

Perpetrator case management guidelines

Behaviour Change Programs

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In this document, ‘Aboriginal’ refers to both Aboriginal and Torres Strait Islander people.

Available at [DFFH Service Providers' Men's behaviour change program resources web page](https://providers.dffh.vic.gov.au/mens-behaviour-change-program) https://providers.dffh.vic.gov.au/mens-behaviour-change-program

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# Acknowledgements

We acknowledge the Traditional Owners of Country throughout Victoria and pay respects to their Elders past and present.

We acknowledge that Aboriginal self-determination is a human right and recognise the hard work of many generations of Aboriginal people.

We are committed to safe and inclusive workplaces, policies and services for people from LGBTIQA+ communities and their families.

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# Introduction

Case management aims to improve the safety of victim survivors and families by supporting adults who use violence, also described as ‘perpetrators,’ to become motivated to change. It helps perpetrators develop strategies and skills to stop them using violence.

Case management also helps give perpetrators a timely response by linking them with relevant services.

Men’s behaviour change programs (MBCPs) are available throughout Victoria. However, it is common for perpetrators to have to wait to access supports – especially in rural and regional areas.

The case management model (including brokerage funding) offers an opportunity to tailor responses to each perpetrator. It also helps them to be linked into services that address complex needs:

* alcohol and other drug (AOD) misuse
* mental health
* physical health
* homelessness.

This service model of tailored support aims to help perpetrators:

* recognise abusive patterns and tactics in their behaviour
* take responsibility for their violence and work with MBCPs or other support services to change their behaviours
* connect engaging with support services to making long-term change to their violent behaviour.

## Purpose

The *Perpetrator case management guidelines* (these guidelines) are for service providers offering case management to family violence perpetrators in Victoria.

These guidelines aim to make sure access to, and provision of case management is consistent.

The guidelines were created by the Department of Families, Fairness and Housing (the department) with other Victorian government agencies and community service organisations.

These guidelines can help providers understand:

* the purpose of case management
* the elements of the perpetrator case management model
* case management processes and activities
* staff competencies and support requirements.

## ****Updates to the guidelines and case management model****

These guidelines are subject to change and will be updated as needed. A review of the guidelines is planned for 2026.

The case management model may be updated through:

* continuous improvement activities
* evolving evidence and practice.

As part of the model’s establishment phase, Family Safety Victoria (FSV) worked with agencies on:

* relationship between intake providers and case management providers from different agencies
* relationship between perpetrator case management providers and MBCP providers
* services for diverse groups, including Aboriginal, culturally, and linguistically diverse (CALD) and LGBTIQA+ participants
* interface between this model and related service responses, including The Orange Door.

## Relevant existing policies and practices

Where relevant, these guidelines are in line with the revised minimum standards for MBCPs (effective from July 2018).

Consider these guidelines alongside relevant laws, regulations, and organisational policies around family violence.

The guidelines do not replace or override the responsibilities people and organisations have. Providers must continue to work within existing legal, policy and practice frameworks.

A broad range of family violence reforms are currently underway in areas including:

* information sharing
* multi-agency approaches to risk assessment and management
* design and delivery of The Orange Door
* review of case management for women and children
* integration with other service system responses, such as:
  + mental health
  + housing and homelessness
  + child and family services
  + alcohol and other drug services (AOD).

These reforms will inform future service delivery and practices across family violence and community services, including perpetrator case management.

## Background

### Royal Commission into Family Violence

The Royal Commission into Family Violence found that to keep victim survivors safe, the range of perpetrator interventions needed to be:

* broader
* better integrated.

This would create a ‘web of accountability’ to keep perpetrators visible to the service and justice systems.

The Royal Commission found that MBCPs lacked the capacity to provide tailored interventions that address individual needs and risks.

MBCPs are psycho-educational, group-based programs that work with perpetrators to:

* address their use of family violence
* understand the impact it has had on their partners, ex-partners, children, and other family members.

