



Implementation  
guide:  
**Men's Behaviour  
Change**  
Minimum  
Standards



# Implementation guide: **Men's Behaviour Change** Minimum Standards

## **Disclaimer**

The material in this manual is not intended to provide specific guidance for particular circumstances and users of this manual should obtain professional advice where appropriate. To the maximum extent permitted by law, NTV disclaims all responsibility and liability to any person, arising directly or indirectly from any person taking or not taking action based on the information in this publication.

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## Acknowledgements

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### Introduction

No to Violence (NTV) has developed this implementation manual to guide providers of men's behaviour change programs (MBCPs) under the Men's Behaviour Change Minimum Standards.

NTV acknowledges the number of women and children who have lost their lives and who have been adversely affected by men's use of family violence. It is their experiences and the prevention of further domestic and family violence (DFV) that lies at the heart of the MBCP.

NTV acknowledges the Aboriginal and Torres Strait Islander peoples of Australia, the traditional custodians of the lands and water. We pay respect to all Elders, past and present, as well as the individuals and organisations working in their communities to address all forms of domestic and family violence.

We wish to acknowledge that family violence disproportionately affects Aboriginal women and children.

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## Terms and acronyms used in this guide

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- Usage of terms**
- ‘Child’ is used as defined in section 4 of the *Family Violence Protection Act, 2008* being a person who is under 18 years of age.
  - Information sharing requirements as set out in the *Family Violence Protection Act 2008* (FV Information Sharing Scheme).
  - Child/children include stepchildren.
- 

<b>Acronyms</b>	DFV	domestic and family violence
	DHHS	Department of Health and Human Services
	FSCW	family safety contact worker
	FSV	Family Safety Victoria
	ISEs	information sharing entities (under the FV Information Sharing Scheme)
	MBCP	men’s behaviour change program
	MS	Minimum Standard
	NTV	No to Violence
	RAEs	risk assessment entities (under the FV Information Sharing Scheme)

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**Impacted family members** Throughout the manual women and children are referred to as ‘impacted family members’ in recognition of extended family or kinship groups.

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**Perpetrator** The term ‘perpetrator’ is used in the minimum standards to describe the person using the DFV.

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**Integrated family violence system** The burden for keeping the perpetrator in view does not lie entirely with one organisation. The integrated family violence system, of which MBCPs are a vital component, plays a key role in keeping impacted family members safe.

Facilitators, practitioners and organisations that deliver MBCPs can hear and observe directly the level of risk posed to others by the perpetrators’ behaviours. This information adds to the bigger picture of risk.

In light of this, the manual provides a guide for organisations to set up internal systems that support a clear policy and practice framework under recently developed FV Information Sharing legislation.

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## Terms and acronyms used in this guide, Continued

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### **Family safety contact worker**

The focus of the family safety contact worker role in the standards emphasises a strengthened response to families by providing timely and appropriate supports to women and children.

The role also provides a counterpoint to the perpetrator's under-reporting of his use of violence and abuse.

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### **FV Information Sharing Scheme**

The introduction of the information sharing requirements as set out in the *Family Violence Protection Act 2008* (FV Information Sharing Scheme) is integral in enabling accurate and timely information to be shared with other services working with the perpetrator and, importantly, those services working with women and children.

The Family Violence Information Sharing Scheme is available from:  
[https://www.vic.gov.au/system/user\\_files/Documents/fv/Factsheet%20-%20Family%20Violence%20Information%20Sharing%20Scheme.pdf](https://www.vic.gov.au/system/user_files/Documents/fv/Factsheet%20-%20Family%20Violence%20Information%20Sharing%20Scheme.pdf)

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Chapter 1  
**Introduction**



# Chapter 1: Introduction

## Overview

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**Introduction** Chapter 1 explains the purpose and structure of the manual.

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## Purpose of this manual

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### Background

In 2016, the Royal Commission into Family Violence (Victoria) recommended that the Government review the No to Violence Men's Behaviour Change Minimum Standards (2005) "... to ensure that the minimum standards reflect emerging research, national and international best practice, and 'the central importance' of embedding partner work into men's behavioural change programs".

In 2017, the Department of Health and Human Services (DHHS) engaged Monash University<sup>1</sup> to undertake the review, including:

- a comparative analysis of state and territory minimum standards
- a review of the international literature and practice guidance
- detailed consultations with No to Violence, its member organisations, and Domestic Violence Victoria.

The review recommended that the revised Minimum Standards be organised according to 10 principles drawn from Victoria's Expert Advisory Committee on Perpetrator Interventions' (EACPI) principles for perpetrator interventions (principles 1-8) and the National Outcomes Standards for Perpetrator Interventions (principles 9-10).

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### Purpose

The purpose of this implementation guide is to provide MBCP providers with guidance on implementing the revised MBCP minimum standards. It is not a best practice manual providing a session-by-session guide on delivering MBCPs.

There are several resources that may be used as supplementary reading to support practitioners in their MBCP work. The references for these resources can be found in the 'References and notes' section at the back of this manual under the Chapter 1 heading.

'MBCP' is defined as a structured program that focuses on behavioural change through addressing the drivers of perpetrators' use of violence and abuse. The program would run at least 20 weeks with the group meeting at least once per week. The format could be either an open or closed group with clear underpinning program logic.

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## Purpose of this manual, Continued

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**Primary target cohort** This manual primarily focuses on male violence against women and children. Although there is diversity in the gender identities of both DFV perpetrators and those victimised, DFV is overwhelmingly perpetrated by men against women and children.<sup>2</sup>

DFV is gendered in that women overwhelmingly feel its impacts and it is perpetrated predominantly by men.

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**Women and children** These standards are designed to ensure that women’s and children’s perspectives, safety and freedom from DFV are built into the heart of MBCPs’ design and implementation.

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**Culture and diversity** This guide recognises the wide diversity of perpetrators and respects nuanced methods of working with perpetrators from different cultural, linguistic, and sexual and gender groups (e.g., Aboriginal and Torres Strait Islander men, gay and transgender men).

This guide can be a useful tool for informing the practice of alternative services that may be offered to perpetrators who do not fit the criteria for MBCPs. These services include case management (see *Perpetrator Case Management Trial Program Operational Guidelines*, Family Safety Victoria, 2018) and individual DFV intervention sessions.

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# Structure of this manual

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**Introduction** The manual provides operational guidance for program facilitators, family safety contact workers and program managers.

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**Content** There are 10 principles that contain 41 standards. Within each of the standards are implementation guidelines that offer practical assistance to providers.

Program providers must adhere to all of these standards for reasons of accountability and increased safety for women and children. Guidance sets out practical assistance to deliver on standards.

There are references provided with most of the standards for readers to seek further information if they wish.

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**Future editions** MBCPs are operating in a rapidly changing environment. New legislation supporting safer practices is in development, the Family Violence Risk Assessment and Risk Management Framework is under revision, and The Orange Door is being trialled in a range of locations.

This guide will be revised in the future to respond to these changes.

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Chapter 2  
**Implementation  
guide**

## Chapter 2: Implementation guide

### Overview

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#### Introduction

Chapter 2 provides guidance, standard by standard, of what program providers need to do to meet the required standards of practice for men's behaviour change programs.

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# Section A: Principle 1 and MS 1.1 to 1.8

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**Principle 1**      **Victims', including children's, safety and freedom underpins all interventions with perpetrators of family violence.**

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**Purpose**            The need for safety and freedom of those directly impacted by a perpetrator's use of DFV must be at the centre of MBCP design and delivery.

Addressing identified risks as they arise is fundamental to safety and restoration of emotional wellbeing and social freedom.

Some victim survivors have described safety as "the absence of fear" brought about by the perpetrator's accountability, clear change in behaviour and effective monitoring by justice and family violence responses.<sup>1,2</sup>

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## MS 1.1

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**Standard 1.1** Program providers will operate from written procedures that address risk assessment and risk management for the perpetrator’s partner or impacted family members.

Detailed practice guidance will set out these procedures. Practice guidance will include, but not be limited to:

- documenting, assessing, and managing risk, including where the agency has incidental contact with the perpetrator
  - responding to critical incidents
  - referral pathways and protocols
  - reporting any risk to persons to relevant authorities
  - program content and approach
  - the roles and responsibilities of staff
  - obligations under the *Family Violence Protection Amendment (Information Sharing) Act 2017* (the FV Information Sharing Scheme)
  - obligations under the Victorian Child Safe Standards.
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### **Documented practice guide**

All MBCP providers must have a documented practice guide that provides clear policies and procedures covering all organisational requirements relevant to the MBCP. This practice guide must include, but not be limited to:

- program content and delivery
  - family safety contact
  - risk assessment and risk management
  - how and when staff take action once risk to impacted family members is identified
  - legal requirements
  - compliance with program directives including mandated programs
  - monitoring of perpetrators to keep impacted family members safe (see MS 5.1 to 5.5).
- 

### **Content and delivery**

- Program content and underpinning program theory of change (see MS 3.1 to 3.6).
  - Program procedures (see MS 3.1 to 3.6).
  - The roles and responsibilities of staff within the program (see MS 9.1 to 9.7).
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## MS 1.1, Continued

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### Family safety contact

There must be clearly written protocols that address risk assessment and risk management for matters such as:

- making telephone contact with impacted family members
  - practices for sending letters, texts and emails
  - provision of opportunities for face-to-face contact. Where face-to-face contact is made, it is essential that the organisation ensures that the impacted family member is not at the same location at the same time as the perpetrator in the MBCP (see MS 1.2).
- 

### Risk

How you will:

- document, assess and manage risk
  - report any risk to persons to relevant authorities (see MS 4.1 to 4.4).
- 

### Take action

- Specific timelines for action plans that address safety of the partner and managing the group participant's risk.
  - How you will respond to critical incidents for both partners and group participants.
  - Referral pathways and a list of the protocols the organisation has in place for practitioner reference (see MS 4.1 to 4.4).
- 

### Legal requirements

Your obligations under the:

- FV Information Sharing Scheme
  - *Family Violence Protection Act 2008*
  - Victorian Child Safe Standards (see MS 1.2, 4.1 to 4.4).
- 

### Ensuring consistent service delivery

Consistency of delivery can be reinforced through:

- induction processes
  - program online learning modules for staff
  - supervision and regular team discussion
  - regularly scheduled client case file audits, which may identify gaps in practitioner knowledge and practice (see MS 10.1 to 10.2).
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# MS 1.2

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**Standard 1.2**      **Family safety contact workers will work with the perpetrator’s partner and family members, including children, if they are identified as being impacted by the perpetrator’s violence, for the purposes of risk assessment and management, information sharing and referrals.**

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**Purpose of FSCWs**      Family safety contact work is undertaken as a means of providing risk assessment, safety planning and referrals for impacted family members of DFV. The worker also fulfils a broadly supportive function in the lives of impacted family members, which may consist of the worker and impacted family member making an agreed upon schedule in which contact is made (no less than fortnightly), a referral to needed safety and support services, or both.

