



Domestic and family violence perpetrator strategy

**Submission to the Queensland Government
Department of Justice and Attorney-General**

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This submission may be quoted in public documents.

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Acknowledgement of First Nations Peoples

We acknowledge Aboriginal and Torres Strait Islander peoples as the first Australians and recognise their culture, history, diversity and deep connection to the land. We acknowledge the Traditional Owners and Custodians of the land on which we serve and worship today.

We pay our respects to Aboriginal and Torres Strait Islander Elders both past and present; and also extend that respect to our Aboriginal and Torres Strait Islander staff, clergy, clients, parishioners and partners (past, present and future).

We acknowledge the past and present injustices that First Nations people have endured and seek to understand and reconcile these histories as foundational to moving forward together in unity.



Artwork by Olivene Yasso to celebrate 150 years of Anglicare

Read more: anglicaresq.org.au/reconciling-story/150-years-of-anglicaresq-commemorating-our-indigenous-past-present-and-future

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Introduction

The Anglican Church Southern Queensland (ACSQ) covers an area of more than a half a million square kilometres, from Bundaberg in north central Queensland to Coolangatta on the New South Wales border and west to the borders of South Australia and the Northern Territory. The region comprises half the population of Queensland.

About four million people live within the Diocesan area, including more than 8,000 Anglicans in church each Sunday. In the ACSQ, there are over 175 active clergy in more than 130 parishes. The Church is active in ecumenical activities, especially through the work of Queensland Churches Together who for over 20 years prioritised work in response to domestic violence.

Both clergy and lay people are an integral part of the faith community. Through their commitment, love and service, they provide practical care and spiritual support to a diverse community. Anglican chaplains are active in hospitals, aged care facilities, prisons and schools throughout southern Queensland. More than 3000 staff of Anglicare Southern Queensland (Anglicare SQ), the human services arm of the ACSQ, walk alongside those in need, offering support not only for those escaping domestic violence and homelessness, but also providing residential aged care, in-home care, mental health support, youth programs, foster care, and family services. Our services are designed to 'wrap around' clients in a comprehensive way, recognising people's health needs but also addressing the social needs which contribute to wellness.

This submission is a combined response from the Anglican Church of Southern Queensland, Anglicare SQ and the Anglican Schools Commission. The response draws particularly and deeply on the experience of Anglicare SQ through our expansive community and aged care services and specialist DFV services, including longstanding responses to those who use violence.

The response also reflects the experience, practice, commitment and challenges faced by Anglican schools in Southern Queensland.

The Church forms part of the Anglican Church in Australia and has adopted the Australian Church's 10 Commitments for the Identification and Presentation of Domestic and Family Violence, an evidence-based strategy which looks deeply into culture, power and gender issues that sustain violence and abuse within family and intimate partner settings. A copy of this document is available at [TenCommitments_270521.pdf](#) (anglican.org.au). Through the implementation of the Ten Commitments the Church seeks to enhance the role of faith communities in responding to domestic and family violence.

Our response is written in the context of our deep commitment to stop domestic and family violence in all its forms and to care and support those impacted by violence.

Recommendations

1. We support the use of the term 'persons using violence'. The term 'person perpetrating violence' could also be used where the gravity of the acts of violence deserves greater emphasis.
2. We broadly support the areas of focus proposed with the following considerations:
 - that data collection and evaluation of interventions be strengthened together with monitoring of international best practice
 - that DVF is recognised as an issue across the entire Australian community and is not confined to disadvantaged communities. As such, the Strategy needs to actively promote and support diversity in funded intervention programs.
 - that recognition is given to the social and cultural issues that create and nurture environments where abuse is minimised and accepted. Misuse of power, accessibility to and the changing nature of pornography, gendered roles and social media are just a few of these issues to which the Strategy could help to identify and respond.
3. The purpose of the Strategy would more accurately be worded as a '*whole-of-community response in which government plays a significant and important role*' rather than simply 'a whole-of-government response'.
4. We recommend that the Strategy:
 - explicitly recognises the complexity and diversity of domestic and family violence.
 - includes a guiding principle that supports innovation and ongoing development of policy, systems and service responses
 - prioritises prevention as a long term policy, program and funding commitment, with a particular focus on targeting young people.
 - recognises and supports diverse organisations — faith, sporting, community and educational facilities — to take a more active role in preventing and responding to violence in all its forms, and especially coercive control.
5. The Strategy needs to recognise the *need* for and *fund*:
 - programs that are flexible and accessible in terms of timing, geographic reach and format (face-to-face and online)
 - specialist programs that address the needs of specific groups of people using violence: eg women, people in rural and regional areas, those at high risk of reoffending/on remand
 - multiple doors to help, not a one-stop shop. A specialist workforce needs to be complemented by many well-trained and effective 'generalists' and a public that is well-informed by funded community education campaigns.
 - stable funding for increased recruitment of a specialist workforce; remuneration commensurate with the specialised nature of the work; and

funded training, professional development and support, including funding time for sector collaboration

- evaluation of new and existing programs as a standard inclusion in funding agreements
 - education and communication initiatives that translate and disseminate research findings.
6. Quality data collection needs to be an integral element of the Strategy, with support for active research and evaluation partnerships between program providers and universities.
 7. We recommend that the Strategy take a holistic view that recognises and funds the collective responsibility of both community and system to support individuals to firstly, stop using violence, and to be accountable for their actions and commit to change. This includes employing whole-of-community strategies and help sources in areas such as human services, the justice system, housing, schools and in faith communities.

