CALD Men Behavioural Change Programs (Practice and Gaps) for Domestic Violence and Family Violence Prevention

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QUT-SOUTH COMMUNITY HUB INDUSTRY PLACEMENT

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Abstract

Around 40% of people over 18 in Australia (7 million) have experienced domestic and family violence matters per year in Australia, of which in Queensland the Police deal with around 200 cases per day (8 every hour, resulting in about 70,000 matters per year). Men's behaviour change programs (MBCPs) have been the mainstay of perpetrator intervention, alongside civil law protection orders and some criminal justice responses. While these do not offer an ultimate solution, there has been growing evidence that such programs can make a positive difference for some men, especially where there are wider Family and Domestic Violence service systems in place which support men's accountability and are responsive to changes in risk. There is a growing national urgency to ensure there is an earlier and more extensive system of perpetrator responses. These responses require that practitioners from a diverse range of agencies to effectively identify and assist FDV perpetrators and create greater awareness and 'know-how' amongst those running and working in these agencies as well as supplementing the system of responses that's already currently available in communities. The South Community Hub could, therefore, be better placed at providing MBCPs for CALD communities.

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List of Abbreviations

CALD: Culturally and Linguistically Diverse
DV: Domestic Violence
DFV: Domestic and Family Violence
FV: Family Violence
MBCPs: Men's Behaviour Change Programs

Statement of Original Authorship

The work contained in this thesis has not been previously submitted. To the best of my knowledge and belief, the report contains no material previously published or written by another person except where due reference is made.

Signature:

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Section 1: Introduction & Lit. Review

As per the World Health Organization, "Violence against women is not a new phenomenon, nor are its consequences to women's physical, mental and reproductive health. What is new is the growing recognition that acts of violence against women are not isolated events, but rather form a pattern of behaviour that violates the rights of women and girls, limits their participation in society, and damages their health and well-being. When studied systematically, it becomes clear that violence against women is a global public health problem that affects approximately one-third of women globally" (WHO, 2013). The Australian government's National Plan to Reduce Violence against Women and their Children 2010-2022 defines domestic violence as acts of violence that occur between people who have, or have had, an intimate relationship. Hegarty, Hindmarsh and Gilles (2000) concur with this adding that, domestic violence involves complex patterns of behaviours which may include physical acts of violence, emotional abuse and sexual abuse.

Although a few may be contrary this, contemporary policy responses in Australia draw on a gendered analysis of domestic violence where it has been viewed as a social problem mostly affecting women since the 1970s (Stubbs & Wangmann, 2017). It has also been viewed as a public health issue as well as a human right issue (Dedeigbo & Cocodia, 2016). The terms domestic and family violence is often used interchangeably in Australia, in part because many Indigenous communities prefer family violence as it encompasses Aboriginal kinship. However, the term family violence does not necessarily indicate a gender-neutral approach.

In Australia, people from CALD communities are defined as those who have not been born overseas in countries which are the 'main English-speaking countries' (Dedeigbo & Cocodia, 2016). The Australian Bureau of Statistics (ABS) categorizes New Zealand, Canada, the Republic of Ireland, South Africa, the United Kingdom (England, Scotland, Wales, Northern Ireland) and the United States of America as main English-speaking countries. As such, people from other countries outside of the ones listed above form part of the fast-increasing demographic of CALD communities. According to ABS (2017), 31% of Australians were born overseas and, within which,

about two-thirds were born in non-English speaking countries. Boas (2009) argues that despite the implantation of laws against domestic violence, CALD women are often victims of abuse, and those who experience that continue to face multiple barriers to accessing justice. These barriers could be both systemic and cultural and may continue to impact a woman's willingness and ability to seek help (Boas, 2009). However, the purpose of this report is to establish what secondary measure could be utilized to address the men as perpetrators of such, hence the focus on secondary prevention and men behavioural transformation programs.

