GOVERNMENT OF
WESTERN AUSTRALIA

Practice Standards for Perpetrator Intervention

Engaging and responding to people who use family and domestic violence

Contents

1. Introduction

1.1 Background and context

Family and domestic violence is prevalent through all parts of society. It affects people of all cultures, ages (including children and senior citizens), sexual orientations, gender identities, and geographical areas. However, data shows violence is overwhelmingly used by men against women.[1] Most victim-survivors are women and children, and the majority of perpetrators are men.[2] In Western Australia (WA), in 2021–2022, more than two in five women experienced physical and/or sexual violence since the age of 15,[3] which does not account for other forms of violence. Family and domestic violence affects some population groups more than others and its impacts can be broad and wide-ranging.[4,5] The male family and domestic violence offender rate in WA, in 2023–2024, was more than four times higher than for women.[6]

Recognising the prevalence alongside the severe and ongoing impacts of family and domestic violence, the WA Government has committed to improve responses. In June 2024, the Department of Communities (Communities) published the System Reform Plan, a state-wide vision for improving family and domestic violence responses.[7] As part of this, the WA Government has committed to more investment in perpetrator[8] responses, which includes having clear practice standards for perpetrator interventions. Perpetrator interventions are the response to those causing harm delivered in the context of the family and domestic violence service system. They refer to programs and services which work directly with perpetrators, most often with the goal of holding perpetrators to account for their violence and stopping family and domestic violence from recurring in the future, creating safety for those impacted by the perpetrators.

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[1] Our Watch. Changing the picture, Background paper: Understanding violence against Aboriginal and Torres Strait Islander women and their children. Melbourne: Our Watch, 2018.

[2] Commonwealth of Australia, National Plan to End Violence against Women and Children 2022-2032, 2022 https://www.dss.gov.au/national-plan-end-gender-based-violence

[3] Australian Bureau of Statistics, Personal Safety, Australia, 2023 https://www.abs.gov.au/statistics/people/crime-and-justice/personalsafety-australia/latest-release

[4] Australian Institute of Health and Welfare, Australian Burden of Disease Study: Impact and causes of illness and death in Australia, 2018 https://www.aihw.gov.au/reports/burden-of-disease/abds-impact-and-causes-of-illness-and-death-in-aus/summary

[5] Australian Institute of Health and Welfare, Family, domestic and sexual violence – economic and financial impacts, 2024 https://www.aihw.gov.au/family-domestic-and-sexual-violence/responses-and-outcomes/economic-financial-impacts

[6] Australian Bureau of Statistics, Recorded Crime – Offenders, 2025 https://www.abs.gov.au/statistics/people/crime-andjustice/recorded-crime-offenders/latest-release

[7] Government of Western Australia, Strengthening Responses to Family and Domestic Violence: System Reform Plan 2024 To 2029, 2024 https://www.wa.gov.au/system/files/2024-04/fdv-system-reform-plan_0.pdf

[8] This document refers to people who have used violence in their relationships as perpetrators. The use of this terminology within the document refers to the person that has caused or inflicted harm and is not reflective of the person's identity or capacity for change. This document is intended to be inclusive of anyone inflicting harm within their family relationships and as such includes people who may show early signs of problematic beliefs, values and attitude and who, with early intervention, may move towards more respectful ways of relating.

Focusing on male perpetrators of family and domestic violence

The Practice Standards for Perpetrator Intervention (Practice Standards) focus on men who perpetrate family and domestic violence as the significant majority of family and domestic violence perpetrators are men. Additionally, LGBTIQA+ individuals and those who identify as gender diverse often experience high rates of family and domestic violence.[9] Focusing on men as perpetrators does not imply that men are always the perpetrators of violence or that they do not experience violence in these contexts. It reflects that the context in which violence is perpetrated and experienced is important, which is typically gendered violence. It is acknowledged that in some instances the person using violence may be a woman, an adolescent, or someone of another gender identity, and that family and domestic violence can occur in a range of relationships and family dynamics.

1.2 Development of the Practice Standards

The Practice Standards were first developed in 2015. This update of the Practice Standards in 2025 aims to strengthen the role of perpetrator interventions in keeping women and children experiencing family and domestic violence safe, holding perpetrators accountable, and providing opportunities for sustained behaviour change. Additionally, the Practice Standards aim to be adaptable to various cohorts, and practical for implementation and compliance monitoring.

The Practice Standards were informed by consultations with the family and domestic violence sector and government agencies, as well as a literature review of good practice and approaches undertaken in other jurisdictions. Stakeholders represented participants from government and non-government organisations, including those providing perpetrator interventions, broader service providers who engage with perpetrators, peak bodies, and academics.

[9] Hill, A. O., Bourne, A., McNair, R., Carman, M., & Lyons, A. 2020. Private lives 3: The health and wellbeing of LGBTIQ people in Australia (ARCSHS Monograph series no. 122). Bundoora, VIC: Australian Research Centre in Sex, Health and Society, La Trobe University.

2. Purpose

2.1 What is the purpose of the Practice Standards?

The Practice Standards provide a framework that supports the safe and effective delivery of interventions and services to perpetrators, with a focus on minimising risks to victim-survivors, ensuring accountability and providing opportunities for family and domestic violence behaviour change. The Practice Standards are separated into two distinct parts: Part 1, which provides minimum standards for Men's Behaviour Change Programs (MBCPs); and Part 2, which provides minimum standards for other family and domestic violence perpetrator interventions. These minimum standards promote and support formal compliance mechanisms.

> These Practice Standards do not prescribe an agency or organisation's operational practices or provide detailed guidance on operational practices. This is intended to allow flexibility in how services are delivered, encouraging localised and innovative practice, while meeting minimum standards for safe practice.

2.2 Who are the Practice Standards for?

The practice standards for MBCPs and other family and domestic violence perpetrator interventions should be used by both:

- **service providers** of perpetrator interventions to inform their practice
- **funders** of perpetrator interventions to inform their procurement decisions.[10]

2.3 Defining perpetrator interventions

There is a continuum of interventions that respond to family and domestic violence perpetrators, including MBCPs and other family and domestic violence interventions. Each response engages directly with perpetrators and is important in addressing family and domestic violence for victim-survivors. These Practice Standards provide two sets of practice standards: one for MBCPs (detailed in Part 1) and one for other family and domestic violence interventions (detailed in Part 2).

1. MBCPs

MBCPs are evidence-based programs for men who are family and domestic violence perpetrators, encouraging them to take responsibility for their behaviour, and providing them with the skills and tools necessary to change their behaviour and promote respectful relationships. These programs often focus on the attitudinal drivers of family and domestic violence to support behaviour change. In addition to achieving change in a perpetrator's behaviour, MBCPs strive to enhance victim-survivor safety and monitor perpetrators' use of violence and associated risks. MBCPs are predominantly delivered in group settings and over a longer period (for example, over six months). They can be delivered by government and non-government organisations with different referral pathways.

2. Other family and domestic violence perpetrator interventions

Other family and domestic violence perpetrator interventions are interventions designed to reduce harm to adult and child victim-survivors. They may be delivered when MBCPs are not suitable, during wait periods, or as part of an ongoing system response across early, crisis,

[10] 'Funders' refers to all organisations that provide funding for family and domestic violence perpetrator interventions. This includes, but is not limited to, government agencies, philanthropic organisations and other non-government funders.

or post-program phases. These interventions contribute to perpetrator accountability through activities such as risk assessment and management, identifying family and domestic violence behaviour patterns, and engaging perpetrators in early accountability-focused work.

They are part of a broader, integrated, and collaborative family and domestic violence service system that centres the safety of victim-survivors. Examples of other family and domestic violence perpetrator interventions include but are not limited to:

- intensive family and domestic violence-focused case management
- engagement programs for fathers that address the impacts of violence and abuse on child victim-survivors and promote respectful co-parenting
- multi-session counselling interventions that are family and domestic violence-specific and linked to broader accountability processes.

> These Practice Standards intend to provide guidance for perpetrator interventions that are delivered to adults. It is recognised that adolescents may also engage in harmful behaviours with intimate partners and/or family members. For interventions delivered to young people and adolescents, the Practice Standards may provide some guidance that informs a service provider's practice. However, these Practice Standards are not tailored for the unique and specific needs of this cohort — different responses are required because of their age and possible cross section with other factors like trauma experiences.

2.4 Acknowledging the role of family and domestic violence intersecting services

While the Practice Standards do not provide practice guidance for intersecting services, it is still important to acknowledge the key role that intersecting services play in the broader family and domestic violence response. These are services delivered by agencies that may come into contact with perpetrators of family and domestic violence in the course of their work, even though perpetrator intervention may not be their core function.

These services often provide the first point of contact with perpetrators, bringing perpetrators into view and therefore must be equipped to respond safely and effectively. These services typically comprise the 'response workforce' and 'broader supporting workforce' as defined in the Capability Framework for All Workforces that Respond to Family and Domestic Violence. Examples of family and domestic violence intersecting services include but are not limited to:

- alcohol and other drug services
- child protection services
- corrections, courts and justice services
- family services
- general counselling and financial counselling services
- general case management services.
- housing and homelessness services
- legal assistance services
- mental health services and healthcare providers
- support settlement services
- the WA Police.

3. Definitions

Term	Definition
Aboriginal Community-Controlled Organisations (ACCOs)	A not-for-profit organisation controlled and operated by Aboriginal people, incorporated under relevant legislation, connected to the community, and governed by a majority Aboriginal governing body.[11]
Aboriginal people	In this context, the term Aboriginal people is used in preference to 'Indigenous' or 'Aboriginal and Torres Strait Islander' people, in recognition that Aboriginal peoples are the original inhabitants of Western Australia. Together, Aboriginal people and Torres Strait Islanders make up the First Nations of Australia; however, Torres Strait Islander people in Western Australia have unique cultures, identities and histories, distinct from those of Aboriginal people. On average, Aboriginal people and Torres Strait Islanders have different socioeconomic profiles and face different challenges, despite sharing a number of common experiences, including a history of racial discrimination. Some families have both Aboriginal and Torres Strait Islander cultural heritage, and this rich diversity is acknowledged and celebrated. This document is for both Aboriginal and Torres Strait Islander peoples in Western Australia.
Children / their children	Refers to all children that may be affected by the perpetrator's behaviour, including children living with the perpetrator (biological or otherwise), children living with the perpetrator's partner, children visiting the perpetrator or his partner, biological children estranged from the perpetrator, and others.
Coercive control	A pattern of abusive behaviours against another person over time, with the effect of establishing and maintaining power and dominance over them. Patterns of abuse include physical abuse (including sexual abuse), monitoring a victim-survivor's actions, restricting a victim-survivors freedom or independence, social abuse, using threats and intimidation, emotional or psychological abuse (including spiritual and religious abuse), financial abuse, sexual coercion, reproductive coercion, lateral violence, systems abuse, technology-facilitated abuse and animal abuse.[12]

[11] National Agreement on Closing the Gap, 2020.

