



**Prioritising women's safety in  
Australian perpetrator interventions:  
Mapping the purpose and practices of partner contact**  
*Key findings and future directions*

ANROWS

AUSTRALIA'S NATIONAL RESEARCH  
ORGANISATION FOR WOMEN'S SAFETY  
*to Reduce Violence against Women & their Children*

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ANROWS Research to policy and practice papers are concise papers that summarise key findings of research on violence against women and their children, including research produced under ANROWS's research program, and provide advice on the implications for policy and practice.

This is an edited summary of key findings from ANROWS research *Prioritising women's safety in Australian perpetrator interventions: The purpose and practices of partner contact*. Please consult the ANROWS website for more information on this project and the full project report: Chung, D., Anderson, S., Green, D., & Vlasis, R. (2020). *Prioritising women's safety in Australian perpetrator interventions: The purpose and practices of partner contact* (Research report, 08/2020). Sydney: ANROWS

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ANROWS research contributes to the six National Outcomes of the *National Plan to Reduce Violence against Women and their Children 2010-2022*. This research addresses National Plan Outcome 4—Services meet the needs of women and their children experiencing violence.

### **Acknowledgement of Country**

ANROWS acknowledges the Traditional Owners of the land across Australia on which we work and live. We pay our respects to Aboriginal and Torres Strait Islander Elders past, present, and future, and we value Aboriginal and Torres Strait Islander histories, cultures, and knowledge. We are committed to standing and working with Aboriginal and Torres Strait Islander peoples, honouring the truths set out in the Warawarni-gu Guma Statement.

### **Acknowledgement of lived experiences of violence**

ANROWS acknowledges the lives and experiences of the women and children affected by domestic, family and sexual violence who are represented in this report. We recognise the individual stories of courage, hope and resilience that form the basis of ANROWS research.

Caution: Some people may find parts of this content confronting or distressing. Recommended support services include: 1800 RESPECT—1800 737 732 and Lifeline—13 11 14.

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Australia's National Research Organisation for Women's Safety. (2020). *Prioritising women's safety in Australian perpetrator interventions: Mapping the purpose and practices of partner contact* (Research to policy and practice, 08/2020). Sydney: ANROWS.

IN BRIEF

# Prioritising women's safety in Australian perpetrator interventions: Mapping the purpose and practices of partner contact

- Perpetrator accountability has been a growing focus of work in Australia since the launch of the *National Plan to Reduce Violence against Women and their Children 2010-2022* and the subsequent *National Outcome Standards for Perpetrator Interventions*.
- Men's behaviour change programs (MBCPs) are a key site of perpetrator accountability that aim to improve safety for women and children.
- Partner contact is known and understood to be a critical element of MBCPs, however a review of literature shows that little has been documented in Australia about safety practices in this context.
- The ANROWS research project "Prioritising women's safety in Australian perpetrator interventions: The purpose and practices of partner contact" documents how partner contact is operating in Australia, its strengths and challenges, and experiences of victim/survivors who received partner contact support.

## KEY FINDINGS:

- Lack of partner contact as part of an MBCP can lead to some perpetrators using their participation in the program to perpetrate abuse towards the victim/survivor and/or other family members.
- Partner contact is labour-intensive, under-resourced, and often a secondary priority.
- There is currently a lack of consistency in partner contact practices and interventions, and limited awareness about existing guidelines and standards.

## KEY RECOMMENDATIONS:

- Partner contact support should be offered to all women (either directly or through organisational partnerships) through all MBCPs.
- National minimum practice standards for partner support as a component of MBCPs should be developed, and these standards should be formally recognised within contractual arrangements and funding service agreements.
- Partner contact services should be resourced and funded in ways that enable those national minimum practice standards to be met, and that ensure women have ongoing access to support irrespective of a perpetrator's MBCP attendance.