1.1 THE LAW

In Queensland, there is the Domestic and Family Violence Protection Act 2012 in place. Section 8 of the Domestic and Family Violence Protection Act (Qld) describes domestic violence as behaviour by a person towards another person that is –

- physically or sexually abusive

- emotionally or psychologically abusive

- economically abusive

- threatening or coercive

- or in any other way controls or dominates the second person and causes the second person to fear for the second person's safety or wellbeing or that of someone else.

The Domestic and Family Violence Protection Act 2012 Preamble states that in enacting this Act, the Parliament of Queensland recognizes the following:

1. Australia is a party to the following instruments –

   • Universal Declaration of Human Rights

   • United Nations Declaration on the Elimination of Violence Against Women

   • United Nations Convention on the Rights of the Child

   • United Nations Principles for Older Persons.

2. Living free from violence is a human right and fundamental social value.

3. Domestic violence is a violation of human rights that is not acceptable in any community or culture and traditional or cultural practices cannot be relied upon to minimise or excuse domestic violence.

4. Domestic violence is often an overt or subtle expression of a power imbalance, resulting in one person living in fear of another, and usually involves an ongoing pattern of abuse over some time.

5. Domestic violence can have serious impacts on people who experience it, including physical, emotional and psychological harm, and can result in death.

6. Perpetrators of domestic violence are solely responsible for their use of violence and its impacts on other people.

7. Domestic violence is most often perpetrated by men against women with whom they are in an intimate partner relationship and their children; however, anyone can be a victim or perpetrator of domestic violence.

8. Domestic violence is a leading cause of homelessness for women and children.

9. Children who are exposed to domestic violence can experience serious physical, psychological and emotional harm.

10. Behaviour that constitutes domestic violence can also constitute a criminal offence.

The Domestic and Family Violence Protection Act 2012 enables the court to make a voluntary intervention order when they are drawing or varying a domestic violence order. The voluntary intervention order can require the respondent to attend an approved intervention program or counselling provided by an 'approved provider' (see P. 11 for approved providers in Qld). Under section 69 of the Act, the voluntary intervention order requires the respondent to comply with explicit instructions given by the court, such as attend a behaviour transformation program within a specific time frame. However, the respondent must be in court and agree to the voluntary intervention order for it to be imposed and the approved provider must assess them as being suitable to participate. Without voluntary intervention orders, Queensland relies on a respondent taking up magistrate's referrals to available programs; or abusive men deciding to self-refer to retain their families or jobs. Collaboration with agencies, such

as domestic violence networks, child protection, women's services police, family support agencies, courts, schools, refuges and Centrelink, is vital for men's programs.

1.2 LITERATURE REVIEW: WHAT IS KNOWN ABOUT DOMESTIC AND FAMILY VIOLENCE IN CALD COMMUNITIES

Certain aspects of the experiences and perceptions of domestic and family violence are unique to the culturally and linguistically diverse (CALD) communities. Refugee and immigrant communities are often understood as experiencing additional barriers and vulnerabilities when they face domestic or family violence. Several themes can be derived from literature, however, some of these also apply to the general population;

a)   **Pre-Settlement Experiences and backgrounds**

This applies mostly to refugees and other types of forced migration. Literature such as that of El-Murr (2018, p. 7) and Zannettino (2012, pp. 821-822) argue that physical violence, sexual abuse and emotional violence are common experiences for refugees as may be rampant in their countries or refugee camps. Pittaway & Rees (2006, p. 19) also indicate that violence may not be something new to them, as quite often they flee countries of conflict, persecution and endure extreme conditions entailing all forms of violence, trauma causing events, discriminations and torture. The Human Rights Watch (2000) also reported that the endured violence does not stop when they flee their countries but can continue in camps and subsequently in the home. Page 32 of the report also emphasizes that 'the social pressures, uncertainties, and indignities associated with their flight and the housing, security, food and other problems which people tend to face in camps can exacerbate already frayed domestic situations, often leading to increased violence.' The exposure to violence is therefore often over long periods (El-Murr, 2018). As these form part of their pre-settlement experiences, there is potential to normalise violence. Such, according to Vaughan et al. (2016) affects an individual's ability to cope in new environments and their ability to identify actions as abusive. Also, literature adds that such also leads to the development of psychological issues and mental health, such as trauma, and stress-related disorders such as anxiety, depression, and trust issues (El-Murr, 2018, p. 7; Human Rights Watch, 2002, p.33; Rees & Pease, 2006, pp. 34-36; Zannettino, 2012, p. 821).

