

## Perpetrator interventions

Information in this section focuses on perpetrator intervention programs that work intensively with men who perpetrate domestic and family violence; these programs are generally referred to as Men's Behaviour Change Programs (MBCPs). Importantly, the need for integrated responses to domestic and family violence including the integration of perpetrator programs within the wider system is increasingly recognised including within the Council of Australian Government's (COAG) National Outcome Standards for Perpetrator Interventions (NOSPI) [[Perpetrator Interventions National Standards 2015](#)], and is "crucial in terms of holding men accountable for their behaviour" and increasing the safety of victims [[Mackay et al 2015 Part 1](#)]. When considering referral to a MCBP, the priority should be the **safety** of the victim and children. Where appropriate, judicial officers should seek evidence of behaviour change following program completion and prior to consideration of further orders.

Evaluating the effectiveness of MBCPs is costly and complex, with little research [[Urbis 2013](#)] conducted in Australia to date [[Chung et al 2014](#)]. Recent research [[Bloomfield & Dixon 2015](#)] of Domestic Violence Perpetrator Program effectiveness in the UK [[Kelly & Westmarland 2015](#)] has suggested some positive outcomes. However evidence from the US [[Eckhardt et al 2013](#)] concerning Batterer Intervention Programs [[Buzawa et al 1999](#)] (which have less in common with most Australian programs than their UK counterparts) are more mixed and subject to significant methodological limitations [[Centre for Innovative Justice Report 2015](#)]. Most evaluations, for example, have failed to consider the multiple ways in which these programs contribute towards the safety of women and children, and operate as part of an integrated service system rather than as stand-alone interventions.

Options for referral of those perpetrating domestic and family violence to an intervention program vary between jurisdictions. As a general principle, earlier intervention is preferable in order to minimise further offending and costs to the community [[Centre for Innovative Justice Report 2015](#)]. In civil proceedings within some jurisdictions a respondent may be ordered to attend an intervention program either as a condition of a protection order, or in some states through specific provisions (Vic - Counselling Orders; Qld - Intervention Orders; cf NSW – Apprehended Domestic Violence Orders can only prohibit behaviours not compel participation in programs [[Mackay et al 2015 Part 2](#)]). In criminal matters options include bail conditions, probation or parole order conditions, with the latter having the advantage of being overseen by corrections officers. The consent of the offender is preferable (ideally supported through informal court support processes) and assists in engagement and compliance, but is not necessarily a prerequisite for successful intervention.

While generally referred to as Men's Behaviour Change Programs (MBCPs) in Australia, other jurisdictions may refer to these programs as Stopping Violence Programs (New Zealand), Domestic Violence Perpetrator Programs (United Kingdom), or Batterer Intervention Programs (United States). MBCPs are run by community-sector or government organisations and should have demonstrated experience, understanding and skill in specialist domestic and family violence work. In some states (WA, Qld, Vic & NSW) these programs operate according to minimum standards or professional practice guidelines, with movement in other states and territories and at a national level to similarly adopt agreed minimums of practice.

Programs for women who perpetrate domestic and family violence are different in a number of ways, including that for most participants, prior experience of violence is a significant factor in their offending. Where available, due to the relatively lower numbers of referrals, they are almost exclusively provided as individual counselling rather than group programs. Notably, a significant proportion of female offenders not only have a prior history of experiencing violence, but they also experience violence by their current or former partner against whom they have offended [Fanslow et al 2015].

MBCP work is highly specialised, and quite distinct from other types of intervention. Anger management programs or generalist counselling [Hame & Radford 2008] are contra-indicated [Klein 2009] for assisting perpetrators to stop their use of domestic and family violence for a number of reasons including lack of consideration of power and control dynamics or gender socialisation, an absence of partner contact, an absence of safeguards against collusion and absence of risk assessment or risk management framework. Relationship counselling and family therapy are generally contra-indicated for similar reasons and because the basis for safe communication between the parties usually does not exist without prior specialist intervention over a period of time [Hame & Radford 2008].

Where alcohol or other drug use, mental health issues, including post-traumatic stress disorder, brain injury and cognitive disabilities, are also a concern, MBCP programs may not be suitable unless they are appropriately designed and delivered. Substance misuse or mental health interventions can complement MBCP work and are effective with concurrent participation in an MBCP [Klein 2009]. In the most severe cases, the MBCP assessment process may identify the need for **substance misuse** or **mental health** intervention prior to and in preparation for MBCP participation.