In Recommendation 87, the Royal Commission recommended:

The Victorian Government, subject to advice from the recommended expert advisory committee and relevant ANROWS (Australia’s National Organisation for Women’s Safety) research, trial and evaluate interventions for perpetrators [within 3 years] that:

* provide individual case management where required
* deliver programs to perpetrators from diverse communities and to those with complex needs
* focus on helping perpetrators understand the effects of violence on their children and to become better fathers
* adopt practice models that build coordinated interventions, including cross-sector workforce development between the men’s behaviour change, mental health, drug and alcohol and forensic sectors.

### Developing the case management model

Through Family Safety Victoria (FSV), the department has been working with government and specialist family violence agencies to broaden the range of community-based perpetrator interventions.

Government agencies involved in this work include:

* Department of Justice and Community Safety
* Corrections Victoria
* Court Services Victoria.

The case management model has been developed with input from:

* Expert Advisory Committee on Perpetrator Interventions (EACPI)
* No to Violence
* Domestic Violence Victoria (now known as Safe and Equal)
* Aboriginal Community-Controlled organisations.

## Terminology

### Perpetrator

The word ‘perpetrator’ is used to describe an adult using family violence. This term is used at a legal and policy level in Victoria. The department recognises that Aboriginal communities and others may prefer to use ‘people who use violence’ instead.

For consistency, ‘perpetrator’ is used throughout this document.

### Perpetrator and victim survivor

Family violence is driven by gender inequality and oppression. Statistics show that:

* victim survivors are mostly women and children.
* perpetrators are primarily men.

However, family violence affects people of all gender identities and from a diverse range of family‑like relationships. For this reason, the terms ‘victim survivor’ and ‘perpetrator’ are used to cover the different ways family violence can present.

### Glossary

Table 1: Glossary of relevant terms

| Term | Meaning |
| --- | --- |
| **Child Information Sharing Scheme (CISS)** | Proactive information sharing scheme around promoting the wellbeing or safety of a child or group of children.  Responsibility 6 of MARAM. |
| **Facilitators or perpetrator intervention team** | Practitioners that work directly with the participant on their use of family violence.  In common perpetrator interventions (such as MBCPs), these practitioners are often called ‘facilitators.’ |
| **Family safety advocate** | The role of engaging with affected family members of participants attending intervention programs.  The role involves:   * engaging around risk assessment and safety * providing support * creating a counterpoint to the participant’s under-reporting of their use of violence and abuse.   The role is sometimes called ‘family safety contact’ or ‘partner contact’. |
| **Family Violence Information Sharing Scheme (FVISS)** | Proactive information sharing scheme around family violence assessment and protection.  Responsibility 6 of MARAM. |
| ***Family violence multi-agency risk assessment and management framework*  (MARAM framework)** | MARAM is embedded in legislation.  Prescribed organisations must align their policies, procedures, practices, and tools with the statewide MARAM framework. |
| **Participant** | An adult using family violence.  This has the same meaning as ‘perpetrator ‘and ‘person using violence’ (which is often used in practice tools). |
| **Victim survivor** | Family members affected by the person using violence. This includes:   * children * partners * other family members * kinship groups.   This has the same meaning as a ‘primary person’ in section 144E of the *Family Violence Protection Act 2008* (Vic).  In line with the *FVISS ministerial guidelines*, a person is a victim survivor if an information sharing entity (ISE) reasonably believes there is a risk the person may be subjected to family violence. |

### Acronyms

Table 2: Acronyms used in these guidelines.

| Term | Meaning |
| --- | --- |
| **AOD** | Alcohol and other drugs |
| **CALD** | Culturally and linguistically diverse |
| **CISS** | Child Information Sharing Scheme |
| **DFFH** | Department of Families, Fairness and Housing |
| **FSA** | Family safety advocate |
| **FSA** | Family safety contact |
| **FVISS** | Family Violence Information Sharing Scheme |
| **ISE** | Information sharing entity |
| **LGBTIQA+** | Lesbian, gay, bisexual, transgender, intersex, queer or questioning, asexual |
| **MARAM framework** | *Family violence multi-agency risk assessment and management framework* |
| **MBCP** | Men’s behaviour change program |
| **RAE** | Risk assessment entity |

# Guiding principles

These principles have been developed by EACPI (2017).

They are the foundation of the approach to perpetrator case management.

