



Department for  
Communities  
Family and Domestic  
Violence Unit

This publication is currently under review by  
the Department for Communities, Family and  
Domestic Violence Unit.

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# Best Practice Model

*For the Provision of Programs for*

*Perpetrators of Domestic Violence in Western Australia*

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**[Domestic Violence Prevention Unit]**

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[Domestic Violence Prevention Unit]

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# Foreword

## **As a result of a West Australian Government Task Force, a Family and Domestic Violence Action Plan was published in November 1995.**

A key strategy (1.3) of the Action Plan related to the development of regional domestic violence plans. These plans formed a framework for action by the newly established regional domestic violence committees operating in 16 regions across the State. The plans also identified gaps in services and provided a prioritised list of new service requirements. The regional domestic violence plans were delivered on the 13 December 1996. Many of the plans cited the need for perpetrator programs as a high priority in their respective regions.

The Family and Domestic Violence Action Plan also proposed that a committee consisting of representatives of relevant government and non-government agencies be established to oversee the implementation of the Plan (1.1). The Implementation Advisory Committee (IAC) was therefore established.

In anticipation of funding being sought and provided for perpetrator programs, a working party constituted as an IAC sub-committee and mainly comprised from its membership, was established to advise the Domestic Violence Prevention Unit on the development of a best practice model.

The resulting document represents the first attempt in WA to develop such a best practice model. Spirited debate occurred within the working party in respect to its content. Ultimately the final product seeks to a represent balance of views rather than that of a consensus.

It is recognised that as such perpetrator programs expand into new areas of the State and seek to meet the needs of specific target groups within the larger population of domestic violence perpetrators, the proposed model may require further development. However it has been clearly identified that in its development the proposed model must contain a consistent and thorough focus on victim safety.

Our thanks are extended to the following working party members:

Ms Sue Allen, Sexual Assault Referral Centre

Mr Rob Andrew, Centrecare Marriage and Family Services

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*Since this document was first published in September 1997 the Domestic Violence Prevention Unit (DVPU) has undertaken additional consultations with some of the key stakeholders. Subsequently, DVPU has modified some sections of the document to reflect feedback received. In particular the previous publication with a section on Guiding Principles, has been further developed to incorporate Essential Principles, similar to those developed for the Best Practice Model for Victim Services. The changes to this document were written by Louise Lamont (DVPU).*

# Introduction

**Programs for perpetrators of domestic violence are subject to considerable demand across the State. Programs are currently being funded from mixed sources.**

Because of the presence of different funding sources and service providers, models of practice and service delivery standards are open to considerable variation. This document is intended as a basis for standardising the quality of service delivery, whilst allowing some flexibility in the response of service deliverers to the diversity of the target population and context across the State.

Considerable debate has taken place about the effectiveness of such programs in their various forms, with some commentators even concerned that by participation in such programs perpetrators may learn additional tactics of control to be used within their intimate relationships. However a consensus exists around the potential for harm to victims of domestic violence brought about by programs that are ill-conceived or poorly delivered. All programs must therefore maintain a consistent and primary focus on victim safety.

This document sets out a best practice model to be used as the basis for decision making regarding funding of perpetrator programs from all State Government sources.

Because such programs are at a relatively early stage of development in Western Australia potential service providers, particularly in regional areas, may experience difficulty in meeting all of the guidelines set out in this document. In addition, the need to provide a service to particular client groups (such as perpetrators of Aboriginal descent) may demand a particular approach which varies from that described in this document.

In circumstances where service providers cannot meet best practice or propose to provide a service to a particular client group in an alternative manner, careful decision making will be required to determine;

- if the extent to which these standards can be met is sufficient to justify funding, with particular reference to victim safety provisions.
- if the particular approach being proposed is based on sound research of the needs of the client group.

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*In circumstances where service providers are able to meet victim safety provisions but are unable to meet the full best practice guidelines, they must be able to demonstrate that they have a plan for achieving them.*

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Perpetrator programs may be offered in prisons or community based settings. They may use individual, or group counselling or a combination of such approaches. Participants may attend voluntarily or by a process of being court mandated. This best practice model is intended to apply across the range of such programs and regardless of the legal status of participants.

## 1.1 Definition of domestic violence

Domestic violence is considered to be behaviour which results in physical, sexual and/or psychological damage, forced social isolation, economic deprivation, or behaviour which causes the victim to live in fear.

## 1.2 Use of Terms

In this document the terms “perpetrator” and “victim” have been routinely used.

The use of these terms gives rise to some criticism because they suggest a type of person rather than a type of experience or behaviour, however they have been used here for convenience and because they are the most commonly recognised terms.

In addition these terms have been used in a gender specific way, ie perpetrator-male, victim-female. This is recognition of the larger proportion of domestic violence perpetrators being male, and of victims being female. This is not to deny that in some relationships women act as perpetrators and men are victimised.

# Essential Principles

## Underlying Assumptions

The underlying assumptions on which this Best Practice Model is based are as follows:

### Human Rights

Domestic Violence consists of a range of behaviours used to control another in intimate relationships (see earlier definition page 2). Domestic violence is a violation of basic human rights as people are entitled to live in dignity, free from fear and harm in their own home or domestic environment. Children have the same rights ascribed to adults in respect to violence and abuse.

### Responsibility for the violence

The perpetrators of domestic violence are responsible for their actions. The notion of blame being attributed to the victim is not acceptable.

### Empowerment of Victims

Services will incorporate ways of intervening and responding that promote the safety of victims and assist victims to make their own choices from an informed position. Children are vulnerable people in our society and require additional care in respect to decisions made by adults.

### Access and equity

Domestic violence is experienced by people of all classes, races, religions, ethnicity, ages, abilities and sexual preference. All victims and perpetrators are entitled to access services that are provided in a fair and equitable manner.

### Criminality

Services will acknowledge that domestic violence includes behaviours that are criminal offences and interventions by workers will support a criminal justice focus.

### Cultural diversity

Victims and perpetrators are entitled to services that respect their cultural and linguistic diversity and provide culturally appropriate and sensitive responses, and/or adequate referrals.

### Quality of service

Victims, perpetrators and their dependants are entitled to professional services relevant to their issues and circumstances, which are delivered by trained, skilled and supervised workers.

### Context of Domestic Violence

Service providers need to have an understanding of the social, cultural and political context in which domestic violence is perpetrated, as well as recognise that the **majority of victims are women and children.**

## Essential Principles

### Preamble

*The essential principles set out below are to apply to the delivery of behaviour change programs, counselling and education for perpetrators of domestic violence. Service providers will need to demonstrate that they can meet these essential principles, as they are non-negotiable.*

*It is the intention of this document to reflect a Best Practice Model for the delivery of perpetrator programs as identified above. The model recognises that to allow for the diversity of the client population, and the diversity of regions in Western Australia, the mode of service delivery needs to be flexible. The model provides a framework for service providers to develop a service plan and budget that will support the delivery of a quality service that aims to maximise the safety of victims.*

### 1. Knowledge And Understanding Of Domestic Violence

Service providers are to ensure that their workers have an extensive knowledge and understanding of the complex range of issues regarding domestic violence.

Workers are expected to have the skills to assess the perceived level of risk, to identify the forms of behaviours used to control victims and have an understanding of what constitutes criminal behaviours.

Workers are to also have an understanding of the impact and the effects of such behaviours on the victim and their dependents.