[12] Commonwealth of Australia. National Plan to End Violence against Women and Children 2022-2032, 2022

Term	Definition
Criminogenic programs / perpetrator interventions	Programs that are designed to address the underlying factors associated with criminal behaviour, particularly for individuals who have been convicted of an offence. In the context of family and domestic violence criminogenic perpetrator interventions focus on offence-related risks and needs, such as violent attitudes, decision-making, substance use, and pro-criminal thinking. These programs aim to reduce the likelihood of reoffending and are typically structured, intensive, and delivered in justice or correctional settings. Criminogenic programs differ from family and domestic violence perpetrator interventions that may focus more broadly on behaviour change, engagement, or early intervention, and may not require a criminal conviction or justice system involvement.
Culturally and Linguistically Diverse (CaLD)	Groups and individuals who come from diverse backgrounds relating to religion, language and ethnicity, and whose ancestry is other than Aboriginal or Torres Strait Islander, Anglo-Saxon, or Anglo-Celtic.[13]
Cultural safety	An environment that is safe for people: where there is no challenge or denial of their identity, of who they are and what they need. It is about shared respect, shared meaning, shared knowledge and experience of learning, living and working together with dignity and truly listening. For Aboriginal and Torres Strait Islander people, a culturally safe environment is one where they feel safe and secure in their identity, culture and community. The concept of cultural safety can be used in the context of promoting mainstream environments which are culturally competent, in addition to also ensuring that Aboriginal community environments are culturally safe and promote the strengthening of culture.[14]
(Ex-) partner	Refers to the perpetrator's current or ex-partner/s as perpetration often continues and escalates at separation and post-separation.
Facilitator / intervention facilitator	Refers to the practitioners who are responsible for delivering the perpetrator intervention.
Family and domestic violence (FDV) / family, domestic and sexual violence (FDSV)	A pattern of behaviours intended to coerce, control, and create fear within an intimate or familial relationship. It can take many forms including emotional, physical, sexual, social, financial, and spiritual violence.[15]

[13] Office of Multicultural Interests. Western Australian Multicultural Policy Framework, 2022.

[14] Chapter 4: Cultural safety and security: Tools to address lateral violence – Social Justice Report 2011 - https://humanrights.gov.au/our-work/publications/chapter-2-lateralviolence-aboriginal-and-torres-strait-islandercommunities. Retrieved 18 July 2022 and Aboriginal Family Safety Strategy 2022-2032, WA Government

[15] Commonwealth of Australia. National Plan to End Violence against Women and Children 2022-2032, 2022.

Term	Definition
Family and Domestic Violence Continuum of response	Responses, services and supports for victim-survivors as well as responses for users of violence across the continuum of primary prevention, early intervention, response, recovery and healing.[16]
Family and Domestic Violence Service system	The family and domestic violence service system refers to workers, services and organisations that have a duty of care or statutory responsibility to deliver family and domestic violence responses to people impacted by family and domestic violence. This includes government agencies, not-for-profit organisations, community services, ACCOs and specialist family and domestic violence services.
Intergenerational trauma	If people do not have the opportunity to heal from trauma, they may unknowingly pass it onto others through their behaviour. Their children may experience difficulties with attachment, disconnection from their extended families and culture and high levels of stress from family and community members who are dealing with the impacts of trauma. This can create developmental issues for children, who are particularly susceptible to distress at a young age. This creates a cycle of trauma, where the impact is passed from one generation to the next. In Australia, Intergenerational Trauma predominantly affects the children, grandchildren and future generations of the Stolen Generations. Stolen Generations survivors might also pass on the impacts of institutionalisation, finding it difficult to know how to nurture their children because they were denied the opportunity to be nurtured themselves.[17]
Intersectionality	An intersectional approach situates family violence within collective experiences of colonialism, systemic disadvantage, cultural dislocation, forced removal of children and trauma. Within this context, these widespread and profound traumatic impacts on women, men, youth and children, and the cultural systems and structures that once provided healthy connections, boundaries, safety, security and certainty for all people, must be properly understood if responses are to be effective. An 'intersectional' analysis positions violence at the junction of multiple forms of oppression and acknowledges the complexity and 'multitude of inter-related factors' attributable to family violence.[18]

[16] Commonwealth of Australia. National Plan to End Violence against Women and Children 2022-2032, 2022.

[17] Glossary of Healing Terms – A guide to key terms related to Aboriginal and Torres Strait Islander healing – The Healing Foundation - https://healingfoundation.org.au/resources/glossary-of-healing-terms/. Retrieved 18 July 2022 and Aboriginal Family Safety Strategy 2022-2032, WA Government

[18] Aboriginal Family Safety Strategy 2022-2032, WA Government

Term	Definition
Lateral violence	Lateral violence, also known as horizontal violence, is a product of a complex mix of historical, cultural and social dynamics that results in a spectrum of behaviours that include gossiping, jealousy, bullying, shaming, social exclusion, family feuding, organisational conflict and physical violence. Lateral violence is not just an individual's behaviour – it also occurs when a number of people work together to attack or undermine another individual or group. It can also be a sustained attack on individuals, families or groups.[19]
LGBTIQA+	An acronym used to describe members of the lesbian, gay, bisexual, trans, intersex, queer/questioning, and asexual community. Other acronyms used to describe this community include LGBTQIA, or LGBTIQ+. [20]
MBCP	A men's behaviour change program, described in more detail in Section 2.3.
Participant / man / perpetrator	Used interchangeably to refer to the man participating in the perpetrator intervention. As noted previously, the use of the word perpetrator within the document refers to the person that has caused or inflicted harm and is not reflective of the person's identity or capacity for change. This document is intended to be inclusive of anyone inflicting harm within their family relationships and as such includes people who may show early signs of problematic beliefs, values, and attitude and who, with early intervention, may move towards more respectful ways of relating. It is recognised that the term 'people who use violence' is the preferred term used by some Aboriginal people and communities recognising that the term 'perpetrator' can lead to barriers to engagement. While this document uses the term 'perpetrator', it is acknowledged that this term does not reflect the person's identity or capacity to change.
Partner contact	A component of the perpetrator intervention that involves working with the perpetrator's (ex-) partners to provide them with support, information, and safety planning.

[19] Chapter 2: Lateral violence in Aboriginal and Torres Strait Islander communities - Social Justice Report 2011 - https://humanrights.gov.au/our-work/publications/chapter-2-lateralviolence-aboriginal-and-torres-strait-islandercommunities. Retrieved 18 July 2022 and Aboriginal Family Safety Strategy 2022-2032, WA Government

[20] Commonwealth of Australia. National Plan to End Violence against Women and Children 2022-2032, 2022.

Term	Definition
Partner support worker	A partner support worker is a specialist practitioner responsible for providing dedicated support to victim-survivors of individuals engaged in family and domestic violence perpetrator interventions. This role involves proactive and ongoing contact to assess risk, support safety planning, and facilitate access to appropriate services, all while prioritising the safety and wellbeing of victim-survivors. Partner support workers require specialist training in family and domestic violence dynamics, trauma-informed practice, and risk assessment, along with strong cultural competency to engage sensitively and effectively across diverse communities. Partner support workers operate within ethical frameworks that emphasise confidentiality, informed consent, and collaboration with other professionals and agencies to ensure a coordinated and informed approach to the victim-survivor's safety and support needs. They are often responsible for partner contact and may work internally within an MBCP or externally for a service provider.
Perpetrator intervention / intervention	Used interchangeably to refer to the family and domestic violence intervention that the perpetrator is participating in.
Strengths-based	A focus on an individual's strengths, what they can do, what qualities and resources they possess, and their capacity for change. A strengths-based approach involves using person-led goals, focusing on strengths, facilitating support and growth, valuing differences and collaboration, and providing hope and motivation.[21]
Trauma and violence informed	Create safety for individuals seeking care by understanding the effects of trauma, and its close links to health and behaviour. Also account for the intersecting impacts of broader social conditions, institutional violence, discrimination, and harmful approaches to family and domestic violence on an individual's experiences of past and current violence.[22]

[21] Australian Commission on Safety and Quality in Health Care. Person-Centred Care.

[22] Varcoe, C., Wathen, C., Ford-Gilboe, M., Smye, V., & Browne, A. VEGA briefing note: Trauma-and violence-informed care, 2016 and Aboriginal Family Safety Strategy

Term	Definition
Victim-survivors	Used to refer to adults, children and young people who experience or have experienced family and domestic violence. This term is understood to acknowledge the strength and resilience shown by people who have experienced or are currently living with violence. People who have experienced violence have different preferences about how they would like to be identified and may choose to use victim or survivor separately, or another term altogether. Some people prefer to use 'people who experience, or are at risk of experiencing violence.[23]
Warm referrals	A referral made by a service provider on behalf of a victim-survivor or perpetrator, with their consent. It includes active follow-up to ensure the referral has been successful and that the individual is receiving appropriate support or intervention. For victim-survivors, this may involve connection to safety, recovery, and support services. For perpetrators, this may include referral to perpetrator interventions or services to address co-occurring needs such as mental health, substance use, or housing.

[23] Our Watch & Universities Australia. Educating for Equality: Glossary of Key Terms and Definitions. Our Watch, Melbourne, 2021; Domestic Violence Resource Centre Victoria. Key terms in the prevention of violence against women. Partners in Prevention, Victoria State Government and DVRCV, 2019; Victorian Government. Free from violence: Victoria's strategy to prevent family violence and all forms of violence against women. Victorian Government, 2017 and Aboriginal Family Safety Strategy 2022-2032, WA Government

4. Overarching principles

The Practice Standards outline eight principles that are most critical for services that engage with perpetrators. The minimum standards for MBCPs and other family and domestic violence perpetrator interventions are grouped under the following eight principles.

Principle 1:
The safety of victim-survivors must be given the highest priority.

Principle 2:
Perpetrators are held accountable for their actions and are provided with opportunities for sustainable behaviour change.

Principle 3:
Victim safety and perpetrator accountability are best achieved through an integrated and accountable system response.

Principle 4:
Services are culturally safe for Aboriginal people.

Principle 5:
Services respond to the diverse needs of perpetrators and victim-survivors.

Principle 6:
Services have ongoing risk assessment and active risk management processes.

Principle 7:
Services ensure that staff are trained and supported in working with perpetrators.

Principle 8:
Services have effective governance, documentation, monitoring and evaluation processes, and embed evidence-based practice.

Principle 1:

The safety of victim-survivors must be given the highest priority

In any service that engages with perpetrators, the safety and wellbeing of victim-survivors must remain the priority. This includes recognising that victim-survivors can be adults, young people, or children.

This principle recognises that every action taken by a service or program with perpetrators impacts upon victim-survivors' safety, and services must be delivered in a way that does no further harm. Practitioners must be vigilant that engaging the perpetrator does not inadvertently increase risk of harm to victim-survivors.

Principle 2:

Perpetrators are held accountable for their actions and are provided with opportunities for sustainable behaviour change

Practices that hold perpetrators accountable and provide opportunities to change their behaviour are critical to protect victim-survivors from family and domestic violence. Perpetrators choose to use violence and must be held responsible for that choice and its consequences.

Services that engage with perpetrators must send a clear, consistent, message that the perpetrator is responsible for their violence and its harmful consequences, and that such behaviour is unacceptable. When suitable, perpetrators are provided with the option and support to engage in the appropriate perpetrator intervention, including through referrals to behaviour change or other perpetrator interventions based on their assessed level of risk and need.

Principle 3:

Victim safety and perpetrator accountability are best achieved through an integrated and accountable systems response

Effective services that engage with perpetrators require collaboration with other relevant services and a coordinated response. Family and domestic violence is a complex issue that no single agency can address in isolation. The safest and most effective responses involve multiple services working together, such as (but not limited to) specialist family and domestic violence programs, police, child protection, mental health, justice, alcohol and other drug, and other support services.

This collaboration means there is ongoing oversight of perpetrators and their patterns of behaviour across the system (through information sharing and documentation). This helps ensure the perpetrator's history and patterns of behaviour are known and can be shared to manage risk for the family as well as work with the perpetrator to change their pattern of behaviour.

Principle 4:

Services are culturally safe and responsible for Aboriginal people

Services that engage with Aboriginal people must be culturally safe, responsive, and accessible, recognising the diversity between Aboriginal cultures, communities, histories, and experiences. This includes understanding that family and domestic violence is not part of Aboriginal culture, and that Aboriginal people experience family violence differently to non-Aboriginal people due to the impacts of colonisation, dispossession, the Stolen Generations, intergenerational trauma, and systemic disadvantage.

Services must be intergenerational trauma-informed and recognise the importance of Aboriginal people's connection to family, kinship, Country, culture, and community in promoting healing and safety. They must also consider the unique barriers Aboriginal people face in accessing services and take active steps to reduce these barriers through culturally responsive practice.