Scope and foundations of the Strategy

The importance of language

1. *In the development of the strategy, do you support the use of the term 'persons using violence' when referring to individual people?*

We consider that the terms 'persons using violence' or 'person using violence' are appropriate.

The use of the word 'perpetrator' when used in policy documents is a convenient shorthand, but also obscures the complex reality that no individual can be described by a single label, and that people are capable of acting differently. In the domestic and family violence (DFV) field of practice, the term 'perpetrator' has become synonymous with 'abuser' and carries a stigma that can be problematic because of the way it generalises DFV offenders as homogenous.

The term 'person using violence' leaves room for other possibilities and promotes the view that we are dealing firstly with a person, not an issue. This is an essential feature of effective, strengths-based intervention programs, and leaves open the consideration of the broad range of needs and circumstances relevant to that person.

This approach includes public health and program development settings where the focus is on engaging people in behaviour change, and particularly in relation to work with young people who use violence. Anglican schools, for example, promote an ethos of non violence. Using this term is appropriate for the context: 'persons using violence' captures a broad diversity of behaviours without the labelling effect, as discussed above, of the term 'perpetrator'.

It is important to note that the preferred language related to family violence and individual identities can vary for individuals and communities. The Victorian Government provides a useful discussion of this issue in their Multi Agency Risk Assessment and Management Framework (MARAM Framework).¹

Our support for the use of 'persons using violence' as a term also comes with two caveats. Domestic violence non-profit organisation, Insight Exchange, points out that language is powerful: it can minimise and undermine the experience of the victim-survivor through its very 'ordinariness':

[T]he most harmful and abhorrent acts of violence are represented in the most ordinary and benign terms. The conventionality of these terms endows violent acts with an air of acceptability and obscures their real nature from the victim's point of view.²

We wish to emphasise therefore that the use of 'person using violence' in appropriate contexts must also clearly indicate that the term *in no way* dismisses or diminishes the experience of victim-survivors. No term is perfect, but 'person using

violence' is society's current best attempt not to alienate, but to engage people who meet this description in behaviour change programs and initiatives.

In a related point — while we support use of the term 'person using violence', it is important to note that the phrase does not speak to the gendered nature of most DFV. We must not lose sight of that fact in developing the Strategy.

Finally, if 'persons' using violence' is to be the preferred term, the name of the Strategy itself should reflect that shift, rather than being called a 'Perpetrator Strategy'.

Recommendation

We support the use of the term 'persons using violence'. The term 'person perpetrating violence' could also be used where the gravity of the acts of violence deserves greater emphasis.

Proposed areas of focus

2. Are the listed areas the right focus areas for the strategy? Are there other key areas that should be considered?

We would argue for much stronger and more specific proposals in the Strategy itself. While 'improving', 'increasing' and 'expanding' are worthy objectives, it is important that the Strategy be both outcomes-focused and itself accountable, as well as more directly reflecting the recommendations of the *Hear Her Voice* reports. Specifically, areas of focus should also include:

- public awareness and understanding of what constitutes domestic and family violence
- intentional and specific initiatives focusing on integration of the service system, recognising that awareness of and responses to DFV are needed across multiple points of contact including schools, health services, faith-based organisations and more
- evidence-based ways of holding people using violence accountable to stop the violence, from both system and program perspectives.

We strongly support expanding the reach of interventions. Both group and individual programs need to be part of a suite of funded programs, and issues such as access and inclusiveness should also be a focal point. A focus on further growing a well-trained and supported workforce, including DFV specialist workers, would support the expansion and reach of interventions.

We strongly support recognition in the Strategy of the need for diversity in funded intervention programs:

- There are significant issues in a one-size-fits-most approach for men from culturally and linguistically diverse backgrounds, who have highly varying

cultural norms and sometimes language barriers which prevent their meaningful engagement in standard programs.

- Research has long highlighted that standard male behaviour change programs fail to engage the most serious users of violence, who are adept at system-evasion and present the most risk of harm in families.
- Some men do not manage group processes well, whether because of neurodiversity, intellectual impairment or mental health issues.
- It is important to note that DFV occurs across all population groups, and is not only confined to, or inevitable in, groups that experience multiple disadvantage or carry the impact of trauma.

The Strategy needs to scaffold funding programs that provide therapeutic support to address violent behaviours that fall outside standard group programs.

Interventions need to be more than simply ‘trauma-informed’. They need to be ‘trauma-responsive’, as a person’s experience of trauma is often intimately connected with their perpetration of violence. Recognition of and response to this experience can be a key to successful engagement and facilitate an effective change process. Recovery, healing, rebuilding of family relationships and the ongoing journey of change and desistance need to be explicitly referenced in the Strategy.

As well as ‘expanding the perpetrator intervention system beyond the justice system response’, approaches to justice should also be broadened to include, where appropriate, approaches such as Restorative Justice — for example, with young people.

We also strongly support the focus on enhancing the quality of data collection and the evaluation of existing programs, to inform both the improvement of existing programs, and the development of new evidence-based programs. This point is taken up again in our responses to questions 17 and 18.