Workers will understand that the responsibility for the violence lies with the perpetrator. While respectfully supporting the perpetrator as their client, workers will not collude in any way with the violence.

Service providers should seek to maximise their understanding of what particular behaviours constitute a criminal offence, in order to clearly inform participants in their programs (list of relevant criminal offences listed in Appendix 4/p.22)

## 2. Safety Of Victims

**The primary objective of perpetrator programs is to promote the safety of victims and their dependents and view them as their primary clients.** Therefore all interventions should focus on victim safety, with the particular benefits for the perpetrator, as a result of adopting non-violent behaviour, being of secondary importance.

Service providers should undertake regular consultation with victims, victim services, and other service providers to perpetrators (eg Police, Ministry of Justice). Consultation in respect to particular casework matters must be undertaken in a manner that does not further jeopardise the safety of victims.

Where possible partners (victims) of perpetrators who are in a program or receiving counselling, should be contacted on a regular basis, as this is integral to maximising victim safety. The partners, when contacted, need to be informed that they are considered to be the primary client and that their safety is paramount. Partners should also be offered support by the agency if available, or alternatively referred to an appropriate service. Services need to develop clear policies and procedures for how contact with partners will be undertaken and incorporate the relevant principles set out in this document (ie Essential Principles 2, 6 & 8).

Policies and practices within the service provider agency will provide workers with **rapid access to supervision** to guide decision making in circumstances of an immediate threat to victims, and/or workers, or the alleged commission of serious criminal offences.

## 3. Needs Of Children

Children can be direct or indirect victims of domestic violence and if services are available they are to be offered. Alternatively appropriate referrals are to be provided for children. Service provider policies and procedures will reflect an understanding of the impact of domestic violence on children and demonstrate a knowledge of "duty of care" responsibilities if child abuse issues are identified.

## 4. Perpetrator's Responsibility For Violence

Services are to emphasise the principle that responsibility for violent and abusive behaviour rests with the perpetrator. And encourage the full acceptance of responsibility by perpetrators. Service providers must ensure practices do not avoid or deny the perpetrator's responsibility, which in effect colludes with the violence.

Programs should seek to promote respectful ways of relating in intimate relationships.

Programs should operate in a complementary way to the criminal justice system rather than as an alternative to intervention by the criminal justice system. For example perpetrator programs should not be offered as an alternative to arrest. However they may be offered in the post-court appearance and pre-sentence period, or constitute part of a perpetrator's sentence.

## 5. Services To Be Accessible And Relevant

Services are to adopt policies and procedures which maximise access and ensure services are relevant to the diversity of the client population. This means the elimination of any barriers that may discriminate, inhibit or deter people. It includes being available for perpetrators from all races, classes, ages, sexual preference and people with disabilities.

Accessibility includes where appropriate, that materials be presented in a range of languages and formats, and that services are easy to contact as well as being culturally sensitive.

Although services are expected to be accessible and relevant it is acknowledged that indigenous and culturally and linguistically diverse people may choose not to access a service for a variety of reasons. It is also acknowledged that specific, specialised services for these groups of people may be more suitable.

## 6. Inter-agency Cooperation and Consultation

Services are expected to support a coordinated and collaborative response to domestic violence and this can be achieved by cooperating with relevant agencies/committees in their local area or region, to effect the best outcome for victims, perpetrators and their dependents.

Service providers are to undertake regular consultation on the policies and procedures of related services and develop protocols for inter-agency cooperation in their region (eg. Women's Refuges, Police, Health Services, Family and Children's Services, Ministry of Justice).

Where perpetrator programs are being offered it is critical for professional liaison to occur between service providers. Funding for perpetrator programs should include funding for integrated victim services, unless alternative funding is already offered to a complimentary victim service.

Policies and procedures are to be put in place that will maximise the safety, confidentiality, and privacy, of victims and their dependants as well as workers. Any casework discussions or consultations must be undertaken in a manner that does not compromise their safety.

## 7. Training, Education And Supervision

Service providers must demonstrate a commitment to ongoing domestic violence training, and education that supports the professional development of existing and new workers. Services will also demonstrate a commitment to providing professional supervision for their workers on a regular basis.

Training will include how to engage and work with perpetrators in respectful ways without colluding with, or minimising the violence or abuse. In working to support perpetrators to change their behaviour workers need to be trained and skilled in challenging the attitudes and beliefs that underlie the use of violence and abuse to exert power and control.

## 8. Confidentiality And Privacy

Clients of victim services and perpetrator programs are to have their personal information treated in accordance with professional and public sector ethics. The ethic of confidentiality is concerned not just with the safety of victims and their dependents but includes workers. Information sharing between agencies is to be bound by the informed and written consent of victims except in

circumstances where there are legal implications or personal safety concerns. The sharing of information should not place the client, their dependents, or the worker at risk.

Duty of care principles under the Privacy Act should direct the means by which, services hold and share information about their clients.

Services must have good practices in documenting personal information, and advise clients that Courts can subpoena people, and information in specific circumstances of legal proceedings if relevant. Confidential information should be adequately stored and secured, and only appropriate personnel should have access to any client records.

Both victims and perpetrators need to be informed about the limitations of confidentiality policies adopted and utilised by the service provider, and applied to contracts with perpetrators (see chapter 3). Workers need to be briefed by the service provider on current confidentiality policies and informed about the legal implications of their work practices.

**With information sharing in relation to the victim the responsibility for decisions for action, and what is disclosed, remains with the victim and not the worker.**

**HOWEVER, it needs to be acknowledged that in the client/worker relationship these principles cannot always be applied in practice. Victims need to be informed that in certain situations workers will have to give precedence to attending to their duty of care responsibilities and will be bound by the ethical liabilities and/or legal implications of their work practices. *ie child protection issues, or when there is a perceived risk that the victim may be seriously harmed, the perpetrator may harm themselves and/or others, there has been a breach of the program contract, or a criminal offence has been committed.***

## 9. Evaluation

Service providers will be required to report regularly on the achievement of their outcomes and services should show a commitment to ongoing external evaluation.

*The rest of this document demonstrates a model of how these essential principles can be applied to practice and service delivery.*

# Focus on Victim Safety

**Victims of domestic violence are likely to base decisions regarding their personal safety on their partner's attendance at a perpetrator program eg. whether to leave the family home, whether to apply for a restraining order etc.**

In order to maximise victim safety, comprehensive contracting should take place at three levels;

- between the program purchaser and the service provider - see Introduction.
- between referral bodies and the service provider to ensure that standard procedures reflect this focus
- between the service provider and the perpetrator

## 3.1 Safety Principles

The following principles are considered crucial to maintaining a victim focus in contracting;

- **a primary duty of care to the victim/s.** This includes the duty to inform victims of threats made by the perpetrator or particular concerns for her safety. It also includes particular circumstances (see Appendix 1), where a duty to inform the Police or other authorities exists with or without the victim's consent.
- **open and unobstructed contact** with the victim, subject to her consent, at all stages of the perpetrator's involvement in the program.
- **clearly prescribed limits to confidentiality** in the service provider-client relationship. This means not simply that relationship which exists between the service provider and the perpetrator, but also that which exists with other parties such as the service provider and the referral agent.
- policies and practices within the service provider agency which provide workers with **rapid access to supervision** to guide decision making in circumstances of immediate threat to victims or the alleged commission of serious criminal offences. (see Appendix 1).
- **regular supervision** of workers focusing on the perceived level of risk to the victim/s based on

information from all possible sources.

