NORTH WEST METROPOLITAN REGION
PRIMARY CARE PARTNERSHIPS

Guidelines for engaging people who cause family violence harm

POLICY GUIDELINES

Inner North West PRIMARY CARE PARTNERSHIP
HealthWest Partnership
NEPCP Partnership For Healthy Communities
Hume Whittlesea Primary Care Partnership

Acknowledgements

The North West Metropolitan Region (NWMR) Primary Care Partnerships (PCPs) acknowledge the support of the Victorian Government.

This guideline was written by Rodney Vlais. The development of this guideline was led by Inner North West Primary Care Partnership. Refer to Inwpcp.org.au

Key experts in the sector assisted in the development of this guideline including:

- No to Violence
- Women's Health In the North
- Peter Streker

Cover design by Justine Henry.

Inner North West PCP acknowledge the peoples of the Kulin Nation as the Traditional Custodians of the land on which our work in the community takes place. We pay our respects to their culture and their Elders past, present and emerging.

December 2017

Table of Contents

Key Messages

- Engaging perpetrators of family violence in ways that work towards the safety of women and children is highly difficult. Unskilled or misguided attempts can significantly compromise family member safety. Work with perpetrators should not be attempted by services and practitioners without specialist skills and training in family violence perpetrator interventions and behaviour change processes.

- Family violence perpetration is not a mental health condition or personality flaw, but rather, a *social problem* that stems from how men are socialised to use power and control, and to view and treat women. As such, there is no one type of man who uses violence.

- Usually, family violence is identified through victim disclosures, or when police or others attend or observe a family violence incident. However, in some situations it is possible to identify or suspect that someone is using family violence through observing how they treat or talk about their partner. Sharing these observations with relevant agencies and services involved in assessing and managing the risk posed by the perpetrator can assist these agencies to keep his family safe.

- When a perpetrator of family violence has been identified or is suspected, the highest priority is to find a safe way to offer support to the victim(s), and to refer or link them in to specialist family violence services.

- If you suspect that a person is using violence, it is generally best not to attempt to ask him questions to 'screen' for perpetration. This carries the risk of the perpetrator thinking that the victim has disclosed about his behaviour to your or another service, and retaliating against the victim.

- Allocate different staff or practitioners to work with the victim and the perpetrator when they access the same service.

- Do not talk or ask questions about family violence with the victim if the perpetrator is also present.

- As a matter of course, it is preferable for health/mainstream services to work with women separately from their partners. Due to the high prevalence of family violence, many women may be victims without your service being aware of it. Providing services to her away from her partner being able to overhear or observe creates a safer environment for women to disclose. It might also help victims to make their own independent decisions about their health needs and service access.

- When providing a service to a known perpetrator, consider the safety of staff. While most family violence perpetrators do not pose a risk to people outside their family, in some circumstances, perpetrators can escalate and become aggressive in other contexts.

- Some health sector services might be developing capability to engage perpetrators towards preliminary goals, such as to increase their internal motivation or capacity to participate in a men's behaviour change program, and to scaffold referral pathways towards such participation. Services seeking to engage perpetrators towards these and other preliminary goals require specific policy and procedural guidance to do so. They also require specialised training and ongoing secondary consultation support in safe and non-collusive perpetrator engagement practice.

- For guidance and advice about how to address a situation when someone has been identified or is suspected of using family violence, you can contact the Men's Referral Service (MRS; ntvmrs.org.au) on **1300 766 491**.

Challenges of Engaging Perpetrators of Family Violence

Engaging perpetrators of family violence in ways that work towards the safety of women and children can be very difficult and complex. Unskilled or misguided attempts can significantly compromise the safety of current or future victims.

Perpetrators of family violence – the substantial majority of whom are men[1] – often require a long journey to start to take some responsibility for their behaviour. It might take several significant events or 'crises' stemming from their behaviour, over a period of months or years, before they develop some internal motivation to change. And even here, this depends on how the perpetrator makes sense of events such as appearance at court, having reduced access to his children due to his behaviour, or his partner attempting to leave him. Perpetrators characteristically blame their partner or others for the consequences of their behaviour.