b) Lack of Understanding of Domestic and Family Violence and Legal Rights

The lack of understanding of the law is one major theme within literature. This contributes to lack of recognition of an abusive act as a crime and therefore, the lack of reporting (Taylor & Putt 2007, pp. 2-3; Vaughan et al. 2016, p. 46). The Australian Institute of Criminology and Australia's National Research Organisation for Women's Safety (ANROWS) reports that whilst many CALD women could identify violent behaviour as being unacceptable, many CALD women did not identify sexual abuse as constituting domestic violence. Many CALD women, for example, did not recognize rape in marriage (Taylor & Putt, 2007). As such, a lack of understanding of what constitutes domestic violence is one of the problematic areas in CALD communities

c) Cultural Gender norms and Stereotypes

Literature also suggests the effect of acculturation on cultural gender norms. While beliefs and norms may vary within and between cultures, family background and the socialization process of individuals should be acknowledged as shapers these gender norms (Vaughan et al 2016, p. 34). A different set of expectations and behavioural rules operating for men and women are communicated down where men are 'heads of house' and women are their subordinates, and this gets challenged upon settlement in Australia where patriarchal gender norms have been challenged and women are more equal to their male counterparts (Ghafournia, 2011; Rees & Pease, 2006; Zannettino, 2012). Several studies reveal that CALD men are generally more resistant to women having different gender norms, higher social status and that CALD women generally were happy to embrace their new rights and freedoms, and it is argued that it could be the tension between upholding traditional cultural norms and assimilating into modern Australian culture which is a key factor underpinning domestic and family violence (El-Murr, 2018; Rees & Pease, 2006; Zannettino, 2012). Feelings of loss of control, perception of threat to their traditional norms, the belief that support services prioritise the needs of women and children and neglects men, and the fear of the 'newly found' liberalisation of women could all be stressors leading to exacerbation of domestic and family violence in CALD communities (El-Murr, 2018; Pittaway & Rees, 2006; Rees & Pease, 2006; Zannettino, 2012).

d) Negative Attitudes to Seeking Intervention

The ideas of 'cultural shame' and 'cultural betrayal' are also factors identified by literature to affect CALD women's perception of their victimization (Allimant & Ostapiej-Piatkowski, 2011; Rees & Pease, 2006; Vaughan et al., 2016; Zannettino, 2012, p. 820). As revealed above, here are some cultural norms where women are expected to be submissive to and to never challenge their male partners. In a report by Vaughan and colleagues, some CALD women described how patriarchal beliefs about loyalty, fidelity, and the expectation that marriage is for life, and, the expectation not to disgrace their partner and family perpetuated cultural prescriptions of it being women's responsibility to stand through and work through difficulties of the relationship, which may include enduring violence and abuse (Vaughan et al., 2016).

Furthermore, CALD women who seek help outside of their cultural community for their domestic and family violence situation 'are often considered to be the betrayers of their own culture' (Rees & Pease, 2006), and are viewed as 'bad wives' (Pittaway & Rees, 2006). To avoid such labels, they try to develop alternative coping mechanisms than seeking intervention. Evidence shows that they are, therefore, much less likely to seek early assistance or intervention for family violence, and instead delay seeking help until the violence has increased in severity and impact' (Vaughan et al., 2015) For many CALD women, the risk of social and cultural ostracism, is not worth them seeking assistance in response to domestic violence (Allimant & Ostapiej-Piatkowski, 2011; Maher & Segrave, 2018; Rees & Pease, 2006; Zannettino, 2012).

