

Making referrals to specialist perpetrator intervention services

Before a referral

Before discussing a referral to a specialist perpetrator intervention service with a person using violence, consider:

- The extent to which they have disclosed their use of violence, the level of acknowledgement about their abusive behaviours and the presenting needs that require support
- how engaged they are and the level of trust you have built with them, including the level of system awareness about their use of violence
- if they are eligible for the referral, and what has come out of a discussion about addressing any barriers that may prevent engagement (such as language, cognitive ability, geographical location, housing and homeless issues, real or perceived experience of discrimination impacting their trust in services). Consider if any victim survivors are engaged with a service and avoid referring the person using violence to the same service.
- Being aware of whether multiple services are required, including targeted services such as Aboriginal and Torres Strait Islander services, LGBTIQ services and culturally specific services.
- when you know which agency/agencies you will be referring to, contact the agency receiving the referral to ensure it's appropriate, ascertain any waiting times, and any important details about the program and eligibility. Ensure you discuss this information with the client.
- how to prioritise support if the person using violence has a range of presenting needs, and what other referrals may be required. Consider information sharing and coordination required with other services involved to support appropriately sequenced referrals.

Organisations may have different preferences on their referral process, and some will require that the person using family violence contacts the service independently to access the program. Make sure you advise the client where these requirements are in place.

However, if you have information that is relevant to risk (including risk assessments, risk management plans, and safety plans), it is important to understand what you can also share under information sharing schemes and other existing legislation. You can find out more information about information sharing [here](#).

Speaking with clients about referrals

Once you have determined that a referral to a specialist perpetrator intervention is safe and appropriate, there are some ways you may consider discussing this option with clients:

<p>Frame engagement around motivation</p> <p>Leverage the future-focus and motivation that a person may have expressed for changing their behaviour to frame the intervention as an opportunity.</p>	<p><i>"I hear you're wanting a loving family, but your behaviour is starting to impact the kids[names]. I can talk about some services who work with people to help their behaviour at home."</i></p> <p><i>"What will happen if things don't change?... So it sounds like you don't want things to stay the way they are, would you like information about some services who work with people to assist with this important change work "</i></p>
<p>Be transparent about the process</p> <p>Providing information about program requirements, length of time and what to expect. This mitigates the risk of disengagement and supports motivation</p>	<ul style="list-style-type: none"> • Discuss waitlist times and how to access support whilst on a waitlist • Explain program requirements (see [insert link] for general details on programs) • Provide information on the intake process (what will happen when they call, how many assessments, etc.) • Manage the expectations of the person using violence regarding the options available and support they can expect to receive from each service
<p>Address shame</p> <p>Many people who use violence feel shame talking about their behaviour. To engage in specialist perpetrator intervention services, this barrier may need to be addressed.</p>	<p><i>"Thank you for sharing your story about what has happened, I can see it's hard to talk about these challenging situations and your role and contributions to what has happened. I'd like to reassure you that these professionals listen to and support people every day about making positive changes"</i></p>
<p>Explain inappropriate referrals</p> <p>Some people who use violence may want services such as couple counselling or general anger management courses. Referrals to programs without a family violence lens risks colluding with the person using violence and increasing risk to victim survivors.</p>	<p><i>"I'm hearing that this is an issue that is only happening at home/with people in your family, anger management is more general than that. A MBCP will help you to focus specifically on the changes you can make for your partner/children/family members."</i></p> <p><i>"I can hear you're wanting referrals for your partner too, but they're not in the room with us now to say what they want. It's been just you and me talking, and I want to focus on what steps you can take"</i></p>

After making a referral

After making a referral to a specialist perpetrator intervention service, there are steps you can take to support the success of the referral:

- If possible and appropriate, maintain engagement with the person using violence to keep them in view of the system, as a gap between service engagements could mean the person drops out from the service system. This includes continuing to provide support to address the presenting needs and circumstances of the person using violence to support stability and enhance their capacity to engage with services.
- Follow up on the referral outcome (if appropriate, without consent from the person using violence as authorised under the Family Violence Information Sharing Scheme).
- If required, advocate for your client to receive service and provide relevant information to ensure the receiving service can meaningfully connect with the person using violence. If appropriate, discuss roles and responsibilities, develop a case management protocol, including about information sharing if risk changes or escalates, and updating risk management plans, if appropriate.