Most perpetrators have elaborate and highly-reinforced ways of minimising, denying, justifying and excusing their behaviour. They adopt what can be termed a *victim stance*, believing that they are the ones who have been treated unfairly or done wrong to. This sense of "feeling the victim" stems largely from how men are conditioned by society to view women, and to gain and use power. For some men, the victim stance can also be contributed to by real life experiences of being the victim – not to his partner – but through other experiences of childhood exposure to violence, racism and other forms of marginalisation. But in the main, men use violence in this context as an expression of highly-reinforced male privilege and entitlement.[2]

Case Study

Julie* arrived 30 mins late at a local community health service for a speech pathology appointment for her three-year-old daughter, Amber. Hurriedly taking a seat in the waiting room, they were joined by Julie's partner Jason, who ambled in more slowly.

Julie turned to Jason and said in a low, controlled voice "I reminded you three times this morning how important this appointment is for Amber, and that we needed to get here on time. Why did you return home late with the car?"

Jason replied, "I told you, something came up that I needed to get to, that's all."

"What was that?" Julie asked, keeping with a low, controlled voice.

"I told you, something came up. Get off my case."

"Was that something more important than Amber? I could have got here on time if you left me with enough bus money, or allowed me to use the car."

Jason continued, escalating slightly more "You are always having a go at me. Don't make me angry". Jason then turned to Julie and gave her a particular look, one that she had seen several times before and knew its meaning. Jason had a few different looks in his repertoire that he could use to silence her, even without needing to use words or physical violence. This look meant that after they returned home from the appointment, Jason would punish her for 'making him feel' angry, and for 'disrespecting' him. He said to her, raising his voice to make it easier for others to overhear "If you weren't such a hopeless mother, Amber wouldn't need appointments like this!"

[1] See *Key statistics* at https://anrows.org.au/publications/fast-facts-0/violence-against-women-key-statistics

[2] For further reading, see Vlais, R., Ridley, S., Green, D., & Chung, D. (2017). Family and domestic violence perpetrator programs: Issues paper of current and emerging trends, developments and expectations. Stopping Family Violence, retrieved from sfv.org.au; or Stark, E. (2007). Coercive control: How men entrap women in personal life. Oxford University Press.

During the appointment, the speech pathologist noticed that Jason dominated the communication. When Julie asked a question, he would answer for her. When the practitioner specifically addressed Julie, she would look to Jason as if to ask for permission to speak.

Jason always wanted to be present for appointments at the community health service, even for issues that focused specifically on Julie's health. When Julie did access a service at the centre alone, she would engage very differently, offering eye contact and answering questions directly. However, she would still say that she needed to ask Jason before making decisions related to the family's health care, even on matters that seemed inconsequential.

* Names have been changed to ensure anonymity

In the above case study, Jason uses a range of tactics to control Julie and her life, and to get his way. He blames her for 'making him' feel angry, and feels that he is the victim of her 'unreasonableness'.

Many perpetrators believe they have the right – and feel justified – to use violent and controlling behaviour to:

- stop their partner or former partner from doing things he doesn't agree with,
- make them do things that he feels entitled to, and
- punish them if they do not comply.

> ***Family violence perpetration is not a mental health condition or personality flaw, but rather, a social problem that stems from how men are socialised to use power and control, and to view and treat women. As such, there is no one type of man who uses violence.***

Perpetrators can easily elicit sympathy from others. Many have ways of attempting to draw in friends, colleagues, police and mainstream services into believing that they are the victim of 'her behaviour'. Many perpetrators attempt to pathologise their partner, to make them out to be mentally ill, hysterical or incompetent.

Due to the perpetrator's persuasiveness, practitioners can find it difficult not to inadvertently collude with these invitations to support their victim stance, their denials and minimisation of their behaviour, and with how they blame others rather than take 100% (or any) responsibility for their behaviour.

> ***Engaging perpetrators of family violence in ways that work towards the safety of women and children is highly difficult and complex, and can increase risk for family members if not done with care and particular skill.***

Indicators that Someone Might be Using Family Violence

Men who use family violence are not necessarily easy to identify. There is no one type of man who uses violence – perpetrators come from all walks of life. This is because family violence perpetration is not a mental health condition or a personality flaw. It's a *social condition* that stems from how men are socialised to use power, to view and treat women, and to consider themselves as a man.

