

QCDFVRe@der

September 2020



Director's Message



As I type this Director's message, we are still experiencing the impact of COVID-19 across the nation, to a degree no-one could have anticipated. I would like to extend, from all of us at the Centre, our heartfelt respect, admiration, and positive thoughts to those who are at the forefront of responding to those experiencing domestic and family violence (DFV) and/or working with those who perpetrate such violence.

As it is for our readers, life at QCDFVR continues to be eventful – particularly as we embark on our 2020-21 cycle of work with the Department of Child Safety, Youth and Women. Staff in our various locations will be collaborating across these diverse areas which span the applied research-practice interface which is QCDFVR's signature approach. Here's a taste of what we'll be "up to" in the coming months and into next year:

- Response to Aboriginal and Torres Strait Islander People experiencing or using DFV in Townsville
- Review of the effectiveness of P.R.A.D.O. (Caboolture)
- Investment review of Services and Programs to Support Children and Young People who have Experienced or been Exposed to Domestic and Family Violence
- Community of Practice for Specialist Domestic and Family Violence Workers in FACC and IFS Services
- Community of Practice for Women's Health and Wellbeing Support Services
- Queensland Indigenous Family Violence Prevention Forum and
- Review of selected Departmental publications.

Meanwhile, since the last edition of the Re@der we've had the privilege of working with a number of our Aboriginal and Torres Strait Islander stakeholders. I offer my profound thanks to Samantha Wild, Randal Ross, and Jo Radke for so generously sharing their time and expertise with us to develop online resources. On a related note, we are thrilled to have launched our "refresh" of the extremely popular QCDFVR resource, Strong Women Hard Yarns. The feedback we've had to date about the new version has been outstanding. If you haven't seen the 2020 Strong Women, I encourage you to do so by [clicking here](#).

In this edition we look at new ways of working given the unprecedented times in which we are living. Questions are being asked by the media and researchers to glean how COVID-19 has affected rates of DFV and how services

are responding. Communities are impacted differently and our understanding of the effects of COVID-19 is still evolving. While there is much we are yet to know, some preliminary data are emerging and a recent study by our colleague Adjunct Associate Professor Silke Meyer, as part of a team from Monash University, has revealed some initial findings. We present a 'snapshot' of these as they relate to Queensland on **page 3**. Many readers will be aware that the Queensland Domestic Violence Services Network (QDVSN) is a network of regional domestic and family services from across Queensland and Monash data were drawn from QDVSN members' responses to two surveys administered in recent months.

Further reflections on new ways of working are found in the 'At the Coalface' segment on **page 17**. We talked with Stacey Ross, CEO of the Centre for Women & Co. about changes in how her service responds to gendered violence during the pandemic. Stacey also provides insights about the importance of prevention work and the value of being able to work across the spectrum from crisis to recovery. The passion and commitment to making a difference in the lives of women were palpable in this interview with Stacey. Yet we know she is not alone in her dedication to working in this fraught and complex area - we consistently hear of such dedication when we engage with frontline services. In our hectic world we often forget to acknowledge and applaud those intangible, but integral, aspects of service delivery.

Meanwhile, for many readers, 2020 has brought us a re-shaping of how we communicate with colleagues and clients, as the phone or laptop usurp face-to-face meetings. For some people experiencing DFV inadequate technology can present a barrier to service access, and for service providers, adopting alternative communication strategies has been a major change in the delivery of behaviour change programs for men who have perpetrated violence. **Page 4** presents research and practice wisdom about the use of phone or video conference software as a means to maintain meaningful contact with men who use violence.



“
 As we continue in what many have described as the ‘new normal’, I wish all our valued readers, and practitioners well, as we maintain our focus on those that are isolated in homes that are violent and seek to find ways to reach them.”

On a related note, and in keeping with our efforts to hear the voices of men who are speaking out against violence, this edition also contains an item (page 21) highlighting the merits of focused deterrence, an approach to protect the most vulnerable from the most dangerous of DFV perpetrators.

Finally, another very topical subject – young people and gendered violence – is examined through three very different lenses in this edition. The first (page 7) is a review of the literature on the potential negative impacts on young people of online pornography consumption. The second (page 12) provides a scan of the current Government commitments to young people’s sexual violence in Queensland, exploring the complexities, and current services responses, associated with youth who display problem sexual behaviours. The third article (page 27) is a summary from a recent study by the Australian Institute of Criminology (AIC) to broaden understanding of young perpetrators’ reoffending patterns concerning DFV.

