions about sexual violence.

Working with LGBTI people requires facilitators to have a thoughtful and highly developed understanding of the ways that gendered power and control are implicated in men's violence, and ways that other forms of power-over can be wielded to similar effect. Heterosexual men must never use the participation of a gay, bisexual, transgender or intersex man in their group to discount or 'disprove' the nature of gendered power.

Group work

Good practice

This guide is not intended as a training resource for group work. The NSW Government encourages facilitators wishing to improve their facilitation skills to participate in appropriate professional development, including observation at other MBCPs.

For a range of helpful tips on group work in general, see *Leading a group: A practical and comprehensive handbook* by Kerri Hamer, www.leadingagroup.com.au

As with any group, facilitators need to use various approaches to maximise participation and outcomes. This section summarises some of the key principles of group work practice as they apply to MBCP work.

Session reviews

Facilitators should review every group session, either immediately afterwards or the following day.

Session reviews:

- provide an opportunity for facilitators to reflect on individual or group issues, processes, dynamics and outcomes, including difficulties or achievements
- assist with follow-up and continuity of issues raised in each session
- help ensure timely and appropriate follow-up on issues for individual participants, and women and children, including those pertaining to risk and safety
- assist with the ongoing monitoring of and planning for each man's journey through the program.



In a session review, the facilitators should:

- discuss how the session went
- discuss how to improve the session or activities the next time they are run
- consider any issues that need to be addressed or carried over to the following week
- discuss each man's participation in terms of risk to his (ex)partner and children and his engagement in the program
- identify follow-up tasks
- identify what needs to be shared with the partner support worker
- identify and address unhelpful practices between the facilitators or the use of gendered or other forms of power or privilege.

See the *Practice Resources* section for a sample session review recording form.

Planning a session

Facilitators require at least one hour to plan a session, assuming that detailed curriculum is already set and that the required materials and activity outlines are available.

In approximate order of proceedings, planning entails:

- welcoming and briefly orientating any observers
- checking whether there are any personal or interpersonal issues for facilitators that might affect their work in the session
- sharing information about any new men entering the group following the assessment process
- the partner support worker presenting information from her contact with men's (ex)partners and children
- for each man, reviewing previous or recent session summaries, as well as notes from any phone conversations, individual sessions, recent case review meetings or recent periodical check-in forms that he has filled out (see 'Participant check-in form' in the *Practice Resources* section)
- reviewing the post-session debriefing forms from the previous/recent sessions, noting:
 - anything that the facilitators wanted to do differently in the upcoming session
 - which focus areas at the end of the last session the facilitators intended to address in the upcoming session
 - how to address challenging issues that might arise in the group
 - reviewing or refining the session's agenda
 - planning who will do what, in terms of leading and support roles.

Group agreements

Group agreements are a useful way to discuss and reinforce desirable group norms. A sample of such an agreement is provided in the *Practice Resources* section. Participants are more likely to adhere to an agreement they have been involved in creating, so they should have an opportunity to build on the basic agreement.

The idea and content of a group agreement should be explained to men in the process of gaining informed consent to the participation agreement and limited confidentiality, and then discussed in the first group session. Discussion should include how the facilitators and other group members might respond if the agreement is violated.

Programs also require documented policies and procedures to respond to violations of a group agreement (see *Discharging men*, page 137).

Check-in

Many group programs begin with a check-in of some length. Conducted well, these might:

- provide an extra opportunity to identify risk indicators and particular issues that need to be followed up by the partner support worker
- enable facilitators to hear from men how they are positioning themselves regarding issues that their (ex) partner might have reported (without informing the men about these reports)

- enable facilitators to tap into the learning opportunities that arise from men's current, everyday lives
- enable men to identify issues they might wish to work on—in this or another group session
- assist men to speak and then put aside issues that are bothering them, in order to focus on the curriculum of the session
- function as a 'warm-up' activity to help men to settle into the group.

The caveat, 'conducted well', is important. Conducted poorly, check-ins might become a conversation between the facilitators and an individual man (more akin to an individual counselling session) with the other participants observing passively. They might also reduce time for the core curriculum of the group or distract attention from the core curriculum.

Good practice in check-ins includes:

- a very conscious approach to time management, such as asking men to keep their preliminary check-ins quite brief and providing further time at the end of the check-in for men wishing to discuss a check-in issue in more depth (generally only a few men will take up the option for an extended check-in)
- ensuring that issues raised by a man are discussed by the whole group (for example, by asking others what they might do in a similar situation to that described by the man)
- structuring the check-in to make sure men report on relevant/important issues (for example, by asking men to check in on a particular topic such as the homework assigned from the previous session).

Fostering group culture

Building group cohesion is important, but facilitators must always be vigilant for collusion among group members. It is valuable for group members to be supported to:

- monitor the implementation of their group agreement and engage with members who violate the agreement (rather than leaving this to the facilitators)
- offer different perspectives to each other and challenge each other's denial of responsibility
- share strategies with each other and find solutions from their own experiences
- offer encouragement to each other
- work together to create a safe environment for personal disclosures and expression of feelings.

Group members who have journeyed further might also explain concepts and share strategies.

Being transparent about activities

Facilitators need to build trust rather than hold secrets. One element of this is being transparent about processes and 'agendas'. Facilitators should talk about what the group is doing and why.

In each session this might include outlining its objectives and purpose and the learning outcomes the program hopes men will achieve. More generally, it might include providing men and their (ex)partners with a plain English version of the program's curriculum.

Maximising group participation and completion

Using a range of strategies will maximise men's participation and continued engagement in the program.¹⁶⁰ These include:

- phone calls between sessions to discuss issues or concerns, or to offer encouragement for change
- sending a personalised note between sessions with a resource, an article or website of particular relevance to the participant
- case reviews
- individual face-to-face sessions (where indicated).



Not modelling power-over approaches or mirroring the abusive behaviour of participants

Using power-over approaches is counter to the aims and processes of MBCPs.¹⁶¹ Interventions with men should not mirror the abusive patterns of participants. Facilitators should avoid sermonising to men, or otherwise telling them in a forceful way how they should think, speak, feel or be. This requires that they:

- are invitational rather than instructive
- present ideas for consideration rather than as 'absolute truths' (with some exceptions)
- help men discover their own reasons for change and understand for themselves how their current behaviour sabotages what they want for their families and themselves
- where appropriate, identify and speak about their own gendered and power-over attitudes, beliefs and values
- model openness to uncertainty, doubt and discomfort—particularly without needing these feelings to be immediately resolved (for example, 'I have an uncomfortable feeling about what you've been saying, but I can't quite place it, can we come back to it a bit later?')
- see themselves as guides rather than experts.

For more on this issue, see:

McMaster, K 2003, 'Groupwork with men who abuse', in K McMaster & A Wells (eds), *Innovative approaches to stopping family violence*, HMA, Christchurch.

For detailed guidance on how to avoid the use of power-over tactics in facilitation, read:

Jenkins, A 1990, *Invitations to responsibility: The therapeutic engagement of men who are violent and abusive*, Dulwich Centre Publications or

Jenkins, A 2009, *Becoming ethical: A parallel, political journey with men who have abused*, Russell House.

Modelling gender equity in the co-facilitation relationship

Mixed gender facilitation should provide many opportunities to model gender equity and non-violent ways of relating, for example:

- the male facilitator performing a good share of logistical tasks, such as setting up, cleaning up, preparing food for breaks
- the male facilitator not always leaving it up to the female facilitator to challenge sexist jokes or comments, or to represent the voices of women
- the female facilitator having an equal role in leading activities (especially welcomes and check-ins), so that the male facilitator is not seen as the leader, expert or 'owner' of the group
- the male facilitator leading at least half of the sessions and conversations on issues that are focused on emotions
- the male facilitator not immediately rushing in to 'save' the female facilitator if she is being challenged by a participant or is having a difficult exchange
- facilitators negotiating roles and communicating respectfully with each other.

It can be productive for both participants and observers to be invited to reflect on the dynamics between facilitators.

Using the mid-session break

The mid-session break is both a time for participants to pause and refresh themselves, and a time for the facilitators to regroup, review how the first part of the session went, and revise plans for the rest of the session. Facilitators need to remain alert to the dynamics of the group at this point. If participants seem to be using the break to engage in unhelpful or collusive conversations, facilitators might consider structuring the break with a task.

Accommodating different learning and engagement styles, and intellectual levels

Minimum standard 4.3 requires program providers to have procedures for engaging participants that challenge them to acknowledge their abusive behaviour.

Men differ significantly in age, social class, ethnicity, educational levels and life experience, and these differences have implications for their preferred ways of engaging, participating and learning. There are many theories and categorisations of learning styles¹⁶², but these styles are commonly grouped into visual, auditory (verbal/discursive/narrative) and kinaesthetic (hands-on/doing/movement) learning. Men also differ in how well they work in different-sized groups, and in the degree to which they are abstract/intellectual or concrete thinkers.

While some men might be able to identify their learning style, it should become apparent as they participate in the group, so facilitators should reflect on this during session debriefing.

It is preferable that activities and sessions cater to the range of participants and preferred learning styles. This most likely means rotating learning modalities and group formats. It is also preferable to offer a range of group formats (pair work, small-group activities and whole-group discussions), as well as activities with movement, role play, and DVDs.

The range of learning styles, cognitive and intellectual capacity and literacy should also inform the handouts, participant workbooks, activities between groups and other documentation provided by the program.

Acceptable practice regarding minimum standard 4.3:

Programs document the underlying rationale for each group work activity in their session plan, and identify and address anything about an activity that might pose a barrier to a man's engagement.

Reviews of group work sessions include consideration of men's engagement.

Programs use a variety of activities to cater to the range of participants in a group.

Programs cater to the full range of learning styles.

Optimal practice regarding minimum standard 4.3:

Session outlines and content are developed with consideration to the learning styles and capacities of the participants.

Programs have materials for men who have low literacy.

Programs have materials that acknowledge the diversity of men's backgrounds and identities.

Unacceptable practice regarding minimum standard 4.3:

Programs do not demonstrate responsiveness to group participants.

Programs' materials are inappropriate to participants.

More than psycho-educational

Activities need to have some therapeutic depth to lead to the possibility of change. This means employing one or more particular approaches towards behaviour change and intervention, and designing activities based on the theory and practice of the preferred approaches(s).

Any behaviour change activity requires:

- talking about the talking—the process of setting the stage for the conversation in a way that facilitates engagement (for example, by locating the relevance of the activity for individual participants)
- doing the talking
- reflecting on the talking—the process of translating the talking into meaningful action.¹⁶³

It might not always be possible for facilitators to work on all three levels in an activity or topic in any given session, but careful attention to linking learning and activities over multiple sessions might help scaffold behaviour change.



Activities between group sessions

Activities between sessions provide valuable opportunities for men to deepen their understanding, practise the skills they are learning, and identify 'real-life' factors that might support or get in the way of being non-violent.

Facilitators might like to consider whether to call these tasks 'homework', given the negative connotations often attached to this word. Other ways of presenting activities between sessions include practice tasks, home activities, or simply 'things to do during the week'.

When introducing and discussing such activities, facilitators should:

- anticipate barriers that men might encounter in completing them (such as low literacy)
- ask men how they will see themselves doing the activity
- encourage men who are having difficulty with an activity to contact the facilitators.

Opportunities to reinforce core concepts

Core concepts need to be revisited many times, as most men will engage with and understand them more deeply as their journey progresses. Facilitators need to structure opportunities to reinforce themes and continually refer to topics and issues covered in previous discussions.

In addition, issues relating to core concepts will present themselves during check-in and structured activities. These might arise from men's use of language or their use of blame or minimisation, level of engagement in an activity, or attitudes or opinions.

If an issue is not related to the current topic of the conversation or the activity, facilitators need to make an immediate decision about whether to discuss it or follow it up later. If they choose to divert a discussion, they should explain why; if they choose to pursue the original conversation, they must note the issue that has arisen and advise that they will return to it later.

Keeping track

One of the greatest challenges for facilitators is managing multiple imperatives in the course of conducting a group, for example:

- remaining alert to women's and children's safety
- managing group dynamics
- paying attention to dynamics between facilitators
- time keeping
- conducting activities according to the session plan
- noting and acting on opportunities to reinforce core themes
- identifying and acting on men's collusion
- keeping in mind the learning needs of participants.

Systems and processes are an important aspect of managing all of these imperatives. These include constructive use of the mid-session break, recording brief notes/reminders and debriefing at the end of the session.

Individual and case work with men

Case management

Case management is:

a professional task that involves engaging an individual in the process of change, through supervision and monitoring progress, delivering and/or brokering the necessary interventions to support that change, and promoting engagement and compliance. The application of those aspects of case management will vary between routine and intensive depending on the case.¹⁶⁴

It is particularly valuable for men who have issues that cannot be adequately addressed within an MBCP and:

- significantly impact on their use of violence and therefore on the safety of their family
- pose a barrier to participation in an MBCP or to change.

For example, there is considerable evidence in particular that men's substance abuse is significantly associated with increased risk of use of violence. US data suggests that approximately 25–40 per cent of men at the time of admission into a men's domestic violence program have a clinical level of substance dependence, and that the rate of partner assault amongst substance dependent populations is approximately four to eight times higher than matched general population samples. Substance abuse has also been shown to predict poorer attendance and engagement in programs, and that ongoing use and abuse of substances is associated with ongoing risk of intimate partner violence after treatment.¹⁶⁵

Other issues that might need to be addressed include untreated mental illness, problem gambling and homelessness.

Mental health issues that can impact on a man's participation in a program range from active psychotic conditions through to anxiety and affective disorders. While not an excuse for the use of violence, anxiety or depression can result in the man being less present in the group, and feel less able to practise understandings and strategies that are learnt through the program.

Furthermore, complex connections can occur between a man's mental health issues and his use of violence, such as the tendency for some men's 'pity me' focus as a victim to feed into their depression, or to self-focus intensely on their shame or guilt rather than use these emotions as opportunities to empathise with those affected by their violence and as motivations to work harder to change their behaviour. Some men can also use the existence of a mental health condition as an excuse for why they 'cannot control' their use of violence. Mental health professionals must therefore understand the principles and basic conceptual foundations of men's behaviour change work, including responsibility, safety and choice.

Men's use of domestic and family violence and problem gambling show a number of similarities, including the use of denial and rationalisation to excuse the behaviour, the continuation of the behaviour despite adverse consequences, and the impact on the development of children's physical, psychological and behavioural problems. Research on the link between problem gambling and intimate partner violence is relatively new, but there is recent data from the United States and Australia showing quite high rates of use of intimate partner violence amongst problem gamblers.¹⁶⁶ This points to the importance of screening for problem gambling during comprehensive assessment, and referring for specialist assistance for problem gambling should this be found to be present for either the man or his partner. A man's continued problem gambling, for example, is likely to serve as a barrier towards him addressing the financial abuse that he is likely to be perpetrating against his partner.

If an issue is so pervasive that it will stop a man from participating effectively in the group, then it might need to be addressed before he starts group work. In other situations, a man's other needs can be addressed concurrent with the group. Case management can be relevant in either situation.

Working with other professionals

Professionals who might be involved in case management include substance abuse workers, mental health practitioners, problem gambling or financial advisers, and general practitioners. When working in case management arrangements, program providers might need to help these other professionals understand (and preferably commit to) the program's principles around responsibility, safety and accountability. Victorian research¹⁶⁷ indicates that counselling and health professionals outside the domestic and family violence system might have a limited understanding of the concept of men's responsibility. They might, therefore, inadvertently undermine the work of the program, for example, by colluding with a man's narratives that his alcohol use or social anxiety is causing his violence. Furthermore, these professionals might not understand that, for MBCPs, the people affected by the man's violence are clients alongside the man.

An MBCP's decision to refer to another service prior to or concurrent with the group program generally occurs after the initial assessment has been completed. If a man needs to address another issue before beginning group work, the MBCP should maintain contact with him during that process, reminding him that the main



purpose of using the other service is to help him begin men's behaviour change work. The MBCP might need to support the other service provider to have conversations with the man at the appropriate time to help motivate him to participate in the MBCP.

In some situations, a man who is referred to the MBCP might already be linked in with a substance abuse, mental health or problem gambling service. In this situation, co-case management might be a more appropriate model, where the MBCP and the other service work together towards common aims. Given that the man's participation in the MBCP depends on him agreeing to provide consent to share information with other relevant professionals, this should be possible.

In some situations, where the man has been seeing a counsellor or psychologist for some time, co-case management might be more complex. Nevertheless, it is preferable for this practitioner to adopt an approach that is consistent with the MBCP principles. The program provider should make all practicable efforts towards information sharing and secondary consultations, to inform the practitioner about the program and its approaches.

Case management where the man is referred by Community Services

If a man with a history of domestic and family violence is seeking a continuing relationship with a child who is currently in the Parental Responsibility of the Minister, Community Services may ask for some evidence of successful engagement with an MBCP. In care proceedings, Community Services might also ask the court to direct a parent to participate in the program.

Case management of men referred by Community Services should be agreed on a case-by-case basis. It might be undertaken by Community Services, the MBCP, or jointly, as agreed between the program provider and Community Services.

Case management where the man is referred by Corrective Services NSW (CSNSW)

As noted earlier, men referred to an MBCP by a Probation and Parole Officer will generally already have established a case plan and are likely to be addressing multiple issues including their use of violence. These men could be case managed by their referrer or the MBCP.

If an MBCP's assessment indicates that a man is not eligible or suitable for participation in the MBCP, responsibility for a new referral should rest with the case manager, not the MBCP.

If a man is admitted to the MBCP, the referrer, the MBCP and the man himself might meet on occasions to discuss and review his goals and case plan in light of his risk and his engagement with the program and key ideas. Participating in an MBCP might mean that a man becomes more motivated, and that his goals might change accordingly.

Research from the broader violent offender field¹⁶⁸ suggests that there are some key ways that a PPO can support (in this case, a domestic violence) offender management program by:

- sharing information relevant to the man's use of violence (men may disclose to one professional but not the other, so sharing information between professionals is important)
- co-leading an induction session with program facilitators to explain the group rules, participation agreements, and consequences of not attending
- responding to heightened risk by, for example, increasing the frequency of supervision sessions with the man, increasing frequency of urine and breath testing, liaising with local police, and providing police with an offender profile if the man is a high-risk offender
- assisting the man with exit planning
- monitoring the man's behaviour after he has left the group
- continuing case management and work towards changing the man's core beliefs.

If a man is discharged from the program, his partner might be at high risk. In such a situation, the PPO might increase frequency of supervision and/or report the matter to police so that they are appraised of the risk.

MBCP-led case management

Where there is not already an established case manager, an MBCP should take on this role. This would involve:

- referring the man to other professionals as needed
- (with the man's consent) sharing information from case notes and disseminating it between two or more agencies on an as-needed basis
- initiating and continuing contact with the other professionals to monitor the man's progress regarding the referred issue
- providing secondary consultations to the other professionals to ensure that their messages are consistent with those of the MBCP
- having individual contact with the man to hear firsthand about his experience with the service(s) he has been referred to, and exploring any barriers or difficulties he might be encountering
- assessing how the man's needs are changing through time and what might be needed next.

Complementary individual work

Individual sessions with men can help tailor a program to their individual motivations, goals, learning style, change journey and challenges. There are three general categories of individual sessions in men's behaviour change work, each of which is explored below.

Further individual sessions during the assessment process

These sessions can:

- spread the assessment over more than one individual session, given the number of issues that need to be addressed
- provide opportunities for the man to develop a sense of trust in the program, particularly if he is formally referred by statutory authorities and has considerable anger against the 'system'
- help increase the man's readiness to change before he starts the group program (see page 156)
- introduce the man to some of the basic concepts of the group curriculum and the group conduct rules, so that he starts group work in a more informed and positive frame of mind.

Supplementary individual sessions during the course of the group

These sessions can be used for:

- extra ongoing risk assessment and management
- reviewing, monitoring and evaluating the man's personal goals
- checking with the man's developing reasons to continue or discontinue the program—one or both sets of motivations can build, widen and intensify as the man moves through the early stages of the program
- reinforcing the learnings of the group sessions
- tailoring work to suit the man's particular requirements (for example, focusing on issues he is not understanding or implementing)
- exit planning and 'case closure' (see page 136 and *Practice Resources* 'Exit form and interview prompts').

Case management interventions or additional counselling sessions for men with complex needs

These sessions can be used to:

- address substance use, mental health issues, social anxiety, problem gambling or other issues that are interfering with the man's participation in the group or that might increase his risk of using violence
- intensify the program for a man considered to be at high risk of harming others
- manage crisis situations (for example, periods of high suicide risk)
- engage men who are at risk of leaving prematurely.

While complementing group work with individual sessions offers many benefits, it also poses some risks. For example, men may choose to hold certain conversations for individual sessions, resulting in sanitised discussions that are of less use to themselves and other participants. Facilitators might practise differently when



they know they can address issues individually with men, especially if time is limited and/or a discussion seems likely to be difficult. This can facilitate collusion, and might also mean missed opportunities to engage individual men around their values, beliefs and thinking 'in the moment'.

To minimise these risks, individual sessions must be considered as part of the group process. There should be an expectation that conversations men have in the individual sessions are brought back into the following group sessions. Men should be expected to refer, reflect and be challenged in relation to conversations that took place in their individual sessions (with a limited number of exceptions, such as disclosures of experiencing abuse as a child).

Enhancing readiness to change

There is considerable evidence from the United States that men who commence but fail to complete a domestic violence perpetrator program have significantly higher recidivism rates than completers.¹⁶⁹ There is also evidence from general violent offender programs (not specific to domestic violence) that men who commence but fail to complete a program are more likely to reoffend than those who do not start a program at all.¹⁷⁰ Such research highlights the importance of taking steps to enhance men's readiness to change.

Readiness to change is a dynamic variable. It varies between men and in each man over time, and it does not always move in a positive direction. Many factors might affect a man's readiness for change, for example:

- his relationship ending
- his partner 'threatening' to leave
- a change in an external mandate
- the support provided by a trusted other or external practitioner to stick with the program
- his experience of the group environment
- changes in his understanding about his behaviour
- his experience of the change process and how this varies over time.

Readiness for change is a crucial factor in men's attendance, the level and depth of their participation in the program, and their openness to new and potentially unsettling concepts and realities. Given that most men referred to an MBCP have a relatively low readiness to change, there is growing debate and practice innovations concerning how to measure and enhance men's readiness to change.

One approach that has attracted considerable research is the 'stages of change' or Transtheoretical Model.¹⁷¹ Developed in the context of health promotion, this model proposes that the change process involves a series of stages: precontemplation (not yet acknowledging there is a problem that needs to change), contemplation (acknowledging there is a problem but not sure yet about whether one wants to change), preparation/determination (getting ready to change), action, maintenance and relapse.

This model has been adapted for use with partner-violent men and has included the development of scales to locate men within a particular stage of change and program interventions tailored to men's stage of change.¹⁷² However, one review of research on the applicability of the stages of change model to intimate partner violence concluded that there is not a strong evidence base to support the usefulness of this model to categorise readiness for change.¹⁷³ Further research is needed to determine whether the model can be sufficiently fine-tuned to contribute to understandings about men's intervention readiness.

An alternative approach to assessing readiness to change is to delineate some of the main dimensions of readiness to change, and consider each as part of a qualitative assessment. These might include the man's:

- understanding of the concerns about his domestic violent behaviour
- attitude to these concerns
- motivation to pursue change through treatment, involving an understanding of the personal benefits of change, his commitment to the program to achieve this, and his understanding of how much effort and time this will take
- commitment to all the goals and requirements of the program
- willingness to work collaboratively with the service and staff.

There is some preliminary research that suggests motivational interviewing strategies at pretreatment can increase both the quality of men's participation in a program and rates of program completion. It has not yet been shown to improve outcomes in terms of men's behaviour.¹⁷⁴ In one study, the provision of two one-on-one sessions using motivational interviewing techniques with the client enhanced their subsequent engagement in the group-based CBT program—they displayed more constructive behaviour and assumed more personal responsibility for their behaviour, and did substantially more of their assigned homework.¹⁷⁵

Motivational interviewing originated in substance abuse interventions that helped people with addictions explore ambivalence and develop internal motivations for change.¹⁷⁶ In motivational interviews in behaviour change settings, the interviewer typically helps the man to weigh up the costs, benefits, and alternatives to using violence, using a non-collusive, empathic style of engagement.

Motivational interviewing involves helping men elicit their hopes and goals for themselves and their relationships, for trust, love and intimacy, and for safety and fairness within their family environments. Its potential rests in part in the significant dissonance that men often experience between their behaviour and their underlying desires and strivings for intimacy and fairness. The approach helps men avoid using excuses, self-pity and justifications of their behaviour to dispel the dissonance, and instead, work towards reducing it by changing their behaviour.

An example of a motivational interviewing approach is described by Scott et al., focusing on a six-week series of group-based motivational interviewing sessions that ran prior to the main treatment program:

In the first [two] weeks, men were given the opportunity to 'tell their story'. Facilitators empathised with men's frustrations at dealing with the justice system and being mandated to attend treatment and tried to help men identify any small advantage (for example, keep probation officer happy, reduced angry feelings when no longer fighting the system) that there may be to complying with ordered treatment. During groups three and four, men were asked to consider multigenerational lessons about violence and intimacy. During these groups, facilitators concentrated on identifying discrepancies between men's relationships and their hopes and wishes for intimacy. During the fifth group, men were shown video clips depicting a variety of defensive presentations around abuse (for example, evading, denying, blaming a partner) and asked to reflect on their own approach to considering their past behaviors. Finally, men were introduced to the power and control wheel, oriented to the structure of sessions offered in standard treatment, and asked to identify one form of abuse that they used and would be willing to work at changing.¹⁷⁷

Overall, the emerging literature on motivational interviewing suggests the possible benefits of:

- offering some post-assessment, one-on-one work with each man, using a motivational interviewing approach to help him articulate his own case for change; or structuring a 'pre-group group' into a program (as in the example above), using motivational interviewing strategies
- recognising the dynamism of readiness to change by monitoring each man's readiness to change throughout the program, and initiating motivational interviewing via individual contact if his readiness to change appears to drop significantly (for example, if he misses two sessions in a row).

These approaches maximise the chances that programs will be able to help men overcome barriers to taking responsibility for their use of violence.



REVIEWING MEN

What to review

In therapeutic terms, reviews are typically associated with appraisals of progress. Yet the word 'progress' is fraught with difficulty in the context of men's behaviour change work. It often implies a linear process, one that is able to be observed and measured. Men's violence is rarely straightforward and neither is its cessation. As discussed in the introduction to this guide, while some men might ultimately end their use of violence, many others will change the form, frequency, pattern or nature of their violence rather than cease it all together. Some men might cease for a time (for example, due to increased scrutiny by an MBCP professional or PPO) and then resume their violence. Whether these changes are examples of 'progress' depends entirely on the view of the people experiencing them. They might view them as simply more of the same, or as a step forward, sideways or backwards.

While providers of MBCPs often experience pressure from referrers and other stakeholders to prove the effectiveness of their work with men generally, or to comment on the 'progress' of an individual man, these pressures need to be resisted. Turning away from the notion of progress is an important part of a broader process of raising awareness within the NSW community about the limits and role of men's behaviour change work.

The fundamental aim of men's behaviour change work is to work towards the safety, autonomy and human rights of women and children. This means that MBCPs should monitor their work in the context of risk to women and children, rather than men's progress. Framed in this way, women and children are in the centre. Around them are all of the factors that might contribute to their safety and wellbeing – only one of which is their male family member's behaviour. Other factors, such as safe accommodation, legal protection, income security, and practical and emotional support, often play a more significant role in women and children achieving safety and wellbeing.¹⁷⁸

Reviews are an important aspect of case management and all men should be reviewed. However, rather than focusing on 'progress', reviews provide a structured opportunity to:

- identify ways of working with each individual man towards non-violence, including barriers to his engagement, motivators for change, and issues for particular focus in future work
- identify any changes in an individual man's presentation, behaviours, attitudes or values that might indicate a change in risk to his (ex)partner and children and a need to review risk management strategies.