When working with Aboriginal people in family and domestic violence work, services are to be delivered by Aboriginal Community Controlled Organisations (ACCOs) or Aboriginal-led services, or be informed by local Aboriginal-led services, leadership and/or expertise, in line with the National Agreement on Closing the Gap. For example, ACCOs or Aboriginal-led services can partner with or work alongside organisations to increase their cultural competency in delivering perpetrator interventions to Aboriginal people.

Principle 5:

Services respond to the diverse needs of perpetrators and victim-survivors

Services that engage with perpetrators must be inclusive, responsive, and accessible to everyone who needs them. This principle recognises that perpetrators and victim-survivors come from all walks of life, including different age groups, sexual orientations, cultures, languages, and abilities, with intersectionality being common – service models should not be one-size-fits-all.

Barriers to access, such as cultural or language differences, geographical remoteness, disability, or lack of suitable services for gender diverse people, can severely limit the effectiveness of perpetrator interventions if not addressed. Services are to embed expertise within their organisation (such as through cultural advisors) and/or collaborate with partner services to effectively address diverse needs.

Principle 6:

Services have ongoing risk assessment and active risk management processes

Structured and ongoing risk assessment and management are critical components of services that engage with perpetrators. Given the potential for lethal or escalating violence in family and domestic violence, practitioners must proactively address risk and intervene when threats are identified (where safe and appropriate). Monitoring risk ensures that responses adapt to new circumstances, preventing further harm to victim-survivors. As services may engage with repeat offenders, those with several high-risk indicators, and/or those with an increased risk of escalation, effective risk assessment and management often requires interagency collaboration.

Principle 7:

Services ensure that staff are trained and supported in working with perpetrators

The people delivering perpetrator interventions need to be highly competent and well supported. Working with family and domestic violence perpetrators is specialised and challenging, and services must ensure staff have a deep understanding of the gendered nature of family and domestic violence, including its disproportionate impact on women and children. Staff must also be equipped with knowledge of the dynamics of family and domestic violence, power and control tactics, risk factors, and safe techniques for challenging violent, abusive, and controlling behaviour. In every setting, staff competence plays a key role in ensuring responses are increasing the safety of victim-survivors and provide perpetrators with opportunities for change.

Additionally, services need to provide appropriate regular and ongoing supervision to support staff in their work with perpetrators. Perpetrator interventions must run on a cofacilitation model with male and female or non-binary people to deliver perpetrator interventions together.

8

Principle 8:

Services have effective governance, documentation, monitoring and evaluation processes, and embed evidence-based practice

Effective governance and documentation, along with ongoing monitoring and evaluation, helps to strengthen and embed evidence-based practice in perpetrator responses and prioritise the safety and wellbeing of victim-survivors. Strong governance provides the oversight and accountability needed to maintain good practice.

Family and domestic violence-informed documentation improves understanding of perpetrator behaviour patterns and victim-survivor experiences, supporting ongoing information sharing and integration across services. Continuous monitoring and evaluation enable services to refine content, enhance training, and implement what works best. This is underpinned by effective data collection practices.

Part 1: Men's behaviour change programs (MBCPs)

This section sets out the **minimum standards** that funders and providers must consider and comply with when delivering MBCPs.

1

Principle 1:

The safety of victim-survivors must be given the highest priority

Minimum Standards

1.1 MBCPs prioritise the safety and wellbeing of victim-survivors through all aspects of the intervention design.

- MBCP providers develop and implement policies and procedures on the following, and these procedures are explained to perpetrators and victim-survivors upon entry to the intervention and thereafter as needed:
  - regular and systematic monitoring of threats or risks to safety
  - responsibility of the provider in managing, or otherwise responding to, the risks identified
  - responding to perceived threats of safety including reviewing critical incidents
  - responding to criminal acts and potential breaches of court orders
  - notifying relevant authorities of possible risk to victim-survivors, including children
  - consider specialist support needed for child victim-survivors in collaboration
  - with the adult victim-survivor and make warm referrals to appropriate services when need (see Standard 1.6)
  - convening or being a part of multi-agency case management for perpetrators that pose high risk of future harm to victim-survivors.
- MBCP providers integrate and emphasise the following messages in all aspects of intervention promotion and delivery:
  - The safety of victim-survivors is priority.
  - Victim-survivors are not to blame for the violence they have experienced.
  - Family and domestic violence can present in many different ways, including coercive control.
  - Family and domestic violence has wide-ranging, long lasting, negative effects on those who use it.
  - Family and domestic violence can have life-long impact on those who experience it, and the journey to reconciliation can be arduous and disjointed.

Minimum Standards

- Family and domestic violence can cause or compound intergenerational trauma, especially for Aboriginal people impacted by historical and systemic violence.
- There is zero tolerance for family and domestic violence or attitudes or behaviours that condone it.
- All forms of family and domestic violence impinge on a person's inalienable human rights.
- Every man has a choice to use violence or not use violence.
- It is each man's responsibility to stop his violence and abuse.
- Fathers who use violence are not safe fathers, men can choose to be a safe parent by stopping their use of violent, abusive, and controlling behaviours.
- Victim-survivors are in the best position to judge if men are behaving in less violent, abusive, and controlling ways.

1.2 MBCPs ensure that victim-survivors have ongoing access to partner contact and support.

- MBCPs offer partner contact to victim-survivors either through:
  - an internally designated partner support worker (who is separate to the MBCP facilitator); or
  - an external support service provider, preferably one that is operating in the local community that can appropriately address a victim-survivor's diverse needs (see Standard 3.1). This is considered if the victim-survivor prefers contact with an organisation different from the one engaging the perpetrator.
- Partner contact commences from the date a perpetrator is first engaged by the intervention (i.e. at initial assessment). At a minimum, partner contact occurs weekly, including during waitlist periods between assessment and intervention commencement. Victim-survivor participation is voluntary, and all contact is delivered in a trauma-informed manner and led by the preferences of the victim-survivor, with additional support provided as needed.
- Where appropriate and achievable, service providers seek to extend partner support or provide follow-up contact upon a perpetrator's exit from the program, regardless of if the exit is due for completion or non-completion.
- Coordination and information sharing between partner contact workers (internal or external) and MBCP facilitators is recommended weekly, with frequency guided by the needs and preferences of the victim-survivor.
- MBCP providers work with partner support workers to inform victim-survivors at intake and throughout the intervention that their participation is completely voluntary and does not have any dependency with the perpetrator's involvement in the intervention, with each decision and confirmation of understanding documented.
- At each point of contact, MBCP providers and/or partner support workers ask victim-survivors if they are safe and help them to make informed decisions to support their safety.

Minimum Standards

- MBCP providers set out partner contact guidelines for staff that prioritise the safety of victim-survivors. This includes:
  - Not leaving messages when they cannot make contact with the victim-survivor if it has not been determined that it is safe to do so.
  - Working with the victim-survivor on practical ways to reduce their risk such as not making contact through a private number or only making contact at agreed times.
  - Developing pre-planned scripts which can be used if someone other than the victim-survivor answers the phone when staff are trying to contact them. Staff also consider using a pseudonym for their organisation when trying to contact a victim-survivor.
- MBCP providers work closely with internal partner support workers or an external support service provider to safeguard victim-survivor safety and manage risk. This collaboration includes ongoing information exchange about risk, safety and wellbeing concerns, and joint management of risks.
- When partner contact is provided by an external support service provider, a memorandum of understanding must state the obligations of the provider. This includes clear and specific guidelines about:
  - information sharing between the MBCP provider and the partner contact provider
  - strategies to reduce risk when contacting the victim-survivor
  - roles and responsibilities of the partner contact provider
  - strategies for monitoring and reviewing the partner contact work and the relationships between the service provider delivering contact and the family and domestic violence perpetrator behaviour change intervention.

1.3 MBCPs prepare victim-survivors for the participation of their (ex-)partners or family members in a behaviour change intervention.

- MBCP providers work with partner support workers to provide victim-survivors with information on:
  - The rights of the adult and child victim-survivor/s including safety, legal protection, support, and information.
  - The limitations of behaviour change interventions including the real possibility that the violence, abuse, and controlling behaviours may not stop.
  - The participant's participation in the intervention including what it will involve.
  - What the provider will do in the event of a participant breaching a court order or committing any act of violence against them or their children.
  - The nature, content, and expected outcomes of the intervention.
  - The participant's engagement with the intervention, including (non) attendance.
  - How information sharing and collaboration with other relevant agencies and services will occur in relation to the participant's engagement with the intervention, including how this supports a shared understanding of risk, safety, and the impact of the intervention on the perpetrator's behaviour.
  - Support services and resources.

Minimum Standards

- MBCP providers recognise that some victim-survivors may not identify their experiences as family and domestic violence, may not agree that the perpetrator's behaviour is problematic, or may not wish to be involved in the perpetrator's participation in the intervention.
  - In these cases, partner support workers adopt a non-judgemental, trauma-informed, approach that respects the autonomy of the victim-survivor, avoids imposing narratives, and focuses on validating experiences and building trust.
  - Where appropriate, partner support workers support the victim-survivor to explore the impacts of the perpetrator's behaviour on their safety, wellbeing, and relationships, and offers information that may assist in recognising patterns of abuse.

1.4 MBCPs ensure that individual safety plans are completed for victim-survivors, including children.

- Safety plans are to clarify how a victim-survivor can respond to emergencies and how they can communicate with the partner support worker, relevant supporting agencies, and services or emergency contacts.
- If the victim-survivor has an existing safety plan, the MBCP provider works closely and collaboratively with the partner support worker and the victim-survivor to review and update the safety plan based on any changes in circumstance. If there is no existing safety plan, the MBCP provider work closely and collaboratively with the partner support worker and the victim-survivor to develop this safety plan – recognising that victim-survivors are best placed to determine which safety strategies are most appropriate and have helped in the past (see Standard 1.6 for more information on assessing safety needs for child victim-survivors).
- MBCP providers work with partner support workers to seek to understand and document the specific patterns of violence, abusive, and controlling behaviours that have been perpetrated in the relationship and use strength-based language when supporting or working with the victim-survivor.
- Safety plans outline strategies that increase safety and security, including specific strategies to support their safety if they live with the perpetrator.
- MBCP providers work with partner support workers to identify and document how perpetrator behaviours are impacting on child victim-survivors and the family functioning.
- MBCP providers ensure that safety planning is informed by timely and accurate information sharing between relevant agencies and services that the victim-survivor is engaged with (see Standard 3.2). This includes sharing risk-related information, updates on perpetrator behaviour, and any changes in the victim-survivor's circumstances that may affect safety.

1.5 MBCPs regularly inform victim-survivors of all relevant aspects of the intervention.

- MBCP providers have clear policies and procedures to communicate any new or increased risks to the safety of victim-survivors and information relevant to managing those risks.
- When a perpetrator completes, withdraws or is no longer suitable for the intervention service, MBCP providers work with partner support workers to inform the victim-survivors, and relevant services and referring agencies who are working with the family.

Minimum Standards

1.6 MBCP providers recognise children as victim-survivors of family and domestic violence, put measures and frameworks in place to identify and manage risks, and refer child victim-survivors onto specialist services or practitioners.

- MBCPs identify and document all child victim-survivors who may be affected by the perpetrator's behaviour, including those within the perpetrator's family as well as any children or young people who have resided with, or are currently living in, the same household (e.g. extended family, children in shared or temporary accommodation).
- MBCPs consider the impacts of the perpetrator's behaviour on child victim-survivors and family functioning (e.g. using a family ecology lens) and refer to appropriate specialist services or practitioners where a direct assessment is warranted.
- MBCP providers have procedures in place to respond to information received through these indirect assessments and through collaboration with child-focused or partner contact services or practitioners.

Principle 2:

Perpetrators are held accountable for their actions and are provided with opportunities for sustainable behaviour change

Minimum Standards

2.1 MBCPs focus on the perpetrator's family and domestic violence behaviour patterns to help them recognise their choice to use these behaviours.

