

NORTH WEST METROPOLITAN REGION
PRIMARY CARE PARTNERSHIPS

Guidelines for Identifying and Responding to People Who Cause Family Violence Harm



Acknowledgements



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- Ada Conroy - Women's Health In the North
- Alfred Health
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Inner North West PCP acknowledge the peoples of the Kulin Nation as the Traditional Custodians of the land on which our work in the community takes place. We pay our respects to their culture and their Elders past, present and emerging.

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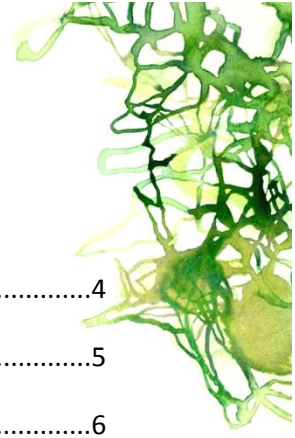


Table of Contents

Key Messages	4
Using the Guidelines in your Agency.....	5
Definition of Family Violence	6
Challenges of Responding to Perpetrators of Family Violence	8
Indicators that Someone Might be Using Family Violence	10
When Men are Labelled as Victims	10
The Role of Specialist Men’s Family Violence Services	12
Priority Actions when a Perpetrator is Identified or Suspected.....	13
Managing Both the Victim and Perpetrator Accessing the Same Service.....	14
Staff Safety.....	14
Early Intervention for Perpetration of Family Violence	15
More Direct Responses to Perpetrators.....	17
Cultural and Other Forms of Diversity.....	19
Responding to Perpetrators within Different Communities	21
Procedure Considerations	24
Appendix 1 – Services.....	25
Appendix 2 – Resources	31
Appendix 3 – Context	32

Key Messages



Directly engaging with perpetrators of family violence in ways that work towards the safety of women and children is highly difficult. Unskilled or misguided attempts can significantly compromise family member safety. Behaviour change work with perpetrators should not be attempted by services and practitioners without specialist skills and training in family violence perpetrator interventions and behaviour change processes.



Family violence perpetration is not a mental health condition or personality flaw, but rather, a *social problem* that stems from how men are socialised to use power and control, and to view and treat women. As such, there is no one type of man who uses violence.



Usually, family violence is identified through victim disclosures, or when police or others attend or observe a family violence incident. However, in some situations it is possible to identify or suspect that someone is causing family violence harm through observing how they treat or talk about their partner/family member. Sharing these observations with relevant agencies and services involved in assessing and managing the risk posed by the perpetrator can assist these agencies to keep the family safe.



When a perpetrator of family violence has been identified or is suspected, the highest priority is to find a safe way to offer support to the victim(s) and/or to refer or link them in to specialist family violence and other services.



If you suspect that a person is using violence, it is generally best not to attempt to ask him questions to 'screen' for perpetration. This carries the risk of the perpetrator thinking that the victim has disclosed about his behaviour to your or another service and retaliating against the victim.



Allocate different staff or practitioners to work with the victim and the perpetrator when they access the same service.



Do not talk or ask questions about family violence with the victim if the perpetrator is also present.



It is preferable for health/mainstream services to work with women separately from their partners, in order to maximise their safety. Due to the high prevalence of family violence, many women may be victims without your service being aware of it. Providing services to her away from her partner being able to overhear or observe creates a safer environment for women to disclose. It might also help victims to make their own independent decisions about their health needs and service access.



When providing a service to a known perpetrator, consider the safety of staff. While most family violence perpetrators do not pose a risk to people outside their family, in some circumstances, perpetrators can escalate and become aggressive in other contexts.



Mainstream/health services working towards improving how they more directly engage with perpetrators will require specific policy and procedural guidance to do so, above and beyond what these guidelines detail. They also require specialised training and ongoing secondary consultation about safe and non-collusive perpetrator engagement practice.



For guidance and advice about how to address a situation when someone has been identified or is suspected of causing family violence harm, you can contact the [Men's Referral Service](https://www.ntvmrs.org.au) (MRS; ntvms.org.au) on **1300 766 491**.



There is considerable diversity amongst people who cause family violence harm. While there are important consistencies across this diversity – the use of power and control, victim stance thinking, lack of responsibility-taking for one's choices to use violence, etc. – this diversity means that practitioners from health care and other sectors need to be both sensitive and self-aware when responding to perpetrators

Using the Guidelines in your Agency

Family violence is a serious health issue and victims/survivors as well as perpetrators of family violence are among our community, in workplaces, schools, community groups and present in health and mainstream services. The Victorian services systems is an early contact point for many people who have caused family violence harm, presenting an opportunity for earlier identification, and improved responses and referrals.

Before using these Guidelines it is important that your agency has considered a whole-of-organisation response to family violence. It is important that all staff members are able to identify and respond to family violence in their work. Even for staff members who do not frequently deal with family violence, it is important that they know how to respond in ways that supports the safety of victims. Additionally, it is imperative that staff feel supported by their supervisors/managers to undertake this work in a comprehensive way.

The [North West Metro Region Primary Care Partnership Identifying and Responding to Family Violence Project](#) has developed a number of resources to support agencies to undertake this work.

1. The [Identifying Family Violence and Responding to Family Violence Managers' Training Package](#) supports trained family violence facilitators with the delivery of the 'Identifying and Responding to Family Violence' training and policy implementation to managers of health and mainstream services.
2. The [Workplace Policy Template](#) should be an initial starting point to consider how to best respond to disclosures of family violence by staff in your agency.
3. The [Client Policy Template; Identifying Family Violence and Responding to Women and Children](#) supports agencies to develop inclusive high-quality care to individuals who have experienced, or who are at risk of experiencing family violence.

It is imperative that agencies are comprehensively able to respond to victim disclosures at both a staffing and a client level before they consider how to respond to people who cause family violence harm.

The purpose of these Guidelines is to outline steps for all staff members, in health and mainstream services, to take in cases where they are in contact with a client who may be causing family violence harm.

The guidelines take a 'conservative' approach towards perpetrator contact and engagement. They are written for health/mainstream services who do not (yet) have the confidence and skill to directly engage perpetrators through roles and responsibilities such as family violence informed coordinated case management, safety planning towards interrupting violent and abusive behaviour, or in-depth motivational enhancement towards building some readiness to change. These guidelines do not address the complexities, nuance and practices involved in situations where health/mainstream services have opportunities for significant engagement with perpetrators. The Guidelines also do not cover behaviour change work or similarly complex perpetrator interventions as this work should only be attempted by specialist trained professionals. Unskilled or misguided attempts can significantly compromise family member safety.

The expectation is that agencies will need to develop their own specific procedures for implementation based on the Guidelines' principles. Implementation of the procedures and the change management process associated with them is a complex task. Consultation with No To Violence (NTV)/your local men's behaviour change program (MBCP) is highly recommended to support your agency in this process. See Appendices for further details on contact points.



Definition of Family Violence

The Victorian Family Violence Protection Act 2008¹ defines family violence as behaviour by a person towards a family member that is:

- Physically or sexually abusive
- Emotionally or psychologically abusive
- Economically abusive
- Threatening
- Coercive
- Or in any other way controls or dominates the family member and causes that family member to feel fear for the safety or wellbeing of themselves or another family member.

Family violence takes many forms and occurs when the abuser uses behaviour that is violent, threatening, intimidating or controlling, or intended to cause the family member to be fearful. The abuser may be from a current or past intimate relationship, or other family member including step-family, regardless of gender and sexuality².

The Gendered Nature of Family Violence

There are distinct gendered patterns in the perpetration and impact of family violence, with evidence showing that family violence is overwhelmingly perpetrated by men against women. In Australia, women are the victims in 75% of all reported family violence incidents and routinely under report their experiences³.

On average, one woman is killed every week in Australia by a current or former partner. Women are five times more likely than men to require medical attention or hospitalisation as a result of intimate partner violence, and five times more likely to report fearing for their lives⁴.

There are some circumstances in which women may be at particular risk of experiencing family violence, including during pregnancy and following separation. Women may also be at greater risk if they experience additional forms of discrimination, such as racism, disability based and socio-economic based discrimination⁵.

While men can be victims of family violence, evidence shows that men in heterosexual relationships are rarely the victims of intimate partner violence. A significant proportion of male victims experience family violence perpetrated by other men, either by another male family member (sibling, adult son, etc.) or by a male intimate partner⁶.

¹ Family Violence Protection Act 2008, Parliament of Victoria, Melbourne, accessed 22 March 2018, [http://www.legislation.vic.gov.au/domino/web_notes/ldms/pubstatbook.nsf/f932b66241ecf1b7ca256e92000e23be/083D69EC540CD748CA2574CD0015E27C/\\$FILE/08-52a.pdf](http://www.legislation.vic.gov.au/domino/web_notes/ldms/pubstatbook.nsf/f932b66241ecf1b7ca256e92000e23be/083D69EC540CD748CA2574CD0015E27C/$FILE/08-52a.pdf).