Perpetrator Case Management programs should operate to meet the standards for Behaviour Change Programs

Table 3: Perpetrator case management principles

| Number | Principle |
| --- | --- |
| **1** | The safety and freedom of victim survivors (including children) underpins all interventions with perpetrators of family violence. |
| **2** | Interventions with perpetrators are informed by victim survivors and family needs. |
| **3** | Perpetrators take responsibility for their actions and are offered help to end their use of family violence. |
| **4** | Inter-agency risk assessment and risk management processes are consistent, robust, and strong. 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. * identify and respond to dynamic risk. |
| **6** | Responses are tailored to consider and address each perpetrator’s:   * risk levels * patterns of family violence, including coercive control * diverse circumstances and background. |
| **7** | Perpetrators face a range of timely system responses for using family violence. |
| **8** | A systems-wide approach creates opportunities for perpetrator accountability, both as a partner and a parent.  Actions across systems:   * work together. * share information where relevant. * understand the dynamics of family violence. |

# Case management model

Case management offers an opportunity to tailor responses to each perpetrator and address complex needs, such as:

* AOD misuse
* mental health
* physical health
* homelessness.

This should increase the safety of victim survivors and families.

Case management also helps connect perpetrators to services in a more responsive or timely way.

The case management model recognises that one size does not fit all. It understands that perpetrators have different levels of:

* acceptance of responsibility
* motivation to change.

Case management aims to address and overcome the barriers each perpetrator has to change. It does this through:

* proactive practical and psychological support
* systemic and integrated risk management strategies.

The purpose of case management is to:

* keep perpetrators visible to relevant services and authorities.
* contribute to a ‘safe at home’ approach.
* engage with victim survivors through a Family Safety Advocate (FSA)
* identify information relevant to risk assessment and management for victim survivor safety that may be shared under the Family Violence Information Sharing Scheme (FVISS) or Child Information Sharing Scheme (CISS)
* give perpetrators a timely response.
* actively work with perpetrators to identify changes needed for:
  + them to take responsibility for their actions.
  + victim survivors to live safely.
* create a more tailored service that works with specialist services, including mental health, AOD and housing services.
* help perpetrators access programs that aim to stop family violence (including but not only MBCPs)
* actively involve perpetrators in planning and decision making to encourage them to access other social and universal services.

## Target group

Case management is targeted to adult perpetrators of family violence aged 18 years and over. A range of perpetrators may be eligible for services.

### Perpetrators removed from the home

Perpetrators who have been removed from the home:

* due to using violence against family members
* who need practical help around managing risk.

### Perpetrators who cannot attend MBCPs

Some perpetrators are considered unsuitable for a MBCP. This includes a range of perpetrators:

* Perpetrators whose primary language is not English.
* Perpetrators who cannot safely join a MBCP until they get intervention, support, and stability for complex needs. This could include mental health, AOD or homelessness.
* Perpetrators who need a tailored response and support due to have complex health and social issues. This could include cognitive impairment and acquired brain injury (ABI).
* Perpetrators at risk from other perpetrators due to the nature of their offending or relationship.

Some groups may need specialist skills or experience that the practitioner does not have. For example, perpetrators with ABI or cognitive impairment. Providers should only work with these groups if they can do so in a way that is safe for staff and clients.

### Perpetrators taking part in a MBCP

Perpetrators who are currently in a MBCP and need extra practical and psychological help to:

* be motivated and stay engaged
* address risks associated with their use of violence as well as risks to themselves (such as self‑harm and suicidal ideation).

### Perpetrators who have completed a MBCP

Perpetrators who completed a MBCP but need extra practical support.

## Working with Aboriginal men who use violence

Family violence is a serious concern to Aboriginal families and communities both in Victoria and throughout Australia.

Family violence negatively affects the social and emotional wellbeing of Aboriginal people, families, and communities.

Aboriginal definitions of the nature and forms of family violence are broader than those used generally. As defined by the Victorian Indigenous Family Violence Taskforce,[[1]](#footnote-2) family violence in an Aboriginal community is complex and includes a wide range of abuses in:

* families
* extended families
* kinship networks
* communities.

The abuse could be:

* physical
* emotional
* sexual
* social
* spiritual
* cultural
* economic.