As such, they should centre on issues related to the management and reduction of risk, rather than the man's 'progress'.

For discussion on the risks of evaluating the impact of an MBCP on an individual man's behaviour, see the discussion on *Impact evaluations* from page 75.

The importance of reviewing risk rather than progress is discussed in Shephard-Bayly D 2010, 'Working with men who use violence: The problem of reporting "progress"', Australian Domestic and Family Violence Clearinghouse Newsletter 39.

Conducting case reviews

Regular case reviews enable facilitators to identify areas to focus on with each man, and may also highlight issues to address with his (ex)partner and children. Minimum standard 3.7 requires that program providers evaluate the impact of programs on the behaviour and attitudes of group participants. This is best achieved via case reviews.

Case reviews must be informed principally by feedback from women and children, taking into account the considerations discussed from page 109. Ideally this should include information gathered during regular partner support, as well as any information the man's family members wish to contribute to the review.

Other sources of information for a case review include facilitators' own observations and judgements and feedback from referrers and co-case managers. Attendance, group interaction and understanding and application of the concepts covered within the group are worth considering, but are not reliable sources of information about behaviour change.

Self-report information can also be obtained from the men, although this needs to be interpreted with significant caution given that most men have high levels of denial and narrow understandings of their use of violence. Men might be asked to self-report via a form that they complete periodically during a group session (see the 'Participant check-in form' in the *Practice Resources* section as an example) and/or phone contact or individual sessions.

After their use in assessment, it is not recommended that self-report-based behaviour checklists, such as the violent behaviour checklist for men (see *Practice Resources* section) be reapplied for the purpose of case reviews. Men's self-reports of their use of violence are generally too unreliable to be used for this purpose. As the reports of a man's (ex)partner are likely to be more reliable, the reapplication of the violent behaviour checklist for women (see 168) is more likely to contribute useful information in case reviews.

Facilitators should take a structured approach to measuring and reviewing a man against his case plan. Without this, they risk being swayed by favourable impressions or other less objective measures, with the subsequent risk of collusion and failure to identify risks. The *Practice Resources* section contains a 'Session summary form' that may be used for this purpose.

Case reviews should be informed by a deep understanding of both praxis (see page 139) and desistance (page 141).

Acceptable practice regarding minimum standard 3.7:

All men are subject to case review at least once during the program and prior to exiting the program.

Case reviews are primarily informed by men's (ex)partners and children.

Optimal practice regarding minimum standard 3.7:

Case reviews inform curriculum and session plans.

Case plans are adjusted according to the outcomes of case reviews.

Unacceptable practice regarding minimum standard 3.7:

Men are not subject to case review.

There is no input from men's (ex)partners and children in the review process, or this input is given equal or less weight in the process.

Reviewing men who are subject to formal referral and are being case managed

Men who have been formally referred and are being case managed should be subject to case reviews at predetermined points in the program. A meeting after the man has participated in several sessions can provide an opportunity to gauge his engagement and identify any barriers to his continued participation. At minimum, a case meeting should be held towards the end of the man's program to determine whether he has met the requirements of the referral.



Additionally, if a man is not participating well in the program or if there are concerns that he is at risk of being discharged (see page 137), then a case review meeting is warranted. This enables the referrer to be involved in conversations with the man, emphasising why it is important for him to engage and the consequences if he does not. Case review meetings of this kind are best organised once the MBCP has attempted to work with the man to improve his participation, and when the results of these efforts have not been sufficient.

A man who is subject to a case plan or case review meeting should attend part of a review meeting. However, for reasons of confidentiality, there needs to be an opportunity to discuss partner feedback and some other information without his presence.

PARENTING AFTER VIOLENCE PROGRAMS

Some program providers offer Parenting After Violence Programs (PAVPs) for men who have perpetrated domestic and family violence. Developing these programs requires careful planning, consideration and resourcing and it is preferable that they are integrated into general MBCPs. Guidance from a reference group that includes professionals from women's and children's services, Community Services, Family Relationship Centres, family violence courts and other stakeholders will help to ensure program relevance and accountability.

Achievement of general men's behaviour change praxes should be a prerequisite for men's participation in a PAVP. This is because:

- PAVPs build on concepts from MBCPs and are most likely to resonate with men who have already taken significant steps towards changing their attitudes and behaviours towards women
- some of the work in a PAVP (for example, coming to terms with the neurological damage that the violence has caused to children) can be intensely emotional, and men must be able to cope with issues such as shame in ways that are safe and non-violent
- men who have not yet achieved the praxes could use what they learn in the PAVP to further undermine their partner (for example, learning skills to get closer to children and turn them against their mother).¹⁷⁹

Before beginning a PAVP men should undergo a specialised comprehensive assessment. This should focus on their parenting, their relationship with their child and their attitude to the child. Assessment should include 'mother contact', in which the partner support worker learns from the child's mother about the man's parenting and about the experience and impact of domestic and family violence on the children. The assessment should consider:

- the man's recent abusive and violent behaviours in terms of intensity and frequency (men who are using severe violence against their partner and/or children should not be eligible for the program)
- what the man learnt/took from the MBCP he completed
- what types of abusive behaviours the man has used with his children
- what insights the man has about the impact of his violence on children and on their mother's parenting
- the man's goals and aims for parenting and his relationship with the children in his life.

Continued 'mother contact' is vital, and should be consistent with partner support undertaken by MBCPs in terms of its frequency, form, principles and considerations. Mother contact should focus on women's and children's safety and wellbeing, and give women ongoing opportunities to share and reflect on their observations of their (ex)partner's parenting. It is especially important to monitor the risk of a man using attendance at an MBCP to manipulate access to his children, or as another form of control.

It is also important for the program to have contact with any professional services that the man might be involved with so that information about safety or wellbeing concerns can be communicated in a timely fashion.

All of the NSW minimum standards and good practices outlined in this guide should be applied by PAVPs.

In terms of curriculum, PAVPs should not focus on parenting skills, as this misses the critical point of their role.¹⁸⁰ Rather, they should focus on men's gendered use of power and the notions of entitlement to their children that underlie their behaviour. If underlying violence-supporting attitudes and beliefs remain, teaching men parenting skills will not stop them from behaving in ways that harm children. In this sense, PAVPs need to be consistent with the philosophy of the MBCPs that men first participate in: the focus is on the men changing their own behaviours in relation to their children—not on their children's behaviours.

On this basis, curriculum might address:

- the impact of domestic and family violence on children, including neurological impact on children's brain development
- men's experiences of fathering and being fathered
- developmental stages and what might be expected of children at different ages
-



TOWARDS SAFE FAMILIES

A practice guide for men's domestic violence behaviour change programs

- what children need from their fathers at different ages and stages, and in particular, what traumatised children might need (curriculum in this area might usefully be informed by training for foster parents, who learn to recognise and respond appropriately to signs of trauma)
- the place of children in families and society, including seeing children as individuals rather than as men's possessions
- ways for men to identify and move on from entitlement-based and gendered beliefs and attitudes towards children
- ways that men can be more child-centred and respectful towards their children
- the impact of violence on mother–child relationships
- ways that men can support their (ex)partner's parenting and nurture their relationships with their children
- practical parenting skills and resources
- ways to address children's use of learnt violence
- ways that fathers who have used violence can acknowledge to their children that they are taking responsibility for their past actions.

SECTION 05

References



REFERENCES

Aside from journal articles, most of the references cited below are available on the internet and can be found via any search engine.

Aboriginal Child Sexual Assault Taskforce 2006, *Breaking the Silence: Creating the Future*, Attorney General's Department of New South Wales, Sydney.

ACON 2003, *Intimate Partner Abuse Screening Tool For Gay, Lesbian, Bisexual and Transgender (GLBT) Relationships*, ACON, Sydney.

ACON 2011, *One Size Does Not Fit All. Gap Analysis of NSW domestic violence support services in relation to gay, lesbian, bisexual, transgender and intersex communities' needs*, ACON, Sydney.

Andrews DA & Bonta J 2007, 'The Risk-Need-Responsivity model of assessment and human service in prevention and corrections: Crime-prevention jurisprudence', *The Canadian Journal of Criminology and Criminal Justice*, 49: 439-464.

Andrews DA & Bonta J 2010, 'Rehabilitating criminal justice policy and practice', *Psychology, Public Policy and Law*, 16: 39-55.

Apps J & Gregory R 2011, "'You're only there cos you're a woman": A study of the experiences of women who co-facilitate men's behaviour change group programs', *Women Against Violence: An Australian Feminist Journal*, 23: 29-39.

Attorney General's Department of New South Wales 2003, *You shouldn't have to hide to be safe: A report on Homophobic Hostilities and Violence against Gay Men and Lesbians in New South Wales*, Attorney General's Department of New South Wales, Sydney.

Augusta-Scott T 2009a, 'Narrative Therapy: Addressing Masculinity in Conversations with Men who Perpetrate Violence' in Lehmann P & Simmons C (eds), *Strengths-based Batterer Intervention: a New Paradigm in Ending Family Violence*, Springer Publishing, New York.

Augusta-Scott T 2009b, "'Power and Control" and beyond: An interview with Tod Augusta-Scott and a client who perpetrated sexual abuse by Scot Cooper', *Journal of Systemic Therapies*, 28(2): 90-101.

Australian Domestic and Family Violence Clearinghouse 2011, *The impact of domestic violence on children: A literature review*, University of New South Wales.

Ayland L & West B 2006, 'The Good Way model: A strengths-based approach for working with young people, especially those with intellectual difficulties, who have sexually abusive behaviour', *Journal of Sexual Aggression*, 12(2): 189-201.

Bagshaw D & Chung D 2000, *Women, Men and Domestic Violence*, Commonwealth of Australia, Canberra.

Bagshaw D, Brown T, Wendt S, Campbell A, McInnes E, Tinning B, Batagol B, Sifris A, Tyson D, Baker J & Fernandez Arias P 2010, *Family violence and family law in Australia: the experiences and views of children and adults from families who separated post-1995 and post-2006*, vol. 1, Commonwealth of Australia, Canberra.

Baker, G 2010, *What makes Respondent Programmes effective*, Catholic Social Services, Wellington.

Baker, G 2011, Effective programmes for men who use family violence, in McMaster K and Riley D (eds), *Effective Interventions with Offenders: Lessons Learned*, HMA, Christchurch.

Bancroft L & Silverman J 2002, *The batterer as parent: Addressing the impact of domestic violence on family dynamics*, Sage, Thousand Oaks.

Bancroft L 2002a, *Why does he do that?: Inside the minds of angry and controlling men*, G.P. Putnam, New York.

Bancroft, L, 2002b, 'The batterer as a parent', *Synergy*, 6(1): 6-8.

Bancroft L, *Assessing and monitoring programs for men who abuse women*, viewed 26/08/11, www.lundybancroft.com/?page_id=238.

- Barnes G 2010, workshop presentation at No To Violence forum, 11/10/11, Melbourne.
- Bartels L 2010, 'Emerging issues in domestic/family violence research', *Research in Practice*, 10, Australian Institute of Criminology, Canberra.
- Bromfield L, Lamont A, Parker R & Horsfall B 2010, *Issues for the safety and wellbeing of children in families with multiple and complex problems*, National Child Protection Clearinghouse, Australian Institute of Family Studies.
- Brown C 2008, 'Gender-Role Implications on Same-Sex Intimate Partner Abuse', *Journal of Family Violence*, 23: 457–462.
- Brownridge D 2006 'Partner Violence Against Women With Disabilities: Prevalence, Risk, and Explanations', *Violence Against Women*; 12: 805–822.
- Buchbinder E & Eisikovits Z 2004, 'Reporting bad results: The ethical responsibility of presenting abused women's parenting practices in a negative light', *Child and Family Social Work*, 9: 359–367.
- Burton S, Regan L & Kelly L 1998, *Supporting Women and Challenging Men. Lessons from the Domestic Violence Intervention Project*, Bristol.
- Caledonian System 2009, *Theory Manual*, Scottish Government, Edinburgh.
- Caledonian System 2010, *Children's Services Manual*, Scottish Government, Edinburgh.
- Carson E, Chung D & Day A 2009, 'Evaluating contracted domestic violence programs: Standardisation and organisational culture', *Evaluation Journal of Australasia*, 9(1): 10–19.
- Castelino T & Compton A 2002, 'Noticing women's agency', *NTV Forum*, 31: 12–18.
- Coffield F, Moseley D, Hall E & Ecclestone K 2004, *Learning styles and pedagogy in post-16 learning. A systematic and critical review*, Learning and Skills Research Centre, London.
- Colorado Domestic Violence Offender Management Board 2010, *Standards For Treatment With Court Ordered Domestic Violence Offenders*, Colorado Department of Public Safety.
- Community Relations Commission, *Fact Sheet 2, Requesting and Working with Interpreters: When to use an Interpreter*, viewed 12/12/11, www.crc.nsw.gov.au/services/language_services/fact_sheets/fact_sheet_2, .
- Community Relations Commission, *Fact Sheet 3, Requesting and Working with Interpreters: Why you should use professional interpreters*, viewed 12/12/11, www.crc.nsw.gov.au/services/language_services/fact_sheets/facts_sheet_3.
- Connell RW 1995, *Masculinities*, Allen & Unwin, Sydney.
- Constable A, De Castro N, Knapman R & Baluch M 2011, *One Size Does Not Fit All Gap analysis of NSW domestic violence support services in relation to gay, lesbian, bisexual, transgender and intersex communities' needs*, ACON, Sydney.
- Coulter M & VandeWeerd C 2009, 'Reducing domestic violence and other criminal recidivism: Effectiveness of a multilevel batterers intervention program', *Violence and Victims*, 24: 139–152.
- Council of Australian Governments 2010, *National Plan to Reduce Violence against Women and their children*, Council of Australian Governments, Canberra.
- Cross T L, Bazron B J, Dennis K W & Isaacs M R 1989, *Towards a culturally competent system of care, Volume 1*, Georgetown University, Washington DC.
- Day A and Casey S 2010, 'Maintaining change programmes for offenders: some suggestions for practice', *Psychology, Crime & Law*, 1: 10.
- Day A, Chung D, O'Leary P & Carson E, 2009, 'Programs for men who perpetrate domestic violence: An Examination of the Issues Underlying the Effectiveness of Intervention Programs', *Journal of Family Violence*, 24 (3): 203–212.



- Day A, O'Leary P, Chung D & Justo D 2009, *Domestic Violence: Working with Men*, The Federation Press, Sydney.
- Dempsey B & Day A 2011, 'The Identification of Implicit Theories in Domestic Violence Perpetrators', *International Journal of Offender Therapy and Comparative Criminology*, 55(3) 416–429.
- Department of Human Services (Victoria) 2007, *Family Violence Risk Assessment and Risk Management Framework*, Department of Human Services, Melbourne.
- Department of Human Services 2007, *Cumulative harm: a conceptual overview*, Department of Human Services, Melbourne.
- Department of Human Services 2009, *A framework for comprehensive assessment in men's behaviour change programs*, Department of Human Services, Melbourne.
- Department of Human Services (Victoria) 2012, *Family Violence Risk Assessment and Risk Management Framework*, Department of Human Services, Melbourne.
- Domestic Violence Resource Centre 2009, 'Bad Mothers and Invisible Fathers' Parenting in the context of domestic violence, Domestic Violence Resource Centre, Melbourne.
- Duncan J & Western D 2011, *Addressing 'the ultimate insult': Responding to women experiencing intimate partner sexual violence*, Stakeholder Paper 10, Australian Domestic Violence Clearinghouse, Sydney.
- Edelson J & Williams O 2007, *Parenting By Men Who Batter*, Oxford University Press, New York.
- Edleson J 1999, 'The Overlap between Child Maltreatment and Woman Battering', *Violence Against Women*, 5(2): 134–154.
- Feder L and Wilson DB 2008, *Court-mandated interventions for individuals convicted of domestic violence*, Campbell Collaboration.
- Fowler KA & Westen D 2011, 'Subtyping male perpetrators of intimate partner violence', *Journal of Interpersonal Violence*, 26(4): 607–639.
- Frances R 1996, *A Study of Seven Attitude/Behaviour Change Programs for Men Who are Violent in the Home*, Doctoral Thesis, Department of Criminology, University of Melbourne.
- Gilchrist E 2009, 'Implicit thinking about implicit theories in intimate partner violence', *Psychology, Crime and Law*, 15: 131–145.
- Goldner V 1998, 'The Treatment of Violence and Victimization in Intimate Relationships', *Family Process*, 37 (3): 263–286.
- Gondolf E 2002, *Batterer Intervention Systems: Issues, Outcomes and Recommendations*, Sage Publications, Thousand Oaks.
- Gondolf E 2007, 'Theoretical and research support for the Duluth Model: A reply to Dutton and Corvo', *Aggression and Violent Behavior*, 12: 644–657
- Gondolf E 2011, 'The weak evidence for batterer program alternatives', *Aggression and Violent Behavior*, 16: 347–353.
- Gregory C & Erez E 2002, 'The Effects of Batterer Intervention Programs: The Battered Women's Perspectives', *Violence Against Women*, 8(2): 206–232.
- Hamer K 1997, *Leading a group: A practical and comprehensive handbook*, K Hamer, Melbourne.
- Hanson RK, Harris AJR, Scott T & Helmus L 2007, *Assessing the risk of sexual offenders on community supervision: The Dynamic Supervision Project 2007–05*, Public Safety Canada.
- Healey K, Smith C & O'Sullivan C 1998, *Batterer Intervention: Program Approaches and Criminal Justice Strategies*, Office of Justice Programs, US National Institute of Justice, Washington.

- Healey L, Howe K, Humphreys C, Jennings C, Julian F 2008, *Building the Evidence: A report on the status of policy and practice in responding to violence against women with disabilities in Victoria*, Victorian Women With Disabilities Network, Melbourne.
- Helseltine K, Day A & Sarre R 2011, *Prison-based correctional offender rehabilitation programs: The 2009 national picture in Australia*, Australian Institute of Criminology.
- Hester M 2009, *Who Does What to Whom? Gender and Domestic Violence Perpetrators*, University of Bristol in association with the Northern Rock Foundation.
- HMA, *What is Making Choices?*, viewed 30/10/11, www.hma.co.nz/Programme-Design-And-Development/Making-Choices.asp.
- Howard J & Wright M 2008, *Listening to What Matters*, Inner South Community Health Centre, Melbourne.
- Howells K & Day, A 2006, 'Affective Determinants of Treatment Engagement in Violent Offenders', *International Journal of Offender Therapy and Comparative Criminology*, 50(2): 174–186.
- Huffine C 2009, 'Batterer intervention curriculum: One size does not fit all', Powerpoint presentation from *Bridging perspectives: Intervening with men who batter conference*, Minneapolis, May 12–15.
- Humphreys C & Kiraly M 2009, *Baby on Board: Report of the Infants in Care and Family Contact Research Project*, University of Melbourne.
- Hunt, M 2010, 'Men, Family Violence and Parenting: A Program Analysis', unpublished research paper, Masters of Social Work, Monash University, Caulfield.
- Jackson A 2011, *Links between problem gambling and family violence*, Problem Gambling Research and Treatment Centre, Melbourne.
- Jamieson S & Wendt S 2008, 'Exploring Men's Perpetrator Programs in Small Rural Communities', *Rural Society*, 18(1): 39–50.
- Jenkins A 1990, *Invitations to responsibility: The therapeutic engagement of men who are violent and abusive*, Dulwich Centre Publications.
- Jenkins A 2009, *Becoming ethical: A Parallel, Political Journey with Men Who Have Abused*, Russell House.
- Jolliffe D & Farrington DP 2007, *A systematic review of the national and international evidence on the effectiveness of interventions with violent offenders*, UK Ministry of Justice.
- Jones AS, Heckert AD, Gondolf ED, Zhang Q & Ip EH 2010, 'Complex behavioral patterns and trajectories of domestic violence offenders', *Violence and Victims*, 25(1): 3–17.
- Keeling JA & Rose JL 2006, 'The adaptation of a cognitive-behavioural treatment programme for special needs sexual offenders', *British Journal of Learning Disabilities*, 34(2): 110–116.
- Kirkwood D 2012, 'Just Say Goodbye': *Parents who kill their children in the context of separation*, Discussion paper No. 8, Domestic Violence Resource Centre Victoria, Melbourne.
- Kistenmacher BR & Weiss RL 2008, 'Motivational Interviewing as a Mechanism for Change in Men Who Batter: A Randomised Controlled Trial', *Violence and Victims*, 23(5): 558–570.
- Klein A & Crowe A, 2008, 'Findings From an Outcome Examination of Rhode Island's Specialized Domestic Violence Probation Supervision Program: Do specialized supervision programs of batterers reduce reabuse?', *Violence Against Women*, 14: 226–246.
- Laing L 2002, 'Responding to men who perpetrate domestic violence: Controversies, interventions and challenges', Issues Paper 7, Australian Domestic and Family Violence Clearinghouse, Sydney.
- Lehmann P & Simmons C (eds) 2009, *Strengths-based Batterer Intervention: a New Paradigm in Ending Family Violence*, Springer Publishing, New York.



- McMaster K & Wells A 2011, 'Programme design: Getting it more right than wrong' in McMaster K and Riley D (eds), *Effective Interventions with Offenders: Lessons Learned*, HMA, Christchurch.
- McMaster, K 2003, 'Groupwork with men who abuse', in McMaster K & Wells A (eds), *Innovative approaches to stopping family violence*, HMA, Christchurch.
- McNeill F & Weaver B 2010, *Changing Lives? Desistance Research and Offender Management*, Scottish Centre for Crime and Justice Research, Glasgow.
- Mederos F 2004, *Accountability and connection with abusive men: A new child protection response to increasing family safety*, Family Violence Prevention Fund.
- Mills S & Shannos K 2010, 'Increasing awareness of physical states and identifying motion(s) in men's behaviour change groups', in *No To Violence, 2010 No To Violence Practitioners Forum: Presentation notes and reflections*, Melbourne.
- Morgan J 2002, *Who Kills Whom and Why: Looking Beyond Legal Categories*, Victorian Law Reform Commission, Occasional Paper, Melbourne.
- Morran D 2011, 'Re-education or recovery? Re-thinking some aspects of domestic violence perpetrator programmes', *Probation Journal*, 58(2): 23–36.
- Muelleman RL, DenOtter T, Wadman MC, Tran T & Anderson J 2002, 'Problem gambling in the partner of the emergency department patient as a risk factor for intimate partner violence', *Journal of Emergency Medicine*, 23(3): 307–312.
- Mullender A, Hague G, Imam U, Kelly L, Regan L & Malos E 2003, *Children's perspectives on domestic violence*, Sage, London.
- Mulroney J 2003, *Topic Paper: Australian Statistics on Domestic Violence*, Australian Domestic and Family Violence Clearinghouse, Sydney.
- Murphy C & Ting L 2010, 'The effects of treatment for substance abuse problems on intimate partner violence: A review of empirical data', *Aggression and Violent Behaviour*, 15(5): 325–333.
- Murphy CM & Maiuro RD (eds) 2009, *Motivational interviewing and stages of change in intimate partner violence*, New York, Springer.
- Murphy CM & Ting LA 2010, 'Interventions for perpetrators of intimate partner violence: A review of efficacy research and recent trends', *Partner Abuse*, 1: 26–44.
- Musser PH, Semiati J, Taft CT & Murphy CM 2009, 'Motivational interviewing as a pregroup intervention for partner-violent men' in CM & Maiuro RD (eds), *Motivational Interviewing and Stages of Change in Intimate Partner Violence*, Murphy Springer Publishing Company, New York.
- National Council to Reduce Violence against Women and their Children 2009, *Time for Action, The National Council's Plan for Australia to Reduce Violence against Women and their Children, 2009–2021*, Commonwealth of Australia.
- New South Wales Department of Community Services 2009, *Working with Aboriginal people and communities: A practice resource*, New South Wales Government, Sydney.
- New South Wales Department of Health 2011, *NSW Health Aboriginal Family Health Strategy*, Centre for Aboriginal Health, Sydney.
- New South Wales Department of Premier and Cabinet 2009, *Keep Them Safe: A shared approach to child wellbeing*, Government of New South Wales, Sydney.
- New South Wales Department of Premier and Cabinet 2010, *Stop the silence, end the violence: NSW Domestic and Family Violence Action Plan*, Government of New South Wales, Sydney.
- No To Violence 2006, *Men's Behaviour Change Groupwork: Minimum standards for quality practice*, No To Violence, Melbourne.

- No To Violence 2011, *Monitoring minimum standards and quality practice in MBCPs: A guide for DHS Program and Services Advisers*, Department of Human Services, Melbourne.
- Norlander B & Eckhardt C 2005, 'Anger, hostility, and male perpetrators of intimate partner violence: A meta-analytic review', *Clinical Psychology Review*, 25:119–152.
- New South Wales Department of Health 2011, *NSW Health Family Health Strategy 2011–2016: Responding to Family Violence in Aboriginal Communities*, Centre for Aboriginal Health, Sydney.
- O'Malley R 2009, 'The probation and parole perspective', in Day A, O'Leary P, Chung D and Justo D (eds), *Domestic Violence: Working with men: Research, practice experiences and integrated responses*, Federation Press, Sydney.
- Opitz C 2012, *Integrated System Responses and Behaviour Change Programs for Intimate Partner Violence: Supporting women's safety during and after intervention with perpetrators*, unpublished PhD Thesis, University of South Australia, Adelaide.
- Organisation Intersex International Australia (OII), 'What is Intersex?', viewed 24/09/11, <http://oii australia.com/information/intersex/>
- Panchanadeswaran S, Ting L, Burke JG, O'Campo P, McDonnell KA, & Gielen AC 2010, 'Profiling abusive men based on women's self-reports: findings from a sample of urban low-income minority women', *Violence Against Women*, 16(3): 313–327.
- Perry B 2002, 'Childhood experience and the expression of genetic potential: What childhood neglect tells us about nature and nurture', *Brain & Mind*, 3: 79–100.
- Plummer D 2001, 'Policing Manhood', in Wood, C (ed), *Sexual Positions*, Hill of Content, Melbourne.
- Prochaska J & DiClemente C 1982, 'Transtheoretical therapy: Toward a more integrative model of change', *Psychotherapy: theory, research and practice*, 19: 276–288.
- Ptacek, J 1999, *Battered women in the courtroom: the power of judicial responses*, Northeastern University Press, Boston.
- Relationships Australia (NSW) and BCS Lifecare 2009, *What's Changed? Tracking male participants in domestic violence intervention programs*, Relationships Australia (NSW) and BCS Lifecare, Sydney.
- Research and Education Unit on Gendered Violence 2004, *A Comparative Assessment of Good Practice in Programs for men who use Violence Against Female partners*, Partnerships Against Domestic Violence, Office of the Status of Women, Commonwealth of Australia, Canberra.
- Respect & Relate 2008, 'Indicators for referral to couples counselling following domestic violence prevention programme attendance', viewed 17/11/11, http://www.respect.uk.net/data/files/indicators_for_referral_to_couples_work_final.pdf
- Respect 2008, *Respect Accreditation Standard*, Respect, London.
- Respect 2010, 'Respect briefing paper: Evidence of effects of domestic violence perpetrator programmes on women's safety', viewed 10/10/11, http://www.respect.uk.net/data/files/resources/respect_briefing_paper_on_the_evidence_of_effects_of_perpetrator_programmes_on_women_revised_18th_march_10.pdf
- Richards K 2011, 'Children's exposure to domestic violence in Australia', *Trends and issues in crime and criminal justice Australia* 419, Australian Institute of Criminology, Canberra.
- Risk Management Authority Scotland 2011, *Framework for risk assessment, management and evaluation: FRAME*, Risk Management Authority, Paisley.
- Scott K, King C, McGinn H & Hosseini N 2011, 'Effects of Motivational Enhancement on Immediate Outcomes of Batterer Intervention', *Journal of Family Violence*, 26(2): 139–149.
- Scottish Government 2010, *Caledonian System Children's Service Manual*, Scottish Government, Edinburgh.