1.3 MEN BEHAVIOURAL PROGRAMS

Quite often, the focus in domestic violence issues has been the question "why doesn't she leave?" which is victim-blaming as compared to the question everyone should be asking, "why doesn't he stop using violence?" which focuses on perpetrator accountability (Australia's National Research Organisation for Women's Safety, 2019). Several initiatives have been developed to address men's behaviour in efforts to transform. A men's behaviour change program (MBCP) is a program for men wanting to end their use of controlling and abusive behaviours (including violent incidents) and other problematic behaviour in their relationships (Relationships Australia, 2020). The focus on offender accountability rather than victim-blaming is consistent with the Council of Australian Governments' National Plan to Reduce

Violence against Women and their Children 2010-2022 (the National Plan), which encompasses the desired national outcome "perpetrators stop their violence and are held to account". However, Laing (2002) argues available literature shows there is some uncertainty whether available perpetrator programs work at all, and if they do, whether programs should address either individual/ psychological models which focus on men's individual experiences of using violence, neglect, and their personal histories of abuse; or socio-political approaches which address the core social context of gender inequality. Individual approaches such as 'anger management' fail to address the intentional, controlling behaviour that forms part of abuse and can imply that the victim 'provokes' the anger (Laing, 2002). These have also been criticized for dismissing the gendered nature of violence, the safety of the victim, and for their focus on the man's account of what happened – rather than the 'actual'

Standards and quality control of behaviour change programs is vital, however, varies considerably state to state, both in Australia and other parts of the world. In Queensland Professional Practice Standards for working with men who are perpetrators of domestic and family violence were created to guarantee secure, conscious and accountable service delivery to these men and to provide support for their families. These guidelines are required to be met by organisations that run behaviour change programs in Queensland and are funded by the Department of Communities, Child Security and Disability Services. There are vital to guarantee a consistent, best practice approach to behaviour change programs. In any case, the prerequisite of one level three facilitator (which needs a three-year tertiary capability in a pertinent discipline, two a long time of proficient encounter in generalist counselling, a graduate qualification in social science and 100 hours' supervision facilitating men's conduct alter programs) in each program, poses challenges for administrations in Queensland who wish to convey best hone programs.

1.3.1 Current Programs

There has been very little research that explores behaviour change programs, especially in CALD communities. Below is a table for organizations that are currently offering men's behavioural transformation in whole or part which the South Community Hub could benchmark in Queensland.

Table 1: Current programs that could be benchmarked by SCH

Organization approved program	Program Description & Location/ Contact	Duration of program & No. of People	Costs
Changing Gears: A DFV Behaviour Change Group for Men run by Centacare Catholic Family and Community Services	A Group program and/or individual sessions. Partly based on the Duluth model (To be discussed in Section 2). Sessions use a discussion topic to facilitate the group process. The program is a strengths approach, using other processes in specific activities, such as Cognitive Behavioural Therapy and Acceptance and Commitment Therapy. **Location:** Gold Coast **Contact:** (07) 5556 9900	16 weeks, 2 hours per week Open group, no limit	FREE
Living Without Violence- Run by Anglicare Southern Qld	Group program and/or individual sessions. Draws on Ken McMaster's work and influenced by other frameworks, such as strengths-based, CBT, invitational and Duluth model. Discussion topics help to facilitate the group and therapeutic process. **Location:** Brisbane **Contact:** 1300 114397	13 weeks, 2.5 hours per week for 5 groups per year	$120 – which can be paid in instalments
HelemYumba - 'GatharrWeyebeBanabe' by CQ Healing Centre. (In the Darumbal language this means Aboriginal man's life change. The program is provided across Central Queensland (including Rockhampton,	Combination of group and individual sessions. Culturally appropriate; based on contemporary and traditional healing methods, working with the whole family. 3 phases: 1.	10 weeks – 6+ months to accommodate the 3 phases	FREE