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**Two topics for implementation**      Implementation guidance for MS 1.2 is considered under two topics:  
1. Family safety contact  
2. Working with children

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**1. Family safety contact**      Initial assessment with the perpetrator will identify those who have been affected by the perpetrator’s use of DFV. Each perpetrator must:  
**Initial assessment**

- identify those who have been affected by his behaviour
- provide contact details if known
- agree in writing that he understands that the program provider will contact those identified to hear their experience and assist with safety and providing service referrals as required.

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## MS 1.2, Continued

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### **Impacted family members – children**

Those identified by the perpetrator will include all children involved in relationships where the perpetrator has used violence as defined in the *Family Violence Protection Act 2008*, section 5, 1B:

- (b) behaviour by a person that causes a child to hear or witness, or otherwise be exposed to the effects of, behaviour referred to in paragraph (a). Examples: The following behaviour may constitute a child hearing, witnessing or otherwise being exposed to the effects of behaviour referred to in paragraph (a)—
- overhearing threats of physical abuse by one family member towards another family member;
  - seeing or hearing an assault of a family member by another family member;
  - comforting or providing assistance to a family member who has been physically abused by another family member;
  - cleaning up a site after a family member has intentionally damaged another family member's property;
  - being present when police officers attend an incident involving physical abuse of a family member by another family member.
- These people will be known as Impacted Family Members.
- 

### **Refusal to cooperate**

Where a perpetrator refuses to identify the family members, his participation in the MBCP may be reviewed and he may not be eligible for the program.

There might be some exceptions to this where perpetrators are mandated to attend a program. Program providers must refer to the conditions of program attendance from the court.

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### **Steps to identify family members**

Where risk to family members from the perpetrator is assessed as high, steps to ascertain their identity and contact details in accordance with the FV Information Sharing Scheme should be made using information from:

- Victoria Police
- The Orange Door
- specialist women's services
- Corrections Victoria.

If working with Aboriginal perpetrators, then this should include relevant Aboriginal Community Controlled Organisations (ACCOs).

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**MS 1.2, Continued**

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**Develop partnerships**

The MBCP provider may wish to promote working partnerships with other organisations that provide services to those impacted by DFV including Aboriginal services, specialist women and children’s services, culturally appropriate services and other relevant program providers.

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**2. Working with children**

**Risk assessments**

Risk assessments for children and young people must be incorporated at all points where a perpetrator is being assessed for admission to an MBCP. This may occur at several levels:

- exploring the children’s experience and safety from the father’s perspective
- the mother or caregiver’s perspective at the point of family contact
- the children’s perspective, where the organisation has expertise in working with children. This is a crucial area of work where the potential risk to children of traumatisation and further harm must be considered before any conversations about their father’s use of violence and abuse.

Where organisations do not have specialist children’s practitioners, seeking secondary consultation from expert providers is essential.

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**Understand child’s view**

The MBCP provider must have clear protocols on how they will gain an understanding of the child’s perspective.

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**Risk management and information sharing**

The MBCP provider’s procedures and practices must align with the Risk Assessment Management Framework, practice guidance for the Family Violence Information Sharing Scheme and the Child Safe Standards where relevant.

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## MS 1.2, Continued

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### **The Child Safe Standards**

The standards are designed to drive cultural change in organisations, so that protecting children from abuse is embedded in the everyday thinking and practice of leaders, staff and volunteers.

1. Embedding a culture of child safety through effective leadership.
  2. Making a commitment to child safety with a policy or statement.
  3. Having a clear code of conduct that establishes appropriate behaviour with children.
  4. Screening, supervision and training for staff to reduce the risk of child abuse.
  5. Clear processes for responding to and reporting suspected child abuse.
  6. Identifying child abuse risks and ways to reduce them.
  7. Empowering children to share their feedback and experiences about feeling safe.
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### **More information**

More information on the Child Safe Standards can be found at:  
<https://providers.dhhs.vic.gov.au/child-safe-standards>

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**MS 1.3, 1.4, 1.5, 1.6**

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**Standard 1.3** Family safety contact workers will make initial contact with any partner or impacted family member following the perpetrator’s initial assessment session. Where the partner or impacted family member wishes to have ongoing contact, the family safety contact worker will make contact at least fortnightly. More, or less, frequent contact will be provided by the family contact worker if requested.

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**Standard 1.4** Family safety contact workers will prepare the partner and any other impacted family members for the participation of the perpetrator in a program, including by providing verbal and written information about the content and approach of the program and all relevant procedures.

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**Standard 1.5** Where the partner or impacted family member is not being supported by another specialist family violence service, family safety contact workers are to undertake all relevant risk assessment, risk management and safety planning procedures in an ongoing way for the duration of the program using the Victorian Family Violence Risk Assessment and Risk Management Framework.

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**Standard 1.6** Where the partner or impacted family member is already in contact with a specialist family violence service or other case management service and does not want ongoing contact with the family safety contact worker, the family safety contact worker will liaise with the partner’s or impacted family member’s case manager for the purposes of information sharing. Providers should adhere to any relevant obligations under the FV Information Sharing Scheme, in particular any consent requirements.

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**Common content** Standards 1.3 to 1.6 all involve contact with or contacting impacted family members.

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**MS 1.3, 1.4, 1.5, 1.6, Continued**

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**Contacting impacted family members**

Upon obtaining the contact details of the impacted family members, the family safety contact worker (FSCW) must attempt contact with the impacted family members before the perpetrator starts the MBCP.

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**IMPORTANT: Remember the risk involved in contact**

When contacting family members, FSCWs should recognise that the contact may increase that person’s risk of harm from the perpetrator. All practices must be developed and reviewed with safety as the priority.

Impacted family members need to be able to speak privately and confidentially about their experiences. Program procedures must include guidelines managing the FSCW’s contact with impacted family members when the perpetrator is present with the family and how this information is shared with group facilitators.

This may include methods such as asking ‘Is it safe to talk?’, requiring a yes or no answer. If the perpetrator is present and the answer to the question is ‘No’, the agreed safety procedure should be enacted. The safety planning may include children where the FSCW is engaged with the whole family.

This could be asking for someone else, making you seem like a wrong number, or pretending that you are a market researcher. Resources on safety planning can be found at <http://www.dvrcv.org.au/dvrcv-knowledge-centre>

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**Women and children ‘not responsible’**

A key message that all FSCWs must reinforce in their contact with all family members is ‘you are not responsible’. Family members can provide valuable information about the perpetrator’s behaviour outside the MBCP setting.

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**MS 1.3, 1.4, 1.5, 1.6, Continued**

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**Initial contact** It is essential that certain information be given to and gathered from the impacted family member at the initial contact.

- Gain consent (verbal or written) to work with the impacted family member.
  - Are they being supported by another specialist family violence service? (It is important to ask about any support from specialist DFV services at the start of initial contact. Being linked in with case management may alleviate the need for the impacted family member to retell her story. Being supported by specialist services also highlights protective factors that affect the family’s risk.)
  - If there has been no other specialist support, the FSCW must undertake risk assessment, risk management and safety planning procedures to cover the duration of the program using the Family Violence Risk Assessment and Risk Management Framework.
  - Gain consent (verbal or written) to ongoing service.
  - Provide referrals to relevant support services.
  - Contact other specialist services involved that are working with the impacted family members.
- 

**Working with the specialist DFV service** MBCP providers should establish working relationships with other specialist family violence services in order to create efficient referral pathways and information sharing. This may be in the form of MOUs with agencies or, at the very least, informal procedures for information exchange.

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**Information about MBCPs** Information about the MBCP must be given to the partner, including:

- an overview of the content of the program
- requirements of each participant
- that the MBCP is designed to increase the perpetrator’s chances of making successful behaviour change. However, there is no guarantee that this will happen
- the legal and ethical boundaries regarding information she will share with you. This includes the FV Information Sharing Scheme.

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## MS 1.3, 1.4, 1.5, 1.6, Continued

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**Regular contact** During an MBCP, impacted family members will be contacted at least fortnightly or more regularly if dynamic risks need more attention.

Exceptions to this include when the impacted family member requests less contact, where there is an assessment of risk to the impacted family members or when the perpetrator completes, withdraws, or is terminated from a program – immediate or more frequent contact may be required. It is desirable for this information to be conveyed to the family within one day of these changes.

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# MS 1.7

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**Standard 1.7**

**Any new threat to the safety of the partner or impacted family member should be documented and communicated to those at risk by the family safety contact worker.**

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**Ongoing risk assessment**

Safety is identified through ongoing assessment of dynamic risk and risk management in MBCPs through effective and consistent communication pathways between group facilitators and the FSCWs (see MS 2.2 for further instructions).

Changes to the impacted family members’ safety must be documented and communicated to the impacted family members or their case managers. FSCW and group facilitators must make referrals to relevant organisations.

Safety planning with the impacted family member is a core component of risk management.

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# MS 1.8

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**Standard 1.8**      **When the perpetrator completes, withdraws, or is terminated from a program the family safety contact worker will contact the partner and other relevant family members at risk of family violence, or their case manager (if prescribed under the FV Information Sharing Scheme), and inform them of this and any other information relevant to managing any risk to their safety from family violence.**

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**Information to convey to impacted family members**      Impacted family members need to know when a perpetrator is absent from the group and why (if known). An attempt to contact the impacted family members regarding absences needs to be initiated within 24 hours of the group meeting time.

Where any issues indicate a risk to the impacted family members, information must also be given to the impacted family members about the perpetrator’s attendance at the MBCP.

Information must also be communicated when the perpetrator completes the program, withdraws, or is terminated. Reasons for terminating the perpetrator must also be communicated (see MS 4.4).