Shephard-Bayly D 2010, 'Working with men who use violence: the problem of reporting "progress"', Australian Domestic and Family Violence Clearinghouse Newsletter 39.

Smith J (forthcoming) <http://research.cwav.asn.au/AFRP/FamilyViolence/SAFER/default.aspx>, viewed 11/07/11.

Solid Kids, Solid Schools project, *What is?*, viewed 16/09/11, http://www.solidkids.net.au/index.php/what_is/.

St Denis C 2009, 'Identifying high risk, psychopathic and career criminal domestic violence offenders', Powerpoint presentation from *Bridging perspectives: Intervening with men who batter conference*, Minneapolis, May 12–15.

Statistics Canada 2003, *Family Violence in Canada: A Statistical Profile 2003*, Canadian Centre for Justice Statistics, Ministry of Industry, Ottawa.

Tamatea, A & Brown T 2011, 'Culture and Offender Rehabilitation in New Zealand: Considerations for programme delivery and development with Māori and Pacific Peoples' in McMaster K and Riley D (eds), *Effective Interventions with Offenders: Lessons Learned*, HMA, Christchurch.

Transgender Antiviolence Project, 'What is the TAVP?', viewed 24/9/11, <http://tavp.org.au/>

Urbis 2011, *National Roundtable on Domestic Violence and Sex Offender Programs: Discussion Paper*, Urbis.

Vermont Coalition of Batterer Intervention Services, 2005, *Vermont Statewide Standards for Programming for Men Who Batter Women*, Vermont.

VicHealth 2007, *Preventing violence before it occurs*, VicHealth, Melbourne.

Victorian Aboriginal Child Care Agency 2008, *Aboriginal Cultural Competence Framework*, Department of Human Services, Melbourne.

Victorian Law Reform Commission 2006, *Review of Family Violence Laws Report*, Victorian Government, Melbourne.

Wales D & Tiller N 2011, 'The changing nature of interventions' in McMaster K and Riley D (eds), *Effective Interventions with Offenders: Lessons Learned*, HMA, Christchurch.

Wangmann J 2011, 'Different types of intimate partner violence: an exploration of the literature', Issues Paper 22, Australian Domestic and Family Violence Clearinghouse, Sydney.

Ward T, Mann RE & Gannon TA 2007, 'The Good Lives Model of Offender Rehabilitation: Clinical Implications', *Aggression and Violent Behaviour* 12: 87–107.

WESNET 2000, *Domestic Violence in Regional Australia: A Literature Review*, Partnerships Against Violence, Canberra.

Westmarland N, Kelly L & Chalder-Mills J 2010, *Domestic violence perpetrator programs: What counts as success*, Respect Briefing Note 1, Respect, London.

Williams L 2009, 'Adaptations and developments in treatment programmes for offenders with developmental disabilities', *Psychiatry, Psychology and Law*, 16(1): 18–35.

Williams R 1999, 'Cultural safety — what does it mean for our work practice?', *Australian and New Zealand Journal of Public Health*, 23 (2): 213–214.

Women and Girls' Emergency Centre, undated, *It's Not Rocket Science: policies and procedures for services working with Transgender clients*, WECG, Sydney.

World Health Organisation, 'Sexual and reproductive health', viewed 24/09/11, http://www.who.int/reproductivehealth/topics/gender_rights/sexual_health/en/.

SECTION 06

Program
Resources



INTRODUCTION

The following pages contain a range of program resources, such as sample policies and procedures, forms, protocols, and form letters. Where relevant, specific tools are accompanied by guidance notes on their usage. With appropriate credit, all of the materials contained herein may be used and freely adapted.

Many of these resources have been compiled or adapted from materials provided by eleven experienced men's behaviour change program providers, in addition to other non-government and government agencies.

In particular, DAGJ greatly appreciates the contributions of:

- Department of Human Services (Victoria)
- EASE (Bendigo, Victoria)
- No To Violence (Victoria)
- Respect (United Kingdom)
- Northern Violence Intervention Program (South Australia)
- Whitehorse Community Health Service (Victoria)

Assessment, risk and safety

MEN'S COMPREHENSIVE ASSESSMENT TOOL

This form is designed to be completed after an assessment interview(s). While it might be tempting to utilise an interview schedule or progress through the form step by step, this is not recommended. This is because administering a questionnaire is not conducive to engagement and also because it might lead to inadequate follow-up questioning around risk indicators, dangers and threats.

Men's assessment should incorporate information from women about their and their children's experiences. All information provided by a woman (including flags of risk indicators, threats or dangers) should be documented in a separate form.

Information regarding the man provided by other sources should be documented in the man's file, with any relevant risk or other information also entered in his (ex)partner's file as appropriate.

Men's assessment is discussed in detail from page XX.

Adapted from *A framework for comprehensive assessment in men's behaviour change programs* (2009), with the kind permission of the Department of Human Services (Victoria).



Comprehensive assessment recording template

NAME	Family Name:	First Name:	Second Name:	Other name/Aliases:
CURRENT ADDRESS				
			Postcode:	
CONTACT DETAILS	Home phone number:	Work phone number:	Mobile phone number:	
	Email address:		Good times to call:	
AGE	Date of birth:	Age in years:		
LANGUAGE & CULTURE	Country of birth:	Preferred language:	Interpreter required (specify language/dialect):	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
INDIGENOUS IDENTITY	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Neither	<input type="checkbox"/> T.S.I. <input type="checkbox"/> Both	<input type="checkbox"/> Not asked	
DISABILITY	<input type="checkbox"/> No <input type="checkbox"/> Yes	(specify nature of disability)		
EMERGENCY CONTACT	Name		Phone number/s	

People affected by the man's behaviour (list children immediately under their primary adult carer and add another page if needed)

FAMILY NAME	FIRST NAME	DOB	ADDRESS	PHONE	RELATIONSHIP TO MAN
			<input type="checkbox"/> Same as above	<input type="checkbox"/> Same as above	
			<input type="checkbox"/> Same as above	<input type="checkbox"/> Same as above	
			<input type="checkbox"/> Same as above	<input type="checkbox"/> Same as above	

Genogram (see legend, last page)
Legal status, including any orders, charges or court proceedings pending, including any from other states (note that terminology differs from state to state):
Criminal convictions
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not asked
Details (including date/s of offence/s):
Current criminal charges
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not asked



Details (including date/s of offence/s):
Court proceedings
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not asked
Details:
Corrective Services involvement
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not asked
Name and contact details of CS officer:
Child protection involvement
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not asked
Name and contact details of child protection worker/s:
Current ADVO or other protective order
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not asked
Conditions
Past ADVO or other protective order
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not asked
Conditions
Requires attendance record?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not asked

Name and contact details of professional seeking attendance record:				
Attach copies of any relevant ADVOs/AVOs, community-based orders, or child protection directives.				
Details of past criminal convictions, previous AVDO/AVOs, prior involvement of police, prior involvement of child protection:				
Parenting status (record details for each child the man has fathered or been in a parenting role to)				
Child's name and man's relationship to child	Frequency of contact	Legal status of parenting role (including Family Court orders)	Arrangements for seeing child (including any restrictions)	Protective orders
Employment status and educational background				
Tick all that apply				
<input type="checkbox"/> Permanent <input type="checkbox"/> Contract <input type="checkbox"/> Temporary <input type="checkbox"/> Self Employed <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Shift work <input type="checkbox"/> Works from home				
Employer:				
Any notable features of employment history (e.g. significant time unemployed):				
Literacy level:				
<input type="checkbox"/> Illiterate <input type="checkbox"/> Basic literacy <input type="checkbox"/> Fully literate				



TOWARDS SAFE FAMILIES

A practice guide for men's domestic violence behaviour change programs

Level of education reached:
Days and hours of work, and any other regular appointments or commitments:
Mental health status, psychiatric history and cognitive capacity Details of any past contact with counsellors/mental health professionals:
Currently seeing a counsellor/mental health professional? <input type="checkbox"/> Yes <input type="checkbox"/> No
Their name, profession, organisation and contact details:
Closest friends/relatives/kin (note with an asterisk any that the man is likely to confide with):
Names and relationship of any other supportive people in the man's life:
Other notes regarding mental health or cognitive capacity:
Use of alcohol or other drugs (including history of use) Current alcohol use:
Number of occasions of drinking per week:
Number of drinks per occasion:

Current drug use:		
Type of drug:	Type of drug:	Type of drug:
Amount:	Amount:	Amount:
Frequency:	Frequency:	Frequency:
Details of historic alcohol or other drug use:		
History of problem gambling, including treatment:		
Ongoing physical health issues, current medications, and GP details if relevant:		
Details of past or present involvement with other services or statutory authorities:		
Referral pathway to the program (outline first thoughts of getting help, any persons or practitioners that have encouraged him at any point to get help, situations or crises that spurred help-seeking, if referred by someone else explain):		



<p>Account of worst episode of violence:</p>	<p>Check risk factors</p> <p>In victim:</p> <ul style="list-style-type: none"> • Is pregnant or has recently given birth* • Has depression or a mental health issue • Misuses or abuses drug and/or alcohol • Has ever verbalised or had suicidal ideas or • tried to commit suicide • Is isolated <p>Risk factors for perpetrators:</p> <ul style="list-style-type: none"> • Used weapon in most recent event* • Has access to weapons* • Has ever harmed or threatened to harm victim • Has ever tried to choke the victim* • Has ever threatened to kill victim* • Has ever harmed or threatened to harm or • kill children* • Has ever harmed or threatened to harm or • kill other family members • Has ever harmed or threatened to harm or • kill pets or other animals* • Has ever threatened or tried to commit • suicide* • Has or is stalking victim* • Has sexually assaulted victim* • Has breached Intervention Order • Misuses or abuses drug and/or alcohol* • Demonstrates obsession/jealous behaviour toward victim* • Uses controlling behaviours* • Is unemployed* • Has depression or a mental health issue • Has a history of violent behaviour (not family violence) <p>Relationship factors:</p> <ul style="list-style-type: none"> • Recent separation* • Escalation—increase in severity and/or • frequency of violence* • Financial difficulties <p>* Indicates increased risk of victim being killed or almost killed</p>
<p>Details of other episodes of violence or notable patterns or features of the violence</p>	

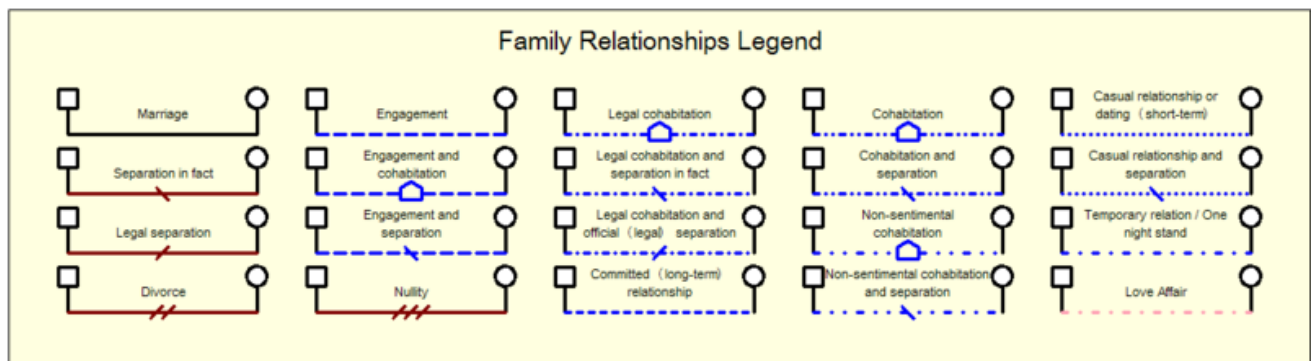
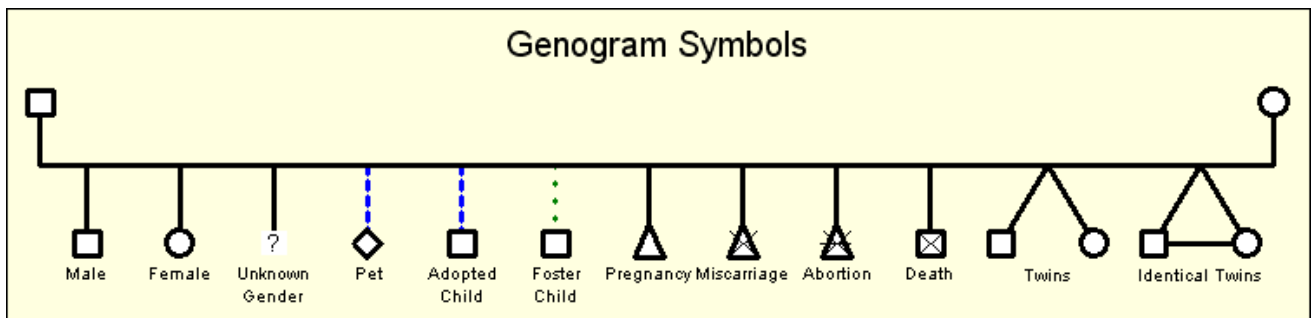
Man's thoughts on his behaviour and its effects on his (ex)partner and children:
Man's willingness or otherwise to take responsibility:
Motivators, barriers and readiness to change:
Strategies for behaviour change that the man has already tried:
Man's ideas for stopping his violence right now:
Three things the man would like to change in himself by coming to the program:
What might be different about the man's life if he is no longer abusive or violent:
The difference he thinks this would make to his partner, children and/or others:
Other information:



TOWARDS SAFE FAMILIES

A practice guide for men's domestic violence behaviour change programs

Consent		
<p>I, _____,</p> <p>consent for this agency to share the information I have provided in this assessment with other agencies.</p> <p>Signature: _____</p> <p>Date: _____</p> <p>If written consent cannot be obtained, verbal consent obtained: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		
Case management plan		
<p>Assessment outcomes</p> <p>Assessment interview(s) completed: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Suitable for program at this point: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Contract signed: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Program services to be provided and dates of commencement</p> <p>Any extra conditions of participation</p>		
Review date		
Referrals		
To whom	Reason for referral	Comments
Sign off		
<p>Interviewer one</p> <p>Name: _____</p> <p>Signature: _____</p> <p>Date: _____</p>	<p>Interviewer two</p> <p>Name: _____</p> <p>Signature: _____</p> <p>Date: _____</p>	<p>Supervisor/Manager</p> <p>Name: _____</p> <p>Signature: _____</p> <p>Date: _____</p>





VIOLENT BEHAVIOURS: CHECKLISTS FOR MEN AND WOMEN

These checklists can be used for men and for women. They represent the scope and frequency of various violent and controlling behaviours and may be used for assessment and for review.

The checklist for women should only be administered by or in the presence of the partner support worker. It is not a substitute for a thorough risk assessment.

The checklist for men is not a substitute for a danger or lethality assessment.

Violent behaviours: a checklist for men

Your name _____

Date _____

This is a list of behaviours that many women report have been used by their partners.

Please use the numbers to show how often (if at all) you have used these behaviours towards your current or previous partner, or towards one of your children.

KEY	1 = Never	2 = Rarely	3 = Occasionally	4 = Frequently	5 = Constantly
------------	-----------	------------	------------------	----------------	----------------

COERCION & THREATS	PARTNER	CHILDREN
Threatened to do something to hurt her		
Threatened to leave		
Threatened to commit suicide		
Threatened to report her to (for example, Centrelink, Community Services or Immigration)		
Made or pressured her to do illegal things		
Pressured her to drop legal charges		
Other (specify):		

INTIMIDATION	PARTNER	CHILDREN
Made her afraid by using gestures or looks		
Stood close to her in a menacing or intimidating way		
Screamed or yelled at her		
Said things to scare her		
Smashed or threw things		
Punched walls or doors or pounded fists		
Destroyed her personal items, ripped up clothes		
Drove recklessly when she was in the car		
Displayed weapons		
Stalked her (for example, sent her unwanted gifts, letters, texts or emails, continued to visit when she told you not to)		

Other (specify)		
-----------------	--	--

ECONOMIC & FINANCIAL ABUSE	PARTNER	CHILDREN
Prevented her from getting or keeping a job		
Put her on an allowance		
Prevented her from having money for her own use		
Made her beg for money		
Took her money or used her cards without her permission		
Made unrealistic demands about household spending		
Didn't let her have access to information about household income		
Controlled her spending		
Took financial risks or incurred debts without her consent		
Didn't give her a say in financial decisions		
Refused to provide for the children and/or pay for child support		
Other (specify)		

EMOTIONAL ABUSE	PARTNER	CHILDREN
Put her down, called her names, criticised her, called her "irrational"		
Tried to make her feel bad about herself		
Played mind games, twisted her words, tried to make her think she's crazy		
Gave her the silent treatment, caused her to tip-toe around		
Humiliated her alone or in public		
Cut her off when she wanted to discuss something with you		
Tried to make her feel guilty		
Had unrealistic expectations (for example, about tidiness around the house)		
Ridiculed her religious or spiritual beliefs		
Made her do something humiliating or degrading (for example, beg for forgiveness, ask your permission to do something)		
Refused to look after the children		
Taken out an ADVO against her as a means of threatening her or negating an ADVO against you		
Refused to do housework		
Became upset with her because dinner, housework etc. were not ready or done the way you thought they should be		



TOWARDS SAFE FAMILIES

A practice guide for men's domestic violence behaviour change programs

Other (specify)		
-----------------	--	--

ISOLATION	PARTNER	CHILDREN
Controlled what she does, who she talks to, what she reads		
Controlled what she wears (for example, told her not to wear make up or short skirts)		
Limited her outside involvement or where she goes		
Checked up on her		
Went through her mail, email, text messages or call history; accessed her online social networking accounts		
Criticised or made a fool of her family and friends		
Other (specify)		

USING CHILDREN	PARTNER	CHILDREN
Used children to relay messages or check up on her		
Tried to make her feel guilty about the children and parenting		
Used visitation or contact changeover to harass her		
Deliberately turned up late, returned children late, not returned children, not turned up for contact visits		
Used the children to threaten her		
Threatened to take the children away		
Repeatedly sought contact with your child/ren in order to get back into the relationship		
Other (specify):		

PHYSICAL ABUSE	PARTNER	CHILDREN
Pushed, grabbed, tripped, shoved, poked or prodded her		
Slapped, hit, punched or kicked her		
Pulled hair, scratched, bit her		
Harmed pets (for example, teased, starved, punished, locked up)		
Held her down or pinned her to the wall against her will		
Shook her or threw her to the ground		
Choked or strangled her		
Burned her		

Used a knife, gun or other weapon against her		
Other (specify):		

SEXUAL ABUSE	PARTNER	CHILDREN
Made her watch sex movies/pornography		
Demanded she have sex with you		
Refused to have sex with her as "punishment"		
Physically forced her to have sex		
Forced her to have sex in a way she didn't want		
Tried to make her feel guilty about not wanting sex		
Had sex with her while she was asleep		
Pressured or manipulated her into sex by making threats		
Attacked her sexual parts or touched her when she didn't want you to		
Sexually interfered with the children or thought about sexually interfering with them		
Other (specify):		

GENDER OR SOCIAL PRIVILEGE	PARTNER	CHILDREN
Treated her like a servant		
Made all the big decisions		
Acted like you "own" her		
Acted as if you as the man should be in charge		
Acted as if your needs are more important than hers		
Other (specify):		

ALCOHOL AND OTHER DRUGS	PARTNER	CHILDREN
Made her drink more than she wanted, or made her take drugs		
Frightened her when you were drunk		
Other (specify):		



TOWARDS SAFE FAMILIES

A practice guide for men's domestic violence behaviour change programs

MINIMISING, DENYING, BLAMING	PARTNER & FREQUENCY	CHILDREN & FREQUENCY
Made light of your abuse and her concerns about it		
Said the abuse didn't happen		
Shifted responsibility for the abuse away from you		
Focused on her behaviour		
Used jealousy, envy or "love" to justify your actions		
Other (specify):		

ROAD RAGE	FREQUENCY
Pursued another car in anger	
Threatened another driver	
Assaulted another driver	

Violent behaviours: a checklist for women

This is a list of behaviours that many women report have been used by their partners.

Please use the numbers to show how often (if at all) the man named below has used these behaviours.

This checklist is confidential and we will not tell the man anything about what you have written or said.

Man's name

Date

KEY 1 = Never 2 = Rarely 3 = Occasionally 4 = Frequently 5 = Constantly

COERCION & THREATS	YOU	CHILDREN
Threatened to do something to hurt you		
Threatened to leave		
Threatened to commit suicide		
Threatened to report you to (for example, Centrelink, Community Services or Immigration)		
Made or pressured you to do illegal things		
Pressured you to drop legal charges		
Other (specify):		

INTIMIDATION	YOU	CHILDREN
Made you afraid by using gestures or looks		
Stood close to you in a menacing or intimidating way		
Screamed or yelled at you		
Said things to scare you		
Smashed or threw things		
Punched walls or doors or pounded fists		
Destroyed your personal items, ripped up clothes		
Drove recklessly when you were in the car		
Displayed weapons		
Stalked you (for example, sent you unwanted gifts, letters or emails, continued to visit when you told him not to)		
Other (specify):		



TOWARDS SAFE FAMILIES

A practice guide for men's domestic violence behaviour change programs

ECONOMIC & FINANCIAL ABUSE	YOU	CHILDREN
Prevented you from getting or keeping a job		
Put you on an allowance		
Prevented you from having money for you own use		
Made you beg for money		
Took you money or used you cards without your permission		
Made unrealistic demands about household spending		
Didn't let you have access to information about household income		
Controlled you spending		
Took financial risks or incurred debts without your consent		
Didn't give you a say in financial decisions		
Refused to provide for the children and/or pay for child support		
Other (specify):		

EMOTIONAL ABUSE	YOU	CHILDREN
Put you down, called you names, criticised you, called you "irrational"		
Tried to make you feel bad about yourself		
Played mind games, twisted you words, tried to make you think she's crazy		
Gave you the silent treatment, caused you to tip-toe around		
Humiliated you alone or in public		
Cut you off when you wanted to discuss something with you		
Tried to make you feel guilty		
Had unrealistic expectations (for example, about tidiness around the house)		
Ridiculed you religious or spiritual beliefs		
Made you do something humiliating or degrading (for example, beg for forgiveness, ask your permission to do something)		
Refused to look after the children		
Taken out an ADVO against you as a means of threatening you or negating an ADVO against you		
Refused to do housework		
Became upset with you because dinner, housework etc were not ready or done the way he thought they should be		
Other (specify):		

ISOLATION	YOU	CHILDREN
Controlled what you do, who you talk to, what you read		
Controlled what you wear (for example, told you not to wear make-up or short skirts)		
Limited you outside involvement or where you go		
Checked up on you		
Went through your mail, email, text messages or call history; accessed your online social networking accounts		
Criticised or made a fool of you family and friends		
Other (specify):		

USING CHILDREN	YOU	CHILDREN
Used children to relay messages or check up on you		
Tried to make you feel guilty about the children and parenting		
Used visitation or contact changeover to harass you		
Deliberately turned up late, returned children late, not returned children, not turned up for contact visits		
Used the children to threaten you		
Threatened to take the children away		
Repeatedly sought contact with your child/ren in order to get back into the relationship		
Other (specify):		

PHYSICAL ABUSE	YOU	CHILDREN
Pushed, grabbed, tripped, shoved, poked or prodded you		
Slapped, hit, punched or kicked you		
Pulled hair, scratched, bit you		
Harmed pets (for example, teased, starved, punished, locked up)		
Held you down or pinned you to the wall against you will		
Shook you or threw you to the ground		
Choked or strangled you		
Burned you		
Used a knife, gun or other weapon against you		
Other (specify):		



TOWARDS SAFE FAMILIES

A practice guide for men's domestic violence behaviour change programs

SEXUAL ABUSE	YOU	CHILDREN
Made you watch sex movies/pornography		
Demanded to have sex with you		
Refused to have sex with you as "punishment"		
Physically forced you to have sex		
Forced you to have sex in a way you didn't want		
Tried to make you feel guilty about not wanting sex		
Had sex with you while you were asleep		
Pressured or manipulated you into sex by making threats		
Attacked your sexual parts or touched you when you didn't want him to		
Sexually interfered with the children		
Other (specify):		

GENDER OR SOCIAL PRIVILEGE	YOU	CHILDREN
Treated you like a servant		
Made all the big decisions		
Acted like he "owns" you		
Acted as if he as the man should be in charge		
Acted as if his needs are more important than yours		
Other (specify):		

ALCOHOL AND OTHER DRUGS	YOU	CHILDREN
Made you drink more than you wanted, or made you take drugs		
Frightened you when you were drunk		
Other (specify):		

MINIMISING, DENYING, BLAMING	YOU	CHILDREN
Made light of your abuse and your concerns about it		
Said the abuse didn't happen		
Shifted responsibility for the abuse away from himself (and onto you)		
Focused on you behaviour		
Used jealousy, envy or "love" to justify his actions		
Other (specify):		

ROAD RAGE	FREQUENCY
Pursued another car in anger	
Threatened another driver	
Assaulted another driver	



DETERMINING WHETHER A MAN IS IN NEED OF PROTECTION FROM FAMILY VIOLENCE

This tool, reproduced with the kind permission of UK-based *Respect*, is for use with men who claim to be the sole or primary victim of family violence in the context of a heterosexual or same-sex relationship. It is intended to assist professionals to make a judgement on whether a man is perpetrating or in need of protection from family violence.

This tool is not based on a list of questions that should be asked of the man. Rather, it categorises different types of evidence gathered via assessment interviews with the man and other sources. The tool is a means to summarise and reflect on all available evidence.

The tool does not cover all (or even most) of the indicators discussed in this guide. Professionals should explore the presence or absence of the indicators detailed in the discussion on *Assessing claims by men to be victims of domestic and family violence* (page 129) before using the tool. In reaching a conclusion, professionals should use their experience, professional judgement, sense of the client's authenticity and gut feeling, as well as the tool.

Who is doing what to whom and with what consequences?

To use this tool, record all statements for which you have some evidence and indicate in the final column if there is a lack of evidence (i.e. the statement seems not to be true).

Documenting the evidence

EVIDENCE TYPE	EVIDENCE THAT THIS STATEMENT IS TRUE	LACK OF EVIDENCE THAT THIS STATEMENT IS TRUE
Client has experienced incidents of violent or abusive behaviour from partner or other		
Client has been injured or needed medical attention as a result of partner's or other's behaviour		
Client is in fear of violence to self or child		
There is a pattern of coercive control—e.g. client feels controlled and can't make decisions		
Client is in fear of violence at separation or separation-related violence has already taken place		
Client is NOT using violence or threats		
Authentic descriptions of incidents, injuries, fear, control etc		
Client has made some use of violence as self-defence during attack or to prevent attack from partner or other		
Client has made some use of violence to protect children from partner or other		
Client has made some use of violence in retaliation to violence from partner or other		
No injuries to client or child		



TOWARDS SAFE FAMILIES

A practice guide for men's domestic violence behaviour change programs

Client is NOT afraid of partner/other		
No pattern of coercive control in either direction		
Client's descriptions of violence from partner or other are inauthentic		
Client has used violence against partner/other and NOT as self-defence or resistance		
Client's partner/other has been injured/needed medical treatment as result of client		
Client's child has sustained injuries as result of something the client did		
Client's partner/other has NOT used violence or only in self-defence		
Client's partner/other is afraid of client		
Pattern of coercive control in which client is the controlling partner/other		
Client has threatened partner/other or child		
Client has used coercion/threats/violence to gain sexual access to partner/child		
No clear evidence or unclear patterns of evidence, such as evidence mixed throughout this list		

Analysing the evidence

The following provides a guide for assessing who is the victim or user of violence.