Recommendations

We broadly support the areas of focus proposed with the following considerations:

- that data collection and evaluation of interventions be strengthened together with monitoring of international best practice
- that DVF is recognised as an issue across the entire Australian community and is not confined to disadvantaged communities. As such, the Strategy needs to actively promote and support diversity in funded intervention programs.
- that recognition is given to the social and cultural issues that create and nurture environments where abuse is minimised and accepted. Misuse of power, accessibility to and the changing nature of pornography, gendered roles and social media are just a few of the issues which the Strategy could help to identify and respond to.

Vision, purpose and guiding principles

3. *Does the vision, purpose and guiding principles provide the right foundation for the Strategy?*

As a general statement, we support the suggested vision, purpose and guiding principles.

However, we consider that the following points should also be addressed:

Purpose

- We suggest that this would more accurately be worded as a '*whole-of-community response in which government plays a significant and important role*' rather than simply 'a whole-of-government response'.

Guiding principles

- The strategy needs to more explicitly recognise among its guiding principles the complexity and diversity of domestic and family violence, including:
 - the different types and modes of DFV — including physical, sexual, verbal, emotional (eg gaslighting), financial ('sexually transmitted debt'), spiritual, technology-facilitated control
 - the occurrence of DFV in diverse communities (eg CALD, LGBTIQ+, young people, rural/regional/remote, people living with a disability)
 - the intersections between those communities
 - the different patterns of perpetration that present with different risks, triggers, motives and intervention needs.
- We suggest that there needs to be a guiding principle that supports innovation and ongoing development of policy, systems and service responses. There is much that we have still to learn and implement in terms of what works.
- The first guiding principle, *Preventing domestic and family violence begins with addressing the cultural norms, structures and practices that condone and enable violence to occur*, should explicitly call out patriarchal and other oppressive belief systems as part of culture.
- We strongly support the following principle: *The safety of victim-survivors and children is at the forefront of all perpetrator interventions*.

It is important to consider however that women and children can be traumatised further by a system that in a DFV situation may remove children from their home, rather than removing the perpetrator. At the same time, we are aware that there are many complexities in these situations and no easy policy fixes.

- We reiterate that domestic and family violence is diverse and complex. This means that the evidence base needs to be equally wide-ranging and multidisciplinary in the types of violence it addresses; the communities upon which it focuses; and the programs it evaluates.

- We suggest maintaining the core focus of the Strategy in the last dot point by rewording as follows:

*The system is responsible for holding people who use violence accountable for their actions and keeping them in view **to stop the violence**.*

Recommendations

- The purpose of the Strategy would more accurately be worded as a ‘*whole-of-community response in which government plays a significant and important role*’ rather than simply ‘a whole-of-government response’.
- The Strategy needs to explicitly recognise the complexity and diversity of domestic and family violence.
- There needs to be a guiding principle that supports innovation and ongoing development of policy, systems and service responses.
- We strongly support the following principle: *The safety of victim-survivors and children is at the forefront of all perpetrator interventions.*

Implementation of the Strategy

In addressing prevention, early intervention and tertiary prevention strategies, we note first of all that many services and activities in fact overlap these categories. As Tayton et al comment:

Prevention and early intervention activities are ... not necessarily undertaken separately from other types of responses, such as crisis services. There are relatively few “pure” prevention and early intervention activities. ... practice-based distinctions between tertiary, secondary and primary prevention activities are not strictly maintained in the DFV sector.³

This blurring between categories of activity can be seen to impact on the nature of the strategies suggested below, particularly in relation to young people.

Prevention: Supporting community to be proactive

4. *How can the Strategy support the community, including men and boys, to be more proactive in addressing the drivers of domestic and family violence?*

Prevention frameworks internationally have a recurring theme: they are premised on an understanding that gender inequality is a key factor, and that effective prevention activities need to aim at challenging both gender stereotypes and attitudes towards gender roles and power.

Given this point, we would argue that prevention needs to be **prioritised as a long term policy, program and funding commitment**. Stopping violence before it begins cannot be achieved in a single term of government, or by a single department. In many ways, it will be an intergenerational task that requires **targeting young people** in ways that

challenge toxic and unhealthy cultural and social norms, raising awareness about domestic violence and coercive control, consequences of violent choices, issues with bystander culture, and promoting a tolerant and non-violent culture.

Prevention programs such as *Love Bites Respectful Relationships*;⁴ and the New Zealand-based *Loves-Me-Not*,⁵ for example, take a whole-of-school approach to promoting healthy and respectful relationships and preventing abusive behaviour in relationships.

Across the community, we need programs which address respectful communication skills and strategies to inform conversation and open discussion in response to domestic and family violence behaviours. We can learn from international programs such as New Zealand's *She is Not Your Rehab*⁶ and the *Indashyikirwa* program in Rwanda, which addressed relationship skills and gender-inequitable beliefs, behaviours, and norms that underpin violence.⁷

It is important to recognise and support the diverse organisations — faith, sporting, community and educational facilities — that can take a more active role in preventing and responding to violence in all its forms. Nearly one third of Australians believe that churches have a role in challenging injustice in society;⁸ for example, and about 13 million adults and 3 million children take part in sport each year.⁹ Chaplains in schools, hospitals, prisons, universities, the Defence Forces and other spaces walk with people both day-to-day as well as in challenging times of their lives.