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**Report safely to impacted family members**      Reporting to impacted family members must be done in a safe way; it is not appropriate to send a written report on the perpetrator’s attendance.

Communication can occur over the phone or at a face-to-face meeting. It is important to highlight that the perpetrator’s regular attendance or completion of the group does not necessarily indicate a change in his future behaviour.

Where perpetrators are working with other organisations and receiving case management support, information is shared consistent with the FV Information Sharing Scheme.

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## Section B: Principle 2 and MS 2.1

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

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**Purpose**            All aspects of the MBCP services that engage with the perpetrator must be developed with a lens on the needs of family members.

The integrity of the purpose of MBCPs is to work with the whole family to achieve the goal of eliminating DFV. It is essential that communication between the group facilitators and the FSCW be of highest priority when program planning is occurring.

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# MS 2.1

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**Standard 2.1**      **The needs of those who have experienced and been impacted by family violence often extend beyond safety needs. Additional needs may include, but are not limited to, assistance with health, housing, finances, and alcohol and substance issues. Family safety contact workers will make all relevant referrals to address the needs of the perpetrator’s partner and impacted family members.**

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**Implementation**      The program provider will assess and record the situation of the impacted family members using a format that encompasses psychological, social and physical needs.

Priority is given to needs that arise from the risk assessment. Referrals to specialist DFV services must be made at the time of identifying risk.

Other needs are to be addressed by either making a ‘warm’ referral to relevant services or, at the very least, giving referral information to the impacted family members to use where appropriate.

To ensure that all referrals are appropriate to meet the identified need, it is important to monitor all referral information and keep updated information on file.

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**Communication: facilitators and FSCWs**      The needs of the impacted family members must be understood by all staff in the MBCP and particularly FSCWs, who must assess risk factors and make appropriate referrals.

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**FSCWs**      FSCWs are encouraged to have ongoing professional development that includes updated information and regular networking relationships with women’s advocacy services, crisis and homelessness services, legal support agencies, services for children and young people and services that provide material aid.

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## MS 2.1, Continued

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**Communication processes** Program providers should have processes that clarify how communication will happen between program facilitators and FSCWs.

These processes should include the context of communication, such as safe ways to be responsive to issues raised by partners and impacted family members.

Some examples:

- Regular meetings, at least fortnightly, that support contact between facilitators and FSCWs.
  - Written protocols that record communication, such as meeting minutes and agendas.
  - The concerns experienced by family members are to be discussed and follow-up actions identified by facilitators and FSCWs.
  - The ways in which this information will be used appropriately for the benefit of increased safety and reduction of risk.
  - The limits of what can and cannot be discussed.
  - The communication of urgent messages that heighten the family's risk of harm.
- 

**Timely feedback** Document protocols with precise timeframes where information from the facilitators about the participation of each perpetrator in the program is provided to the FSCW.

Where a perpetrator's disclosure indicates risk to impacted family members there must be a written risk management plan put in place by the FSCW with agreed timelines that specifies who is responsible for the actions required.

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**Confidentiality** FSCWs must not discuss a perpetrator's progress or lack of progress in the MBCP with the partner or impacted family members. This excludes matters relating to risk.

FSCWs must not make any assumptions or comment on positive changes in the perpetrator's behaviours as this may well be different to the experiences of impacted family members. It could also unintentionally influence decisions made about the relationship.

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## Section C: Principle 3 and MS 3.1 to 3.6

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

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**Purpose**      The core values underpinning MBCP design (content) and implementation must include:

- Perpetrators of DFV are responsible for their use of abuse against other family members.
- DFV is a choice that is within the perpetrators’ control to stop.
- A theory of change informing how perpetrators change their behaviours

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## MS 3.1

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**Standard 3.1** Programs focus on addressing violent and controlling behaviour, holding perpetrators to account, and taking responsibility for their abuse. Programs identify and work against collusion, minimisation, victim-blaming narratives, and violence-supporting attitudes. Programs challenge the perpetrator’s use of family violence and the impact on the perpetrator’s partner.

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**Implementation** MBCPs need to be grounded by an evidence-based theory of change. This provides the program with a clear rationale for its structure and cohesion in all dimensions of the program work. Having a clear theory of change enables providers to communicate and implement the program model with clarity.

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**Building a program** MBCPs may be influenced by multiple psychological and structural theories of change. All program models at their core must have a gendered understanding of DFV and incorporate models that address accountability and change.

Other core features of a program include:

1. A clear theory of change underpinning the program structure.
  2. Explanation of the broader social and cultural factors that reinforce the use of DFV.
  3. Explanation of how people are motivated to make sustained change and to be safe.
  4. Explanation of the process by which a decision is made to use violence; i.e. thinking patterns and the decisions made, their emotional patterns and perceptions.
  5. The process involved in acquiring new skills and information, such as adult learning principles.
  6. Assisting the perpetrator to recognise that his acts of violence are a means to control the thoughts, actions and feelings of others.
  7. Increasing the perpetrators’ willingness to change their actions by examining the negative effects on others and self.
  8. Engaging with the perpetrators’ needs such as cultural diversity, diverse gender identity, and disabilities and other vulnerabilities that may present.
  9. Providing the perpetrators with skills and knowledge that will assist in respectful relationships in the future.
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## MS 3.1, Continued

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### Group work environment

The group work environment must be supportive of change and model respectful relating, safe communication, emotional regulation, and collaboration.

This behaviour must be modelled by the two facilitators and between the facilitators and the participants in the MBCP.

There is a balance to be struck here: facilitators must be collaborative, but not slip into collusive or coercive behaviour and yet must challenge entrenched beliefs in a way that does not alienate the perpetrators from the work.

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### Core concepts

#### **Through the group process participants should:**

- realise the harm caused to those impacted by their behaviour
- recognise and address their own risks and responsibility to make alternative choices to DFV
- be aware of physical, emotional and psychological elements that reinforce violent behaviour
- be invited to take responsibility for their behaviours.

#### **Facilitators should:**

- address minimisation, denial and blame for the violence
  - create an environment of engagement and support
  - couch perpetrators' behaviour as a choice
  - facilitate critical awareness of abusive supporting attitudes
  - address gendered belief systems
  - promote safe and child-focused parenting
  - understand the process of change and build on participants' motivation for change
  - understand group dynamics and adult education principles
  - understand contemporary concepts of DFV.
- 

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## MS 3.1, Continued

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### **Accountability versus engagement**

Facilitators need to consider how they balance accountability and engagement in group work delivery. Facilitators should consider:

- how they are setting up a learning environment
- how they are relating to the individual contexts and stories the perpetrators are bringing to the group
- what structure is in place to make it a safe group environment
- what tools they are using to manage ambivalence and to tease out abuse-supportive beliefs, thinking patterns and emotional reactions.

This requires facilitators to consistently reflect on their practice throughout the group work as well as in supervision to make sure they are remaining respectful towards the participants while supporting them to change, while not aggressively challenging them or colluding with their violent behaviours.

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### **Preparing facilitators**

It is recommended that program providers supply their facilitators with a detailed program manual that gives a sound, evidence-based theoretical and operational model to ensure that the core values of the minimum standards are adhered to.

This manual should include descriptive session notes with resource material. There should also be organisational processes that ensure MBCP staff understand and are strongly grounded in the documented program.

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## MS 3.1, Continued

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### **IMPORTANT – gay, bisexual and transgender**

Where a perpetrator identifies as gay, bisexual, transgender, gender diverse, queer or intersex, the facilitators must consider the safety of that person in the group setting. Other group members' homophobia, biphobia, transphobia or inter-sexism may put the person or their impacted family members at risk of harm. If the perpetrator would prefer to attend a specialist program for gay, bisexual and transgender men, appropriate referrals should be made.

In some instances, the perpetrator may not wish to join an LGBTI program. In this case, the program content will require modification to be appropriate for his specific situation. For example:

- exploring abuse tactics specific to gay, transgender and bisexual men
- not using the female pronoun as the victim.

Secondary consultations with LGBTI specialist providers can also be undertaken. See MS 6.1 for links to more information.

Practitioners are encouraged to reflect on their own personal bias and be open to exploring this in supervision. Discrimination by facilitators in the group or individual setting must not be tolerated. The program provider's code of conduct must clearly state adherence to this principle.

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## MS 3.2

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**Standard 3.2**      **Providers will set out in writing information for perpetrators on how the program is intended to ensure they take responsibility and change their behaviour.**

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**Implementation**      Written material given to the perpetrator at the point of assessment should reinforce responsibility and accountability. All written material should be in his first language and interpreter services used where this is not possible. Program staff also need to assess the level of the perpetrator's literacy and cognitive capacity.

Information to be provided to the perpetrator will outline the intentions of MBCPs and its purpose. These could include:

- the program's purpose and intended outcomes
  - expectations of the perpetrator's commitment to the process, group behaviour and participation within the group
  - the participant agreement (see MS 3.3)
  - the intake, assessment and perpetrator review processes
  - the role of the FSCW and the purpose of this process
  - the concept of limited confidentiality and informed consent to share information within the system
  - what to expect if risk situations are identified and how the system may respond to risk
  - information on what it means to breach intervention orders and the consequences for this.
-

## MS 3.3

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**Standard 3.3** All perpetrators are required to enter into an agreement about standards of acceptable behaviour for group participation. The agreement will also set out the consequences of non-compliance with the agreed standards.

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**Implementation** MBCPs require participants to sign a group work contract or participation agreement. Some of the elements in the agreement relate to the areas of attendance, contact of partners/children, information sharing and rules and expectations.

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**Attendance**

- Expectations of attendance, including remaining for the whole session.
- Description of the notification process for absences plus the consequences for non-attendance.

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**Partners/  
children**

- Agreement not to use violence or abuse against partners, children or other members of the community while attending the program.
- Requirement to provide contact details of their partners and any impacted family members.
- Intention and process of contact by the FSCW.

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**Information  
sharing**

- Information can be shared without the perpetrator's consent if the partner and children's safety is considered at risk. This also applies to the participant's risk of harm to himself.
- Information sharing between the program and systems agencies

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**Rules,  
expectations  
and  
consequences**

- The group's rules and expectations of behaviour within the group and with other participants and facilitators.
- Not being affected by drugs and alcohol when attending the group.
- Intake, assessment and review processes throughout the program.
- No breaching intervention orders.
- Not bringing weapons into or near the group site.
- Being clear about consequences of breaches of program agreements.