- contracting between the perpetrator and the service provider and the service provider and the referral agent **should be in writing.** Service providers do however need to be sensitive to literacy problems which may be experienced by perpetrators, particularly those of Aboriginal or non-English speaking backgrounds. In such circumstances service providers should take extra care to ensure that the perpetrator fully comprehends the nature and content of the document to which they are signing.

## 3.2 Contracts with perpetrators

Contracts between service providers and perpetrators will contain a range of elements.

In respect to victim safety they should contain the following;

- an undertaking to supply contact details for current and, where possible previous partners
- acceptance by the perpetrator of unobstructed contact by the service provider with current and, where possible previous partners, for the purpose of gathering information regarding current and past behaviour. Acceptance of this condition should usually take place *before* contact is made with a partner or former partner. The principle exception to this will be in circumstances of immediate threat to the victim.
- acknowledgment by the perpetrator of the service provider's primary duty of care to the victim/s incorporating the obligation on the service provider to inform the victim/s of any perceived threats to her safety.
- acceptance by the perpetrator of prescribed mechanisms for feedback to the victim/s on the perpetrator's progress in the program.
- an undertaking by the perpetrator to remain non-violent (ie threats or actual physical violence) during the course of the program.
- an undertaking by the perpetrator to report breaches of the aforementioned undertaking ie. any threatened or actual physical violence taking place whilst in the program .

- an undertaking by the service provider to provide confidentiality in respect to the perpetrator in all matters disclosed that do not relate to the safety of victims or other members of the community, or relate to the commission of serious criminal offences.
- acceptance of program rules as they relate to attendance, payment of fees, abstention from mind-altering substances prior to attendance etc.
- acceptance by the perpetrator that current and previous partners will be informed of withdrawal by the perpetrator from the program.
- a description of the offence and/or behaviour leading to the referral. A copy of any statements made by the victim/s should be provided to the service provider in order to allow a comparison with the perpetrators account (this will assist the service provider in assessing victim safety).

A statement of best practice guidelines cannot cover all circumstances, requiring service providers to exercise professional judgement. Appendix 3 provides common examples requiring the worker to maintain a victim focus.

Perpetrators of domestic violence may be ordered to attend such programmes as a condition of a community supervision order (ie to be supervised by Ministry of Justice). In such circumstances perpetrators, should be informed of the expectation to enter into such a contract *prior* to such orders being made. However Community Corrections officers are not able to direct the judiciary in their decision making. A Magistrate or Judge may choose to make attendance at such a program a condition of a community supervision order without the full requirements of such a special condition having been made clear to the perpetrator. In such circumstances service providers are under no obligation to accept the perpetrator into the program. If the perpetrator subsequently refuses to accept the contract conditions, or is otherwise found to be unsuitable, Community Corrections may return the perpetrator to court for alternative sentence.

### 3.3 Contracts with referral agents

Contracts between the service provider and a referral agent will contain a range of elements.

In respect to victim safety they should contain the following;

- acknowledgment by the referral agent of the service providers primary duty of care to the victim, and therefore the obligation on the part of the service provider to inform victims of all information relevant to their safety.
- a statement prescribing the nature and form of feedback to be provided to the referral agent by the service provider and by the referral agent to the service provider. In the case of perpetrators attending programs as a result of being mandated to attend by a statutory authority, such contracts also require the endorsement of the perpetrator.

### 3.4 Contact with the victim

Where possible partners (victims) of perpetrators who are in a program or receiving counselling, should be contacted on a regular basis, as this is integral to maximising victim safety. The partners, when contacted, need to be informed that they are considered to be the primary client and that their safety is paramount. Partners should also be offered support by the agency if available, or alternatively referred to an appropriate service. Services need to develop clear policies and procedures for how contact with partners will be undertaken and incorporate the relevant principles set out in this document (ie Essential Principles 2, 6 & 8).

Where perpetrator programs are being offered it is critical for professional liaison to occur between victim and perpetrator service providers.

Both victims and perpetrators need to be informed about the limitations of confidentiality policies adopted and utilised by the service provider, and applied to contracts with perpetrators (see 3.2). Any casework discussions or consultations must be undertaken in a manner that does not compromise victim safety.

**With information sharing in relation to the victim the responsibility for decisions for action, and what is disclosed, remains with the victim and not the worker.**

**HOWEVER, it needs to be acknowledged that in the client/worker relationship these principles cannot always be applied in practice. Victims need to be informed that in certain situations workers will have to give precedence to attending to their duty of care responsibilities and will be bound by the ethical liabilities and/or legal implications of their work practices. ie child protection issues, or when there is a perceived risk that the victim may be seriously harmed, the perpetrator may harm themselves and/or others, there has been a breach of the program contract, or a criminal**

# Essential Content of Programs

**The following represents a list of elements considered essential to effective programs for perpetrators of domestic violence. The list is based on evaluations of effectiveness undertaken in Australia and overseas.**

Programs will be structured or curriculum based covering all aspects of the essential content, rather than seeking to do so in an unstructured or non-directive manner

## 4.1 Understanding of domestic violence

Programs will operate with the aforementioned definition of domestic violence that incorporates a range of behaviours, including physical violence. Other behaviours include intimidation and threats, psychological or emotional abuse, sexual abuse, economic abuse and forced social isolation. Domestic violence should be understood as a system of controlling behaviours maintained by actual or feared violence.

Programs will usually need to give special consideration to the various forms of sexual abuse possible in such relationships because of the particular difficulties which may be experienced by perpetrators in recognising coercive sexual behaviour over and above other forms of controlling behaviours.

## 4.2 Understanding of responsibility

Programs will operate from an established position that the perpetrator of violent behaviour is always solely responsible for that behaviour. Programs will generally need to focus on shifting the perpetrator's view of themselves as objects being acted upon by external forces, to that of subjects making decisions about how they will respond eg "the booze made me do it" to "I chose to be violent and to use drink as an excuse".

Programs should provide participants with "relapse prevention strategies" ie a capacity for early identification of circumstances at which they are at risk of being violent, a set of cognitive and behavioural strategies to prevent violent behaviour and a clear understanding of their responsibility to enact such strategies.

## 4.3 Understanding of self defence

Programs should inform participants of the limits to self defence. This means the legal acceptance of the use of minimal physical force by an individual to protect themselves from physical harm, providing the extent of that force is in proportion to level of threat . However programs should emphasise that violence cannot be justified as a response to any form of non-physical attack, despite some limited legal acceptance of certain "provocative" behaviours as justifying the use of physical force.

## 4.4 Development of Empathy for the Victim

Programs should routinely refer to the physical and emotional consequences of violent behaviour on victims, seek to provide a detailed understanding of the victim's experience and facilitate the development of empathy in the perpetrator.

Programs should inform perpetrators of the effects of a fear of violence, as well as actual violence, in creating a power imbalance in the relationship which will not result in a satisfying relationship for either party.

## 4.5 Promotion of respectful and egalitarian relationships

Programs should promote acceptance of egalitarian and respectful (non-violent) relationships.

Programs will normally do so by examining gender role socialisation for both perpetrators and victims which promotes controlling behaviour by men in intimate relationships

# Length of Program

## 4.6 Use of Groupwork

Programs should emphasise groupwork as a prime mode of intervention, as research indicates that this mode of service is the most effective and efficient.