- MBCPs include participation agreements that require prospective participants to:
  - acknowledge at least some of their violent, abusive and controlling behaviour
  - show a commitment and capacity to attend and participate in the entire intervention
  - agree to a worker having regular contact with the victim-survivor who might be affected by their violent, abusive, and controlling behaviour (unless the victim-survivor prefers that the perpetrator is not informed of the contact)
  - acknowledge they are obliged to abide by the law, including all the requirements of any legal orders in force
  - disclose their access to guns or other weapons, and where such disclosures occur, the MBCP provider must assess associated safety risks and ensure safety planning is undertaken in coordination with the partner contact worker or relevant support services (not with the perpetrator) to support the safety of victim-survivors. Note: access to guns or other weapons must be reported to the WA Police

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Minimum Standards

- agree to an ongoing evaluation, and monitoring of their progress in changing their violent, abusive, and controlling behaviour and attitudes
- agree to the intervention's policies on limited confidentiality and responding to criminal acts or breaches of court orders
- agree that information will be shared between the intervention service provider and referring agency and with relevant agencies and services (in line with relevant information sharing legislation).

2.2 MBCPs include information on different forms of family and domestic violence and coercive control, providing opportunities for participants to come to an understanding about the nature of their family and domestic violence behaviour patterns.

- MBCPs engage participants and assist them to:
  - acknowledge at least some of their violent, abusive, and controlling behaviour
  - identify and challenge any ideas, attitudes, beliefs, and myths that stand in the way of them taking responsibility of their behaviour in the past, present, and future
  - recognise the many ways that they can be violent, abusive, and controlling
  - recognise the impact of family and domestic violence on their capacity to be a safe and responsible father
  - recognise the effects of their violent, abusive, and controlling behaviour on others
  - recognise and prioritise others' safety and wellbeing
  - reflect on how their violent, abusive, and controlling behaviours may undermine elements that are important to them, such as cultural identity, family relationships, and community roles - and explore how changing their family and domestic violence behaviour can contribute to restoring and strengthening these positive aspects of their lives
  - use appropriate non-violent, non-abusive and non-controlling behaviours and ways of relating
  - prioritise settings and personal relationships (e.g. friendships) that support their choice to use non-violent, non-abusive, and non-controlling behaviours and ways of relating.

2.3 MBCPs support perpetrators in understanding the impact of their behaviour on their children and the expectation of fathers as parents.

- MBCPs incorporate information about the impact of a man's violent, abusive, and controlling behaviours on his children, and the expectation of fathers as parents.

Minimum Standards

2.4 MBCPs run for a minimum duration of six months.

- This minimum duration may include a combination of structured engagement types with the perpetrator, such as group work, individual sessions, and post-program support.
- Interventions for high-risk perpetrators[24] are to have a longer minimum duration of at least eight months to allow for adequate risk monitoring and development of perpetrators' change readiness.[25]
- Minimum contact time depends on the format and intensity of the intervention (see Section 8.1). Where an intervention meets more than one category (e.g. both group-based and moderate intensity criminogenic), the higher minimum contact hour requirement is to apply:
  - Group work is to include a minimum of 54 hours of contact time, with at least three hours delivered as individual sessions.
  - When assessed as suitable, one-to-one intervention is to include a minimum of 27 hours of contact time and is only to be delivered where group work is not an option. The design of one-to-one intervention is to be informed by the assessed risks and needs of the perpetrator. While they may draw on concepts from group work, they must be evidence-based and specifically tailored to the individual and delivered by qualified staff.
  - Moderate intensity criminogenic programs or group interventions are to include a minimum of 70 hours of contact time.
  - High intensity criminogenic programs or group interventions are to include a minimum of 120 hours of contact time.

2.5 MBCP providers develop procedures for non-attendance or non-compliance of participants.

- MBCP providers have procedures that outline steps to take when the perpetrator fails to attend or comply, including notifying victim-survivors and referring agency/agencies and services. Non-compliance also includes instances where perpetrators continue to use violent, abusive, and controlling behaviour without efforts to engage in the MBCP.

2.6 MBCP providers have procedures to prevent their implicit or explicit collusion with participants' attitudes that support violence against victim-survivors and gendered violence against women.

- MBCP providers have policies, procedures, training, and supervision processes in place to ensure that staff can identify and respond to attitudes that support violence against victim-survivors and gendered violence against women, and underpin violent, abusive, and controlling behaviour.

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[24] High-risk perpetrators are those with more complex needs, a high risk of harm due to past behaviour (indicated by high risk indicators), or behaviour that is currently escalating with more imminent risk.

[25] Rodney Vlais, Sophie Ridley, Damian Green, Damian Chung, Family and domestic violence perpetrator programs: Issues paper of current and emerging trends, developments and expectations, 2017 https://sfv.org.au/wp-content/uploads/2017/05/FDV-perpetratorprograms- issues-paper.pdf

Minimum Standards

2.7 MBCPs offer appropriate warm referrals and embed a collaborative system-wide approach to meet participant's additional needs.

- MBCP providers have appropriate assessment processes in place to identify participant's additional needs, including but not limited to housing, alcohol and other drug support, mental health treatment, employment assistance and therapeutic services, and document these assessments (see Standard 3.4).
- Where appropriate, MBCP providers support warm referrals to culturally responsive healing supports, including those that may not align with mainstream service models. This may include opportunities for Aboriginal men to engage in on-Country programs that strengthen cultural identity, healing, and responsibilities as fathers and men.

2.8 MBCPs embed exit planning processes and develop an accountability and safety plan, which is appropriately shared with referring and partner agencies and services.

- MBCPs have processes that prepare a participant to exit the program (e.g. one-to-one sessions at the beginning, mid-point, and endpoint of the program) and contribute to the development of an accountability and safety plan. There are some instances where MBCPs are not contracted to do this (e.g. MBCPs delivered in criminal justice settings may involve MBCP providers liaising with relevant justice staff regarding exit planning processes, safety plans, and ongoing case management for those exiting criminogenic programs).
- In the endpoint meeting, MBCPs allow participants to reflect on the outcomes of the intervention, collaboratively develop a comprehensive accountability and safety plan, discuss unresolved needs, and explain the follow-up phase.
- MBCPs detail measurable strategies for maintaining attitudinal and behavioural change in accountability and safety plans, including methods for predicting and managing high-risk situations, and practical steps to reduce the risk of returning to previous violent, abusive, and controlling behaviours.
- As part of exit planning, MBCPs identify and document an accountability network that may include trusted family members, key support persons or caseworkers. MBCP providers are to determine if the participant receives a copy of the accountability and safety plan based on what is safest for victim-survivors. The completed accountability and safety plan must also be shared with all relevant agencies and services to facilitate ongoing support and coordinated risk management.[26]

[26] Rodney Vlais, Sophie Ridley, Damian Green, Damian Chung, Family and domestic violence perpetrator programs: Issues paper of current and emerging trends, developments and expectations, 2017 https://sfv.org.au/wp-content/uploads/2017/05/FDV-perpetratorprograms- issues-paper.pdf

Minimum Standards

2.9 MBCP providers maintain contact and monitoring of perpetrators for a period after intervention completion where appropriate and achievable to sustain victim safety.

- Where appropriate and achievable, MBCP providers organise post-program engagement with participants following exit from the program to assess long-term outcomes.[27] This can be done with individuals or in groups, and in-person, online, or over the phone. The timing, frequency and format are to be tailored to the individual's particular circumstances and risk. All follow-up attempts and interactions must be documented.
- Prior to following-up with a perpetrator, the victim-survivor must be notified and all engagement efforts, including contact attempts, interactions, and emerging safety concerns, must be documented.

Principle 3:

Victim safety and perpetrator accountability are best achieved through an integrated and accountable systems response

Minimum Standards

3.1 MBCP providers are embedded in local communities and have strong local partnerships with relevant agencies and services.

- Formal relationships are developed with the WA Police, Department of Communities, Department of Justice, Department of Health, the Courts, family and domestic violence services for victim-survivors, and relevant men's services. MBCP providers are to establish relationships with specialist services for diverse cohorts, including ACCOs or Aboriginal-led organisations. These formal relationships include a documented agreement (or memorandum of understanding) about how the agencies and services will be involved in the development and ongoing functioning of the intervention.
- MBCP providers maintain referral partnerships with local providers to support ease of referrals and an integrated and timely response (see Standard 3.4).
- MBCP providers build and maintain links with other agencies that can support the wellbeing and continued development of child victim-survivors if the provider is unable to provide this support while working with the parent.
- MBCP providers have a process for monitoring and reviewing ongoing relationships and partnerships with local agencies and services to ensure that agreed objectives continue to be fulfilled.

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[27] Examples of when this would not be achievable, include in criminal justice settings e.g. when there is an end of sentence/order for an individual and the Department of Justice no longer has authority to engage with the individual. In these cases, there cannot be further contact but there should be support to refer individuals to relevant services in the community.

Minimum Standards

3.2 MBCP providers collaborate with other agencies and services to provide a holistic response and an integrated approach to risk assessment and management.

- MBCP providers work collaboratively with relevant agencies and services to assess, manage and monitor risk (in line with confidentiality and information sharing legislation).[28] This includes:
  - exchanging information with agencies and services to support/inform:
    - assessment, management and monitoring of risk
    - perpetrator accountability across all systems and services
    - coordination of service responses to the perpetrators and victim-survivors.
  - use of warm referral procedures
  - case consultation
  - reporting child protection concerns
  - reporting criminal and/or high-risk behaviour to relevant authorities
  - convening and/or participating in multi-agency case management.
- After making a referral, MBCP providers follow up contact with the receiving agency and the victim-survivor or perpetrator to determine if the service has been taken up and is progressing.
- Joint meetings with relevant support service providers and agencies occur at a frequency that corresponds to the identified risk level and case-specific factors, at every set period throughout the intervention and prior to its completion. Monthly meetings are recommended where feasible.

3.3 MBCP providers respond to requests from relevant agencies and services for reports on perpetrators' engagement with the intervention and ensure that staff are adequately supported to provide comprehensive and accurate reports.

- MBCPs prepare a completion, non-completion, and/or progress report following a participant's completion of the intervention, following their discharge or withdrawal, or if relevant agencies and services request a report.[29] The report must include:
  - identification of risk factors and treatment needs
  - change in risk factors over the intervention
  - assessment of the participants level of insight and observable behaviour change of family and domestic violence patterns and other intersecting issues
  - assessment of impacts on child victim-survivors and family
  - attendance at the intervention, and compliance with requirements
  - outstanding needs relevant to risk, safety and impacts on victim-survivors
  - recommendation for further intervention where appropriate.

[28] Note that there may be additional limitations to sharing some types of information with certain service providers. For example, Family Violence Incident Reports (FVIRs), WA Police Force data and Driver Vehicle Inspection Reports (DVIRs) cannot be shared with external service providers.

[29] Note that in some settings, progress reports may not be required e.g. in criminal justice settings where the Department of Justice no longer has authority to engage with the individual at end of sentence/order.

Minimum Standards

3.4 MBCP providers establish clear referral pathways with other agencies and services.

- MBCP providers have links and agreed referral partnerships with key support services, including but not limited to alcohol and other drug use, homelessness, mental health, and gambling; as well as local Aboriginal-led and specialised supports for diverse cohorts.
- MBCPs have documented policies and procedures for referral pathways. These include approaches to:
  - advise the participant of the specific agency or service to which they are being referred to and why
  - outline the process by which the participant will be required to initiate contact with the referred service, or by which the referred service will contact him.

Principle 4:

Services are culturally safe for Aboriginal people

Minimum Standards

4.1 MBCP providers must develop interventions and materials that are accessible and responsive to the diverse needs, backgrounds, and experiences of Aboriginal people who are perpetrators or victim-survivors.

