



Submitter details:

Organisation name	No to Violence
Organisation type	<p>No to Violence is the largest peak body in Australia for organisations and individuals working with men to end family violence. We have three key functions:</p> <ol style="list-style-type: none"> 1. Advocacy: We provide leadership in bringing together our members, specialist family violence organisations, government, and universal services to strengthen and connect the sector and systems that work to keep communities safe. We combine best practice evidence with the learnings from our member consultations to advocate for policy reform and influence change in the men’s family violence sector. 2. Workforce and sector development: We provide training and professional development for practitioners working in the specialist family violence sector, and offer bespoke training for services, including government and corporate agencies. Our training is available nationally, however, the Education Centre Against Violence (ECAV) is the state-wide agency responsible for workforce development in NSW. 3. Service delivery: We have been working directly with men who use violence for 30 years. No to Violence operates the Men’s Referral Service (MRS), a national telephone counselling, information and referral service that is a central point of contact for men taking responsibility for their violent behaviours. We also offer the Brief Intervention Service (BIS), a short-term multi-session support service for men who are on a waiting list for family violence support (such as a men’s behaviour change program). In Victoria, No to Violence also operates the Men’s Accommodation and Counselling Service (MACS), a service for men who have been excluded from the home due to their use of family violence.
Postcode(s) in which your organisation operates	No to Violence is a national organisation.





Consultation questions

Terminology

Question 1 - In the development of the strategy, do you support the use of the term 'persons using violence' when referring to individual people? Why or why not?

Given the strong gender-based nature of domestic and family violence, it is important to ensure an ongoing emphasis on the disproportionate number of men who use violence. We cannot stop family and domestic violence until we stop men using violence. Thus, we encourage the use of language and examples that communicates this when it is most appropriate. The importance of keeping a strong gender-lens applied to this problem is emphasised through the first key finding of the 2021 National Community Attitudes Towards Violence Against Women Survey (NCAS) that showed almost half of respondents (41%) believed men and women equally perpetrated domestic violence, despite it being disproportionately perpetrated by men.

In principle, No to Violence supports a move towards action-based descriptors as they better reflect the complexity of domestic, family and sexual violence. For example, in the context of adolescent family violence, moving from labelling boys and young men as perpetrators (an inherent identity) to naming their behaviours (as changeable) engages those who both use violence and have violence used against them, emphasises their ability to change their behaviour, and may encourage help seeking behaviour.

Issues for consideration in developing a perpetrator strategy in Queensland – are we on the right track?

Question 2 - Are these the right focus areas for the strategy? Are there other key areas that should be considered?

No to Violence supports many of the key areas outlined for the Queensland Perpetration Strategy [the Strategy] outlined in the consultation paper. We encourage the Queensland Government to ensure the subsequent draft Strategy is closely aligned with both the National Plan to End Violence against Women and Children 2022-2032 [the National Plan] and the forthcoming Australian National Research Agenda, as well as integrated with other work being undertaken by the Queensland Government to address domestic, family and sexual violence. In doing so, the Strategy must include a strong gender-based focus to prevention, early intervention, and response provisions.



Question 3 - Does the vision, purpose and guiding principles provide the right foundation for the Strategy?

Vision: No to Violence believes the proposed vision should have a clearer emphasis on supporting men who use violence to change their behaviours, as well as centring the importance of prevention and early intervention work to reduce rates of domestic, family and sexual violence in Queensland. We recommend adding the following bolded wording:

'To prevent, intervene early and ensure persons (predominantly men) using violence are accountable **and supported to change their behaviours to create** a Queensland free from domestic and family violence.'

Purpose: No to Violence believes the proposed purpose could be strengthened by being more specific than 'into focus' that incorporates a broader suite of programs that will be required to prevent, intervene early, and respond to domestic, family and sexual violence. We recommend adding the bolded wording:

'...by guiding a whole-of-Government response in Queensland that supports persons (predominantly men) being accountable for their actions and to change their behaviour, as well as providing prevention and early intervention programs to end domestic, family and sexual violence'.

Guiding principles: Not to Violence supports the guiding principles but believes the last principle could be improved in two ways. First, it is not clear what 'keeping them in view' means for a lay person – and while this is explained later in the consultation paper, we encourage the use of clearer language in the first instance. Secondly, given the important statements in the consultation paper on prevention, early intervention, behaviour change and the need to expand government responses beyond the criminal justice system to include social and health systems, we argue the final principle might be improved by adding the following bolded wording:

'The system is responsible for working to prevent domestic, family, and sexual violence, as well as for holding people (predominantly men) who use violence accountable for their actions and providing early intervention and supports to help them to change their behaviours'.