# Men's behavioural change programs (MBCPs)

There has been intensifying effort and focus in Australia on prioritising the safety of women and children through perpetrator accountability, as reflected in the [National Plan to Reduce Violence against Women and their Children 2010–2022](#) (Council of Australia Governments [COAG], 2019) and the [National Outcome Standards for Perpetrator Interventions](#) (COAG, 2015). Alongside interventions within the civil or criminal legal systems, or individual support services, a key intervention for addressing perpetrator accountability takes the form of men's behaviour change programs (MBCPs). As reflected across state and territory policy documents, the primary purposes of MBCPs are:

- to promote the safety of women and children
- to hold perpetrators accountable for their past and future actions
- to facilitate attitudinal and behaviour change among program participants.

To date, most research about, and evaluations of, MBCPs have focused on whether there have been changes in participants' use of violence during and following program attendance. Given the aims of MBCPs, this measure of "success" is arguably narrow.

## Partner contact is a key component of MBCPs, but has been poorly understood and inconsistently implemented

Given that the fundamental purpose of MBCPs is the safety of women and children, partner contact (also called “partner safety contact” or “family safety contact”) is a key component of these programs. Practice differs across jurisdictions, but partner contact generally involves working with the current and/or former partner(s) of the perpetrator who is undertaking the program to provide support, information and safety planning. Partner contact can offer current and former partners insight into the program and important information on what can likely be expected if perpetrators are participating. Partner contact can increase the responsibility and understanding of the MBCP facilitator, in that it offers a third source of information to supplement both the facilitator’s perceptions and the perpetrator’s self-reports of abuse and risk.

Existing research points to the importance of partner contact because of potential heightened risk when a man is attending, or completes, an MBCP. This risk could be triggered by family separation, or by increased hope that the violence will reduce or end, which can affect a woman’s decisions about safety. It may also be that separated men feel entitled to more contact with their children on the basis of program completion, an issue with which former partners and their children may disagree.

Partner contact support is also important because former partners and children of MBCP participants frequently have little or no contact with formal support services. Therefore, partner contact creates a pathway for support for women who have not previously sought it.

In Australia, there is limited evidence about MBCP partner contact practices and interventions, including their benefits and challenges or the experiences of victims/survivors. As use of MBCPs as a main intervention for perpetrators expands, it is important to build evidence on victims/survivors’ and children’s experiences of safety and support as part of these programs.

## “Prioritising women’s safety in Australian perpetrator interventions: The purpose and practices of partner contact” by Donna Chung, Sarah Anderson, Damian Green and Rodney Vlais

This project reviewed partner contact practice in Australia in order to document how it is currently operating and its strengths and challenges. The project used a mixed methods design that included a state of knowledge review; a national survey of MBCP providers; in-depth interviews with managers, facilitators and partner contact workers (most of whom worked as part of an MBCP program, though some worked in services that partnered with an MBCP to provide partner support); and a survey of women whose partners or ex-partners attended an MBCP.

This project was not focused on measuring the efficacy of MBCPs, but rather aimed to learn more about women’s journeys of support in the context of MBCPs in order to deepen understanding of how MBCPs can help, hinder or replicate women’s experiences of violence. This understanding can contribute to a stronger, more responsive perpetrator intervention system.

This research project specifically addresses Recommendation 16 of the ANROWS report *Evaluation readiness, program quality and outcomes in men’s behaviour change programs: “research to identify quality practice in partner support and safety work is urgently needed”* (Day, Vlais, Chung, & Green, 2019, p. 9).

See [anrows.org.au](https://anrows.org.au) for the full report.

# Key findings

## Lack of partner contact can increase risk for women and their children

Lack of partner contact as part of an MBCP can lead to some perpetrators using their participation in the program to perpetuate abuse towards victims/survivors. Where there is no partner contact service or contact cannot be established, partners (former or current) do not receive an explanation about how MBCPs operate or what changes they could expect. This can increase risk. For example, a number of women reported that perpetrators expressed resentment about having to attend the program, and held partners responsible for this. Women also reported abusive behaviours such as being told by the perpetrator that the MBCP facilitator said the problem was the woman, not the perpetrator. The impact of this abuse might have been mitigated by partner contact if the worker was able to speak directly with the woman.

Partner contact practitioners in this study rarely reflected on the possibility of perpetrators using their participation in the program against the woman as a tactic of control (for example, manipulating or twisting what the MBCP facilitators had said).