Case management for Aboriginal people using family violence should remember this context.

Mainstream agencies working with Aboriginal participants must have culturally appropriate training, processes, and referrals in place.

Many Aboriginal Community-controlled organisations (ACCOs) are funded to offer men’s case management services.

If the local ACCO does not offer this service, the mainstream family violence service and ACCO will need to use a strong, collaborative approach.

## Elements of the model

### Duration and frequency of support

A case is defined as a perpetrator getting an average of 20 hours of support. This recognises that some perpetrators may need less (or more) than 20 hours of support.

Contact must occur at least **weekly**, unless specified and justified in the case plan.

### Location of support

Case management is an assertive outreach service. It involves case managers travelling to other locations and services to help clients address barriers. This includes attending appointments around:

* housing
* AOD
* other issues.

Providers must make sure they have safety procedures in place to manage any risks to staff.

### Intake, risk assessment and needs identification

Intake is guided by the *Enhancing access to men's behaviour change programs service intake model and practice guide* (2009).

**Note**: the target group and response is different to a MBCP. In The Orange Door, intake and assessment will occur as part of a broader assessment of risk and need.

This element includes:

* a face-to-face risk assessment based on the MARAM Framework
* assessing whether case management is suitable for the perpetrator, including:
  + readiness to take responsibility for use of violence
  + willingness to actively engage with services
* a needs assessment, including:
  + health
  + financial
  + mental health
  + AOD
  + legal
  + accommodation
* assessing their risk of self-harm
* information sharing with other service providers, in line with FVISS or CISS, for victim survivor risk assessment and management.

### Active engagement and referrals

Activities include:

* create a case plan, including setting goals and working with needed services
* help perpetrators achieve their goals and navigate the service system
* work with perpetrators to address barriers to motivation and readiness to change, using:
  + proactive and assertive practical and psychological support
  + strengths-based practice
  + techniques like motivational interviewing
* use referral processes and relationships with local support services, including help to attend appointments with housing and health services
* use brokerage funding to meet case plan goals (see **Brokerage funding**).

### Perpetrator accountability

The work with perpetrators should:

* challenge violent, threatening and controlling attitudes and behaviours
* help them recognise how their use of violence affects others, including children and extended family members
* encourage them to take responsibility for their behaviour
* help them commit to the goals in their case plan
* support them to access MBCPs or other family violence-specific interventions.

### Family safety advocate (FSA)

Put in place processes to make sure a standalone FSA is part of service delivery. This is to make sure the response supports victim survivor safety. For more on FSA actions, see **Family safety contact**.

## Referral pathways

The primary method of referral is usually through existing intake services, including The Orange Door.

### Men’s Referral Service

The Men’s Referral Service (MRS) gets informal calls from perpetrators and L17 police referrals. These come in from across the state on weekends and public holidays. MRS will engage with perpetrators and refer them directly to case management agencies (or to The Orange Door).

### Informal referrals

Informal referrals may occur through a range of pathways, including:

* self-referral
* Victoria Police
* MBCP providers
* specialist family violence services
* Child Protection
* family services
* risk assessment and management panels
* mental health services
* AOD services.

# Case management processes and activities

Case management involves developing, tracking, and assessing the progress of both:

* the perpetrator and their goals
* the professional relationship between the perpetrator and case manager.

It is vital to follow the progress of this relationship. Case workers must understand and recognise the fine line between engagement and:

* collusion
* interactions that minimise the impact of the perpetrator’s use of violence on family members.

Engagement should involve:

* a strengths-based approach
* motivational interviewing
* other techniques that recognise the nuances of the perpetrator’s behaviour and presenting issues.

## Case planning, monitoring, and review

### Plan

Case managers must work with the perpetrator to develop a written case management plan (also called a support plan). The plan, developed from the assessment, lists the perpetrator’s goals.

Goals should:

* cover a broad range of support needs
* build on the perpetrator’s strengths.

Case plans should contain realistic and achievable goals. If the goals are too big, break them down into smaller steps.

For each goal:

* identify actions or tasks needed to achieve the goal
* assign tasks to the perpetrator or case manager to complete
* set a time frame or due date for each task.
* Develop contingency plans so there are alternative options if a goal cannot be met.