Fear of judgement, punishment and shaming for men who seek support to address their struggles to interact in safe and healthy ways with others is a significant obstacle to preventing DFV in our communities. Community education that works to de-stigmatise help-seeking for men needs to be addressed within any DFV public campaigns. Making support available to men by sharing information, support groups, fathering programs and other non-stigmatising interventions should be seen as a source of primary prevention of violence. The organisations and institutions above, among others, are therefore powerful allies in the drive against domestic violence, and should not be overlooked.

Effective prevention also needs to be informed by the evidence base on pre-existing attitudes that people may hold about violence. *Attitudes Matter: the 2021 National Community Attitudes towards Violence Against Women Survey*,¹⁰ for example, shows that while 91% of Australians think that violence against women is a problem in Australia, only 47% agree that it is a problem in their own suburb or town. Despite the evidence that domestic violence is mainly committed by men against women, more than four out of ten Australians believe that it is equally committed by men and women.

Based on the Survey findings, the *Attitudes Matter* report suggests that primary prevention and early intervention strategies are critical because “problematic attitudes are slow and difficult to shift”, and that:

*continued, cohesive effort nationally is required at all levels of the social ecology to disrupt misconceptions and problematic attitudes that reflect broader norms, practices, systems and structures that are embedded throughout our society and facilitate and maintain violence against women.*¹¹

Recommendations

- Prevention needs to be prioritised as a long term policy, program and funding commitment, with a particular focus on targeting young people.
- The Strategy needs to recognise and support diverse organisations — faith, sporting, community and educational facilities — to take a more active role in preventing and responding to violence in all its forms, and especially coercive control.

Early intervention

5. *How should the Strategy support early intervention with people using violence to reduce recurrence, escalation and long-term harm caused by domestic and family violence?*
6. *Where should we be focusing our attention to support people using or at risk of using violence to get help early?*
7. *How should the Strategy support early and effective responses to young people using, or at risk of using, violence?*

Anglicare's focus in the domestic and family violence space is on tertiary prevention. Our approach is based on the establishment of an effective therapeutic relationship; thorough and ongoing assessment of risks, needs and patterns of behaviour; an unshakeable belief in the possibility of change for those who genuinely seek help; and a strengths-based approach which recognises where clients are already capable in other aspects of their life, and looks for and explores signs of change. We recognise that there are many factors which contribute to a person's use of violence, and that we need to work in tandem with other services in an integrated way.

We recommend a holistic systems-oriented approach to early intervention which addresses both the diverse types of violence (including coercive control) that may be used, alongside drivers of violence. This approach suggests the type of whole-of-community strategies and help sources that might be used to support early intervention, including the following:

- There is opportunity for **human services** agencies to play a greater role in identifying and responding to perpetrators. As Chung et al. note, keeping the perpetrator in view is a key challenge for perpetrator intervention systems. Human services agencies are a regular point of contact for many (though by no means all) perpetrators of domestic and family violence. Men's use of violence however is often secondary or even invisible in this context, and broader staff awareness and DV training would increase the sector's effectiveness in identifying and providing early intervention.

- In the 2018 report, *Opportunities for Early Intervention: Bringing Perpetrators of Family Violence into View*, the authors note the “ways in which **the justice system can connect perpetrators with treatment** for alcohol abuse or mental health issues that might need to be addressed in order for them to address their violence”.¹²
- The Western Australia North Metropolitan Health Service also points out that perpetrators of DFV may suffer **adverse health consequences** such as mental health issues, alcohol and drug dependency, and trauma. “Providing care and support to perpetrators can assist in improvement of their mental and physical health and consequently the wellbeing of their victim/s and children [there is a need to] enhance system responses ... to improve perpetrator visibility, accountability and access to support services”.¹³
- **Lack of housing** is a further risk factor. Chung et al. point out that “Men who are excluded from the family home need crisis accommodation. Without crisis accommodation, men can face homelessness; once homeless, accessing any kind of support service becomes more difficult. This in turn can make them invisible and further escalate the level of risk they pose.”¹⁴
- As discussed above, prevention and early intervention in **schools**, as well as **universities and colleges**, is a key strategy for responding to **young people** using, or at risk of using, violence. This includes challenging gender stereotypes; growing young people’s understanding of violence, control and the abuse of power, including coercive control; and role modelling and teaching non-violent conflict resolution and the characteristics of respectful relationships.
- **Faith communities** are increasingly vocal in calling out domestic and family violence within their communities, and offer opportunities for collaboration with secular programs to develop supportive networks and holistic responses to DFV.

In all of these spheres, a rigorous evidence base is critical in determining how best to plan, implement and operationalise DFV interventions.

Recommendation

- We recommend a holistic systems-oriented approach to early intervention which employs whole-of-community strategies and help sources in areas such as human services, the justice system, housing, schools and in faith communities.

Tertiary prevention

8. *To inform the Strategy it would be helpful to know if you or someone you know sought assistance as a person using violence: a. If so, what worked? b. What could have been done better?*

While the timeframes for the consultation for the Strategy are too short to allow for specific and meaningful feedback from Anglicare clients on this issue, the following input from our Living Without Violence clients on their experience of the program provides meaningful input.