Victim of family violence

If there is evidence that the statements in rows 1–7 are true and evidence that rows 14–22 are NOT true, this is likely to indicate that the client is a victim of family violence. If there is evidence that rows 15–22 are true, check that the person has not been resisting violence or defending themselves (this should be recorded in rows 8–10). Clarifying questions about the incidents will help to provide more information, as will other information from other sources.

User of family violence

If there is evidence that the statements in rows 15–22 are true and evidence that rows 1–7 are NOT true, this is likely to indicate that the client is a user of family violence.

Victim of violence who uses or has used violent resistance

If there is evidence that some of the statements in rows 1–7 are true but also some evidence that the statements in rows 8, 9 or 10 are true, and evidence that the statements in rows 11–22 are NOT true, this is likely to indicate a victim who is also using or has used violent resistance.

User of violence whose victim has used or is using violent resistance

If there is evidence that some statements in rows 15–22 are true, some evidence that statements 1 and 2 are true, and evidence that the statements in rows 3–7 are NOT true, it is likely that the client is a perpetrator whose victim has used or is using violent resistance.

Unhappy relationship or not clear

If there is evidence that the statements in rows 11–13 are true, it is *possible* that there is no family violence, but that the client is unhappy in the relationship and has identified some behaviour as abuse. If there is evidence that at least some of the statements in rows 1–10 are true, it is possible the client is a victim of family violence. However, if there is little evidence in rows 1–10, particularly if there is evidence that rows 1 and 2 are NOT true, this is likely not to be a victim of family violence. If at least some of the statements in rows 15–22 are true, it is likely that the client is a user of family violence. More information will be needed to be clearer about this.

Unclear evidence—no conclusion yet

In some cases there will be insufficient evidence to form even a tentative conclusion. In these situations it is important not to reach a hasty or false conclusion and to record instead that there is no conclusion and carry out further assessment if possible.



SAFETY PLANNING MATERIALS

There are many ways to use the materials on the following pages and program providers should choose the approach that best suits their processes and clients. The forms may be set up with fields on the partner support worker's computer and tailored to each woman's needs, developed into a set of handouts, or used as talking points with specific recommendations or information documented as needed. Even when a printed safety plan is not appropriate or suited to the woman, it is vital to talk through all of the points of safety listed in these materials.

Safety planning is discussed in detail on page 100.

Safety information for all women

Contact police on 000 if you are in danger or think you might be in danger.

Otherwise, contact the Domestic Violence Line on **1800 656 463**.

Preparing to be safe

Work out now:

- an escape route (for example, what doors, windows, lifts or stairwells)
- what you will do to try to keep your children safe
- where to go when you escape and how to get there (including form of transport if your car is unavailable)
- what you will do and where you will go if you need to leave empty handed.

Do this even if you no longer live with your (ex)partner and even if you have an ADVO.

If you are in danger

If you are in immediate danger from your (ex)partner:

- try to avoid being in rooms that have potential weapons or hard surfaces—such as bathroom, garage, kitchen
- try to avoid being in rooms from which it is hard to access the front door
- use your judgement—if the situation is very serious, do whatever is needed to calm him down.

You have to protect yourself until you are out of danger.

Remember, you never deserve to be hurt. You are not to blame for the dangerous situation.

Knowing who can help

Write down the names and phone numbers of at least three people who can help you to be safe. Ideally, these will include people who live close by and who are likely to be home if you are in danger.

- name
- phone number (consider putting it in mobile phone and/or speed dial)
- consider a code word for help

Safety if you are still living with the person who is causing you harm

Things to do now

Inform your neighbours of the specifics of your safety situation and make arrangements for them to contact police if they are concerned for your safety

Consider what arrangements you might need to make for pets (RSPCA NSW operates a Pet Protection services in some areas)

Make arrangements so that you can access cash in a hurry

Remove essential documents from the house and/or make copies to leave with someone you trust and can contact easily

Pack an emergency bag containing:

- cash
- phone charger (buy a spare)
- phone card
- spare set of keys for house, car, office
- spares of any essential medication required by any family member

Know how to protect yourself on the internet

- do not use a computer that he has access to when researching information about domestic or family violence services or as part of researching your safety plan
- if you have or must use a computer that he has access to, learn how to take steps to cover your internet tracks to the best extent possible
- be aware of the risks of sharing information online—remember that it easy for people to disguise themselves as a friend
- talk to children, friends and family about online safety.

Packing to leave

If you are leaving at a time when there is no immediate danger (for example, while the police are at your home), pack:

- security/comfort toys, blankets or other items for your children (these are probably the most important items to pack if you can, as they cannot be replaced)
- documents (see below)
- dummy/bottles
- nappies
- toys and books for each child
- several changes of clothes for each person
- any disability aids or essential medication that might be needed.

If you don't already have an emergency bag, also pack:

- cash
- phone charger (buy a spare)
- phone card
- keys for house, car, office

Useful documents to have

- documents that prove your and your children's identities (passport, license, birth certificate)
- bank account details
- prescriptions
- Centrelink card
- Medicare card
- marriage certificate
- citizenship papers
- other legal papers:
 - mortgage
 - rental agreement
 - insurance policies
 - will
 - tax file number
- details of any aids and equipment needed if you or a family member has a disability.

When you are living with your children

Your children need you to show them that it is okay to talk about the violence. They need to know that they are not responsible for it, and that you will do what you can to help them to be safe.

If your child is old enough, you can talk with them about what they might do in different situations. For example, you could talk about 'What if you felt scared?' or 'What if someone was hurt and you had to call an ambulance?'

If your (former) partner tends to blow up or cycle through violence, you might also help your child to recognise signs that violence is coming.

Together, you could discuss the best things to do in all of these situations. This is especially important if you think there is a danger your child might step in to try to stop the violence.

Your child might also need help from you about how to talk to others about the violence. It is important that they don't feel they have to keep the violence a secret. Children are safer when other people know about the danger.



Leaving

If you leave, your child might need to know what plans you have for:

- their pet
- their special things, or
- keeping in touch with special people.

Safety planning

You can make a safety plan with your child if you think they have the maturity. Safety planning for children and young people is something you should discuss with a professional.

Safety if you have left

Mobile phones

If possible, get a new phone

Be wary of phones that the perpetrator has had access to (this includes children's phones)

Use the 'block my number' feature on all of the family's mobile phones

Use the 'caller ID feature'

Use a computer the perpetrator of family violence does not have access to

Internet and banking safety

Change pin numbers and passwords on everything

Create new accounts for email, instant messaging, etc.

Be aware of the risks of sharing information online—remember that it is easy for people to disguise themselves as a friend

Talk to children, friends and family about online safety

Beware of opening attachments or links sent to you by unknown people or the perpetrator

Physical safety

Consider changing locks on doors and windows

Consider installing window locks if they are not already fitted

Inform trusted neighbours of the specifics of your safety situation and make arrangements for them to contact police if they are concerned for your safety

Safety at work

Inform your manager of the specifics of your safety situation and make arrangements for them to contact police if they are concerned for your safety

Arrange for your work calls to be screened

Make safety plans for leaving work (including if you don't leave at your regular time)

Safety in transit

Make plans for your safety when travelling—in the car, on public transport, or on foot.

CASE PLAN TEMPLATE

This case plan template could be used for men, women or children. It is designed to be simple and easy to use. It should be kept up-to-date and preferably in the front of the client's file. For women and children, the case plan sits alongside their safety plan.

Clients should receive a photocopy of the plan, preferably with their responsibilities highlighted.

Explanatory notes:

Goals

Men should be required to have family violence-related goals.

Women's and children's goals might be family violence related or not.

Schedule for participation in the program

This refers to how the person will engage with the program.

In the case of men, this section is to document:

- times, duration and other details of the group work he is expected to participate in
- the number and frequency of any individual sessions
- any requirements the program has for men to complete 'home activities'
- frequency of any regular phone contact the program might have.

In the case of women and children, this section is to document:

- mutually agreed times or frequency of contact
- any provisions for the client to contact the partner support worker at other times (this should include a telephone number)

Wellbeing issues

These are issues that might or might not be affecting safety. They include housing, income support, employment, health, mental health, addictions, legal issues, or personal development. Tasks include referral, provision of information or direct service delivery.



TOWARDS SAFE FAMILIES

A practice guide for men's domestic violence behaviour change programs

Case plan

NAME		
DOB		
CONTACT PHONE NUMBERS		
GOALS REGARDING FAMILY VIOLENCE		
GOALS REGARDING FAMILY VIOLENCE		
GOALS REGARDING FAMILY VIOLENCE		
ANY OTHER GOALS NOT DIRECTLY RELATED TO THE VIOLENCE		
ANY OTHER GOALS NOT DIRECTLY RELATED TO THE VIOLENCE		
ANY OTHER GOALS NOT DIRECTLY RELATED TO THE VIOLENCE		
SCHEDULE FOR PARTICIPATION IN THE PROGRAM		

WELLBEING ISSUES TO ADDRESS				
Issue	Task arising	Responsibility	Timeframe	Outcome (NB re-list if new tasks arise)

RISK REVIEW AND MANAGEMENT PLAN

This tool can be used when there is a significant change or changes to the man's life or situational circumstances, risk indicators or in his behaviour that suggests new, increased or renewed safety concerns. The tool assists a thorough, coordinated and documented response to the risk. The tool is best used when the whole team—men's and women's workers and any other relevant practitioners or agencies—can share information and develop the plan either through a face-to-face meeting or phone conferencing.

Risk review and management plan

Details of new or changing nature of particular situational circumstances, risk indicators or critical incidents:
Details of any escalation in the man's use of violence:
Implications for safety of (ex)partner:
Implications for safety of children or others:

Risk management plan:

This should be prepared for each risk situation, drawing on the Risk management action guidelines over page.

ACTIONS TO MANAGE RISK	WHO TO ACTION	WHEN	COMMENTS



TOWARDS SAFE FAMILIES

A practice guide for men's domestic violence behaviour change programs

If there is an immediate risk issue or critical incident, the supervisor or team leader must be notified. Record details of this report here:			
If an act may constitute a criminal offence, police must be notified. Record details of this report here:			
If child safety is an issue, this must be reported to Community Services. Record details of this report here:			
Note, if there is doubt about reporting to Community Services, use the NSW Online Mandatory Reporter Guide (www.keepthemsafe.nsw.gov.au) or contact the Keep Them Safe Support Line on 1800 772 479.			

Risk management action guidelines

CLASSIFICATION	CHARACTERISTICS	PRIMARY ACTIONS	TIMEFRAME FOR ACTION
Danger situation	<p>Immediate</p> <p>Involves the risk of personal harm or significant property damage</p> <p>Requires emergency response</p>	<p>Phone 000 and request immediate police response</p> <p>Contact woman and assist her to implement immediate action towards her safety</p> <p>(Preferably one worker will contact police while second worker contacts woman)</p> <p>Contact referring agency (e.g. Community Services, CSNSW) if appropriate to advise of the situation</p>	Immediate
Specific risk situation	<p>Immediate or short term (in the next week)</p> <p>May involve risk of personal harm, property damage, breach of an Order or bail conditions</p> <p>Requires a non-emergency police response</p>	<p>Take immediate steps to notify woman and discuss action to take, including a schedule for extra support over the coming days and weeks</p> <p>Update all relevant safety plans (i.e. for woman and any children) to address the specific risk situation</p> <p>Contact local police station to advise of the risk situation (NSW Police Domestic Violence Liaison Officers can assist if required)</p> <p>Contact referrer (for example, Community Services, CSNSW) if appropriate to advise of the situation</p> <p>Plan how to engage with the perpetrator via the group or individual contact to reduce the risk, if appropriate</p>	Immediate
Non-specific risk situation	<p>Beyond the next week</p> <p>Is anything that:</p> <ul style="list-style-type: none"> might not be known to the man's (ex)partner and/or women's intake worker, and is likely to impact on the wellbeing of the man's (ex)partner or children <p>Does not require a police response</p>	<p>Notify woman at risk</p> <p>Consider increased frequency of contact with woman</p> <p>Plan how to engage with the perpetrator via the group or individual contact to reduce the risk, if appropriate</p>	Within 24 hours

In any of the above situations, program staff may also contact her women's family violence worker to:

- share information about the situation
- inform the worker of the action that police have taken or committed to
- discuss roles and responsibilities for follow up with police
- discuss any changes to the woman's safety plan that might be warranted.

All actions must be documented in the relevant case notes.



Partnerships

REFERENCE GROUP TERMS OF REFERENCE

Every men's behaviour change program requires a reference group. Clear terms of reference are important for defining the roles, responsibilities and scope of the group. This sample document may be adapted as needed, but all items addressed in the sample should be covered by a program's terms of reference.

Reference group terms of reference

Purpose

The purpose of the Reference Group is to:

- ensure the integrity of the program in terms of how its theoretical and conceptual base and model(s) of intervention are operationalised into program activities
- ensure that victim safety remains the primary consideration of the program
- monitor the implementation of the minimum standards
- develop and implement referral protocols
- develop and implement protocols governing responses to disclosures of violence, breaches of apprehended domestic violence orders and non-attendance and non-compliance with the program
- assist with the planning of program evaluation activities
- review program evaluation results in order to inform and amend any future program planning and delivery.

Scope of Reference Group activities

The Reference Group may provide advice, support and information for staff working in the men's behaviour change program, and make recommendations about the program. In particular, it may:

- provide staff and the Board with information, ideas and expert advice about accountability to women and children, male family violence intervention and prevention, and any other matter relevant to program planning, delivery or evaluation
- provide staff and the Board with critical feedback, advice, and suggestions for the planning, implementation and evaluation of all aspects of the program
- assist in promoting the program
- assist in evaluating program activities, by participating in surveys, interviews, or focus groups.

Decision making

The group's role is purely advisory, and as such, no formal decisions will be needed. It is expected that the Reference Group will aim for consensus in its recommendations. In the absence of consensus, program staff will be guided by trends and significant majority opinions of the Reference Group, taking into account contradictory opinions or ideas wherever practicable.

Responsibilities

Reference group members are encouraged to take into account and represent the needs, experiences and views of the stakeholders they work with.

Members are expected to attend regular meetings, or to give their apologies as early as possible prior to the meetings.

An agenda will be distributed to members by (insert name of person responsible) one week prior to each meeting.

Members are requested to prepare for meetings by reading the agenda and any other documents. New agenda items may be phoned through to staff (this is preferred), discussed in other business or deferred until the next meeting. (Insert name of role) will be responsible for writing and distributing minutes to all members of the Reference Group within two weeks of the meeting.

Selection/inclusion criteria

The Reference Group will comprise a broad, though not necessarily representative, range of individuals who have an interest in responding to and preventing male family violence. These people will be able to offer perspectives, skills and

experiences that might assist in the planning, implementation and evaluation of the program. We will proactively seek to maximise diversity in the Reference Group's composition.

Confidentiality

Discussions of the Reference Group will be confidential. All members are bound by (insert name of organisation)'s confidentiality policies and procedures as outlined in the Policy and Procedures Manual. In summary, these state that members must not disclose to any person or organisation any confidential information about the program and must not make any unauthorised use of any information, process, papers, or documents to which they may have access.

Terms of appointment

Reference Group members are appointed for a period of (insert period).

Meeting frequency, duration and location

The Reference Group will meet (insert frequency) at times and dates that suit the most members. Meetings will be held at (insert location).



MOU AND PROTOCOL BETWEEN MBCP AND WOMEN'S SERVICE

The process of developing an MoU and associated protocols can help organisations deepen their working relationships. This template provides a starting point for programs and women's services and should be tailored to their local situation.

Protocol one applies to circumstances in which a women's service is supporting a woman whose partner is participating in an MBCP but not necessarily providing the partner support role for the MBCP.

Protocol two covers active referrals by an MBCP to a women's service—for example, for outreach or counselling.

Protocol three is for situations in which an MBCP is contracting a women's service to provide partner contact on its behalf.

Memorandum of Understanding between [insert name of men's behaviour change program] and [insert name of women's service]

Context

This Memorandum of Understanding (MoU) between the [insert name of men's behaviour change program] and [insert name/s of women's family violence service] has been informed by the broad principles underpinning the NSW Government's Domestic and Family Violence Action Plan. It promotes a multi-agency response to family violence and supports an integrated service delivery model to assist women and children to live in safety and without fear.

[Insert brief description of men's behaviour change program]

[Insert brief description of women's service]

- This MOU defines the working partnership developed between the [insert name of men's behaviour change program] and [insert name/s of women's family violence service]. Via protocols, it articulates the collaborative roles and responsibilities of signatories with respect to:
- information sharing regarding participants in the men's behaviour change program
- active referrals of women to [insert name of women's service]
- contact with the (ex)partners of participants in the men's behaviour change program.

Our shared goals for this MoU are to:

- contribute to women's and children's safety within a human rights framework
- contribute to holding men accountable for their use of violent and controlling behaviour, and
- foster a whole-of-community response to the issue of men's violence towards women and children.

Authority/legal status

Privacy and confidentiality

Limited confidentiality is a condition of participation in [insert name of men's behaviour change program] and participants sign a contract to this effect. Limited confidentiality means that the program may:

- report incidents of violence which might be considered as criminal to police and any other relevant authorities (such as Probation and Parole Officers)
- provide feedback to the man's (ex)partner and convey any concerns that program staff have about his behaviour and attitudes, especially if staff believe these might affect the woman's safety or the safety of children
- provide information about or relevant to the man's use of violence to any services that are supporting his (ex)partner and children.

Other legislation, guidelines and minimum standards

The work of [insert name of men's behaviour change program] must also comply with the NSW Minimum Standards for men's behaviour change work.

[Insert other documents as required]

Resolving problems in the implementation of this MoU

Any concerns regarding the implementation of this Memorandum of Understanding will be managed in the first instance by the [insert role] of [insert name of men's behaviour change program] and [insert role] of [insert name of women's service].

Any unresolved issues will be referred to the [insert role] of [insert name of men's behaviour change program] and [insert role] of [insert name of women's service].

Terms and conditions

Representatives of parties to this MoU will have ongoing dialogue concerning the MoU and protocols, particularly in relation to the actual experience of the interface between the two services.

This MoU will be updated to reflect any changes to legislation and policy and procedures as required. Any changes to this document will be made in collaboration with the respective signatories or nominated representatives.

Review

A formal review of this MoU will occur three to six months from date of signing, or sooner if requested by either party. This review process will involve at least one meeting by the parties to this MoU, to discuss service usage patterns and other statistics, exception reports, and their experiences of all aspects of service implementation.

Signatories

Signature	Signature
Name	Name
Position	Position

Protocol 1: Information sharing regarding participants in the men's behaviour change program

Rationale

Men's behaviour change programs have an ethical obligation to share information pertaining to women's and children's safety with workers providing services to those women and children.

Information that may be shared by [insert name of men's behaviour change program]

[insert name of men's behaviour change program] may share with [insert name of women's service] any information pertaining to a participant's use of violence or his (ex)partner's or children's safety. Examples of this information include:

- his plans or intentions regarding illegal, violent or abusive acts
- new or emerging risk indicators (such as acquiring a weapon, going off medication for a mental health issue, increased alcohol consumption)
- attitudinal shifts that might be suggestive of increased risk.

Timeliness and methods of information sharing

Information will always be shared with [insert name of women's service] in a timely fashion. Decisions about the timing and method of communicating information will be informed by the participant's Risk Assessment and Risk Management plan.

Information regarding specific danger situations must be communicated by telephone, by calling either the general number of [insert name of women's service] and speaking with the worker concerned or (in her absence) her manager OR by calling the mobile phone of the worker concerned.

Information of a non-urgent nature may be shared by telephone, fax or email.

Receipting and follow up on information

Information shared by fax or email must be acknowledged by [insert name of women's service] immediately on receipt.

Information shared by fax or email that is not receipted on the same or next business day must be followed up by a phone call within a further 24 hours.

In all instances, the minimum receipt of information that is required is an acknowledgement that the information has been received and given due consideration. Workers from [insert name of women's service] are not required to explain their actions or considerations or report the outcomes of liaison with the man's (ex)partner to [insert name of men's behaviour change program].



Documenting information that is shared

[insert name of men's behaviour change program] will document in the man's file:

- what information was shared
- the general reasons for sharing the information (for example, safety)
- who the information was shared with, the date and the method of information sharing.

Protocol 2: Active referrals of women to [insert name of women's service]

Rationale

This protocol concerns arrangements with a women's domestic and family violence service when partner contact is provided internally by the MBCP, rather than by the woman's service.

Men's behaviour change programs come into contact with women who—for a variety of reasons—have not contemplated using women's domestic and family violence services. One of the strengths of men's behaviour change programs is that they can encourage and assist these women to tap into specialist support and advocacy services. Active referral is appropriate for women who would like a specialist women's domestic and family violence service to contact them.

It is understandable that women often do not wish to repeat their stories to multiple service providers. In many situations, a partner support worker located within the MBCP provider agency will be able to address her safety planning and other support needs. However, some women, particularly those at high risk at any given point of time, might require the more specialised assistance of a women's domestic and family violence service, who might have access to expertise and resources beyond what the partner support worker within an MBCP is able to provide.

Who may be referred

The [insert name of men's behaviour change program] will offer active referral to all women it contacts in the course of providing a program to male users of domestic and family violence.

How the program will refer

The referral will be made using the Women's Active Referral Form.

The form will be sent to [insert name of women's service] via fax to [insert fax number].

Receipt of referral

[Insert name of women's service] will receipt the referral within two business days.

Referrals that are not receipted within this timeframe must be followed up by a phone call from the [insert name of men's behaviour change program] within two business days.

In all instances, the minimum receipt of information that is required is an acknowledgement that the information has been received and given due consideration. Workers from [insert name of women's service] are not required to explain their actions or considerations or report the outcomes of liaison with the man's (ex)partner to [insert name of men's behaviour change program].

Information sharing

Insert text regarding the parties' information sharing agreements—protocol 1 does not cover information sharing between MBCP and women's family violence service concerning contact with the woman

Case management

- The [insert name of men's behaviour change program] and [insert name of women's service] will need to decide in each instance which of the two parties will case manage the women's risk and support needs, or whether co-case management will occur. This will depend on the individual circumstances concerning the woman's ongoing risk management and support needs, and who is best served to case manage this in the long-run.
- In situations where case management of the woman's ongoing risk management and support needs is handled by the women's service, the MBCP will continue partner contact work, unless the MBCP has an agreed protocol with the women's service concerning this service's provision of partner contact.

Protocol 3: Contact by a women's family violence service with the (ex)partners of participants in the men's behaviour change program

Rationale

The most vital role of men's behaviour change programs is facilitating contact with women and children, in the interests of their immediate and long term safety and wellbeing. Support is equally important for women and children who appear to be in no physical danger.

- have a safe space to talk about their experiences and that of their children
- have opportunities to identify and validate the ways they have resisted their partner's violence and reclaimed space for their own lives
- are supported to make plans to meet their own and their children's safety needs
- have opportunities to identify and gain access to services and information
- have opportunities to obtain realistic expectations about the program
- are given clear messages that their partner is fully responsible for his use of violence
- learn that their experiences and feelings are shared by many other women
- have chances to discuss their options and decisions about the relationship
- feel that they have a professional who can advocate on their behalf
- have opportunities for ongoing support, particularly support that strengthens women's self-agency.

Partner support is also important because program providers have a responsibility and duty of care to ensure that men's participation does not endanger their family or exacerbate abuse. Partner support offers women opportunities to:

- obtain accurate information about the program and their (ex)partner's participation
- give information to program staff about their (ex)partner's behaviour
- inform staff if they are concerned that their partner's participation in the program is making things worse
- give feedback to program staff about the program and issues in service delivery that they would like to see addressed
- contribute to program evaluation and learning.

Partner support role

Partner support for the [insert name of men's behaviour change program] will be provided by [insert name of women's service] on a sub contractual basis. The sub contract will specify the financial aspects of this arrangement. This protocol sets out:

- the roles and responsibilities of [insert name of women's service]
- the roles and responsibilities of [insert name of men's behaviour change program]
- the role and responsibilities of the partner support worker
- information that should be provided to women on behalf of [insert name of men's behaviour change program]
- the duration of partner support
- processes for responding to safety concerns arising from partner support [nb these are not included in the sample protocol; rather, they should be derived from the sample policy and procedure in this guide].

Role and responsibilities of [insert name of women's service]

[Insert name of women's service] will employ the partner support worker. It will:

- work with [insert name of men's behaviour change program] to develop a position description for the partner support worker role
- provide day-to-day management of the partner support worker
- provide all organisational and administrative infrastructure necessary for the partner support worker to perform her job
- ensure that the work of the partner support worker is integrated with that of the rest of the organisation (women's service)
- work towards ensuring that policies and procedures relevant to the partner support worker's role are consistent with (or at least do not contradict) those of the [insert name of men's behaviour change program]
- ensure that all relevant occupational health and safety policies and procedures are documented and implemented
- ensure coverage of the partner support worker's role when that worker takes planned or unplanned leave
- conduct the partner support worker's annual performance review (seeking input from the [insert name of men's behaviour change program])
- liaise with [insert name of men's behaviour change program] at a managerial level on a bimonthly basis, and also as needed regarding critical events
- provide a safe physical space for women to come into the women's service for face-to-face partner support when appropriate
- provide a group room appropriate for partner group support nights

Role and responsibilities of [insert name of men's behaviour change program]

[Insert name of men's behaviour change program] will:

- work with [insert name of women's service] to develop a position description for the partner support worker role



- ensure that lines of accountability between partner support workers and facilitators are agreed and documented
- provide fortnightly or monthly clinical supervision for the partner support worker in her partner support role, depending on her level of experience
- schedule meetings of the program team at times that suit the partner support worker and [insert name of men's behaviour change program]
- work towards ensuring that policies and procedures relevant to the partner support worker's role are consistent with (or at least do not contradict) those of the [insert name of women's service]
- share information pertaining to risk indicators or safety concerns suggesting a danger situation immediately, those suggesting a specific risk situation within 24 hours, and those suggesting a non-specific risk situation within five working days or sooner if indicated
- have input into the partner support worker's annual performance review
- liaise with [insert name of women's service] at a managerial level on a bimonthly basis, and also as needed regarding critical events
- provide co-facilitation of partner group support nights with the partner support worker
- provide information about the (ex)partner and any others to be contacted by [insert name of women's service] within one working day of obtaining this information from the man

Role and responsibilities of partner support worker

The partner support worker is the critical link between [insert name of men's behaviour change program] and program participants' (ex)partners and children. She will:

- potentially provide support to any adult affected by his use of violence, primarily women who are partners or ex-partners, but occasionally also an extended family member (e.g. the man's parent(s) or a same-sex attracted partner)
- attempt to make contact within three working days of receiving details from [insert name of men's behaviour change program]
- be proactive and respectfully persistent in attempting to contact women to initiate partner support, and in making contact with women after they have agreed to partner support
- clearly promote the benefits of partner support and why the [insert name of women's service] wishes to remain in contact with her, but respects the choices of women who do not wish to have contact
- provide women with up-to-date information about program activities and issues that arise through their (ex)partner's participation
- assess women's and children's risk and support, information and referral needs
- assist women to develop and implement a safety plan appropriate to their circumstances
- assist women to develop and implement safety plans for each of their children
- be the primary agent for contact with women whenever practicable
- assist women to
 - explore their narratives concerning his violence
 - understand that the man is 100 per cent responsible for his use of violence, and that they are in no way to blame
 - identify their own needs and to focus on these rather than focusing on their (ex)partner's needs
 - identify the needs of others who are affected by their (ex)partner's violence, such as children
 - reflect on their resistance and agency in responding to their (ex)partner's violence, and what this means for steps that they can take in the future
 - make meaning out of the changes that their (ex)partner is or isn't making through the program, and what this might mean for their own decisions for the future
- communicate women's feedback about their partner's behaviour to facilitators, in order to inform curriculum in the group program
- be alert to safety or risk issues and act upon these, following policies and procedures agreed between [insert name of women's service] and [insert name of men's behaviour change program]
- be alert to evidence that a man's participation in the program is increasing risk or compromising well-being for the women and/or her children, or that a man is using what he is learning in the group as a means to extend his tactics of control
- provide women with information about other services, supports and resources that might address her legal, emotional, economic, social and physical needs and work towards the well-being of herself and her children
- assist women to identify their options for support at the conclusion of their (ex)partner's participation in the program (preferably this will be a continuation of support via [insert name of women's service])
- co-facilitate partner information sessions with one or more facilitators of [insert name of men's behaviour change program]

- meet weekly with the [insert name of men's behaviour change program] to exchange information arising through partner support and to obtain relevant information from [insert name of men's behaviour change program] regarding the men, and through additional phone contact, with these information exchanges timed closely before and closely after each group session, and at other times when required
- participate in all of the [insert name of men's behaviour change program]'s team meetings, debriefing, supervision and relevant training and professional development activities
- develop strong working relationships with other agencies and professionals involved in integrated service delivery to manage high risk
- participate in risk review conferencing (phone-based or in-person) or other collaborative activities with the [insert name of men's behaviour change program] and other agencies or professionals to manage risk issues and critical incidents, when required

Information to be provided by the partner support worker to women

The partner support worker will provide information on:

- women's rights, including rights to live in safety, legal protection, support and information
- the limitations of MBCPs including the real possibility that the violence and controlling behaviours may not stop
- the content and issues covered in the group
- the participant's attendance and participation in the group, including what the group will be talking about
- what the program provider will do in the event of a participant breaching a court order or committing any act of violence against them or their children
- support services and resources.