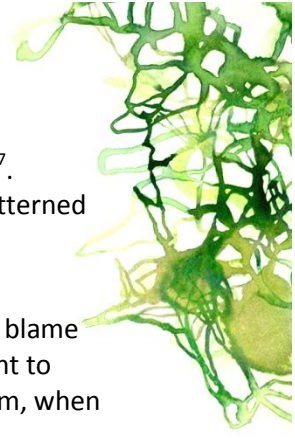
² Safe Steps Family Violence Resource Centre 2018, *What is Family Violence*, Safe Steps Family Violence Resource Centre, Melbourne, accessed 22 March 2018, <https://www.safesteps.org.au/understanding-family-violence/what-is-family-violence/>.

³ The Lookout 2018, *Fact Sheet 7: Family Violence Statistics*, The Lookout, Melbourne, accessed 22 March 2018, <http://www.thelookout.org.au/fact-sheet-7-family-violence-statistics>

⁴ Our Watch 2018, *Understanding Violence: Facts and Figures*, Our Watch, Melbourne, accessed 22 March 2018, <http://www.ourwatch.org.au/Understanding-Violence/Facts-and-figures>.

⁵ Victorian Department of Premier and Cabinet (DPC) 2018, *Ending Family Violence: Victoria's 10 Year Plan for Change*, DPC, Melbourne, accessed 22 March 2018, <http://www.vic.gov.au/familyviolence.html>.

⁶ Domestic Violence Victoria (DV Vic), 2014, Submission to the Australian Senate Inquiry into Domestic Violence in Australia, accessed 22 March 2018 https://www.parliament.vic.gov.au/images/stories/committees/SCLSI/Public_Housing_Renewal_Program/QON/VPTA-QON-Family_Violence_Information_DVvic.pdf



95% of those committing physical or sexual violence, or who make threats of violence, are male⁷. Compared to female perpetrators, men are more likely to use a wider range of repeated and patterned forms of violence to dominate and control their partners over time⁸.

Furthermore, a large proportion of men who claim to be victims of violence are actually the perpetrators. It is characteristic for male perpetrators to deny or minimise their use of violence, blame their (ex) partner or others and justify their behaviours⁹. They often feel and persuasively present to services and professionals (and to any of their friends who know about the violence) as the victim, when this is not the case.

Children and Family Violence

Children and young people experience family violence in different ways, and can be affected by family violence even if they were not the direct victim. It includes behaviour by a person that causes a child to hear or witness, or otherwise be exposed to the effects of family violence.

A child can be exposed to family violence if they:¹⁰

- Overhear threats of physical abuse or death
- See or hear an assault
- Comfort or provide assistance to a person who has been abused
- Clean up or observe property damage
- Are present when police or an ambulance attend a family violence incident
- Experience the impacts of family violence, including homelessness, poverty, injury, neglect or death of a companion pet, impact on schooling and social activities.

Elder Abuse

Elder abuse is defined as a “single or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust which causes harm or distress to an older person”¹¹.

Elder abuse includes neglect, psychological, emotional, physical and sexual abuse, as well as economic/financial exploitation, including the loss of a home and belongings. The older person may be dependent on the abuser, for example if they rely on the abuser for care. It is also common for the abuser to depend on the support of the older person, for example for accommodation¹². Sometimes elder abuse is a pattern of family violence that starts early in the relationship and continues into older age¹³.

⁷ Australian Bureau of Statistics (ABS) 2013, Personal Safety, Australia 2012, Cat. No. 4906.0, ABS, Canberra, accessed 22 March 2018, <http://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/4906.0Main+Features12012?OpenDocument>

⁸ Hester, M 2009, Who Does What to Whom? Gender and Domestic Violence Perpetrators, University of Bristol in association with the Northern Rock Foundation, Bristol, accessed 22 March 2018, <http://www.nr-foundation.org.uk/downloads/Who-Does-What-to-Whom.pdf>

⁹ MensLine Australia, 2018, *Male Perpetrators vs Male Victims*, accessed 22 March 2018, <https://www.changingforgood.org.au/resource/male-perpetrators-vs-male-victims/>

¹⁰ Richards, K 2011, *Trends and Issues in Crime and Criminal Justice: Children’s Exposure to Domestic Violence in Australia*, Australian Institute of Criminology, Canberra, accessed 22 March 2018, <https://aic.gov.au/publications/tandi/tandi419>

¹¹ World Health Organization (WHO) 2016, *Elder Abuse*, WHO, Geneva, accessed 22 March 2018, http://www.who.int/ageing/projects/elder_abuse/en/

¹² Joosten, M, Dow, B & Blakey, J 2015, *Profile of Elder Abuse in Victoria: Analysis of Data about People Seeking Help from Seniors Rights Victoria Final Report*, National Ageing Research Institute, Melbourne, accessed 22 March 2018, https://seniorsrights.org.au/wp-content/uploads/2014/03/Final-Report_Profile-of-Elder-Abuse-in-Victoria.docx.

¹³ National Clearinghouse on Abuse in Later Life (NCALL) 2013, *An Overview of Abuse in Later Life*, NCALL, Wisconsin, accessed 22 March 2018, https://www.speakcdn.com/assets/2497/abuse_in_later_life--formatted.pdf

Challenges of Responding to Perpetrators of Family Violence

Responding to perpetrators of family violence in ways that work towards the safety of women and children can be very challenging and complex. Unskilled or misguided attempts can significantly compromise the safety of current or future victims.

Perpetrators of family violence – the substantial majority of whom are men¹⁴ – often require a long journey to start to take some responsibility for their behaviour. It might take several significant events or ‘crises’ stemming from their behaviour, over a period of months or years, before they develop some internal motivation to change. And even here, this depends on how the perpetrator makes sense of events such as appearance at court, having reduced access to his children due to his behaviour, or his partner attempting to leave him. Perpetrators characteristically blame their partner or others for the consequences of their behaviour.

Most perpetrators have elaborate and highly-reinforced ways of minimising, denying, justifying and excusing their behaviour. They adopt what can be termed a *victim stance*, believing that they are the ones who have been treated unfairly or done wrong to. This sense of “feeling the victim” stems largely from how men are conditioned by society to view women, and to gain and use power. For some men, the victim stance can also be contributed to by real life experiences of being the victim – not to his partner – but through other experiences of childhood exposure to violence, racism and other forms of marginalisation. But in the main, men use violence in this context as an expression of highly-reinforced male privilege and entitlement.¹⁵

Case Study

Julie* arrived 30 mins late at a local community health service for a speech pathology appointment for her three-year-old daughter, Amber. Hurriedly taking a seat in the waiting room, they were joined by Julie’s partner Jason, who ambled in more slowly.

Julie turned to Jason and said in a low, controlled voice “I reminded you three times this morning how important this appointment is for Amber, and that we needed to get here on time. Why did you return home late with the car?”

Jason replied, “I told you, something came up that I needed to get to, that’s all.”

“What was that?” Julie asked, keeping with a low, controlled voice.

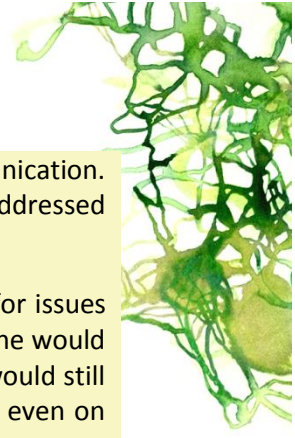
“I told you, something came up. Get off my case.”

“Was that something more important than Amber? I could have got here on time if you left me with enough bus money, or allowed me to use the car.”

Jason continued, escalating slightly more “You are always having a go at me. Don’t make me angry”. Jason then turned to Julie and gave her a particular look, one that she had seen several times before and knew its meaning. Jason had a few different looks in his repertoire that he could use to silence her, even without needing to use words or physical violence. This look meant that after they returned home from the appointment, Jason would punish her for ‘making him feel’ angry, and for ‘disrespecting’ him. He said to her, raising his voice to make it easier for others to overhear “If you weren’t such a hopeless mother, Amber wouldn’t need appointments like this!”

¹⁴ See *Key statistics* at <https://anrows.org.au/publications/fast-facts-0/violence-against-women-key-statistics>

¹⁵ For further reading, see Vlasis, R., Ridley, S., Green, D., & Chung, D. (2017). Family and domestic violence perpetrator programs: Issues paper of current and emerging trends, developments and expectations. *Stopping Family Violence*, retrieved from sfv.org.au; or Stark, E. (2007). *Coercive control: How men entrap women in personal life*. Oxford University Press.



During the appointment, the speech pathologist noticed that Jason dominated the communication. When Julie asked a question, he would answer for her. When the practitioner specifically addressed Julie, she would look to Jason as if to ask for permission to speak.