As we continue in what many have described as the ‘new normal’, I wish all our valued readers, and practitioners well, as we maintain our focus on those that are isolated in homes that are violent and seek to find ways to reach them.

Dr Heather Lovatt

Director
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 Research

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Research Snapshot

The nature of and responses to domestic and family violence in Queensland

Source

Pfützner, N., Fitz-Gibbon, K., Meyer, S., and True, J. (2020). Responding to Queensland's 'shadow pandemic' during the period of COVID-19 restrictions: practitioner views on the nature of and responses to violence against women. Monash Gender and Family Violence Prevention Centre, Monash University, Victoria, Australia.

There are no definitive answers as to exactly what is happening behind closed doors during a time of restricted movement. Much will be learnt over time from what have been unprecedented circumstances.

This is an overview of findings from a recent report by the Monash Gender and Family Violence Prevention Centre, using data collected by the Queensland Domestic Violence Service Network (QDVSN). In April and May 2020, QDVSN administered two surveys to identify the views and experiences of practitioners. As noted by the authors of the report: "The next phase of this research will capture lessons learned by services during the COVID-19 shutdown to propel remote service innovation forward in the recovery phase and beyond. It will be attentive to the implications for practitioners' wellbeing and resourcing of the sector". A summary of key findings is provided below:

Queensland domestic and family violence practitioners reported that COVID-19 has led to:

- an increase in client numbers
- an increase in the complexity of client needs and
- an escalation in violence.

According to respondents, the transition to remote working, along with this increase in demand for services, created additional pressure and stress on practitioners. Many practitioners reported that perpetrators have used the

COVID-19 pandemic to exert control over women's access to, and time spent with, their children, and as a reason to vary existing shared parenting contact arrangements.

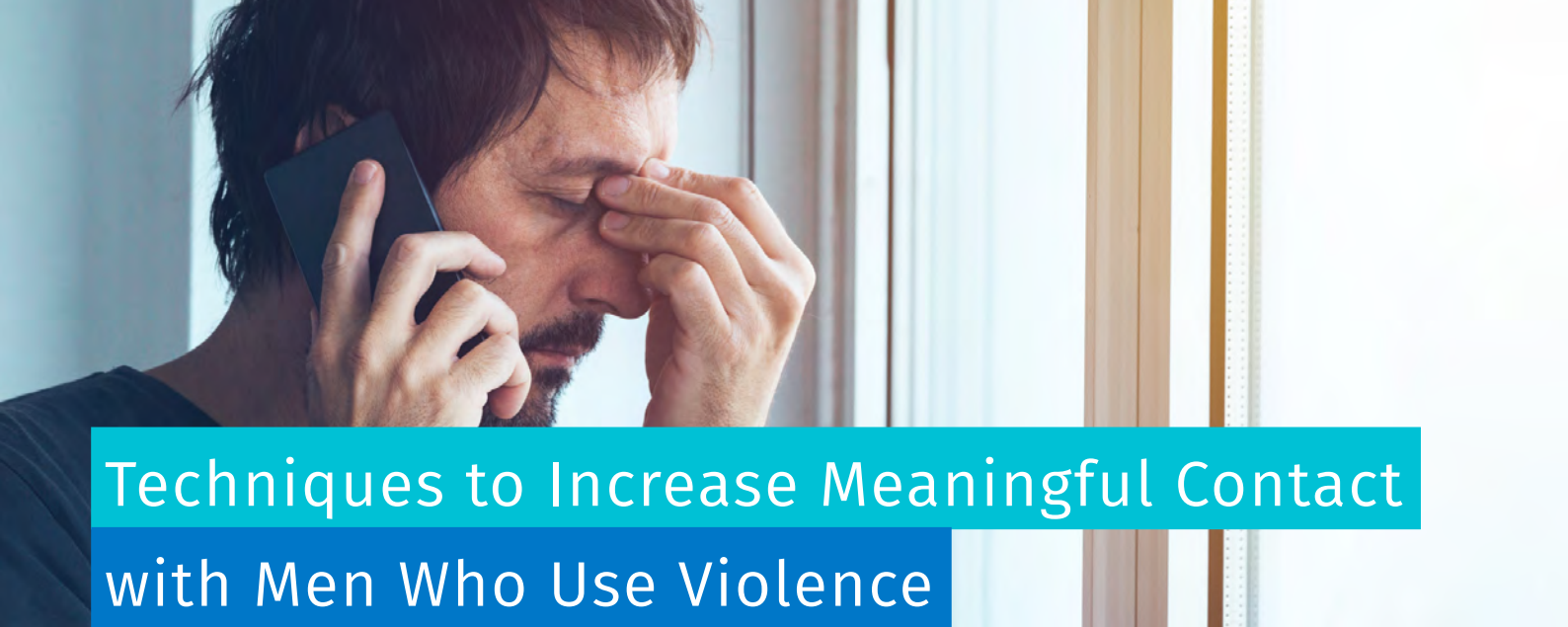
Practitioners also reported the instigation of a range of innovative service approaches including:

- A shift to online counselling
- Online men's behaviour change programs
- Increased cross-sector collaboration with Child Safety.
- Increased outreach service to install safety features on clients' homes.