The partner support worker will notify a woman if her partner misses two or more sessions (regardless of cause or him giving prior notice), or if his attendance becomes erratic.

Duration of partner support

Partner support commences with assessment and continues at least until men exit the program. At that time, women will be offered a range of other options for long-term emotional and practical support through [insert name of women's service] in the first instance, or with another service if required.

In all situations women will also be offered a one-off follow-up contact three to six months after the man has exited the program.

In situations agreed to by the [insert name of men's behaviour change program] and [insert name of women's service], partner support will be extended beyond the man's exiting from the program.

Frequency of contact with women

[Insert details of the frequency of contact as agreed by MBCP]

Additional partner supports will be required as part of managing potential risk situations or safety concerns, or where the man has an unexplained absence from the group, misses two sessions even if explained, is assessed as unsuitable for the program or when he exits the program either through completing it or being suspended or de-selected.

Medium of contact with women

Partner support might occur through telephone or face-to-face contact.

Partner group support nights might also be held through arrangement between the [insert name of men's behaviour change program] and [insert name of women's service].

Practices and procedures of partner support

The practices and procedures of partner support will be influenced by the NSW Practice Guide for Running Men's Behaviour Change Programs, in addition to this protocol.



MOU AND PROTOCOL BETWEEN MBCP AND ACTIVE REFERRERS

Active referrals are most effective when all parties have clarity about their roles and responsibilities. This template provides a starting point for programs and active referrers to document roles and responsibilities and should be tailored to their local situation.

Memorandum of Understanding (MoU) between the [insert name of men's behaviour change program] and [insert name/s of referring agency]

Context

This Memorandum of Understanding (MoU) between the [insert name of men's behaviour change program] and [insert name/s of referring agency] has been informed by the broad principles underpinning the NSW Government's Domestic and Family Violence Action Plan. It promotes a multi-agency response to family violence and supports an integrated service delivery model to assist women and children to live in safety and without fear.

[Insert brief description of men's behaviour change program]

[Insert brief description of referring agency]

This MOU defines the working partnership developed between the [insert name of men's behaviour change program] and [insert name/s of referring agency]. Via protocols, it articulates the collaborative roles and responsibilities of signatories with respect to:

- formal referral
- information sharing
- follow up of men who absent themselves from the program or exit before its conclusion
- follow up of men who are at risk of being de-selected or who have been de-selected from the program due to the nature of their participation.

Our shared goals for this MoU are to:

- contribute to women's and children's safety
- contribute to holding men accountable for their use of violent and controlling behaviour, and
- foster a whole-of-community response to the issue of men's violence towards women and children.

Basis for formal referral

The referral relationship between [insert name/s of formal referrer] and the [insert name of men's behaviour change program] exists primarily to maximise the safety of women and children experiencing family violence. Other, secondary objectives are:

- to hold men accountable for their use of family violence
- engage with male users of family violence in ways that might increase their readiness to commence men's behaviour change work, and to participate fully when they have commenced
- reinforce to men both the seriousness and unacceptability of their use of family violence.

[Insert name of men's behaviour change program] accepts formal referrals from [insert name/s of formal referrer] on the basis of the protocols that accompany this MoU. These protocols are intended to ensure that formal referral works towards the objectives listed above.

Guiding principles

The principles of the formal referral relationship between the [insert name of men's behaviour change program] and [insert name/s of formal referrer] are that:

- formal referrals must focus on women's and children's safety
- formal referrals are a way to communicate to men that the community requires them to take responsibility for their use of violent and controlling behaviour
- formal referrals are a way to offer men help and support towards taking responsibility for their use of violent and controlling behaviour
- all practicable efforts should be made to hold a man accountable for his use of violent and controlling behaviour
- the active support of the referrer throughout the man's participation in the men's behaviour change program can help to enhance his participation and improve the outcomes obtained from his participation

- referrers need to know when a man they have referred cannot be contacted, or when a man expresses that he is not interested in men's behaviour change services or any further contact with a men's behaviour change intake service
- it is the responsibility of the referrer to decide whether any further action is necessary, if a man cannot be contacted after a formal referral, or expresses that he is not interested in men's behaviour change services or any further contact with a men's behaviour change intake service

Service scope

The [insert name of men's behaviour change program] accepts formal referrals from [insert name/s of formal referrer] for men who [insert eligibility criteria].

Resolving problems in the implementation of this MoU

Any concerns regarding the implementation of this Memorandum of Understanding will be managed in the first instance by the [insert role] of [insert name of men's behaviour change program] and [insert role] of [insert name/s of formal referrer].

Any unresolved issues will be referred to the [insert role] of [insert name of men's behaviour change program] and [insert role] of [insert name/s of formal referrer].

Terms and conditions

Representatives of the [insert name of men's behaviour change program] and [insert name/s of formal referrer] will participate in ongoing meetings to review this MoU.

This MoU will be updated to reflect any changes to legislation and policy and procedures as required. Any changes to this document will be made in collaboration with the respective signatories or nominated representatives.

Review

A formal review of this MoU will occur three to six months from date of signing, or sooner if requested by either party. This review process will involve at least one meeting by the parties to this MoU, to discuss service usage patterns and other statistics, exception reports, and their experiences of all aspects of service implementation.

Signatories

Signature	Signature
Name	Name
Position	Position

Protocol

Process for formal referrals

Referring

Staff of [insert name/s of referring agency] who wish to formally refer a man must firstly:

- consider the appropriateness of the referral, taking into account the program's eligibility criteria
- talk with the man about the need for his (ex)partner and children to be safe
- try to ascertain whether the man's (ex)partner has been referred to a women's service and—if necessary and appropriate—initiate such a referral
- inform the man that there are services to support men to help make things better for themselves and their families, and to consider and address their behaviour
- advise the man that he is being referred to [insert name of men's behaviour change program]
- explain that the first step in the process will be an assessment to determine if he is suitable for the program, and for him to acquire information about the program
- outline the process by which the man will be required to initiate contact with the program, or by which the program will contact him



- complete an Active Referral Form and obtain the man's consent to send to [insert name of men's behaviour change program].

Receiving and acting on the referral

Men who contact the [insert name of men's behaviour change program] having been referred by [insert name/s of referring agency] will be offered an assessment session within two weeks of this contact.

If the [insert name/s of referring agency] requests an active referral (in which the program is asked to initiate telephone contact with the man being referred), the [insert name of men's behaviour change program] will:

- review the referral information within three working days to ascertain the circumstances of the referral and that all relevant information has been provided
- decide if referral is appropriate according to the program's eligibility criteria
- either initiate contact with the man (within seven working days of receiving the referral) or contact the referrer to discuss an alternate course of action.

[Insert name of men's behaviour change program] staff will notify a referrer by phone, fax or email if their referral is incomplete or inappropriate (ineligible). [Insert name of men's behaviour change program] staff are not responsible for identifying other referral options for inappropriate referrals.

Providing feedback about the referral

Feedback is a critically important aspect of formal referral and so [insert name/s of referring agency] will receive feedback for every formal referral. After a man has been assessed, the [insert name of men's behaviour change program] will report back to the referrer the following information:

- the man's eligibility and suitability to participate in the program
- the program commencement date, duration and location (if the man is eligible and suitable, and has chosen to participate)
- any contingencies or additional requirements the program is placing on the man regarding his participation.

Ongoing roles and responsibilities regarding men who are formally referred

Unless negotiated otherwise, formal referrers have continuing responsibilities to both the man referred and the [insert name of men's behaviour change program]. After referring a man, staff of [insert name/s of referring agency] should:

- participate in any case meetings about him
- inform the [insert name of men's behaviour change program] of any case meetings that are being convened by [insert name/s of referring agency] or any other agency
- provide information to [insert name of men's behaviour change program] about any changes to his legal standing, bail or parole conditions, or court orders
- pass on any new information regarding risk indicators.

[Insert name of men's behaviour change program] staff should:

- ensure referrers are always invited to case meetings about men they refer
- share information pertaining to danger situations or specific risk situations, or other relevant information pertaining to risk
- inform the referrer when a man misses more than two sessions without notice, or becomes erratic in his attendance
- inform the referrer when a man exits the program without completing.

[Insert name of men's behaviour change program] staff are not required to:

- assist men to obtain crisis accommodation
- undertake case management roles
- pass on information regarding a man's participation in the program.

When the [insert name of men's behaviour change program] identifies particular needs or issues that are forming barriers to the man's participation in the program, or which might add to his risk of compromising the safety of others or himself, it will be the program's responsibility to provide this information to the [insert name/s of referring agency], and to alert the man and for the partner support worker to alert his partner that this is being done. The [insert name of men's behaviour change program] will also provide information concerning potential referral options that understand the philosophies and approaches of the [insert name of men's behaviour change program]. However, while the [insert name of men's behaviour change program] and these other services might exchange information when appropriate from time to time, it will be the responsibility of [insert name/s of referring agency] to formally or informally refer the man to these services, and to case manage the man's involvement in these services.

Initially, when men are at risk of being de-selected from the program due to inconsistent or poor attendance, inactive participation, or through behaviour violating their participation contract, the [insert name of men's behaviour change

program] will attempt to engage the man to identify and address the barriers to his more adequate participation. Where such attempts fail, however, it will then be the responsibility of [insert name/s of referring agency] to continue efforts to address these barriers, and to emphasise that he will be de-selected from the program should there be no change and that this will result in consequences.

Reporting on participation and program outcomes (for protocol with a court)

The process of behaviour change is a long one, and participation in the [insert name of men's behaviour change program] is in no way predictive of positive change. While there is evidence that men can and do modify their behaviour, research over the longer term demonstrates that it is exceedingly difficult to predict which men will sustain positive change or for how long.

Confidentiality precludes staff disclosing any information from a man's family members (unless there are duty of care issues) and so they are unable to comment on the degree to which a program participant might or might not have changed his behaviour. [insert name of men's behaviour change program] staff should not be asked to provide reports of this nature.

[Insert name of men's behaviour change program] staff may report on a man's attendance and participation in a program, however it is critical to understand that this in no way speaks to his actual behaviour and the lived experience of his family members.

Reporting on participation and program outcomes (for protocol with CSNSW, where that agency has a current or ongoing role in risk assessment and risk management)

The process of behaviour change is a long one, and participation in the [insert name of men's behaviour change program] is in no way predictive of positive change. While there is evidence that men can and do modify their behaviour, research over the longer term demonstrates that it is exceedingly difficult to predict which men will sustain positive change or for how long.

[Insert name of men's behaviour change program] staff may report on a man's attendance and participation in a program, however it is critical to understand that this in no way speaks to his actual behaviour and the lived experience of his family members.

[Insert name of men's behaviour change program] and [insert name/s of referring agency] may exchange information disclosed by a man's family members for the purposes of risk assessment and risk management.

[Note, in the case of a protocol with Community Services, an additional paragraph would be added stipulating that the men's behaviour change program will not provide feedback in case conferencing meetings where both the man and his (ex)partner are present, due to the safety risks and dangers of interviewing both parties together when the man is continuing to or has recently used violence.]

Reporting on participation and program outcomes (for protocol with Community Services, where that agency has a current or ongoing role in risk assessment and risk management)

The process of behaviour change is a long one, and participation in the [insert name of men's behaviour change program] is in no way predictive of positive change. While there is evidence that men can and do modify their behaviour, research over the longer term demonstrates that it is exceedingly difficult to predict which men will sustain positive change or for how long.

[Insert name of men's behaviour change program] staff may report on a man's attendance and participation in a program, however it is critical to understand that this in no way speaks to his actual behaviour and the lived experience of his family members.

[Insert name of men's behaviour change program] and [insert name/s of referring agency] may exchange information disclosed by a man's family members for the purposes of risk assessment and risk management.

[Insert name of men's behaviour change program] will not provide feedback in case meetings attended by both the man and his (ex)partner, as this would potentially jeopardise the woman's safety.



ACTIVE REFERRAL TEMPLATES

Active referrals rely on effective sharing of relevant information. These sample forms should be adapted to reflect the data fields of the relevant men's behaviour change program. Where possible, they should use concepts and language shared between the men's behaviour change program and the relevant active referrer.

These templates are adapted with the kind permission of EASE Bendigo, Victoria.

Referral from Community Services to a program

Information about the man being referred

NAME	Family Name:	First Name:	Second Name:	Other name/Aliases:
CONTACT DETAILS	Home phone number:	Work phone number:	Mobile phone number:	
	Email address:		Good times to call:	
AGE	Date of birth:	Age in years:		
LANGUAGE	Preferred language:	Interpreter required (specify language/dialect):	Dialect and any special instructions regarding interpreter:	
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
INDIGENOUS IDENTITY	Aboriginal		Torres Strait Islander	
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
DISABILITY	Identifies as having a disability		Details of disability, including any needs arising	
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not asked			
EMERGENCY CONTACT	Name		Phone number/s	

People affected by the man's behaviour

(List children immediate under their primary adult carer and add rows if needed)

FAMILY NAME	FIRST NAME	DOB	ADDRESS	PHONE	RELATIONSHIP TO MAN

Behaviour

Please tick all forms of behaviour used and provide details at the bottom of each column (including frequency)

CRIMES AGAINST PERSON	PROPERTY CRIMES	OTHER FORMS OF ABUSE
<input type="checkbox"/> Physical (causing injury)	<input type="checkbox"/> Property damage (serious)	<input type="checkbox"/> Emotional
<input type="checkbox"/> Physical (not causing injury)	<input type="checkbox"/> Property damage (minor)	<input type="checkbox"/> Verbal
<input type="checkbox"/> Sexual	<input type="checkbox"/> Theft	<input type="checkbox"/> Social
<input type="checkbox"/> Stalking	<input type="checkbox"/> Other:	<input type="checkbox"/> Financial
<input type="checkbox"/> Threats		<input type="checkbox"/> Spiritual
<input type="checkbox"/> Pet abuse		<input type="checkbox"/> Other:

Background information

SUMMARY OF PAST AND PRESENT COMMUNITY SERVICES INVOLVEMENT WITH THE MAN

Alleged protective concerns, substantiation and nature of interventions that have been recorded. Please record chronologically from first to most recent.

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TOWARDS SAFE FAMILIES

A practice guide for men's domestic violence behaviour change programs

SUMMARY OF SERVICES THAT THE MAN HAS PREVIOUSLY USED

Such as drug and alcohol services, mental health services, parenting services.

SUMMARY OF PRESENTING ISSUE/S LEADING TO THIS REFERRAL

SUMMARY OF CURRENT CASE PLAN

WHAT ATTITUDES, BELIEFS AND BEHAVIOURS DOES THE MAN NEED TO ADDRESS?

SAFETY CONCERNS



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Community Services summary

REFERRAL DETAILS			
Date of referral		Date man is expected to contact MBCP	
Name of referring worker			
Contact details for worker			
Name of team leader			
INFORMATION SHARING	Broad description of types of information Community Services will release to MBCP	Broad description of types of information MBCP will release to Community Services	
LEGAL STATUS	Current orders		Expiry date
	ADVO	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Protective order	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Family court orders	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Other legal orders	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Details		
	Criminal charges	Details	
	Charges laid		
	Charges pending		
	Criminal investigation current		
	Breach of ADVO		
	Other		

Referral from Corrective Services to a program

Referral from Corrective Services to Men's Behaviour Change Program.

Information about the man being referred

NAME	Family Name:	First Name:	Second Name:	Other name/Aliases:
CONTACT DETAILS	Home phone number:	Work phone number:	Mobile phone number:	
	Email address:		Good times to call:	
AGE	Date of birth:	Age in years:		
LANGUAGE	Preferred language:	Interpreter required (specify language/dialect):	Dialect and any special instructions regarding interpreter:	
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
INDIGENOUS IDENTITY	Aboriginal		Torres Strait Islander	
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
DISABILITY	Identifies as having a disability		Details of disability, including any needs arising	
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not asked			
EMERGENCY CONTACT	Name		Phone number/s	

People affected by the man's behaviour

(List children immediate under their primary adult carer and add rows if needed)

FAMILY NAME	FIRST NAME	DOB	ADDRESS	PHONE	RELATIONSHIP TO MAN



TOWARDS SAFE FAMILIES

A practice guide for men's domestic violence behaviour change programs

Behaviour

Please tick all forms of behaviour used and provide details at the bottom of each column (including frequency)

CRIMES AGAINST PERSON	PROPERTY CRIMES	OTHER FORMS OF ABUSE
<input type="checkbox"/> Physical (causing injury)	<input type="checkbox"/> Property damage (serious)	<input type="checkbox"/> Emotional
<input type="checkbox"/> Physical (not causing injury)	<input type="checkbox"/> Property damage (minor)	<input type="checkbox"/> Verbal
<input type="checkbox"/> Sexual	<input type="checkbox"/> Theft	<input type="checkbox"/> Social
<input type="checkbox"/> Stalking	<input type="checkbox"/> Other:	<input type="checkbox"/> Financial
<input type="checkbox"/> Threats		<input type="checkbox"/> Spiritual
<input type="checkbox"/> Pet abuse		<input type="checkbox"/> Other:

Background information

SUMMARY OF CSNSW INVOLVEMENT

SUMMARY OF CURRENT CASE PLAN

NAME AND CONTACT DETAILS OF LEGAL REPRESENTATIVE

WHAT ATTITUDES, BELIEFS AND BEHAVIOURS DOES THE MAN NEED TO ADDRESS?

SAFETY CONCERNS



TOWARDS SAFE FAMILIES

A practice guide for men's domestic violence behaviour change programs

Corrective Services NSW summary

REFERRAL DETAILS			
Date of referral		Date man is expected to contact MBCP	
Name of referring worker			
Contact details for worker			
INFORMATION SHARING	Broad description of types of information Community Services will release to MBCP	Broad description of types of information MBCP will release to Community Services	
LEGAL STATUS	Current orders		Expiry date
	ADVO	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Protective order	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Family court orders	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Other legal orders	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Details		
	Criminal charges	Details	
	Charges laid		
	Charges pending		
	Criminal investigation current		
	Breach of ADVO		
	Other		

REPORTS TO REFERRERS

The wording of reports on men's participation in men's behaviour change programs needs to be very precise. This sample letter to a court is best used exactly as it is.

Because reporting to Community Services or Corrective Services NSW needs to include information directly pertaining to risk and safety, to assist with risk management, it can include information provided by the man's partner, as well as any other relevant information. A letter should never identify the source of the information.



Feedback letter to a court

Dear [insert name],

Regarding: [insert client name]

The above named man attended xxx sessions in the xxx Program, on the following dates:

[insert attendance dates]

Our program is based on two principles: that women and children have the right to live their lives freely and safely; and that men who deny them this right need to take responsibility for their actions and choose to change.

In our program, men who have been violent or controlling towards a family member attend a Men's Behaviour Change Group weekly for at least xxx weeks. The sessions are held every Tuesday night, from 7pm until 9pm. Our two counsellors invite men to reflect on their behaviour and learn ways to relate non-violently.

The process of behaviour change is a long one, and participation in our program is in no way predictive of positive change. There is evidence that only some men modify their behaviour, and research over the longer term demonstrates that it is exceedingly difficult to predict *which* of these men will sustain positive change or *for how long*.

Confidentiality precludes us making public any information from xxx's family members, unless there are duty of care issues. It is our policy not to make any statements about a male client's participation in our program because this might not be balanced or corrected by evidence from his (ex)partner about his current behaviour.

We strongly believe that men should not use their participation in men's behaviour change programs as a means to avoid the penalties that they are due, or to lessen in any other way the strength of a justice or child protection response to their violent behaviour. We urge the Court not to take xxx's participation in our program into account when making its decisions.

Yours sincerely

Program Coordinator

Feedback letter to Community Services or CSNSW

Dear [insert name],

Regarding: [insert client name]

The above named man attended xxx sessions in the xxx Program, on the following dates:

[insert attendance dates]

Our program is based on two principles: that women and children have the right to live their lives freely and safely; and that men who deny them this right need to take responsibility for their actions and choose to change.

In our program, men who have been violent or controlling towards a family member attend a Men's Behaviour Change Group weekly for at least 20 weeks. The sessions are held every Tuesday night, from 7pm until 9pm. Our two counsellors invite men to reflect on their behaviour and learn ways to relate non-violently.

The process of behaviour change is a long one, and participation in our program is in no way predictive of positive change. While there is evidence that men can and do modify their behaviour, research over the longer term demonstrates that it is exceedingly difficult to predict *which* men will sustain positive change or *for how long*.

In the period of participating in our program, xxx has continued to use some forms of violence against yyy. In the most serious example reported by xxx, he hit out at yyy, attempting to punch her in the head. xxx has also continued to verbally abuse yyy, by yelling and raging at her. On two occasions, xxx has broken household items by punching them. Regarding most of these violent acts, xxx has asserted that yyy was "to blame", because she "should have known he would blow up". Xxx therefore does not appear to be taking responsibility for his behaviour, and we have continued concerns for yyy's safety.

We strongly believe that men should not use their participation in men's behaviour change programs as a means to avoid the penalties that they are due, or in any other way to lessen the strength of a justice or child protection response to men's violent and controlling behaviour. We urge you not to take xxx's participation in our program into account when making decisions.

Yours sincerely

Program Coordinator



Program participation

PROGRAM INFORMATION FOR WOMEN

Information for women

You are receiving this information because your partner or ex-partner has had contact with [insert name of program]. Regardless of whether he hurt you physically or used some other form of violence against you, you are entitled to help and support.

All women and children have the right to:

- live their lives freely, in safety and without fear
- have information about their options and about services that can help
- receive support in their journey to be safe and recover from violence
- have legal protection to help them be safe.

Our program upholds these rights at all times. We believe that men who deny women these rights need to take responsibility for their actions and work to change, and we strongly believe that women and children are never to blame for men's behaviour.

This information sheet provides some basic information about our program.

What can the program achieve for my (ex)partner?

Very few men become completely nonviolent after participating in a program. Research shows that

- some men will stop their physical violence and significantly reduce their abusive and controlling behaviour
- some men will stop their violence but maintain some level of abusive and controlling behaviour
- some men will continue their violence
- some men will stop some forms of violence, but might increase others.

This means that there is no guarantee that your (ex)partner will change at all. It is best not to make decisions about your relationship based on your hopes that he will.

It is important that you take care of yourself and your children. Over the page are some phone numbers of women's services that can support you and provide you with information.

Children are almost always affected by family violence, even if they never hear or see it. So over the page, there are also some phone numbers for services that can help your children to recover from their experience.

How does the program operate?

In our program, men are expected to attend a group weekly for at least 20 weeks, with breaks during the school holidays.

The sessions are held every Tuesday night, from 7pm until 9pm.

Men are expected to attend every session, and to inform us if they cannot attend.

Our two counsellors invite men to reflect on their behaviour and learn ways to relate non-violently.

What if he breaches?

If a program participant breaches an ADVO (Apprehended Domestic Violence Order) or another court order, we will report this to the relevant authority (Police or Corrective Services).

What support can I get?

You can have as much support as you need, on your terms.

Our partner support worker can help you to make a safety plan and talk with you about how the violence has affected you and your children. She can link you with services that provide accommodation, legal and financial advice, and counselling. She can also have ongoing contact with you if you want.

We understand that women's needs often change over time. You can change the arrangements you have with us at any time. For example, if you are happy with the support you are getting from friends or family, you might not feel like you need us. But if you are feeling scared or worried or stressed, and need some more professional support, we can be there.

If there's a service we don't provide directly, we can help you to find it and tap into it. If you want us to, we can even provide the other service with copies of our file notes and forms, so that you don't have to tell your whole story all over again.

How do I contact the program?

Please call us on XX XXXX XXXX. If you are concerned for your immediate safety, call police on 000.



PROGRAM INFORMATION FOR MEN

Program information for men

The focus of our program

The group is for men who wish to stop acting violently toward their female partners and/or children. By violence we mean any action which injures, scares or intimidates them and makes them limit what they say or do around you. Violence is any action that makes your partner or child feel like they need to tiptoe around you and not upset you.

The group is about YOU. It is about YOU taking responsibility to stop acting violently. The group is NOT about solving your relationship difficulties. It is NOT about changing other people or comparing yourself to other people. It is about you taking responsibility to stop being violent in your relationships, regardless of what pressures or difficulties you may be experiencing.

As the group is not about your relationship difficulties, questions of blame or who is in the right or wrong in any circumstance will not be important. What will be important is looking at the thoughts, feelings and actions that were a part of your being violent and what thoughts, feelings and actions are a part of being non-violent.

An important aspect of stopping your violent actions will be developing a greater appreciation of your partner's and children's experience of your use of violence, including beginning to understand what this has meant for her and the children and the effects of your actions on these relationships

The group will not be concentrating on explanations for violence. It will be looking more at the effects of violence on others, on relationships and on yourself. The ideas and support generated in the group will provide an opportunity for you to develop a non-violent way of life. The work to cease your use of violence is up to you.

The process of the group will be discussion, with some exercises providing opportunities for you to experience other ways of doing things.

We are also strongly committed to **helping you make your own life better by stopping your use of violence**. The group will help you to explore what's important for you in your life and for your current or future relationships, and how developing a non-violent way of life can help you to achieve this. This group is very much about your happiness and fulfilment, as well as the safety of your family and others.

Our program will help you to work towards having safe and respectful relationships in the future. This means:

- recognising that you have hurt people you care about
- acknowledging that you have used violence and taking full responsibility for all of those actions
- understanding the effects of your violence on others, particularly on women and children
- using this understanding to make safer choices
- developing the ability to read yourself, so that you can choose to act in different, more respectful ways
- looking at things from other people's perspectives
- looking at how your ideas about manhood might have made your family feel unsafe and not respected.

Key principles

The key principles that guide this program for men are that:

- the safety of partners, children and others is paramount.
- men are responsible for their actions
- a man is most likely to cease his use of violence or abuse if he takes full responsibility for his actions
- we are answerable to women and children.

The program will strive at all times and in every aspect to be respectful and non-abusive. Some of the things we discuss may feel uncomfortable, due to the very nature of the group, but we make every effort to ensure that the group is a place where men can feel respected in their efforts to get violence out of their lives.

Limited confidentiality

Our program will respect and support your efforts and commitment to:

- work on stopping your use of abusive and violent behaviour towards female partners and/ or children
- work for the greater safety of your partner and children
- be respectful of yourself and others.

We need to be respectful to all the people who are affected by our work. We also have legal responsibilities. This means that there are some matters that we cannot keep confidential.

