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| Service guidelines for perpetrator interventions during coronavirus (COVID-19)4 November 2020 |
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# Introduction

Directions put in place to slow the spread of coronavirus (COVID-19) have changed the way group work and case management are delivered for perpetrators of family violence – both of which are central features of perpetrator interventions in Victoria.

These directions are in place to prevent transmission of coronavirus (COVID-19) and keep workforces that work with perpetrators, and their families (where they are in contact) safe. However, this also presents risks where perpetrators of family violence are not in view or engaged in services and as such the continuation of work with perpetrators is critical for the safety of victims of family violence.

Perpetrator interventions must be delivered in line with public health guidance for the community services sector and targeted information for organisations providing specialist family violence and sexual assault services. This guidance and information can be found at:

* Community services - all sector - coronavirus (COVID-19) <<https://www.dhhs.vic.gov.au/community-services-all-sector-coronavirus-covid-19>>
* Family violence sector - coronavirus (COVID-19) <<https://www.dhhs.vic.gov.au/family-violence-sector-coronavirus-covid-19>>.

Agencies should use the above guidance to inform ongoing planning for their services.

The Service guidelines for perpetrator interventions have been developed to complement this guidance. These guidelines help agencies to deliver a consistent approach during the coronavirus (COVID-19) pandemic by using a multi-intervention service model[[1]](#footnote-1). This model allows providers to tailor responses to individual perpetrators, responding to need and risk and to tailor service delivery within the constraints of the coronavirus (COVID-19) pandemic.

As we gather more evidence on multi-intervention service responses, these guidelines may be updated.

These guidelines have been prepared primarily for organisations providing perpetrator[[2]](#footnote-2) interventions including:

* Men’s Behaviour Change Providers (MBCPs) – funded by Family Safety Victoria (FSV), Corrections Victoria (CV), and Magistrates’ Court of Victoria (MCV)
* Case management for people who use violence – funded by FSV and CV
* Caring Dads program – funded by FSV
* Family Safety Contact functions - funded by FSV, CV and MCV.

These guidelines assume a level of experience and expertise in delivering family violence interventions. Men’s Referral Service, local intake services, specialist victim survivor interventions, community services who refer into specialist perpetrator intervention services and The Orange Door may also find this information valuable.

While the guidelines will also inform Aboriginal service delivery and new interventions for diverse cohorts, FSV will work with Aboriginal service providers and providers for diverse cohorts on their specific needs during the coronavirus (COVID-19) pandemic.

## 1.1 Consultation on the guidelines

Family Safety Victoria (FSV) worked with specialist family violence agencies[[3]](#footnote-3) and departmental partners, including the Department of Justice and Community Safety (DJCS), CV and Court Services Victoria (CSV), to develop these guidelines. No to Violence (NTV) provided leadership and direction on the development of these guidelines. The Centre for Innovative Justice (CIJ), funded by Magistrates’ Court of Victoria (MCV), also provided subject matter expertise.

# Relationship to existing polices and resources

For undertaking risk assessment, management and safety planning during the coronavirus (COVID-19) pandemic, a series of MARAM practice note updates <<https://www.vic.gov.au/maram-practice-guides-and-resources>>, including an update with a perpetrator focus, have been released by FSV in collaboration with NTV and Domestic Violence Victoria (DV VIC). The MARAM Practice Notes should be read in context with the MARAM Framework and Practice Guides.