However, changing models of service delivery also brings challenges, and the survey results indicate these included:

- Wellbeing considerations for practitioners during the period of restrictions.
- Provision of support for clients with no access to the internet and other technology.
- Sufficiency of service resourcing: significant increases in demand are expected as restrictions are eased.

Service delivery impacts will likely be felt by the domestic and family violence sector well beyond the easing of restrictions.



Techniques to Increase Meaningful Contact with Men Who Use Violence

Informed by Research and Built in Practice.

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The focus of this brief article is not on formal behavioural change programmes but more on meaningful and safe contact with perpetrators of domestic and family violence via the phone or other media.

The findings of recent research remind us that the skills of face to face contact don't seamlessly transfer to online or phone contact. Equally important, is the finding that unless we control the environment (i.e. the setting, timing, place, technology) intermittent or disrupted contact could increase the risk to those still in the home with the perpetrator of violence. Although the authors of this research caution us that these results are not final as the research has not concluded, I believe that these interim findings have some utility and value in the current circumstances for safe and meaningful contact with men who use violence.

The current and ongoing circumstances of COVID-19 are changing the way we connect with others. Using online platforms and the phone to facilitate meetings; perform medical assessments; conduct court and other procedural processes and teach or deliver information has been a steep learning curve for many workers in a range of settings. For those professionals tasked with maintaining contact with, and assessing risks of, men who use violence in their relationships, the pandemic situation has required a rapid and effective application of new skills to engage with men who use violence - while not increasing the risks to women and children.

This brief summary and practice tips draw on selected research concerning online and phone contact with men who use domestic and family violence (DFV) and the practice knowledge of Queensland crisis response counsellors.

Background

Prior to the COVID-19 pandemic, researchers Nicole Westmarland and Rosanna Bellini (Bellini and Westmarland, 2020) from Durham University partnered with Pathways to Family Peace, a US-based organisation delivering behavioural change programs, through video conferencing software (VCS), to domestically violent men. Upon the realisation that the restrictions of the pandemic would force many program providers to shift their delivery and regular contacts away from face-to-face engagement, the authors published an interim report, despite being in the early stages of their research.

Although this article is not directly about behavioural change programs, it does provide some evidence of 'what works' and 'what to watch out for' when making online or phone contact with perpetrators of DFV. Drawing on their observation of 25 VCS sessions, and interviews with facilitators, observers and participants, Bellini and Westmarland (2020) published six interim findings, summarised below:

01 Video conferencing software groups are second best, and only if assessed as safe.

At the moment no research demonstrates that VCS is an effective and safe means of delivering a perpetrator/batterer intervention programme/men's behaviour change programme in any country.

02 Physical environment and digital possessions matter.

Problems include (participants) not possessing a digital device suitable for visual communication, or a failure of broadband speeds to reliably sustain a connection between the facilitators and perpetrators.

03 Participants tend to communicate less with each other and more with the facilitator when using VCS.

VCS groups seemed to impose an artificial turn-taking effect on conversations where the amount of crosstalk, talking over another participant, and different conversations occurring at the same time dramatically reduced.

04 Facilitating a VCS programme is very different from an in-person programme.

Online courses have been seen as being the same as an in-person course, only delivered through technical means. It was identified that this was clearly not the case, as moving content and delivery to an online space changed the type of facilitation that was necessary to sustain a group and the content that was suitable to be included in the programme.

05 Digital delivery should still be part of a Coordinated Community Response.

Similar to in-person groups, the importance was underlined that any changes to the delivery of interventions for perpetrators be approached as a piece of a wider, coordinated multi-agency response to domestic violence.

06 New challenges arise with the introduction of technology.

As discussed previously, technical connection problems, alterations to verbal turn-taking, and access to the safe quiet space would not normally be challenges to an in-person group.

Practice tips for meaningful contact with men who use violence at home.