If clients are assessed as not being suitable at that time for group work, then individual counselling can be provided in the short-term or as an alternative if necessary. Individual counselling can also be offered to men in the interim whilst they are waiting to be placed into a group work program.

## 4.7 Support function

Programs should include opportunities for participants to receive individual attention and support in respect to issues particular to them and in support of positive change. This should include attention to specific relapse prevention strategies.

## 4.8 Individual Counselling

Programs should offer individual counselling for the reason mentioned above in section 4.6 as an adjunct to group-work. For example for men who have experienced sexual and/or physical abuse as children. Individual work can also be used initially as a means of engaging men into the process of counselling.

## 4.9 Couple Counselling

Couple counselling should be available to perpetrators and victims as provided by the program itself, or by another related and accessible service. However couple counselling should only be offered under the terms set out in Relationship with Other Service Providers (page 12) as couple counselling offered outside of those terms could compromise the safety of the victim.

Considerable debate exists about the appropriate length of perpetrator programs. This debate tends to be confused with discussion about the length of time generally required for perpetrators to achieve major personal change of the kind required to function in an egalitarian relationship. Perpetrator programs have usually operated over far shorter periods of time than that generally required to achieve such change. However perpetrator programs may lay the foundation for major personal change.

Perpetrator programs should offer a **minimum of 40 hours direct contact time** in order to achieve the basic levels of cognitive and behavioural change required to achieve victim safety. However perpetrators presenting with highly entrenched attitudes and beliefs and/or extreme offending behaviour will usually require longer periods of intervention.

Perpetrator programs should aim to spread contact time over a period of weeks or months rather than offer the program on a once off intensive basis, in order to allow participants the opportunity to practice new skills and approaches during the period of being in the program. However in some settings, particularly country areas, intensive programs may be more practical in respect to travel time required.

Where intensive programs are offered it is preferable that particular “blocks” of intensive contact time be spread over a longer period of weeks or months, with participants engaged in clearly defined “homework” in the interim period.

# Intake & Assessment

**Programs will not be suitable for all perpetrators of domestic violence. The suitability of any individual will vary according to a range of factors. These factors include the functioning of the individual and their particular circumstances.**

Those considered to be suitable for programs will;

- accept a contract with the service provider which includes those elements contained in the section “contracts with perpetrators” in the section Focus on Victim Safety (pages 4-5).
- not demonstrate any of the exclusion factors outlined below.

## 6.1 Exclusion Factors

A perpetrator may be considered unsuitable if he;

- is likely to behave in a manner which will be seriously disruptive of the group process
- has little or no apparent capacity for empathy with others including his victim/s ie. a person who is considered to have a serious personality disorder incorporating an in-capacity to understand the effect of his behaviour on others
- is physically and/or intellectually impaired to a level which is beyond the resources of the service provider to accommodate.
- has a serious and primary dependence on alcohol or other drugs.
- has a psychiatric disorder which is untreated
- refuses to accept the terms of a contract containing the principles outlined above
- refuses to safely dispose of firearms and other lethal weapons in his possession

Such persons who are considered unsuitable may require some form of intervention which precedes the specific domestic violence programme (eg. a treatment programme for substance abusers) or a perpetrator programme specifically targeted to participants with specific difficulties (eg. intellectually impaired).

## 6.2 Intake

Intake procedures and practices should reflect the following aims;

- the provision of a clear overview of the programme.
- a focus on victim safety in the information sought and provided.
- successful engagement of the perpetrator without conveying tacit acceptance of any forms of justification given for violent behaviour (collusion).

The collection of intake information is considered to be a specialist task requiring training and supervision. Workers undertaking the task should be able to;

- guide the discussion in a manner which focuses the client on a clear description by them of the presenting problem.
- provide clear information on the program.
- make an assessment of the victim/s safety, and know how to respond should an immediate threat to that safety be apparent (see Appendix 2)

## 6.3 Immediate Containment

During initial contacts, immediate containment of the perpetrator’s violent behaviour and intervention to ensure victim safety should occur.

Service providers may differ in the manner in which they undertake this work, however containment will usually include some or all of the following;

- Development of basic strategies to avoid violent behaviour (eg. anger management techniques, such as the use of “self-talk” and “time-out”).
- Promotion of engagement with the program.
- Maximising motivation to change by focusing on the consequences of violent behaviour for the perpetrator and the benefits of non-violent behaviour (at the point of initial contact perpetrators may have a limited capacity to appreciate the consequences of violent behaviour for victims).

Immediate intervention to ensure victim safety will vary according to the context of the initial contact or referral, but will usually include the provision of information regarding access to emergency accommodation, restraining orders and the development of a “safety plan” (see Appendix 3). Contact with victims should usually only take place following acceptance, in the first instance, by the perpetrator.

Refusal by the perpetrator to accept contact between the service provider and the victim/s will preclude further involvement by the perpetrator in the program. However contact with the victim may nevertheless take place where a concern exists for her safety either directly, or via an involved service provider to the victim.

## 6.4 Assessment

Information gathered at assessment will vary according to the context in which that assessment takes place. However the following represent key elements of a comprehensive assessment of men seeking entry into perpetrator programmes;

- detailed information about the nature and frequency of the various forms of abusive behaviour. Information provided by the perpetrator should, where possible, be checked against information gained in a similar form from the victim. This may give some indication of the extent of minimisation or denial present in the description given by the perpetrator.
- contextual factors, such as whether violence occurs around particular areas of conflict between the victim and perpetrator or is more random, the perceived role of alcohol and drugs in the situation, recurring issues or themes that relate to violent behaviour, the level of peer group support for violence.
- possession of firearms or other lethal weapons (immediate discussion should take place regarding the safe disposal of such weapons ). See also Appendix 5 regarding possession of firearms.
- family of origin information, particularly as it relates to gender role modelling and violence,
- the level of motivation to change and primary motivating factors (see below)

- previous and relevant criminal record, current criminal, family or child welfare law proceedings. The provision of any reports to courts should be discussed with the perpetrator.

Assessment of primary motivating factors is a crucial aspect in the process. Motivating factors at the time of initial presentation may include;

- a desire to avoid further criminal sanctions, or to satisfy the perceived or actual expectations of the prison Releasing Authority.
- a desire to “save” the relationship
- a recognition of the personal costs for the perpetrator of continuing violent and controlling behaviours eg. loss of intimacy, lack of trust leading to a general climate of fear and suspicion in the relationship

Information about primary motivating factors will usually be a crucial guide for intervention. Motivating factors will often shift in relative importance over time, with a shift from extrinsic motivators (such as criminal sanctions) to intrinsic motivators (empathy for the victim) being a favourable sign.

During the course of gathering this information an assessment can be made regarding possible exclusion factors (outlined above).

**Detailed information regarding violence should not be sought in the course of joint or couple sessions.** Gathering information regarding violence in a joint session may expose the victim to risk and is unlikely to provide accurate information because of the tendency toward minimisation by the perpetrator, and possibly the victim.

## 6.5 Data Collection

Service providers should seek to gather such information in the assessment phase that conforms to standardised data collection formats used at a State-wide level or where applicable the local level. This includes specific information about the response of the criminal justice system to the particular individual.

This information is useful in addressing the issue of domestic violence both at a local and wider or systemic level.