Jason always wanted to be present for appointments at the community health service, even for issues that focused specifically on Julie's health. When Julie did access a service at the centre alone, she would engage very differently, offering eye contact and answering questions directly. However, she would still say that she needed to ask Jason before making decisions related to the family's health care, even on matters that seemed inconsequential.

** This case study has been adapted and names have been changed to ensure anonymity*

In the above case study, Jason uses a range of tactics to control Julie and her life, and to get his way. He blames her for 'making him' feel angry, and feels that he is the victim of her 'unreasonableness'.

Many perpetrators believe they have the right – and feel justified – to use violent and controlling behaviour to:

- stop their partner or former partner from doing things he doesn't agree with,
- make them do things that he feels entitled to, and
- punish them if they do not comply.

Family violence perpetration is not a mental health condition or personality flaw, but rather, a social problem that stems from how men are socialised to use power and control, and to view and treat women. As such, there is no one type of man who uses violence.

Perpetrators seek to elicit sympathy from others. Many have ways of attempting to draw friends, colleagues, police and mainstream services into believing that they are the victim of 'her behaviour'. Many perpetrators attempt to pathologise their partner, to make them out to be mentally ill, hysterical or incompetent – this is often known as 'gaslighting'.

Perpetrators can easily obtain support from their families, friendship networks, social media platforms and workplaces, because they are often likeable and can behave in ways that are consistent with general community ethics and values. They often make good friends and work colleagues, and therefore can be viewed as 'nice guys' in contexts outside their family or intimate relationships. This contributes to reasons why victims are often not believed when they disclose the abuse.

The 'nice guy' effect can also make it easy for his story to be believed. Due to the perpetrator's persuasiveness, practitioners may find it difficult not to inadvertently collude with these invitations to support their victim stance, their denials and minimisation of their behaviour, and with how they blame others rather than take full (or any) responsibility for their behaviour.

Engaging perpetrators of family violence in ways that work towards the safety of women and children is highly difficult and complex, and can increase risk for family members if not done with care and particular skill.

Indicators that Someone Might be Using Family Violence

Men who use family violence are not necessarily easy to identify. There is no one type of man who uses violence – perpetrators come from all walks of life. This is because family violence perpetration is not a mental health condition or a personality flaw. It's a *social condition* that stems from how men are socialised to use power, to view and treat women, and to consider themselves as a man.

Usually, family violence is identified through victim disclosures, or when police or others attend or observe a family violence incident. However, in some situations it's possible to identify or suspect that someone is using family violence through observing how they treat or talk about their partner/family member. Men who use violence against family members may exploit the power they receive from gender inequality, rigid gender stereotypes and male privilege in sometimes observable ways, such as when he:

- dehumanises or pathologises her
- acts or talks in a way that makes her out to be inferior to him
- comments negatively on her decisions and actions
- criticises her parenting
- blames her for showing him 'no respect' or for being 'disloyal' to him
- restricts/gatekeeps her access to services, always accompanies her to appointments
- speaks for her, rather than her answering questions she is asked
- controls her access to financial or other resources
- is clearly intent on getting his own way
- tries to get you to agree with his negative views about his ex/partner/family member
- is blind to, or does not appear to care about, her viewpoints and needs
- presents or talks about himself being the real victim
- talks about her in emotionally abusive or degrading ways.

Sometimes behaviours such as these can be observed or overheard in health services settings and other similar contexts. However, it is vital not to assume that the absence of discernible behaviours such as these indicates that a man is not a perpetrator. Many people who cause family violence harm go to great pains to keep their violent and controlling behaviour hidden from view.

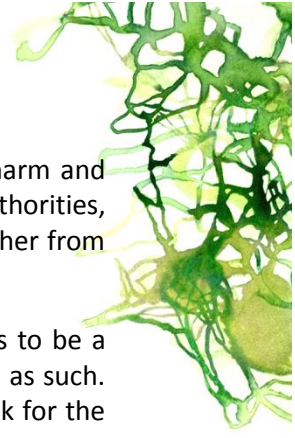
When Men are Labelled as Victims

Men of course can genuinely be victims of family violence, often from other males' behaviour. Approximately 40 – 50% of male victims experience violence from a male perpetrator, such as a son, father or brother, or from a male intimate partner.¹⁶

Men can be victims of women's use of violence too. However, studies in several jurisdictions show that approximately 15 – 50% of men assessed by police to be the victim of a female intimate partner's use of violence, are actually the perpetrator in the relationship.¹⁷ The 'nice guy' effect mentioned above, combined with the use of force by some women against the perpetrator to defend themselves and their children or to attempt to restore some of the dignity they've lost due to being entrapped by his coercive control, means that men can often be incorrectly labelled (by police and others) as victims.

¹⁶ State of Victoria (2016). Victorian Royal Commission into Family Violence: Report and recommendations. Vol. 5.

¹⁷ Derived through two large-sample studies conducted in the UK, two in NSW and one in Victoria.

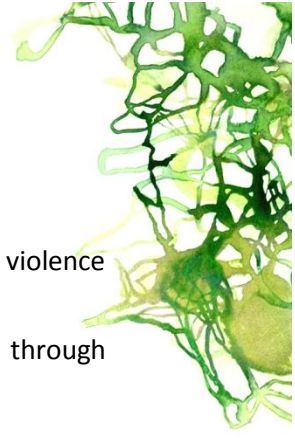


Perpetrators who are incorrectly identified as victims can use their victim status to further harm and control the true victim in the relationship. He can use that status to hide his behaviour from authorities, gain unsafe levels of access to their children through family law and other means, and isolate her from police and support services.

It is therefore important to be cautious and to keep an open mind when a male client claims to be a victim of a woman's use of family violence, even if police or other services have identified him as such. Obtain a secondary consultation with the Men's Referral Service if you are feeling unsure. Look for the following signs, amongst others, that might indicate he is not the true victim:¹⁸

- any injuries that he sustained are consistent with his partner acting in self-defence
- has a history of one or more intervention orders against him, and/or has any previous arrests or convictions for family violence or other violence-related crimes
- shows signs of using a range of tactics to control his partner's/family member's life
- makes most or all the important decisions in the relationship
- does not appear to be afraid of his partner/family member
- rather than making excuses for his partner/family member's behaviour, as victims often do, is forthright in criticising her and focusing on her faults
- shows little empathy with her needs and emotional responses
- conveys a sense of ownership, entitlement, jealousy or obsession about his partner/family member
- 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)

¹⁸ Adapted from a more comprehensive list on pages 194-197 of Towards safe families: A practice guide for men's domestic violence behaviour change programs. See http://www.crimeprevention.nsw.gov.au/domesticviolence/Pages/MiniStandardsforMen'sBehaviour/Support_for_program_providers.aspx



The Role of Specialist Men's Family Violence Services

Addressing men's violent and controlling behaviour is the work of specialist men's family violence services. These include:

- men's behaviour change programs (MBCPs) run by community-based NGOs or through Corrections
- specialist men's family violence case management
- fathering programs with a strong family violence lens run by or in partnership with MBCP providers.

Behaviour change work with perpetrators is highly complex, and should not be attempted by services and practitioners without specialist skills and training in family violence perpetrator interventions and behaviour change processes. This work also needs to take place as one part of an integrated and coordinated system response focused on the ongoing assessment and management of risk. Even experienced psychologists, social workers and other counselling and clinical practitioners who do not have this specialisation, and who are not connected to an integrated response, should not attempt behaviour change work.

If you suspect that a person is using violence, it is generally best not to attempt to ask him questions to 'screen' for perpetration. This carries the risk of the perpetrator thinking "What has she told you that's lead you to ask these questions?", especially if the victim also attends the same health/mainstream service. Perpetrators can be highly suspicious of the victim disclosing, and often escalate their violent and controlling behaviour against her when they believe that this might be occurring.

Men's behaviour change programs are the referral of choice for men who use family violence.

Generic anger management programs are not appropriate, as they can strengthen the perpetrator's belief that the problem lays with his 'anger' rather than his behaviour and his core beliefs regarding entitlement and getting his own way. Many perpetrators can be abusive and controlling without demonstrating anger.

Relationship counselling and family therapy are also not appropriate options, as the perpetrator can use this to frame violence as a 'relationship problem' thereby avoiding responsibility for his behaviour. Furthermore, it can be unsafe for victims to talk about the violence they are experiencing when the perpetrator is also present.

Parenting programs without a specialist family violence lens can inadvertently provide the perpetrator with more tactics he can use to control his children, as parenting programs may not address his core beliefs around control, entitlement and authoritarian (and frequently abusive) notions of 'respect'.

When in doubt about men's behaviour change program referral options in your region, contact the [Men's Referral Service](http://ntvmrs.org.au) ntvms.org.au on **1300 766 491**. For more information about men's behaviour change programs, see speaq.org.au as well as the appendices below.

Priority Actions when a Perpetrator is Identified or Suspected

When a perpetrator of family violence has been identified or is suspected, the highest priority is to find a safe way to offer support to the victim-survivor(s), and to refer or link them in to specialist family violence and other services. See Appendices for contact points. It is vital to take a victim-centred approach.