MBCPs have the fundamental aim of working towards the safety, wellbeing, and agency of women, children and men affected by domestic and family violence. As well as teaching behaviour change strategies, ideally these programs:

- directly address women's needs through partner support work conducted separately and alongside the work with men
- directly address children's needs through support for their mother and work with their father or male guardian

- > achieve at least short-term behavioural and attitudinal changes regarding at least some of the tactics and ways in which the man uses violent and controlling behaviour
- > reduce the likelihood that he will perpetrate violence in the medium and long term, and in some cases, achieve comprehensive, sustained desistance from all forms of violence in the long-term
- > help monitor the use of violence by male participants, in collaboration with courts, police, corrections or child protection,
- > work with the criminal justice system to support processes that lead to appropriate sanctions for men who continue to use criminal violence, and/or who contravene protection order conditions
- > help manage high-risk situations involving the safety of any person [Juodis et al 2014]
- > contribute to the achievement of coordinated community responses to domestic and family violence, and stronger integration between government and non-government agencies involved in the local or regional family violence service system, towards information sharing, assessing and managing risk.

MBCP practitioners work consciously towards avoiding the potential for harm during men's behaviour change work, given the risks that some men might use their participation in the program mainly or solely to attempt to minimise sanctions for their behaviour, or to misrepresent what occurs in the program to their partner as a means of increasing their control over them.

Men who are referred to a MBCP typically engage in an initial intake and assessment phase to determine their suitability and eligibility for participation in the program. At that early stage, most men have only limited understanding or acceptance of responsibility for their perpetration of violence, and limited empathy regarding its effects. MBCPs are indicated for the majority of male domestic and family violence perpetrators aged 18 and over. There is currently no conclusive research demonstrating that particular cohorts or 'types' of male adult perpetrators are more suited to these programs than others. A relatively small percentage of perpetrators referred are assessed as not suitable, or not suitable at that particular time, for reasons including:

- > High levels of chronic, trait-based psychopathy (e.g. men with severe personality disorders)
- > Acute mental illness
- > Severe substance misuse problems [Juodis et al 2014]
- > Significant cognitive impairment
- > The absence of any self-recognition of their perpetration of domestic and family violence.

Generally, manageable mental illness or substance misuse issues, and others such as housing insecurity and problem gambling can be addressed concurrently with the man's participation in the MBCP, either by the same organisation/provider, or by working in collaboration with specialist providers in these fields.

There is only a small number of specialist MBCPs focusing exclusively on particular cultural or identity-based contexts. In Victoria for example, there are MBCPs conducted in Vietnamese and Arabic, a program for South Asian men, and one for gay and bisexual men. However, these are rare instances, and in general, mainstream MBCP providers are expected to adapt their interventions to take into account the cultural and identity characteristics of particular participants. A small but growing number of programs are being developed to work with Aboriginal and Torres Strait Islander perpetrators of domestic and family violence, often within a holistic family and community context, and with a significant component focusing on cultural dispossession, intergenerational trauma and the effects of colonisation [Mackay et al 2015 Part 1].

After intake and assessment—generally conducted through one or more individual interviews with the man—most MBCPs then work with men in a group-based format. While the structure and nature of MBCP group work varies, including open, closed and modular formats, group work provides participants with an opportunity to assist one another to develop attitudes, language and a mutually supportive culture consistent with non-violence. For most programs, intervention intensity consists of one group work session per week, over a period of three to six months. Most programs adopt a blended approach within these sessions, drawing upon feminist and gender-based psychoeducational techniques to address men's perception of entitlement and use of power and control, cognitive-behavioural strategies targeting violence-supporting attitudes and behaviours, and narrative approaches supporting the development of non-violent ways of being [Mackay et al 2015 Part 1].

Support (including risk assessment, safety planning, and recovery counselling) is offered to the man's current and/or former partner alongside the work conducted with him, either by the MBCP provider or by a women's service working in collaboration with the provider. This work can also include a focus on how children are affected by the violence, even if the provider does not work with the children directly [Hame & Radford 2008].

In Australia, MBCPs are part of a renewed focus on building 'webs of accountability' for those perpetrating domestic and family violence [No to Violence 2017]. These broader strategies include case management and supplementary individual work with participants [Vlais 2014]; longer and, where appropriate, more intense interventions to bring Australian programs in line with international best practice; strengthened partner support work; support for participants once they complete a program; and working with perpetrators on how their domestic and family violence affects children and harms the mother-child bond.