In consultation and conversation with DVConnect Mensline counsellors and having reviewed other publications on safe engagement (including Wendt, Seymour, Buchanan, Dolman & Greenland, 2019) and masculinity (Our Watch, 2019) the following four practice tips for meaningful contact via the phone or other media with perpetrators of DFV have been synthesised.

Practice Tip #1

Be clear and concise about your motivations for making the call and state this at the outset. Transparency about who you are and what you can and can't do and what you "stand for" is essential.

For example:

"I have received a referral from the police and have been asked to give you a call to talk about your behaviour towards your family last night. So, I am calling out of concern for everyone's safety to see what help you might need"

These should be solution-focused discussions - not solving

the problems but demonstrating the problem-solving strategies. It is important to focus on two or three things, not many different points that may enable the perpetrator to control and divert the conversation. This is not a time for challenging, and focus on equality rather than entitlement.

Practice Tip #2

Keep central to any plan with the perpetrator an unrelenting focus on the safety of women and children (Wendt et al., 2019).

Each contact will bring up different things but because of your openness and transparency (practice tip 1), there is no illusion about what you stand for. Be ready for the conversation to be different. Be ready for things to be brought up again. Be ready to re-establish goals and preferences... but keep the family's 'voice' central to these goals and preferences.

For example:

"So, this goal to not drink over the weekend - what will be different for the family during this time? How will staying clean and sober this weekend change things for them?" (Vlais 2014)

Without including the voice of the victim, the perpetrator can believe that his violence is just about the alcohol (or the other problems) rather than his choices and preferences.

Practice Tip #3

Proper prior planning prevents poor performance.

Think carefully about who you are about to talk to. What do you know and how can you find out more?

Do a deeper analysis beyond 'usual' tactics, substance preferences, stressors. Share and collect information using part 5A of the DFV Act of 2012, *"Information may be shared between entities, specialist services, and support services without the perpetrator's consent for the purpose of responding to serious domestic violence threat."* (Department of Communities, Child Safety, and Disability Services, 2017, p. 9)

Share behavioural expectations of the perpetrator with other agencies that have contact with the family and encourage a shared approach. The perpetrator will want to talk about their behaviour and choices as an *"incident"* and perhaps, as a result of COVID-19 restrictions, job losses, and other stressors such as family illness. Remember that DFV goes on all the time, it is about patterns, not incidents. Get to know those patterns. Use your deeper analysis of the perpetrator *thoughtfully*. The knowledge is not for *"gottcha"* moments but to consider changes in the risk they pose to their family and to direct your curious enquiry.

For example:

Knowing that the perpetrator has cited job loss stressors for

previous acts of violence your enquiries can become more targeted

“What’s working in reducing your stress?”

“Who else can help with forward planning?”

“How committed are you to managing your stress - what are you doing?”

“Would you agree, it is not really your partner’s job to absorb your stress? She would be stressed herself.”

Practice tip #4

Develop a checklist or model that helps to focus you before or during the contact (S.A.F.E).

Setting: is important to control through asking a variety of questions:

“Are you on your own?” “Are there animals likely to distract us?” “Is that the TV I can hear in the background?” “Is that one of your kids, are you taking care of them now?” “Have you had a drink today?” “Is your phone charged? If we are disconnected how can I get back in touch?”

Access: to as much information as you can get gives you the clearest picture: For a new referral can you ask some more questions from the referring source or police? Who else knows what? Has the perpetrator done a program, accessed a local support service; or does he have an established relationship with a counsellor? Engage in the deeper analysis.

Frequency of contact: Short sessions, covering a couple of topics regularly, is the suggested model (Bellini and Westmarland, 2020).

Allocate additional time in **your** schedule for those with more complex risk cases with fewer protective factors.

Record missed sessions and be persistent. Leave short, concise messages that indicate concern for everyone’s welfare and your commitment.

Engagement: is the key determinant to change (Department for Child Protection and Family Support, 2015):

Letting perpetrators know you’re hearing them (engaged) generally leads to less resistance and more willingness to discuss their ethical preferences and develop some mutual agreement

Additionally, **metaphors** help with engagement:

For example, in response to being hesitant about asking for help:

“Think about an apprentice or someone handed a new tool. No one would expect them to have even the basic knowledge about how to get the most out of that new tool in one day. All the things you’re good at now took time and effort. Like anyone learning to use a tool, there are mentors - men and women - who have mastered the skills of making good choices and decisions and are willing to share that knowledge.”