Even if the victim(s) are not current clients of your service, there might be a way for another service they have contact with to explore what might be happening at home, and to safely offer them support and links to specialist family violence services.

Often, the most important thing about identifying or suspecting that someone is using family violence, is that it identifies the need to reach out to victim-survivors – rather than attempt to engage the perpetrator.

There are a range of significant differences between specialist perpetrator interventions and other interventions delivered by practitioners who are not skilled in holding a perpetrator accountability lens. This includes the use of ‘sceptical empathy’ to work with high levels of deceit and manipulation (rather than the custom of believing the client’s word at face value); and considering other people’s needs as a main priority of the work (not the client’s). Often generalist interventions with perpetrators are well intended, but can result in dangerous outcomes.

Health and mainstream services can sometimes observe things about a perpetrator’s behaviour that can indicate increased risk for victims. This can occur even when the agency or service has no direct contact with the perpetrator. It might be the way that the perpetrator is overheard talking about his partner; the way he continuously controls or limits her access to services or behaves to her in the waiting room; or changes in his substance use, mental health or general life conditions that might increase the risk that he poses.

Sharing these observations with relevant agencies involved in assessing and managing the risk posed by the perpetrator can assist specialist family violence services to keep his family safe. Even when the observations seem not to indicate imminent and serious threats, they can assist the specialist family violence service response to better understand his patterns of coercive control – the range of tactics he uses to control and confine the lives of family members – and the nature and extent of the risk he poses.

Information sharing protocols between health / mainstream and the local or regional specialist family violence service response are very important in this context. These are supported by new Victorian family violence information sharing legislation, that enables agencies to share information about perpetrators without fear of violating privacy principles, provided that the information is related to the risk that he poses. Under this new legislation, this information can be shared about perpetrators and their behaviour even if no imminent or serious threat is present. Furthermore, the perpetrator’s consent is not required for this information to be shared. See www.vic.gov.au/familyviolence/family-safety-victoria/information-sharing-and-risk-management.html for the latest on what the new information sharing legislation might mean for your service.

For guidance and advice about how to address a situation when someone has been identified or is suspected of using family violence, contact the Men’s Referral Service (MRS) on **1300 766 491**. MRS staff are trained and experienced men’s family violence practitioners.



Managing Both the Victim and Perpetrator Accessing the Same Service

It is recommended to allocate different staff or practitioners to work with the victim and the perpetrator when they access the same service. Different practitioners will lower the risk of a practitioner inadvertently letting something slip that might indicate to the perpetrator that the victim has made a disclosure about his violence. The different staff should share information about their client with each other/their team/their supervisors.

As a matter of course, it is preferable for health/mainstream services to work with women separately from their partners. Due to the high prevalence of family violence, many women may be victims without your service being aware of it. Providing services to her away from her partner being able to overhear or observe creates a safer environment for women to disclose. It supports victims to make their own independent decisions about their health needs and service access.

If not done carefully, the action of separating the man and woman can, in itself, increase her risk of further harm. Make it clear to both parties that this is a routine procedure for all clients. Having this as a standard organisational procedure helps in this way – in situations where the perpetrator is highly suspicious and obsessively controls her movements, it can otherwise be difficult to separate them out.

Providing a culturally responsive service might, in some circumstances, mean attempting to create separate opportunities to see her alone while also respecting her connection to family and community.

When one family member has certain characteristics such as a cognitive impairment or a communication difficulty, reasonable adjustments can be made to separate family members for service provision. A disability advocate, Auslan interpreter or other disability support service can be used, for example, to enable the family member to be seen independently.

Making sure that each family member accessing the service has their own file decreases the risk of information confidentially disclosed by victims becoming known to the perpetrator, through him asking to see his own client file¹⁹.

Staff Safety

When providing a service to a known perpetrator, consider the safety of staff. While most family violence perpetrators do not pose a risk to people outside their family, in some circumstances, perpetrators can escalate and become aggressive in other contexts. Protocols may include:

- a Staff Safety policy including staff access to duress alarms and clear procedures to respond to critical incidents
- training staff in working with difficult and/or aggressive clients
- setting up the room in a way that enables emergency exiting if required and has good visibility, and consider leaving the door open
- having a second staff member attend the appointment as an observer
- having another staff member available near-by on a stand-by basis
- including an alert in the known perpetrator's file
- staff giving out their first names only, and becoming silent electors on the electoral role so that they have more anonymity.

¹⁹ See [The Identifying Family Violence and Responding to Women and Children Client Policy Template](#) for further information on documentation in client files



When conducting home-based services:

- where possible and when it is safe to do so, screen female clients beforehand for the experience of family violence
- if a perpetrator is likely to be present during a home visit, as an alternative arrange taxi vouchers for the female client to come to the office, or conduct the home visit with two staff members
- you may want to ask the client to check whether other people are present at the commencement of a home visit, as perpetrators have been known to hide in an adjoining room or record conversations.

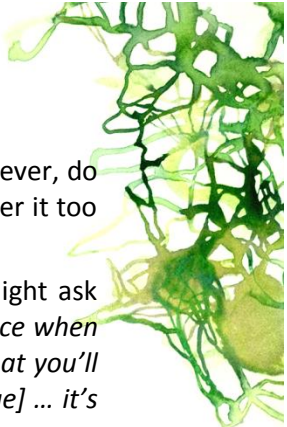
Allocate different staff or practitioners to work with the victim and the perpetrator when they access the same service. Do not talk or ask questions about family violence with the victim if the perpetrator is also present.

Early Intervention for Perpetration of Family Violence

Occasionally, a person causing family violence harm might himself disclose to a mainstream service that he is using violence. Perpetrators are unlikely in these situations to phrase or frame their behaviour as family violence, or to take much responsibility for their behaviour. They might talk about having an “anger management problem” or that they “lost it” at home last night due to “my partner constantly being on my case”.

In these situations:

- The most important priority when you identify or suspect that a person is using violence is to determine how to reach out to the victim to support her and her children’s safety. After the appointment with the perpetrator has concluded, talk with your supervisor or manager about options to safely reach out to the victim, even if this is to be done by a different service or organisation.
- Do not attempt to probe about his behaviour, or ask detailed questions. Do not get drawn into a detailed conversation about what’s happening at home, as he is likely to attempt to convince you that his partner is to blame for his behaviour, or to agree with other excuses he uses to justify his violence. Unless you have highly specialist skills and experience in working with family violence perpetrators, a detailed conversation like this is not likely to shift him towards taking responsibility for his behaviour, and if anything might provide an opportunity for him to rehearse and strengthen his excuses.
- Do show him respect, and do indicate that what he is talking about matters for him and his family. Even if he denies responsibility for his behaviour and blames his partner or makes other excuses, the fact that he is disclosing something about his behaviour might mean some openness for obtaining help. You could say *“This sounds really important for you and your family. I can see that you are upset with what is happening. I can connect you with a service that specialises in helping thousands of men in a similar situation to yours each year – I’d like to spend a few minutes, if that’s OK, talking about a phone call that you could make as a first step to working this stuff out. Would you like me to tell you about this service?”*
- Provide him with information about the [Men’s Referral Service](#). Explain that the service exists to assist men when they are starting to be concerned that their behaviour might be getting in the way of what they want for their lives and for their families.
- You could also say *“Thousands of men call them each year, I hand out a lot of these brochures”* to help normalise help-seeking behaviour, and to lower the risk that he might feel personally accused or targeted through you suggesting that he gets help.

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- Try not to get drawn into the specifics of his situation, or into a long conversation. However, do spend a few minutes encouraging him to call the Men’s Referral Service. If you gloss over it too quickly, you will be giving him the message that this is not important.
 - To provide encouragement and to emphasise the importance of the situation, you might ask *“Can you see yourself making the call?”*, or say *“Men can find it hard to ask for assistance when there’s a problem they need to address. What will be helpful for you to remember so that you’ll make this call?”*. You might say *“Although I’m here to help you with your ... [health issue] ... it’s really important that you make this call”*.

Remind him again about the [Men’s Referral Service](#) at the end of the appointment. If you have a follow-up appointment with him, ask him then whether he made the call, and if he didn’t, re-iterate the importance of doing so. If you don’t follow-up, you are giving him the message that the issue and his family’s safety is not important.

You can obtain a secondary consultation from the [Men’s Referral Service](#) **1300 766 491** ntvmrs.org.au for guidance and advice about how to approach conversations with a perpetrator.