Living Without Violence Program

Anglicare offers a group program for men who have used violence and abuse against their partners, children or other family members. The program assists men to cease abusive and violent behaviour and to create safety, respect and partnership in their relationships. The service is fully funded by the Department of Justice and Attorney-General and services are provided by qualified professionals.

In 2022, Living Without Violence was extended for five years with an increase in funding. In addition, our Specialist Family Violence Counsellors provided advocacy and therapeutic support to 199 women and children experiencing domestic and family violence. The demand for these supports and services continues to grow, with most regions supporting waitlists.

Living Without Violence runs over 18 weeks, and is currently offered at our Eight Mile Plains and Stafford offices for men and their families who live within greater Brisbane. Individual counselling may also be available if the group is not suitable or to provide help in addressing domestic violence issues until the next group commences.

The program addresses issues and skills including the following:

- Recognising triggers for abusive behaviour and developing and using safety strategies such as 'time out'
- Learning to own responsibility for actions and behaviour.
- Recognising any misuse of power and control in relationships.
- Practising respect, consideration and equality as the basis of healthy relationships.
- Developing skills to deal with difficult emotions
- Recognising and regulating anger and responses to anger in others.
- Identifying and changing unhelpful thoughts and beliefs.
- Becoming aware of and breaking the cycle of violence.
- Identifying what kind of man, partner, father the participant would like to be.
- Developing respectful communication skills
- The impact of abuse on children – creating a nurturing environment for children
- Responding to the actions and behaviours of others in a responsible way.

What works?

Client feedback from Living Without Violence highlights knowledge and skills that men found helpful, including:

Increased awareness, understanding of and ability to monitor one's own behaviour

Taking different thought paths

More understanding of emotional reactions inside myself

The change in paradigm about the reality and impact of my behaviour and the awareness of my own responsibility and accountability

Strategies for overcoming dysfunctional thought processes and their subsequent behaviours.

Different ways to see a tense situation from an optimal point of view.

A better understanding of being true to myself in dealing with my emotions in a better way and 'owning my shit'

Learning tools to help recognise and regulate emotions, opening my eyes to unacceptable behaviour and healthy ways to do things instead, changing by beliefs

A safe environment in which to listen and share

Comfortability to talk about experiences

I am not alone

Everyone was interested and the facilitators were great.

Listening to people's stories and the way we think

Seeing different perspectives

Talking about things that usually are difficult to externalise, sharing the experiences/stories of different people

The group was really helpful the honesty and the opportunity I had to share my experience and made to feel safe in the group.

Techniques for anger management

Lots of short one liners that are easy to remember in the heat of the moment.

Breathing techniques

Thinking and slowing down my thoughts.

Different ways to practice things in no conflict, for when bigger conflicts arise. Have the skills in place to use them.

What could have been done better?

Feedback from the program suggested that more easily accessible, user-friendly Australian resources that men can refer to in their own time would be valuable.

The issue of program accessibility was also raised, suggesting the need for increased availability and flexibility in programming for weekend and shift workers. This is an important issue for all DFV program interventions — the timing and availability of programs is critical, and sufficient funding needs to be allocated to programs to enable community organisations to offer the flexibility required to make it possible for men to connect promptly with a program upon first referral, and then attend regularly. Research indicates that men’s readiness, often upon first offence and referral, is crucial capital that is most likely to move them towards change.

I would like to have books or notes that I can use to refresh my mind

The videos are a great tool but they are dated and from a different country and culture. I definitely think you need to update them and film them here in Oz!! :)

Weekend session for late workers

9. How can the Strategy support interventions that respond to a person’s intersecting needs and take a trauma-informed approach?

As we discussed above, interventions need to be more than simply ‘trauma-informed’. They need to be ‘trauma-responsive’, as a person’s experience of trauma is often intimately connected with their perpetration of violence.

It is important to note here that people who use violence belong to all socio-economic groups in society, and that the common misconception of domestic and family violence as only occurring in disadvantaged communities needs to be explicitly addressed.

There need to be multiple doors to help, not a one-stop shop. People need to be able to find or be directed to help through whatever part of the system they are engaged with. A specialist workforce needs to be complemented by many well-trained and effective ‘generalists’ and a well-informed public.

This will require significant additional funding. The current situation is characterised by a paucity of MBCP offerings, with long waitlists in existing programs. Online programs need to be provided for fly-in/fly-out workers and others who cannot physically attend a program without compromising their employment. As discussed below, dedicated funding also needs to be made available for programs for women who use violence.

This relates to the current level of funding available for such programs, and will require addressing to achieve the goals of the Strategy. Taking a broader view, a ‘systems’ approach that includes prevention and early intervention as well as MBCPs also requires appropriate dedicated funding if there is a serious Government commitment to visibility and accountability.

10. How can the Strategy improve access to services that can respond to the complex needs of persons using violence throughout Queensland?

As discussed above, there need to be multiple doors to help, not a one-stop shop. People need to be able to find or be directed to help for their use of violence through whatever part of the system they are engaged with. Almost everyone has contact with the health or educational system in some form, for example, even if they are unknown to social welfare services or the justice system.

Building capacity within those universal services for assistance, referral or information also helps to address the challenges of Queensland's geography and distances. Enlisting informal local organisations such as men's sheds, local art societies and similar structures could also help address the silencing and invisibility of domestic and family violence common to non-urban areas.¹⁵ Accessibility of help and information is key.

