



# Men's Behaviour Change Minimum Standards



# Development of the Minimum Standards

The Men's Behaviour Change Minimum Standards were developed in 2017 by Family Safety Victoria in consultation with:

- The Men's Behaviour Change Minimum Standards Working Group, comprising members of:
  - No to Violence (NTV)
  - Domestic Violence Victoria
  - The Department of Justice and Regulation
  - The Department of Premier and Cabinet
  - The Department of Health and Human Services
  - Magistrates' Court of Victoria
- NTV member reference group, comprising men's behaviour change program providers
- The Expert Advisory Committee on Perpetrator Interventions

# Purpose and application of the Minimum Standards

The purpose of the minimum standards is to enhance the safety of women and children by providing a consistent men's behaviour change program (MBCP) model. The minimum standards apply to all Victorian Government funded MBCPs delivered in the community. The minimum standards establish minimum requirements for program priorities and key components of program design, delivery, evaluation and staffing.

The purpose of MBCPs is to hold men to account for their violence, challenge their use of violence and keep women and children safe by monitoring and responding to the risk such men present. MBCPs are distinct in their aims and approach from anger management programs and relationship counselling.

As a group based intervention, MBCPs are not suitable for all men. Men who present a high level of risk or have serious complex needs, such as mental health or alcohol or other drug issues, may be deemed unsuitable.

The minimum standards do not apply to Aboriginal men's groups which have a focus on healing.

The minimum standards should inform the development of future perpetrator interventions.

## Principles

The minimum standards are organised according to the Victorian Principles for Perpetrator Interventions (2017) developed by the Expert Advisory Panel on Perpetrator Interventions. The Principles map the roles and responsibilities of all Victorian government and non-government agencies and service providers that have contact with perpetrators of family violence.

1. Victims', including children's, safety and freedom underpins all interventions with perpetrators of family violence.
2. Interventions with perpetrators are informed by victims and the needs of family members.
3. Perpetrators take responsibility for their actions and are offered support to choose to end their violent behaviour and coercive control.
4. Inter-agency risk assessment and risk management processes are consistent, robust and strong, and any risk associated with intervention is minimised.
5. Perpetrators are kept in view through integrated interventions that build upon each other over time, are mutually reinforcing, and identify and respond to dynamic risk.
6. Responses are tailored to meet the individual risk levels and patterns of coercive control by perpetrators, and address their diverse circumstances and backgrounds which may require a unique response.
7. Perpetrators face a range of timely system responses for using family violence.

8. A systems-wide approach collectively creates opportunities for perpetrator accountability, both as a partner and a parent. Actions across the system work together, share information where relevant, and demonstrate understanding of the dynamics of family violence.

For the purposes of these minimum standards, the Victorian principles are supplemented by two additional principles taken from the National Outcome Standards for Perpetrator Interventions (2015) that address staffing and evaluation. These are that:

9. People working in perpetrator intervention systems are skilled in responding to the dynamics and impacts of domestic, family and sexual violence.
10. Perpetrator interventions are driven by credible evidence to continuously improve.

## Background

Family violence is a gendered crime perpetrated mainly by men against their female intimate partners or other family members. It is defined by the Family Violence Protection Act 2008 s.5(1) (Vic) as:

- a. Behaviour by a person towards a family member of that person if that behaviour—
  - i. is physically or sexually abusive; or
  - ii. is emotionally or psychologically abusive; or
  - iii. is economically abusive; or
  - iv. is threatening; or
  - v. is coercive;
  - vi. in any other way controls or dominates the family member and causes that family member to feel fear for the safety or wellbeing of that family member or another person;or
- b. Behaviour by a person that causes a child to hear or witness, or otherwise be exposed to the effects of, behaviour referred to in paragraph (a).

Intimate partner violence (violent, abusive, coercive and controlling behaviour by a person within an intimate relationship, including current or past marriages, domestic partnerships, familial relations, or de facto relationships) causes widespread physical, sexual, economic, and/or psychological harm. It is the most common type of violence against women internationally and the most common type of family violence (see, for example, World Health Organisation 2010). Australian studies have found that intimate partner violence contributes to more death, disability and illness for women aged 15 to 44 years old than any other preventable risk factor (VicHealth 2004; Webster 2016).

Family violence is characterised by a pattern of coercive control that one person, typically a man, exercises over another in order to dominate and impose their will. It may include physical violence but extends beyond this to include property damage, psychological and economic abuse. It includes threats and behaviours that create fear, and prevents a person from acting freely, or compels them to behave in

ways they do not freely choose. Such behaviour is deliberate, systematic and can occur over an extended period of time. Behaviour that causes a child to hear or witness, or otherwise be exposed to the effects of family violence is also family violence.