More Direct Responses to Perpetrators

Some health sector services are in unique positions, or have particular opportunities, to respond more directly to perpetrators on their use of family violence. These might include:

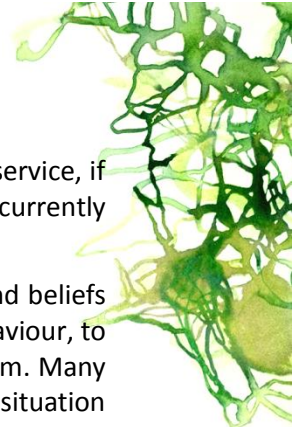
- Alcohol and other drug (AOD) services: A significant proportion of family violence perpetrators and victim-survivors abuse substances in either acute or chronic ways. While substance abuse is not a cause or fundamental driver of family violence, problematic AOD use can be associated with increased frequency and severity of physical and sexualised violence tactics. Victim-survivors may be coerced into substance use or use substances to deal with the impacts of the violence.
- Clinical or sub-clinical mental health services: Most perpetrators of family violence do not have an acute or chronic mental illness; furthermore, anxiety, depressive, trauma-based and other mental health conditions are not a cause of their violent behaviour. A significant minority of perpetrators, however, do have co-occurring mental health issues, that can impact on the violence experienced by victim-survivors.
- Homelessness services: These services, including access points, crisis accommodation for men, supported transitional housing, tenancy workers for social housing, supported residential services, support services for social housing and private rental, have frequent contact with perpetrators of family violence. Family violence is also the main reason women seek assistance from housing and homelessness agencies.
- Gambling harm practitioners and financial counsellors: A significant proportion of people who are problem gamblers are either victims or perpetrators of family violence.
- Generalist casework counsellors: Employed in community health services contexts, these practitioners engage with a diverse range of clients across a range of presentation contexts.

It is important to note, however, that these and other services should **not** attempt men's behaviour change work with perpetrators. Men's behaviour change work is highly specialised and is associated with many risks, and should only be conducted by services and practitioners who have the specialised training and qualifications to do so. Qualifications in psychology, psychiatry, social work and other behavioural sciences do not equip practitioners for this work; a specific, post-graduate qualification in men's family violence behaviour change work, and industry experience through an accredited men's behaviour change program or similar specialist perpetrator intervention service, is required.

Rather than being about behaviour change, these services can potentially work towards more preliminary goals, such as to:

- identify perpetration of family violence through engagement with the perpetrator (without necessarily naming the violence with the man) and/or through other means
- determine whether naming the violence with the man might be safe, or might lead to increased physical violence or coercive control towards his partner, or to her disengaging from services being offered to her
- identify and share information about risk indicators or the perpetrator's patterns of coercive control, with other agencies who have a responsibility to manage risk
- reinforce to him the importance of abiding by the conditions of any Intervention Order, bail arrangements or other legal restraints he is subject to towards keeping his family members safe
- make appropriate referrals for men's behaviour change program work or to other specialist perpetrator intervention services, including assisted referral processes that scaffold/support his pathway to participating in the service
- use motivational interviewing and other engagement practices towards enhancing the perpetrator's readiness to participate in a specialist service, and his readiness to change

- work with the perpetrator towards increasing his capacity to participate in a specialist service, if his AOD, mental health or other issues are sufficiently severe to preclude his ability to currently focus on behaviour change work.



Response to perpetrators must be done in ways that minimises collusion with the attitudes and beliefs that the perpetrator uses to absolve himself of responsibility for his violent and controlling behaviour, to minimise the importance and impact of this behaviour, and to make himself out to be the victim. Many perpetrators can be highly persuasive in the story they present to service providers about their situation and their (ex)partner, drawing the practitioner into inadvertently agreeing with and supporting his victim stance, his blaming of or pathologising his (ex)partner, and minimisation or excuses. Sometimes this can be very subtle; other times, more obvious.

Practitioner collusion with perpetrators can result in these excuses, minimisations and other ways of avoiding responsibility becoming strengthened, potentially worsening the situation for family members. It can take considerable skill for practitioners to relate respectfully with perpetrators, build and maintain rapport, develop a productive working relationship *and* minimise collusion with his violence-supporting narratives.

Furthermore, perpetrators can, unbeknown to the practitioner, use the fact of their involvement with the service to manipulate and further control victims. He might, for example, misrepresent involvement with a service, telling his partner that “everything will be good now” that he is working on his alcohol problem, or that “the counsellor says I’m under a lot of stress, and that’s why I’m drinking and losing control of my anger.”

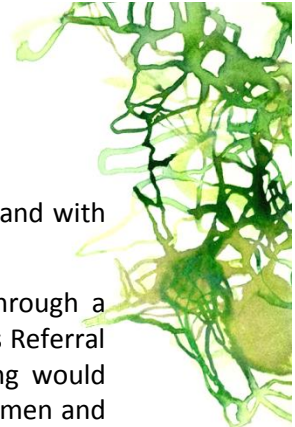
All response to perpetrators of family violence must be based on three fundamental principles:

- ***The safety of adult and child victims of his violence is paramount, and (together with the perpetrator’s safety) must always be kept in mind as the highest priority.***
- ***Violence is always a choice. The perpetrator is 100% responsible for the choices he makes, even though these choices are made easier by social conditioning.***
- ***Any intervention with a perpetrator can carry intervention-related risks.***

Due to the complexity and risks involved, services that take opportunities to respond directly with perpetrators need to be equipped with:

- Written policy and procedures relating to:
 - the roles and responsibilities of the service’s response to perpetrators, focusing on the intentions underlying such responses – what it might attempt to achieve.
 - the limits and parameters of such responses – what should not be attempted by the service
 - risk assessment, including when information is only available from the perpetrator (it is very easy to under-estimate risk, based on the man’s self-reports and disclosures alone) – and when information can be obtained from other services and (safely) from victims
 - information sharing responsibilities with other services and agencies, and with Support and Safety Hubs
 - multi-agency arrangements with specialist women’s, children’s and men’s family violence services, and with police, child protection, Child FIRST and family services and other agencies also involved in managing risk
 - management of both victim and perpetrator accessing the same agency if this is applicable

- practice guidance on non-collusive practice
- training, supervision and support of staff responding directly to perpetrators, and with their managers.
- Training for staff and managers on safe, non-collusive response to perpetrators, through a specialist perpetrator intervention training program offered by No To Violence / Men's Referral Service or an equivalent specialist family violence training organisation. This training would necessitate staff to have prior fundamental knowledge or training in responding to women and children experiencing family violence.
- Processes and arrangements for staff to obtain secondary consultations and specialised external supervision, when required, to assist with difficult perpetrator engagement contexts, and to help develop staff skills over time.



It is important that home visiting/home-based/outreach services are equipped in these ways, not only those that work with clients at the health centre or setting.

Cultural and Other Forms of Diversity

Being Sensitive to Marginalisation Without Excusing Violence



Like any cross-section of society, there is considerable diversity amongst people who cause family violence harm. While there are important consistencies across this diversity – for example, the use of power and control, victim stance thinking, lack of responsibility-taking for one's choices to use violence – this diversity means that practitioners from health care and other sectors need to be both sensitive and self-aware when responding to perpetrators.



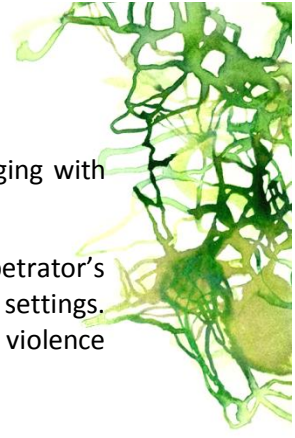
Many perpetrators have multiple forms of privilege, and lack significant experiences of being marginalised. As well as being male, they come from relatively stable and happy childhoods, are part of dominant cultures that do not experience racism, are well-educated and not worried about their employment situation. They are able-bodied, and their sexuality, gender identity and right to form a family are not questioned²⁰.

Other perpetrators lack one or more of these or other forms of privilege. Their victim stance is reinforced not only through male entitlement and sexist attitudes towards women, but also through real-life experiences of marginalisation, discrimination, hatred and hostility directed towards them, and violence by other men. Some will have experienced family trauma, for example family violence; although this is neither a cause nor excuse for their use of violence.

All perpetrators, irrespective of their experiences of privilege or marginalisation, can draw upon patriarchal social norms to justify their behaviour.

Being sensitive to experiences of marginalisation, and to the influences of patriarchal social norms, is not the same as excusing violence. We can be clear about the need for someone causing family violence

²⁰ NSW Department of Attorney General & Justice (2012). Towards safe families: A practice guide for men's domestic violence behaviour change programs. Government of NSW and No To Violence (2006). Men's behaviour change group work: Minimum standards and quality practice.



harm to take responsibility for their behaviour and to make non-violent choices, while engaging with them in a way that's sensitive to their life situation and community contexts.

This sensitivity is also not the same as making assumptions based on a single aspect of a perpetrator's identity. People have multiple roles and identities and live, work and recreate in different settings. Sometimes the most important influences on how perpetrators think about gender, power and violence are not associated with their most outwardly visible identity.

Being Aware of One's Own Lens of Culture and Privilege

Creating cultural safety when engaging with clients, and providing a culturally responsive service, necessitates awareness of one's own (dominant) culture and forms of privilege at the organisational, service and individual practitioner levels. It's as much about understanding 'us' as about 'them', and the lens through which we understand gender, sexuality, ethnicity and culture.