These guidelines, where relevant, align with the:

* [Minimum Standards for Men’s Behaviour Change Programs](https://ntv.org.au/sector-resources/resources/) (MBCP Standards) <<https://www.vic.gov.au/interventions-people-who-use-violence>>
* [Perpetrator case management operational guidelines](https://www.vic.gov.au/interventions-people-who-use-violence) <<https://www.vic.gov.au/interventions-people-who-use-violence>>
* [Enhancing access to men’s behaviour change programs service intake model and practice guide (2009)](https://providers.dhhs.vic.gov.au/enhancing-access-mens-behaviour-change-program-service-intake-model-and-practice-guide-pdf) <<https://providers.dhhs.vic.gov.au/enhancing-access-mens-behaviour-change-program-service-intake-model-and-practice-guide-pdf>>
* Corrections Victoria MBCP Guidelines
* Court Mandated Counselling Order Program (CMCOP) Operating Standards and the Interim Practice Standards for Men’s Behaviour Change Program (MBCP) service providers during coronavirus restrictions.

These guidelines, where relevant, also align with key legislation, policy frameworks, research and practice responses, including:

* Family Violence and Child Information Sharing Scheme <<https://www.vic.gov.au/information-sharing-schemes-and-the-maram-framework>>
* MARAM practice guides and resources <<https://www.vic.gov.au/maram-practice-guides-and-resources>>
* Expert Advisory Committee on Perpetrator Interventions (EACPI) Final report <<https://www.vic.gov.au/ending-family-violence-victorias-10-year-plan-change>>
* CIJ Pathways Towards Accountability <<https://cij.org.au/research-projects/bringing-pathways-towards-accountability-together/>>
* ANROWS Perpetrator Interventions Research <<https://www.anrows.org.au/perpetrator-interventions-research/>>

These guidelines do not replace or override individual or collective responsibilities of organisations or individuals to operate within existing legal, policy and practice frameworks.

# Implementation of the guidelines

It is expected that organisations have enacted their own COVIDSafe Plan in line with guidance provided on the community service section of the DHHS website <<https://www.dhhs.vic.gov.au/information-community-services-coronavirus-disease-covid-19>>. Funders understand that coronavirus (COVID-19) is having a considerable impact on the workforce and its ability to deliver services and that this will change over time as restrictions ease.

FSV, CV and CSV will work with agencies throughout the pandemic to support implementation and the further development of service guidelines to meet the emerging needs of the client cohort and address risk. Specific questions in relation to funding and provider capacity should be directed to the appropriate funder. These service guidelines may be modified over time and as restrictions continue to ease in line with the coronavirus (COVID-19) roadmap to re-opening, as communicated by the Chief Health Officer.

Specialist family violence support services, including perpetrator services, should consider the most effective and appropriate service delivery options in line with organisational COVIDSafe planning and public health guidance. Supporting the workforce is a priority and these guidelines recognise that organisations have different staffing and technology capabilities and have varying capacity to deliver services remotely.

# Tailoring perpetrator interventions during COVID-19: a multi-intervention service model

These guidelines focus on delivering a multi-intervention service model[[4]](#footnote-4) (see Appendix 1). This model is designed to support providers to respond to the presenting family violence risks, complex factors and needs, engagement levels and readiness to change for each individual client. The model allows providers to tailor service delivery within the constraints of their organisational context in the coronavirus (COVID-19) pandemic and the level of restriction in place within an area.

Victim survivor safety and freedom underpins all interventions with perpetrators, and providers should ensure that the choice of intervention is informed by the needs of family members. Family Safety Contact is a critical component of the multi-intervention service model and is essential to determine and monitor the appropriateness of interventions for clients (refer to section 7).

The intervention provided may change as a client’s circumstances change and will be informed by assessments against eligibility criteria, level of risk and engagement as well as staff or service capacity. A client may receive one type, or several types of intervention over the period of engagement with a service while restrictions are in place to slow the spread of coronavirus (COVID-19). Practitioners should use their professional judgement to ensure responses continue to be appropriate for the individual and needs of family members.