Woorabinda and Mt Morgan) and can involve conducting sessions in appropriate locations, including travelling to country for the healing retreat).	Preparation for Ceremony. 2. Contemporary Healing Ceremonies (retreat).3. Ongoing Healing Pathway (developed by each participant). **Location:** Rockhampton **Contact:** (07) 4931 8600		
Safer Families Support Service Male Perpetrator Behaviour Change Program run by Center care	Group program and individual sessions. Based on the Duluth model. Discussion topics used in sessions to facilitate a strengths-based group process. After-group evaluation includes monitoring participant behaviour and attitude. **Location:** Roma **Contact:** 1300 477 433	12 weeks, 2 hours per week	FREE
North Queensland Domestic Violence Resource Service MenTER (Men Towards Equal Relationships)	A Group program based on the Duluth model. Sessions are drawn from the power and control wheel and equality wheel to cover themes such as non-violence; respect; accountability; responsible parenting; sexual respect; negotiation/ fairness. The process used includes logging (mapping) use of control and behaviour change. **Location:** Townsville **Contact:** (07) 4721 2888	8 weeks, 2 x 2.5 hours per week, for 4 groups per year	$10/session ($160 total), which is also negotiable
SCOPE Regional Domestic and Family Violence Resource Service **Changing Gears**: A	A group program that uses aspects of the Duluth Model, and educational and therapeutic process using CBT and elements of some other established therapeutic models, such as	16 weeks, 2 hours per week	$15.00 per session (total $240)

D & FV Behaviour Change Group for Men	strengths-based. The order of sessions is flexible, using discussion topics to help facilitate the group process. A program review is undertaken after the group has ended. **Location:** Maroochydore **Contact:** (07) 5430 9300		
North Queensland Domestic Violence Resource Service Mt Isa MI – MenTER (Men Towards Equal Relationships)	Group program and/or individual sessions. Also based on the Duluth model. Educational program that meets diverse needs (e.g. culture/literacy). The program covers themes to change the values, beliefs and behaviours that support the use of power and control. **Location:** Mount Isa **Contact:** (07) 4743 0946	8 weeks, 2 x 2 hours per week	FREE

1.4   REPORT OUTLINE

Section 2 will discuss the evaluation of the men's behavioural change programs and outline identified gaps. Section 3 will thematically discuss conversations held with stakeholders around what works for CALD communities. Lastly, Section 4 will conclude the report.

Chapter 2: An Evaluation of the Men's Behavioural Change Programs

2.1 WHAT WORKS

2.1.1 THE DULUTH MODEL

Developed by the Duluth Domestic Abuse Intervention Project (DAIP), the Duluth Model according to Pence & Paymar (1993) is a psycho-educational treatment focussed on challenging perpetrators' beliefs about power, control, and dominance over their spouses. The Duluth Model is the predominant intervention for perpetrators of domestic violence; however, it also continues to receive significant criticism and controversy due to its narrow scope (Bohall et al., 2016).

The Duluth Model, in its true form, provides an effective, ethical framework to address battering given scarce resources. Resource-intensive mental health-based intervention models and avoidance of criminal justice sanctions raise serious ethical concerns about justice and safety for women and children. Maintaining the safety and autonomy of victims and redressing power imbalances always take priority with the Duluth Model. One key component of the Duluth model is that it is swift, consistent consequences (jail or return to the program) for noncompliance with conditions of probation, civil court orders, or program violations, e.g., missing groups and further acts of violence. Researchers in Scotland found that domestic violence offenders who were ordered to counselling using the Duluth curriculum who were threatened with immediate consequences for failure to participate, the Duluth Model, had a success rate of 73% as opposed to only 33% for those offenders who were simply placed on probation (Dobash & Dobash 1999).

In 2002, a study by Babcock, Green, and Robie stated that the Duluth Model should not be abandoned as a traditional treatment program as it is a strong coordinated community response. The stated that based on partner reports, treated batterers had a 40% chance of being successfully non-violent, and without treatment, men have a 35% chance of maintaining non-violence. While the difference is 5% which may be seen as small, it is significant in that the batterer treatment in all reported cases of domestic

violence in the U.S. would equate to approximately 42,000 women per year who were no longer being battered.