Primary Prevention

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

In answering this question, we commend the consultation paper's emphasis on the gender-based drivers of domestic, family and sexual violence. No to Violence believes the prevention aspect of the Strategy can support the community to address the gender-based drivers to create gender-equitable relationships by

- **Recognising and challenging violence against women and girls.** This requires initiatives that educate and encourage people, especially men, to intervene when they witness violence against women and girls. For example, speak up when they see gendered violence; reject rigid gender stereotypes; and support healthy masculinities and positive peer relationships (Our Watch 2021: 62-63).
- **Advancing an intersectional approach to stop the disproportionately high rates of domestic, family and sexual violence experienced by marginalised women;**
- **Ending rigid gender stereotypes, especially aggressive, dominant and controlling masculinities;**
- **Engaging men and boys in evidence-based initiatives to foster non-violent forms of masculinity and positive peer relationships between men and boys,** especially in male dominated spaces. Specifically, No to Violence advocates for a digital focus within the Strategy to reduce the increasingly dangerous online promotion of misogyny and hegemonic masculinity (Horta Ribiero et al. 2021), alongside advancing evidence-based e-initiatives to create online interventions.
- **Continue to develop and extend Respectful Relationships Education in Queensland,** including developing related workforce capacity and capability.



Early Intervention

Question 5 - How should the Strategy support early intervention with people using violence to reduce recurrence, escalation and long-term harm caused by domestic and family violence?

Early Intervention is a key aspect of the continuum of work that is needed to end domestic, family, and sexual violence in Queensland and nationally. As outlined in the National Plan, early intervention is comparatively under-developed and requires much more attention (2022: 82). No to Violence emphasises the need for on-going research and evaluated pilot projects to contribute towards developing an evidence-base of best practice for early intervention work. Specifically, for the Queensland Perpetrator Strategy, No to Violence advocates for alignment with national initiatives that support:

- **Universal early intervention programs in a range of sectors and settings.** For example, early intervention initiatives in workplaces and educational settings, as well as building capacity and capability in the health sector to enable a broad range of healthcare professionals to identify and respond to at-risk people (National Plan 2022: 82). There should also be targeted interventions ‘for new fathers who may be at risk of perpetrating DFSV’ and those focused on ‘sexual harassment, financial abuse, technology-facilitated abuse, migration related abuse, trafficking and forced marriage’ (National Plan 2022: 82);
- **Early intervention programs with children and young people** to ‘reduce the long-term impacts of exposure to violence and prevent further exposure’, as well as developing a better understanding of what works to stop young people using violence within their family and online (National Plan 2022: 82-83). Please see more information on young people in our answer to question 7 below.

Question 6 - Where should we be focusing our attention to support people using or at risk of using violence to get help early?

Please see our answer above to question 5 and our answer below to question 9.



Question 7 - How should the Strategy support early and effective responses to young people using, or at risk of using, violence?

In establishing a framework for responding to young people's use of violence, it is helpful to distinguish between young people's use of violence against family members, commonly known as adolescent violence in the home (AVITH), and intimate partners.

For AVITH, the Strategy should utilise the Collaborative Practice Framework developed in ANROWS' WRAP around research project. This includes ensuring responses to AVITH prioritise whole-of-family approaches that are trauma and family violence risk-informed, understanding that trauma from previous and ongoing adult-perpetrated violence is often the predominant issue that needs to be addressed for young clients. AVITH services should also address barriers to engagement such as family shame and stigma, and flexibly adapt to the needs of young people and families, including adopting outreach approaches that develop trust and responding to readiness of clients.

For young people's use of violence against intimate partners, tailored interventions should be developed as existing interventions such as mainstream men's behaviour change programs do not effectively cater to the needs or experiences of young men using violence (Jewell & Wormith 2010; Saunders 2008). Tailored interventions could include one-to-one case work that offers counselling and referral to other services; group style interventions; technological facilitated interventions; family safety contact work and recovery support; and crisis accommodation that is tied to program engagement.

Response

Question 8 - To inform the Strategy it would be helpful to know if you or someone you know sought assistance as a person using violence:

- a. If so, what worked?
- b. What could have been done better?