The multi-intervention service model is an opportunity to:

* tailor responses to individual perpetrators, responding to need and risk
* tailor services according to the restriction levels in place within an area
* address complex family violence risk factors and needs
* continue aspects of behaviour and attitude change work (when appropriate)
* ensure the safety of victim survivors, including children and young people, is central
* identify and respond to family violence risk, including escalations associated with coronavirus (COVID-19)
* keep perpetrators in view and accountable to services and relevant authorities during the pandemic, within the context of multi-agency coordinated responses
* offer perpetrators a timely and uninterrupted service response
* actively engage perpetrators to enhance opportunities for longer-term and meaningful change
* provide opportunities to continue to engage and support victim survivors, including children and young people.

This multi-intervention service model is designed to support providers to transition service delivery to in-person group work, over time, and as physical distancing restrictions ease.

A perpetrator may be eligible for one or multiple interventions of the model, based on:

* assessment of the level of risk posed by the perpetrator to the family
* intersecting needs
* motivation and readiness of the perpetrator for behaviour change
* the provider’s capacity and service offering.

As an example, where a person’s risk level is determined ‘at risk’, and they have minimal additional or complex needs, and display a level of motivation and readiness that would otherwise result in the commencement of a Men’s Behaviour Change Program, the provider may choose, based on capacity, to provide Active holding (refer to section 10) prior to commencing a change-focussed intervention.

# A staged transition back to in-person service delivery

The multi-intervention service model is in place until providers can safely transition to in-person service delivery. The timing and stages of future easing of restrictions are unknown. Victoria will adopt a phased approach to return to individual in-person contact, then small groups, before being able to provide a standard group model with up to 14 participants. Transitioning back to offering in-person group work is the preference of many services and funders.

Due to the nature of physical distancing, program pausing and the ongoing fluctuation of the coronavirus (COVID-19) pandemic, client waiting lists will impact services. Agencies must prioritise access for men based on:

* level of family violence risk based on a MARAM-based risk assessment
* ongoing monitoring of dynamic risk and changing circumstances
* whether the perpetrator is living with the family
* individual need and circumstances, such as language, health needs, disability, mental health and alcohol and drug use, and access to technology
* an increased focus on family safety contact required during the transition period.

Practitioners should continue to use their professional judgment to assess and monitor risk and circumstances to inform decisions about whether individual work continues alongside group work.

Depending on the organisational context, services may not be able to provide in-person group work to the same capacity as health guidelines allow. At all times it is critical that services follow the Chief Health Officer’s directions in determining the safest way to provide interventions.

There are a range of review and research mechanisms underway to monitor the safety and effectiveness of the adaptations and the multi-intervention model. These reviews will inform the development of future programs for perpetrators.

# Intake, capacity and assessment

At any intake point in the system, it is critical that clear information is provided to perpetrators about services and the options for support available during the coronavirus (COVID-19) pandemic and beyond.

It is critical that those providing enhanced intake and The Orange Door responses have up-to-date information about the capacity of perpetrator intervention services to accept new clients and the type of service provision being offered. It is the responsibility of all specialist perpetrator intervention services to provide up-to-date information about the types of service offerings provided during the coronavirus (COVID-19) pandemic. This includes information about accepting new referrals and waitlists.

Depending on restrictions and health advice, intake and assessment processes may be conducted in person or using telephone or video-conferencing software. As a result, the assessment process may take more than two appointments, through shorter contacts, and through information sharing practices.

At a minimum, if a perpetrator or their family members contact a provider, an intake, assessment and needs identification process should be undertaken. Providers must advise all new or potential service users of the changing situation and limitations of services and the type of support available.

# Family Safety Contact

Family Safety Contact program is a critical component of the multi-intervention service response, particularly when a perpetrator is frustrated about not being able to access group programs as normal. Through Family Safety Contact work, victim survivors can provide some of the strongest evidence of risk and effectiveness of engagement. Family Safety Contact is also essential in determining the appropriateness of change sessions including individual or technology facilitated group work.

Family Safety Contact support begins as soon as a perpetrator enters the service. The frequency of contact is determined by risk level as outlined in the MARAM practice notes during coronavirus <<https://www.vic.gov.au/maram-practice-guides-and-resources#maram-practice-notes-updates-during-covid19-response>>. The perpetrator may need to wait for a program to begin. Support should commence for all family members including children and young people, through offering assistance, information, counselling and casework support.