Creating cultural safety involves both understanding the broader culture in which the perpetrator and family operates, and understanding one's own culture. Broader culture includes norms and values around gender. Further, each family has their own 'family culture', often with values and attitudes derived or adapted from the broader culture.

Privilege can blind us from realising that we too have a culture, and cultural influences. We all make assumptions everyday – about a whole range of things. These assumptions and understandings affect how we relate to clients – including victims and perpetrators of family violence.

Providing a culturally safe and appropriate service to perpetrators from a particular culture or community involves finding out more about the specific issues and complexities faced. Practitioners and services can do their own research as a first step – in some cases there is practice guidance available written by representatives from the particular culture or community. Practitioners and services can also consult with cultural-specific organisations (for example, Aboriginal community-controlled organisations, or specialist CALD or LGBTIQ services).

Understanding their experiences of marginalisation, however, goes hand-in-hand with understanding forms of privilege and power that they might not have – but which some of us as practitioners and services might. Understanding the ways in which they might use aspects of their own cultural identities to rationalise gender-based hierarchies and violence against women and children, goes hand-in hand with understanding how men from dominant cultures do the same.

Responding to Perpetrators within Different Communities

Elder Abuse Perpetrators

All elder abuse perpetrators take advantage of their privileged position to exert power and control over more vulnerable older family members. All are making *choices* to use violence. Elder abuse can occur in the same forms as other forms of family violence. It frequently involves financial coercion and taking control of decision making to support the vested interests of the perpetrator.

Older people lack the same access to gaining their rights as younger people. They may not have the knowledge, confidence or ability to seek help and know that help is available. Perpetrators deny them their rights and may seek to convince support services of the inability or capacity of the elder person to exercise these rights, for example to manage their own bank account or see a lawyer to draw up a will.

At the same time, the motives and intentions behind elder abuse vary. An isolated adult daughter who neglects her elderly parents' needs – due to being overwhelmed with the pressures of caring for her own family and without any support from her brothers who leave all the elderly care to her – is different from an elder abuse perpetrator using intimidation and fear to force her or his parents to make financial and other decisions against their will. The specific context will guide the intervention, however the safety of the elderly person is the primary concern.

Adolescents who Cause Family Violence Harm

Adolescents who use violence against parents or other family members share some characteristics with adults who perpetrate family violence. Adolescent family violence is gendered in that two thirds of adolescents using violence are male and over 80% of the victim-survivors are female.

There are important differences in the response to adolescents, as distinct to adults. Whilst both forms of violence are about exercising power and control, adolescence is a key developmental stage where the brain, identification of emotions and emotional regulation and capacity to self-soothe are not fully developed. Importantly, adolescents are still effectively children, requiring support and nurturing in this critical stage of development.

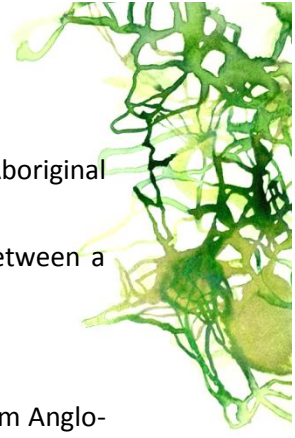
It is common that male adolescents who use family violence in the home have experienced family violence themselves; their behaviours may be 'role modelled' on their father's behaviour and influenced by the trauma they have experienced as children. Many have had experience with Child Protection and/or Youth Justice.

Interventions with adolescents who cause family violence harm focus on accountability and responsibility for the use of violence, and also have a trauma-informed and restorative lens. These interventions recognise the importance of family inclusive practice (where safe to do so) and of supporting adolescent development through a therapeutic approach towards teaching skills. Support might also be required to assist adolescents to rebuild their relationship with one or both parents.

Family Violence in Aboriginal Communities

Family violence in Aboriginal communities shares many characteristics with family violence in other communities, such as the gendered nature of the crime. Aboriginal women are 12 times more likely to be victims of family violence and 32 times more likely to be hospitalised than non-Aboriginal women²¹. However, the role of gender-based power can occur in a different context within Aboriginal families and communities. European invasion of Aboriginal nations, occupation of their lands, cultural dispossession, language extinguishment and the Stolen Generation have substantially reduced the space for Aboriginal peoples to be who they are, and to take collective and individual responsibility for non-violence.

²¹ Gallant, D., Andrews, S., Humphreys, C., Diemer, K., Ellis, D., Burton, J., Harrison, W., Briggs, R., Black, C., Bamblett, A., Torres-Carne, S., & Mclvor, R., (2017). Aboriginal men's programs tackling family violence: A scoping review. *Journal of Australian Indigenous Issues*, 20(2), 48-68.



It is important to note that many perpetrators of violence against Aboriginal women are non-Aboriginal men.²²

Where possible, it is important to offer Aboriginal men who use family violence a choice between a culturally-specific Aboriginal men's behaviour change program, or a mainstream MBCP.

Family Violence in CALD Communities

The use of family violence by men from newly arrived communities – like that used by men from Anglo-Celtic and other more established communities – often has a very strong basis in male privilege and entitlement. For hundreds if not thousands of years, men of most cultures across the world have created or manipulated religious meaning, cultural practices, myths and stories to their advantage. The specific ways in which men use and benefit from cultural and religious 'justifications' for gender-based hierarchies and violence – while sharing some common characteristics – can differ significantly between cultures. Sensitivity to how men from a particular cultural background can use cultural and religious 'justifications' to shape tactics of entrapment and coercive control can be central to supporting victims, and to engaging perpetrators.

A limited range of culturally-specific MBCPs operate in Victoria at the time of publishing these guidelines – service providers can contact the Men's Referral Service for details.

Family Violence in LGBTQI Communities

Power and control is a central factor in family violence used by people who are heterosexual or who have a different sexual orientation; as it is with people who have a binary gender identity or a non-binary identity, or who are transitioning or identify as queer. The role of gender in the use of power and control might differ in complex ways – and can be misunderstood if approached through a heterosexist and cis-gendered²³ lens.

People from the 'LGBTQI community' do not all experience or use family violence in the same way. Being sensitive to what a victim's particular sexual orientation and gender identity might mean in terms of potential barriers to safety and the tactics of control that can be used against them by the perpetrator is crucial to understanding this experience. Further, sensitive engagement with the perpetrator might be difficult without understanding how homo/bi/transphobia and heterosexism is a part of their daily experience.

Understanding the marginalisation of LGBTIQ communities, the impact of discrimination and stigma, lack of awareness and knowledge by mainstream services and the difficulty accessing appropriate, safe and responsive services must be considered when working with perpetrators and with victim-survivors. It is important, where possible, to offer clients the choice of a mainstream or LGBTIQ-specific service, such as the Victorian AIDS Council's ReVisioning behaviour change program for gay, bisexual and queer-identified men, and trans-masculine and intersex people.

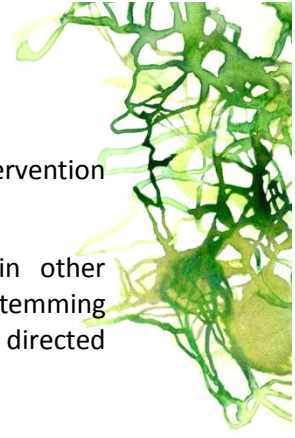
Family Violence and Disability

Women with disabilities experience family violence at significantly greater rates than able-bodied women.²⁴ Able-bodied men (partners and carers) who use violence against women with disabilities benefit from a significant power advantage, and often seek out women whom they believe they can gain and maintain power over. At the same time, men with cognitive impairments (for example, mild to moderate intellectual disability or an acquired brain injury) are substantially over-represented in prison

²² Braybrook, A. (2010). The relevance of family violence to Indigenous women's offending, Australian Institute of Criminology: Victoria.

²³ Cis-gendered privilege concerns the benefits enjoyed by people whose biological sex matches their gender identity (that is, someone with a male body who feels very comfortable identifying as a man).

²⁴ See the Voices Against Violence research reports at www.wdv.org.au/voicesagainstviolence.html



populations²⁵ and amongst perpetrators charged with breaches of a Family Violence Intervention Order.²⁶

Some disabilities can be associated with violent and aggressive behaviour, whereas in other circumstances, the violent behaviour of men with a disability is inappropriately dismissed as stemming from their disability. Consideration needs to be given to how violence is used, and who it is directed towards.

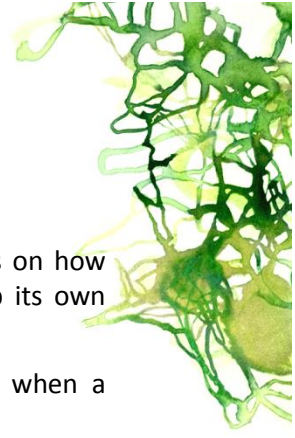
Family Violence in Rural Communities

Dominant notions of masculinity, of what it means to be a man, can reinforce perpetrators' use of power and control. These notions have cultural and sub-cultural nuances. In some rural communities, tightly defined and policed male peer cultures can make it difficult for men to be accepted if they prioritise vulnerability, care and equality over 'invincibility' and male superiority.

