



**Domestic
violence:
Interventions
for higher
risk offenders**

**Response to
discussion paper**

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Response to discussion paper, January 2016

Mission Australia welcomes the NSW Government's commitment to preventing and responding to domestic and family violence including the Premier's priority of reducing domestic violence re-offending within 12 months by 5% by 2019. We support the provision of perpetrator programs to break the cycle of violence and to stand alongside much needed services for women, children and other family members affected by domestic and family violence.

Our services already work closely with police and justice agencies with the aim of making perpetrators accountable for their actions and minimising risk. However, service staff report that a cycle of rolling admissions is still common, where violence is repeated causing affected family members to re-present for assistance multiple times. It is important that new approaches are implemented across the state, under which men recognise their behaviours, identify triggers, acknowledge damage caused and are taught effective strategies to adopt long-term change. Such approaches are essential complements to other preventative strategies (such as education campaigns and gender equity measures) to stop further violence and harm to women and children.

On this basis, Mission Australia has initiated the preparatory steps for men's behaviour change programs in Western and Southern NSW. The proposed models would work with low risk and higher risk offenders on both a voluntary and mandatory basis although program delivery will vary based on offenders' risk and readiness. There has been a strong indication of demand for these programs even before they have become available, and communities have been supportive of their introduction.

Nevertheless, it is crucially important that support services for women, children and other family members remain a key part of the suite of responses to domestic and family violence, including associated resource allocation, and that men's behaviour change programs are designed and operated in an integrated way that focuses on making women and families safer.

What should the NSW Government consider when developing a model of intervention for higher risk offenders?

Men's behaviour change programs (MBCP) are aimed at reducing recidivism rates by addressing the causes of domestic and family violence. Currently recorded rates of recidivism are alarmingly high and there are also high levels of unreported domestic and family violence that are not being addressed by the justice system.

In addition to reduced recidivism, MBCPs offer opportunities for increased monitoring, improving the safety of women and children during participation. The broad range of factors considered in MBCP risk assessments goes beyond what is known to the justice system. These monitoring benefits

are often what women find most immediately valuable in their partners' participation in MBCPs, and this effect should be factored into evaluations, in addition to evidence of reduced recidivism.

Mission Australia recommends consideration of the following key points, discussed further below, so that intervention models for DFV offenders incorporate:

- integration with services supporting women, children and other family members;
- incorporation of appropriate evaluation processes;
- recognition that other factors will impact on effectiveness;
- the ability to tailor program elements to the context, particularly the cultural environment, of each community in which the program is being provided; and
- adherence to standards and accreditation.

Community Based Men's Behaviour Change

In terms of the options put forward in the *Interventions for higher risk offenders* discussion paper, Mission Australia has focussed on support for community based MBCPs.

Mission Australia is currently preparing to run two MBCPs in different locations with some similar features and some different features that have emerged from the context. Further detail is available on request, but the key features are briefly outlined below.

In Western NSW, there are currently no services targeting behaviour change despite community demand and Mission Australia's planned program is driven by this need. We have started work towards implementing a community-based family violence program, which features:

- a basis in cognitive behaviour therapy;
- 16 weeks of 2.5 hours per week group work;
- formulating a structured professional judgement and actuarial risk assessment;
- targeting key dynamic risk factors;
- matching the level of risk to the treatment;
- a focus on retention of program participants, as evidence indicates that men who do not complete programs often go on to offend more frequently and more severely;
- reflecting the needs of the specific towns in which it will operate, in particular awareness of cultural factors.

In Southern NSW, Mission Australia staff have undertaken training through NTV (which is currently used in Victoria by the Men's Referral Service) and is in discussion with BaptistCare about rolling out a MBCP based on their *Facing Up* program, which:

- draws on local and international models of best practice (including the Duluth model) and has evolved to meet local needs;
- is 16 weeks of 2.5 hours per week group work;
- uses a trauma informed model of practice to respond to women and family members impacted by men's violence; and
- involves intensive and ongoing risk assessment and safety planning.