Victim survivors need to be assured and encouraged to initiate contact for support at any time. Victim survivors must be informed of any changes to perpetrator interventions. Understanding other services engaged and working collaboratively with other services is also imperative.

Family Safety Contact will also proactively attempt to re-engage with any victim survivors who had previously declined support.

Providers may need to enhance approaches to Family Safety Contact during a multi-intervention service response, including increasing frequency of contact, working more pro-actively with other services involved and ensuring that the engagement includes assessing and managing risk and needs, and sharing information about the content and procedures of the interventions.

Refer to the MARAM practice notes during coronavirus <<https://www.vic.gov.au/maram-practice-guides-and-resources#maram-practice-notes-updates-during-covid19-response>>.

# Change-focused interventions

There are opportunities to introduce change-focused interventions in response to perpetrators’ needs, risks and engagement. This will assist service providers to maintain a willingness in clients to continue the change process, where service was interrupted. It will also enable services to work with new clients at the start of accountability and change process. Change-focused interventions are designed to maintain engagement, enhance opportunities for accountability and change, and not elevate risk.

In the multi-intervention service model, agencies may offer one, or a combination, of the following:

* individual sessions via telephone, video-conferencing software or in-person, to the extent that restrictions and the agency’s COVIDSafe Plan and capacity permit (see further detail at 8.2)
* technology-facilitated group sessions, using videoconferencing where this is available and reliable and clients meet the eligibility requirements detailed in these guidelines (see further detail at 8.3)
* in-person MBCP sessions/group work, to the extent that restrictions and the agency’s COVIDSafe Plan and capacity permit. For further information about delivering in-person services go to public health guidance for the community services sector <<https://www.dhhs.vic.gov.au/community-services-all-sector-coronavirus-covid-19>>.

This guidance supports the ongoing delivery of change-focused work during the pandemic, specifically MBCPs. There will be additional opportunities to use approaches to facilitate engagement with perpetrators outside of disaster or pandemic-specific situations, including through the use of technology. However, these are currently outside of scope for these guidelines.

## 8.1 Eligibility for change-focused interventions

At a minimum, for any change-focused intervention eligibility must be satisfied.

For new clients:

* the agency has capacity to commence in-depth work with new clients
* the client has demonstrated a consistent engagement in active holding or case management interventions
* the client is assessed as 'at risk’ to ‘elevated risk’ based on the MARAM Practice Guides and/or using the revised COVID-19 risk assessment
* the client is motivated and ready to commence a deeper level of work
* the practitioner has applied structured professional judgement to determine levels of resistance, defensiveness and emotional reactivity during engagement and deemed these to be manageable
* Family safety contact has been established and the family member is well supported by the agency or another specialist service.  In the instance where the victim survivor/s no longer have contact with the client, then change- focussed interventions can commence.

For current clients, who have already commenced a MBCP group or Caring Dads group:

* they are currently assessed as 'at risk’ to ‘elevated risk’ based on the MARAM Practice Guides and/or using the revised COVID-19 risk assessment
* they have continued to engage with the agency as service delivery changed in response to the pandemic, including consistent engagement in active holding and or case management interventions.
* they are able to engage with the content or counselling process
* the practitioner has applied structured professional judgement to determine levels of resistance, defensiveness and emotional reactivity during engagement and deemed these to be manageable
* Family Safety Contact has been established and the family members are well supported by the agency or another specialist service.  In the instance where the victim survivor/s no longer have contact with the client, then change-focussed interventions can commence.