- We will report incidents of violence which might be considered as criminal to police and any other relevant authorities (such as probation and parole officers).
- We will provide feedback to your partner or former partner and convey any concerns we may have about your behaviour and attitudes, especially if we believe these might affect her safety or the safety of children.
- If it seems warranted from the point of view of safety, we will provide information about or relevant to your use of violence to any services that are supporting your (ex)partner and children.
- If it seems that any counselling you are receiving is inconsistent with the principles of our program, or if it would be beneficial for your counsellor to know about our program, we will contact them to discuss our work with you. We may also share with them information relevant to your use of violence and/or your (ex)partner's and children's safety.

If we believe that it would be safe to do so, we will attempt to inform you before taking any of the steps outlined above.

Attendance

You are required to attend every session of the group program.

If you miss more than two sessions without prior arrangement with the program and without good reason, your participation in the program will be reviewed.

Partner contact

Our work with you needs to be respectful to all members of your family, and sensitive to their needs. We need to understand what is important for your (ex)partner and children, from their point of view. This means that we will attempt to make contact with your partner on a regular basis. We will hold everything they say in confidence; we will not tell you anything about what they have said.

We do not provide family or couple counselling, because these are not effective when there is the use of violence. The focus of your work with us will be about working with *you* on stopping *your* use of abusive and violent behaviour.

Keeping your partner and children safe

You need to make every effort to not use violence of any kind during your participation in the program. If you do use any form of violence, please report it to us as soon as possible (do not wait for the next group session; please call us on XX XXXX XXXX)

Throughout your participation in the program, if you engage in disrespectful or abusive behaviours towards other group members or the facilitators, your ongoing participation in the program will be reviewed.

Please inform program staff of any firearms that you own or have access to. They will work with you to arrange for these to be held in safe custody for the duration of the program. (If you need them for your work, our staff will help you to make alternative safety arrangements.)

Participation agreement

You are required to sign an agreement in order to participate in our program. This agreement will be explained to you in detail before you sign it.

Information sharing

The program can only provide a letter of attendance to a court if requested by the court. We will not provide reports or assessments to a court, unless your actions are criminal or involve child protection concerns. You must provide us with copies of any Court Orders that you are subject to. These include retraining orders, Family Law Court and Children's Court orders. You must inform of program staff of breaches of any of these orders should they occur.

If there is information about you that is relevant to your use of violence and the safety of others, program staff may exchange this with your probation and parole officer (if relevant) and the child protection authorities (if relevant).

Program staff are not responsible for you meeting the orders of other organisations.



PARTICIPANT AGREEMENT

I understand that

- program staff offer me support, encouragement and challenge, and are working in the interests of myself, my partner and my children
- the basic program consists of (insert details of the program—number of sessions, details of different phases of the program, what is required to move to the next level, etc)
- I will be required to attend at least (insert number) of group sessions, at least (insert number) of individual sessions, and to participate in the program for at least (insert minimum length of time)
- my progress through the program will be reviewed on an ongoing basis, and depending on these reviews I might be asked to participate in the program for a longer period of time
- what my partner and/or ex-partner says to the program workers will remain confidential and will not be communicated to me
- the program can only provide a letter of attendance to a court if requested by the court, and that it will not provide reports or assessments to a court, unless my actions have been or are of a criminal nature or involve child protection concerns
- if I miss more than two sessions without prior arrangement with the program and without good reason, my participation in the program will be reviewed
- throughout my participation in the program, if I engage in disrespectful or abusive behaviours towards other group members or the facilitators, my participation in the program will be reviewed.

Contact with my partner/s and (ex)partners

I agree to provide contact details of any people with whom I have had an intimate relationship in the last two years (or in some circumstances longer); and any woman I have had children with (even if prior to the past two years).

These details are:

NAME:			
ADDRESS:			
PHONE NUMBERS:			
RELATIONSHIP TO ME:			
IS AN INTERPRETER REQUIRED?	<input type="checkbox"/> Yes <input type="checkbox"/> No	(If yes, language & dialect)	

NAME:			
ADDRESS:			
PHONE NUMBERS:			
RELATIONSHIP TO ME:			
IS AN INTERPRETER REQUIRED?	<input type="checkbox"/> Yes <input type="checkbox"/> No	(If yes, language & dialect)	

NAME:			
ADDRESS:			
PHONE NUMBERS:			
RELATIONSHIP TO ME:			
IS AN INTERPRETER REQUIRED?	<input type="checkbox"/> Yes <input type="checkbox"/> No	(If yes, language & dialect)	

I agree to keep program staff updated about any new contact information involving myself and current and/or ex-partners listed above.

If I start a new relationship during the program, I agree to provide that person's contact information.

(A relationship is defined as being together with a person for four weeks or more).

Safety

I agree to:

- make every effort to not use violence of any kind during my participation in the program, and if I do will report it to the facilitators (in group or individual sessions, or via phone contact as soon as possible)
- inform program staff of any firearms that I own or have access to and arrange for any weapons in my possession to be held in safe custody for the duration of the program.

Confidentiality and information sharing:

I understand that I have limited confidentiality and that information relevant to my use of violence may be shared under certain circumstances.

I agree to provide copies of any Court Orders that I am involved in, including ADVOs and Family Law Court or Children's Court orders, and to inform of program staff of breaches of any of these orders should they occur.

I agree to provide program staff with information on my contact with parties such as Courts, police, Department of Community Services, Corrective Services NSW, and legal professionals if relevant.

I agree to provide program staff with the contact details of any counsellors I am currently seeing (or commence seeing during the program).

I understand that program staff are not responsible for my meeting the orders of other organisations.

I consent to program staff exchanging with my probation and parole officer (if relevant) and the Department of Community Services (if relevant) any information about me that is relevant to my use of violence and the safety of others.

I consent to observers from [insert name of program provider] or from an external organisation, observing the process in a group I am participating in, for the purpose of training or supervision.

I consent to audio and/or visual recording of group sessions, to be used only for review of group sessions by group leaders, supervision or training. I understand that the recorded material will be protected by normal confidentiality procedures and will be kept by [insert name of program provider] for six months before being destroyed.

Group conduct

I have read the Group Conduct Rules and agree to follow them.

Long term and emergency contacts

Below are details of two people who can help to contact me in the future, for the purposes of long term follow up or emergencies:

NAME:	
ADDRESS:	
PHONE NUMBERS:	
RELATIONSHIP TO ME:	

NAME:	
ADDRESS:	
PHONE NUMBERS:	
RELATIONSHIP TO ME:	
IS AN INTERPRETER REQUIRED?	<input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, language & dialect)



TOWARDS SAFE FAMILIES

A practice guide for men's domestic violence behaviour change programs

Signature

My signature indicates that I have read, understood and agreed with all of the above.

I understand that my participation in the program is conditional on my fulfilling this contract.

Signature

Name

Date

GROUP CONDUCT AGREEMENT

The items contained in this sample group conduct agreement offer a starting point for men in a new group. The whole list could be provided to the group and tailored with some extra points, or the list could simply provide a prompt for facilitators with men developing a list of agreements in their own words.

Regardless of the approach used to develop a group conduct agreement, it is important that it is documented, with copies being provided to all men. Women also often appreciate receiving a copy of the group conduct agreement.

Rules for group conduct

Men who participate in this group have many different backgrounds, values and lifestyles. It's important that you all feel safe and respected, so that you can speak freely and comfortably.

Our experience is that people get more out of groups when all participants stick to the group rules.

As a group participant we ask you to:

1. Make every effort to avoid all violent and/or controlling behaviour, both inside and outside your family. If such behaviour occurs, you are expected to raise it in the group check-in and/or to call the program facilitators before the next session.
2. Not to use any drugs or alcohol for at least 12 hours before the session.
3. Arrive on time. If you are going to be late, please leave a message for the group facilitators, preferably before the group starts.
4. Stay for the whole of the group session.
5. Attend a minimum number of group sessions, as agreed. It is expected that you will make every effort to attend these sessions consecutively, and if you cannot attend on a particular night, that you notify the facilitators before the group starts.
6. Attend an interview outside of group time to review your participation if you miss more than two sessions in a row.
7. Pay your group session fees on the night of the group, or in advance.
8. Switch off your mobile or any pager (or at least set to vibrate) during the session.
9. Maintain confidentiality about everything you hear in the group. It is expected that outside of the group you will not tell the story of others or refer to them by name. Nor should you identify other group members if you meet them in person in the community.
10. Treat other members of the group with respect at all times, even if you do not agree with them.
11. Use 'I' statements when talking about yourself.
12. Use your partner's and children's names when talking about them, rather than referring to 'the wife' or 'she' (women and children are people, not things!).
13. Focus on your own behaviour and what you can do to change.
14. Not to give advice or try to 'fix' other group participants' problems, but rather, to reflect on what you hear or talk about what you identify with in what is said.
15. Use respectful language when speaking about other people (this means not using offensive terms, not stereotyping and not labelling people).

ADDITIONAL EXPECTATIONS THAT MEMBERS OF THIS GROUP HAVE OF EACH OTHER:



NON-ATTENDANCE POLICY AND PROCEDURES

Policy

Unexplained or unintended absences may reflect increased safety risks for women and children and must always be followed up.

Missed sessions may compromise men's engagement with the process and ideas of the program, and should be avoided wherever possible.

Early intervention is required if men appear to be at risk of disengaging.

Procedures

All men and women should be notified of the procedures below.

Requirements of men

Men are required to attend all sessions.

If a man is unable to attend a session, he should advise a facilitator as soon as he knows this and explain the reason for his absence.

Missed sessions

If a man misses a session without informing a facilitator, program staff should attempt to contact him by phone before the next session to ascertain the reasons for the absence.

If a man misses two sessions in a row without good cause and without notice, program staff should contact him to review his participation in the program (using *Review process 1*).

Erratic attendance

If a man's attendance becomes erratic, program staff should contact him to review his participation in the program (using *Review process 1*).

Missed or erratic attendance after a review session

If a man misses two more sessions or continues erratic attendance after a review session, then a further review session should take place as soon as possible (using *Review process 2*).

Partner contact

A man's partner should be advised if two or more sessions are missed (regardless of cause or him giving prior notice), or if his attendance becomes erratic.

If a man poses a significant risk to his partner or children, the woman should be contacted after one missed session.

Feedback to referrers

A referrer should be advised if two or more sessions are missed, or if a man's attendance becomes erratic.

Review process 1

This review can be undertaken over the phone, but ideally would be conducted face-to-face. You should:

- focus on a gentle approach in identifying and discussing any issues, difficulties or attitudes that might be barriers to regular attendance or that might be affecting his readiness to change
- identify any action needed that the program and/or the man can take to overcome these barriers (including any organisational or systemic issues such as racism in the group)
- reaffirm the reasons for the man to attend, perhaps reminding him and facilitating an elaboration of the goals he is working towards and what he can achieve by coming to the program
- identify any prompts or aids that might help the man to remember why it is important to attend.

During this process, the man should be provided with opportunities for himself to identify barriers and propose solutions. However, it is appropriate to provide "scaffolding" that supports the man through these explorations and reflections.

Review process 2

This review should be face-to-face.

In this review, the onus is on the man to make a case for why he wants to improve his participation and remain in the program.

Note however that if he is considered at high risk of using violence, there might be a case for trying to keep him in the program for safety reasons (for example, because he feels his behaviour is being monitored and is therefore on 'better' behaviour) despite his inconsistent, erratic or poor participation.

Staff should use the steps of review process 1, but with perhaps a lesser amount of scaffolding and a greater emphasis on the man taking the lead in identifying barriers and suggesting solutions.

Men who appear to be stepping away from the program should be assured that they are welcome to resume their involvement at any point.

Men who cannot be contacted

If the man cannot be contacted for either a first or second review contact, program staff should attempt contact at several different days of the week and times of day for a period of two weeks. If he cannot be contacted in that timeframe, he should be sent a letter inviting him to make contact.

Partner contact is critical in this situation.



COUPLE COUNSELLING INDICATION TOOL

This resource is adapted with the kind permission of Respect UK, and can also be downloaded from http://www.respect.uk.net/data/files/indicators_for_referral_to_couples_work_final.pdf.

It should be used to ensure a structured judgement about whether to make a referral for couple counselling for a former participant of an MBCP **AFTER** completion of an MBCP.

Is couple counselling safe after a man has completed an MBCP?

Given its risks, it is imperative that a considered professional judgement informs your decision about the appropriateness and safety of couple counselling.

Couple counselling should only be considered only:

- when a man has **completed** a men's behaviour change program AND
- when both partners have requested it.

The fact that both partners request couple counselling does not in itself indicate that such counselling is safe or appropriate. Program providers have a responsibility to advise against a referral when couple counselling seems contra-indicated.

The following areas should be taken into consideration in your assessment of whether couples counselling is indicated. Views on these should be obtained from both the woman and the man, as well as the domestic and family violence professionals who have worked with them.

Note that it is not possible to gain a clear indication of the issues below in the absence of hearing the woman's perspectives. If a man's partner has not been provided with support from the MBCP during her (ex)partner's participation in the MBCP (for example, because she did not want to receive this service), there is potentially high risk in providing a referral for couples counselling.

In the list below, the highlighted issues are absolutely essential. Where these are not met, you should not refer for couples work.

The issues that are not highlighted might also be contra-indicators for safe or successful couples work. If you choose to refer, you should highlight to the couple's counsellor any of the areas below that give rise to concerns, taking care to indicate whose views on the matter are whose.

ABOUT THE MAN
Has there been a sufficient period without violence to indicate a change in pattern and an acceptably low risk of him again using physical, sexual, emotional, social, financial and other forms of violence, or of him introducing new forms of violence?
Has he attended most of the program and completed the modules that workers consider particularly relevant to his areas of risk?
Has he made changes in his attitudes towards his violence and abuse?
Is he able to take responsibility for his violence most of the time and has agreed to try to do so in the couples setting?
Has he improved his skills in finding non-controlling ways to deal with difficult relationship issues?
Has he been willing and open for your program to discuss his version of what he has done with his partner?
Does he acknowledge having used all the violence and abuse that his partner alleges? If he does not acknowledge all of the violence alleged then the discrepancy needs to be discussed with his partner. Bearing in mind that this may prove a site for future conflict between them, even these discussions may give rise to a need to safety plan around what she does with this information. Is the discrepancy of a scale that can be attributed purely to differences in subjective viewpoints of the same events? Can the remaining discrepancies be discussed safely in a couples counselling setting?
Does he understand that she might never feel totally safe in the relationship, and might therefore retain some degree of hyper-vigilance of signs that he might use violence again. Similarly, does he understand that in situations where he might raise his voice tone or express ordinarily acceptable levels of frustration, moodiness or anger, that she might feel some level of fear that he is moving closer to using violence again? Does he accept this, and the need for him to show some care in these expressions, even though he might not be at risk in these situations of using violence again?
Does he understand and acknowledge the impacts of his violence on his victims and on the children it may have

effected? In so far as there are discrepancies between his idea of these impacts and the views of others such as his partner, can these be safely discussed with him?
Have workers—including female workers—found that he can accept challenge around his abuse without using intimidation?
Does he accept the asymmetrical impacts of violence from men to women and women to men?
Was any of his past violence and abuse high risk? Did it potentially result in injuries requiring medical attention?
Where there have been strongly linked risk factors in any of his past use of violence (in both recent and previous relationships) such as alcohol abuse, or mental health issues, has he made progress in managing these and bringing the contributing risk down to an acceptable level?
Did he participate in a manner that workers thought to be constructive and honest?

ABOUT THE WOMAN
Does she believe that he will be physically violent to her again?
Does she feel safe, both during and outside of sessions to do couples work?
Does she believe that she is now safe to argue with the client, to confront difficult issues and to express anger towards him and that she can do so without fear?
Is she currently likely to separate from the client? If so this is a contra-indicator for couples work
Has she had ongoing partner support work or counselling around her experience of domestic violence?
Has she made progress in terms of decreasing her vulnerability to reassault insofar as this has been an issue in the past (e.g. decreasing self-blame, improving safety planning, or otherwise increasing her ability to prioritise her safety)?
If she has also instigated violence in the past (for example, as an act of resistance to his use of violence), is she less likely to do so now?
Has she made progress in terms of her ability to prioritise and act towards her children's safety and wellbeing (If this was ever a relevant issue)?
Does she believe that there are some issues she may not be able to discuss in a couples counselling setting for safety reasons? e.g. (should she decide to leave the relationship). If so does she retain access to separate services?

ABOUT BOTH PARTIES
Are both parties willing to try couples work in the full knowledge that this is not aimed at saving the relationship or separating parties?
Do both parties agree to have information shared freely about the history of the abuse between the violence prevention program and couples counsellors? If not, are there safety related reasons for this (for example, she fears how he might react if he is aware that this information is shared), which might prove to be obstacles or risk factors to couples work?
Can difficult issues be discussed in the adult relationship without undue impact on the children?



Clinical tools

PARTNER SUPPORT RECORD

Program providers vary in how they record partner support. This form could be used for programs wishing a more structured approach than case notes. Ideally, the form would be used to record every partner contact, except for brief administrative or logistical calls.

The prompts, areas of enquiry and suggested questions in the form are intended to provide guidance and with a few exceptions are not imperative. Partner support workers should draw on their own and their organisation's practice wisdom to engage and work with each unique woman. In that process, the partner support worker needs a clear sense of where her questions are leading, her purpose in asking them and how she will make sense of answers and formulate action plans.

The fields in the form do not need to be addressed sequentially and not every area will necessarily be covered during every contact with a woman. However, the following should be covered or reviewed at each contact:

- the man's behaviour and the level of risk associated with that behaviour
- the woman's level of fear
- the wellbeing and support needs of the woman
- the wellbeing and support needs of any children or young people
- safety plans for the woman and any children or young people.

It is critical to note that this partner support record is not a substitute for systematic risk assessments conducted at regular intervals and in the context of any critical incident.

Partner support form

				PROMPTS /AREAS OF ENQUIRY/SUGGESTED QUESTIONS
NAME				
DATE OF CONTACT		Worker's name:		
FORM OF CONTACT	<input type="checkbox"/> Phone <input type="checkbox"/> Face-to-face <input type="checkbox"/> Email	Duration of contact:		
PRESENTATION / ENGAGEMENT				For example, mood, affect, how the woman participated in the conversation.
CHANGES IN CIRCUMSTANCES FOR WOMAN OR HER CHILDREN				For example, accommodation, employment, contact with other services, substance use.
MAN'S USE OF VIOLENCE AND CONTROLLING BEHAVIOURS SINCE LAST CONTACT				For initial partner contact and/or the partner contacts focusing on risk assessment, use risk assessment tools and the checklist of violent and controlling behaviours to document this—indicate only main themes and general conclusions here. Otherwise, document new behaviours (or further details / new information concerning previous behaviours) here. Discuss specific incidents of violence and controlling behaviours—not just her overall impressions. Explore how his violence is changing, if at all—what might be getting better, what might be getting worse, etc. Initiate a risk review and risk management plan if appropriate.



TOWARDS SAFE FAMILIES

A practice guide for men's domestic violence behaviour change programs

<p>CHANGES IN RISK INDICATORS AND SAFETY CONCERNS SINCE LAST CONTACT</p>		<p>Check on upcoming risks that the woman anticipates.</p> <p>Initiate a risk review and risk management plan if appropriate.</p>
<p>LEVEL AND NATURE OF FEAR FOR HERSELF</p>		<p>For example:</p> <ul style="list-style-type: none"> • How afraid does she feel around him? • How afraid does she feel for her physical safety? • What does she think he might be at risk of doing? • How afraid she is of him using emotional abuse against her? • What impact is the fear having? <p>If she says she is not feeling fear, do some of her actions suggest that she is afraid?</p>
<p>LEVEL AND NATURE OF HER CHILDREN'S FEAR, AND HER FEAR FOR HER CHILDREN</p>		<p>For example:</p> <ul style="list-style-type: none"> • How afraid do children feel around him? • How afraid does she feel for children's physical safety? • What does she think he might be at risk of doing to the children? • What impact is the fear having? <p>If woman says she is not feeling fear, are her experiences of violence still impacting on her parenting?</p>
<p>BELIEFS ABOUT THE VIOLENCE</p>		<p>Explore:</p> <ul style="list-style-type: none"> • her narratives about the violence, for example, about responsibility for the violence • why she thinks he behaves as he does • whether she is making excuses for him • what she seems willing to name as violence (and what she is more hesitant about) • her responses when you talk about how he is 100 per cent responsible, or that his drinking doesn't cause his violence, etc.

<p>EFFECTS OF HIS VIOLENCE ON HER AND HER CHILDREN</p>		<p>Explore these issues sensitively—the narrative on effects might deepen through successive contacts as trust builds.</p>
<p>SUPPORTS AND SAFETY PLANNING</p>		<p>Explore:</p> <ul style="list-style-type: none"> • who she is talking to about the violence • who else she could talk to for support • what helps her to cope (check whether any of these coping mechanisms create problems of their own or put her at more risk, such as use of alcohol) • supports for children and young people. <p>Discuss safety planning:</p> <ul style="list-style-type: none"> • construct a safety plan if required • check currency of safety plan if she already has one (and revise as necessary) • provide information on safety if required.
<p>GENERAL MENTAL HEALTH STATUS AND SENSE OF WELLBEING</p>		<p>For women and children, check:</p> <ul style="list-style-type: none"> • depression • anxiety • suicide risk • risk of self harm • trauma reactions <p>Also ascertain more general wellbeing of woman and children as expressed in:</p> <ul style="list-style-type: none"> • the feelings they report • their activities of daily life (leaving the house, eating, sleeping, playing)
<p>AGENCY</p>		<p>Explore and validate the steps she takes to try to keep herself and her children safe.</p> <p>Explore what she does to maintain some control and dignity in her life.</p>



TOWARDS SAFE FAMILIES

A practice guide for men's domestic violence behaviour change programs

<p>GOALS AND EXPECTATIONS</p>		<p>If first contact</p> <ul style="list-style-type: none"> • what hopes does she have for her and her children's future? • what are her hopes for the relationship? • If she wants the relationship to continue: • what changes does she want to see in his behaviour? • what impact or difference would these changes make? • how does she react to the idea that he might not change his behaviour through the program in ways that she would want? <p>If not first contact, enquire about whether her goals have changed since last contact.</p> <p>Explore whether she has had any thoughts of ending the relationship. Emphasise importance of not making decisions about the relationship based on her partner's participation in the program.</p> <p>If he is not changing through the program, what is she thinking this might mean for her goals and her options?</p>
<p>FEEDBACK TO PROGRAM</p>		<p>Any information needs or queries she made regarding the program, and how you responded to these.</p> <p>Anything that she believes the program should focus on in order to address particular aspects of his behaviour.</p>
<p>SIGNS THAT HE IS USING THE PROGRAM AGAINST HER</p>		<p>Explore what he is telling her / sharing about the program, and his participation in it (this is an opportunity to correct some myths and to see if he is being deceitful). In particular, check whether he is:</p> <ul style="list-style-type: none"> • pressuring <u>her</u> to use any of the strategies that he's been shown in the program • giving her messages that "I'm making efforts to change, you need to do the same" • telling her that he's not as bad as the other men and that his problem isn't that big • expecting gratitude, reward or praise from her for making changes. <p>Also explore whether he might be using any of the strategies as tactics to control—for example, using time-out to withdraw as a controlling mechanism or to get out of responsibilities.</p>

OTHER NOTES AND ACTION FOR FOLLOW UP		
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PARTICIPANT CHECK-IN FORM

This self-administered form for men can be used to collect information to supplement that provided or disclosed during the course of group sessions. It is best used periodically, for example at four weekly intervals, but could also be abridged for use as a weekly check-in.

This form can also be used as a semi-structured interview tool in the course of an individual face-to-face session; however, its primary purpose is to encourage self-reflection and provide the program with recent / updated information from the man's perspective.

If implemented during a group session, the form is best introduced at the start of the session or during the break, so that men have time to process what they have written on the form during the session. This is particularly important so that men who disclose the use of violence on the form have an opportunity to discuss these disclosures in the group context. In general, such disclosures to the group should be encouraged.

Alternatively, completion of the form could be set as a homework task, with men either mailing their form in (using a stamp self-addressed envelope provided by the program) or handing it into the facilitator at the start of the next session.

Men with low levels of literacy or understanding of written English might need help with this form.

Participant check-in form

This form is designed to prompt you to think about your current behaviour and how people in your family might be experiencing your behaviour at the moment. When you are completing the form, it is important to be honest. Lying to yourself or to us is not going to help anyone.

You might find you don't like seeing some things written down. But you might also unexpectedly find there are positive changes. What matters most is that these things are coming to your attention, and that you are communicating them to us.

Your name

How physically safe do you think your (ex)partner and family currently feel around you?

EXTREMELY UNSAFE									COMPLETELY SAFE
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10

How emotionally safe do you think your partner, ex-partner and family currently feel around you?

EXTREMELY UNSAFE									COMPLETELY SAFE
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10

Positive behaviour

Describe one way in the past week in which you kept yourself from being aggressive or successfully used something you learned in group. The success can be large or small.
What other strategies are you using to keep those around you and yourself safe from your violence?

In the period specified by the facilitator, have you done any of the following?

ACTIONS	YES	NO
Broken and/or thrown anything	<input type="checkbox"/>	<input type="checkbox"/>
Raised your voice at your (ex)partner or children	<input type="checkbox"/>	<input type="checkbox"/>
Directly or indirectly threatened to hurt your (ex)partner	<input type="checkbox"/>	<input type="checkbox"/>
Made yourself the boss around money	<input type="checkbox"/>	<input type="checkbox"/>
Called your (ex)partner or children names, made putdowns or told them to shut up	<input type="checkbox"/>	<input type="checkbox"/>
Used stand-over tactics to get your way	<input type="checkbox"/>	<input type="checkbox"/>
Intimidated your (ex)partner and/or children in any way	<input type="checkbox"/>	<input type="checkbox"/>
Tried to pressure your (ex)partner to do what you want	<input type="checkbox"/>	<input type="checkbox"/>
Pressured your (ex)partner to forgive you or take you back	<input type="checkbox"/>	<input type="checkbox"/>
Physically harmed your (ex)partner or children	<input type="checkbox"/>	<input type="checkbox"/>
Broken any court conditions	<input type="checkbox"/>	<input type="checkbox"/>
Pressured your (ex)partner for sex, got angry when she wouldn't have sex or forced her to have sex	<input type="checkbox"/>	<input type="checkbox"/>
Ignored your (ex)partner or children	<input type="checkbox"/>	<input type="checkbox"/>
Spoken to your (ex)partner about dropping charges	<input type="checkbox"/>	<input type="checkbox"/>
Blamed your (ex)partner or kids for your actions	<input type="checkbox"/>	<input type="checkbox"/>
Harassed your (ex)partner via text, email, phone, or unexpected visits	<input type="checkbox"/>	<input type="checkbox"/>
Kept track of your (ex)partner by following her, watching her, reading her emails, or doing drive-bys her house or workplace	<input type="checkbox"/>	<input type="checkbox"/>
Made trouble when picking up or dropping off the children	<input type="checkbox"/>	<input type="checkbox"/>



TOWARDS SAFE FAMILIES

A practice guide for men's domestic violence behaviour change programs

In the period specified by the facilitator, have you noticed any of the following?

ACTIONS	YES	NO	N/A
Your (ex)partner or children crying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your (ex)partner or children acting frightened of you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your (ex)partner or children seeming to be staying out of your way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your (ex)partner or children working hard to not upset you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

In the period specified by the facilitator, have any of the following things happened?

ACTIONS	YES	NO	N/A
You leaving the house for 'time out'	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You being asked to leave the house	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The police being called	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your (ex)partner asking you to calm down	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your partner leaving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your (ex)partner asking you not to call her	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your (ex)partner asking you to not come over any more	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Risk of future violence

What do you see as the risk of you acting in a violent or abusive way over the coming month?