Usually, family violence is identified through victim disclosures, or when police or others attend or observe a family violence incident. However, in some situations it's possible to identify or suspect that someone is using family violence through observing how they treat or talk about their partner. Men who use violence against family members may exploit the power they receive from gender inequality, rigid gender stereotypes and male privilege in sometimes observable ways, such as when he:

- dehumanises or pathologises her
- acts or talks in a way that makes her out to be inferior to him
- comments negatively on her decisions and actions
- blames her for showing him 'no respect' or for being 'disloyal' to him
- gatekeeps her access to services, always accompanies her to appointments
- controls her access to financial or other resources
- is clearly intent on getting his own way
- is very charming and compliant
- is blind to, or does not appear to care about, her viewpoints and needs
- presents or talks about himself being the real victim
- talks about her in emotionally abusive or degrading ways.

As per the above case example, sometimes behaviours such as these can be observed or overheard in health services settings and other similar contexts. However, it is vital not to assume that the absence of discernible behaviours such as these indicates that a man is not a perpetrator. Many people who cause family violence harm go to great pains to keep their behaviour hidden from view.

The Role of Specialist Men's Family Violence Services

Addressing men's violent and controlling behaviour is the work of specialist men's family violence services. These include:

- men's behaviour change programs (MBCPs) run by community-based NGOs or through Corrections
- specialist men's family violence case management
- fathering programs with a strong family violence lens run by or in partnership with MBCP providers.

This work is highly complex, and should not be attempted by services and practitioners without specialist skills and training in family violence perpetrator interventions and behaviour change processes. This work also needs to take place as one part of an integrated systems response focused on the ongoing assessment and management of risk. Even experienced psychologists, social workers and other counselling and clinical practitioners who do not have this specialisation, and who are not connected to an integrated response, should not attempt this work.

> ***If you suspect that a person is using violence, it is generally best not to attempt to ask him questions to 'screen' for perpetration. This carries the risk of the perpetrator thinking "What has she told you that's lead you to ask these questions?", especially if the victim also attends the same health/mainstream service. Perpetrators can be highly suspicious of the victim disclosing, and often escalate their violent and controlling behaviour against her when they believe that this might be occurring.***

Men's behaviour change programs are the referral of choice for men who use family violence.

Generic anger management programs are not appropriate, as they can strengthen the perpetrator's belief that the problem lays with his 'anger' rather than his behaviour and his core beliefs regarding entitlement and getting his own way. Indeed, many perpetrators can be abusive and controlling without demonstrating anger.

Relationship counselling and family therapy are also not appropriate options, as the perpetrator can use this to frame violence as a 'relationship problem' thereby avoiding responsibility for his behaviour. Furthermore, it can be unsafe for victims to talk about the violence they are experiencing when the perpetrator is also present.

Parenting programs without a specialist family violence lens can inadvertently provide the perpetrator with more tactics he can use to control his children, as they do not address his core beliefs around control, entitlement and authoritarian notions of 'respect'.

When in doubt about men's behaviour change program referral options in your region, contact the Men's Referral Service ntvmrs.org.au on **1300 766 491**.For more information about men's behaviour change programs, see **speaq.org.au**.

Priority Actions when a Perpetrator is Identified or Suspected

When a perpetrator of family violence has been identified or is suspected, the highest priority is to find a safe way to offer support to the victim(s), and to refer or link them in to specialist family violence services. It is vital to take a **victim-centred approach.**

Even if the victim(s) are not current clients of your service, there might be a way for another service they have contact with to explore what might be happening at home, and to offer them support and links to specialist family violence services.

> ***Often, the most important thing about identifying or suspecting that someone is using family violence, is that it identifies the need to reach out to victims – rather than attempt to engage the perpetrator.***

There are a range of significant differences between specialist perpetrator interventions and generalist interventions, such as the use of 'sceptical empathy' to work with high levels of deceit and manipulation (rather than the custom of believing the client's word at face value); and considering other people's needs as a main priority of the work (not the client's). Often generalist interventions with perpetrators are well intended, but can result in dangerous outcomes.

Health and mainstream services can sometimes observe things about a perpetrator's behaviour that can indicate increased risk for victims. This can occur even when the agency or service has no direct contact with the perpetrator. It might be the way that the perpetrator is overheard talking about his partner; the way he continuously controls or limits her access to services or behaves to her in the waiting room; or changes in his substance use, mental health or general life conditions that might increase the risk that he poses.