Further eligibility requirements for remote based work include:

* men must have access to a safe and private space, where he is able to engage in a deep and critical thinking process
* access to appropriate IT/phone technology
* men are not living with the victim survivor (adult and/or child or young people), or other people at risk of his use of violence, unless:
	+ there is a strong connection established with the Family Safety Contact worker, or another family violence response service with whom the agency has consent to share victim survivor information and coordinate support
	+ the Family Safety Contact worker has provided information about the option of telephone or videoconferencing individual work and explores with the family member the potential impacts on them and any children, identifying all risks and concerns
	+ the family member or other adult person communicates a belief that it is safe for them and their family for him to participate, and
	+ the Family Safety Contact worker makes it clear that the family member or other adult person can withdraw their consent at any time if it becomes unsafe or inappropriate for telephone or videoconferencing individual work to continue.

## 8.2 Individual sessions

Individual sessions may cover issues related to the person’s use of family violence. Sessions are based on a dialogue between the practitioner and the perpetrator, with discussions designed to increase motivation to change, encourage deeper self-reflection, and increase awareness of behaviour and impact on others. This may be through providing psychoeducation, practicing skills for healthier communication and safer behaviours, increasing empathy towards others and safety around fathering.

In adapting practice from in-person group work to individual sessions, agencies must carefully consider ways to balance the translation and use of group content and being responsive to clients’ needs in the moment. Individual work can feel more intense than group work for men, with less space to hide or disengage from the conversation. As individual sessions are provided by one practitioner, this intervention type is unable to model equitable communication and relationships, which is a known feature of in-person MBCP. Agencies are encouraged to consider additional supervision arrangements, such as having access to an experienced supervisor who is not of their gender, providing regular and joint facilitator supervision and/or adopting clinical review processes that include practitioners/facilitators, supervisors and family safety contact workers.

While alternating individual sessions between facilitators may be an option, it may create unintended issues regarding engagement and continuity. Clear guidance must be provided to practitioners and men about information sharing across practitioners.

Individual sessions should contain comparable content to MBCP groups, be at a minimum 50 minutes in length, held weekly, and over the period of time normally required of men’s participation, e.g. 20 weeks for MBCP. Sessions may be delivered via telephone, video-conferencing software or in-person. Sessions should cover the themes normally discussed within the group, and men provided with supporting materials to encourage self-reflection and practice outside of sessions.

## 8.3 Technology-facilitated group work

Making the shift from in-person to technology-facilitated group work is a major task. It requires agencies to have the capacity to dedicate resources and time to develop group work curriculum suited to the technology and the program’s theory of change. It also requires agencies to adapt incident and risk mitigation and management processes and strategies for the online environment. Agencies are responsible for supporting men to set up their equipment and technology for group work, as well as provide initial and ongoing technological support to men.

Technology-facilitated group work may be conducted via videoconferencing. Efforts to deliver technology-facilitated group work cannot be at the expense of any other work, in particular Family Safety Contact, crisis interventions and coordinated responses for those at ‘serious risk’ and/or where the victim survivor ‘requires immediate protection’.

In developing content for technology-facilitated group work, it is recommended that approaches are strengths-based, goal driven, culturally safe and relevant, and equality and respect focused. It is unsafe at this time to prioritise the eliciting of discomfort and shame to encourage responsibility and change, when the capacity for facilitators to support men to de-escalate is limited.

Technology-facilitated group sessions should be a maximum of 90 minutes and held at least fortnightly. Men should be provided with supporting materials to encourage self-reflection, technology-facilitated group discussions and practice outside of sessions. Technology facilitated groups sessions are subject to men meeting the eligibility, technological and delivery conditions outlined in this document.

Consistent with the intent of these guidelines to provide a multi-intervention service model, technology-facilitated group work may be used in combination with individual behaviour change sessions and in person group sessions where this becomes available.

Noting the limited evidence base for technology facilitated group sessions, providers must have strategies in place to assess, mitigate and manage risks in this environment. Providers should continuously review and adapt their technology facilitated group work in response to evidence.

This advice is subject to change in response to research and evaluation of technology facilitated group work in the pandemic environment.