- MBCP providers have documented policies and procedures for how interventions and materials are adapted to respond to the diverse needs, backgrounds, and experiences of perpetrators and victim-survivors who are Aboriginal.
- MBCP providers have documented policies and procedures to manage discriminatory behaviour by perpetrators.
- Where MBCPs and materials are designed for Aboriginal people, MBCP providers are to work alongside Aboriginal-led services to inform the development and delivery of such interventions and materials in a culturally appropriate way.
- MBCP providers have documented processes that support an Aboriginal person's choice in the service they engage with, including the option to be referred to an ACCO or a mainstream provider, recognising that preferences may vary based on personal, cultural and community context, particularly in smaller or remote communities.

Minimum Standards

4.2 MBCP providers must ensure they employ and/or train staff to be competent in working with Aboriginal people.

- MBCP providers ensure that all staff develop competence for working with Aboriginal people by:
  - providing or supporting access to formal training to support the delivery of interventions in line with policies and procedures in Standard 4.1
  - establishing professional networks and consultancy with Aboriginal-led services
  - developing dual partnerships with other key services to provide training that strengthens an family and domestic violence-informed lens and enhances competencies when working with Aboriginal cohorts.
- MBCP providers ensure that all staff undertake relevant cultural training to support delivery of culturally safe, responsive and accessible services.

Principle 5:

Services respond to the diverse needs of the perpetrators and victim-survivors

Minimum Standards

5.1 MBCPs and materials are accessible and responsive to the diverse needs, backgrounds, and experiences of perpetrators and victim-survivors.

- MBCP providers have documented policies and procedures for how interventions and materials are adapted to respond to the diverse needs, backgrounds, and experiences of perpetrators and victim-survivors, including those who identify as LGBTIQA+, people with disability, people from CaLD backgrounds, and older people.
- MBCP providers have documented policies and procedures to manage discriminatory behaviour by perpetrators.
- Where MBCPs and materials are designed for specific population groups, MBCP providers must engage specialist providers that deliver services to relevant population groups to inform the development and delivery of such interventions and materials.

Minimum Standards

5.2 MBCP providers employ and/or train staff to be competent in working with diverse cohort/s.

- MBCP providers ensure that all staff develop competence for working with diverse cohorts by:
  - providing or supporting access to formal training to support the delivery of interventions in line with policies and procedures in Standard 5.1
  - providing cultural training that is relevant to the diverse cohort/s they serve
  - establishing professional networks with specialist service providers that work with diverse cohorts
  - encouraging secondary consultation with family and domestic violence-informed specialist service providers (internal or external) which have expertise working with diverse cohorts
  - developing dual partnerships with key services to provide training that strengthens an family and domestic violence-informed lens and enhances competencies when working with diverse cohorts.

Principle 6:

Services have ongoing risk assessment and active risk management processes

Minimum Standards

6.1 MBCPs undertake appropriate risk assessment to identify and support the management of risks on an ongoing basis.

- MBCPs conduct risk assessments to identify the level of risk associated with a perpetrator. This includes consideration of evidence-based risk factors include assessment of criminogenic and responsivity needs, professional judgement about further/additional risk, vulnerability or other intersecting factors such as the victim-survivor's assessment of the level of risk posed by the perpetrator, age, disability, isolation, cultural background, religious background, family pressures, sexuality, and financial dependence.

Minimum Standards

6.2 MBCP providers conduct a full pre-program assessment of perpetrators' risk to determine their suitability to the intervention and if it is safe to work with them.[30]

- The nature and content of the assessment is clearly documented, and where possible includes information on the:
  - current relationship status and relationship history
  - parenting status and if there are Family Court orders in place
  - history of using all forms of violent, abusive and controlling behaviours
  - capacity for using all forms of violent, abusive, and controlling behaviours
  - possession of weapons – note that this information must be reported to the WA Police
  - legal standing, including current or previous court proceedings or orders, charges, or convictions, and any reports required by statutory or other bodies
  - understanding of the need for change and willingness to change
  - commitment and ability to attend group sessions
  - acceptance that throughout the intervention victim-survivor who have been affected by his violence will be contacted
  - willingness to accept the policies regarding limited confidentiality and information exchange and responding to criminal acts and breaches of court orders.
- When assessing risk, MBCP providers consider both coercive control tactics of perpetrators (for example, financial control and the use of technological surveillance) as well as overt family and domestic violence behaviours of perpetrators, (for example, physical and sexual abuse).
- Risk assessments include all identified victim-survivors, including the risk posed to child victim-survivors.
- Risk assessments consider both static and dynamic risks to determine the potential danger posed to the victim-survivor to inform appropriate intervention strategies.
- MBCP providers use findings from risk assessments to make informed decisions about the level and type of intervention required for perpetrators or if they are unsuitable for MBCPs.

6.3 MBCPs assess perpetrators at periodic intervals to ensure the MBCP remains appropriate for them.

- MBCPs regularly review and update their risk management plans at scheduled intervals to ensure ongoing safety and effective risk mitigation.

[30] Note that in some service settings, MBCP providers may not be responsible for undertaking pre-program assessment. For example, in some criminal justice settings, individuals will have their assessments completed by the Department of Justice. People who have been released from prison on parole may have an existing treatment assessment outlining their intervention needs but may not have completed a program in prison. If they are referred to and receive a service from an external MBCP provider, this existing assessment provides an up-to-date assessment of risk and need. For individuals on community-based orders, referrals to a contracted MBCP will occur if they have a program requirement on their order or if an intervention is deemed necessary. In this instance, the external MBCP provider will conduct the pre-program assessment.

Minimum Standards

6.4 MBCP providers have policies and processes for safely suspending or removing perpetrators that are assessed as not suitable at intake or during the intervention.

- If a prospective participant is assessed as not being suitable for the intervention, MBCP providers must prepare a report for the referring body outlining the reasons for unsuitability and recommending appropriate alternative interventions at that time (including other perpetrator interventions).[31]
- Where an escalation in risk to victim-survivors is identified (and where safe to do so), MBCPs collaborate with the partner contact worker or agency, and other relevant services, to discuss next steps and confirm agreed actions, ensuring the safety of the victim-survivor remains central.
- Where a participant is identified as no longer suitable, MBCPs include the participant's risk management information as part of their case management/risk management plan (not to be confused with the Safety and Accountability Plan available to the perpetrator).[32] This addresses the nature of violence, risk factors for the perpetrator and victim-survivor, and manages potential service-generated risks (such as contacting victim-survivors while a perpetrator is attending the intervention, scheduling meetings at times when children can be taken care of, etc.).
- When intending to suspend or remove a participant, MBCP providers:
  - document in detail each of the circumstances that might lead the participant to be discharged
  - clearly articulate the MBCP's expectations of what the participant would need to do or change to remain in the intervention
  - describe how the suspension or removal will be communicated to the participant.
- The impacts on the safety of the victim-survivors are given considerable weight when deciding if, and when, to suspend or remove a perpetrator. For example, a perpetrator might be retained in the program if the victim-survivor has just decided to leave him, especially if he has been assessed as high risk. However, where immediate suspension or removal is necessary, the MBCP must consider the associated risks and take steps to ensure that appropriate risk management strategies are in place to support the safety of the victim-survivor. This includes considering arrangements for continued partner contact and support after the participant has been suspended or removed.
- MBCP providers must provide written documentation of the perpetrator's suspension or removal to any referring agency, including an explanation of the reason for the action taken.

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[31] Note that in some service settings (such as some criminal justice settings), MBCP providers may not be responsible for recommending appropriate alternative interventions.

[32] Note that in some service settings (such as some criminal justice settings), MBCP providers may not be responsible for developing and/or distributing accountability and safety plans.

Minimum Standards

- Where a participant is assessed as unsuitable at intake or during the program MBCP providers are to:
  - assist the participant to identify and explore alternative options that align with their needs and readiness, and ensure they are never left without at least one alternative pathway in place
  - explore options for individual engagement or other tailored support to build the participant's readiness for future re-engagement with the MBCP
  - where no suitable internal options are available to address the identified barriers to participation, refer the participant to other appropriate external services such as individual counselling, alcohol and other drug treatment, and mental health services
  - consider referrals to culturally safe or community-led alternatives (such as culturally specific behaviour change programs or Aboriginal men's healing programs) where mainstream group interventions are not suitable
  - provide the participant with written information outlining the reasons for their unsuitability and how they may re-engage with an MBCP in the future
  - ensure that any referral is actioned or actively followed up with the receiving service or referring agency to reduce the risk of the perpetrator disengaging from the system.

7

Principle 7:

Services ensure that staff are trained and supported in working with perpetrators

Minimum Standards

7.1 MBCP providers ensure staff have appropriate knowledge and receive appropriate training about the impact of family and domestic violence on victim-survivors.

- MBCP providers ensure that all staff possess the requisite knowledge and undertake the required training including:
  - knowledge about family and domestic violence including the gendered nature, dynamics, and impacts on women and children
  - knowledge and experience must be at a sufficient level to enable quality risk assessment
  - knowledge of legal and statutory responses to family and domestic violence including the criminal justice system, child protection, family law, and extensive knowledge of violence restraining orders and how they operate
  - formal training about family and domestic violence.
- MBCP providers ensure that all staff understand the behaviours that constitute family and domestic violence, the different types of violence and the harm it causes.

Minimum Standards

7.2 Partner support workers have the relevant knowledge, training, and experience to support and advocate for victim-survivors.

- MBCP providers ensure that any staff undertaking partner contact and support work will have as a minimum:
  - experience in advocacy for victims of family and domestic violence to ensure the victim-survivor is supported in a way that reinforces they are not responsible for the perpetrator's use of violence or abuse
  - knowledge of family and domestic violence-survivor issues, ability to recognise victim-survivor strengths, and perpetrator behaviour and risk management
  - Family and domestic violence-informed case management, risk assessment, and safety planning skills.
- MBCP providers ensure that staff have the foundational skills to work safely and appropriately with child victim-survivors, recognising that engaging with child victim-survivors as part of the program requires additional capability beyond general family and domestic violence knowledge. Where more specialist capabilities are needed to engage with child victim-survivors (such as to conduct a risk assessment), child victim-survivors are referred to appropriate specialist services (see Standard 1.6).

7.3 MBCP providers employ qualified staff, provide them with ongoing training and development opportunities, and support pathways for staff to gain competencies and qualifications to deliver MBCPs in line with best practice.

- MBCP providers ensure staff facilitating behaviour change interventions have or are working towards formal training in family and domestic violence-informed practice with perpetrators from a recognised training institution.
- MBCP providers ensure staff access ongoing professional development and support pathways for less qualified staff, to build knowledge and awareness of contemporary good practice, including:
  - to manage and mitigate the risk of colluding with perpetrators (see Standard 2.6)
  - to manage the potential escalation of violence by perpetrators
  - to undertake risk assessments, safety planning and case management.
- MBCP providers document and implement policies, procedures, training, and processes that support staff to engage in reflective practice.
- Facilitators are provided with specific training and reflective supervision to safeguard against unhelpful role modelling of gender inequality.

Minimum Standards

7.4 When delivering a group MBCP, there must be a minimum of two group facilitators.

- MBCP providers must consider the role gender plays among group facilitators, as MBCPs are to promote gender equality and focus on transforming patriarchal structures. The most common way to achieve this is to have both male and female facilitators. However, MBCPs can apply different approaches to work toward the same principles, depending on their context. For example, if it is not possible to form gender-balanced facilitation teams, the MBCP provider needs to ensure facilitators are suitably trained and able to cover all aspects of the MBCP.
- One of the two group facilitators must have significant experience. Significant experience means a minimum of 50 hours supervised practice in delivering MBCPs. If there is less than 50 hours of supervised practice, procedures, and processes are in place to ensure staff are supervised and adequately supported.

7.5 Staff receive family and domestic violence-informed supervision while delivering MBCPs.

- MBCP providers give staff opportunities to take part in formal, individual, clinical supervision to apply knowledge to practice, to develop skills and to challenge ideas and practice.
- MBCP providers give co-facilitators joint supervision opportunities to enable them to reflect on their practice and exchange feedback.
- MBCP providers ensure that supervisors have tertiary education in a relevant discipline or extensive experience in delivering safe family and domestic violence- and trauma-informed interventions for example, social sciences, psychology, social work, as well as relevant clinical experience working with family and domestic violence perpetrators and knowledge about family and domestic violence.