Both models feature the following elements, which Mission Australia recommends as essential in the design and delivery of MBCPs in general.

Integration with services supporting women, children and other family members

It is important that MBCPs are integrated with programs for women and families experiencing domestic and family violence. This approach is critical for the MBCP to ensure that the voice and experiences of women and children are privileged in informing intervention and service design.

An integrated services approach mitigates safety risks to women and families. Engaging family services to provide partner and family support can facilitate alerts to them of any changes in risk level, so they can remain as safe as possible. It enables shared risk assessment and improved risk and safety planning. Women and children are provided with a more in-depth assessment of risk at various times including in preparation for court ordered child contact. An important part of our programs will be to provide information to women and children experiencing DFV about how to maintain their safety.

Integration of services also provides better support for the partner and other family members, through case management, complex case co-ordination and support to access specialist services.

Mission Australia is proposing to nest its MBCPs within existing services for women and children including homelessness, early intervention and child protection programs. As a large provider of community services, Mission Australia has the breadth to integrate MBCPs with not only women's domestic violence and men's and women's homelessness services, but also alcohol and drug and mental health services and case management programs such as Life on Track. In addition, we have well-established referral pathways to other specialist services provided by other organisations such as detoxification services and housing providers. Our integrated service delivery model can provide continuity of support and a holistic wrap-around approach for family members.

This is an innovative approach with substantial promise for wrap-around service provision, greater sharing of information, breaking the cycle of violence and keeping women safe.

Incorporation of appropriate evaluation processes

Evidence on the effectiveness of MBCPs has been mixed. However, there have been some promising results, including that of Project Mirabal in Britain where violence was demonstrably reduced through accredited longer term perpetrator programs.

In the absence of widely-adopted, well-tested and evidence-based models, the establishment of a reliable evidence base is required.

For example, as part of MA's commitment to the delivery of evidence based practice, we have formulated an Evaluation Subcommittee as part of the Western NSW MBCP. This subcommittee comprises our MBCP practitioners, specialist consultants in the DFV field, and MA's Research and Social Policy teams. This approach will ensure the MBCP undergoes rigorous evaluation, including recommendations for future program design and delivery.

Programs must be accompanied by a rigorous research evaluation methodology in order to build the evidence base, which should include measures using standard instruments and consider the impact on both men and, where appropriate, their (ex-)partners.

Recognition that other factors will impact on effectiveness

Measures to reduce recidivism of DFV offenders must take into account the fact that external factors affecting recidivism rates will not always be favourable. MBCPs should operate alongside community support programs to address non-offending needs such as community mental health programs, substance abuse treatment and rehabilitation programs and financial counselling programs. However, these are often unavailable, especially in regional, rural and remote locations.

Mission Australia is particularly concerned that homelessness increases the risk of DFV perpetrators reoffending, as offenders without a home are less likely to engage with support services, more likely to be isolated, may be permitted to return to the home by the victim or be more difficult to track down by the police.

Providing housing for men who use violence enables them to engage with services to address their issues and reduce the risk of future re-offending. This includes both longer term affordable housing options, and specialist crisis accommodation as an avenue for men to be accommodated at times of high risk and for women and children to remain safely at home. Obviously, this is in addition to the necessary housing supports required for women and children fleeing domestic and family violence. More accommodation options for men also reduces the burden on women to leave the family home when violence occurs.

Mission Australia is concerned at the inadequacy of options for male offenders facing homelessness, due to: inadequate availability of social housing; the lack of affordable private rental that is accessible to such people; and the insufficient support services to facilitate their re-integration and ability to find and maintain a tenancy.

The effectiveness of MBCPs in reducing recidivism can be enhanced by cross-agency efforts to ensure the adequacy of assistance for offenders (alongside other community members) in relation to housing options, homelessness services and other support programs, such as community mental health programs and substance abuse treatment and rehabilitation programs.