### Parameters for providing group sessions via videoconferencing

There are challenges and risks associated with the delivery of group videoconference sessions, including:

* technical requirements
* privacy
* physical environment
* capacity to create accountable group dynamics
* ability to assess dynamic presentations and body language
* content translation from an in-person to videoconference modality, and
* perpetrators’ individual circumstances, cognitive capacity and coping strategies.

Given the limited evidence available to support this modality of service delivery as equivalent to the process and outcomes of MBCPs, a range of eligibility, technological and delivery conditions must be met prior to and during the provision of videoconferencing group work as outlined below. These are designed to support clients to engage safely, facilitators to manage and contain the space and families to feel empowered and safe as their ex/partner and parent continues their engagement with a support service.

For group participants additional considerations include:

* men are at low risk of alcohol or substance use/mental health deterioration
* men are not living with the adult and/or child or young people victim survivor/s, or other persons at risk of experiencing his use of violence, unless other conditions are met (see below)
* men must have access to a device that enables them to see all participants and facilitators on the screen, and have their webcams on at all times to promote accountability to other members of the group
* where a man does not have access to a suitable device, agencies must undertake a risk assessment and put in place an alternative approach to keep him in view and engaged (e.g. individual sessions) until such time as he can participate in a group
* men are provided with information to assist them to set up their physical space to attend group sessions via video conference in accordance with practice guidance
* the safety of family members during this engagement
* consideration is made for how and when it might be safe to offer videoconferencing group work to men who feel aggrieved due to the impact restrictions are having on their ability to see their children.

For agencies and staff:

* there are two facilitators, one male and one female
* facilitators are able to see all the participants on the screen
* the group size is limited to the number of clients that can be clearly seen on the screen and not exceeding the maximum number of clients per in person group as per the MBCP Standards
* processes must be in place for when or if the man escalates, including follow-up measures, which may include contacting police if there is immediate risk or to conduct a welfare check
* both the organisation and the client have access to technology that is well suited/tested for videoconferencing
* there are provisions within the videoconferencing software to protect privacy, stop recordings by participants and disable the capacity for side-chats or private messages amongst participants
* facilitators have a safe/private place to work, either at the workplace, or at home. Staff are required to protect their homes or surroundings from view, i.e. replace background with images or blurred
* consideration is made for addressing unstable or inconsistent internet connection
* agencies arrange weekly supervision for facilitators, and a total of four group sessions are recorded[[5]](#footnote-5) and viewed or observed by the clinical supervisor to inform supervision sessions
* planning is in place for how agencies will communicate with a man that he is unable to commence/continue videoconferencing group work as a result of family safety, and how this will be communicated to referrers or other support services.

# Collaborative Practice

During the coronavirus (COVID-19) pandemic, it is critical that collaborative practices, including proactive information sharing and coordinated risk management, continue to be central to all efforts to support men and their families through specialist perpetrator intervention services.

Working collaboratively, includes multi-agency and coordinated approaches to respond to current, changing and future escalations in risk. This involves:

* referrals
* sharing responsibilities for contact and ‘check-in’ for monitoring
* allocating professionals across different tasks
* keeping all updated of change or escalation of risk or change in circumstances that will impact engagement or risk
* ongoing monitoring of the perpetrator and family’s situation
* proactively engaging with funded family violence Aboriginal Community Controlled Organisations and organisations working with diverse cohorts where relevant.

If a perpetrator is assessed as serious risk, consider options for safely engaging with the person, particularly if they are in home isolation or quarantine. Proactively engage and coordinate efforts with victim survivor services and other agencies that may be involved. Case management should be provided as a minimum and can take many forms, from:

* intensive contact (at least weekly phone calls and background case coordination), to
* observation and monitoring via other external sources or brief contacts (through information sharing with victim/survivor services, police, correctional services and other social service providers).