7.6 MBCP providers have supports for staff to maintain their health and wellbeing, and to manage vicarious trauma.

- During the recruitment process, MBCP providers explore candidates' readiness and any concerns about working in family and domestic violence perpetrator intervention.
- MBCP providers deliver ongoing, specialised training in family and domestic violence- and trauma□informed care that enables facilitators to recognise personal triggers and the early signs of vicarious trauma. Training also covers self-management strategies to prevent personal issues from impacting service delivery.
- MBCP providers offer staff timely access to professional counselling and mental health services.

8

Principle 8:

Services have effective governance, documentation, monitoring and evaluation processes, and embed evidence-based practice

Minimum Standards

8.1 MBCPs must be informed by the evidence-base.

- MBCP providers must use evidence-based approaches, and document and demonstrate the theoretical basis for the design and delivery of MBCPs. This includes clearly articulating how the intervention is intended to change the behaviour of the participants and the body of evidence that supports the approach. This requires staff to have appropriate training and experience in the delivery of evidence-based interventions. It is recommended that the evidence-base for MBCPs is reviewed every two years to ensure emerging evidence is incorporated.
- The design, duration (length of the program over time), and intensity (number of hours per week) of interventions match the risk level of participants, including the participant's unique circumstances (see Standard 2.4). For instance, providers of criminogenic MBCPs must use the Risk-Needs-Responsivity (RNR) model.

8.2 MBCP providers have data collection, documentation, and management processes in place to support information sharing, monitoring, and evaluation.

- MBCPs collect and document data to contribute to an evidence-base for the effectiveness of behaviour change interventions. This includes data on:
  - referral, drop-out and completion rates
  - variations in adherence to the adopted model of work
  - interactions with external organisations, agencies, and services while delivering MBCPs
  - critical incidents, including incidents involving victim-survivors and those which occur in interventions.
- Data on contact with, and the experiences of, victim-survivors and perpetrator service users are collected and documented.
- MBCP providers ensure that the data collection methodology enables pre-post comparison. Data is collected and documented at several intervals throughout the course of the work, allowing for comparison between victim-survivors' and perpetrators' perspectives.
- MBCP providers have clear and consistent family and domestic violence-informed documentation protocols across all areas of communication to support information sharing and integrated approaches to identifying and responding to changes in risk.
- MBCP providers ensure that data collection, documentation and management processes are aligned with Indigenous Data Sovereignty principles, including that data is adequately shared with Aboriginal people and ACCOs where appropriate, and that Aboriginal people understand what data is being collected and how it is being used.

Minimum Standards

8.3 MBCP providers conduct an operational review of the MBCP periodically, making appropriate changes for improvement in consultation with all staff involved.

- MBCP providers conduct an operational review every six months. The review supports the quality and effectiveness of future MBCPs and includes:
  - a review and debrief of critical incidents
  - a review and critical examination of the MBCP's content and delivery
  - an examination of how the MBCP can be improved to further promote victim-survivor safety
  - an examination of the accessibility to and engagement with participants from diverse backgrounds
  - an examination of the extent to which delivery of the MBCP meets the minimum standards.
- MBCP providers conduct audits regularly on a sample of cases to quality assure recording of information and service delivery.
- MBCP providers regularly review materials and manuals to ensure they are relevant, accurate, and align with good practice.
- MBCP providers contracted to government agencies must ensure their procedures meet any additional state practice requirements.

8.4 MBCP providers have processes in place to evaluate its effectiveness.

- MBCP providers systematically evaluate the impact of the MBCP on victim-survivor safety and changing the participant's behaviour. This must include:
  - pre- and post-MBCP assessments of risk and safety
  - the participant's use of violence
  - the participant's possession of violence supportive attitudes.
- Evaluations incorporate information from multiple sources, including victim-survivors, police reports (where practicable), workers (MBCP facilitators and partner support workers), other relevant services and participant self-report.

Part 2: Other family and domestic violence perpetrator interventions

This section sets out the **minimum standards** that funders and providers must consider and comply with when delivering other family and domestic violence perpetrator interventions.

1

Principle 1:

The safety of victim-survivors must be given the highest priority

Minimum Standards

1.1 Perpetrator interventions prioritise the safety and wellbeing of victim-survivors through all aspects of the intervention design.

- Perpetrator interventions develop and implement policies and procedures on the following:
  - regular monitoring of threats or risks to safety
  - responsibility of the provider in managing, or otherwise responding to, the risks identified
  - responding to perceived threats of safety including reviewing critical incidents
  - responding to criminal acts and potential breaches of court orders
  - notifying relevant authorities of possible risk to victim-survivors, including children
  - consider specialist support needed for child victim-survivors in collaboration with the adult victim-survivor and make warm referrals to appropriate services when need (see Standard 1.6)
  - convening or being a part of multi-agency case management for perpetrators that pose high risk of future harm to victim-survivors.
- Perpetrator interventions integrate and emphasise the following messages in all aspects of intervention promotion and delivery:
  - The safety of victim-survivors is priority
  - Victim-survivors are not to blame for the violence they have experienced
  - Family and domestic violence can present in many different ways, including coercive control
  - Family and domestic violence has wide-ranging, long lasting, negative effects on those who use it
  - Family and domestic violence can have life-long impact on those who experience it and the journey to reconciliation can be arduous and disjointed
  - Family and domestic violence can cause or compound intergenerational trauma, especially for Aboriginal people impacted by historical and systemic violence

- There is zero tolerance for family and domestic violence or any attitudes or behaviours that condone it
- All forms of family and domestic violence impinge on a person's inalienable human rights
- Every man has a choice to use violence or not use violence
- It is each man's responsibility to stop his violence and abuse
- There are a variety of strategies or approaches to support family and domestic violence behaviour change
- Fathers who use violence are not safe fathers, men can choose to be a safe parent by stopping their use of violent, abusive, and controlling behaviours
- Victim-survivors are in the best position to judge if men are behaving in less violent, abusive, and controlling ways.

- Perpetrator interventions provide a clear outline of what can and cannot be achieved within its scope.

1.2 Perpetrator interventions ensure that victim-survivors have access to partner contact and support.

- Perpetrator intervention providers develop and implement policies and procedures on when partner contact to victim-survivors will be needed either through:
  - An internally designated partner support worker (who is separate to the perpetrator intervention facilitator)
  - An external support service provider, preferably one that is operating in the local community that can appropriately address a victim-survivors' diverse needs (see Standard 3.1). This is considered if the victim-survivor prefers contact with an organisation different from the one engaging the perpetrator.
- Policies and procedures on partner contact outline:
  - When partner contact commence – this may differ depending on the intervention but often contact begins from the date a perpetrator is first engaged by the intervention.
  - That victim-survivor participation is completely voluntary and does not have any dependency with the perpetrator's involvement in the intervention, with each decision and confirmation of understanding documented.
  - That partner contact should be guided by the victim-survivor in terms of timing and frequency and can be engaged or disengaged at any point by the victim-survivor.
- In terms of other interventions involving intensive case management or cohort specific programs partner contact will be offered. Victim-survivor participation is voluntary and all contact is delivered in a trauma-informed manner and led by the preferences of the victim-survivor, with additional support provided as needed.

Minimum Standards

- If, and when, partner contact is conducted, coordination, and information sharing between partner contact workers (internal or external) and perpetrator intervention facilitators is recommended weekly, with frequency guided by the needs and preferences of the victim-survivor.
- Perpetrator intervention providers work with partner support workers to inform victim-survivors at intake and throughout the intervention that their participation is completely voluntary and does not have any dependency with the perpetrator's involvement in the intervention, with each decision and confirmation of understanding documented.
- At each point of contact, perpetrator intervention providers and/or partner support workers ask victim-survivors if they are safe.
- Perpetrator intervention providers set out partner contact guidelines for staff that prioritise the safety of victim-survivors. This includes:
  - Not leaving messages when they cannot make contact with the victim-survivor if it has not been determined that it is safe to do so.
  - Working with the victim-survivor on practical ways to reduce their risk such as not making contact through a private number or only making contact at agreed times.
  - Developing pre-planned scripts which can be used if someone other than the victim-survivor answers the phone when staff are trying to contact them. Interventions also consider using a pseudonym for their organisation when trying to contact a victim-survivor.
- Perpetrator intervention providers work closely with internal partner support workers or an external support service provider to safeguard victim-survivor safety and manage risk. This includes ongoing information exchange about risk, safety and wellbeing concerns, and joint management of risks.
- When partner contact is provided by an external support service provider, a memorandum of understanding must state the obligations of the provider. This includes clear and specific guidelines about:
  - information sharing between the intervention provider and the partner contact provider
  - strategies to reduce risk when contacting the victim-survivor
  - roles and responsibilities of the partner contact provider
  - strategies for monitoring and reviewing the partner contact work and the relationships between the service provider delivering contact and the family and domestic violence perpetrator intervention.

Minimum Standards

1.3 Perpetrator interventions prepare victim-survivors for the participation of their (ex-)partners or family members in an intervention.

- If, and when, partner contact is made, perpetrator intervention providers work with partner support workers to provide victim-survivors with information on:
  - the rights of the adult and child victim-survivor/s including safety, legal protection, support, and information
  - the limitations of the intervention including the real possibility that the violence and controlling behaviours may not stop
  - the participant's participation in the intervention including what it will involve
  - what the service provider will do in the event of a participant breaching a court order or committing any act of violence against them or their children
  - the nature, content, and expected outcomes of the intervention
  - the participant's engagement with the intervention, including (non) attendance
  - how information sharing and collaboration with other relevant agencies and services will occur in relation to the participant's engagement with the intervention, including how this supports a shared understanding of risk, safety, and the impact of the intervention on the perpetrator's behaviour
  - support services and resources.
- Perpetrator intervention providers recognise that some victim-survivors may not identify their experiences as family and domestic violence, may not agree that the perpetrator's behaviour is problematic, or may not wish to be involved in the perpetrator's participation in the intervention.
  - In these cases, partner support workers adopt a non-judgemental, trauma-informed approach that respects the autonomy of the victim-survivor, avoids imposing narratives, and focuses on validating experiences and building trust.
  - Where appropriate, partner support workers support the victim-survivor to explore the impacts of the perpetrator's behaviour on their safety, wellbeing, and relationships, and offer information that may assist in recognising patterns of abuse.

Minimum Standards

1.4 Perpetrator interventions ensure that individual safety plans are completed for victim-survivors, including children.

- Safety plans are to clarify how a victim-survivor can respond to emergencies and how they can communicate with the partner support worker, relevant supporting agencies and services, or emergency contacts.
- If the victim-survivor has an existing safety plan, the perpetrator intervention provider works closely and collaboratively with the partner support worker and the victim-survivor to review and update the safety plan based on any changes in circumstance. If there is no existing safety plan, the provider works closely and collaboratively with the partner support worker and the victim-survivor to develop this safety plan – recognising that victim-survivors are best placed to determine which safety strategies are most appropriate and have helped in the past (see Standard 1.6 for more information on assessing safety needs for child victim-survivors).
- Perpetrator intervention providers work with partner support workers to seek to understand and document the specific patterns of violence, abusive, and controlling behaviours that have been perpetrated in the relationship, and use strength-based language when supporting or working with the victim-survivor.
- Safety plans outline strategies that increase safety and security, including specific strategies to support their safety if they live with the perpetrator.
- Perpetrator intervention providers work with partner support workers to identify and document how perpetrator behaviours are impacting on child victim-survivors and the family functioning.
- Perpetrator intervention providers ensure that safety planning is informed by timely and accurate information sharing between relevant agencies and services that the victim-survivor is engaged with (see Standard 3.2). This includes sharing risk-related information, updates on perpetrator behaviour, and any changes in the victim-survivor's circumstances that may affect safety.