# Relationships with Other Service Providers

## 7.1 Regional Networks

Service providers offering perpetrator programs should engage in appropriate networking and liaison with other relevant local or regional service providers to perpetrators and victims. They should seek to establish formal protocols with such service providers.

The establishment of such relationships should take place via participation in Regional Domestic Violence Committees.

Perpetrator programmes should form part of an integrated approach to domestic violence operating through the regional committees and local domestic violence action groups, and enacted through the implementation of the Regional Domestic Violence Plan

The actual nature of the relationships between perpetrator programmes and other service providers will vary in different locations across the State. Outlined below are the key principles by service type or Department which should inform the process of establishing protocols.

## 7.2 Couple and Family Counselling Services

Such services are provided by individuals (private practitioners), non-government organisations and statutory authorities (ie government organisations). Therefore the range of approaches to couple counselling varies considerably.

Perpetrator programs may have contact with such services in the context of referral of perpetrators and their partners to or from such couple and family counselling services.

Service providers should only make referrals to such services if;

- the perpetrator has completed or made substantial progress in the program and;
- by contact with the victim it has been assessed that physical violence, actual and threatened, has ceased and other forms of controlling or abusive behaviour have significantly declined and;
- the victim has freely given informed consent to

participate. Informed consent means that the victim has been given an understanding of the manner or form in which such counselling is to be conducted.

- the victim considers herself free to express herself in counselling sessions without fear of punishment or reprisal and;
- the counselling service to be utilised has an established and congruent policy on domestic violence and a focus on victim safety (ie a commitment to a primary duty of care to victims of violence)
- the perpetrator and victim agree to the open exchange of referral information between the perpetrator program and the couple and family counselling service. The nature and form of information exchange with a couple or family counselling service should be set out in a formal protocol (as above).

Perpetrator programs should accept referrals from couple and family counselling services subject to the provision of informed consent and open information exchange.

## 7.3 Family Mediation Services

Family mediation services are provided by individuals (private practice mediators), family lawyers, non-government organisations and the Family Court.

Family mediation services generally focus on developing agreements between separated parties in dispute about care arrangements for children and the disbursement of property.

There has been considerable debate over whether mediation is an appropriate intervention in circumstances of domestic violence, given the power imbalance usually present and the resulting potential for intimidation of victims and inequitable outcomes. However a large proportion of cases coming to mediation have been found to involve domestic violence, and the debate has now shifted to how the interests and safety of victims can best be protected in mediation.

Perpetrator program service providers may have contact with such services in the context of referral of perpetrators and victims to or from such mediation services.

Perpetrator programs should only make referrals to such services if;

- the perpetrator has completed or made substantial progress in the program and;
- by contact with the victim it has been assessed that physical violence, actual and threatened, has ceased and other forms of controlling or abusive behaviour have significantly declined and;
- the victim has freely given informed consent. Informed consent means that the victim has been given an understanding of the manner or form in which such mediation is to be conducted. In addition, informed consent to mediation means that she has an understanding of the likely outcome if the disputed matters went to court (ie she has had legal advice).
- the victim considers herself free to assert her views in mediation sessions without fear of punishment or reprisal and
- the mediation service has an established and congruent policy on domestic violence and a focus on victim safety ( ie a commitment to a primary duty of care to victims of violence). This should include the capacity to undertake a “shuttle” mediation ie mediation between parties that for reasons of safety are conducted in separate locations.
- the perpetrator and victim agree to the open exchange of information between the perpetrator program and the mediation service. The nature and form of information exchange should be set out in a formal protocol (as above).

Perpetrator programs should accept referrals from mediation services subject to the provision of informed consent and open information exchange. Referrals should not be accepted where;

- attendance by the perpetrator has been written in as a condition to a mediation agreement
- participation in the program is itself intended to achieve some form of “defacto” mediated agreement.

Attendance at a perpetrator program should never constitute a bargaining point in mediation in part because the intended outcome of such attendance cannot be assured, though primarily because victims are entitled to freedom from violence as a right, rather than as a consequence of any form of negotiation.

## Family and Children’s Services

The primary mandate of Family and Children’s Services (FCS) is to protect children from physical, sexual and emotional harm.

Research has indicated that in a high proportion of cases (thought to be around 50%), physical violence directed at a partner will be accompanied by violence toward children. Children may also be physically injured in the course of violent incidents by accident or by their attempts to intervene to protect the victim. Children also undergo serious emotional harm as a result of witnessing violence and living in a home environment imbued with a fear of violence.

Perpetrator programs may vary in the extent to which they consider harm to children relative to their primary focus on violence against adult victims. Where perpetrator program service providers receive referrals from FCS they should:

- check the relevance of the referral and the casework goal developed by the Department with the aims and intended outcomes of the program. If the program does not specifically address physical violence against children, it may only be relevant in respect to emotional harm suffered by children who witness violence.
- concomitant to the above, check what expectations exist by way of reports to the Department and the Children’s Court (if a Care and Protection Application has been made).

## Police

Perpetrator programs should seek to ensure that operational police in the region have information regarding the service, preferably carried in operational vehicles, in order that program information be provided to perpetrators.

Perpetrator program service providers should actively discourage operational Police from viewing perpetrator programs, and undertakings from perpetrators to attend, as an alternative to arrest.

# Qualifications for Workers

## Ministry of Justice

The Ministry has a responsibility to provide suitable programs to convicted offenders who commit acts of violence.

Referrals from the Ministry to perpetrator programs should be made based on informed consent and involve clear contracting (see Focus on Victim Safety, p.4).

Referral to perpetrator programs for offenders involved in diversion schemes (ie. before the matter has gone to court) is not acceptable.

## Judiciary

Perpetrator program service providers should seek to maximise their liaison with local members of the Judiciary, particularly Magistrates, to inform them of the nature and content of the program, with particular reference to exclusion factors (see Intake and Assessment, p.8). The program purchaser should seek to maximise the flow of information regarding such programs to the Judiciary through the Court's Directorate of the Ministry of Justice.

**Working with both perpetrators and victims of domestic violence requires a specific knowledge base and skills. Even where workers possess tertiary qualifications in the social sciences, social work or psychology, they are unlikely to have the specific knowledge and skills required, since no tertiary course to date is available in Western Australia to provide such training.**

Best practice in the area of therapeutic services to perpetrators will be achieved when specific courses are made available at an undergraduate level or as an accredited post-graduate qualification

Non-government organisations and private trainers currently provide training in an ad hoc fashion on working with perpetrators. The most comprehensive training is provided in a three day package. Some participants subsequently go on to undertake supervised co-work with an experienced service provider in an established program. In other cases training service providers proceed directly to undertake supervised co-work.

Best practice standards can only be developed around training that is currently available.

Individual service providers should have;

- tertiary qualifications in the social sciences or related discipline where a component of the training is in counselling skills
- completed a training course which meets the criteria set out below
- acted as a co-worker to an experienced practitioner for a minimum of ten sessions.
- personal qualifications as set out below.