Maintaining engagement of the family with the system is critical at this time and where appropriate to the circumstances, proactive outreach for assessment (e.g. at a hospital or police station) maybe required.

# Active holding approaches

At a minimum, active holding approaches will continue to be guided by the MBCP Standards (Standard 7) and depending on the level of risk, align with the suggested frequency of contact as documented in MARAM practice notes during coronavirus <<https://www.vic.gov.au/maram-practice-guides-and-resources#maram-practice-notes-updates-during-covid19-response>>.

Active holding, conducted via phone or videoconference, is not a substitute for a change-focused intervention or MBCP but may be part of the process of developing internal motivation and readiness to participate in a program.

## 10.1 Ongoing monitoring of risk

The frequency of contact with perpetrators for the purpose of monitoring circumstances should be determined by the level of risk and nature of current circumstances for the perpetrator and/or their family members. Perpetrators should be encouraged, and where mandated, also notified of the expectation to maintain their contact with the service provider during the pandemic. This will be at a minimum of fortnightly and changed as required.

Through these contacts, opportunities will present to engage men in discussion about:

* the impact of the coronavirus (COVID-19) pandemic on them and their family
* their behaviour and its impact on their family members
* strategies for managing self and overwhelming emotions, and
* lay the foundations for work on empathy and positive fathering practices.

This may happen in early conversations with new clients or be timely reminders for those who have already commenced a program.

## 10.2 Crisis interventions

At times during active holding, and particularly in the context that the coronavirus (COVID-19) pandemic presents, professionals may need to provide crisis interventions, including crisis counselling, crisis casework, and coordinated risk management. Crisis interventions will focus on proactive risk management for those perpetrators who are experiencing unstable circumstances as a result of the pandemic and/or are assessed to be ‘at serious risk’ of harm to victim survivors. and or self-harm and suicidality. The core focus of crisis interventions is to increase the safety of victim survivors, address presenting acute circumstances, and stabilise the situation.

# Case management

At a minimum, case management will continue to be guided by the Perpetrator case management operational guidelines <<https://www.vic.gov.au/interventions-people-who-use-violence>>. Case management will continue to play an important role in supporting individuals to address complex issues and needs associated with and contributing to their risk and use of family violence. Case management responses are frequently provided prior to engagement in a change-focused intervention, or simultaneously, to support the ongoing change process and successful engagement. Case management is not a replacement for MBCPs.

A small amount of perpetrator brokerage funding is available to deliver case plan goals. The purpose of brokerage funding is to reduce the risk to victim survivors through the purchasing of products or services that seek to stabilise perpetrators so that they can engage in programs that respond to their use of violence.

# Emergency Accommodation

The Perpetrator Accommodation and Support Service (PASS) expands the Men’s Referral Service during the pandemic to include activities that target perpetrators. This includes a focus on facilitating 24/7 access to emergency accommodation, alongside the provision of support such as brief interventions and linking perpetrators with local services.

NTV has partnered with the Salvation Army’s Crisis Support Service to identify accommodation for perpetrators. Intake pathways will be available 24/7 and perpetrators will access support during their stay.

#  Roles and responsibilities

The intensity of work during this period will necessitate additional supervision and support for all staff. Agencies are encouraged to consider additional supervision arrangements, such as workers having access to an experienced supervisor who is not of their gender, providing regular and joint facilitator supervision and/or adopting clinical review processes that include practitioners/facilitators, supervisors and Family Safety Contact workers.

The question and answers (Q&As) developed by Family Safety Victoria (FSV) and available on the DHHS website <<https://www.dhhs.vic.gov.au/family-violence-sector-coronavirus-covid-19>> outline parameters for supporting staff during the coronavirus (COVID-19) pandemic.