Another comprehensive study was done by Edward Gondolf in 2003 and concluded that that "at the 30-month follow-up, less than 20% of the men had re-assaulted their partner in the previous year; at the 48-month follow-up, approximately 10% had re-assaulted in the previous year. Moreover, over two-thirds of the women said their quality of life had improved and 85% felt very safe at both these follow-up points" (Gondolf, 2007). The ultimate goal of the Duluth Model has always been to ensure that victims are safer by having the state intervene to stop the violence and address the power imbalance inherent in relationships where one person has been systematically dominated and subjugated by another.

A major dilemma for the courts and human service providers is whether to conduct a comprehensive assessment of offenders to determine which treatment approach would be most effective. This process can be very expensive, and its potential benefits need to be balanced against other options, for example, providing more resources to victims and non-offending family members. Similarly, the safety of victims must be considered if the court begins to order offenders to treatment programs using restorative justice and couples' counselling while a batterer is still exercising power and control over his partner.

Those in criticism of the Duluth model recommended that a cognitive-behavioural approach be used in batterers' intervention programs. They cite the Emerge and Amend programs as cognitive-behavioural alternatives equivalent to the Duluth curriculum. The basis of the Duluth curriculum is cognitive-behavioural. It is very similar to the curriculum offered by Emerge and Amend. One difference is that Duluth focuses less on psychological assessment and more on how power relationships and entitlement are reflected in individuals, families, communities, and different cultures. However, these distinctions are not as significant as the similarities in the programs' approaches and philosophy.

2.1.2 The Survivor-Centered Advocacy (SCA) Project- The Community-Led Research (CLR) Framework

This project uses a unique approach to build grassroots research capacity and centre survivors of intimate partner violence from historically marginalized communities (Center for Survivor Agency & Justice, 2017). It coalesced into the creation of an exploratory Community-Led Research (CLR) framework that incorporate trauma-informed, research justice and language justice principles. The CLR framework responds to community members' desire to lead, rather than simply participate in, the research process. As a result, five studies were designed and executed by practitioners turned community-based researchers, most of whom had never before engaged in research, except as subjects ((Center for Survivor Agency & Justice, 2017). The CLR framework integrated the skills and experiences of community-based and external researchers and led to high levels of engagement, rich data, more equitable research processes and innovative research projects.

Trauma-Informed Approach

The Design Team of the CLR project noted that it was important to acknowledge and attend to community and individual histories of trauma. As Goodman and colleagues (2017) note, citing previous work, researchers working with communities on issues related to IPV should have a trauma-informed lens that takes into account that survivors, their family members, and program staff may be experiencing current trauma, or consequences of past trauma (Edleson & Bible, 2001; World Health Organization, 2001; Slattery & Goodman, 2009; Sullivan et al., 2017). Furthermore, for many marginalized communities, deep wounds are stemming from historical legacies of colonization, slavery, cultural suppression, and other forms of historical oppression, as well as from displacement due to war, genocide, and colonial occupation (Kirmayer et al., 2014, p. 300; McKee et al., 2012). Further compounding these wounds is the increased targeting and vulnerability experienced by members of marginalized communities in the always-evolving sociopolitical climate. While there was not much information available about trauma-informed research practices specifically, the Design Team felt that it could apply two sources of knowledge to the project: its collective experience around trauma and trauma-informed practices in the IPV field, as well as its members', lived experiences as part of marginalized communities (Center for Survivor Agency & Justice, 2017).