## Partner contact support is often tied to the perpetrator's participation in the MBCP

Most partner contact obligations in Australian programs are linked to the perpetrator's engagement with the MBCP. Partner contact, then, only lasts as long as perpetrator participation, and this study found that a significant portion of perpetrators did not complete the MBCP, even when their participation was mandated. Moreover, even if a man completes a program, partner contact often does not extend beyond the end of the program, despite program completion being a time of higher risk for some partners. Instead, referral to other services is cited as a common means of facilitating ongoing support beyond the MBCP.

Both practitioners and women report that connecting partner contact to men's participation inadvertently allows women to be further controlled, as they are made dependent on perpetrators for access to support.

When partner contact does occur beyond the perpetrator's participation, this is reliant on a worker deciding to proceed despite funding or contracts not supporting their ongoing involvement:

We are not funded to work with women once the man is no longer in the program, we just create capacity to do this due to recognition of risk issues after he exits.  
(Partner contact worker, urban area)

## Partner contact is labour-intensive, under-resourced, and often a secondary priority

Funding to carry out MBCP partner contact is inconsistent: these variations exist at the jurisdictional and service levels, as well as across time. The intensity of partner contact in both time and resourcing is often underestimated. Contacting victim/survivors often involves a large number of calls to establish contact (particularly as these individuals are not expecting contact), and then requires further resourcing to meet needs that are identified through the contact. Due to inconsistencies in funding and contracting, the work that goes into partner contact is often not captured within reporting mechanisms.

Inconsistent and under-resourcing leads to limitations with providing services:

... lack of resources to be able to do the follow up that is required after the men have finished and to make regular contact throughout the group. I have 48 women at the moment and 2 days to work with them. I feel that they are not given a good service and are still at risk because of this.

(MBCP facilitator and partner contact worker, remote community)

In most contexts, partner contact work is treated as secondary to interventions with men. The running of the group with perpetrators is prioritised as it receives the most funding and involves working with (often mandated) direct referrals.

Given that the women and children are the primary clients of MBCPs, I would really like to see more emphasis on partner contact. There's a lot of networking meetings for men's behaviour change groups and lots of training for men's behaviour facilitators involved in men's behaviour change groups but really that needs to shift so that there's ... equal weight given to the partner contact workers as well because they're really managing the primary clients and, therefore, we need to ensure that there is enough support, training available to those workers as well.

(Team leader of partner contact services, statewide service)

## There is currently a lack of consistency in partner contact practices, and lack of awareness of existing practice standards

There is considerable variation in the quality and consistency of partner contact within and between Australian states and territories. Variations in partner contact practices may be the result of differing funding and contracting practices across Australia as well as varying practice standards. However, beyond differences in practice standards and guidelines, even where these do exist, practitioners demonstrate limited awareness of them.



This study suggests that the most beneficial partner contact practice is flexible, involves a wider and more holistic service delivery focus than “a series of contacts”, gives information to victims/survivors about the MBCP and has the capacity for some face-to-face session time.

## Little attention has been given to provision of partner contact for women from diverse communities

Little attention has been given to the provision of partner contact for particular cohorts of victims/survivors. For example, partner contact within the context of holistic work with families provided by Aboriginal and Torres Strait Islander family violence services has yet to be explored. Similarly, there is little consideration of the needs of women with disability, women from culturally and linguistically diverse communities, or LGBTQIA+ victims/survivors. Partly this stems from a lack of specialisation in MBCPs themselves.

### What could partner contact look like in the context of Aboriginal and Torres Strait Islander family violence?

Practitioners thought this might include partner contact workers operating without some of the tight parameters that characterise much partner contact within mainstream services. This could include less reliance on phone-based contact, a flexible outreach component, and a stronger focus on a wider range of women’s and children’s needs impacted not only by the man’s use of family violence, but also by intergenerational disruption and trauma caused by colonisation and racial oppression.