[Domestic Violence Prevention Unit]

## 8.1 Training Courses

Training courses should at a minimum provide;

- a consistent focus on the relationship between practice and victim safety
- an understanding of current approaches to working with perpetrators that are deemed to be the most effective based on research reported in the literature. At the time of writing this is a combination of cognitive behavioural and pro-feminist approaches, conducted primarily in a group work setting.
- familiarity with this document “Best Practice Model For The Provision of Programs For Perpetrators Of Domestic Violence in Western Australia” ( May 1997).
- opportunities for participants to examine their own attitudes and beliefs regarding violence and conflict in intimate relationships.
- experiential learning opportunities

## 8.2 Individual Service Providers Who Are Former Perpetrators or Victims

Programs for perpetrators have been delivered in other parts of Australia and overseas using service providers who identify themselves as a former perpetrators or victims. Under certain circumstances such experience may be of advantage to potential service providers. Such service providers should only practice in the field if they have completed a recognised therapeutic program focusing on domestic violence in their own lives.

Previous experience as a perpetrator or victim must not be considered in and of itself to be a qualification to practice in the field or as a substitute for other qualifications set out in this document.

However, former perpetrators or victims who meet the other qualifications set out in this document, but do not hold tertiary qualifications could act as assistants to fully qualified service providers, in circumstance where;

- they are assessed as being suitable based on information, gained by their consent, from a therapeutic program focusing on domestic violence.
- appropriate supervision can be provided.

## 8.3 Personal qualifications

- a commitment to principles of equity and social justice
- non-violence in all aspects of their personal and professional life for a minimum of 5 years
- a balanced and open approach to personal relationships, with a commitment to gender equality
- a commitment to supervision
- a capacity to work with men convicted of criminal offences
- no convictions for offences involving violence in the previous five years
- where programs are being delivered to a particular cultural or linguistic group, membership of that group should be regarded as a genuine qualification.

Unfortunately such qualities are difficult to discern with any reliability. Nevertheless potential employers should attempt to examine these factors in the context of their selection process.

# Supervision Standards

## 9.1 Supervisors

Supervisors should have tertiary qualifications in the social sciences and a minimum of 5 years post-graduate experience in service provision. They should have specific knowledge of current theory and practice in respect to domestic violence.

## 9.2 Frequency

Individual service providers should receive a minimum of one hour per fortnight of individual formal supervision. If group supervision is undertaken it should be at a minimum of one and a half hours per fortnight.

## 9.3 Urgent Access

All individual service providers should have access to supervision on an urgent basis in circumstances where the safety of clients or members of the community is at risk.

## 9.4 Focus on victim safety

Supervision should include a regular component where the safety of the partners of program participants is subject to review.

## 9.5 Worker Safety

Services have a duty of care to ensure safe practices are in place and utilised for the psychological and physical wellbeing of the workers dealing with domestic violence.

Supervision should include monitoring the service's safety procedures, plus a review of their application and appropriateness from time to time. As circumstances demand, supervisors are to ensure the service provider develops and implements new and/or additional procedures.

Protective measures and practices that maximise the safety of clients and workers will be established, monitored and reassessed over time (eg duress alarm systems, security doors on premises, emergency contact lists, not working alone in a building or walking unaccompanied to a carpark etc).

# Evaluation

**The effectiveness of perpetrator programs has been the subject of much debate in the literature. Considerable difficulties exist in the accurate measurement of outcomes and the definition of a “successful outcome” is subject to enormous variation.**

This section outlines the structure and components of an outcome based evaluation, suitable for the purposes of accountability to funding bodies. It is not intended to form the basis for evaluation at the level of rigour required for publication as academic research. However, programs should be open to, and actively encourage, research level evaluation by external and independent evaluators.

## 10.1 Principles of Evaluation

- All perpetrator programs must undertake evaluation as to their effectiveness against prescribed outcomes
- Perpetrator programs should engage in an evaluation cycle in which findings become the basis for testing innovations.
- Outcome evaluation must ultimately focus on the impact of the program on the safety of victims.
- Programs must undertake evaluation using a multi-factorial definition of a “successful outcome” (outlined below)
- The cost of evaluation must be contained within the budget of programs

## 10.2 Successful Outcomes

The purest criterion for defining a successful outcome is the cessation of all forms of violence. However adopting such a definition may be unrealistic because of the time limited nature of such programs and difficulty in measurement.

Perpetrator programs have therefore adopted a range of different measures to indicate success. They have used records of attendance, assessment of participation, clinical observation, and self report instruments.

The following combination of measures is proposed as indicative of a successful outcome;

- Appropriate participation in groupwork component, as assessed by service providers
- Response to attitude and behaviour scales ie standardised multiple choice questionnaires
- Observed attitude change, as assessed by service providers at intake and program completion.
- 70 % attendance for groupwork component. Note: This level of attendance would not however normally satisfy the requirements of statutory authorities mandating perpetrators to attend.
- Reported behaviour change by the victim based on assessment at intake, program completion, and follow up (six months). Where such information is not available, self -report by perpetrators may be used, though this data should be weighted in respect to the other forms of information to reflect the tendency in such self reports towards minimisation and denial.

### 10.3 Outcome Measurement

- Maintaining contact with perpetrators and victims for the purposes of evaluation is notoriously difficult. The drop-out rate from such programs is usually quite high. Drop outs often have high levels of mobility and tend to resist or ignore efforts to contact them. For this reason it is recommended that programs include a commitment to participate in evaluation within contracts with perpetrators. Service providers should also seek a suitable and permanent contact address for correspondence regarding evaluation.
- Perpetrators and, to some extent victims, will minimise the extent of violence at the point of intake. Participation in domestic violence programs may to promote a more realistic assessment by clients of their circumstances. Participation by perpetrators in

programs could bring about both attitudinal and behavioural changes, however when assessment at completion or follow-up is undertaken this may not be evident because base-line data (at intake) is unreliable. In part, this is the basis for combining victim and perpetrator reports with more “objective” measures, such as attitude and behaviour scales.

- Where service providers choose to extend the rigour of their outcome measurement, the use of control groups (ie comparable groups of perpetrators who are deliberately excluded from intervention) is unethical and unacceptable. However the use of “wait-list controls” is acceptable where perpetrators are genuinely unable to access the service because demand for places exceeds supply. Similarly, the testing of “program enhancements” by their selective administration within a larger group who are all being offered a service, is acceptable.

Evaluation  
Best Practice Model

# Bibliography Appendix 1

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## Guidelines—circumstances in which immediate supervision should be sought

Service providers should immediately seek supervision from supervisors or line managers in circumstances where;

### 1. A current and serious threat exists to the life or person of any party

Clearly, service providers need to exercise judgement in these circumstances. They should consider;

- the level of seriousness and imminence of the threat
- the degree of fear evidenced in the potential victim, if that person is aware of the threat
- the timing of the threat, noting that the period immediately following separation or around legal action is particularly dangerous.

### 2. Alleged commission of a serious crime against the person

Serious criminal offences against the person include;

- rape/sexual assault
- murder
- assault causing bodily harm
- child abuse (physical, sexual, extreme emotional abuse and neglect)

**Supervisors or line managers** must ensure that;

- The potential victim is informed of current and serious threats to their safety.
- The police are informed. In cases involving risk to children, Family and Children's Services should be informed. In respect to offenders undertaking community supervision Community Corrections (Ministry of Justice) should be informed.
- That clear and accurate recording is undertaken of all actions and statements
- That concern for the maintenance of the therapeutic relationship between service provider and the perpetrator does not prevent appropriate action to protect victims.