NO RISK				HIGH RISK
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Why have you rated the risk in this way?

Goals

What are three of the goals that you'd like to work towards over the coming month?

What would achieving these goals look like to yourself and to others?

GOAL	WHAT THIS WOULD LOOK LIKE TO ME	WHAT THIS WOULD LOOK LIKE TO OTHERS

Changes to your situation

Indicate if any of the following things have changed for you. If they have changed, please discuss with the facilitator during the break or at the end of the session.

ACTIONS	YES	NO
Address or phone number	<input type="checkbox"/>	<input type="checkbox"/>
Economic circumstances/job	<input type="checkbox"/>	<input type="checkbox"/>
Relationship (for example, partner leaving, you starting a new relationship)	<input type="checkbox"/>	<input type="checkbox"/>
New police/court involvement	<input type="checkbox"/>	<input type="checkbox"/>
Family court/Child Support Agency arrangements	<input type="checkbox"/>	<input type="checkbox"/>
Contact orders or child access arrangements	<input type="checkbox"/>	<input type="checkbox"/>
Compliance with court orders (for example, ADVO, bail, bond, parole conditions)	<input type="checkbox"/>	<input type="checkbox"/>
Mental/psychological health and/or medication	<input type="checkbox"/>	<input type="checkbox"/>

Please provide details of any of the changes you ticked above.
If you are in a new relationship, please provide that person's name and contact details, and details of any children they have.



SESSION SUMMARY FORM

This form enables facilitators to record and track their observations of each participant's behaviours, values and attitudes in the group, according to six dimensions. These dimensions attempt to synthesise a number of (but by no means all) elements of praxis (see page 139), and can be modified by program providers to reflect the elements of practice appropriate to that program.

The form can be used as part of post-session debriefing to record:

- the facilitators' ratings of each man across a number of dimensions
- any risk indicators, safety concerns or other issues that have arisen in the session.

As many programs do not have the resources to make individual file notes regarding each man's participation after every session, this form is a way of capturing some (but not all) of the information required to keep track of changes or issues arising for individual men through the program. Men's individual ratings can be mapped onto their review forms (see page 248), and compared against information obtained from partners.

It is critical to keep in mind that while the facilitators' ratings represent their best knowledge of the man, taking into account their own observations, and (to a limited extent) the man's disclosures, these ratings may not match the man's actual behaviour as experienced by his (ex)partner and children. In this situation, unless there are significant clinical reasons to the contrary, the reports of the man's family should prevail.

This form is adapted with permission from Whitehorse Community Health Service, Box Hill, Victoria.

Summary of significant disclosures regarding risk

Record in this matrix any significant changes and disclosures.

		NAME OF PARTICIPANT AND SALIENT DETAILS	ACTION REQUIRED AND WHO WILL TAKE IT. NOTE IF A RISK REVIEW OR RISK MANAGEMENT PLAN IS REQUIRED.
LIFE CHANGES	New or significant changes to life or situational circumstances. For example: separation, new relationship, access to children, job loss, alcohol abuse, drug use, employment, health condition		
PHYSICAL VIOLENCE	Reports of physical or sexual violence, threats, stalking or other criminal behaviours		
OTHER FORMS OF VIOLENCE AND CONTROL	Reports of manipulative, controlling or emotionally abusive behaviours towards their family members or others, or of social, economic or other forms of violence		
RISK	Risk indicators or safety issues identified during the session		

PARTICIPANT REVIEW TOOLS

It is preferable that all men are reviewed at key stages, for example mid-way through a program, or at defined stages of the program.

Two tools are offered that might provide structure for reviews. The first is based in part on Session Summary ratings (see page 252); the second on indicators of engagement. Either of these could be adapted to be consistent with a program's praxis indicators. The latter tool could also be modified for use in the assessment process (indeed, it was originally developed as aid to allocating scarce places in over-subscribed groups).

Feedback from women and children about men's behaviour should be central to any review, but should not be documented on a man's file. This is because such information has the potential to jeopardise women's and children's safety if the man gains access to it (for example, via subpoena or theft).

Rather, when all other information is entered into the form, reviewers should consider this in light of information contained in the man's (ex)partner's and children's files.

Secondary sources of data for reviews include input from co-case managers or other stakeholders involved in working with the family to manage risk.

The violent behaviours checklist for women can also be reapplied in the context of partner support at a later point in the program, to assist with reviewing men and any changes in the nature, degree and patterns of risk. The reapplication of the violent behaviours checklist for men, however, is not recommended as a participant review tool. Reports from a man's (ex)partner is generally a far more accurate measure of his use of violence than his self-reports.

These tools should not be used to report to referrers, as they might be misconstrued as measures of progress rather than risk (see *Reviewing Men* on page 141).

The Review based on indicators of engagement is adapted with the kind permission of Respect UK.

Review tool one

Dimension 1: Responsibility-taking

SCORE	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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Dimension 2: Interactions

SCORE	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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TOWARDS SAFE FAMILIES

A practice guide for men's domestic violence behaviour change programs

Dimension 3: Participation

SCORE	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Dimension 4: Other-centredness

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Dimension 5: Conceptualisation

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Dimension 6: Application

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Main conclusions (drawn from the graphs)
Known details of physical violence since last review (i.e. as disclosed by man, police or a referrer; information from women should be documented separately and must not be contained in the man's file)
Known details of other forms of violence since last review (i.e. as disclosed by man, police or a referrer; information from women should be documented separately and must not be contained in the man's file)
Details of any changes to the man's life or situation
Summary of main changes to risk indicators



SYNTHESISING DATA ACROSS SOURCES

Review information drawn from partner contact. Also take into account:

- attendance records
- graphs above
- summaries above
- information obtained from other sources (other counsellors or practitioners working with him, NSW Police, Department of Community Services, Corrective Services NSW). NB do not document this information here in detailed fashion—this information should be recorded elsewhere.

Note patterns, contradictions, emerging issues, barriers to engagement, and further information that is required.

Recommendations

Review based on indicators of engagement

VARIABLES	APPARENTLY NOT ENGAGING ←→ MAY BE ENGAGING				
CAPACITY					
UNDERSTANDING OF RISK CONCERNS	has no understanding of the concerns	has little understanding of the concerns	has some understanding of the concerns	largely understands the concerns and the purpose of the program	fully understands the concerns and the purpose of the program
RESPONSIBILITY	blames other factors for his harmful behaviour	minimises responsibility for harmful behaviour	accepts principle of responsibility for own behaviour	mainly accepts responsibility for his harmful behaviour	accepts responsibility for his harmful behaviour
REMORSE	derives satisfaction from harming others	no remorse or shame	limited expression of remorse and shame	reasonable expression of remorse and shame	expresses proportionate remorse and shame
EMPATHY	no understanding or sensitivity to the likely impact of his violence on others	little understanding or sensitivity to the likely impact of his violence on others	some understanding and sensitivity to the likely impact	reasonable empathy for those affected by his violence	empathic and fully attuned to the needs of those affected by his violence
INSIGHT	no capacity or desire to self-reflect	little capacity or desire to self-reflect	some capacity and desire to self-reflect	reasonable capacity and desire to self-reflect	demonstrates high capacity and desire to self-reflect
COGNITIONS	Frequent and severe distorted beliefs, expectations or thoughts	distortions of perception, attribution, interpretations etc	occasional distortions	some minor distortions	has no obvious distortions
EMOTIONAL/IMPULSE REGULATION	highly reactive to aversive feelings	reactive to aversive feelings	some capacity to contain aversive feelings	reasonable capacity to contain aversive feelings	high capacity to contain aversive feelings
MOTIVATION					
ATTITUDE TO RISK CONCERNS	totally rebuts all concerns	largely rebuts the concerns	partially accepts the concerns	mostly accepts the concerns	fully accepts the concerns
ATTITUDE TO PROGRAM GOALS	refusal to address program goals	not interested in addressing some of the program goals	ambivalent but willing to comply with program goals	motivated to address most program goals	strong desire to address all program goals
INTERNAL MOTIVATION TO CHANGE	no internal motivation	minimal internal motivation	Variable internal motivation, ambivalent	mostly internally motivated	highly internally motivated
EXTERNAL MOTIVATION	no concern for consequences of non-compliance	little concern for consequences	concern for consequences varies	often concerned by consequences	very concerned by consequences
RELATIONSHIP WITH PROGRAM STAFF	confrontational, hostile, adversarial stance	will not collaborate (or is overly compliant)	some collaboration with or compliance with program staff	mostly collaborates	collaborates fully
ATTENDANCE	less than 50 per cent attendance	irregular attendance	occasional unacceptable absence	no unacceptable absences	full attendance and regular punctuality
ASSIGNMENTS	unwilling or unable to complete homework	little homework completed	some homework completed	regular homework undertaken	regular homework and demonstrates effort
SUBSTANCE USE	frequently arrives for sessions under the influence	has occasionally arrived for session under the influence	not under the influence but adverse effects from recent use	no adverse effects from recent substance use	no known substance misuse
CONTEXT					
LIFE CIRCUMSTANCES (JOB/HOUSING/HEALTH/FAMILY)	life circumstances are making it difficult to engage at all	life circumstances are making it somewhat difficult to engage	life circumstances seem not to be impacting on engagement	life circumstances seem to be supporting engagement	life circumstances are supporting engagement
ACCESS ISSUES (TRANSPORT/CHILDCARE/PROGRAM'S CULTURAL RESPONSIVENESS)	access issues are making it difficult to engage at all	access issues are making it somewhat difficult to engage	access issues seem not to be impacting on engagement	access issues seem to be supporting engagement	access issues are supporting engagement
STRESS LEVELS	acute subjective and/or objective stress	high stress levels	occasional unhelpful stress	manageable stress	absence of unhelpful stress
SUPPORT	discouragement from family, friends or others	no family, social or other support	support is unreliable or mixed	reasonable support and encouragement	good support, encouragement and regular feedback



Explanatory notes:

1. Men who do not understand how their behaviour is of concern are more likely to be dangerous and less able to engage in the change process (note that a lack of understanding may point to learning difficulties in some situations).
2. Level of acceptance of responsibility is a key determinant of a man's readiness to change.
3. What is the depth and quality of the man's remorse, if any? To what extent is it other-centred focusing on a genuine concern for the harm caused to others, versus self-centred and focusing on the man's own fears and needs?
4. What is the man's level of empathy for the effects of his violence and the needs of others? To what extent is this felt rather than only intellectually understood?
5. Does he exhibit insight? If not, does he have the capacity and willingness to develop it?
6. Does he present his victim's behaviour in an unrealistic/distorted way? Does he see others as manipulating him and involved in conspiracies against him? Men with high levels of cognitive distortion are likely to engage less.
7. This area concerns the man's ability to tolerate the strong feelings that may be elicited by being challenged or by having to confront vulnerable parts of himself that he would rather ignore, without reacting aggressively to staff or other program participants.
8. As well as understanding how his behaviour raises concern (see item one), the degree to which the man shares this concern is an indicator of his engagement or motivation to change.
9. To what extent is the man committed to all the goals and requirements of the program?
10. This item assesses the degree to which the man is able to understand the benefits for himself of changing his behaviour and the degree to which he is committed to the program as a way to achieve this. For example, how able is he to name his own values and ethics? Can he see that his use of violence is inconsistent with these values and ethics?
11. The man's level of concern for the external consequences (regarding the future of his relationships, possibility of legal system sanctions, etc) if he continues using violence.
12. Does he have enough goodwill towards the service and its staff to benefit from the program?
13. Record of keeping appointments and attending group sessions.
14. This concerns the man's willingness and capacity to undertake home assignments to support the work he does during the program (for example, control logs, feedback forms).
15. Does the level of his substance use mean that his ability to derive benefit from the program might be impaired? (Note: where the man is attending a drug/alcohol service is he sustaining a commitment to moderate or eliminate his use of substances, or does he need more time to settle into this treatment before program commencement?. Also, where a man is in recent 'recovery' regarding his substance use, the chance of relapse into renewed use of the substance may be increased with the emotional challenges he may have to face during the program).
16. Life circumstances cover a whole range of factors such as work patterns, health, homelessness, employment, etc. For example, if someone is working shifts and is unable to change this. they will repeatedly be unavailable for program sessions.
17. This covers the ability for the man to physically get to and from the service (for example, special needs that cannot be catered for, transport, and childcare responsibilities).
18. While the range and intensities of stress that the man experiences does not cause domestic and family violence, it might affect his participation in the program.
19. What level of support or discouragement is the man experiencing from influential others to accept responsibility and change his behaviour?

EXIT FORM AND INTERVIEW PROMPTS

This form should be completed by the interviewer and provided to the man upon his exit from the program (preferably typed). The form is accompanied by prompts for a semi-structured interview that assists the facilitator to help the man develop precise relapse prevention plans and to continue the work required to keep his family safe.

Exit plan

Name:		Interviewer's name:	
Date of exit interview:	Date of intake:	Number of group sessions attended:	Number of individual sessions attended:
Attendance:			
<input type="checkbox"/> Regular <input type="checkbox"/> Irregular		Number of unexplained absences:	
The value of being non-abusive and non-controlling			
My family's journey			
Things that support me being non-abusive and non-controlling		Things that don't help me to be non-abusive and non-controlling	



TOWARDS SAFE FAMILIES

A practice guide for men's domestic violence behaviour change programs

Difficult situations where I might step closer to using violence	Strategies for managing these difficult situations
People who can support me to be and remain non-violent	
Continuing my journey	

Exit interview prompts

Being non-abusive and non-controlling

- Why it is important for you to be non-abusive and non-controlling?
- What are ways that being non-abusive and non-controlling help you to lead a happy and fulfilling life?
- What might be at risk, or how could your life be affected, if you use violence and controlling behaviours?
- What is different or same in your life now after participating in the program?

My family's journey

- What have you learned about the effects of your use of violence and controlling behaviours on your (ex)partner?
- What effects is your (ex)partner likely to keep experiencing?
- What does this mean for the expectations you have of your (ex)partner?
- What have you learned about the effects of your use of violence and controlling behaviours on your children?
- What does this mean for how you relate to your children?
- What does this mean for how you can support your (ex)partner as a parent?

Supports to be non-abusive and non-controlling

- What is going to help support you to be non-abusive and non-controlling into the future?
- What things might not help you to be non-abusive and non-controlling?

Difficult situations and strategies

- What old beliefs and behaviours are you most in danger of slipping back to?
- What things will you need to do, on a regular basis, to stop yourself from slipping back to these old beliefs and behaviours?
- What things will you need to monitor or check-in with yourself about on a regular basis?
- What would be the warning signs, thoughts and behaviours that could indicate that you are slipping back towards the use of violent and controlling behaviour?
- What will you do if you notice these warning signs, thoughts or behaviours appearing?
- What are the "slippery situations" in which you might be more likely to be violent and controlling?
- What steps will you take to reduce the chance of being violent and controlling while in these "slippery situations"?

People who can support me

- Who can you openly talk with about your journey to be non-abusive and non-controlling?
- Who will support you to be non-abusive and non-controlling?
- Who knows the warning signs that you are slipping back towards using violent and controlling behaviours? What plans have you made with them so they can feel safe and okay to raise this issue with you?

Continuing my journey

- What are some of the ways you might continue to be abusive or controlling?
- What are some of the aspects of your life that you still need to work on if you are going to be non-abusive and non-controlling once you leave the program?
- What impact might not being in the program anymore have on your behaviour? What can you put in place once you leave the program?
- What would help you know if it's a good time to reconnect with the program?



Evaluation tools

PROGRAM EVALUATION FORM FOR MEN

The forms on the following pages address many different aspects of process and impact evaluation. The evaluation form for men deliberately does not ask men to rate the extent to which their own attitudes and behaviours have changed, as evidence shows men are often an unreliable source of information on this aspect of the behaviour change process. Women's and children's experience are much better indicators of change—or lack thereof.

PROGRAM EVALUATION	
What are the three most important things you learned during the program?	
1.	
2.	
3.	
What are the three things you've struggled most with during the program?	
1.	
2.	
3.	
What were the strengths of how the group was run and structured?	

What were the weaknesses of how the group was run and structured?
What presentation styles were the most effective for you?
<input type="checkbox"/> Whole group discussions <input type="checkbox"/> Small group discussions <input type="checkbox"/> Role plays <input type="checkbox"/> Interactive exercises <input type="checkbox"/> DVDs
<input type="checkbox"/> Other (please specify):
What presentation styles were the least effective for you?
<input type="checkbox"/> Whole group discussions <input type="checkbox"/> Small group discussions <input type="checkbox"/> Role plays <input type="checkbox"/> Interactive exercises <input type="checkbox"/> DVDs
<input type="checkbox"/> Other (please specify):

Please rate the group in terms of its impact and usefulness in the following areas, using the scale below (1=Not useful at all, 5=Very useful)

AREA	1	2	3	4	5
Useful in your current or future relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increasing your motivation to change	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increasing your ability to change your behaviour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How could the facilitators have improved your experience in the group?
Are there any ways that the facilitators could have better assisted group participants to change their behaviour?
Other comments:

Thank you for taking the time to provide this feedback to us.



PROGRAM EVALUATION FORM FOR WOMEN

This evaluation form should be completed by women in the presence of the partner support worker, or administered as an interview by the partner support women. The questions it contains might raise new or previously unknown risk issues and it is possible that the reflective process might be emotionally difficult for women.

Program evaluation form for women

If you wish, you can use this form to give us feedback about how you are feeling about our program. **Everything that you tell us in this form will be confidential.**

Name of man:

Date

Reflections on your own life now

Please show how much you agree with each statement (1 is strongly disagree, 5 is strongly agree)

I feel more able to make decisions about my own future	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> Not sure
I have enough information about services and about my rights	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> Not sure
I have enough support	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> Not sure
My children and I feel safer	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> Not sure

Reflections on his behaviour since the start of the program

Please tick the box to show the violence your (ex)partner is using or not using towards you and your children.

HIS USE OF:	Not relevant (never happened)	Noticeable change for the worse	Small change for the worse	No change at all	Small change for the better	Noticeable change for the better
PHYSICAL VIOLENCE/ABUSE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VERBAL AND EMOTIONAL ABUSE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CONTROLLING BEHAVIOUR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
THREATENING OR INTIMIDATING BEHAVIOUR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SOCIAL VIOLENCE/ABUSE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ECONOMIC/FINANCIAL VIOLENCE/ABUSE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SEXUAL VIOLENCE/ABUSE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please describe any changes in your (ex)partner's behaviour that make you feel safer.
What continues to cause you and your family concern?

Service quality

Are you satisfied with the service you received from the partner support worker?
<input type="checkbox"/> Yes <input type="checkbox"/> No
Why/why not?
Were safety plans discussed with you?
<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you received support around issues for children or young people in your care?
<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, are you satisfied with the service they received?
<input type="checkbox"/> Yes <input type="checkbox"/> No
Why/why not?

Your voice and needs are important

How has our program impacted on you and your children?
Do you feel that you have benefited by your (ex)partner attending the program?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
Why/why not?

Observers

INFORMATION FOR OBSERVERS

Information for observers

Thank you for your willingness to observe our program. We believe that other people's scrutiny is an important part of our program's accountability to women, children, and the broader community. We also believe that it helps us, as facilitators, to improve our practice.

This information pack provides some information about the group (see attachments) and your role. It also makes some suggestions about things we would like you to look out for as you observe the group.

Your role

Observers attend a group only to observe; this means that you will not participate in the group in any active way.

When the group begins, we will introduce you by your first name (and organisation if you wish).

Once the group begins, we will not acknowledge your presence and we would prefer you to observe without comments.

We have a break about half way through the session, for 10–15 minutes. We usually use this as a chance to have a chat with participants and observers. You are welcome to talk with anyone you wish.

Despite wanting to challenge men's violent and controlling behaviour, you—like all of us—will probably have been conditioned to minimise them. As such, it is vital for you to be mindful of your own verbal and non-verbal interactions with the men at all times.

In our experience, there are many ways that people can inadvertently collude with men's violence, for example:

- laughing or smiling at men's jokes
- telling men how great it is that they are 'changing' or 'being honest' (you don't know!)
- saying you want to hear about male family violence from a man's point of view

We recognise that it can be very difficult to monitor and moderate your responses and we are happy to support you in this process.

At the end of the session, after the men have left, we debrief about the session. To do this we ask questions of ourselves and observers. The spirit of our debriefing is one of critical reflection about the men in the group and the role of the facilitators. We affirm positives, as well as identify areas for development or change.

We welcome your honest feedback about anything you noticed in the group, including your own responses or feelings. If participants' stories, attitudes, or behaviour disturb or upset you, we encourage you to talk about this in the debriefing. Of course, you are also welcome to contact us to talk about this further afterwards if you wish.

What might I observe or look for?

We welcome any observations you have about any aspect of the group process, our practice as facilitators, or the behaviour of individual men.

Specific things you could observe or look for in the group include:

- the dynamics between facilitators
- any patterned roles that you see the facilitators taking
- the group dynamics
- the focus of the group on violent and controlling behaviours
- the focus of the group on safety of women and children
- any minimisation or denial of violent and controlling behaviours, or collusion with these
- any sexist, racist, homophobic or other power-over language
- the practicality of strategies discussed
- the way that gender operates in the group
- the stated and implied messages from facilitators
- the content and quality of educational materials.



TOWARDS SAFE FAMILIES

A practice guide for men's domestic violence behaviour change programs

Confidentiality

Observers are bound by the same confidentiality as facilitators; that is, men's personal information is confidential, but information about their violence and the group process and outcomes is not.

Time commitment

We feel it is important that you see all aspects of the group, from planning to debriefing. For this reason, we ask you to arrive an hour before the group commences for the planning meeting, and remain behind for an hour afterwards for the debriefing.

We encourage you to sit in on more than one session.

Emotional impacts

Witnessing a men's behaviour change group can bring up many different feelings, especially for women. Observers are usually acutely conscious of the fact that men in the group are there because of their violence towards women. You might witness attitudes, stories, behaviour or values that are distressing or disturbing. You might also find that you don't like or don't approve of some of the techniques that the facilitators use. We cannot stress enough the importance of talking with us about your concerns and feelings during the break in the group, after the group during debriefing, or at any other time.

SESSION FEEDBACK FORM FOR OBSERVERS

This form is intended to help you provide us with feedback about our program. We always welcome your comments and suggestions. If you would like to talk with us, please make a time for us to meet or call you.

Thank you!

About you

Is this the first time you have observed any men's behaviour change group?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is this the first time you have observed our group?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Please show how much you agree with each statement: 1 is strongly disagree, 5 is strongly agree

I felt prepared for my observer role	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> Not sure
I felt the voices of women were present in the group	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> Not sure
I felt the voices of children were present in the group	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> Not sure
I observed examples of the male facilitator using patriarchal, gender-based entitlement, or power-over ways of relating or being	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> Not sure
I observed the male facilitator fulfilling traditional gender stereotypes	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> Not sure
I observed the female facilitator fulfilling traditional gender stereotypes	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> Not sure
The facilitators encouraged all men to participate	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> Not sure
At times, it felt like the facilitators coerced or used power-over tactics to get participants to see things differently	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> Not sure
I felt comfortable in my observer role	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> Not sure

Please comment on any of the points above.



TOWARDS SAFE FAMILIES

A practice guide for men's domestic violence behaviour change programs

We would appreciate you using the ranking scale to show us where you think we should be doing more or less. You are welcome to show rankings for the facilitators together or individually (an easy way to do this is to use a male and a female symbol on each rating).

TALKING ABOUT THE EFFECTS OF DOMESTIC AND FAMILY VIOLENCE ON WOMEN AND CHILDREN						
<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/>
Didn't do this	Some, but not enough	Adequate	About right	More than adequate	A bit much	Way overboard

REFLECTING ON ISSUES ABOUT THE POSITION OF WOMEN IN OUR SOCIETY (FOR EXAMPLE, SEXIST LANGUAGE)						
<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/>
Didn't do this	Some, but not enough	Adequate	About right	More than adequate	A bit much	Way overboard

REFLECTING ON ISSUES ABOUT OTHER FORMS OF POWER-OVER (FOR EXAMPLE, HOMOPHOBIA, RACISM)						
<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/>
Didn't do this	Some, but not enough	Adequate	About right	More than adequate	A bit much	Way overboard

FOCUSING ON VIOLENT AND CONTROLLING BEHAVIOURS						
<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/>
Didn't do this	Some, but not enough	Adequate	About right	More than adequate	A bit much	Way overboard

FOCUSING ON MEN'S RESPONSIBILITY						
<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/>
Didn't do this	Some, but not enough	Adequate	About right	More than adequate	A bit much	Way overboard

FOCUSING ON WOMEN'S AND CHILDREN'S SAFETY						
<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/>
Didn't do this	Some, but not enough	Adequate	About right	More than adequate	A bit much	Way overboard

ENGAGING WITH MEN AROUND THEIR USE OF MINIMISING, JUSTIFYING, BLAMING AND DENYING LANGUAGE						
<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/>
Didn't do this	Some, but not enough	Adequate	About right	More than adequate	A bit much	Way overboard

Please use the space below to write any comments or suggestions about your observations, or about the group or program.



Debriefing and critical reflection

SESSION REVIEW FORM

This form can be used by facilitators after the session, to assist their analyses and documentation of what went well, what didn't go so well, and what needs to be remembered for future sessions.

The form focuses exclusively on group and facilitator process issues. Clinical or risk-related information regarding participants is documented separately on the Session Summary Form. It is preferable to separate out clinical from process issues by using separate forms for each.