Summary

In summary, the practice tips are:

- 1. Be clear, open, and transparent about your motivation/intent of the call and state it upfront. Be transparent about who you are what you can and can’t do and what you “stand for”.**
- 2. Keep central to any plan with the perpetrator an unrelenting focus on the safety of women and children.**
- 3. Proper prior planning prevents poor performance.**
- 4. Develop a checklist or model that helps to focus you before or during the contact (S.A.F.E).**

For us as practitioners remaining committed to contact, support, and assistance, even when the challenges are great, sends an important message to men who use violence in their families. It says that the safety of women and children is important and despite the challenges of contact and continuity, we will persist with our efforts for safe contact with men who use violence, to provide support, assess risk, and to encourage them to make different choices.

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Harms associated with online pornography consumption

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This article reviews the literature on the potential negative impacts of online pornography consumption, with a focus on current understandings of reported harms. The literature indicates a need for awareness, education, and early intervention, particularly for adolescents and young adults who may be affected by dating violence associated with online pornography consumption.

Research suggests that the average age of pornography exposure is 11 years old (DeKeseredy & Corsianos, 2016; Foubert, Blanchard, Houston & Williams, 2019; Hall & Hearn, 2018). However, the consumption of online pornography has been reported as 'typical' between the ages of 13 and 15 years (Hall & Hearn, 2018, p. 3) and it is also consumed by many adults (Hall & Hearn, 2018).

The impact of online pornography has been debated in the academic literature with no consensus about its association with aggressive behaviours to date (Elson & Ferguson, 2014; Scharrer, Kamau, Warren, & Zhang, 2018). Some scholars argue that the negative impacts of pornography on aggressive behaviours are overstated (see for example Ferguson, 2013), and as a result of methodological issues (Greitemayer & Mügge, 2014; Kühn et al., 2019) including the use of aggression measures such as aggressive attitudes rather than actual behaviours and omitting important variables such as personality traits and family characteristics.

However, there is some evidence to suggest harms associated online pornography consumption, such as an increased risk of juvenile sexual violence perpetration (DeKeseredy & Corsianos, 2016; Rostad et al., 2019; Stanley et al., 2016; Ybarra & Thompson, 2018). For example, in a large study of adolescents (n=1694), Rostad and colleagues (2019), found a statistically significant relationship between violent pornography consumption and sexual violence perpetration among teenage boys (Rostal et al., 2019). This study suggested that male

adolescents who watched violent pornography were three times more likely than those who did not watch violent pornography to perpetrate sexual violence against their dating partner (Rostal et al., 2019).

Online pornography consumption: the “quintessential sexualised media”

The quantity of online pornography is amassing rapidly, and not only is it easily accessible, but pornography is often available for free with new sites being created daily (DeKeseredy & Corsianos, 2016). Further, there are no restrictions on the type of pornography that can be viewed (DeKeseredy & Hall-Sanchez, 2018), and it is estimated that 93% of scenes in pornography contain violence against women (Lamb & Koven, 2019, p. 4). Content can depict the objectification, humiliation, and degradation of women, as well as explicit sex scenes involving rape (Bridges, 2019; DeKeseredy & Corsianos, 2016; DeKeseredy & Hall-Sanchez, 2018; Malamuth, 2018; Powell & Henry, 2017; Rostad et al., 2019).

Normalisation and gender difference

Normalisation of online pornography may result in a reduced perception of harm. Indeed, normalisation of, and access to, online pornography is troubling (Bridges, 2019; DeKeseredy & Corsianos, 2016; Palermo, Dadgardoust, Arroyave, Vettor & Harkins, 2019; Stanley et al., 2016).

“**Feminist scholars have expressed concern about online pornography becoming more sexually violent and normalising gender-based violence (Bridges, 2019). In other words, sexual aggression is less likely to be perceived as a violent act.**”



While many females consume online pornography, important gender differences have been observed. Not only do males consume more pornography than females (Bridges, 2019; Malamuth, 2018; Rostad et al., 2019; Schneider, 2004; Stanley et al., 2016) they also consume online pornography at a higher rate than females (Rostad et al., 2019; Schneider, 2004; Stanley et al., 2016; Ybarra & Thompson, 2018). Males also tend to spend more time viewing pornography and spend an increased amount of time preoccupied with fantasies about what they watched (Foubert et al., 2019; Rostad et al., 2019). Males more often view online pornography that depicts anal intercourse, fellatio, group sex, and violent genres whereas females prefer soft pornography (DeKeseredy & Corsianos, 2016).