Invest in research for evidence-based best practice

Given the lack of research on the perpetration of family and sexual violence (Bell & Coates 2022: 3) No to Violence advocates, alongside many others, for a national longitudinal study on perpetration. For the Queensland Government to realise it's objective of a Queensland free from domestic, family, and sexual violence, the Strategy must invest in research to develop a better evidence base for best practice. Such



an investment would also include funding for piloting primary, early intervention, response services and broader systemic initiatives, alongside adequate resourcing for monitoring and evaluation. Please see more detail on this issue in our answers to Questions 17 and 18.

Develop effective, targeted initiatives to end domestic and family violence

People (predominantly men) who use violence are a diverse group. There is no one-size-fits-all approach to supporting them to change their behaviours. The emerging evidence base supports the development and implementation of longer-term, holistic interventions to ensure real change (Bell and Coates 2022: 3). This requires long-term sustainable funding for case management and counselling to provide more holistic and trauma-informed care.

Prioritise risk frameworks and information sharing schemes

Effective and appropriate responses rest on rigorous high-quality risk assessment frameworks inter-connected with safe information sharing processes between organisations to identify and respond early to reduce domestic and family violence. Important examples of this work for the Queensland Government to consider include the Victorian inter-related reforms including Multi-Agency Risk Assessment and Management Framework (MARAM), Family Violence Information Sharing Scheme (FVISS), and the Child Information Sharing Scheme (CISS), as well as the NSW Risk Safety and Support Framework (RSSF). The Queensland Government's current work on improving risk assessment is key. We encourage strong monitoring and evaluating processes to ensure the framework operates well, is responsive to changes over time, and is inter-connected with safe information sharing schemes. Information sharing schemes need mechanisms to safeguard the confidentiality for victim-survivors (National Plan 2022: 85).

Ensure men get help early

Early intervention is crucial to stop domestic and family violence—especially when men seek help voluntarily. But many men who self-refer early or are deemed lower risk fall through cracks due to high levels of demand and triage processes. One way No to Violence works to address this is through our Brief Intervention Service (BIS). It provides short-term, multi-session telephone support for men who are on a waiting list for support, or unable to access support because (e.g. in regional and remote areas or from non-English speaking backgrounds) and/or the supports are inappropriate for individual reasons. Embedding well-resourced early intervention services within the Strategy will help to keep men engaged while they wait to enter programs and support services. One important first contact is access to high quality and adequately funded telephone counselling, information and referral service for men who use violence to get help.



Provide support for victim-survivors

Embedding supports for impacted family members of men in intervention programs is crucial to ensuring their safety. Family safety contact workers make sure risk is monitored, behaviour change is closely assessed, and help affected family members receive support. Research shows that working with men in isolation—without family safety contact workers—poses a direct safety risk for their current or former women partners. Thus, providing specialist training and practice development for family safety contact people, as well as dedicated, sustainable funding (starting when men are on waitlists and can continue for a minimum of three months following the perpetrator’s completion of a men’s behaviour change program) is crucial for the Strategy.

There needs to be capacity built within perpetrator intervention services to ensure they can respond to victim-survivor risk.

Safeguard housing for victim-survivors

We need to improve accommodation options to keep women and children safe. In line with Action 10 of the National Plan’s first action plan, No to Violence advocates for initiatives that enable women and children to stay in their own homes when it is safe to do so and their preference. To help do this, we advocate for short- and medium-term accommodation and counselling service for men who use violence. This service is designed to both help men using violence to stop by engaging them in intervention programs as well as enabling them to be monitored for escalated risk. By removing men from the home and providing them with accommodation and support, this service empowers women and children to remain in their home and connected to their local community, schools, and support networks. No to Violence currently operate the Men’s Accommodation Crisis Service in Victoria and we are happy to provide more information on this service to the Queensland government.

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

Responding to intersecting needs

No to Violence advocates for appropriate and easily accessible interventions. To do this requires specialist services to ensure the best chances of providing supports that enable meaningful behaviour change. Funding needs to be provided for community-led programs, including for First Nations communities, people from migrant and refugee backgrounds, LGBTQ men, and men living with disability (including intellectual).