Expanding the evidence base around what works in rural and remote areas is essential, given that the incidence of domestic and family violence is higher in these areas than urban areas; and that issues such as stigma, lack of privacy and other cultural and social characteristics of living in small communities¹⁶ make access to programs for people using violence much more problematic. The Strategy therefore needs to urgently address the limited evidence regarding the effectiveness of different models of service provision for addressing and preventing domestic and family violence in non-urban communities.

11. What approach do you think the Strategy should take to respond to women who use violence?

Domestic and family violence is overwhelmingly perpetrated by men. In their study of women who use violence, researchers Kertesz and Humphries¹⁷ show that the ways in which women use force and their motivations for doing so are not the same as men's use of violence. They emphasise the importance of understanding these differences in developing effective interventions for women who use violence. Among the differences are the following points – highlighted also by Anglicare staff who work in this space:

- Where the violence in a relationship is 'mutual', that violence is often asymmetrical, with men more controlling and coercive than women.
- In the context of family relationships, women who use force generally do so because they *want* power rather than because they *have* power. They wish to assert their personal autonomy *from* a partner, rather than exercise personal authority *over* a partner (coercive control).
- Women use more psychological, verbal and emotional force than other kinds of violence. Physical force, when used, is more likely to be minor or moderate, rather than severe.
- Most women identified as using force are themselves victim-survivors of DFV, although many do not describe themselves in this way; and some do not use

DFV in this context. Motivations for the use of force by women most commonly include self-defence, retaliation, anger and stress. However, women identified as using force are a varied group with diverse life experiences, and intervention approaches need to take account of this diversity. Further work needs to be done on developing a shared understanding of controlling and abusive behaviour which is not resistive in nature.

Kertesz and Humphries note, too, that women who act in defence of themselves and their children — who assert their own sense of dignity or are seen to behave in socially unacceptable ways — often face severe societal consequences. They are often judged harshly on their actions with little attention paid to the context in which they took place.¹⁸

The Strategy needs to explicitly address this lack of community understanding regarding women's use of violence, and to ensure that suitable programs for women have stable and consistent funding. Our staff support an ecological lens to the development of interventions for women, considering mental health and substance use and abuse concerns, offering parenting and financial assistance, and providing long-holding support where possible.

12. How could the Strategy support engagement with people who are at a high risk of reoffending or who are in custody for offences relating to domestic and family violence?

Many of the points raised above are also relevant to this question. Men using violence need easy access to effective programs that address multiple aspects of their offending. This includes access to programs for men who are known DFV offenders being held on remand.

Anglicare staff support the value of a funded 'perpetrator intervention representative', ideally from a Department of Justice and Attorney General-funded intervention program or service in the local area, within each HRT in Queensland. The role of this funded representative would be to build the capacity for perpetrator programs to contribute to the integrated services response to risk in the region, and be responsible for contributing to the HRT's monitoring of people perpetrating violence in the community and increasing system accountability.

We also consider that the visibility of and engagement with those at high risk of reoffending would be greatly enhanced by introducing longer term case management systems for working with people perpetrating violence and their families. This is similar to the Scottish Caledonian System offerings, which include a period of two years' engagement involving access to MBCPs, individual counselling and other needed supports.

13. How can the Strategy assist the domestic, family and sexual violence sector to build a specialist workforce that has the capability and capacity to effectively respond to persons using violence?

The development of any specialist workforce needs dedicated, stable funding for increased recruitment; remuneration commensurate with the specialised nature of the work; and funded training, professional development and support.

The skill level possessed by counsellors and facilitators in this field is critical to the quality of outcomes. The Strategy needs to address the disincentives in current funding models that make access to regular professional development (such as observing each other's work, cross agency learning, and attendance at targeted professional development events) difficult. Financial and administrative support for a physical and virtual network of DFV specialists across the state could also help address support and professional development requirements and increase retention and skill development, particularly in regional areas. Allocation of funded time to increase service sector connection and collaboration, with possible co-location of complementary services where possible, would similarly contribute to the quality of the workforce.

As discussed above, increased funding for a specialist workforce also needs to be complemented by many well-trained and effective 'generalists'. The ACT Government describes this relationship in saying that "violence can be 'interrupted' in a number of ways without necessitating direct work with men to stop this behaviour, which is the domain of specialists".¹⁹ They go on to cite Vlasis and Campbell, who note that there are three key things that may prompt a perpetrator to consider changing their behaviour:

- a perceived or actual threat of a significant negative outcome for themselves (such as loss of contact with children or loss of face)
- a felt crisis in their own life (such as loss of housing due to exclusion order or justice processes)
- skilled and appropriate intervention from a service provider or someone in the perpetrator's immediate community who they respect.⁵

While none of these occurrences *guarantees* a 'window for change', Vlasis and Campbell suggest that they can produce 'forward movement towards change'. The ACT Government points out that service providers (as well as friends and family) can create those 'moments of opportunity that invite a perpetrator to make forward movement towards changing their violence and abuse'.²⁰

As discussed earlier therefore, multiple doors are needed to provide help, not a one-stop shop. People using violence need to be able to find or be directed to help through whatever part of the system they are engaged with. Areas outside the specialist DFV sector need to be aware, trained and have access to perpetrator content in their core business areas.