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# MS 3.4

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**Standard 3.4** Perpetrators mandated to attend programs as a result of a court order are informed in writing about attendance requirements and the consequences of non-attendance.

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**Implementation – information requirements** Legally mandated referred perpetrators may need information specific to their orders such as:

- communicating threats made by perpetrators
  - notification of risk changes and information sharing
  - how information is shared between justice referral agencies and programs
  - regular attendance requirements and consequences of non-attendance
  - breaching order conditions, such as attending the group while under the influence of drugs or alcohol or admitting to their use
  - new relationships and change in circumstances such as a change in accommodation, etc.
  - the consequences of reoffending and breaching community corrections or counselling orders, such as a return to Court for further intervention and accountability (penalty)
  - that agencies will share relevant information with other agencies.
- 

**Court-issued orders** Potential participants need to be advised that court-mandated referrals are required to comply with regulations in the Part 5, Division 2, Section 129 of the *Victorian Family Violence Protection Act 2008*.

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**Changes to orders** There is provision in the Act for counselling orders to be varied or revoked. For these provisions to be used there must be a change in circumstances that significantly affects the perpetrator’s capacity to attend.

Depending on the circumstances, the MBCP may consider supporting the perpetrator to transfer to another program that he may be able to attend. For example, an Aboriginal perpetrator may decide he would prefer to attend a program delivered by an Aboriginal organisation.

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**MS 3.4, Continued**

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**Reporting to mandating body** Some mandated participants attend mainstream, community-based MBCPs. For optimal accountability for each perpetrator it is essential that a reporting process is put in place by the mandating body so that it receives notification when a perpetrator does not fulfil the expectations of the MBCP.

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**Provider requirement** Program providers must ensure that their own processes and procedures of practice meet the specific needs of mandated participants from their court and corrections funding contracts.

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# MS 3.5

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**Standard 3.5**      **Providers will ensure that programs are designed to run with one female and one male facilitator, except in exceptional circumstances.**

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**Implementation – male/female co-facilitators**      Program providers must ensure that there is always a male and female co-facilitator of the group work program, unless there are exceptional circumstances.

These circumstances may include last-minute illness or a personal emergency. In these instances, same-gender facilitators may have to be used.

Program managers must have a solid plan for emergency facilitator relief and planning for facilitator leave. As a last resort, the program session could be cancelled.

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**Staffing shortages**      Where there are staffing shortages, which may happen more often in regional areas, there may be times when the male/female standard cannot be met.

In this situation where two male facilitators are used, they should have access to an experienced supervisor who is not of their gender.

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**Gendered roles**      It is critical that facilitators do not replicate stereotypical gendered roles in the group. Modelling equitable communication and relationships, where men and women are equal in the room, is imperative in the learning experience of the group participants.

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# MS 3.6

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**Standard 3.6**      **Each program group will include a maximum of 14 participants.**

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**Implementation**      Program providers will need to monitor their waitlist to ensure that they only engage with clients when they have capacity to do so (see MS 7.1 to 7.4 for responding to clients in a timely fashion). This may mean that, at times, organisations close their intake process and make appropriate referrals to other program providers.

Program providers may wish to establish protocols with other MBCP providers to facilitate smooth referral pathways.

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## Section D: Principle 4 and MS 4.1 to 4.4

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

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**Risk assessment is central**      Risk assessment is central to the work of an MBCP.

The Family Violence Risk Assessment and Risk Management Framework has been designed to assess and help manage impacted family members’ risk, although it does not specifically address the perpetrator’s risk of causing harm and level of danger.

Impacted family members are more likely to be safer when there is high-quality risk assessment and management consistently across the DFV service system.

Further development of the Family Violence Risk Assessment and Risk Management Framework is underway and will include a focus on perpetrator risk.

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## MS 4.1

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**Standard 4.1**      **Providers must ensure that their reporting activities adhere to their responsibilities as an ‘information sharing entity’ under the FV Information Sharing Scheme (including any guidelines).**

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**Implementation**      Fundamental to risk assessment and management is sharing information between partner agencies. The FV Information Sharing Scheme provides the mechanism for MBCPs to share and receive information.

The scheme allows information to be shared for two purposes:

1. Family violence assessment purposes
2. Family violence protection purposes.

The guidelines provide distinct processes and explanations on sharing relevant information with other agencies. The aim is to support the integrated system to increase the safety and protection of impacted family members.

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**More information**

<https://www.vic.gov.au/familyviolence/family-safety-victoria/information-sharing-and-risk-management.html>

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## MS 4.2

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### Standard 4.2

**Risk assessment and risk management of the perpetrator should be undertaken and documented at the point of initial intake and assessment and be ongoing throughout the duration of the program. Risk assessment and management will be undertaken in line with the Victorian Family Violence Risk Assessment and Risk Management Framework and include risk of suicide.**

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### Implementation – risk assessment

Risk needs to be assessed in ways that align in language and indicators standardised with the Family Violence Risk Assessment and Management Framework. See the website:

<https://providers.dhhs.vic.gov.au/family-violence-risk-assessment-and-risk-management-framework>

Risk concerns need to be communicated in a consistent, coordinated and timely manner internally across program staff, other services in the community that providers are working with and statutory agencies.

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### Suicide risk

It is essential that risk of suicide is monitored and managed at all points of the perpetrator's participation.

Suicidal thoughts can elevate risk of harm not only to the perpetrator himself, but to the impacted family members and other members of the public.

Questions around suicidal thoughts are mandatory in the assessment phase and must be monitored throughout his participation in the program.

All program workers must be trained in providing suicide prevention strategies to the men and women they work with.

All information related to suicide risk can be shared within the legislative guidelines.

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## MS 4.2, Continued

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### Risk preparation **Organisational level**

- MBCPs must ensure that they have a range of appropriate protocols in place for information sharing in line with the FV Information Sharing Scheme.
- Information should be shared and received in good faith and with reasonable care.
- Consider the potential impact on impacted family members' safety and risk implications of information that is shared.
- Understand the provisions in the guidelines for exceptions to information sharing.
- Establish clear policies and guidelines for sharing information about child victims associated with the perpetrator.
- Be aware of the guidelines regarding Aboriginal people and people from diverse populations.
- If requested to share information with non-prescribed entities, that is, those agencies in the community that are not identified within the FV Information Sharing Scheme as risk assessment entities, the existing privacy laws apply.

### **Individual level**

- Program staff must act on information where clients are at risk of further harm.
- Program staff need to be trained to use the FV Information Sharing Scheme.

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**Record keeping** When sharing information on any individual, program providers or organisations must record:

- who requested the information
- what information was shared
- family violence risk assessment and safety plan of the impacted family member (as appropriate).

When declining a request for information on any individual, providers must record the request and why it was declined. Providers may wish to get more legal guidance here on their obligations.

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**MS 4.2, Continued**

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**Information sharing guidelines**

The Family Violence Information Sharing Guidelines can be accessed at:  
[https://www.vic.gov.au/system/user\\_files/Documents/fv/Ministerial%20Guidelines%20-%20Family%20Violence%20Information%20Sharing%20Scheme.pdf](https://www.vic.gov.au/system/user_files/Documents/fv/Ministerial%20Guidelines%20-%20Family%20Violence%20Information%20Sharing%20Scheme.pdf)

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**Perpetrator risk assessment**

The primary purpose of assessing risk through the lens of the perpetrator is to gain some measure of his level of danger, his escalation of violence, his capacity to make and carry out threats and the risk he presents to impacted family members and others such as new partners.

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**Risk assessment tools**

Risk assessment tools provide a measure of past behaviours, which research suggests are likely to be predictors of future violence.

Risk assessment and management should be undertaken in line with the Family Violence Risk Assessment and Risk Management Framework.

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**Further information**

The Family Violence Risk Assessment and Risk Management Framework and Practice Guides can be accessed at:  
<https://providers.dhhs.vic.gov.au/sites/dhhsproviders/files/2017-06/family-violence-risk-assessment-risk-management-framework-practice-guides.PDF>

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**Develop your framework**

A clear perpetrator risk assessment, management and action response framework must be developed.

Consider how you will gather as much information as possible from systems and other agencies; for example, contacting other services the perpetrator may be involved with, contacting police under the FV Information Sharing Scheme for updates on breaches and DFV episodes.

You must also be aware of the participant’s patterns of behaviour and any changes in circumstances and known dynamic risk factors.<sup>1</sup>

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## MS 4.2, Continued

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**Evidence based** The agency framework must be informed by evidence-based and good practice methodology; for example:

- using the minimum standards
- reviewing the program model against new and emerging research.

At a minimum, the framework must include:

- procedures for identifying and monitoring risk
  - documenting of situations where risk is escalating
  - a clear outline for risk management plans where impacted family members and others are at risk
  - notifications to response agencies in the justice system.
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## MS 4.3

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**Standard 4.3** Providers must notify perpetrators at the time of intake and assessment about how their information may be used or disclosed, including that their information may be shared without their consent for the purposes of family violence risk assessment or risk management if required or permitted by the FV Information Sharing Scheme.

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**Implementation** As part of risk management, MBCPs have a requirement to notify participants at the time of intake and assessment about how their information may be used or disclosed.

This includes how their information may be shared without their consent for the purposes of family violence risk assessment or risk management if required or permitted by the FV Information Sharing Scheme.

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## MS 4.4

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### Standard 4.4

**A report should be made following the perpetrator's completion, termination or withdrawal from the program. The report must include:**

- **reason for termination or withdrawal**
  - **assessment of risk (pre and post program)**
  - **attendance at the program**
  - **any relevant referrals.**
- 

### Implementation

Written exit reports are required about each perpetrator engaged in a program activity and assessment. As a minimum, the report must contain:

- whether the perpetrator has completed, been terminated or withdrawn from the program
  - the reason, if he has been termination or has withdrawn
  - assessment of risk to himself and impacted family members pre, during and post program
  - attendance at the program
  - any relevant referrals.
-

## Section E: Principle 5 and MS 5.1 to 5.5

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

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**Purpose**            There is evidence to support the value of integrated interventions in order to support the safety of impacted family members and hold those perpetrating abuse accountable.<sup>1,2</sup>

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# MS 5.1 and 5.2

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**Standard 5.1**      **The eligibility of all perpetrators seeking to access programs is assessed in line with the *Family Violence Protection Act 2008*, section 129(3) (Vic):**

- the respondent’s character, personal history or language skills
- any disabilities of the respondent
- any severe psychiatric or psychological conditions of the respondent
- any alcohol or other drug problems of the respondent
- any other matters the specified person considers relevant.