Interventions for First Nations men

There are extremely limited resources available to Aboriginal and Torres Strait Islander men, including Aboriginal and Torres Strait Islander men who use family violence; this means that Aboriginal and Torres Strait Islander men who use family violence are likely forced to access mainstream services. These services are not necessarily culturally appropriate or safe for Aboriginal and Torres Strait Islander men. We strongly encourage the Queensland Government to lead in developing and implementing specialist interventions for men from marginalized communities.

Responding to complex needs: AOD, Mental health and cognitive impairment

Responding to intersecting needs requires developing multi-agency ways of working to support people (predominantly men) using violence and with complex needs. When a person is mentally unwell, drug and/or alcohol affected, and/or has a cognitive impairment, including an intellectual disability and acquired brain injury, they are less able to respond to and benefit from interventions without additional supports to address their needs. Unfortunately, interventions with people who use violence (predominantly men), health and mental health services, and alcohol and other drug services most often operate independently, often with little cross-communication and consultation. Investment is needed in interventions that address co-occurring issues for people using violence (predominantly men) with complex needs to help reduce frequency and/or severity of DFV (Bell & Coates 2022: 3). Such investment needs to be systemic, as well as at an individual levels, via appropriate, integrated services (State of Victoria 2018) to provide more holistic care to end domestic and family violence in Queensland.

Addressing the intersection of gambling harm and domestic and family violence

Emerging research shows that there is a clear link between gambling harm and domestic and family violence. In Australia, people with gambling problems are more than twice as likely as non-problem gamblers to perpetrate or experience domestic and family violence (Dowling et al. 2018). Thus, domestic and family violence is a common co-occurring issue for people seeking treatment for gambling harm. Despite the strong link between problem gambling and domestic and family violence, treatment services for the issues are often siloed. Victorian-based organisation Gateway Health is a pioneer in this space, having integrated a gambling harm component into their men's behaviour change program since 2019. No to Violence recommends the Queensland Government look at opportunities to bring work to address gambling and domestic and family violence harm together in practice, through integrated programs and/or building effective referral pathways and information sharing processes between gambling help and domestic and family violence services.



Integrated Responses

The Strategy must focus on developing coordinated and integrated service delivery, ensuring information is available and shared in a safe and consistent way to respond to the risk and safety needs of victim survivors, while taking responsibility to addressing the behaviour and needs of people (predominantly men) who use violence. Please see our answer to question 16 with the section on systemic reform below to create an integrated family violence response system.

To support evidence-based best practice when working with intersectionality and with men with complex needs, requires ongoing research in Queensland and nationally and to fine-tune what works best. This includes championing best practice by adequately funding knowledge translation from research to practice, training, and pilot programs to build capability and capacity in the sector and within government. While there is some emerging literature on the diverse experiences of people (predominantly men) using violence from the perspective of age, disability, ethnicity, sexuality and gender identity, more research is needed on regional and remote communities, class, marital, parental and visa status, as well as religious identities and previous engagements with the criminal justice system to ensure evidence-based best practice. Thus, there needs to be careful evaluation of effectiveness to contribute towards a best-practice evidence base (Bell and Coates 2022: 3). On this, we encourage the Strategy to closely align with the forthcoming Australian National Research Agenda.

The importance of taking a trauma-informed approach

No to Violence supports therapeutic responses to help people, especially men, stop using domestic and family violence for two reasons. First, people (predominantly men) using violence have often had the same type of violence used against them. For example, research shows experiences of violence in childhood are a risk factor for adult use of violence (Kimmes et al. 2019 as cited in Flood et al. 2022; Fitz-Gibbon et al. 2022). However, supporting people, especially men using violence to recover and heal from the violence used against them needs to be balanced with the need for behaviour change and accountability. Secondly, misidentification of the predominant aggressor in domestic, family, and sexual violence is also a significant issue. For example, women who use violence frequently do so in self-defence (Flood et al., 2022). Thus, given the complexity of the lived experiences of people using violence, there is a need for a trauma-informed approach to ensure interventions are effective in ending violence.



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

As outlined in our answer to the previous question, alongside the need for more research on what works to support people with complex needs to end their use of violence (predominantly men), there needs to be the development, monitoring and evaluation of specialist interventions and an integrated service system that is defined by information sharing and risk assessment and management processes. In addition, improving awareness of available specialist interventions also enables communities and individuals to find appropriate help for people with complex needs using violence.

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

As No to Violence works with men who use violence, we defer answering this question to our colleagues who work with women who use violence.