Harmful effects

The objectification of women in online media can impact on individuals' feelings of empathy and sexual behaviours (Bareket, Shnabel, Abeles, Gervais, & Yuval-Greenberg, 2018; Duran, Megias, & Moya, 2018; Fox & Potocki, 2016; Gabbiadini Riva, Andrighetto, Volpato, & Bushman, 2016; Palermo et al., 2019). Research has also found a positive association between objectifying media and sexual violence (Duran et al., 2018; Galdi, Maass, & Cadinu, 2014).

One extreme form of objectification is the depiction of rape in online pornography. Research on the harmful effects of online pornography indicates that its consumption may have numerous negative impacts including desensitisation, rape-supportive attitudes, perceived realism, and a propensity to rape proclivity, which will be discussed below.

Desensitisation

Online pornography consumption can create desensitisation to sexual violence (Foubert et al., 2019;

Rostad et al., 2019). Desensitisation effects are observed in permissive attitudes about the degradation of females, sexual objectification, and the perpetration of sexual violence (Guggisberg, 2020). Certain expectations about sexual behaviours of males and females may also be influenced by online pornography.

In this regard, Bosson, Vandello, and Buckner (2019) observed an emerging phenomenon, which they referred to as “young male avatar syndrome” (p. 481) whereby gender norm conformity (dominance over females) is reflected in young men's behaviours. Likewise, Fox and Tang (2014) found that social dominance and conformity to some masculine norms (e.g., desire for power over women) predict sexist beliefs and hostility toward women. Such attitudes are reinforced in online pornography depictions, which inevitably affect consumers in various ways.

Attitudes

A number of studies have found a statistically significant relationship between online pornography consumption (violent and non-violent genres) and attitudes that are violence-supportive (Bridges, 2019; Foubert et al., 2019; Malamuth, 2018; Stanley et al., 2016). This includes trivialisation of sexual violence and beliefs that minimise the impact of victimisation along with attitudes associated with the concept of ‘rape myth acceptance’ (Beck, Boys, Rose, & Beck, 2012; Duran et al., 2018; Harper, Franco, & Wills, 2019).

Some evidence indicates that male adolescents and young men who consume online pornography are more susceptible to carrying out sexual violence compared to males who do not consume online pornography (Palermo et al., 2019). Some scholars attribute this to cognitive changes. The consumption of online pornography can impact a person's sexual scripts, which are mental images that rewire the brain and are responsible for preoccupation with sexual images and behaviours (Foubert et al., 2019; Schneider, 2004; Wright, Tokunaga, &

Kraus, 2016; Ybarra & Thompson, 2018). When individuals think, neurons are activated as a series of switches that fire and recharge themselves. As neural pathways are activated more frequently, they become neural highways (Schneider, 2004). Pornographic pathways develop within the online consumers' brain as the behaviour of viewing online pornography is repeated. Consequently, the consumer can become accustomed to these images.

Perceived realism

Online pornography may lead individuals to connect to characters in a way that results in intensive immersive experiences that affect reality perspectives (Duran et al., 2018). As a result, individuals who consume online pornography may perceive what is viewed as similar to real-life acts (Bridges, 2019; Foubert et al., 2019; Ybarra & Thompson, 2018).

Perceived realism influences individuals' beliefs, attitudes, and behaviours. Foubert and colleagues (2019) asserted that "[v]iewing pornography at a young age causes adolescents to begin to believe that what they are watching depicts real life, and young men and women begin to expect similar sexual encounters" (p. 108). Similarly, DeKeseredy and Corsianos (2016) argue that young adolescents tend to be particularly affected by perceived realism because of a lack of real-life experiences. In this regard, it is fair to argue that online pornography consumption can shape the attitudes and beliefs of consumers.

Rape proclivity

Men who consume online pornography are more likely to indicate behavioural intent to sexual aggression when compared to those who do not exhibit attitudes related to sexual aggression (Foubert et al., 2019; Rostad et al., 2019). Rape proclivity has been defined as the "self-reported propensity to engage in sexually violent acts" (Palermo, et al., 2019, p. 244). Men who hold hostile attitudes towards women tend to share beliefs around rape fantasies and experience positive feelings associated with sexual violence towards women (Duran et al., 2018). Stereotypical assumptions about sexual violence depicted in online pornography may result in an increased propensity for rape as an expression of male dominance over women where lack of consent is normalised in real life.

Sexual coercion

Endorsement of rape supportive cognitions has been associated with sexual violence perpetration (Harper et al., 2019; Yao et al., 2010). Online pornography consumption may reach a point where the behaviour interferes with interpersonal relationships. This includes asking girlfriends to re-enact scenes observed in online

pornography against their will (Rostad et al., 2019). Many females are pressured into imitating what their boyfriends have seen online (DeKeseredy & Corsianos, 2016; Foubert et al., 2019; Stanley et al., 2016; Ybarra & Thompson, 2018).