Tailoring program elements to community contexts

Design and delivery of MBCPs should not be a one-size-fits-all exercise. A program must reflect the particular circumstances of the community/ies in which it will operate, especially in relation to: prevalence of participants of different levels of offending; local community dynamics; matters raised through consultation with Aboriginal or ethnic communities; considerations of age, language, ethnicity. The program design needs to be flexible to respond to changing circumstances. Deep and ongoing understanding of the community context is essential.

For example, the design of our MBCP for Western NSW incorporates feedback from consultations with local Aboriginal communities and will continue to adapt in response to input from ongoing governance mechanisms. For instance, trained Aboriginal workers will provide MBCP facilitation and partner support services in culturally appropriate ways. Mission Australia intends to offer this program to participants who are Aboriginal and Torres Strait Islander as well as those who are not, based on the central notion that there is no justification for the use of violence against women in any culture. The design allows for culturally specific issues to be worked through where they arise as part of the process.

Standards and accreditation

Mission Australia recognises the Minimum Standards for Men's Behaviour Change programs as supporting the integrity of program delivery.

Of critical importance in delivering MBCPs is the ability to undertake robust service evaluations, and ensure clinical supervision structures are in place.

Facilitators need to be appropriately trained to deliver interventions as there is a risk of doing further harm when this is not the case. However the guidelines of 50 hours of observation will be particularly difficult for regional and rural services to meet and other ways to meet this standard would be beneficial. Innovative approaches - particularly related to technology, supervision and mentoring models - should balance quality of service delivery with delivery challenges in rural and remote areas.

As noted in the discussion paper, the interpersonal process between offenders and facilitators is key and therefore it will work best with locally based, as well as properly trained, facilitators. The cost of on-going training, accreditation for services and evaluation processes should also be factored into any proposed grants or tenders.

The standards should also recognise that at times there is a need to provide MBCPs on an individual basis; where group work may not be appropriate due to small community size, or for cultural or gender identity reasons.

Comparison with other options

Although evaluations of MBCPs implemented to date have been mixed, current approaches such as incarceration have had demonstrably poor outcomes in terms of recidivism.

Other proposed interventions such as trial GPS tracking may have some supporting evidence, but they do not deal with the underlying causes of DFV and responses may come too late. Rather than working to prevent further violence, if a GPS tracker registers a breach, the response time may be too long to prevent further violence, particularly in remote areas, making them more a means of tracking down offenders after the fact, rather than preventing harm before it occurs.

Further, electronic monitoring on its own does not pick up on dynamic risk factors that can be assessed through behaviour change programs such as employment, mental health, relationships, finances and support networks.

Community based men's behaviour change programs are currently over-subscribed with long waiting lists and expanding them would allow for more timely interventions and improved safety for women and children.

What are the potential points at which interventions could occur with higher risk offenders to encourage them towards behaviour change and reduce re-offending?

Referrals for men's behaviour change programs could come from police, magistrates, parole, family, self-referral, community services or from other sources. However, it is preferable that interventions occur prior to a court hearing, as there is a possibility that violence could escalate between the time of the incident that is reported to police and the court date, in the absence of further intervention and risk management.

Further, as domestic and family violence is under-reported (even more so in Aboriginal communities), it is essential not to restrict MBCP referrals to court processes, in order to address the bulk of offenders. Referrals through child protection reports, early intervention programs and women's programs provide earlier points of response.

There should be consideration and opportunities for risk assessment to be shared between agencies including non-government organisations, the NSW Police Force and the Department of Family and Community Services.

While community perceptions may identify prison as the place for rehabilitation, this is not always realistic. Community support can be much more effective in giving people the tools to operate in their environment and to address their criminogenic needs. However while community based behaviour change programs can be successful, completion should not be relied on as proof of rehabilitation by the Courts.