The South Community Hub Recommended Approach

Vlais et al. (2017) argue that FDV demands a well-developed and linked system of responses that can hold the safety and protection of women and children as its primary goal while keeping 'eyes on' the perpetrator, and a system that entails the option to engage, assess risk and conduct some level of surveillance. Major initiatives such as the Victorian Royal Commission into Family Violence, the Queensland Not Now Not Ever report, recent state and territory government funding injections and reforms, the former COAG Advisory Panel on Reducing Violence Against Women and their Children, and ANROWS through its National Research Agenda, have started to grapple with a range of complexities concerning perpetrator accountability and the nature and effectiveness of MBCPs (ANROWS, 2016; Coalition of Australian Governments, 2016; Special Taskforce on Domestic and Family Violence in Queensland, 2015; State of Victoria, 2016). Men's behaviour change programs (MBCPs) in Australia, like elsewhere, have generally been under-funded and constrained in several ways from meeting their full potential (Vlais, 2014). For SCH to be funded and to run successfully it must examine and understand;

- The current philosophical debates and tensions regarding MBCPs

- The expectations from funders and the shifting funding environment

- The place and role of perpetrator programs within integrated or coordinated community responses, and the systemic factors that influence this work

- The research and program evaluation, including the struggle to prove the worth of these programs

- Adapting interventions for different 'cohorts' of perpetrators within the CALD community

- Responding to risk 'vs' changing men

- Program provider accountabilities and limitations

- Supporting other program providers or partners to become compliance-ready (for auditing/accreditation per minimum standards) and research-ready (for program evaluation)

- Practice issues in a range of areas

- Developing a sufficiently skilled, diverse and sized workforce to deliver the program

- The relevance of broader community responses and primary prevention to program provision.

MBCPs should not be viewed as a distinct intervention with perpetrators. Vlais (2017) suggests that this tend to result in them being disjointed, ad hoc, and implemented without sufficient intention or reflective practice. Collaboration is needed with the police, government departments, units within departments, agencies, NGOs and services. According to the Centre for Innovative Justice (2015), this would help in:

- Augmenting existing and ongoing multi-agency risk assessments through perpetrator contact

- Making the perpetrator's patterns of coercive control more visible in case analysis, case management, case notes and other work with family members who are experiencing his violence, as a way of better understanding how to support and ally with victims (even if the department or agency has no contact with the perpetrator)

- Contributing to multi-agency processes to address dynamic risk, including where possible predicting and containing acute dynamic risk

- Scaffolding perpetrator readiness to participate in specialist services, and readiness to change (including 'inching' the perpetrator towards building internal motivations to change)

- Applying interruption and restraint processes regarding the perpetrator's opportunities and inclinations to use violence

- Strengthening, where possible, his understanding of and motivation to comply with protection orders or bail conditions

- Building perpetrator capacity to participate in specialist services, and where required helping to stabilise his life, so that he and his family derive the most benefit out of his participation in specialist interventions.

2.2 LEARNING FROM THE INDIGENOUS COMMUNITY PROGRAMS

Olsen and Lovatt (2016) have emphasised that to stop family violence, practitioners and stakeholders in family violence prevention and response programs in their communities must;

- Involve more space for Indigenous communities themselves to shape program and service responses. This could be applied to the CALD community as well where they could be engaged in shaping the MBCPs.

- Focus on community healing, restoration of family cohesion, and holistic processes that support both victims and perpetrators to address their pain and suffering. As noted in the first section, causes of FDV in CALD communities include prior experiences of pain and suffering, as such MBCPs to be developed by the South Community Hub could also encompass healing and restoration.

- Involve rebuilding family and kinship ties in ways that strengthen traditional cultural and kinship practices that mitigate against violence. This could be applied to CALD communities as well.

- Consider the use of Indigenous sentencing courts for Indigenous Elders and other community representatives to enact Aboriginal law towards changing perpetrator behaviour and personal and collective healing. CALD community leaders already have forums where they could be engaged, as such this could be adopted by the South Community Hub.

- Recognise the importance of ongoing, planned and consistent funding. South Community Hub is already a recipient of some grants tackling domestic violence in CALD communities. As such planning, soliciting and keeping consistent funding is one of the strengths of SCH.

In a nutshell, SCH could utilize these strategies to craft and implement its MBCPs. DFV should be tackled and addressed using multiple approaches and cooperating with multiple organizations, police, community leaders, government agencies and departments and other services to ensure its success.

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