Several studies have noted that online pornography consumption is a reliable predictor of physical violence and a stronger predictor of sexual violence (Foubert et al., 2019; Hald, Malamuth, & Yuen, 2010; Rostad et al., 2019; Wright et al., 2016). For example, Wright and colleagues (2016), in a meta-analysis of 22 articles investigated the association between pornography consumption and sexually aggressive behaviour in the general community. The authors found that pornography use was associated with sexually aggressive behaviours. Similarly, Stanley and colleagues (2016) used an anonymous survey of 4564 teenagers aged between 14 –17 years, who consumed online pornography, to investigate its impact on attitudes and behaviours. Alongside this survey, 91 interviews were conducted. Results indicated that teenage boys who frequently viewed online pornography were twice as likely as those who did not view online pornography to admit engaging in sexual coercion or even use of physical force to obtain sexual intercourse. These findings suggest that pornography consumption is a risk factor for sexual aggression, however, explanations for this relationship are complex. One includes the notion that unique sexual scripts are developed by consumers of online pornography that normalise sexual violence

Future directions

Research suggests that individuals may be at risk of harm from online pornography consumption as this habit has the potential to reinforce sexist attitudes. Given the enduring problem of sexual violence and other forms of gender-based violence in contemporary society, efforts need to be directed towards an understanding of online pornography consumption as a contributing factor to these phenomena. Educators, health professionals, government, and non-government agencies may consider the risk online pornography poses on interpersonal relationships. School and community-based prevention programs that include discussions on online pornography consumption could be a way to target this. For example, prevention programs may enquire about adolescents' and young people's attitudes and beliefs about gender representations and how they influence dating relationships. Promoting digital literacy that includes online pornography may assist in discussing reality perceptions versus fantasy in the depiction of sexual interactions, along with realistic expectations and the concept of consent.

In this regard, Guggisberg & Dobozy (2020) argued that "[i]t is imperative that children develop skills in relation to safe online participation even at a young age" (p. 142). If

a strong foundation is built by parents, educators and other stakeholders, the challenges posed by online pornography may be reduced. Ongoing discussions are required to help children, adolescents and young people navigate the complex online space that offers much sexualised content.

Additionally, those young people who are already engaged in harmful behaviours associated with online pornography consumption should receive appropriate intervention. This may assist in analysing risk factors and devising strategies to change environmental factors and develop interpersonal skills. Harms associated with online pornography consumption not only affect consumers and their sexual partners (e. g., dating violence) but also family members: parents, and friends. For example, parents may struggle to deal with their child's sexual offending and seek help with community support services. It is recommended that affected individuals and families may be offered specialist counselling to assist those directly and indirectly affected by online pornography consumption to deal with inappropriate, or even illegal, sexual behaviours.

Limitations

While there is much research that highlights the relationship between online pornography consumption and attitudes, beliefs, and even behaviours concerning sexual violence, no causality can be assumed. Sexist attitudes and behaviours do not have a simple single cause, rather they are embedded in complex ways in every aspect of life. These factors have not been considered in this analysis. Further research is required to examine age, sex, cultural and socio-economic influences, and the role of online pornography consumption and how these factors relate to sexually violent attitudes and behaviours.

Conclusion

This article aimed to contribute to an understanding of the potentially harmful effects of consuming online pornography as indicated by the current body of research. Perceived realism beliefs that online pornography portrays an accurate depiction of real-world sexual interaction may influence the expectations of dating interactions. In other words, changes in the perception of reality may contribute to the development of a propensity to sexual violence perpetration.



It is recommended that conversations take place at home, in schools, and in the workplace about how online pornography reinforces assumptions of gender and power... Education about respectful relationships should emphasise the importance of sexual consent and the impact of online pornography, stressing that coercion-free consent is imperative in dating relationships when sexual interactions take place.

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Youth Sexual Violence and Abuse:

Current responses in Queensland and potential service gaps

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This article provides an overview of current responses to youth sexual violence and abuse (YSVA) and takes a deeper look at problem sexual behaviours (PSBs) and responses in Queensland. Looking at both PSBs and sexual violence more broadly, alerts us to the importance of early intervention and prevention approaches.