1.5 Perpetrator interventions regularly inform victim-survivors of all relevant aspects of the intervention.

- Perpetrator intervention providers have clear policies and procedures to communicate any new or increased risks to the safety of victim-survivors and information relevant to managing those risks.
- When a perpetrator completes, withdraws, or is no longer suitable for the intervention service, perpetrator intervention providers work with partner support workers to inform the victim-survivors and relevant services and referring agencies who are working with the family.

Minimum Standards

1.6 Perpetrator intervention providers recognise children as victim-survivors of family and domestic violence, put measures in place to identify and manage risks, and refer child victim-survivors onto specialist services or practitioners.

- Perpetrator interventions identify and document all child victim-survivors who may be affected by the perpetrator's behaviour, including those within the perpetrator's family as well as any children or young people who have resided with or are currently living in the same household (e.g. extended family, children in shared or temporary accommodation).
- Perpetrator interventions consider the impacts of the perpetrator's behaviour on child victim-survivors and family functioning (e.g. using a family ecology lens) and refer to appropriate specialist services or practitioners where a direct assessment is warranted.
- Perpetrator intervention providers have procedures in place to respond to information received through these indirect assessments and through collaboration with child-focused or partner contact services and/or practitioners.

Principle 2:

Perpetrators are held accountable for their actions and are provided with opportunities for sustainable behaviour change

Minimum Standards

2.1 Perpetrator interventions focus on the perpetrator's family and domestic violence behaviour patterns to help them recognise their choice to use these behaviours.

- Perpetrator interventions include participation agreements that require prospective participants to:
  - acknowledge at least some their violent, abusive, and controlling behaviour
  - agree to a worker having contact with any victim-survivor who might be affected by their violent, abusive, and controlling behaviour (unless the victim-survivor prefers that the perpetrator is not informed of the contact)
  - acknowledge they are obliged to abide by the law, including all the requirements of any legal orders in force
  - disclose their access to guns or other weapons and where such disclosures occur, the perpetrator intervention must assess associated safety risks and ensure safety planning is undertaken in coordination with the partner contact worker or relevant support services (not with the perpetrator) to support the safety of victim-survivors. Note: access to guns or other weapons must be reported to the WA Police
  - agree to an evaluation and monitoring of their progress toward changing their violent, abusive, and controlling behaviour and attitudes

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- agree to the intervention's policies on limited confidentiality and responding to criminal acts or breaches of court orders
- agree that information will be shared between the intervention service provider and referring agency and with relevant government and non-government agencies and services (in line with relevant information sharing legislation).

2.2 Perpetrator interventions include information on different forms of family and domestic violence and coercive control, providing opportunities for participants to come to an understanding about the nature of their family and domestic violence behaviour patterns.

- Perpetrator interventions engage participants and assist them to:
  - acknowledge at least some of their violent, abusive, and controlling behaviour
  - identify and challenge any ideas, attitudes, beliefs, and myths that stand in the way of them taking responsibility of their behaviour in the past, present, and future
  - recognise the many ways that they can be violent, abusive, and controlling
  - reflect on how their violent, abusive, and controlling behaviours may undermine elements that are important to them, such as cultural identity, family relationships, and community roles, and explore how changing their family and domestic violence behaviour can contribute to restoring and strengthening these positive aspects of their lives
  - recognise the impact of family and domestic violence on their capacity to be a safe and responsible father
  - recognise the effects of their violent, abusive, and controlling behaviour on others
  - recognise that there are appropriate non-violent, non-abusive, and non-controlling behaviours and ways of relating
  - recognise that there are strategies and approaches to help them use non-violent, non-abusive, and non-controlling behaviours and ways of relating.

2.3 Perpetrator intervention providers develop procedures for non-attendance or non-compliance of participants.

- Perpetrator intervention providers have procedures that outline steps to take when the perpetrator fails to attend or comply, including notifying victim-survivors and referring agency/agencies and services.

2.4 Perpetrator intervention providers have procedures to prevent their implicit or explicit collusion with participants' attitudes that support violence against victim-survivors and gendered violence against women.

- Perpetrator intervention providers have policies, procedures, training, and supervision processes in place to ensure that staff can identify and responds to attitudes that support violence against victim-survivors and gendered violence against women, and underpin violent, abusive, and controlling behaviour.

Minimum Standards

2.5 Perpetrator interventions offer appropriate warm referrals and embed a collaborative system-wide approach to meet participant's additional needs.

- Perpetrator intervention providers have appropriate assessment processes in place to identify participant's additional needs, including housing, alcohol and other drug support, mental health treatment, employment assistance, and therapeutic services - and document these assessments (see Standard 3.4).
- Where appropriate, perpetrator intervention providers support warm referrals to culturally responsive healing supports, including those that may not align with mainstream service models. This may include opportunities for Aboriginal men to engage in on-Country programs that strengthen cultural identity, healing, and responsibilities as fathers and men.

Principle 3:

Victim safety and perpetrator accountability are best achieved through an integrated and accountable systems response

Minimum Standards

3.1 Perpetrator intervention providers are embedded in local communities and have strong local partnerships with relevant agencies and services.

- Formal relationships are developed with family and domestic violence behaviour change perpetrator intervention providers, the WA Police, Department of Communities, Department of Justice, Department of Health, the Courts, family and domestic violence services for victim-survivors, and relevant men's services. Perpetrator interventions are to establish relationships with services for diverse cohorts, including ACCOs or Aboriginal-led organisations for Aboriginal cohorts. These formal relationships include a documented agreement (or memorandum of referendum) about how the agencies and services will be involved in the development and ongoing functioning of the perpetrator intervention.
- Perpetrator intervention providers maintain referral partnerships with local providers to support ease of referrals and an integrated and timely response (see Standard 3.4).
- Perpetrators intervention providers have a process for monitoring and reviewing ongoing relationships and partnerships with local agencies and services to ensure that agreed objectives continue to be fulfilled.

Minimum Standards

3.2 Perpetrator intervention providers collaborate with other agencies and services to provide a holistic response and an integrated approach to risk assessment and management.

- Perpetrator intervention providers work collaboratively with relevant agencies and services to assess, manage, and monitor risk (in line with confidentiality and information sharing legislation)[33]. This includes:
  - exchanging information with agencies and services to support/inform:
    - assessment, management, and monitoring of risk
    - perpetrator accountability across all systems and services
    - coordination of service responses to the perpetrators and victim-survivors
  - use of warm referral procedures
  - case consultation
  - reporting child protection concerns
  - reporting criminal and/or high risk behaviour to relevant authorities
  - convening and/or participating in multi-agency case management.
- After making a referral, perpetrator intervention providers follow up contact with the receiving agency and the victim-survivor or perpetrator to determine if the service has been taken up and is progressing.
- Joint meetings with relevant support service providers and agencies occur at a frequency that corresponds to the identified risk level and case-specific factors, at every set period throughout the intervention and prior to its completion.

3.3 Perpetrator intervention providers respond to requests from relevant agencies and services for reports on perpetrators' engagement with the intervention and ensure that staff are adequately supported to provide comprehensive and accurate reports.

- Perpetrator intervention providers prepare a progress, completion, or non-completion report following a participant's completion of the intervention or following the participant's termination or withdrawal from the intervention. A report is also prepared if requested by relevant agencies and services. The report must include:
  - identification of risk factors and treatment needs
  - change in risk factors over the intervention
  - assessment of the participants level of insight and observable behaviour change of family and domestic violence patterns and other intersecting issues
  - assessment of impacts on child victim-survivors and family
  - attendance at the intervention, and compliance with requirements
  - outstanding needs relevant to risk, safety, and impacts on victim-survivors
  - recommendation for further intervention where appropriate.

[33] Note that there may be additional limitations to sharing some types of information with certain service providers. For example, Family Violence Incident Reports (FVIRs), WA Police Force data and Driver Vehicle Inspection Reports (DVIRs) cannot be shared with external service providers.

Minimum Standards

3.4 Perpetrator intervention providers establish clear referral pathways with other agencies and services.

- Perpetrator intervention providers have links and agreed referral partnerships with key support services for issues such as alcohol and other drug use, homelessness, mental health, and gambling, as well as local Aboriginal-led and specialised supports for diverse cohorts.
- Perpetrator interventions have documented policies and procedures for referral pathways. These include approaches to:
  - inform the participant that there are support services to help make things better for them and their families, and to consider and address their behaviour
  - advise the participant of the specific agency or service that to which they are being referred to and why
  - outline the process by which the participant will be required to initiate contact with the referred service, or by which the referred service will contact him.

Principle 4:

Services are culturally safe for Aboriginal people

Minimum Standards

4.1 Perpetrator intervention providers must develop interventions and materials that are accessible and responsive to the diverse needs, backgrounds, and experiences of Aboriginal people who are perpetrators and victim-survivors.

- Perpetrator intervention providers have documented policies and procedures for how interventions and materials are adapted to respond to the diverse needs, backgrounds, and experiences of perpetrators and victim-survivors who are Aboriginal.
- Perpetrator intervention providers have documented policies and procedures to manage discriminatory behaviour by perpetrators.
- Where perpetrator interventions and materials are designed for Aboriginal people, perpetrator intervention providers are to work alongside Aboriginal-led services to inform the development and delivery of such interventions and materials in a culturally appropriate way.
- Perpetrator intervention providers have documented processes that support an Aboriginal person's choice in the service they engage with, including the option to be referred to an ACCO or a mainstream provider, recognising that preferences may vary based on personal, cultural, and community context, particularly in smaller or remote communities.

Minimum Standards

4.2 Perpetrator intervention providers must ensure they employ and/or train staff to be competent in working with Aboriginal people.

- Perpetrator intervention providers ensure that all staff develop competence for working with Aboriginal cohorts by:
  - providing or supporting access to formal training to support the delivery of interventions in line with policies and procedures in Standard 4.1
  - establishing professional networks and consultancy with Aboriginal-led services
  - encouraging consultation with ACCOs (if the perpetrator intervention provider is not an ACCO or does not have its own Aboriginal workers or consultant process).
- Perpetrator intervention providers ensure that all staff undertake relevant cultural training to support delivery of culturally safe, responsive, and accessible services.

Principle 5:

Services respond to the diverse needs of perpetrators and victim-survivors

Minimum Standards

5.1 Perpetrator interventions and materials are accessible and responsive to the diverse needs, backgrounds, and experiences of perpetrators and victim-survivors.

- Perpetrator intervention providers have documented policies and procedures for how interventions and materials are adapted to respond to the diverse needs, backgrounds, and experiences of perpetrators and victim-survivors, including those who identify as LGBTIQA+, people with disability, people from CaLD backgrounds, and older people.
- Perpetrator intervention providers have documented policies and procedures to manage discriminatory behaviour by perpetrators.
- Where interventions and materials are designed for specific population groups, perpetrator intervention providers must engage specialist providers that deliver services to relevant population groups to inform the development and delivery of such interventions and materials.

Minimum Standards

5.2 Perpetrator intervention providers employ and/or train staff to be competent in working with diverse cohort/s.

- Perpetrator intervention providers ensure that all staff develop competence for working with diverse cohorts by:
  - providing or supporting access to training to support the delivery of interventions in line with policies and procedures in Standard 5.1
  - providing cultural training that is relevant to the diverse cohort/s they serve
  - establishing professional networks with specialist service providers that work with diverse cohorts
  - encouraging consultation with family and domestic violence-informed specialist service providers (internal or external) which have expertise working with diverse cohorts.

Principle 6:

Services have ongoing risk assessment and active risk management processes

Minimum Standards

6.1 Perpetrator interventions undertake appropriate risk assessment to identify and support the management of risks.

- Perpetrator interventions conduct risk assessments to identify the level of risk associated with a perpetrator. This includes consideration of evidence-based risk factors, criminogenic programs or group interventions, professional judgement about further/additional risk, vulnerability or other intersecting factors such as the victim-survivor's assessment of the level of risk posed by the perpetrator, age, disability, isolation, cultural background, religious background, family pressures, sexuality, and financial dependence.