It is increasingly understood that exposure to family violence causes significant harm to children, which can begin during pregnancy and affect all stages of a child's development. The impacts of family violence on adult and child victims are pervasive, affecting all aspects of health and wellbeing. Family violence is also a major criminal justice issue. Police spend a significant proportion of their time responding to family violence, although it is still an under-reported crime. Some women and children, such as those from Aboriginal communities, culturally and linguistically diverse communities or women with disabilities are affected disproportionately and/or face additional barriers to accessing support. Family violence can occur in same sex relationships. In some cases, men are victims of male or female perpetrated family violence and women can be violent towards female partners or other family members.

Research has consistently shown that family violence is not a crime exclusive to any one country, culture or socio-economic group. It is, however, a gendered form of violence that overwhelmingly impacts women and children and is consistently linked to gender inequality. The United Nations Convention on the Elimination of All Forms of Discrimination Against Women (1981) recognises that violence against women 'seriously inhibits women's ability to enjoy rights and freedoms on the basis of equality with men'.

The 2016 Victorian Royal Commission into Family Violence (RCFV) emphasised the importance of focusing on men who use violence as a means of addressing family violence. Perpetrator interventions that hold men to account are a key means of responding to family violence and keeping women and children safe. MBCPs are a core component of perpetrator interventions and of Victoria's integrated family violence system.

## Definitions and terms

**Family member** See sec. 8 of the Family Violence Protection Act 2008 (Vic):

- a. a person who is, or has been, the relevant person's spouse or domestic partner; or
- b. a person who has, or has had, an intimate personal relationship with the relevant person; or
- c. a person who is, or has been, a relative of the relevant person; or
- d. a child who normally or regularly resides with the relevant person or has previously resided with the relevant person on a normal or regular basis; or
- e. a child of a person who has, or has had, an intimate personal relationship with the relevant person.

**Family violence** See sec. 5 of the Family Violence Protection Act 2008 (Vic):

- a. Behaviour by a person towards a family member of that person if that behaviour—
  - i. is physically or sexually abusive; or

- ii. is emotionally or psychologically abusive; or
  - iii. is economically abusive; or
  - iv. is threatening; or
  - v. is coercive;
  - vi. in any other way controls or dominates the family member and causes that family member to feel fear for the safety or wellbeing of that family member or another person;
- or
- b. Behaviour by a person that causes a child to hear or witness, or otherwise be exposed to the effects of, behaviour referred to in paragraph (a).

### **Partner**

- a) Anyone with whom the perpetrator is in a **current intimate relationship** (an intimate relationship is an interpersonal relationship that involves physical or emotional intimacy)
- b) Anyone with whom the perpetrator is in a **new intimate relationship** that commences during the program
- c) Anyone with whom the perpetrator **shares access to children**, regardless of the period of separation (whether formal or informal access)
- d) Anyone with whom the perpetrator has been in a **past intimate relationship** in the last two years and who may be at risk of the perpetrator's family violence.

**Perpetrator** - Man participating in the MBCP.

**Impacted family member** - Child/ren or any other family member/s identified as experiencing family violence.

**Facilitator** - Practitioner responsible for delivering the MBCP.

**Family safety contact worker** - Practitioner responsible for partner and family contact responsibilities.

**Program provider** - Organisation delivering the MBCP.

## **References**

VicHealth. 2004, The Health Cost of Violence: Measuring the Burden of Disease Caused by Intimate Partner Violence, <https://www.vichealth.vic.gov.au/search/the-health-costs-of-violence>

Webster, 2016, A preventable burden: Measuring and addressing the prevalence and health impacts of intimate partner violence in Australian women (ANROWS Compass, 07/2016), ANROWS Sydney.