Session review form

DATE:	SESSION NUMBER OF CURRENT GROUP:	FACILITATORS:

Session outline

PRAXES ADDRESSED IN THE SESSION	MAIN ACTIVITIES / STRUCTURE OF THE SESSION FROM START TO FINISH	MODALITIES (VERBAL, VISUAL AND HANDS-ON) OR LEARNING FORMATS (THINKING / REFLECTING, DISCUSSING, EXPERIENCING AND DOING) INCORPORATED INTO THE SESSION

Reflections

	REFLECTIONS	CONSIDERATIONS
Structure and delivery		<p>Was the balance between modalities/formats right?</p> <p>Did the balance suit the participants?</p> <p>Was there too much of one modality or format and not enough of another?</p> <p>How was time managed during the session? Was too much or too little time spent on particular things?</p> <p>What are the implications of these reflections for the next session?</p>
Group dynamics		<p>What were the group culture and dynamics like during the session?</p> <p>Is there anything we should do next session to try to improve the group culture or dynamics?</p> <p>With regard to group dynamics, what did we experience as particularly tricky or challenging in the session, and how did we handle it?</p> <p>If this situation arose again, would it be better handled differently, and if so, how?</p>
Facilitation issues		<p>What can be learned from the session, in how one or more activities or discussions were run, that would be useful to remember for future sessions?</p> <p>Were there any examples of the male facilitator using a gendered way of working or relating in the group or with the co-facilitator?</p> <p>What were the particular challenges tonight for each facilitator in trying not to model stereotypical gendered ways of relating and being?</p> <p>Thinking about the dynamics between us as facilitators, how did things work?</p> <p>Thinking about ourselves as facilitators, what feelings/thoughts/values came up for us in the session?</p> <p>Was there anything from the session that might affect us later / affected us later?</p>



Themes

Main themes covered or discussed during the session

THEMES	HOW THIS THEME WAS COVERED	HOW PARTICIPANTS ENGAGED WITH THE THEME	IMPLICATIONS FOR FUTURE ACTIVITIES OR DISCUSSIONS ON THIS THEME

Other themes covered or discussed in less depth

THEMES	RECOMMENDATIONS FOR FUTURE ACTIVITIES OR DISCUSSIONS ON THIS THEME

Activities or themes not covered / discussed as planned

THEMES	ACTION REQUIRED

Issues that arose and plans to address these in future sessions

ISSUE	ACTION REQUIRED IN FUTURE SESSIONS

SECTION 07

Endnotes



ENDNOTES

- ¹ Organisation Intersex International Australia (OI), 'What is Intersex?', viewed 24/09/11, <http://oiaustralia.com/information/intersex/>
- ² 'Sexual and reproductive health', viewed 24/09/11, http://www.who.int/reproductivehealth/topics/gender_rights/sexual_health/en/
- ³ Women and Girls' Emergency Centre, undated, *It's Not Rocket Science: policies and procedures for services working with Transgender clients*, WECG, Sydney
- ⁴ New South Wales Department of Premier and Cabinet 2010, *Stop the silence, end the violence: NSW Domestic and Family Violence Action Plan*, New South Wales Government, Sydney, p.16
- ⁵ Aboriginal Child Sexual Assault Taskforce 2006, *Breaking the Silence: Creating the Future*, Attorney General's Department NSW, Sydney, p 40
- ⁶ New South Wales Department of Health 2011, *NSW Health Family Health Strategy 2011–2016: Responding to Family Violence in Aboriginal Communities*, Centre for Aboriginal Health, Sydney, p. 7
- ⁷ Statistics Canada 2003, *Family Violence in Canada: A Statistical Profile 2003*, Canadian Centre for Justice Statistics, Ministry of Industry, Ottawa, p. 7
- ⁸ Hester M 2009, *Who Does What to Whom? Gender and Domestic Violence Perpetrators*, University of Bristol in association with the Northern Rock Foundation, p. 8
- ⁹ Bagshaw D & Chung D 2000, *Women, Men and Domestic Violence*, Commonwealth of Australia, Canberra
- ¹⁰ Victorian Law Reform Commission 2006, *Review of Family Violence Laws Report*, Victorian Government, Melbourne
- ¹¹ Connell RW 1995, *Masculinities*, Allen & Unwin, Sydney
- ¹² Murphy C & Ting L 2010, 'The effects of treatment for substance abuse problems on intimate partner violence: A review of empirical data', *Aggression and Violent Behaviour*, 15(5): 325–333
- ¹³ Ptacek, J 1999, *Battered women in the courtroom: the power of judicial responses*, Northeastern University Press, Boston.
- ¹⁴ Australian Domestic and Family Violence Clearinghouse 2011, *The impact of domestic violence on children: A literature review*, University of New South Wales
- ¹⁵ Humphreys C & Kiraly M 2009, *Baby on Board: Report of the Infants in Care and Family Contact Research Project*, University of Melbourne, p.19
- ¹⁶ Perry B 2002, 'Childhood experience and the expression of genetic potential: What childhood neglect tells us about nature and nurture', *Brain & Mind*, 3: 79–100
- ¹⁷ Department of Human Services 2007, *Cumulative harm: a conceptual overview*, Department of Human Services, Melbourne, p 30
- ¹⁸ Domestic Violence Resource Centre 2009, *'Bad Mothers and Invisible Fathers' Parenting in the context of domestic violence*, Domestic Violence Resource Centre, Melbourne
- ¹⁹ Buchbinder E & Eisikovits Z 2004, 'Reporting bad results: The ethical responsibility of presenting abused women's parenting practices in a negative light', *Child and Family Social Work*, 9, p. 365
- ²⁰ Bancroft L, *Assessing and monitoring programs for men who abuse women*, viewed 26/08/11, www.lundybancroft.com/?page_id=238.
- ²¹ Domestic Violence Resource Centre 2009
- ²² Hunt, M 2010, 'Men, Family Violence and Parenting: A Program Analysis', *unpublished research paper*, Masters of Social Work, Monash University, Caulfield.

- ²³ Bancroft L 2002, *Why does he do that?: Inside the minds of angry and controlling men*, G.P. Putnam, New York.
- ²⁴ Bancroft, L, 2002b, 'The batterer as a parent', *Synergy*, 6(1): 6–8.
- ²⁵ NSW Department of Premier and Cabinet, cited in New South Wales Department of Health 2011, p. 7
- ²⁶ New South Wales Department of Health 2011, p. 7
- ²⁷ NSW Department of Premier and Cabinet, cited in New South Wales Department of Health 2011, *NSW Health Family Health Strategy 2011–2016: Responding to Family Violence in Aboriginal Communities*, Centre for Aboriginal Health, Sydney, p. 7
- ²⁸ New South Wales Department of Community Services 2009, *Working with Aboriginal people and communities: A practice resource*, NSW Government, Sydney, p. 2
- ²⁹ New South Wales Department of Health 2011, p. 8
- ³⁰ New South Wales Department of Health 2011, p. 21
- ³¹ Attorney General's Department of New South Wales 2003, *You shouldn't have to hide to be safe: A report on Homophobic Hostilities and Violence against Gay Men and Lesbians in New South Wales*, Attorney General's Department of New South Wales, Sydney, p. 35
- ³² Attorney General's Department of NSW 2003, p. 45
- ³³ Attorney General's Department of NSW, p. 35
- ³⁴ Brown C 2008, 'Gender-Role Implications on Same-Sex Intimate Partner Abuse', *Journal of Family Violence*, 23: 457–462
- ³⁵ Organisation Intersex International Australia (OI), 'What is Intersex?', viewed 24/09/11, <http://oiaustralia.com/information/intersex/>
- ³⁶ Women and Girls' Emergency Centre, undated, *It's Not Rocket Science: policies and procedures for services working with Transgender clients*, WECG, Sydney.
- ³⁷ Constable A, De Castro N, Knapman R & Baluch M 2011, *One Size Does Not Fit All Gap analysis of NSW domestic violence support services in relation to gay, lesbian, bisexual, transgender and intersex communities' needs*, ACON, Sydney, p. 1
- ³⁸ Brown C 2008
- ³⁹ VicHealth 2007, p. 54
- ⁴⁰ Department of Human Services (Victoria) 2012, p. 32
- ⁴¹ Healey L, Howe K, Humphreys C, Jennings C, Julian F 2008, *Building the Evidence: A report on the status of policy and practice in responding to violence against women with disabilities in Victoria*, Victorian Women With Disabilities Network, Melbourne
- ⁴² Brownridge D 2006 'Partner Violence Against Women With Disabilities: Prevalence, Risk, and Explanations', *Violence Against Women*; 12: 805–822
- ⁴³ Healey *et al* 2008, p. 37
- ⁴⁴ Bartels L 2010, 'Emerging issues in domestic/family violence research', *Research in Practice*, 10, Australian Institute of Criminology, Canberra
- ⁴⁵ WESNET 2000, *Domestic Violence in Regional Australia: A Literature Review*, Partnerships Against Violence, Canberra, p. 3
- ⁴⁶ Bartels, 2010
- ⁴⁷ Jamieson S & Wendt S 2008, 'Exploring Men's Perpetrator Programs in Small Rural Communities', *Rural Society*, 18(1): 39–50



- ⁴⁸ ACON 2011, *passim*
- ⁴⁹ Norlander B & Eckhardt C 2005, 'Anger, hostility, and male perpetrators of intimate partner violence: A meta-analytic review', *Clinical Psychology Review*, 25:119–152
- ⁵⁰ Adapted from No To Violence 2011, *Monitoring minimum standards and quality practice in MBCPs: A guide for DHS Program and Services Advisers*, Department of Human Services, Melbourne, p. 1
- ⁵¹ Respect 2010, 'Respect briefing paper: Evidence of effects of domestic violence perpetrator programmes on women's safety', viewed 10/10/11, http://www.respect.uk.net/data/files/resources/respect_briefing_paper_on_the_evidence_of_effects_of_perpetrator_programmes_on_women_revised_18th_march_10.pdf; Jones AS, Heckert AD, Gondolf ED, Zhang Q & Ip EH 2010, 'Complex behavioral patterns and trajectories of domestic violence offenders', *Violence and Victims*, 25(1): 3–17
- ⁵² Murphy C & Ting L 2010, 'The effects of treatment for substance abuse problems on intimate partner violence: A review of empirical data', *Aggression and Violent Behaviour*, 15(5): 325–333; Urbis 2011, *National Roundtable on Domestic Violence and Sex Offender Programs: Discussion Paper*, Urbis; National Council to Reduce Violence against Women and their Children 2009, *Time for Action, The National Council's Plan for Australia to Reduce Violence against Women and their Children, 2009–2021*, Commonwealth Government; Feder L and Wilson DB 2008, *Court-mandated interventions for individuals convicted of domestic violence*, Campbell Collaboration
- ⁵³ Jones *et al* 2010
- ⁵⁴ Relationships Australia (NSW) and BCS Lifecare 2009, *What's Changed? Tracking male participants in domestic violence intervention programs*, Relationships Australia (NSW) and BCS Lifecare, Sydney
- ⁵⁵ Gregory C & Erez E 2002, 'The Effects of Batterer Intervention Programs: The Battered Women's Perspectives', *Violence Against Women*, 8(2): 206–232
- ⁵⁶ Gondolf E 2002, *Batterer Intervention Systems: Issues, Outcomes and Recommendations*, Sage Publications, Thousand Oaks
- ⁵⁷ Respect & Relate 2008, 'Indicators for referral to couples counselling following domestic violence prevention programme attendance', viewed 17/11/11, http://www.respect.uk.net/data/files/indicators_for_referral_to_couples_work_final.pdf
- ⁵⁸ Adapted from Vermont Coalition of Batterer Intervention Services, 2005, *Vermont Statewide Standards for Programming for Men Who Batter Women*, Vermont, p. 17
- ⁵⁹ Council of Australian Governments 2010, *National Plan to Reduce Violence against Women and their children*, Council of Australian Governments, Canberra, p. 15
- ⁶⁰ Day A, O'Leary P, Chung D & Justo D 2009, *Domestic Violence: Working with Men*, The Federation Press, Sydney; Morran D 2011, 'Re-education or recovery? Re-thinking some aspects of domestic violence perpetrator programmes', *Probation Journal*, 58(2): 23–36
- ⁶¹ Urbis, 2011
- ⁶² K Healey K, Smith C & O'Sullivan C 1998, *Batterer Intervention: Program Approaches and Criminal Justice Strategies*, Office of Justice Programs, US National Institute of Justice, Washington
- ⁶³ Gondolf E 2007, 'Theoretical and research support for the Duluth Model: A reply to Dutton and Corvo', *Aggression and Violent Behavior*, 12: 644–657
- ⁶⁴ Gondolf E 2007
- ⁶⁵ Gilchrist E 2009, 'Implicit thinking about implicit theories in intimate partner violence', *Psychology, Crime and Law*, 15: 131–145; Dempsey B & Day A 2011, 'The Identification of Implicit Theories in Domestic Violence Perpetrators', *International Journal of Offender Therapy and Comparative Criminology*, 55(3) 416–429
- ⁶⁶ Gilchrist 2009

- ⁶⁷ Howells K & Day, A 2006, 'Affective Determinants of Treatment Engagement in Violent Offenders', *International Journal of Offender Therapy and Comparative Criminology*, 50(2): 174–186
- ⁶⁸ Mills S & Shannos K 2010, 'Increasing awareness of physical states and identifying motion(s) in men's behaviour change groups', in *No To Violence, 2010 No To Violence Practitioners Forum: Presentation notes and reflections*, Melbourne
- ⁶⁹ McMaster, K 2003, 'Groupwork with men who abuse', in McMaster K & Wells A (eds), *Innovative approaches to stopping family violence*, HMA, Christchurch.
- ⁷⁰ Augusta-Scott T 2009a, 'Narrative Therapy: Addressing Masculinity in Conversations with Men who Perpetrate Violence' in Lehmann P & Simmons C (eds), *Strengths-based Batterer Intervention: a New Paradigm in Ending Family Violence*, Springer Publishing, New York; Augusta-Scott T 2009b, "'Power and Control" and beyond: An interview with Tod Augusta-Scott and a client who perpetrated sexual abuse by Scot Cooper', *Journal of Systemic Therapies*, 28(2): 90–101; Jenkins A 1990, *Invitations to responsibility: The therapeutic engagement of men who are violent and abusive*, Dulwich Centre Publications; Jenkins A 2009, *Becoming ethical: A Parallel, Political Journey with Men Who Have Abused*, Russell House.
- ⁷¹ Lehmann P & Simmons C (eds) 2009, *Strengths-based Batterer Intervention: a New Paradigm in Ending Family Violence*, Springer Publishing, New York
- ⁷² Panchanadeswaran S, Ting L, Burke JG, O'Campo P, McDonnell KA, & Gielen AC 2010, 'Profiling abusive men based on women's self-reports: findings from a sample of urban low-income minority women', *Violence Against Women*, 16(3): 313–327; Jones et al, 2010; Wangmann J 2011, 'Different types of intimate partner violence: an exploration of the literature', *Issues Paper 22*, Australian Domestic and Family Violence Clearinghouse, Sydney.
- ⁷³ Gondolf 2011
- ⁷⁴ Jones et al 2010
- ⁷⁵ Day A, Chung D, O'Leary P & Carson E, 2009, 'Programs for men who perpetrate domestic violence: An Examination of the Issues Underlying the Effectiveness of Intervention Programs', *Journal of Family Violence*, 24 (3): 203–212
- ⁷⁶ Wales D & Tiller N 2011, 'The changing nature of interventions' in McMaster K and Riley D (eds), *Effective Interventions with Offenders: Lessons Learned*, HMA, Christchurch
- ⁷⁷ Bancroft L 2002, *Why does he do that?: Inside the minds of angry and controlling men*, G.P. Putnam, New York; Caledonian manual 2009, p 35
- ⁷⁸ Jolliffe D & Farrington DP 2007, *A systematic review of the national and international evidence on the effectiveness of interventions with violent offenders*, UK Ministry of Justice; Caledonian manual 2009, p. 35
- ⁷⁹ HMA, *What is Making Choices?*, viewed 30/10/11, www.hma.co.nz/Programme-Design-And-Development/Making-Choices.asp; Gondolf E 2002, *Batterer Intervention Systems: Issues, Outcomes and Recommendations*, Sage Publications, Thousand Oaks
- ⁸⁰ Howard J & Wright M 2008, *Listening to What Matters*, Inner South Community Health Centre, Melbourne
- ⁸¹ Opitz C 2012, 'Integrated System Responses and Behaviour Change Programs for Intimate Partner Violence: Supporting women's safety during and after intervention with perpetrators', *unpublished PhD Thesis*, University of South Australia, Adelaide
- ⁸² Laing L 2002, 'Responding to men who perpetrate domestic violence: Controversies, interventions and challenges', *Issues Paper 7*, Australian Domestic and Family Violence Clearinghouse, Sydney
- ⁸³ Burton S, Regan L & Kelly L 1998, *Supporting Women and Challenging Men. Lessons from the Domestic Violence Intervention Project*, Bristol, p. 4
- ⁸⁴ Cited in Caledonian System 2009, p. 81



- ⁸⁵ Howard & Wright 2008, p. 22
- ⁸⁶ Howard & Wright 2008, p. 25
- ⁸⁷ Gregory & Erez, 2002
- ⁸⁸ Howard & Wright 2008, p. 22
- ⁸⁹ Opitz, C 2012
- ⁹⁰ Westmarland N, Kelly L & Chalder-Mills J 2010, *Domestic violence perpetrator programs: What counts as success*, Respect Briefing Note 1, Respect, London; Howard & Wright 2008
- ⁹¹ Bagshaw D, Brown T, Wendt S, Campbell A, McInnes E, Tinning B, Batagol B, Sifris A, Tyson D, Baker J & Fernandez Arias P 2010, *Family violence and family law in Australia: the experiences and views of children and adults from families who separated post-1995 and post-2006*, vol. 1, Commonwealth of Australia, Canberra; Mullender A, Hague G, Imam U, Kelly L, Regan L & Malos E 2003, *Children's perspectives on domestic violence*, Sage, London
- ⁹² Hunt 2010
- ⁹³ New South Wales Department of Premier and Cabinet 2009, *Keep Them Safe: A shared approach to child wellbeing*, Government of New South Wales, Sydney
- ⁹⁴ Apps J & Gregory R 2011, "'You're only there cos you're a woman": A study of the experiences of women who co-facilitate men's behaviour change group programs', *Women Against Violence: An Australian Feminist Journal*, 23: 29–39
- ⁹⁵ Gondolf 2002
- ⁹⁶ Barnes G 2010, workshop presentation at *No To Violence* forum, 11/10/11, Melbourne
- ⁹⁷ Westmarland *et al* 2010, p. 16
- ⁹⁸ Westmarland *et al* 2010, p. 16
- ⁹⁹ Howard & Wright 2008, p. 22
- ¹⁰⁰ Howard & Wright 2008, p. 25
- ¹⁰¹ Day *et al* 2009, *Domestic Violence: Working with Men*; Frances R 1996, *A Study of Seven Attitude/Behaviour Change Programs for Men Who are Violent in the Home*, Doctoral Thesis, Department of Criminology, University of Melbourne
- ¹⁰² Shephard-Bayly D 2010, 'Working with men who use violence: the problem of reporting "progress"', *Australian Domestic and Family Violence Clearinghouse Newsletter* 39
- ¹⁰³ Carson E, Chung D & Day A 2009, 'Evaluating contracted domestic violence programs: Standardisation and organisational culture', *Evaluation Journal of Australasia*, 9(1): 10–19
- ¹⁰⁴ Williams R 1999, 'Cultural safety — what does it mean for our work practice?', *Australian and New Zealand Journal of Public Health*, 23 (2): 213–214
- ¹⁰⁵ Cross T L, Bazron B J, Dennis K W & Isaacs M R 1989, *Towards a culturally competent system of care*, Volume 1, Georgetown University, Washington DC
- ¹⁰⁶ Victorian Aboriginal Child Care Agency 2008, *Aboriginal Cultural Competence Framework*, Department of Human Services, Melbourne, p. 30
- ¹⁰⁷ Victorian Aboriginal Child Care Agency 2008, p. 34
- ¹⁰⁸ Victorian Aboriginal Child Care Agency 2008, p. 16
- ¹⁰⁹ New South Wales Department of Community Services 2009, p. 13

- ¹¹⁰ New South Wales Department of Community Services 2009, p. 13
- ¹¹¹ Solid Kids, Solid Schools project, *What is?*, viewed 16/09/11, http://www.solidkids.net.au/index.php/what_is/
- ¹¹² New South Wales Department of Health 2011, p. 20
- ¹¹³ Tamatea, A & Brown T 2011, 'Culture and Offender Rehabilitation in New Zealand: Considerations for programme delivery and development with Māori and Pacific Peoples' in McMaster K and Riley D (eds), *Effective Interventions with Offenders: Lessons Learned*, HMA, Christchurch, p. 177
- ¹¹⁴ Community Relations Commission, *Fact Sheet 2, Requesting and Working with Interpreters: When to use an Interpreter*, viewed 12/12/11, www.crc.nsw.gov.au/services/language_services/fact_sheets/fact_sheet_2
- ¹¹⁵ Community Relations Commission, *Fact Sheet 3, Requesting and Working with Interpreters: Why you should use professional interpreters*, viewed 12/12/11, www.crc.nsw.gov.au/services/language_services/fact_sheets/facts_sheet_3
- ¹¹⁶ Williams L 2009, 'Adaptations and developments in treatment programmes for offenders with developmental disabilities', *Psychiatry, Psychology and Law*, 16(1): 18–35; Keeling JA & Rose JL 2006, 'The adaptation of a cognitive-behavioural treatment programme for special needs sexual offenders', *British Journal of Learning Disabilities*, 34(2): 110–116; Ayland L & West B 2006, 'The Good Way model: A strengths-based approach for working with young people, especially those with intellectual difficulties, who have sexually abusive behaviour', *Journal of Sexual Aggression*, 12(2): 189–201
- ¹¹⁷ ACON 2011, p. 4
- ¹¹⁸ Transgender Antiviolence Project, 'What is the TAVP?', viewed 24/9/11, <http://tavp.org.au/>
- ¹¹⁹ Women and Girls' Emergency Centre, undated
- ¹²⁰ Jamieson & Wendt 2008
- ¹²¹ Colorado Domestic Violence Offender Management Board 2010, *Standards For Treatment With Court Ordered Domestic Violence Offenders*, Colorado Department of Public Safety, p. E9
- ¹²² Department of Human Services 2009, *A framework for comprehensive assessment in men's behaviour change programs*, Department of Human Services, Melbourne, p. 10
- ¹²³ Caledonian System 2010, *Children's Services Manual*, Scottish Government, Edinburgh, p. 44
- ¹²⁴ Caledonian System 2010, p. 44
- ¹²⁵ Morgan J 2002, *Who Kills Whom and Why: Looking Beyond Legal Categories*, Victorian Law Reform Commission, Occasional Paper, Melbourne
- ¹²⁶ Smith J (forthcoming) <http://research.cwav.asn.au/AFRP/FamilyViolence/SAFER/default.aspx>, viewed 11/07/11
- ¹²⁷ Smith
- ¹²⁸ Gondolf, 2002b, cited in Smith
- ¹²⁹ Castelino T & Compton A 2002, 'Noticing women's agency', *NTV Forum*, 31: 12–18, p. 10
- ¹³⁰ Opitz 2012
- ¹³¹ Gondolf 2002
- ¹³² Howard & Wright 2008, p. 10
- ¹³³ Howard & Wright 2008, p. 10
- ¹³⁴ Bancroft L & Silverman J 2002, *The batterer as parent: Addressing the impact of domestic violence on family dynamics*, Sage, Thousand Oaks



- ¹³⁵ Kirkwood D 2012, 'Just Say Goodbye': Parents who kill their children in the context of separation, *Discussion paper No. 8*, Domestic Violence Resource Centre Victoria, Melbourne
- ¹³⁶ Caledonian System 2010, p 27
- ¹³⁷ Adapted from Department of Human Services 2006, *Family Violence Risk Assessment and Risk Management Framework*, Department of Human Services, Melbourne
- ¹³⁸ Respect 2008, *Respect Accreditation Standard*, Respect, London, p. 76
- ¹³⁹ Department of Human Services (Victoria) 2012, p. 33
- ¹⁴⁰ Tamatea & Brown 2011
- ¹⁴¹ Frances 1996.
- ¹⁴² 'Smokescreen' is a term used by some providers to refer to the various ways in which a man avoids taking responsibility for his behaviour, including denial, downplaying, justification, and other-blaming
- ¹⁴³ Research and Education Unit on Gendered Violence 2004, *A Comparative Assessment of Good Practice in Programs for men who use Violence Against Female partners*, Partnerships Against Domestic Violence, Office of the Status of Women, Commonwealth of Australia, Canberra, p. 24
- ¹⁴⁴ Huffine C 2009, 'Batterer intervention curriculum: One size does not fit all', Powerpoint presentation from *Bridging perspectives: Intervening with men who batter conference*, Minneapolis, May 12–15; St Denis C 2009, 'Identifying high risk, psychopathic and career criminal domestic violence offenders', Powerpoint presentation from *Bridging perspectives: Intervening with men who batter conference*, Minneapolis, May 12–15; Colorado Domestic Violence Offender Management Board 2010
- ¹⁴⁵ ACON 2003, *Intimate Partner Abuse Screening Tool For Gay, Lesbian, Bisexual and Transgender (GLBT) Relationships*, ACON, Sydney, pp. 5–7.
- ¹⁴⁶ Jenkins 2009
- ¹⁴⁷ Colorado Domestic Violence Offender Management Board 2010; Coulter M & VandeWeerd C 2009, 'Reducing domestic violence and other criminal recidivism: Effectiveness of a multilevel batterers intervention program', *Violence and Victims*, 24: 139–152
- ¹⁴⁸ Mulrone J 2003, *Topic Paper: Australian Statistics on Domestic Violence*, Australian Domestic and Family Violence Clearinghouse, Sydney, p 7
- ¹⁴⁹ Mulrone J 2003, *Topic Paper: Australian Statistics on Domestic Violence*, Australian Domestic and Family Violence Clearinghouse, Sydney, p 8
- ¹⁵⁰ McNeill F & Weaver B 2010, *Changing Lives? Desistance Research and Offender Management*, Scottish Centre for Crime and Justice Research, Glasgow
- ¹⁵¹ Morran 2011, p. 31
- ¹⁵² M Morran 2011, p. 34
- ¹⁵³ Jenkins 2009
- ¹⁵⁴ Connell 1995
- ¹⁵⁵ Wales & Tiller 2011
- ¹⁵⁶ Bancroft 2007
- ¹⁵⁷ Bancroft 2007
- ¹⁵⁸ Gillchrist 2009; Dempsey & Day, 2011
- ¹⁵⁹ Duncan J & Western D 2011, *Addressing 'the ultimate insult': Responding to women experiencing intimate partner sexual violence*, Stakeholder Paper 10, Australian Domestic Violence Clearinghouse, Sydney, p. 3

- ¹⁶⁰ Baker, G 2010, *What makes Respondent Programmes effective*, Catholic Social Services, Wellington
- ¹⁶¹ Vermont Coalition of Batterer Intervention Services, 2005, *Vermont Statewide Standards for Programming for Men Who Batter Women*, Vermont, p. 49
- ¹⁶² Coffield F, Moseley D, Hall E & Ecclestone K 2004, *Learning styles and pedagogy in post-16 learning. A systematic and critical review*, Learning and Skills Research Centre, London
- ¹⁶³ McMaster K & Wells A 2011, 'Programme design: Getting it more right than wrong' in McMaster K and Riley D (eds), *Effective Interventions with Offenders: Lessons Learned*, HMA, Christchurch
- ¹⁶⁴ Risk Management Authority Scotland 2011, Framework for risk assessment, management and evaluation: FRAME, Risk Management Authority, Paisley, p. 27
- ¹⁶⁵ Murphy & Ting 2010
- ¹⁶⁶ Muelleman RL, DenOtter T, Wadman MC, Tran T & Anderson J 2002, 'Problem gambling in the partner of the emergency department patient as a risk factor for intimate partner violence', *Journal of Emergency Medicine*, 23(3): 307–312; Jackson A 2011, *Links between problem gambling and family violence*, Problem Gambling Research and Treatment Centre, Melbourne
- ¹⁶⁷ Howard & Wright 2008, p. 21
- ¹⁶⁸ O'Malley R 2009, 'The probation and parole perspective', in Day A, O'Leary P, Chung D and Justo D (eds), *Domestic Violence: Working with men: Research, practice experiences and integrated responses*, Federation Press, Sydney
- ¹⁶⁹ Klein A & Crowe A, 2008, 'Findings From an Outcome Examination of Rhode Island's Specialized Domestic Violence Probation Supervision Program: Do specialized supervision programs of batterers reduce reabuse?', *Violence Against Women*, 14: 226–246
- ¹⁷⁰ Day A and Casey S 2010, 'Maintaining change programmes for offenders: some suggestions for practice', *Psychology, Crime & Law*, 1: 10
- ¹⁷¹ Prochaska J & DiClemente C 1982, 'Transtheoretical therapy: Toward a more integrative model of change', *Psychotherapy: theory, research and practice*, 19: 276–288
- ¹⁷² Lehmann P & Simmons C (eds) 2009, *Strengths-based Batterer Intervention: a New Paradigm in Ending Family Violence*, Springer Publishing, New York
- ¹⁷³ Gondolf 2011
- ¹⁷⁴ Murphy & Ting 2010; Kistenmacher BR & Weiss RL 2008, 'Motivational Interviewing as a Mechanism for Change in Men Who Batter: A Randomised Controlled Trial', *Violence and Victims*, 23(5): 558–570; Scott *et al*, 2011)
- ¹⁷⁵ Taft & Murphy 2009
- ¹⁷⁶ McMaster & Wells 2011
- ¹⁷⁷ Scott K, King C, McGinn H & Hosseini N 2011, 'Effects of Motivational Enhancement on Immediate Outcomes of Batterer Intervention', *Journal of Family Violence*, 26(2), p. 143
- ¹⁷⁸ Shephard-Bayly 2010
- ¹⁷⁹ Bancroft L, *Assessing and monitoring programs for men who abuse women*
- ¹⁸⁰ Hunt 2010 and personal communication