## Partner contact results in positive benefits even when the perpetrator shows no change in attitudes and behaviours

Partner contact was described by practitioners and women (ex-)partner participants as having positive impacts, even in instances when the MBCP did not lead to change in the perpetrator’s violent and controlling behaviour. This included women having greater understanding of domestic and family violence (DFV), feelings of validation (particularly in relation to non-physical forms of violence), understanding of perpetration beyond their own experience, feelings of security from knowing there is oversight of the perpetrator, and other benefits such as increased confidence and improved physical and mental health.

Validating my experiences—[domestic and family violence] is such an isolating experience and it was positive to have someone to speak to who was able to reflect the common experiences of other women. The worker also allowed me to check in about what was healthy/unhealthy/abusive behaviour by my partner as I learned to redevelop and assert healthy boundaries—there was so much gaslighting and projection

by my partner that this was really helpful to be able to regularly “reality check” with someone; she could also incorporate this into the MBCP.  
(Sophie, New South Wales)<sup>1</sup>

### **Direct support is not often provided to children**

Although children are greatly affected by DFV, or can be direct victims of it, children’s needs or voices are not commonly incorporated into MBCPs and this has not been a major policy priority with perpetrator interventions.<sup>2</sup> Very few partner contact workers reported providing any form of direct support to children based on the partner contact model. Some partner contact workers provide intra- and interagency referrals to children’s services or collaborate with child protection agencies. While that was viewed as helpful, many survey participants identified a need for more specialised support in the form of dedicated children’s workers, children’s groups, and whole-of-family type group sessions, as well as improved children’s assessments and the introduction of supervised access provisions for perpetrators prior to exiting programs.

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1 The survey completed by women who had experienced partner contact as part of their (ex-)partner’s participation in an MBCP was anonymous. The name used here is a pseudonym.

2 One contrast is Victoria, who have in their new minimum standards reframed partner contact as “family safety contact”, emphasising the need for programs to provide children as well as adult victims/survivors with information about the program (Family Safety Victoria, 2018).

# Implications for policymakers

A common theme in the research was that more capacity for case management and long-term support of women is necessary. To be effective, partner contact work needs adequate resourcing to reflect the long path to contacting women and the need to continue to support women beyond men's attendance at MBCPs.

Specifically, the research recommends that:

- National minimum practice standards for partner support should be developed as a component of MBCPs and other perpetrator intervention programs to complement existing jurisdiction-based MBCP minimum standards.
  - These should be formally recognised within contractual arrangements and funding service agreements with MBCP providers and associated organisations.
- Partner contact services should be resourced and funded in ways that enable the proposed national minimum practice standards to be met.
- Partner contact should be resourced so that women have ongoing access to support irrespective of a perpetrator's MBCP attendance and after program completion.
- Program evaluations of MBCPs should incorporate a dedicated evaluation stream specifically focusing on the partner contact component of the program, including data obtained from victims/survivors about their experiences of partner contact and the impact it has (or has not) made.
- A national training strategy should be developed and implemented to more consistently equip the partner contact workforce with the practice frameworks and skills required to adopt the proposed national minimum partner contact practice standards.
- Further consideration and research should be given to the role of child and youth contact workers through funded innovation trials with an evaluation component.
- Further investment is needed to expand provision of partner contact for diverse cohorts.

Broader consideration should also be given to the role of partner contact in all perpetrator interventions (beyond MBCPs), as well as its place in the legal and service system in relation to information sharing and risk assessment and management.

# Implications for practitioners and service providers

- Organisations providing MBC and partner contact programs should ensure that partner contact programs are not given secondary priority to the MBCP. Partner contact programs need to be positioned as an important and appropriate response to women where their current or former partner is in an MBCP.
- Further exploration of the collaborative link between the partner contact worker and the MBCP facilitator is needed, as this is the intersection for individual and organisational safety planning.
- Further investment is needed to explore and validate the work of partner contact support workers to incorporate existing interventions and knowledge about ways of working with women in this unique context.
- Existing jurisdiction-specific professional networks for MBCP facilitators and partner contact workers should be further strengthened at the local level to promote integrated and effective support.

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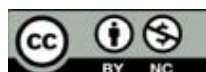
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