World Health Organization and London School of Hygiene and Tropical Medicine, 2010, Preventing intimate partner and sexual violence against women: Taking action and generating evidence, World Health Organization, Geneva  
<http://www.who.int/reproductivehealth/publications/violence/9789241564007/en/>

## Minimum standards

1. **Victims', including children's, safety and freedom underpins all interventions with perpetrators of family violence.**
  - 1.1. Program providers will operate from written procedures that address risk assessment and risk management for the perpetrator's partner or impacted family members. Detailed practice guidance will set out these procedures. Practice guidance will include, but not be limited to:
    - documenting, assessing, and managing risk, including incidental contact with the perpetrator;
    - responding to critical incidents;
    - referral pathways and protocols;
    - reporting any risk to persons to relevant authorities;
    - program content and approach;
    - the roles and responsibilities of staff;
    - obligations under the Family Violence Protection Amendment (Information Sharing) Act 2017 (the FV scheme); and
    - obligations under the Victorian Child Safe Standards.
  - 1.2. Family safety contact workers will work with the perpetrator's partner and family members, including children, if they are identified as being impacted by the perpetrator's violence, for the purposes of risk assessment and management, information sharing and referrals.
  - 1.3. Family safety contact workers will make initial contact with any partner or impacted family member following the perpetrator's initial assessment session. Where the partner or impacted family member wishes to have ongoing contact, the family safety contact worker will make contact at least fortnightly. More, or less, frequent contact will be provided by the family contact worker if requested.
  - 1.4. Family safety contact workers will prepare the partner and any other impacted family members for the participation of the perpetrator in a program, including by providing verbal and written information about the content, and approach of the program and all relevant procedures.



- 1.5. Where the partner or impacted family member is not being supported by another specialist family violence service, family safety contact workers are to undertake all relevant risk assessment, risk management, and safety planning procedures in an ongoing way for the duration of the program using the Victorian Family Violence Risk Assessment and Risk Management Framework.
- 1.6. Where the partner or impacted family member is already in contact with a specialist family violence service or other case management service and does not want ongoing contact with the family safety contact worker, the family safety contact worker will liaise with the partner's or impacted family member's case manager for the purposes of information sharing. Providers should adhere to any relevant obligations under the FV scheme, in particular any consent requirements.
- 1.7. Any new threat to the safety of the partner or impacted family member should be documented and communicated to those at risk by the family safety contact worker.
- 1.8. When the perpetrator completes, withdraws or is terminated from a program the family safety contact worker will contact the partner and other relevant family members at risk of family violence, or their case manager (if prescribed under the FV scheme), and inform them of this and any other information relevant to managing any risk to their safety from family violence.

## 2. Interventions with perpetrators are informed by victims and the needs of family members.

- 2.1. The needs of those who have experienced and been impacted by family violence often extend beyond safety needs. Additional needs may include, but are not limited to, assistance with health, housing, finances, and alcohol and substance issues. Family safety contact workers will make all relevant referrals to address the needs of the perpetrator's partner and impacted family members.
- 2.2. Providers will have a process outlining how family safety contact workers will communicate with facilitators to ensure that interventions with perpetrators are responsive to the issues being raised by the partner and impacted family members, and conducted in a safe and constructive manner.

### 3. Perpetrators take responsibility for their actions and are offered support to choose to end their violent behaviour and coercive control.

- 3.1. Programs focus on addressing violent and controlling behaviour, holding perpetrators to account and taking responsibility for their abuse. Programs identify and work against collusion, minimisation, victim-blaming narratives and violence-supporting attitudes. Programs challenge the perpetrator's use of family violence and the impact on the perpetrator's partner and family members.
- 3.2. Providers will set out in writing information for perpetrators on how the program is intended to ensure they take responsibility and change their behaviour.
- 3.3. All perpetrators are required to enter into an agreement about standards of acceptable behaviour for group participation. The agreement will also set out the consequences of non-compliance with the agreed standards.
- 3.4. Perpetrators mandated to attend programs as a result of a court order are informed in writing about attendance requirements and the consequences of non-attendance.
- 3.5. Providers will ensure that programs are designed to run with one female and one male facilitator, except in exceptional circumstances.
- 3.6. Each program group will include a maximum of fourteen participants.

### 4. Inter-agency risk assessment and risk management processes are consistent, robust and strong, and any risk associated with intervention is minimised.

- 4.1. Providers must ensure that their reporting activities adhere to their responsibilities as an 'information sharing entity' under the FV scheme (including any guidelines).
- 4.2. Risk assessment and risk management of the perpetrator should be undertaken and documented at the point of initial intake and assessment, and be ongoing throughout the duration of the program. Risk assessment and management will be undertaken in line with the Victorian Family Violence Risk Assessment and Risk Management Framework and include risk of suicide.

- 4.3. Providers must notify perpetrators at the time of intake and assessment about how their information may be used or disclosed, including that their information may be shared without their consent for the purposes of family violence risk assessment or risk management if required or permitted by the FV scheme.
- 4.4. A report should be made following the perpetrator's completion, termination or withdrawal from the program. The report must include:
  - reason for termination or withdrawal;
  - assessment of risk (pre and post-program);
  - attendance at the program;
  - any relevant referrals.