# Appendix 2

## Guidelines for service providers regarding victim safety—common situations requiring action

*Example 1. A victim of violence is reluctant to engage in a discussion about her partner's past acts of violence when contacted by telephone.*

### Considerations

- she may not be safe to engage in the conversation at the time of the call
- she may have been threatened by the perpetrator to provide a minimised account of the violence
- she may not trust the person or organisation seeking the information
- she may be maintaining a minimised account of the violence in her own mind
- a combination of the above may exist

### Suggested Response

- ask if she considers herself safe to engage in the conversation. If the response is “no” ask her to contact you at an alternative time and terminate the call immediately
- ask if she has been given any instructions (direct or implied) as to how to respond to your questions. If the response is “yes” ask her to contact you at an alternative time and terminate the call as soon as possible
- if she presents as lacking trust in giving out the information, provide information about the organisation and the program, and her partner's contractual undertaking to accept free and open contact with her subject to her consent to such contact. Seek a face to face meeting to allow her to establish the credentials of the organisation and program in person
- if the account given of past violence represents a significant minimisation on that given by the perpetrator, seek a face to face meeting to clarify the details

*Example 2. A victim of violence discloses a recent incident of violence that has taken place during the period of participation by her partner in the programme. She seeks an undertaking from the service worker that they will not inform the perpetrator of the disclosure.*

### Considerations

- she may be subject to some form of reprisal if the perpetrator is informed of the disclosure. She is the best placed person to assess the level of that risk
- the perpetrators sense of control over his partner may be enhanced, and the utility of the program undermined, if he considers that his partner will not openly report incidents of violence
- limits exist to a service provider's capacity to maintain confidentiality in circumstances of a serious threat to the victim or some other community member, or where a serious offence has occurred (see Appendix 1)

### Suggested Response

- gain an assessment of the level of risk of reprisal and the expected seriousness of that reprisal. If the assessment is that some form of physically violent reprisal is likely, and the violence disclosed does not meet the criteria for reporting set out in Appendix 1, give the undertaking of confidentiality.
- in the above circumstances, make careful file notes of the information disclosed, mark and highlight the notation clearly “Not to be disclosed”. However, keep the information in mind should the perpetrator make some form of disclosure regarding the incident in order to assist the framing of questions to him.
- in circumstances where the victims assessment is that the risk of a physically violent reprisal is low, seek to gain the victim's acceptance of the need to confront the matter. If that acceptance is ultimately not achieved give an undertaking of confidentiality and follow the procedure mentioned above.

*Example 3. A perpetrator of violence complains that since he has commenced the programme the level of his partners anger towards him has dramatically increased, and that as a result he thinks he may become violent.*

### Considerations

- the victim may be in immediate danger
- the increase in expressed anger may be the result of an improved sense of safety, and as such may be a positive indication
- the re-building of trust and respect in the relationship usually only takes place when anger and hurt from previous violence has been discussed, understood and the perpetrator is able to demonstrate an acceptance of responsibility for his behaviour

### Suggested response

- make an assessment of the victim's immediate safety based on the utterances of the perpetrator and his progress in the program. Decide whether the victim should be informed of the threat to her safety
- review with the perpetrator their progress in the program and strategies for non-violence
- raise the possibility with the perpetrator that the increase in the victims expression of anger may reflect an improvement in her perceived level of safety
- discuss with the perpetrator the need for her expression of anger in respect to past violence, and the possibility that the her anger stems directly or indirectly from this need

*Example 4. Despite a clear indication of high levels of risk to the victim and direct communication of that risk to her she chooses to remain in the family home with the perpetrator.*

### Considerations

- The victim may feel compelled to remain with the perpetrator for a range of personal and practical reasons.

- Separating from the perpetrator may require that the victim confront the painful reality of the situation. The victim may be very fearful of doing so and therefore maintaining denial of the level of danger.
- Very forceful attempts to convince the victim of the level of danger may only serve to entrench denial.
- Under circumstances outlined in Appendix 1 to serious threats or offences, you may be required to report to outside authorities.

### Suggested response

- Set out an assessment of the danger listing the various risk factors. Seek to compare and contrast that assessment with the victims assessment. Ask what information would the victim require to make the decision to leave. Check if that information is at hand.
- Ask what restraints exist for the victim in leaving.
- Urge the victim to err in favour of caution by leaving.
- If she chooses to stay in the home discuss what she would do in an emergency and assist her to develop a safety plan (see Appendix 3).
- Inform the victim of the responsibilities that exist for service providers in respect to serious threats or offences.

# Appendix 3

## Safety planning for victims of domestic violence

In respect to victim safety, the safest option is to leave the home she shares with the perpetrator and go to a place unknown to him. However many victims will choose to remain in the home particularly if their partner is participating in a perpetrator program.

Victims should be discouraged from remaining in an at risk situation based solely on his participation in a program. Rather they should be encouraged to make an assessment of their safety based on actual behaviours of the perpetrator.

Service providers must be able to suggest practical steps to assist them to remain safe, if they choose to remain in an at risk situation. Most of these suggestions will relate to being able to leave the home quickly or to rapidly access assistance.

Specific components of a safety plan may include;

- Informing a trusted neighbour of the situation and seeking their assistance by providing a safe place to run to in an emergency. Neighbours may be reluctant to offer this, however they may undertake to call police if they believe the victim is in danger or is being assaulted.
- Packing a small bag containing basic clothing for herself and the children, spare car keys, cash (if available), photocopies of identification documents/cards. The bag should also contain the telephone number of the Crisis Care Unit ( 09 3251111 or 1800 199008) who can provide emergency transport and accommodation in most locations across the State. This bag could be hidden in the house or outside of it (eg. with a neighbour, friend, relative).

- Safety planning may be done with children. Children may wish to have strategies to enact in circumstances of danger. Their age and competency should be taken in to account. Such planning should focus on their personal safety rather than establishing responsibility for the safety of a parent or sibling.

Perpetrator program service providers must be prepared to assist victims in emergencies either directly or by advocacy with an alternative service provider. **The possibility of this prejudicing the therapeutic relationship with the perpetrator must never prevent such action.**

# Appendix 4

## Domestic Violence-criminal offences

Domestic violence often involves behaviours which constitute criminal offences. For a many reasons, including the fact that it is taking place in or around the home, perpetrators tend not recognise their behaviour as criminal particularly in respect to offences that involve causing fear or damaging property. It is important that service providers maintain an understanding of what behaviours constitute criminal offences in order to inform participants in their programs.

It is not possible to provide a comprehensive list of criminal behaviours used by domestic violence perpetrators. However the following represents the most common examples.