Rural isolation, lack of anonymity, lack of financial capability and independent transport – and the positive profile that many perpetrators have in the community – can make it very difficult for victim-survivors to disclose the violence and seek help. This might especially be the case for rural victims who do not have the privilege of being able-bodied, heterosexual or cis-gendered, or from an Anglo or European culture.

²⁵ Recent Corrections Victoria statistics show that despite representing only 2% of the population, 42% of male Victorian prisoners have an acquired brain injury.

²⁶ Victoria Legal Aid research – see www.legalaid.vic.gov.au/about-us/what-we-do/research-and-analysis/characteristics-of-respondents-charged-with-breach-of-family-violence-intervention-orders



Procedure Considerations

These Guidelines have specified overarching best-practice policy principles to guide agencies on how they respond to people who cause family violence harm. Each agency will need to develop its own specific procedures for implementation based on these Guidelines.

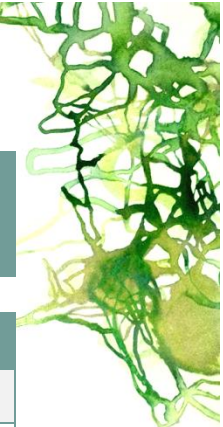
The first priority is to ensure that your agency has protocols and processes in place for when a perpetrator of family violence has been identified or suspected. These include to:

- Prioritise the safety of victims and staff.
- Use the [workplace](#) and [client templates](#) to identify what you can do to support victim safety.

You will also need to consider:

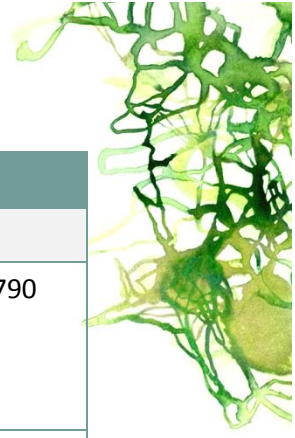
- What systems does your agency need to put into place so that the safety of victims can be prioritised?
- Can your agency prioritise seeing all female clients separately at some stage without anyone else in the room, given the significant proportion who are experiencing family violence but who might not initially be identified as such?
- Has your agency developed procedures for managing both the victim and perpetrator on-site or during home visits?
- Does your agency have procedures for staff being able to assess their own safety while working on/off site? And for gaining support if they feel their safety is compromised?
- Does your agency's supervision practices support worker reflection and self-care, and addresses the possible impacts of family violence work including vicarious trauma?
- If a service(s) within your agency responds to perpetrators directly on issues of perpetration of family violence, is there a clear documented policy and procedures concerning the roles, responsibilities and limits/parameters of such responses? Have all staff who respond to perpetrators in this way been provided with sufficient training in safe, non-collusive perpetrator practice, by a specialised training provider such as No To Violence / Men's Referral Service? Have arrangements been made for staff to obtain secondary consultations, and specialised external supervision, when required?
- Can your agency proactively find out more about specific cultures or communities that access your services, including context around historical and current marginalisation, in order to better understand the specific issues and complexities faced?

Appendix 1 – Services

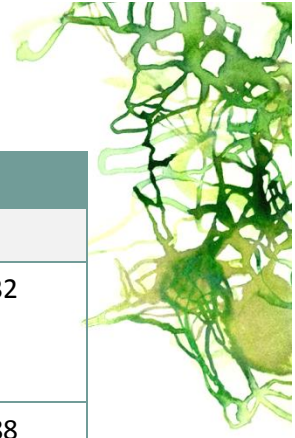


Services for People who Cause Family Violence Harm

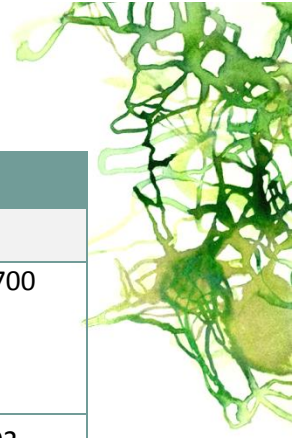
Area	Service	Information	Contact
Statewide	Men's Referral Service	The Men's Referral Service is a men's family violence telephone-based information and referral service operating nation-wide. They take calls from men who use violence, people concerned about a friend's or relative's violent behaviour, and from service providers seeking a secondary consultation.	1300 766 491
Northern	MBCP	Kildonan UnitingCare Plenty Valley Community Health Sunbury Community Health Service	9457 0500 9409 8787 9744 4455
Western	MBCP	Lifeworks Relationships Australia – Sunshine Djerriwarrh Health Service	1300 543 396 8311 9222 9747 7609
Aboriginal	Aboriginal Centre for Males, VACSAL	Provides programs and services that focus on males who are violent towards their family and victims of family violence. Using assisting community services, men will be referred to, monitored for progress and attendance with support and counselling.	9487 3000
	Dardi Munwurro	Provides the Ngarra Jarranounith Place residential MBCP for Aboriginal men, and men's healing groups. Equips Indigenous men to become leaders, role models and mentors within their communities.	1800 41800 435
	Latrobe Community Health Service Choices	CHOICES is especially for Koorie men who behave aggressively towards their family and community.	1800 242 696
	Yoowinna Wurnalung Aboriginal Healing Service	The Yoowinna Wurnalung Healing and Time Out Services provides a range of general and specialist services to support Aboriginal and Torres Strait Islander men, women, youth, Elders, families and children who are victims and perpetrators of violence in addition to prevention and education and awareness activities to Indigenous individuals, communities and Indigenous and non-Indigenous organisations in the East Gippsland Region.	1800 065 973



<i>Services for People who Cause Family Violence Harm</i>			
Area	Service	Information	Contact
Family Services	Children's Protection Society, Caring Dads	Caring Dads is a 17-week family violence group-work intervention program for fathers who have neglected, physically or emotionally abused, or exposed their children to family violence.	1300 938 790
LGBTQI	Victorian AIDS Council, ReVisioning Program	A behaviour change program for gay, bisexual and queer-identified men, and trans-masculine and intersex people, to learn about breaking patterns of violent, abusive or controlling behaviours. <u>Secondary consultation</u> around working with people who identify as LGBTQI is also offered via this service.	9865 6700
	Drummond street services	Provides a variety of counselling services options to the LGBTIQ community.	(03) 9663 6733
CALD	Kildonan UnitingCare South East Asian/ Arabic MBCP	Runs a MBCP for men from a South East Asian background as well as an Arabic speaking MBCP. <u>Secondary consultation</u> around working with men from South East Asian and Arabic speaking backgrounds is also offered via this service.	9457 0500
	Relationships Australia Vietnamese MBCP	Delivers a Vietnamese-language MBCP.	8311 9222
	InTouch Multicultural Centre Against Family Violence	State-wide service, which provides services, programs and responses to issues of family violence in CALD communities.	03 8413 6800 1800 755 988



<i>Services for Victims of Family Violence</i>			
Area	Service	Information	Contact
National	1800 Respect	National sexual assault, family and domestic violence counselling line. 24-hour support	1800 737 732
Statewide	safe steps Family Violence Resource Centre	Provides telephone crisis counselling, referral, information and support and is the central contact point for women's refuges in Victoria. 24 hours, 7 days	1800 015 188
	Kids Help Line	Provides support and information for children. 24-hour support	1800 551 800
Northern	Berry Street Family and Domestic Violence Service	Receives all police referrals for women who have experienced violence in the Northern Metropolitan Region. Provides telephone support as well as face-to-face risk assessment and safety planning, court support, short and medium term and intensive case management, counselling, group work and secondary consultation to workers.	03 9450 4700
Western	Women's Health West	Information, crisis support, counselling and referral for women and children affected by family violence in the west.	03 9689 9588
CALD	InTouch Multicultural Centre Against Family Violence	State-wide service, which provides services, programs and responses to issues of family violence in CALD communities.	03 8413 6800 1800 755 988
Aboriginal	Elizabeth Morgan House Aboriginal Women's Service	Provides a range of support to Aboriginal women and children experiencing family violence, including intake and assessment and secondary consults. Mon-Fri, 9am-5pm	03 9482 5744
	Djirra	An Aboriginal community controlled organisation established in 2002 to provide assistance to Aboriginal and Torres Strait Islander victims/survivors of family violence and sexual assault and to work with families and communities affected by violence.	1800 105 303
Elder Abuse	Senior Rights Victoria	Seniors Rights Victoria provides information, support, advice and education to help prevent elder abuse and safeguard the rights, dignity and independence of older people.	1300 368 821