---

**Standard 5.2**      **Assessment of the eligibility of perpetrators to enter programs is undertaken across at least two face-to-face sessions, except in exceptional circumstances.**

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**Implementation**      These standards aims to ensure that:

- each MBCP or organisation has the quality systems and protocols in place to ensure perpetrators seeking entry to programs are expertly assessed for their eligibility and any co-occurring issues that may detract from their ability to meaningfully participate
- a robust assessment framework is in place at a program level that accurately identifies diverse needs and risk factors.

Understanding the strengths of and barriers to group participation means facilitators can use strategies that best engage perpetrators and support their change. Assessing for individual differences means programs and interventions are tailored to meet perpetrator needs.

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**Importance of assessment**      Program providers must have a robust assessment framework in place at a program level.

Building on the risk assessment discussed in MS 4, a thorough assessment enables a deeper understanding of the perpetrator’s unique circumstances. It should uncover any complex needs more accurately and enable change conversations.

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## MS 5.1 and 5.2, Continued

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### Components of assessment

The assessment framework should assess:

- personal history
  - communication and language skills
  - any disabilities
  - any history of psychiatric or psychological conditions (the assessor may rely on self-reporting here or could request the perpetrator's permission to contact his mental health worker)
  - any severe psychiatric or psychological conditions
  - any alcohol or other drug problems
  - previous engagement with services, including MBCPs
  - any other matters the specified person considers relevant to ascertain if the respondent is 'program ready'.
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### Qualified staff

Effective assessment relies on the assessor having the knowledge and skills to undertake the assessment to the required standard (see MS 9).

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### Effective assessment framework

The service design within an organisation that supports an effective assessment framework includes:

#### Policies and tools

1. Clear risk and safety assessment tool assessing the perpetrator's past, current and potential risk to others or himself (see MS 1.1, 4.2, 7.4).
  2. Procedure for communicating information gathered from assessment, including risk assessment, to the FSCW in a timely manner (see MS 1.2, 1.3).
  3. FSCWs will also need to communicate the outcome of the initial contact with the impacted family members to the assessor/facilitator before the next involvement with the perpetrator (see MS 2.2).
  4. Procedure for informing impacted family members when a perpetrator does not satisfy the criteria for MBCP participation, or declines the invitation to participate (see MS 1.8).
  5. The service provider must have a clear definition of family violence that aligns with the *Family Violence Protection Act 2008*, section 5.
  6. Information regarding limits to confidentiality must be given in a clearly written statement at the time of assessment (see MS 4.3).
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## MS 5.1 and 5.2, Continued

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### Effective assessment framework (continued)

7. All information gathered at the time of assessment is secured in the perpetrator's file. This includes copies of all signed documents.
8. MBCP facilitators must have some knowledge of what to look for when assessing perpetrators in line with the *Family Violence Protection Act 2008*, section 129(3). This may mean providing professional development as required (see MS 5.1).
9. It is recommended that, where possible, the second assessment is facilitated by the same person (see MS 5.2).
10. Assessment documentation shows questions that will identify the specific needs of each perpetrator, taking into account diversity and cultural sensitivity (see MS 6.1, 6.2).
11. Assessment will monitor perpetrator's MBCP readiness and, when readiness is not shown, a plan is documented to assist the perpetrator to be ready (see MS 7.3).
12. Assessors must be Principal Facilitators. Facilitators can assess perpetrators only under direct supervision from Principal Facilitators. Staff members who are undertaking multiple assessments over the day should be given the opportunity to formally debrief on a regular basis (see MS 9.1, 9.2).

### Planning and referrals

13. Effective program planning for two face-to-face assessment meetings.
14. Referral protocols established across multiple services at a high level that facilitate clear referral pathways and communications.

### Monitoring

15. The development of an internal monitoring system that tracks referrals into the organisation delivering the program
  16. The development of an internal monitoring system that tracks the referral pathways perpetrators follow pre, during and post group
  17. The development of an internal monitoring system that tracks the level of dynamic risk while perpetrators are engaged in the program/service.
-

# MS 5.3

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**Standard 5.3**      **Perpetrators who are deemed ineligible for programs are referred to other relevant services.**

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**Implementation**      Assessment for eligibility is crucial to ensure perpetrators enter the MBCP with adequate cognitive capacity to grasp concepts and to make change.

Personal, familial and social issues can be barriers to a perpetrator’s own participation and can negatively affect the group process and dynamics and other perpetrators’ ability to change. In order to address these issues, it may be appropriate to work on a perpetrator’s readiness and motivation by delivering pre-group motivational interviewing sessions.

In the case where barriers to engagement are not related to motivation (e.g. substance use issue), it may be necessary to refer perpetrators into specialist treatment or case management in order to address their underlying risks and needs.

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**Ineligible perpetrators**      Those who are deemed ineligible for MBCPs should be referred to other services.

Perpetrators from diverse communities may choose to use a specialist response program, e.g. LGBTQI.

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**Purpose of referrals**      Referral to another service is done with the aim of:

- addressing the barriers to participation in the MBCP
  - providing a mechanism for perpetrators to address their use of violence by other means, such as one-on-one counselling delivered in line with safe practice
  - supporting perpetrators to make change, for example by stabilising mental health issues
  - providing one-on-one case management where possible.
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## MS 5.3, Continued

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### **Guidelines for referrals**

Each service should develop guidelines to ensure that referrals occur according to the minimum standards and support the perpetrators' accountability.

These guidelines should include:

- information about counsellors and counselling services that follow safe practice
  - the process of referral (often 'warm' referrals that support perpetrator engagement and are clear that the referred person uses violence). Providers need to be careful that referrals are followed up until the referrer has engaged so that the perpetrator does not 'fall through the cracks'
  - the process of feedback to agencies that support the impacted family members, if relevant.
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## MS 5.4

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**Standard 5.4**      **The group element of programs will have a minimum of 40 hours over a minimum of 20 weeks, held at regular intervals.**

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**Implementation**      An MBCP must be a minimum of 40 hours run over a minimum of 20 weeks, with sessions held at regular intervals.

This can include individualised one-on-one sessions to meet specific needs of the perpetrator.

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**Non-attendance**      Attendance is not compulsory if the perpetrator is not mandated by the court. Program providers will follow their own protocols, which may include:

- Non-attendance at a session of the MBCP may require the perpetrator to provide documented proof of an appropriate reason (doctor's certificate, work letter, statutory declaration).
  - Attendance at a 'catch up' session of at least half an hour before returning to the group. This could be a scheduled half an hour before the next group session, or be done as a telephone contact. The option used will be decided according to the resources of the program provider.
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**Penalty for missing sessions**      If a perpetrator is absent from more than two sessions he may no longer be able to complete the program and may need to start again in a future group.

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**Mandated attendees**      Perpetrators mandated to attend by either Courts or Corrections Victoria will be expected to adhere to the attendance terms as part of the agreement made in their referral.

Program providers must provide reports to the court in a timely manner. Where a perpetrator has to wait for a program, providers must communicate with the court to set up other appropriate services to track the perpetrator. This is a separate process to be negotiated by providers and courts.

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## MS 5.5

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**Standard 5.5**      **Perpetrators should be offered relevant referrals pre, during and post group programs.**

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**Implementation**      It is important to monitor the issues that arise for the perpetrator as he attends an MBCP. This is done formally in intake and assessment and by enquiring about his circumstances and what is observed during the group process.

A perpetrator's motivation to attend the program will be strengthened by services that can support him during this time.

Note that risk can increase as a result of other factors that are affecting the perpetrator's life, such as drug and alcohol use (see MS 5.5).

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## Section F: Principle 6 and MS 6.1 to 6.2

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

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**Purpose** The *Equal Opportunity Act 2010* requires organisations to deliver services appropriate to the needs of clients from diverse communities.

Services providers delivering MBCPs must examine their diversity policies and address identified gaps in knowledge and resources to ensure culturally aware service delivery to clients from diverse backgrounds.

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# MS 6.1

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**Standard 6.1**      **Providers should ensure that they meet their obligations under the *Equal Opportunity Act 2010*, as set out in the Victorian Equal Opportunity and Human Rights Commission’s Guideline: *Family violence services and accommodation (2017)*.**

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**Implementation**      MBCP providers should take measures to be as accessible and responsive to as many perpetrators as possible. Providers should strive to do this via capacity-building measures such as training and professional development for staff and compliance with cultural safety and rainbow tick guidelines.

That said, there are still likely to be perpetrators who present with a degree of complexity that cannot be met by the MBCP alone. These perpetrators may require a targeted response and referral to specialist services, or case management options.

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**It’s harder to access DFV services if you are ...**      The Victorian Equal Opportunity and Human Rights Commission’s (VEOHRC) guidelines<sup>1</sup> identify that members of the following communities may experience discrimination in accessing DFV services:

- Aboriginal and Torres Strait Islander people
- people with a disability
- people from cultural, religious and linguistically diverse backgrounds, including immigrant and refugee peoples (often referred to as ‘CALD’ and referred to in the VEOHRC guidelines as ‘multicultural communities’)
- people from lesbian, gay, bisexual, trans and gender diverse, and intersex (LGBTIQ) communities
- older people
- people who work in the sex industry
- younger people
- people in prison or exiting prison
- people living in rural, regional or remote areas.

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## MS 6.1, Continued

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### **Diversity among perpetrators and family members**

Perpetrators of DFV are also members of the above groups. It is important to be mindful that the partners may not necessarily be from the same cultural group. For example, a same-sex couple may each be from different cultural backgrounds.

It is also common for people to belong to multiple communities; for example, a young male Sudanese refugee may also be from a rural community; or an Aboriginal man with an acquired brain injury.

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### **Building cultural awareness**

There are several ways in which an organisation can improve its cultural awareness, such as undertaking training with skilled facilitators and working closely with organisations from culturally diverse communities.