Specialists also work best within a well-informed community. Active Bystander training should be funded as a public health intervention, developing simple, usable advice for the community about what to do when witnessing or suspecting DFV. Information could be disseminated effectively via social media and traditional media channels as well as through informal and formal social institutions and structures.

Critically, the development and training of a specialist workforce needs to be informed by quality data from academic research, the learnings from existing programs, and the voices of the women and children whose lives are deeply impacted by DFV.

Recommendations

The Strategy needs to *recognise the need for and fund*:

- programs that are flexible and accessible in terms of timing, geographic reach and format (face-to-face and online)
- specialist programs that address the needs of specific groups of people using violence: eg women, people in rural and regional areas, those at high risk of reoffending/on remand
- multiple doors to help, not a one-stop shop. A specialist workforce needs to be complemented by many well-trained and effective ‘generalists’ and a public that is well-informed by funded community education campaigns.
- stable funding for increased recruitment of a specialist workforce; remuneration commensurate with the specialised nature of the work; and funded training, professional development and support, including funding time for sector collaboration.

Systemic reform

A system wide approach to accountability

14. How should the Strategy define perpetrator accountability?

Researchers Vlasis and Campbell from the Centre for Innovative Justice at RMIT note that ‘perpetrator accountability’ is a term that can mean quite different things to different people, and in different contexts; and that this lack of shared understanding can undermine the effectiveness of efforts to develop perpetrator intervention systems, as well as the governance, policy and practice environments in which they sit.

It is important therefore to grow a common understanding of the term within and external to the sector.

We firstly reiterate considerations around the use of the term ‘*perpetrator accountability*’. As we flagged in our response to Question 1, and as Vlasis and Campbell also discuss in their work with the Centre for Innovative Justice²¹ the term can be unhelpful in addressing the very behaviours it seeks to label. Vlasis and Campbell note that the use of the word ‘perpetrator’ can seem “alienating and therefore inapplicable” to people using family violence who do not belong to the majority cohort of adult males, including:

- adolescents who use violence against family members
- women who have been identified as primary perpetrators after a specific incident, despite experiencing longstanding violence from their partner who may in fact be the predominant aggressor
- individuals who are vulnerable or disadvantaged (regardless of whether they belong to the cohort of adult males). For example, they note, Aboriginal communities experience family violence at significant rates but are also disproportionately criminalised by the legal system.

The use of the term therefore needs to be carefully managed, and used in appropriate contexts.

We support the systemic view of perpetrator accountability that underpins Vlasis and Campbell’s work, and that of the Centre for Innovative Justice, and it is worth quoting their view at some length because it captures many of the themes that have shaped our own responses to the questions above:

*... [T]he CIJ views perpetrator accountability as the ability of family violence systems **agencies to work together** to keep the perpetrator within view, so as to assess, monitor and manage dynamic risk. Here perpetrator accountability is seen less as a set of singular actions or consequences to ‘hold’ perpetrators accountable for their behaviour, and more as an **ongoing response** that flips the system’s focus from solely protecting victims from risk towards also **responding to and containing risk at its source**.*

*...[T]his means grappling with how to move from placing a protective bubble around women and children, towards **also placing a bubble around the perpetrator** causing harm. In this way, rather than ‘holding the perpetrator accountable’, accountability rests on the system to **create and hold opportunities for the perpetrator to work with services** towards responsibility and accountability. Accountability here is seen as a process that government and non-government agencies, as well as community and cultural networks, can take **collective responsibility to scaffold**.*

*Genuine accountability also requires the operationalisation of what accountability means for **each specific perpetrator**, based on what those affected by his violence need to see change about his specific patterns of coercive control.*

*... Ultimately, accountability needs to be **internalised by the perpetrator** on a journey of change. Accountability is therefore defined, in part, by what*

those affected by a perpetrator's use of violence need to see change in his behaviour and what specific patterns of coercive control are interfering with the victim's safety and space for action.²²

15. What does perpetrator accountability look like across the three mentioned levels of accountability (systemic, community and individual)?

At an individual level, accountability needs to be based on a view of people using violence as capable, competent people who make choices about their behaviour. Two common elements in existing definitions of internally developed accountability are that people:

- take personal responsibility for their actions
- make a commitment to change.

The community and the system both have roles in supporting that journey of individual accountability, towards stopping the violence.

The quote above from Vlasis and Campbell effectively addresses the relationship between these different levels of accountability. In particular, it highlights the collective responsibility of all parts of the system to respond to and contain risk at its source, and to 'scaffold' the journey of the perpetrator with opportunities to work with services in a way that addresses his specific circumstances and patterns of behaviour.

16. Does Figure 1 provide a comprehensive list of touchpoints of accountability or are there others that should be considered in developing the Strategy?

We suggest a number of additions to the current table:

Community touchpoints where messaging can be reinforced	Workforces with opportunity to identify, respond and refer	Workforces providing a specialist response, core support or intervention
Schools Faith communities Service organisations such as RSL and Rotary	Employers more generally, including employer organisations	Emergency responders Health services including mental health services and private therapists

Recommendation

- We recommend that the Strategy take a holistic view that recognises and funds the collective responsibility of both community and system to support individuals to firstly, stop using violence, and to be accountable for their actions and commit to change.