<i>Services for Victims of Family Violence</i>			
Area	Service	Information	Contact
LGBTQI	Victorian Aids Council (VAC)	VAC delivers community-led and culturally appropriate services that improve the health and wellbeing of LGBTQI people living throughout Victoria	(03) 9856 6700
Sexual Assault	Sexual Assault Crisis and Counselling Line	State-wide, after-hours, confidential, telephone crisis counselling service for victim/survivors of both past and recent sexual assault.	1800 806 292



Key Organisations with a Focus on Family Violence and the Prevention of Violence Against Women

Organisation	Information	Website
No to Violence	No to Violence is the peak body for organisations and individuals working with men to end family violence in Victoria and New South Wales. Through the Men’s Referral Service, they provide telephone counselling, information and referrals for men across Australia.	http://ntvmrs.org.au/
Family Safety Victoria	Family Safety Victoria was established in July 2017 to drive key elements of Victoria’s family violence strategy and coordinate support for families to help them care for children and young people.	https://www.vic.gov.au/familyviolence/family-safety-victoria.html
Domestic Violence Victoria	The peak body for family violence services in Victoria.	www.dvvic.org.au
Domestic Violence Resource Centre Victoria (DVRCV)	State-wide resource centre supporting workers and families to help stop family violence.	www.dvrcv.org.au
The Lookout	Information for workers supporting women’s safety in Victoria	https://www.thelookout.org.au
Women with Disabilities Victoria	Women with Disabilities (WDV) are an organisation made up of women with disabilities who represent women with disabilities in policy and service development.	www.wdv.org.au
The Women’s Services Network (WESNET)	National women’s peak advocacy body, which works on behalf of women and children who are experiencing or have experienced domestic or family violence.	www.wesnet.org.au
Working Against Violence Support Service (WAVSS)	Offers women and children free information, support and counselling about domestic and family violence.	www.wavss.org
Women’s Health Victoria (WHV)	A not-for-profit organisation focused on improving the lives of Victorian women.	www.whv.org.au
Our Watch	Our Watch has been established to drive nationwide change in the culture, behaviours and power imbalances that lead to violence against women and their children.	www.ourwatch.org.au
Women’s Health in the North (WHIN)	Women’s Health In the North (WHIN) is the regional women’s health service in the Northern Metropolitan Region of Melbourne. WHIN aims to strengthen women’s health, safety and wellbeing, with a strategic focus on preventing violence against women, sexual and reproductive rights, economic participation and environmental justice.	www.whin.org.au



Key Organisations with a Focus on Family Violence and the Prevention of Violence Against Women

Organisation	Information	Website
Women’s Health West (WHW)	Women’s Health West is the regional women’s health service in the Western Metropolitan Region of Melbourne. WHW aims at improving equity and social justice for women in the west.	www.whwest.org.au
Northern Integrated Family Violence Services (NIFVS)	NIFVS is the partnership that leads the integration of family violence and related services in Melbourne’s northern metropolitan region.	http://www.nifvs.org.a u/
The Western Integrated Family Violence Committee (WIFVC)	The WIFVC feeds into several regional networks and committees that make up the integrated service system. These committees represent women’s and men’s service providers, court users networks, state wide roundtables and local government networks.	http://www.wifvc.org.a u/

Appendix 2 – Resources

Resources for Responding to the Diversity of Perpetrator Experience

	Information	Website
Adolescent violence in the home	Information and resources on the Kildonan website on adolescent violence in the home	https://www.kildonan.org.au/programs-and-services/child-youth-and-family-support/family-violence/adolescent-violence/
	Information and resources on the Australian Government Australian Institute of Family Studies on adolescent violence in the home	https://aifs.gov.au/cfca/2015/12/08/adolescent-violence-home-how-it-different-adult-family-violence
	Adolescent violence to parents booklet – a resource booklet for parents and carers	http://ischs.org.au/content123/uploads/2012/08/Adolescent_Violence_to_Parents.pdf
	Information on a coordinated response to adolescent violence in the home on the DVRCV website	https://www.dvrcv.org.au/knowledge-centre/our-blog/coordinated-response-adolescent-violence-home
	Context Report Investigating Adolescent Family Violence: Background, Research and Directions	https://arts.monash.edu/gender-and-family-violence/wp-content/uploads/sites/11/2017/12/Investigating-Adolescent-Family-Violence-Background-Research-and-Directions.pdf
Family violence in Aboriginal communities	Aboriginal Family Violence Prevention and Legal Service (now Djirra) submission to the Victorian Royal Commission into Family Violence.	http://www.dvrcv.org.au/sites/default/files/Family-violence-in-Aboriginal-communities-FVPLS.pdf
Family violence in LGBTQI communities	A NSW website providing information on family violence in the LGBTQI communities	http://www.anothercloset.com.au/
Elder abuse	Information and resources on the Senior Rights Victoria website	https://seniorsrights.org.au/your-rights/



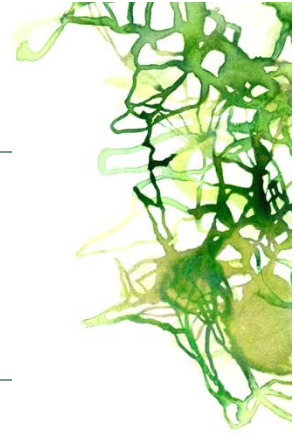
Appendix 3 – Context

Related Legislation

- *Family Violence Protection Act 2008 (Vic) and Child Youth and Families Act 2005 (Vic)*
 - *Family violence information sharing scheme Part 5A of the Family Violence Protection Act 2008.*
- *Wrongs Act 1958 (Vic), section 48 (3)*
- *Stalking Intervention Orders Act 2008*
- *Occupational Health and Safety Act*
- *Fair Work Act 2009*
- *Equal Opportunity Act 1995*
- *Victorian Equal Opportunity Act 2010*
- *Human Rights and Equal Opportunity Commission Act 1996*
- *Information Privacy Act 2000*
- *Privacy and Data Protection Act 2014 (Vic)*
- *The Charter of Human Rights and Responsibilities Act 2006 (the Charter)*

Family Violence Strategies, Plans and Frameworks

Title:	Royal Commission into Family Violence – Report and Recommendations
Author:	The Royal Commission
Link:	http://www.rcfv.com.au/Report-Recommendations
Title:	Ending Family Violence: Victoria’s 10 Year Plan for Change
Author:	Victorian Department of Premier and Cabinet
Link:	http://www.vic.gov.au/familyviolence.html
Title:	Pathways towards accountability: mapping the journey of perpetrators of family violence – phase 1
Author:	Centre for Innovative Justice
Link:	https://www.rmit.edu.au/about/our-education/academic-schools/graduate-school-of-business-and-law/research/centre-for-innovative-justice/what-we-do/current-research/perpetrator_journey-mapping
Title:	Opportunities for Early Intervention: Bringing perpetrators of family violence into view
Author:	Centre for Innovative Justice
Link:	http://mams.rmit.edu.au/r3qx75qh2913.pdf
Title:	Change the Story: A Shared Framework for the Prevention of Violence Against Women and their Children in Australia.
Author:	Our Watch, Australia’s National Research Organisation for Women’s Safety (ANROWS) and VicHealth
Link:	http://www.ourwatch.org.au/getmedia/c4fba6ed-fe9d-4bdb-97c5-8b8712cc0b45/Change-the-story-framework-prevent-violence-women-children-AA-new.pdf.aspx?ext=.pdf



Title:	Family Violence Risk Assessment and Risk Management Framework and Practice Guides 1-3 (Version 2)
Author:	Victorian Department of Human Services (currently DHHS)
Link:	http://www.ncdsv.org/images/VGDHS_FVRiskAssessmentRiskManagementFrameworkAndPracticeGuides1-3_4-2012.pdf
Title:	Preventing Violence Together: Western Region Action Plan to Prevent Violence Against Women
Author:	Women's Health West
Link:	http://whwest.org.au/wp-content/uploads/2012/06/PVT-Action-plan2014.pdf
Title:	Building a Respectful Community: A Strategy for the Northern Metropolitan Region of Melbourne
Author:	Women's Health in the North
Link:	http://www.whin.org.au/images/PDFs/Building%20a%20Respectful%20Community.pdf
Title:	Family and Domestic Violence Strategy
Author:	Commonwealth Department of Human Services
Link:	https://www.humanservices.gov.au/sites/default/files/12899-1511-family-domestic-violence-strategy.pdf
Title:	National Plan to Reduce Violence Against Women and their Children
Author:	Council of Australian Governments
Link:	https://www.dss.gov.au/sites/default/files/documents/08_2014/national_plan1.pdf
	National Plan to Reduce Violence Against Women and their Children
Title:	Violence against Women: Key statistics, The Foundation to Prevent Violence against Women and Their children & Australia's National Research on Women's Safety.
Author:	ANROWS
Link:	http://anrows.org.au/publications/fast-facts-0/violence-against-women-key-statistics