*Cultural safety is the outcome of education that enables safe services to be defined by those who receive the service. Unsafe cultural practice is any action, which diminishes, demeans or disempowers the cultural identity and wellbeing of an individual. Cultural safety aims to enhance the delivery of health services by identifying the power relationship between the healthcare professional and the person receiving care, and empowering the service user to take full advantage of the health care service offered.*

– National Aboriginal and Torres Strait Islander Health Workers Association Cultural Competency Framework

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## MS 6.1, Continued

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### Develop your cultural awareness skills

#### Referrals

- Give all clients who identify as culturally diverse the opportunity to request referrals to relevant communities' services.
- Identify relevant services from these communities: Aboriginal and Torres Strait Islander; the major CALD populations; LGBTIQ; and disability.
- Develop MOUs with relevant organisations setting out how referrals and support will be undertaken.

#### Training

- Ensure all staff members regularly participate in cultural awareness training. Where there are sessional facilitators, providers might consider more accessible forms of training such as e-learning.
- Learn how to access interpreter services and develop an MOU with a program provider if required.
- Provide a list of reputable organisations that will undertake secondary consultations as required.

#### Structural

- Have an assessment framework for MBCP participants and their families that focuses on Aboriginal and Torres Strait Islander people, CALD communities and other diverse communities. This may involve using individual sessions or contracting practitioners with specific cultural experience.
- Develop strategies to communicate with family members who may not want to engage with mainstream services.
- Theoretically frame MBCPs through multiple lenses, including a holistic approach to the structural issues that affect Aboriginal men.
- Understand the risk factors and barriers to accessing resources for impacted family members who identify as culturally diverse.

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### Be more welcoming

Some options to make diverse communities feel more welcomed in your premises include:

- Display an 'Acknowledgment of Traditional Owners' in the reception area
- Undertake Rainbow accreditation (see <https://www.glhv.org.au/lgbti-inclusive-practice>)
- Display 'Welcome' signage in several languages in the reception area.

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## MS 6.1, Continued

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### More information

Australian Institute of Family Studies, 'Intimate partner violence in lesbian, gay, bisexual, trans, intersex and queer communities – key issues'  
<https://aifs.gov.au/cfca/publications/intimate-partner-violence-lgbtqi-communities>

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### Case management

Case management offers an opportunity to tailor responses to individuals and address complex needs.

It also assists in providing a timely response for perpetrators by linking them with services while they are on a waiting list for an MBCP.

Case management can be an appropriate alternative to an MBCP where the perpetrator does not speak or understand English or has complex needs that require an individualised response.

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### Aboriginal case management

Several Aboriginal Community Controlled Organisation (ACCOs) are funded to deliver men's case management. Where ACCO service provision is not in place, a strong collaborative approach is required between program providers and ACCOs (Family Safety Victoria, 2018). This includes secondary consultations and advocacy services.

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## MS 6.2

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**Standard 6.2**      **Providers have formal links to relevant support services for perpetrators from diverse communities, including translating and interpreting services.**

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**Implementation**      It is important that program providers ensure that referrals pathways to culturally relevant support services are developed to optimise their service referrals.

This can be achieved by creating MOUs, attending relevant regional network meetings, or at the very least establishing a contact with each organisation.

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## Section G: Principle 7 and MS 7.1 to 7.4

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

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**Purpose**      Timely processes and services will ensure perpetrators are kept in view and provided with an appropriate response according to risk and need.

Timely responses enable all agencies to enhance the safety of partners and children more effectively. Timely responses help to ensure that information is both gathered and conveyed to the right people.

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# MS 7.1

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**Standard 7.1**      **People who enquire about programs are contacted within three working days.**

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**Implementation**      Perpetrators are likely to contact organisations for help following a recent violent episode or with encouragement from a family member, friend or professional. This is a critical time to intervene, where practitioners can build on this motivation through offering some form of service if the perpetrator must wait to get into a program.

---

**Responding to enquiries**      A range of people may enquire about access to MBCPs, such as perpetrators using DFV, family members experiencing DFV, and services and other professionals.

Program providers working with perpetrators must respond to any enquiry within three business days. There must be procedures and systems in place to:

- respond to requests for service
  - capture all relevant information
  - where possible, have service offerings ready for perpetrators so their motivation can be tapped into immediately
  - share information with other agencies where appropriate.
- 

**Some practical tools**

- Develop an initial contact template to record potential group participants’ information.
  - Develop a database accessible to all practitioners involved in the program where risk can be monitored. Ensure that the impacted family members’ data remains separate from the perpetrator’s data.
  - Develop a protocol that alerts practitioners when a potential group participant is due for contact.
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**MS 7.1, Continued**

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**Capturing information**

It is essential that program providers have a process in place to capture the following information:

- the person making contact (name, address, phone)
  - any recent incident(s)
  - any family violence intervention orders
  - any family members impacted using DFV
  - other support people or organisations involved.
-

## MS 7.2 and 7.3

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**Standard 7.2**      **Contact with the perpetrator will take place at least every fortnight prior to the commencement of group work.**

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**Standard 7.3**      **There will be a process to work with perpetrators to develop program readiness and to keep them in view prior to program entry. This process will be documented in practice guidance.**

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**Timely responses**      These standards speak to the processes and services organisations have in place to ensure perpetrators are ‘program ready’ once a position in an MBCP becomes available for them.

The response to initial contact from a perpetrator, the subsequent services and regular contact must be provided at least fortnightly until he can enter an MBCP.

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**Implementation**      At times a perpetrator will not be able to gain timely access to an MBCP. The program provider’s regular contact with the perpetrator should include discussions about:

- any changes in contact details
  - reminders of conditions of orders
  - breaches of intervention orders
  - any risk factors for the perpetrator
  - referrals to other supports if risk factors are present
  - maintaining motivation levels for attendance at the MBCP; for example, having face-to-face meetings with a practitioner or working through worksheets on the benefits of change.
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## MS 7.2 and 7.3, Continued

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### **Perpetrators who are not 'program ready'**

If a perpetrator is assessed as not yet suitable for an MBCP, program providers should consider developing processes/services for working with the perpetrator to improve his capacity to join the next group.

This may include referrals to another organisation where resources are not available at the MBCP provider. Such services must be provided by a person qualified in working with perpetrators.

Services may include:

- perpetrator case management
- individual motivational interviewing sessions
- individual counselling to address specific reason for non-suitability (such as drugs and alcohol or trauma).

The process/services must also provide an opportunity for the program provider to monitor the perpetrator and keep him in view. Readiness work should also include a risk assessment and management process.

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## MS 7.4

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**Standard 7.4** Providers will immediately refer high-risk family violence situations to the police or relevant agencies, and ensure information is shared about program participants to assist with risk assessment and management, as permitted by the FV Information Sharing scheme (and related guidelines) and applicable Victorian privacy legislation.

---

**Implementation** Program providers must have a written policy and process for when high risk is identified at every stage of the MBCP, including intake stage. This process must be aligned with guidelines for the FV Information Sharing Scheme.

The policy should cover the understanding of risk, the reporting mechanism (including line manager reporting), and a formal written procedure for reporting (see MS 4.1 and 4.2).

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# Section H: Principle 8 and MS 8.1

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

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**Purpose**            An integrated, coordinated and collaborative inter-agency approach ensures the safety of impacted family members by holding perpetrators in view and ensuring they are accountability for their violence. This approach is underpinned by the FV Information Sharing Scheme.

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# MS 8.1

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

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**System-wide approach**      Program providers must adopt a systems-wide approach to DFV. This may include local police, courts, Risk Assessment Management Panels (RAMPs), specialist women’s family violence services, Corrections Victoria, Child FIRST, The Orange Door, family services, maternal and child health, youth services, Aboriginal community controlled organisations and organisations delivering services to CALD communities.

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**Shared understanding of DFV**      A clear and consistent understanding of the dynamics of family violence is important so that all agencies delivering family violence and child, youth and family services are ‘on the same page’.

MBCP providers have a role in communicating their role and purpose when working across other agencies in the service sector.

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**Understand the FV Information Sharing Scheme**      Agencies that are information sharing entities (ISEs) are subsets of risk assessment entities (RAEs) and can request, collect, use and disclose information in relation to the two purposes.

Staff delivering MBCPs should be supported through training, supervision, policy and protocol to understand and comply with the FV Information Sharing Scheme.

Over time, as the FV Information Sharing Scheme is rolled out more widely, agencies will need to deal with different sectors that have been included as ISEs.

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**Clear roles and responsibilities**      Program provider policy and practice must clearly articulate the roles and responsibilities of staff.

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# Section I: Principle 9 and MS 9.1 to 9.7

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

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**Staff skills and resources in MBCPs**                    Staff members who deliver MBCPs are highly skilled, well supported and able to respond appropriately to the dynamics and effects of DFV/sexual violence.

This ensures work with perpetrators and impacted family members remains high quality, evidenced based, best practice and effective.

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## MS 9.1

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**Standard 9.1**      **Facilitators and family safety contact workers have access to supervision sessions at least monthly and undertake at least four relevant professional development activities annually. Supervisors must meet the criteria of a Principal Facilitator and have undertaken recognised training in clinical supervision.**

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**Implementation  
– supervision**

Supervision is important in work with perpetrators. The process of supervision assists in reflecting back any inadvertent collusion, unpacking facilitator bias, exploring the range of strategies and tools to deepen the work and ensuring the safety of impacted family members is paramount.

Professional or clinical supervision is a formal, structured process of support for MBCP facilitators and FSCWs. Supervision supports staff to explore aspects of their professional practice and develop their knowledge and skills.

It also provides an opportunity for staff to debrief. It is an important aspect of organisational care for staff, particularly in areas of practice concerned with trauma. Supervision contributes to effective clinical governance to ensure accountability and adherence to service policy.<sup>1</sup>

**Supervision requirements**

All MBCP workers must have access to and attend supervision sessions at least once a month. Attendance should be recorded to ensure there is evidence of compliance with this requirement.

Supervisors must have the required qualifications and experience in both supervision and work with perpetrators who use DFV.

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**MS 9.1, Continued**

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**Implementation  
– professional  
development**

It is recommended that each agency have a professional development policy.