Sharing these observations with relevant agencies involved in assessing and managing the risk posed by the perpetrator can assist specialist family violence services to keep his family safe. Even when the observations are not of the nature of imminent and serious threats, they can assist the specialist family violence service response to piece together an understanding about his patterns of coercive control – the range of tactics he uses to control and confine the lives of family members – and the nature and extent of the risk he poses.

Information sharing protocols between health / mainstream and the local or regional specialist family violence service response are very important in this context. These are supported by new Victorian family violence information sharing legislation, that enables agencies to share information about perpetrators without fear of violating privacy principles, provided that the information is related to the risk that he poses. Under this new legislation, this information can be shared about perpetrators and their behaviour even if no imminent or serious threat is present. Furthermore, the perpetrator's consent is not required for this information to be shared.[3]

For guidance and advice about how to address a situation when someone has been identified or is suspected of using family violence, contact the Men's Referral Service (MRS) on **1300 766 491**. MRS staff are trained and experienced men's family violence practitioners, and receive hundreds of contacts from agencies each year.

[3] For the latest on what the new information sharing legislation might mean for your service, see http://www.vic.gov.au/familyviolence/family-safety-victoria/information-sharing-and-risk-management.html

Managing both the Victim and Perpetrator Accessing the Same Service

It is recommended to allocate different staff or practitioners to work with the victim and the perpetrator when they access the same service. Different practitioners will lower the risk of a practitioner inadvertently letting something slip that might indicate to the perpetrator that the victim has made a disclosure about his violence. The different staff should share information about their client with each other/their team/their supervisors.

As a matter of course, it is preferable for health/mainstream services to work with women separately from their partners. Due to the high prevalence of family violence, many women may be victims without your service being aware of it. Providing services to her away from her partner being able to overhear or observe creates a safer environment for women to disclose. It might also help victims to make their own independent decisions about their health needs and service access.

It is important to note that if not done carefully, the action of separating the man and woman can, in itself, increase her risk of further harm. Make it clear to both parties that this is a routine procedure for all clients. Having this as a standard organisational procedure helps in this way.

Making sure that each family member accessing the service has their own file decreases the risk of information confidentially disclosed by victims becoming known to the perpetrator, through him asking to see his own client file.

Staff Safety

When providing a service to a known perpetrator, consider the safety of staff. While most family violence perpetrators do not pose a risk to people outside their family, in some circumstances, perpetrators can escalate and become aggressive in other contexts. Protocols may include:

- make available a duress alarm
- set up the room in a way that enables emergency exiting if required and has good visibility, and consider leaving the door open
- have a second staff member attend the appointment as an observer
- have another staff member available near-by on a stand-by basis
- include an alert in the known perpetrator's file
- staff giving out their first names only, and becoming silent electors on the electoral role so that they have more anonymity.

When conducting home visits and providing home-based services:

- where possible and when it is safe to do so, screen female clients beforehand for the experience of family violence
- if a perpetrator is likely to be present during a home visit, as an alternative arrange taxi vouchers for the female client to come to the office, or conduct the home visit with two staff members
- you may want to ask the client to check whether other people are present at the commencement of a home visit, as perpetrators have been known to hide in the adjoining room or record conversations at home.

> ***Allocate different staff or practitioners to work with the victim and the perpetrator when they access the same service. Do not talk or ask questions about family violence with the victim if the perpetrator is also present.***

Early Intervention for Perpetration of Family Violence

Occasionally, a person causing family violence harm might himself disclose to a mainstream service that he is using violence. Perpetrators are unlikely in these situations to phrase or frame their behaviour as family violence, or to take much responsibility for their behaviour. They might talk about having an "anger management problem", or that they "lost it" at home last night due to "my partner constantly being on my case".

In these situations:

- Remember, the most important priority when you identify or suspect that a person is using violence is to determine if there is a way to reach out to the victim to support her and her children's safety. After the appointment with the man has concluded, talk with your supervisor or manager about options to safely reach out to the victim, even if this should be done by a different service or organisation.
- Do not attempt to probe about his behaviour, or ask detailed questions. Do not get drawn into a detailed conversation about what's happening at home, as he is likely to attempt to convince you that his partner is to blame for his behaviour, or to agree with other excuses he uses to justify his violence. Unless you have highly specialist skills and experience in working with family violence perpetrators, a detailed conversation like this is not likely to shift him towards taking responsibility for his behaviour, and if anything might provide an opportunity for him to rehearse and strengthen his excuses.
- Do show him respect, and do indicate that what he is talking about matters for him and his family. Even if he denies responsibility for his behaviour and blames his partner or makes other excuses, the fact that he is disclosing something about his behaviour might mean some openness for obtaining help. You could say *"This sounds really important for you and your family. I can see that you are upset with what is happening. I can connect you with a service that specialises in helping thousands of men in a similar situation to yours each year – I'd like to spend a few minutes, if that's OK, talking about a phone call that you could make as a first step to working this stuff out. Would you like me to tell you about this service?"*
- Provide him with information about the Men's Referral Service. Explain that the service exists to assist men when they are starting to be concerned that their behaviour might be getting in the way of what they want for their lives and for their families.
- You could also say *"Thousands of men call them each year, I hand out a lot of these brochures"* to help normalise help-seeking behaviour, and to lower the risk that he might feel personally accused or targeted through you suggesting that he gets help.
- Try not to get drawn into the specifics of his situation, or into a long conversation. However, do spend a few minutes encouraging him to call the Men's Referral Service. If you gloss over it too quickly, you will be giving him the message that this is not important.
- To provide encouragement and to emphasise the importance of the situation, you might ask *"Can you see yourself making the call?"*, or say *"Men can find it hard to ask for assistance when there's a problem they need to address. What will be helpful for you to remember so that you'll make this call?".* You might say *"Although I'm here to help you with your … [health issue] … it's really important that you make this call".*

Remind him again about the Men's Referral Service at the end of the appointment. If you have a follow-up appointment with him, ask him then whether he made the call, and if he didn't, re-iterate the importance of doing so. If you don't follow-up, you are giving him the message that the issue and his family's safety is not important.

You can obtain a secondary consultation from the Men's Referral Service **1300 766 491** ntvmrs.org.au for guidance and advice about how to approach conversations with a perpetrator.

More Direct Engagement with Perpetrators

Some health sector services are in unique positions, or have particular opportunities, to engage more directly with perpetrators on their use of family violence. These might include:

- Alcohol and other drug (AOD) services: A significant proportion of family violence perpetrators abuse substances in either acute or chronic ways. While substance abuse is not a cause or fundamental driver of family violence, problematic AOD use can be associated with increased frequency and severity of physical and sexualised violence tactics.
- Clinical or sub-clinical mental health services: Most perpetrators of family violence do not have an acute or chronic mental illness; furthermore, anxiety, depressive and trauma-based conditions are not a cause of their violent behaviour. A significant minority of perpetrators, however, do have some contact with the mental health system.
- Homelessness services: These services, including access points, crisis accommodation for men, supported transitional housing, tenancy workers for social housing, supported residential services, support services for social housing and private rental, have frequent contact with perpetrators of family violence.
- Gambling harm practitioners and financial counsellors: Recent research demonstrates that a significant proportion of people who are problem gamblers are either victims or perpetrators of family violence.
- Generalist casework counsellors: Employed in community health services contexts, these practitioners engage with a diverse range of clients across a. range of presentation contexts.

These and other services should **not** attempt men's behaviour change work with perpetrators. Men's behaviour change work is highly specialised and is associated with many risks, and should only be conducted by services and practitioners who have the specialised training and qualifications to do so. Qualifications in psychology, psychiatry, social work and other behavioural sciences do not equip practitioners for this work; a specific, post-graduate qualification in men's family violence behaviour change work, and industry experience through an accredited men's behaviour change program or similar specialist perpetrator intervention service, is required.

Rather than being about behaviour change, these services can potentially work towards more preliminary goals, such as to:

- identify perpetration of family violence through engagement with the perpetrator (without necessarily naming the violence with the man) and/or through other means
- determine whether naming the violence with the man might be safe, or might lead to increased physical violence or coercive control towards his partner, or to her disengaging from services being offered to her
- identify and share information about risk indicators or the perpetrator's patterns of coercive control, with other agencies who have a responsibility to manage risk
- reinforce to him the importance of abiding by the conditions of any Intervention Order, bail arrangements or other legal restraints he is subject to towards keeping his family members safe
- make appropriate referrals for men's behaviour change program work or to other specialist perpetrator intervention services, including assisted referral processes that scaffold his pathway to participating in the service
- use motivational interviewing and other engagement practices towards enhancing the perpetrator's readiness to participate in a specialist service, and his readiness to change
- work with the perpetrator towards increasing his capacity to participate in a specialist service, if his AOD, mental health or other issues are sufficiently severe to preclude his ability to currently focus on behaviour change work.