HOMICIDE includes;

- murder
- manslaughter
- driving causing death

ASSAULTS (NON-SEXUAL) includes;

- assault - common
- assault - bodily harm
- assault - grievous bodily harm
- driving - causing bodily harm
- unlawful wounding

GENERAL OFFENCES AGAINST PERSONS include;

- abduction
- deprivation of liberty
- act intended to injure
- act intended to cause grievous bodily harm
- administer poison/drug
- annoy/intimidate by violence
- cause explosion to endanger life
- defamation
- deprivation of liberty
- disable/stupefy to commit an indictable offence
- render incapable of resistance
- stalking

SEXUAL ASSAULTS include;

- indecent assault
- indecent dealing
- sexual penetration without consent
- aggravated sexual penetration without consent
- aggravated indecent assault

ARSON includes;

- fire - building dwelling
- fire - motor vehicle

**DAMAGE includes;**

- damage to motor vehicle
- interfere with parts of a motor vehicle
- set explosion to damage

**ON PREMISES/curtilage includes;**

- on curtilage without lawful excuse
- on premises - non sexual
- on premises - sexual (including suspected)

**LOITERING includes;**

- loitering - non sexual
- loitering - sexual (including suspected)

**OTHER THREATS includes;**

- demand property by threat
- going armed to cause fear
- going armed at night to commit a crime
- serious threat to cause fear
- written threat to murder

**OTHER DANGEROUS ACTS includes;**

- discharge firearm to cause fear
- going armed in public

**ANIMAL OFFENCES includes;**

- poison animal
- wound/maim/kill animal

**INTERIM ACTION TO COMMIT OFFENCES includes;**

- conspiracy to commit a crime
- conspiracy to commit other offence
- incite an offence

**COURTS/LEGAL PROCESS includes;**

- defeat/pervert course of justice
- interfere with a witness
- perjury
- breach of restraining order

*\* in a general sense the term "curtilage" refers to public space around private property (eg side-walk or pavement)*

# Appendix 5

## Possession of firearms—legal & ethical issues

Where service providers become aware of the possession of firearms by perpetrators they should act immediately to reduce the risk that such weapons pose to victims. This risk is likely to be very high in the immediate post separation period, or after significant events like court appearances or the formation by the victim of a new intimate relationship.

Firearms may be regularly used as a means to control a partner without the perpetrator being required to directly threaten the victim with the weapon. Perpetrators may do so by verbal threats to use it, or by simply choosing particular times to take the weapon out from its storage place eg. in order to clean it, check it is working order etc. Even in the absence of these behaviours a firearm can constitute a powerful threat by its presence in the household and potential for use.

Principle legal provisions concerning firearms are contained within the Criminal Code and the Firearms Act (1973). Under this legislation Police may;

- seize a firearm not subject to a licence or permit
- seize a firearm, whether a person is licensed or otherwise authorised to possess it, where there exists an immediate threat of harm to another person or the firearm is held by someone not deemed to be a “fit and proper person”
- enter and search premises, stop, search and detain individuals if they have reasonable grounds for believing the above circumstances exist.

A person may be deemed not to be a “fit and proper person” if they;

- have been convicted of an assault involving a weapon
- have been convicted of an offence involving violence
- have been convicted of an offence against the Firearms Act
- have had a violence restraining order made against them
- “fail to meet the standards of mental and physical fitness that the Commissioner considers necessary...”

The Restraining Order Act (1997) provides for the automatic seizure of firearms where persons are subject to a violence restraining order.

The Criminal Code contains a series of offences relating to threatening behaviour (see Appendix 4). Specific offences have been included in the Criminal Code in respect to the offence of stalking. In this legislation “circumstances of aggravation” (ie increased seriousness) include those where the offender is armed with any dangerous or offensive weapon or pretends to be so armed.

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*Service providers should seek to ensure that firearms are disposed of whether they are properly licensed or not. This applies even in circumstances where they have not as yet been used in a threatening manner.*

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Service providers should, in the first instance, seek to establish agreements with perpetrators regarding safe disposal of firearms. Refusal to dispose of a firearm is an exclusion factor in respect to perpetrator programs (see page 8)

Involuntary participants will be in attendance following a conviction for a violent offence. As a result they are likely to have had their firearms licence revoked. This is not an automatic process. A post conviction review of a firearm licence includes the opportunity for the license holder to put a case as to why the licence should not be revoked. In some such cases convicted licence holders will be successful in this regard.

However, involuntary participants will normally attend as a result of a special condition of a community supervision order. This means that they are required to be returned to court for re-sentencing if they are unable to meet such a special condition. Refusal to enter into an agreement for disposal of a firearm will exclude them from participation in the program and precipitate action to return them to court. This may promote acceptance of a disposal agreement.

In respect to voluntary participants, the threat of exclusion may be sufficient to motivate them towards an agreement to dispose of firearms. In the absence of a violence restraining order, or some other grounds under

which a seizure or revocation of a licence will take place, voluntary participants can only be faced with the choice between the benefits of participation in the program and the perceived benefits to them of owning a firearm.

Safe disposal may include;

- disposal to the Police for destruction (preferred option)
- storage with Police (fee attached)
- legal sale
- storage with a responsible person (this requires that the person applies to become a co-licensee in respect to the weapon, since being in possession of a firearm without a licence is an offence).

In the case of storage with the Police, the perpetrator will not normally be required to undergo any questioning regarding the purpose of removing the weapon from storage. However perpetrator programs may seek to establish a protocol with local police regarding advice of the movement of firearms out of storage.

Storage by another person who becomes a co-licensee may be satisfactory if that person makes an undertaking to prevent access to the firearm to the perpetrator for a fixed period, normally extending beyond the period of the program).

The choice of person for storage should be discussed with the victim. If the victim has reason to believe the proposed co-licensee will not act appropriately an alternative person should be found.

Service providers should be prepared to inform Police and/or Community Corrections Officers in circumstances where program participants are in possession of a firearm and a threat exists towards a victim or the general community (see Appendix 5)

Service providers are clearly limited in the extent to which they can monitor and enforce agreements. However a duty of care exists to establish such agreements and to question adherence. Service providers must set the level of their response to this issue on the particular assessment of the potential for the perpetrator to use a firearm.

*focus on victim safety • essential content of programs • intake and assessment*

*relationships with other service providers • qualifications for workers • supervision standards • evaluation • guiding principles • focus on*

*victim safety • essential content of programs • intake and assessment • relationships with other service providers • qualifications for*

*workers • supervision standards • evaluation • guiding principles • focus on victim safety • essential content of programs • intake and*

*For the Provision of Programs for*

*Perpetrators of Domestic Violence in Western Australia*

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*assessment • relationships with other service providers • qualifications for workers • supervision standards • evaluation • guiding*

*principles • focus on victim safety • essential content of programs • intake and assessment • relationships with other service providers •*

**[Domestic Violence Prevention Unit]**

*qualifications for workers • supervision standards • evaluation • guiding principles • focus on victim safety • essential content of programs*

*• intake and assessment • relationships with other service providers • qualifications for workers • supervision standards*

# Best Practice Model - Feedback Sheet

It is anticipated that the Best Practice Model for Perpetrator Services providing domestic violence counselling, education and support will be revised at various stages in the future, to measure its effectiveness as a guiding document, and to reassess whether it is still topical and relevant to current practices in the field.

To assist this process and to allow for future adjustments to be incorporated into the Best Practice Model document it would be appreciated if you could take the time to complete this questionnaire and return it to:

## Domestic Violence Prevention Unit

Women's Policy Office  
1st Floor, Hartley Poynton Building  
141 St George's Terrace  
PERTH WA 6000  
Ph: (08) 9264 1920 Fx: (08) 9264 1924



## Questionnaire

Please rate the following questions on a scale of 1 - 5

1. Presentation style of the document (Please circle one)

1	2	3	4	5
Very poor	Poor	Average	Good	Excellent

2. Overall content of the document (Please circle one)

1	2	3	4	5
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3. Clarity of the information in the document (Please circle one)

1	2	3	4	5
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4. Applicability of the document to service provision (Please circle one)

1	2	3	4	5
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5. Ability of the document to guide work practices (Please circle one)

1	2	3	4	5
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Any other comments?

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Name: \_\_\_\_\_

Organisation: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Tel: \_\_\_\_\_

Fax: \_\_\_\_\_

Many thanks for your time.

Best Practice Feedback Sheet