The policy would ideally articulate:

- the agency’s commitment to supporting high-quality practice
- the agency’s commitment to supporting staff to learn and grow in their roles
- the process for staff to access and report on professional development
- mandatory professional development – this may include working with:
  - Aboriginal communities,
  - culturally and linguistically diverse communities
  - perpetrators of sexual, family and domestic violence
  - high-risk offenders
  - perpetrators with high and complex needs
  - impacted family members with high and complex needs
  - other groups relevant to the agency’s field of work.

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**Policy  
alignment**

The professional development policy should align with other agency policies including workplace safety, supervision, occupational health and safety, and critical incident debriefing.

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# MS 9.2 and 9.3

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**Standard 9.2**      **Groups must be facilitated by either two Principal Facilitators or one Principal Facilitator and one Facilitator.**

**A Principal Facilitator will hold:**

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

**A Facilitator will hold:**

- a relevant tertiary undergraduate degree (in social work, psychology, counselling or a related subject)
  - have completed Victorian Risk Assessment and Risk Management Framework training
  - have observed a minimum of 10 group sessions.
- 

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

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

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**Implementation**      All MBCP workers must comply with the minimum standards, including having written evidence of qualifications and experience. All MBCP groups must be facilitated by at least one Principal Facilitator and one Facilitator.

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**Timeline for qualifications**      Standards 9.2 and 9.3 come into effect as part of broader family violence workforce reforms. FSV will provide MBCP providers with significant lead-in time to plan for the transition. Until this time, the qualification standards from the Men’s Behaviour Change Minimum Standards (2005) will apply.

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## MS 9.2 and 9.3, Continued

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**Existing staff** Note that existing MBCP staff/FSCWs will not need to meet the new minimum standards. Existing level one and level two facilitators will meet the criteria for the new qualification of Facilitator and level three A and B will meet the criteria for Principal Facilitator.

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**Requirement** All agencies delivering MBCPs may provide detailed position descriptions for all roles, including for those who support staff clinically.

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**Separate position descriptions** Separate position descriptions, detailing the different expectations of the roles and responsibilities incumbent in these positions, will be developed for:

- Principal Facilitators
- Facilitators
- Family safety contact workers
- Internal staff or external practitioners providing clinical supervision.

Where staff members have multiple roles, e.g. part-time counsellor and part-time MBCP Facilitator, they will require a separate description for each position.

---

**Facilitators – key selection criteria** There are two levels of MBCP facilitators. At a minimum, the following qualifications are required.

### **Principal Facilitator**

- Bachelor's degree in social work, psychology, counselling, or a related subject
- A graduate diploma or graduate certificate qualification in men's FV
- 100 hours of experience delivering MBCP

Other criteria strongly recommended:

- demonstrated understanding of the dynamics and impacts of sexual assault and DFV
  - fully trained in Victorian Risk Assessment and Risk Management Framework
  - demonstrated understanding of FV Information Sharing legislation and its implementation
  - relevant experience in the DFV sector
  - experience in conducting comprehensive safety, risk and wellbeing assessments and working within the 'Best Interests Principles' as outlined in the *Children, Youth and Families Act 2005*.
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## MS 9.2 and 9.3, Continued

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### Facilitators – key selection criteria (continued)

#### Co-facilitator

- Bachelor's degree in social work, psychology, counselling or a related subject
- Observation of a minimum of 10 MBCP group sessions

Other criteria strongly recommended:

- demonstrated understanding of the dynamics and impacts of sexual assault and DFV
  - fully trained in Victorian Risk Assessment and Risk Management Framework
  - completing or a completed graduate diploma or graduate certificate qualification in men's family violence
  - demonstrated understanding of FV Information Sharing legislation and its implementation
  - relevant experience in the DFV sector
  - experience in conducting comprehensive safety, risk and wellbeing assessments and working within the 'Best Interests Principles' as outlined in the *Children, Youth and Families Act 2005*
- 

### Family safety contact workers – key selection criteria

All FSCWs are women (unless a man is specifically requested). They must have the following qualifications as a minimum.

#### Qualifications/training

- Bachelor's degree in social work, psychology, counselling or a related subject
- Fully trained in Victorian Risk Assessment and Risk Management Framework

It is highly recommended that they have this experience and knowledge.

#### Experience

- Relevant experience in the DFV sector
- Experience in conducting comprehensive safety, risk and wellbeing assessments and working within the 'Best Interests Principles' as outlined in the *Children, Youth and Families Act 2005*

#### Knowledge

- Demonstrated understanding of the dynamics and impacts of sexual assault and DFV
  - Demonstrated understanding of FV Information Sharing legislation and its implementation
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## MS 9.4, 9.5, 9.6 and 9.7

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**Standard 9.4**      **The family safety contact worker will not simultaneously have responsibility for program facilitation, except in exceptional circumstances.**

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**Purpose**              This avoids conflicts of interest, pressure to take sides and subtle coercion to minimise the risk to impacted family members.

---

**Exceptional circumstances**      Having the FSCW facilitate the group should be avoided if possible, but exceptional circumstances may arise due to staff shortages.

In the event that this occurs, program staff need to examine any possible safety risks that it may pose. This includes the likelihood that a perpetrator may identify the FSCW as the person who has spoken to his family. If program staff identify a safety issue that may arise the FSCW should not facilitate the group.

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**Standard 9.5**      **Family safety contact work is undertaken by a female worker, unless a male worker is requested.**

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**Implementation**      MBCPs recognise that engaging with a female worker may not always be the preference for impacted family members.

In the event that a male worker is requested, or is deemed more suitable, the male worker must have experience and knowledge in working with people who have been impacted by family violence and an understanding of the Family Violence Risk Assessment and Risk Management Framework.

It is recommended that the male worker be a qualified facilitator, but not of the group that the family member’s perpetrator is attending.

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**MS 9.4, 9.5, 9.6 and 9.7, Continued**

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**Standard 9.6**      **All staff working in programs are required to sign a Code of Conduct.**

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**Implementation**      The program provider’s code of conduct must align with the minimum standards. The code should articulate behavioural expectations and consequences for breaches of the stated conduct.

The code of conduct should mirror the same expectations for perpetrators who participate in MBCPs, i.e. respect, accountability, equity and responsibility, and commitment to non-violence.

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**Standard 9.7**      **All staff working in programs have been the subject of a police and working with children check.**

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**Implementation**      Program providers must comply with state and federal funding body requirements to ensure all staff members have a National Police Check and Working with Children Check and that these are regularly updated.

Program providers should also have a documented response for how they will manage negative police check results, particularly those which could compromise the delivery of MBCPs (for example, by not complying with the required values).

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## Section J: Principle 10 and MS 10.1 to 10.2

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

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**Purpose**            The involvement of independent observers in an MBCP aims to increase the public's confidence in the quality of the work and demonstrate the programs' commitment to accountability.

This also provides an opportunity for trainee facilitators to learn how skills and activities are applied with real participants.

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# MS 10.1

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**Standard 10.1** Providers will conduct a report every 12 months, drawing on quantitative and qualitative data, including information and feedback collected from perpetrators, partners and children, and other stakeholders.

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**Implementation** Data collection is a vital feature of this work. It enables:

- program and agency staff to be provided with valuable information about the program that can be used to shape decisions about future content, processes and resourcing
- programs to demonstrate accountability to stakeholders
- results to be shared with relevant stakeholders and used by agencies for reflective practice, continuous staff and program improvement, development of technical skills, policies and strategies and resource allocation
- program resources to be used more effectively and efficiently (e.g. evaluative feedback early in a program may help staff adjust the material to be more effective in engaging the participants).

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**Data collection and evaluation** Data informing the service reporting on MBCPs is obtained from:

- all mandatory fields for all clients in the funding body database, Integrated Reports and Information Systems (IRIS)
- survey information from impacted family members and group participants (undertaken separately).

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**MS 10.1, Continued**

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**Minimum requirement**

At a minimum, program providers should regularly collect and analyse information related to the safety of women and children and other women in intimate relationships with perpetrators and children associated with that relationship. This is consistent with requirements under the Family Violence Risk Assessment and Risk Management Framework.

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**Evaluation forms**

Providers must design feedback forms to be completed at the end of the program by group participants.

Providers must design feedback forms to be completed by impacted family members at the completion of their support.

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**Additional information**

In addition, program providers may choose to assess other relevant information, such as:

1. Impacted family members’ reflections on the MBCP and suggestions for improvement.
  2. Perpetrators’ attitudes (e.g., gender equality, attempts to justify violence against women).
  3. Perpetrators’ acceptance of responsibility for their violent, abusive and controlling behaviour.
  4. Changes to the lives of children whose fathers or stepfathers participate in the perpetrator intervention.
  5. Numbers of perpetrators assessed, participating in and completing the MBCP.
  6. Numbers of partners contacted, engaged and helped.
  7. Ethical and practical dilemmas and their resolution.
  8. Facilitators’ feedback (e.g., challenges, practice insights, lessons learned, ways practice can be improved).
  9. Profiles of perpetrators’ demographics, motivation to change and learning styles.
  10. Program inclusiveness.
  11. Program feedback from other stakeholders and services (e.g., women’s services).
  12. Information shared with other ISEs under the FV Information Sharing Scheme.
-

## MS 10.2

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**Standard 10.2**     **Providers should ensure that up to two observers are present on at least four occasions during the delivery of each program.**

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**Implementation**     Program providers must provide observers of MBCPs with information to assist them to optimise their observation experience. This may include:

- the role of the observer
- what they might observe and what to look for
- information on confidentiality expectations
- emotional impacts and self-care.

Observers will meet with staff before the group meeting starts and attend a debriefing meeting after it finishes. Observers should be present for more than one session to get a broader experience of the MBCP.

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**Excluding observers**

There are times when it may not be appropriate for observers to be present. This may include:

- when a perpetrator may be reluctant to share information if there is someone he does not know and trust
  - when there is a new staff member facilitating the group
  - where students are doing their placements as a facilitator in the group.
-

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### MS 4.1 to 4.4

#### Notes

1. Dynamic risk can be informed by a range of factors such as:
  - Life course risk markers; pregnancy, potential separation and relationship ending
  - Dynamics such as perceived and actual loss of control, unmet dependency needs, fears, anxiety and frustrations and threats to self-esteem (Kaufman Kantor & Jasinski 1998, see references below.)