Increasing our knowledge of what works: a rigorous evidence base

17. How can the Strategy contribute to our understanding of who is perpetrating domestic and family violence?

The Strategy needs to explicitly recognise that people using violence are not a homogenous category, and will differ depending on traits such as emotional, mental and physical health; experiences of trauma; and their attitudes towards and experiences of hegemonic masculinities and traditional gender norms.²³

In Boxall et al's detailed study of 200 intimate partner homicides, for example, they identified three primary offender cohorts and pathways:

- fixated threat (FT) (33%): described as being jealous, controlling and abusive in their relationships, these offenders were often typically middle-class men who were well respected in their communities and had low levels of contact with the criminal justice system;
- persistent and disorderly (PD) (40%) described as having complex histories of trauma and abuse; had co-occurring mental, emotional and physical health problems; and had significant histories of violence towards intimate partners and others. PD offenders were often Aboriginal and/or Torres Strait Islander peoples;
- deterioration/acute stressor (DAS) (11%): described as usually non-Indigenous, older, and to have significant emotional, mental and physical health problems but low levels or an absence of aggression and violent behaviours or tendencies. DAS offenders were in long-term, "happy" and non-abusive relationships with the victim until the onset or exacerbation of a significant life stressor/s triggered a deterioration in their health and wellbeing. At the time of the lethal incident, there was no obvious intent to harm the victim. These offenders were likely to seek help for the victim, demonstrate remorse and plead guilty.

Boxall et al's study showed clearly that there is not "one single, universal pathway to intimate partner homicide", but that the journey is instead "a series of pathways that branch, weave and intertwine, depending on circumstance" and that possible diversionary and intervention points for each of the cohorts are very different.²⁴

It is no leap at all to expect that there is equal diversity among people using violence that does not end up in homicide, and that the Strategy, and our understanding of 'what works' for different cohorts of offender, needs to be informed and constantly revisited as the evidence base grows. This is particularly important in the area of coercive control, an increasingly recognised but under-researched field which has implications for program development, content and structure.

Requiring the evaluation of new and existing programs as a standard inclusion in funding agreements would make a valuable contribution not only to improving practice, but also to the evidence base informing 'what works'.

Finally, a critical piece of the puzzle in terms of deepening sectoral and community understanding of who is using violence in our community is the timely translation and dissemination of new and existing research. Funded education and communication initiatives are vital in this work.

18. How can the Strategy contribute to building the evidence base about what works (and what does not)?

Quality data collection needs to be an integral element of the Strategy, with support for active research and evaluation partnerships between program providers and universities.

Historically, there has been a general lack of rigorous data available to guide program development. More recent action under the *National Plan to Reduce Violence against Women and their Children 2010–22* has seen slow improvement, but there remain significant gaps in knowledge to inform the development of effective perpetrator interventions. The Australian Institute of Health and Welfare recently highlighted the following areas of where further research is needed:

- Specialist perpetrator programs—there are limited data on behaviour change programs, or specialist FDSV services that have a perpetrator response. Where these data are available, they are collected and reported using different definitions and practices, and cannot be used to provide an overview of the sector.
- Perpetrator characteristics—there are limited data on characteristics such as age, sex, Indigenous status, country of birth. Detailed data on perpetrators can shed light on how violence is experienced or perpetrated differently across population groups, and can be used to show where perpetrators are likely to be misidentified, and who is in most need of protection.
- Data on children and young people—there are limited data on children and young people who experience and use FDSV. Children and young people should be considered in their own right as they may require different types of service responses to meet their needs and manage risk.
- Nationally consistent data—where data are being collected, there is limited scope to compare or aggregate data at a national level.²⁵

Recommendations

- The Strategy needs to explicitly recognise that people using violence are not a homogenous category. The Strategy should be informed by and regularly revisited as the evidence base grows as to ‘what works’ for different target groups.
- The Strategy should prioritise the evaluation of new and existing programs as a standard inclusion in funding agreements.
- The Strategy should explicitly support the funding of education and communication initiatives that translate and disseminate research findings.

- Quality data collection needs to be an integral element of the Strategy, with support for active research and evaluation partnerships between program providers and universities.

A final word

There are common themes running through this submission. The first and most important of these is that the Strategy needs to play a significant role in stopping the violence.

Drawing on Anglicare's deep experience as a service provider and the commitment we bring across church, schools and as a major human service organisation, we have outlined a range of elements that we consider to be critical in the development of the Strategy.

It seems appropriate to end this submission with the voices of the women who live with men who use violence, as they speak to the difference that the right intervention, at the right time, can make:

J has been quiet since commencing group, when he's calm he is processing the information, also he is calmer, I am comfortable around him.

He's behaviour towards me he has been improving, he hasn't been raising his voice, or calling me names or making threats... Feel like I've been more able to talk to him about things without him getting angry, noticed if he starts to get angry he will recognise it and calm down, eg J will say "sorry I didn't mean to say that the traffic was making me angry".

H hasn't drunk since the incident, if H enjoys the LWV session he will share it with me. H is more patient, avoids conflict or confrontation.

B is taking responsibility and accountability, talking about his Domestic Violence behaviours. D said a difference she notices is he is no longer violent, this is largely due to him reducing his alcohol intake. D said they are talking more about group content and he does talk about his emotions which has also made a difference in their relationship.²⁶

Acknowledgements

Front cover photo by Denny Müller on Unsplash.

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