# Appendix 1: Multi-intervention service model

| Type of intervention | Risk level – for whom | Frequency of contact | Eligibility  | Intervention purpose / outcome | Family Safety Contact  |
| --- | --- | --- | --- | --- | --- |
| Active holding | * ‘At risk’ or ‘elevated risk’
* Assessed as eligible for a change-focussed intervention, however service capacity is limited
* Men whose circumstances are unstable as a result of the pandemic
 | Minimum fortnightly or as required | As per provider guidelines  | * Continued engagement by the service system in order to keep in view, monitor and prepare for change work
* To ensure he doesn’t fall through a gap and is lost to the system
* De-escalation and emotional regulation
* To increase the likelihood of engagement in the change process post-pandemic
* Increased capacity and skill in using de-escalation and violence prevention strategies
* He has someone to contact if he thinks his risk is escalating
 | Fortnightly contact or as requested/ required.  |
| Case management  | * ‘At risk’ or ‘elevated risk’ and it is determined that complex needs must be addressed prior to or alongside ‘change’ work
* ‘Serious risk’ and already engaged or known to the service
 | Minimum weekly  | As per perpetrator case management operational guidelines  | * Increased client engagement
* Increased stabilisation
* Increased motivation
* Increased readiness for change
* Increased visibility and monitoring
* increased coordination with other providers addressing complex needs
 | Fortnightly contact or as requested/ required. |
| Individual behaviour change sessions* phone
* videoconference or
* in-person
 | * ‘At risk’ to ‘elevated risk’, and clients who are assessed as ready, motivated, willing to, and can safely engage with ‘change’ work
 | Weekly to fortnightly  | See section 8 | * Increased awareness and understanding of the forms and impact of family violence
* Increased awareness and understanding of how violence impacts children
* Keeps the perpetrator in view to increase the likelihood of behaviour change
* Monitor changes in risk to increase safety
 | Offer additional support for fortnightly contact or as requested/ required |
| Technology-facilitated group work  | As above  | Weekly  | See section 8 | * Increased awareness and understanding of the forms and impact of family violence
* Increased awareness and understanding of how violence impacts children
* Keeps the perpetrator in view to increase the likelihood of behaviour change
* Monitor changes in risk to increase safety
 | As above  |
| In person MBCP (as restrictions change) | ‘At risk’ or ‘elevated risk’  | Weekly  | As per MBCP Standards  | * Increased awareness and understanding of the forms and impact of family violence
* Increased awareness and understanding of how violence impacts children
* Keeps the perpetrator in view to increase the likelihood of behaviour change
* Monitor changes in risk to increase safety
 | As above  |
|  |  |  |  |  |  |

1. The multi-intervention service model combines the learnings from FSV and DJCS trial and case management evaluations, models for case work and case management, including client level outcome measures as well as recent research and theories of change. [↑](#footnote-ref-1)
2. **A note on language**

Language relating to family violence and individual identities is always evolving, Preferred language and terminology can vary between diverse population groups and across the sector. Where this document refers to clients of services, the terms perpetrator, man, individual and person are used interchangeably to refer to the person causing family violence harm. The term victim survivor/s is used throughout this document to capture the full array of victim survivors, including children and young people, who may experience family violence and come into contact with the service system. [↑](#footnote-ref-2)
3. These guidelines have also been developed with input from: Men’s Behaviour Change Programs (MBCPs) providers; Case management providers; Men’s Enhanced Intake Services, including The Orange Door providers and Caring Dads service providers. [↑](#footnote-ref-3)
4. The multi-intervention service model combines the learnings from FSV and DJCS trial and case management evaluations, models for case work and case management, including client level outcome measures as well as recent research and theories of change. [↑](#footnote-ref-4)
5. Recordings can only be made for the purpose of clinical supervision and should be disposed of immediately after the recording has been viewed. Agencies should ensure processes are in place to handle the video in accordance with their professional requirements and the *Privacy and Data Protection Act 2014,* including seeking consent of the participant to record, storing the video securely and disposing of the video once viewed by the supervisor. [↑](#footnote-ref-5)