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

All interventions with people (predominantly men) using violence must keep victim-survivors' safety central throughout all stages of engagement. As outlined in Principle 1 of the National Outcome Standards for Perpetrator Interventions (2015), women and children's safety are the core priority of all perpetrator interventions. Efforts to assess and address safety and risk concerns must be made prior to initial engagement with the person (predominantly men) using violence. This includes proactive information sharing, collaborative risk assessment and management. Family safety advocacy work is often viewed as 'in addition to' direct interventions, but this is as important as the direct practice.

The risk of family violence cannot be held by an individual practitioner or organisation—it must be shared among services and mandated bodies including Child Protection services. Police and specialist perpetrator intervention services need to work together for timely information and case management. As well as funded perpetrator intervention representative within Queensland's High Risk Teams.

Most research suggests behaviour change interventions, as they currently operate, lead to mixed results in stopping men using violence (Bell and Coates 2022: 19). So far, evidence suggests a reduction in violence may be attributable to the scrutiny being in a behaviour change program creates and the impact of related



protection orders, so the combined effect rather than the intervention itself in isolation (Bell and Coates 2022: 19). In addition, increases in recidivism may result from victim-survivors' confidence to report the violence (Bell and Coates 2022: 19). On policing and legal interventions, research argues police attendance to an incident may reduce violence, but arrests may increase recidivism (Bell and Coates 2022: 20). Furthermore, police follow-ups with households could lead to an increase in reporting but not a decrease in incidents (Bell and Coates 2022: 20). Together this illustrates the urgent need to know much more about what works to make sure interventions - or a combination or suite of interventions - have the best chance of ending violence, as well as ensuring high-quality minimum standards for men's behaviour change programs.

Delineating different levels of risk is key to developing effective responses to end violence, but to answer this question requires high risk of reoffending being clearly defined. For example, high risk of using violence again generally or high risk of using most dangerous types of violence. We need to clearly define high risk, who classifies as being at high risk of using violence, what type of violence that relates to and once identified, how to keep them in view across the system.

Currently, in Victoria, there will be a pilot project for people (predominantly men) who threaten an increased risk of serious injury (psychological or physical) or death to the victim survivor. They are often inappropriate to attend group-based programs due the nature of their use of violence. The pilot, starting next year, will provide focused, one-on-one support for people (predominantly men) at serious-risk of using violence and strengthen multi-agency understanding of family violence and collaborative processes to work together to stop it. This includes training and professional development for people working in AOD services, mental health services, and Child Protection. From the conception of this pilot, No to Violence members highlighted the importance of such programs to fill a significant gap in the service landscape. But to successfully deliver effective interventions, No to Violence members emphasised the critical need for:

- **Risk to be held by the criminal justice system:** Persons at serious-risk of using serious violence (predominantly men) are often adept at manipulation, collusion, and systems abuse. These must be continuously safe-guarded against during serious-risk programs as they carry additional risks for victim-survivors and the staff of service agencies.
- **Structured multi-agency collaboration to mitigate risk to victim-survivors and service providers:** including between specialist family and domestic violence services, police and the broader criminal justice system, and universal services (i.e. education, health, alcohol and other drug services etc);
- **Training for practitioners to ensure they have the necessary highly-specialist skillset to deliver serious-risk programs.** Serious-risk programs require adequate resourcing, and additional



training and support through specialised communities of practice. When piloting these programs, it is essential specialist services can show they have qualified staff to facilitate these programs. Drawing upon the expertise and skills of the specialist men's intervention sector is vital; and

- **Special attention to implementation** regarding managing intake into high-risk programs, on-going assessment, and risk mitigation.

Further, with a move to criminalisation across many states in Australia, close attention needs to be paid to the impact of this move on ending domestic and family violence. This requires independent monitoring and evaluation. Including to ensure effective, targeted interventions within prisons to reduce recidivism after a custodial sentence. This also means developing, monitoring, and assessing intervention programs offered in prisons.