Case managers are responsible for the perpetrator’s engagement with activities that are outside the scope of family violence expertise. The case manager makes sure the plan:

* includes links and referrals to complementary support services
* details any co-case management activities (including joint goal setting and action planning).

Give clients a copy of the signed plan. The plan should be written in a language and way that the client understands. Note any specific requirements the client may have, such as:

* a translator or interpreter
* accessible alternatives for clients with disabilities (such as auditory or visual disabilities) – get specialist help or advice on this.

Add all communication and correspondence made and received throughout the engagement to the case file.

### Monitor

Update the plan regularly with the outcome of each task or action. This could be done:

* at regular intervals
* upon meeting milestones.

Meetings are a part of the plan. Record details of all meetings in the case file, including:

* meeting details (such as date and time, purpose, and attendees)
* case conference meeting minutes
* follow up actions.

### Review

The case manager is responsible for:

* monitoring the plan
* reviewing the plan
* identifying and addressing any barriers to completing the plan.

Each time the case plan is reviewed and redrafted, both the case manager and the perpetrator should sign it. This shows that they both:

* agree to the allocated tasks
* commit to completing the plan.

Remember that the plan is not a service contract; the program is voluntary.

## Case coordination and management of perpetrator risk

Complete risk assessments and risk management throughout the duration of supporting a perpetrator.

Make sure the perpetrator can safely take part in programs without fear of retribution from their community.

### Working with other services

* If a referral to another service is needed, make note of this. Examples of services include:
* victim survivor services
* MBCPs
* police.

Include details of secondary consultations and case planning with the other service.

Also make a note when another worker or service becomes involved in plan processes.

Information is shared in line with FVISS:

* for the primary purpose of victim survivor safety, and
* where there are identifiable safety concerns (such as child protection).

## Leaving the service

The case manager formalises the case closure phase by making sure there is:

* an exit plan
* client follow up.

## Family safety advocacy

The family safety advocate (FSA) should not have both case management and family safety advocate responsibilities for the same perpetrator, except in exceptional circumstances.

FSAs will work with the perpetrator’s partner and family members (including children) identified as being affected by the perpetrator’s violence. The FSA will work on risk assessment and management, including information sharing and referrals.

Providers should have a process outlining how FSAs communicate with case managers so that interventions with perpetrators:

* respond to issues raised by victim survivors
* take place in a safe and constructive way.

After the perpetrator’s first assessment session, the FSA makes initial contact with the partner or affected family members. If the partner or family member wants ongoing contact, the FSA will contact them at least fortnightly. The FSA can make more or less frequent contact if requested or needed.

FSAs prepare the partner and affected family members for the perpetrator taking part in a program. This includes by giving them verbal and written information about the program’s:

* content
* approach
* procedures.

In some cases, the partner or affected family member will **not** be supported by another specialist family violence service. The FSA completes all relevant risk assessment, risk management and safety planning procedures. The FSA will do this for the duration of the program using the MARAM Framework. Regularly share this with the perpetrator’s case manager. Any identified risks are escalated to:

* management
* other services when needed for more safety planning.

Sometimes, the partner or affected family member is already in contact with a specialist family violence or case management service. They may not want ongoing contact with the FSA. In these cases, the FSA will liaise with the partner’s or affected family member’s case manager to share information. Providers must follow relevant family violence information sharing laws, in particular any consent requirements.

The FSA documents any new threats to the safety of the partner or family member. They also contact those at risk about the threat.

When the perpetrator completes, withdraws, or is removed from a program, the FSA tells:

* the partner and other family members at risk of family violence, or
* their case manager (if allowed under the FVISS).

The FSA shares this and any other information relevant to managing risks to their safety from family violence.

## Brokerage funding

A small amount of brokerage funding is available for case plan goals.

For guidance on using brokerage funding, refer to the *Perpetrator brokerage guidelines* (See **People using family violence**).

# Staff-related requirements

## Staff qualifications and competencies

Staff working in perpetrator case management need certain skills, knowledge, and experience. These are outlined in **Table 4**.