Any such engagement must be done in ways that minimises collusion with the attitudes and beliefs that the perpetrator uses to absolve himself of responsibility for his violent and controlling behaviour, to minimise the importance and impact of this behaviour, and to make himself out to be the victim. Many perpetrators can be highly persuasive in the story they present to service providers about their situation and their (ex)partner, drawing the practitioner into inadvertently agreeing with and supporting his victim stance, his blaming of or pathologising his (ex)partner, and minimisation or excuses. Sometimes this can be very subtle; other times, more obvious.

Practitioner collusion with perpetrators can result in these excuses, minimisations and other ways of avoiding responsibility becoming strengthened, potentially worsening the situation for family members. It can take considerable skill for practitioners to relate respectfully with perpetrators, build and maintain rapport, develop a productive working relationship *and* minimise collusion with his violence-supporting narratives.

Furthermore, perpetrators can, unbeknown to the practitioner, use the fact of their engagement with the service to manipulate and further control victims. He might, for example, misrepresent engagement with a service, telling his partner that "everything will be good now" that he is working on his alcohol problem, or that "the counsellor says I'm under a lot of stress, and that's why I'm drinking and losing control of my anger."

> ***All engagement with perpetrators of family violence must be based on three fundamental principles:***
>
> - ***The safety of adult and child victims of his violence is paramount, and (together with the perpetrator's safety) must always be kept in mind as the highest priority.***
> - ***Violence is always a choice. The perpetrator is 100% responsible for the choices he makes, even though these choices are made easier by social conditioning.***
> - ***Any intervention with a perpetrator can carry intervention-related risks.***

Due to the complexity and risks involved, services that take opportunities to engage directly with perpetrators need to be equipped with:

- Written policy and procedures relating to:
    - the roles and responsibilities of the service's engagement with perpetrators, focusing on the intentions underlying such engagement – what it might attempt to achieve.
    - the limits and parameters of such engagement – what should not be attempted by the service
    - risk assessment, including when information is only available from the perpetrator (it is very easy to under-estimate risk, based on the man's self-reports and disclosures alone) – and when information can be obtained from other services and (safely) from victims
    - information sharing responsibilities with other services and agencies
    - multi-agency arrangements with specialist women's, children's and men's family violence services, and with police, child protection and other agencies also involved in managing risk
    - management of both victim and perpetrator accessing the same agency if this is applicable
    - practice guidance on non-collusive practice
    - training, supervision and support of staff engaging directly with perpetrators, and with their managers.

- Training for staff and managers on safe, non-collusive engagement with perpetrators, through a specialist perpetrator intervention training program offered by No To Violence / Men's Referral Service or an equivalent training organisation. This training will generally require two days, and would necessitate staff to have prior fundamental knowledge or training in responding to women and children experiencing family violence.
- Processes and arrangements for staff to obtain secondary consultations and specialised external supervision, when required, to assist with difficult perpetrator engagement contexts, and to help develop engagement skills over time.

It is important that home visiting/home-based/outreach services are equipped in these ways, not only those that engage clients at the health centre or setting.

Procedure Considerations

Protocols and processes can be put into place when a perpetrator of family violence has been identified or suspected. These include to:

- Prioritise the safety of victims and staff.
- Use the **client and workplace templates** to identify what you can do to support victim safety.

You could also consider:

- What systems your agency needs to put into place so that the safety of victims can be prioritised?
- Can your agency prioritise seeing all female clients separately without anyone else in the room, given the significant proportion who are experiencing family violence but who might not initially be identified as such?
- Has your agency developed procedures for managing both the victim and perpetrator on-site or during home visits?
- Does your agency have procedures for staff being able to assess their own safety while working on/off site?
- If a service(s) within your agency engages with perpetrators directly on issues of perpetration of family violence, is there a clear documented policy and procedures concerning the roles, responsibilities and limits/parameters of such engagement? Have all staff engaging perpetrators in this way been provided with sufficient training in safe, non-collusive perpetrator engagement practice, by a specialised training provider such as No To Violence / Men's Referral Service? Have arrangements been made for staff to obtain secondary consultation support, and specialised external supervision, when required?