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

Working with men who use domestic, family and sexual violence is a highly specialised skill set that requires deep knowledge and understanding of what drives behaviour change. The Strategy could assist building specialist workforce capability and capacity by:

- Ensuring **an adequate and sustainable funding model**, including longer contracts, for specialist men's services. Funding that reflects the highlight specialised nature of men's family violence work is critical to recruit and retain qualified staff. We note that the Victorian and NSW Labor governments have committed to long-term funding contracts for the specialist domestic, family and sexual violence workforce. No to Violence strongly recommends the Queensland government look at developing a similar funding model that recognises the importance of long-term funding to empower services to offer longer-term contracts and attract qualified staff.
- Supporting the **development of a highly skilled workforce**. This includes, for example, implementing risk management tools and practice guidance across the family violence sector, including identification and understanding of risks such as coercive control and non-fatal strangulation; identification of predominant aggressors; analysis of risk including advanced training in clinical reporting and information sharing; and specialist supervision, health and wellbeing training to support frontline staff. This also includes supporting the sector to come together in forums (e.g.: communities of practice) to discuss opportunities for greater service collaboration, integration, information sharing, and skill sharing.



- **Encouraging an integrated workforce.** As outlined above in our responses to Questions 9 and 10 on people using violence with complex needs, No to Violence highlights the need for an integrated system that brings together relevant workforces. For example, collaboration between the mental health and alcohol and drug (AOD) sectors with specialised men’s family violence services is an essential part of an integrated response to men entering in and engaging in the change journey. For some men, AOD counselling is the first step to change before they can engage in a Men’s Behaviour Change Program. Developing and running integrated programs—that address men’s AOD needs, their use of family violence, and any mental health concerns—is an important step in responding to men in a holistic manner. The lack of funding for evidence-based training for practitioners across these sectors means that the health, mental health and AOD sectors are less able to screen and identify family violence; and, as a result, share information sharing effectively and consistently. This means that the health, AOD, and family violence sectors are at risk of operating in siloes rather than in a collaborative and mutually reinforcing relationship.

Systemic reform

Question 14 - How should the Strategy define perpetrator accountability?

The Consultation Paper offered a good overview of key understandings of perpetrator accountability. Within the framing of systemic reform, No to Violence supports an inter-connected system of accountability wherein governments and communities work to stop men using violence, as well as individual’s taking accountability for their actions. We look forward to providing more detailed feedback on the definition once it is drafted.

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

No to Violence supports a system-wide approach to perpetrator accountability that spans across government, community, and individual levels to keep men who use violence accountable, engaged, and responsible for ending their use of violence. However, alongside the work needed to be done by men who use violence, ending domestic, family and sexual violence in Queensland also requires government and community responsibility to create gender equity and eliminate discrimination against people who face disproportionately high levels of violence because of racism, homophobia and ableism or discrimination based on their gender identity or religion.



Perpetrator accountability at government level also requires governments to ensure their processes do not enable systems abuse by men who use violence to inflict more abuse. We know that men who use violence are adept at manipulating criminal justice systems, including police and court professionals, to convince authorities that they are the victims. Thus, ensuring accountability requires government improving processes to stop systems abuse and rectify resulting issues.

Furthermore, given the importance of prevention, early intervention work and providing accessible and effective interventions to end family violence and the Queensland government's central role in delivering these, we recommend independent monitoring and evaluation to assess government action in realising a system-wide approach to ensuring the accountability of men who use violence.

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

We believe Figure 1 provides a comprehensive list of the touchpoints, though in the Strategy we believe it would be of value to include more detail what being a touchpoint means. Specifically what actions are required of each to hold persons using violence accountable. We support SPEAQ's emphasis on listing schools and places of worship as community touchpoints, as well as more detailed work on media touchpoints. We would support an expansion of media, as noted above in question 4, No to Violence advocates for a digital focus within the Strategy to reduce the increasingly dangerous online promotion of misogyny and hegemonic masculinity (Horta Ribiero et al., 2021), alongside advancing evidence-based e-initiatives to create online initiative for change. In addition, we suggest an emphasis placed on particular environments, such as nightclubs, bars and sporting venues and codes, that correlate with increased levels of domestic, family and sexual violence.

Improvements to data collection, monitoring and evaluation are required to inform future reform

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

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



Below we offer a combined answer to questions 17 and 18.

A significant, long-term investment in research on what programs work to stop men using violence is crucial to success in ending violence. The consultation paper's emphasis on data collection, monitoring and evaluation to contribute towards developing a better understanding of the problem is important and if done well, this will help build a best practice evidence-base from which to prevent and respond to violence. We encourage the current work in Queensland to standardise data collection, but the men's service providers need to be properly resourced to conduct on-going monitoring and evaluation activities and processes must ensure victim-survivor safety at its core.

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