Table 4: Requirements for staff working in perpetrator case management

| Number | Requirement |
| --- | --- |
| 1 | Pass police and working with children checks |
| 2 | Experience working with perpetrators of family violence, such as (but not limited to):   * facilitating MBCPs * performing enhanced service intake * perpetrator case management (NPAH) * Time Out services |
| 3 | Understand the social and gendered context of family violence and how violence affects victim survivors |
| 4 | Understand culturally appropriate service responses for:   * CALD participants * LGBTIQA+ participants * Aboriginal participants |
| 5 | Understand and have training in relevant risk and needs assessment frameworks |
| 6 | Can conduct client-centred assessments and develop support plans with participants that reflect their goals |

## Staff training and support

Working with the target group may affect staff health and wellbeing. Because of this, staff must have access to high quality:

* professional development
* organisational support
* regular clinical supervision by a suitably trained senior clinician.

Service providers must:

* monitor the safety and wellbeing of staff working in the program
* offer opportunities for reflective practice.

# Accountability and monitoring

## Governance

The perpetrator case management program is managed by FSV (a division of DFFH).

Local department areas have contract management responsibilities, including:

* manage targets
* use Service Delivery Tracking (SDT) to create a shared view of service delivery
* use Integrated Reporting Information System (IRIS) to record client and service data.

## Data collection and reporting

Providers must report cases in SDT and IRIS.

Providers must submit a brokerage funding acquittal document each quarter. The document details each purchase made.

A range of mandatory requirements will be included in funding and service agreements. These will be set out in the relevant activity code.

Providers must work with evaluators to help:

* collect client-level data
* complete or run client, victim survivor and staff interviews and surveys.

# Contacts and resources

## Contacts

**DFFH’s Family Safety Victoria division**:

* Advice or information on these guidelines.
* Information on other department-funded perpetrator programs.
* [Email Perpetrator Programs](mailto:email%20Perpetrator%20Programs) **perpetrator.accountability@familysafety.vic.gov.au**.

## Resources

The following resources inform and provide a foundation to these guidelines. They are also useful when adapting the post participation service.

### People using family violence

**Perpetrator case management guidelines**:

* For service providers offering case management to family violence perpetrators in Victoria.
* Available on [Victorian Government’s Interventions for people who use violence web page](https://www.vic.gov.au/interventions-people-who-use-violence).[[2]](#footnote-3)

**Men’s behaviour change minimum standards manual**:

* Sets out minimum requirements for program priorities and key parts of program design, delivery, evaluation, and staffing.
* Available on [DFFH Service Providers’ Men's behaviour change program resources web page](https://providers.dffh.vic.gov.au/mens-behaviour-change-program).[[3]](#footnote-4)

**Adult-perpetrator-focused MARAM practice guides**:

* Guidance for professionals working with child or adult victim survivors, and adults using family violence.
* Available on the [Victorian Government’s MARAM practice guides: Guidance for professionals working with adults using family violence web page](https://www.vic.gov.au/maram-practice-guides-professionals-working-adults-using-family-violence).[[4]](#footnote-5)

**Perpetrator brokerage guidelines**:

* For service providers offering perpetrator brokerage funding to family violence perpetrators in Victoria.
* Available on [DFFH Service Providers’ Men's behaviour change program resources web page](https://providers.dffh.vic.gov.au/mens-behaviour-change-program).[[5]](#footnote-6)

**The Orange Door practitioner resources:**

* A range of guidance and tools for The Orange Door practitioners.
* Available on the [Victorian Government’s Practitioner resources for The Orange Door web page](https://www.vic.gov.au/orange-door-practitioner-resources).[[6]](#footnote-7)

### Supporting victim survivors

**NTV’s family safety advocate practice guidance:**

* Aims to help FSAs follow the MARAM framework and its victim survivor practice guides.
* Available on the Practice guides and resources section of [NTV’s Sector and practice resources web page](https://ntv.org.au/sector-resources/resources).[[7]](#footnote-8)

**MARAM victim survivor practice guides:**

* Helps professionals understand their responsibilities under the MARAM framework.
* Available on the [Victorian Government’s MARAM victim survivor practice guides](https://www.vic.gov.au/maram-victim-survivor-practice-guides).[[8]](#footnote-9)