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## Appendices

## Appendix 1A: Introduction to the minimum standards

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### Development of the Minimum Standards

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

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

### Purpose and application

The purpose of the minimum standards is to enhance the safety of women and children by providing a consistent men's behaviour change program (MBCP) model.

The minimum standards apply to all Victorian Government-funded MBCPs delivered in the community. The minimum standards establish minimum requirements for program priorities and key components of program design, delivery, evaluation and staffing.

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

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

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

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

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## Appendix 1A: Introduction to the minimum standards, Continued

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### Principles

The minimum standards are organised according to the Victorian Principles for Perpetrator Interventions (2017) developed by the Expert Advisory Panel on Perpetrator Interventions.

The Principles map the roles and responsibilities of all Victorian government and non-government agencies and service providers that have contact with perpetrators of family violence.

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

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

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

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## Appendix 1A: Introduction to the minimum standards, Continued

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### Background

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

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

Intimate partner violence (violent, abusive, coercive and controlling behaviour by a person within an intimate relationship, including current or past marriages, domestic partnerships, familial relations, or de facto relationships) causes widespread physical, sexual, economic, and/or psychological harm.

It is the most common type of violence against women internationally and the most common type of family violence (see, for example, World Health Organization 2010). Australian studies have found that intimate partner violence contributes to more death, disability and illness for women aged 15 to 44 years old than any other preventable risk factor (VicHealth 2004; Webster 2016).

Family violence is characterised by a pattern of coercive control that one person, typically a man, exercises over another in order to dominate and impose their will. It may include physical violence but extends beyond this to include property damage, psychological and economic abuse.

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## Appendix 1A: Introduction to the minimum standards, Continued

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### Background (continued)

It includes threats and behaviours that create fear, and prevents a person from acting freely, or compels them to behave in ways they do not freely choose. Such behaviour is deliberate, systematic and can occur over an extended period of time. Behaviour that causes a child to hear or witness, or otherwise be exposed to the effects of family violence is also family violence.

It is increasingly understood that exposure to family violence causes significant harm to children, which can begin during pregnancy and affect all stages of a child's development. The impacts of family violence on adult and child victims are pervasive, affecting all aspects of health and wellbeing.

Family violence is also a major criminal justice issue. Police spend a significant proportion of their time responding to family violence, although it is still an under-reported crime. Some women and children, such as those from Aboriginal communities, culturally and linguistically diverse communities or women with disabilities are affected disproportionately and/or face additional barriers to accessing support.

Family violence can occur in same sex relationships. In some cases, men are victims of male or female perpetrated family violence and women can be violent towards female partners or other family members.

Research has consistently shown that family violence is not a crime exclusive to any one country, culture or socio-economic group. It is, however, a gendered form of violence that overwhelmingly impacts women and children and is consistently linked to gender inequality.

The United Nations Convention on the Elimination of All Forms of Discrimination Against Women (1981) recognises that violence against women 'seriously inhibits women's ability to enjoy rights and freedoms on the basis of equality with men'.

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

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## Appendix 1A: Introduction to the minimum standards, Continued

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### Definitions and terms

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

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

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

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

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## Appendix 1A: Introduction to the minimum standards, Continued

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### Definitions and terms (continued)

#### Partner

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

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

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

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

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

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

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# Appendix 1B: Consolidated listing of minimum standards

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<b>Principle 1</b>	<b>Victims', including children's, safety and freedom underpins all interventions with perpetrators of family violence.</b>
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<b>Minimum standards 1.1 to 1.8</b>	<p>1.1 Program providers will operate from written procedures that address risk assessment and risk management for the perpetrator's partner or impacted family members. Detailed practice guidance will set out these procedures. Practice guidance will include, but not be limited to:</p> <ul style="list-style-type: none"><li>▪ documenting, assessing and managing risk, including where the agency has incidental contact with the perpetrator</li><li>▪ responding to critical incidents</li><li>▪ referral pathways and protocols</li><li>▪ reporting any risk to persons to relevant authorities</li><li>▪ program content and approach</li><li>▪ the roles and responsibilities of staff</li><li>▪ obligations under the Family Violence Protection Amendment (Information Sharing) Act 2017 (the FV scheme)</li><li>▪ obligations under the Victorian Child Safe Standards.</li></ul> <p>1.2 Family safety contact workers will work with the perpetrator's partner and family members, including children, if they are identified as being impacted by the perpetrator's violence, for the purposes of risk assessment and management, information sharing and referrals.</p> <p>1.3 Family safety contact workers will make initial contact with any partner or impacted family member following the perpetrator's initial assessment session. Where the partner or impacted family member wishes to have ongoing contact, the family safety contact worker will make contact at least fortnightly. More, or less, frequent contact will be provided by the family contact worker if requested.</p> <p>1.4 Family safety contact workers will prepare the partner and any other impacted family members for the participation of the perpetrator in a program, including by providing verbal and written information about the content and approach of the program and all relevant procedures.</p>
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## Appendix 1B: Consolidated listing of minimum standards, Continued

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**Minimum standards 1.1 to 1.8 (continued)**

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

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**Appendix 1B: Consolidated listing of minimum standards, Continued**

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

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- Minimum standards 2.1 to 2.2**
- 2.1 The needs of those who have experienced and been impacted by family violence often extend beyond safety needs. Additional needs may include, but are not limited to, assistance with health, housing, finances, and alcohol and substance issues. Family safety contact workers will make all relevant referrals to address the needs of the perpetrator’s partner and impacted family members.
  
  - 2.2 Providers will have a process outlining how family safety contact workers will communicate with facilitators to ensure that interventions with perpetrators are responsive to the issues being raised by the partner and impacted family members, and conducted in a safe and constructive manner.
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**Appendix 1B: Consolidated listing of minimum standards, Continued**

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

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**Minimum standards 3.1 to 3.6**

- 3.1 Programs focus on addressing violent and controlling behaviour, holding perpetrators to account, and taking responsibility for their abuse. Programs identify and work against collusion, minimisation, victim-blaming narratives, and violence-supporting attitudes. Programs challenge the perpetrator’s use of family violence and the impact on the perpetrator’s partner.
  
- 3.2 Providers will set out in writing information for perpetrators on how the program is intended to ensure they take responsibility and change their behaviour.
  
- 3.3 All perpetrators are required to enter into an agreement about standards of acceptable behaviour for group participation. The agreement will also set out the consequences of non-compliance with the agreed standards.
  
- 3.4 Perpetrators mandated to attend programs as a result of a court order are informed in writing about attendance requirements and the consequences of non-attendance.
  
- 3.5 Providers will ensure that programs are designed to run with one female and one male facilitator, except in exceptional circumstances.
  
- 3.6 Each program group will include a maximum of 14 participants.

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## Appendix 1B: Consolidated listing of minimum standards, Continued

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**Principle 4**

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

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**Minimum standards 4.1 to 4.4**

4.1 Providers must ensure that their reporting activities adhere to their responsibilities as an 'information sharing entity' under the FV scheme (including any guidelines).

4.2 Risk assessment and risk management of the perpetrator should be undertaken and documented at the point of initial intake and assessment and be ongoing throughout the duration of the program. Risk assessment and management will be undertaken in line with the Victorian Family Violence Risk Assessment and Risk Management Framework and include risk of suicide.

4.3 Providers must notify perpetrators at the time of intake and assessment about how their information may be used or disclosed, including that their information may be shared without their consent for the purposes of family violence risk assessment or risk management if required or permitted by the FV scheme.

4.4 A report should be made following the perpetrator's completion, termination or withdrawal from the program. The report must include:

- reason for termination or withdrawal
- assessment of risk (pre and post program)
- attendance at the program
- any relevant referrals.

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## Appendix 1B: Consolidated listing of minimum standards, Continued

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

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**Minimum standards 5.1 to 5.5**

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

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

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**Minimum standards 6.1 to 6.2**

- 6.1 Providers should ensure that they meet their obligations under the *Equal Opportunity Act 2010*, as set out in the Victorian Equal Opportunity and Human Rights Commission’s *Guideline: Family violence services and accommodation (2017)*.
- 6.2 Providers have formal links to relevant support services for perpetrators from diverse communities, including translating and interpreting services.
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**Appendix 1B: Consolidated listing of minimum standards, Continued**

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

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- Minimum standards 7.1 to 7.4**
- 7.1 People who enquire about programs are contacted within three working days.
  - 7.2 Contact with the perpetrator will take place at least every fortnight prior to the commencement of group work.
  - 7.3 There will be a process to work with perpetrators to develop program readiness and to keep them in view prior to program entry. This process will be documented in practice guidance.
  - 7.4 Providers will immediately refer high-risk family violence situations to the police or relevant agencies, and ensure information is shared about program participants to assist with risk assessment and management, as permitted by the FV scheme (and related guidelines) and applicable Victorian privacy legislation.
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**Principle 8**                      **A systems-wide approach collectively creates opportunities for perpetrator accountability, both as a partner and a parent. Actions across the system work together, share information where relevant, and demonstrate understanding of the dynamics of family violence.**

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- Minimum standard 8.1**
- 8.1 Formal protocols for transparency, accountability and integration will be developed through relationships with relevant agencies in order to ensure that perpetrators are kept in view at all times.
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## Appendix 1B: Consolidated listing of minimum standards, Continued

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### Principle 9

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

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### Minimum standards 9.1 to 9.7

9.1 Facilitators and family safety contact workers have access to supervision sessions at least monthly and undertake at least four relevant professional development activities annually. Supervisors must meet the criteria of a Principal Facilitator and have undertaken recognised training in clinical supervision.

9.2 Groups must be facilitated by either two Principal Facilitators or one Principal Facilitator and one Facilitator.

A Principal Facilitator will hold:

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

A Facilitator will hold:

- a relevant tertiary undergraduate degree (in social work, psychology, counselling or a related subject)
- have completed Victorian Risk Assessment and Risk Management Framework training
- have observed a minimum of 10 group sessions.

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

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

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**Appendix 1B: Consolidated listing of minimum standards, Continued**

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**Minimum standards 9.1 to 9.7 (continued)**

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

**Principle 10**

**Perpetrator interventions are driven by credible evidence to continuously improve.**

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**Minimum standards 10.1 to 10.2**

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

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SPINE SECTION  
(if required)

Implementation guide: **Men's Behaviour Change** Minimum Standards