## 5. Perpetrators are kept in view through integrated interventions that build upon each other over time, are mutually reinforcing, and identify and respond to dynamic risk.

- 5.1. The eligibility of all perpetrators seeking to access programs is assessed in line with the Family Violence Protection Act 2008 s. 129(3) (Vic):
  - the respondent's character, personal history or language skills;
  - any disabilities of the respondent;
  - any severe psychiatric or psychological conditions of the respondent;
  - any alcohol or other drug problems of the respondent;
  - any other matters the specified person considers relevant.
- 5.2. Assessment of the eligibility of perpetrators to enter programs is undertaken across at least two face to face sessions, except in exceptional circumstances.
- 5.3. Perpetrators who are deemed ineligible for programs are referred to other relevant services.
- 5.4. The group element of programs will have a minimum of 40 hours over a minimum of 20 weeks, held at regular intervals.
- 5.5. Perpetrators should be offered relevant referrals pre, during and post group programs.

## 6. Responses are tailored to meet the individual risk levels and patterns of coercive control by perpetrators, and address their diverse circumstances and backgrounds which may require a unique response.

- 6.1. Providers should ensure that they meet their obligations under the Equal Opportunity Act (2010), as set out in the Victorian Equal Opportunity and Human Rights Commission's Guideline: Family violence services and accommodation (2017).
- 6.2. Providers have formal links to relevant support services for perpetrators from diverse communities, including translating and interpreting services.

## 7. Perpetrators face a range of timely system responses for using family violence.

- 7.1. People who enquire about programs are contacted within three working days.
- 7.2. Contact with the perpetrator will take place at least every fortnight prior to the commencement of group work.
- 7.3. There will be a process to work with perpetrators to develop program readiness and to keep them in view prior to program entry. This process will be documented in practice guidance.
- 7.4. Providers will immediately refer high risk family violence situations to the police or relevant agencies, and ensure information is shared about program participants, to assist with risk assessment and management, as permitted by the FV scheme (and related guidelines) and applicable Victorian privacy legislation.

## 8. A systems-wide approach collectively creates opportunities for perpetrator accountability, both as a partner and a parent. Actions across the system work together, share information where relevant, and demonstrate understanding of the dynamics of family violence.

- 8.1. Formal protocols for transparency, accountability and integration will be developed through relationships with relevant agencies in order to ensure that perpetrators are kept in view at all times.

## 9. People working in perpetrator interventions systems are skilled in responding to the dynamics and impacts of domestic, family and sexual violence.

- 9.1. Facilitators and family safety contact workers have access to supervision sessions at least monthly and undertake at least four relevant professional development activities annually. Supervisors must meet the criteria of a Principle Practitioner and have undertaken recognised training in clinical supervision.
- 9.2. Groups must be facilitated by either two Principle Facilitators or one Principle Practitioner and one Facilitator.\*

A Principle Facilitator will hold:

- a relevant tertiary undergraduate degree (in social work, psychology, counselling or a related subject)
- a graduate diploma or graduate certificate qualification in men's family violence
- have 100 hours of experience facilitating men's behaviour change groups.

A Facilitator will hold:

- a relevant tertiary undergraduate degree (in social work, psychology, counselling or a related subject)
- have completed Victorian Risk Assessment and Risk Management Framework training
- have observed a minimum of ten group sessions.

- 9.3. Family safety contact workers will hold a relevant tertiary undergraduate degree (in social work, psychology, counselling or a related subject) and have completed Victorian Risk Assessment and Risk Management Framework training.\*

*\* Standards 9.2 and 9.3 will not apply to existing MBCP facilitators and family safety contact workers. The application of these standards is subject to broader transition planning as part of the 10-Year Family Violence Industry Plan. A date for their introduction is yet to be confirmed.*

- 9.4. The family safety contact worker will not simultaneously have responsibility for program facilitation, except in exceptional circumstances.
- 9.5. Family safety contact work is undertaken by a female worker, unless a male worker is requested.
- 9.6. All staff working in programs are required to sign a code of conduct.
- 9.7. All staff working in programs have been the subject of a police and working with children check.

## 10. Perpetrator interventions are driven by credible evidence to continuously improve.

- 10.1. Providers will conduct an operational review every 12 months, drawing on quantitative and qualitative data, including information and feedback collected from perpetrators, partners and children, and other stakeholders.
- 10.2. Providers should ensure that up to two observers are present on at least four occasions during the delivery of each program.