**Family Violence Crisis Brokerage (FVCB) program requirements:**

* Outlines FVCP guidelines, including principles, eligibility, inclusions, and exclusions.
* Available on the [Funded Agency Channel’s Program requirements for Family Violence Crisis Brokerage (FVCB) web page](https://fac.dffh.vic.gov.au/program-requirements-family-violence-crisis-brokerage-fvcb).[[9]](#footnote-10)

**The Orange Door practitioner resources:**

* A range of guidance and tools for The Orange Door practitioners.
* Includes brokerage program requirements guidance.
* Available on the [Victorian Government’s Practitioner resources for The Orange Door web page](https://www.vic.gov.au/orange-door-practitioner-resources).[[10]](#footnote-11)

### Family Violence and Child Information Sharing Schemes

**FVISS and CISS resources and tools:**

* Resources to help organisations put in place FVISS and CISS.
* Includes ministerial guidelines.
* Available on the [Victorian Government’s Information sharing guides, templates and tools web page](https://www.vic.gov.au/guides-templates-tools-for-information-sharing).[[11]](#footnote-12)

### MARAM

**MARAM framework:**

* A shared responsibility for assessing and managing family violence risk.
* Available on [Victorian Government’s Family Violence Multi-Agency Risk Assessment and Management Framework web page](https://www.vic.gov.au/family-violence-multi-agency-risk-assessment-and-management-framework).[[12]](#footnote-13)

### Expert Advisory Committee on Perpetrator Interventions

**The committee’s final report:**

* The report explores ways to strengthen existing and emerging perpetrator interventions.
* Available on [APO’s Expert Advisory Committee on Perpetrator Interventions: final report web page](https://apo.org.au/node/268781).[[13]](#footnote-14)

### Nargneit Birrang framework

**Nargneit Birrang – Aboriginal holistic healing framework for family violence:**

* Guidance around Aboriginal-led holistic healing programs for family violence in Victoria.
* Available on the [Victorian Government’s Nargneit Birrang - Aboriginal holistic healing framework for family violence web page](https://www.vic.gov.au/nargneit-birrang-aboriginal-holistic-healing-framework-family-violence).[[14]](#footnote-15)

### Legislation

**Family Violence Protection Act 2008 (Vic):**

* Available on [Victorian Legislation’s Family Violence Protection Act 2008 web page](https://www.legislation.vic.gov.au/in-force/acts/family-violence-protection-act-2008).[[15]](#footnote-16)

1. Victorian Indigenous Family Violence Task Force (2003), *Victorian Indigenous Task Force final report*. [↑](#footnote-ref-2)
2. https://www.vic.gov.au/interventions-people-who-use-violence [↑](#footnote-ref-3)
3. https://providers.dffh.vic.gov.au/mens-behaviour-change-program [↑](#footnote-ref-4)
4. https://www.vic.gov.au/maram-practice-guides-professionals-working-adults-using-family-violence [↑](#footnote-ref-5)
5. https://providers.dffh.vic.gov.au/mens-behaviour-change-program [↑](#footnote-ref-6)
6. https://www.vic.gov.au/orange-door-practitioner-resources [↑](#footnote-ref-7)
7. https://ntv.org.au/sector-resources/resources [↑](#footnote-ref-8)
8. https://www.vic.gov.au/maram-victim-survivor-practice-guides [↑](#footnote-ref-9)
9. https://fac.dffh.vic.gov.au/program-requirements-family-violence-crisis-brokerage-fvcb [↑](#footnote-ref-10)
10. https://www.vic.gov.au/orange-door-practitioner-resources [↑](#footnote-ref-11)
11. https://www.vic.gov.au/guides-templates-tools-for-information-sharing [↑](#footnote-ref-12)
12. https://www.vic.gov.au/family-violence-multi-agency-risk-assessment-and-management-framework [↑](#footnote-ref-13)
13. https://apo.org.au/node/268781 [↑](#footnote-ref-14)
14. https://www.vic.gov.au/nargneit-birrang-aboriginal-holistic-healing-framework-family-violence [↑](#footnote-ref-15)
15. https://www.legislation.vic.gov.au/in-force/acts/family-violence-protection-act-2008 [↑](#footnote-ref-16)