Minimum Standards

6.2 Perpetrator intervention providers conduct a full pre-program assessment of perpetrators' risk to determine their suitability to the intervention and if it is safe to work with them.[34]

- The nature and content of the assessment is clearly documented, and where possible includes information on the:
  - current relationship status and relationship history
  - parenting status, and if there are family court orders in place
  - history of using all forms of violent, abusive, and controlling behaviours
  - capacity for using all forms of violent, abusive, and controlling behaviours
  - possession of weapons – note that this information must be reported to the WA Police
  - legal standing, including current or previous court proceedings or orders, charges or convictions, and any reports required by statutory or other bodies
  - acceptance that throughout the intervention victim-survivor who have been affected by his violence will be contacted
  - willingness to accept the policies regarding limited confidentiality and information exchange and responding to criminal acts and breaches of court orders.
- When assessing risk, perpetrator intervention providers consider both coercive control tactics of perpetrators (for example, financial control and the use of technological surveillance) as well as overt family and domestic violence behaviours of perpetrators, (for example, physical, and sexual abuse).
- Risk assessment includes all identified victim-survivors, including the risk posed to child victim-survivors.
- Risk assessments consider both static and dynamic risks to determine the potential danger posed to victim-survivors and to inform appropriate intervention strategies.
- Perpetrator intervention providers use findings from risk assessments to make informed decisions about the level and type of intervention required for perpetrators or if they are unsuitable for perpetrator intervention.

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[34] Note that in some service settings, MBCP providers may not be responsible for undertaking pre-program assessment. For example, in some criminal justice settings, individuals will have their assessments completed by the Department of Justice. People who have been released from prison on parole may have an existing treatment assessment outlining their intervention needs but may not have completed a program in prison. If they are referred to and receive a service from an external MBCP provider, this existing assessment provides an up-to-date assessment of risk and need. For individuals on community-based orders, referrals to a contracted MBCP will occur if they have a program requirement on their order or if an intervention is deemed necessary. In this instance, the external MBCP provider will conduct the pre-program assessment.

Minimum Standards

6.3 Perpetrator intervention providers have policies and processes for safely suspending or removing perpetrators that are assessed as not suitable at intake or during the intervention.

- If a prospective participant is assessed as not being suitable for the intervention, intervention providers must prepare a report for the referring body outlining the reasons for unsuitability and recommending appropriate alternative interventions at that time (including MBCPs or other types of perpetrator interventions).
- Where engagement in the intervention is identified as increasing the risk to the victim-survivor (and where safe to do so), perpetrator interventions collaborate with the partner contact worker or agency and other relevant services to discuss next steps and confirm agreed actions, ensuring the safety of the victim-survivor remains central.
- When intending to suspend or remove a participant, intervention providers:
  - document in detail each of the circumstances that might lead the participant to be discharged
  - clearly articulate the intervention's expectations of what the participant would need to do or change to remain in the intervention
  - describe how the suspension or removal will be communicated to the participant.
- The impacts on the safety of the victim-survivors are given considerable weight when deciding if, and when, to suspend or remove a perpetrator. For example, a perpetrator might be retained in the program if the victim-survivor has just decided to leave him, especially if he has been assessed as high risk. However, where immediate suspension or removal is necessary, the perpetrator intervention must consider the associated risks and take steps to ensure that appropriate risk management strategies are in place to support the safety of the victim-survivor. This includes considering arrangements for continued partner contact and support after the participant has been suspended or removed.
- Perpetrator intervention providers must provide written documentation of the perpetrator's suspension or removal to any referring agency, including an explanation of the reason for the action taken.
- Where a participant is assessed as unsuitable at intake or during the program perpetrator intervention providers are to:
  - assist the participant to identify and explore alternative options that align with their needs and readiness, and ensure they are never left without at least one alternative pathway in place
  - explore options within the provider for individual engagement or other tailored support to build the participant's readiness for future re-engagement with the intervention
  - where no suitable internal options are available to address the identified barriers to participation, refer the participant to other appropriate external services such as individual counselling, alcohol and other drug treatment, and mental health services
  - consider referrals to culturally safe or community-led alternatives (such as culturally specific intervention or Aboriginal men's healing programs) where mainstream group interventions are not suitable
  - provide the participant with written information outlining the reasons for their unsuitability and how they may re-engage with the intervention in the future
  - ensure that any referral is actioned or actively followed up with the receiving service or referring agency to reduce the risk of the perpetrator disengaging from the system.

7

Principle 7:

Services ensure that staff are trained and supported in working with perpetrators

Minimum Standards

7.1 Perpetrator intervention providers ensure staff have appropriate knowledge and receive appropriate training about the impact of family and domestic violence on victim-survivors.

- Perpetrator intervention providers ensure that all staff possess the requisite knowledge and undertake the required training including:
  - knowledge about family and domestic violence including the gendered nature, dynamics, and impacts on victim-survivors. Knowledge and experience must be at a sufficient level to enable quality risk assessment
  - knowledge of legal and statutory responses to family and domestic violence including the criminal justice system, child protection, family law, and extensive knowledge of violence restraining orders and how they operate
  - formal training about family and domestic violence such as the Safe & Together Model.
- Perpetrator interventions ensure that all staff understand the behaviours that constitute family and domestic violence, the different types of violence and the harm it causes.

7.2 Perpetrator intervention providers must ensure staff contacting victim-survivors have the relevant knowledge, training, and experience to support and advocate for victim-survivors.

- Perpetrator intervention providers ensure that any staff undertaking partner contact and support work will have as a minimum:
  - experience in advocacy for victims of family and domestic violence to ensure the victim-survivor is supported in a way that reinforces they are not responsible for the perpetrator's use of violence or abuse
  - knowledge of family and domestic violence victim-survivor issues, ability to recognise victim-survivor strengths, and perpetrator behaviour and risk management
  - Family and domestic violence case management, risk assessment, and safety planning skills.

Minimum Standards

7.3 Perpetrator intervention providers employ qualified staff, provide them with ongoing training and development opportunities, and support pathways for staff to gain competencies and qualifications to deliver interventions in line with best practice.

- Perpetrator intervention providers ensure staff have or are working towards training formal training in family and domestic violence-informed practice with perpetrators from a recognised training institution.
- Perpetrator intervention providers ensure staff access ongoing professional development, and support pathways for less qualified staff, to build knowledge awareness of contemporary good practice, including:
  - to manage and mitigate the risk of colluding with perpetrators (see Standard 2.4).
  - to manage the potential escalation of violence by perpetrators.
- Perpetrator intervention providers document and implement policies, procedures, training, and processes that support staff to engage in reflective practice.
- Facilitators are provided with specific training and reflective supervision to safeguard against unhelpful role modelling of gender inequality.

7.4 When delivering a group perpetrator intervention, all interventions have a minimum of two group facilitators with gender balance.

- Perpetrator intervention providers must consider the role gender plays among group facilitators, as interventions are to promote gender equality and focus on transforming patriarchal structures. The most common way to achieve this is to have both male and female facilitators. However, interventions can apply different approaches to work toward the same principles, depending on their context. For example, if it is not possible to form gendered-balanced facilitation teams, the provider needs to ensure facilitators are suitably trained and able to cover all aspects of the intervention.
- One of the two group facilitators must have significant experience. Significant experience means a minimum 50 of hours supervised practice in delivering interventions. If there is less than 50 hours of supervised practice, procedures, and processes are in place to ensure staff are supervised and adequately supported.

7.5 Staff receive family and domestic violence-informed supervision while delivering perpetrator interventions.

- Perpetrator interventions providers give staff opportunities to take part in formal, individual, clinical supervision to apply knowledge to practice, to develop skills, and to challenge ideas and practice.
- Perpetrator intervention providers give co-facilitators joint supervision opportunities to enable them to reflect on their practice and exchange feedback.
- Perpetrator intervention providers ensure that supervisors have tertiary education in a relevant discipline or extensive experience in delivering safe family and domestic violence- and trauma-informed interventions. For example, social sciences, psychology, social work, as well as relevant clinical experience working with family and domestic violence perpetrators and knowledge about family and domestic violence.

Minimum Standards

7.6 Perpetrator intervention providers have supports for staff to maintain their health and wellbeing, and to manage vicarious trauma.

- During the recruitment process, perpetrator intervention providers explore candidates' readiness and any concerns about working in family and domestic violence perpetrator intervention.
- Perpetrator intervention providers deliver ongoing, specialised training in family and domestic violence and trauma-informed care that enables facilitators to recognise personal triggers and the early signs of vicarious trauma. Training also covers self-management strategies to prevent personal issues from impacting service delivery.
- Perpetrator intervention providers offer staff timely access to professional counselling and mental health services.

8

Principle 8:

Services have effective governance, documentation, monitoring and evaluation processes, and embed evidence-based practice

Minimum Standards

8.1 Perpetrator interventions must be informed by the evidence base.

- Perpetrator intervention providers must use evidence-based approaches, and document and demonstrate the theoretical basis for the design and delivery of interventions. This requires staff have appropriate training and experience in the delivery of evidence-based interventions. It is recommended that the evidence base for perpetrator interventions are reviewed every two years to ensure emerging evidence is incorporated.
- The design, duration (length of the program over time), and intensity (number of hours per week) of perpetrator interventions match the risk level of participants, including the participant's unique circumstances. For instance, providers of criminogenic perpetrator interventions must use the Risk-Needs-Responsivity (RNR) model to inform this.

Minimum Standards

8.2 Perpetrator intervention providers have data collection, documentation, and management processes in place to support information sharing, monitoring, and evaluation.

- Perpetrator interventions collect and document data to contribute to an evidence-base for the effectiveness of other family and domestic violence perpetrator interventions. This includes data on:
  - referral, drop-out, and completion rates
  - variations in adherence to the adopted model of work
  - interactions with external organisations and agencies while delivering interventions
  - critical incidents, including incidents involving victim-survivors and those which occur in intervention sessions.
- Data on contact with, and the experiences of, victim-survivors and perpetrator service users are collected and documented.
- Perpetrator intervention providers ensure that the data collection methodology enables pre-post comparison. Data is collected and documented at several intervals throughout the course of the work, allowing for comparison between victim-survivors' and perpetrators' perspectives.
- Perpetrator interventions have clear and consistent family and domestic violence-informed documentation protocols across all areas of communication to support information sharing and integrated approaches to identifying and responding to changes in risk.
- Perpetrator intervention providers ensure that data collection, documentation and management processes are aligned with Indigenous Data Sovereignty principles, including that data is adequately shared with Aboriginal people and ACCOs where appropriate, and that Aboriginal people understand what data is being collected and how it is being used.

8.3 Perpetrator intervention providers complete an operational review of the intervention periodically, making appropriate changes for improvement in consultation with all staff involved.

- Perpetrator intervention providers conduct an operational review every six months. The review supports the quality and effectiveness of future interventions and includes:
  - a review and debrief of critical incidents
  - a review and critical examination of the intervention's content and delivery
  - an examination of how the intervention can be improved to further promote victim-survivor safety
  - an examination of the accessibility to and engagement with participants from diverse backgrounds
  - an examination of the extent to which delivery of the intervention meets the minimum standards.
- Perpetrator intervention providers conduct audits regularly on a sample of cases to quality assure recording of information and service delivery.
- Perpetrator intervention providers regularly review materials and manuals to ensure they are relevant, accurate, and align with good practice.

Minimum Standards

8.4 Perpetrator intervention providers have processes in place to evaluate its effectiveness.

- Perpetrator intervention providers systematically evaluate the impact of the intervention on victim-survivor safety. This must include:
  - pre- and post-intervention assessments of risk and safety
  - the participant's use of violence
  - the participant's possession of violence supportive attitudes.
- Evaluations incorporate information from multiple sources, including victim-survivors, police reports (where practicable), workers (intervention facilitators and partner support workers), other relevant services and participant self-report.

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