The Queensland Government enhanced its response (*Queensland Government Response 2018*) to YSVA following the release of the Youth Sexual Violence and Abuse Steering Committee's Final Report in 2017 (*The Final Report*). The Queensland Government broadly supported the findings of the Final Report, which highlighted a number of insights regarding the extent of YSVA in Queensland. This response detailed a 12 million dollar commitment over four years (starting from 2018-19) to priority areas concerning YSVA. Responses to these priority areas are currently being delivered as part of a broader sexual violence prevention framework that builds on current initiatives. This segment provides a brief outline of the rationale behind current responses to YSVA in Queensland, with a focus on service gaps concerning children and youth who present with problem sexual behaviours, and particularly children and youth who present with these behaviours but have not offended or acted on these behaviours. As detailed in this article, it is acknowledged that this topic is highly nuanced and can vary based on a number of developmental, familial and environmental factors.

This overview adopts the following definition of YSVA, "sexual contact between persons where either the perpetrator or the victim is under 18 years of age and where such contact is non-consensual, violent or illegal" (Youth Sexual Violence and Abuse Steering Committee Final Report, 2017, p. 16).

As emphasised in the Government's response and in the Final Report, YSVA is highly complex. Perpetration of sexual violence itself, is a product of multiple interactions between biological, developmental, sociocultural and situational factors (Carmody, 2009, p. 6). Further, youth who sexually offend are typically victims of abuse themselves, and are likely to have been exposed to neglect, poverty and/or physical, emotional and sexual abuse (Blackley & Bartels, 2018).

An additional complexity to this issue is the low reporting rate of sexual violence, and particularly the underreporting of child sexual abuse. As noted in the Royal Commission's Final Report into the Institutional Responses to Child Sexual Abuse (Volume 10, 2017): "Only a minority of children who have experienced child sexual abuse tell their parents or carers and only a minority of those parents or carers report the abuse to the authorities" (The Royal Commission, p.110). Therefore, there are a number of intersecting and challenging aspects to the prevalence of YSVA, and more broadly prevalence of sexual violence in communities.

"...communities where youth sexual violence and abuse is a most pressing issue, are often communities that demonstrate key characteristics of social and economic disadvantage, including high levels of unemployment; welfare dependency; family, financial or medical stress; and problems with alcohol and drug abuse" (Youth Sexual Violence and Abuse Steering Committee Final Report, 2017 p. 26)".

With efforts to adequately address the underlying causes of YSVA a key focus of the Steering Committee's Final report emphasised the associations between broader community poverty, disadvantage and early childhood development. Exposure to stress as a result of extreme poverty, family violence, chronic neglect, financial stress, medical stress, alcohol and drug use, emotional or physical abuse and maternal depression can significantly affect childhood development. Exposure to these stresses as a child can disrupt brain development and affect learning, behaviour, physical and mental health. Additionally, exposure to these stresses can influence the attitudes of children and young people, particularly their attitudes towards violence, resolving conflict, healthy partnerships and sexual relationships for example. Therefore, the Government's response is guided by this understanding that early, intergenerational and locational disadvantage is linked to a greater prevalence of YSVA (Youth Sexual Violence and Abuse Steering Committee's Final Report, 2018, p. 6).



Current responses

There are a range of state-wide initiatives currently delivered, that aim to address the recommendations of the Final Report. Responses target four key action areas proposed in the Final Report, local solutions, data and evidence, awareness raising and tackling causes. As noted in the Final Report: "... no one program or intervention can redress disadvantage... the most important investments that can be made to redress disadvantage, dysfunction and associated social challenges, are those that focus on early childhood interventions".

The full list of initiatives grouped under these action areas and the designated government agencies responsible for their implementation are listed in the Queensland Government's response to the YSVA Steering Committee Final Report (Pages 7-25, linked above).

Problem sexual behaviours amongst children and youth

A further vexed issue pertaining to YSVA is youth sexually abusing other youth. The term problem sexual behaviours (PSBs) is used to describe developmentally inappropriate sexual behaviours among children and youth. Unfortunately, data on the extent of children sexually abusing other children are limited and is not uniformly collected across jurisdictions (The Royal Commission, 2017, p. 110). Additionally, little is known about the extent of PSBs by children and youth that are undetected, unreported or do not meet the criminal threshold (The Royal Commission, 2017, p. 110).

As noted by Pratt (2014), although trauma and child abuse/child maltreatment are highly correlated with the expression of PSBs in youth and children, this is just *one* of the negative behavioural outcomes for youth and/or children who are victims of abuse (Tarren-Sweeney, 2008; Pratt, 2014; Gray, Pithers, Busconi & Houchens, 1999). As observed by Tarren-Sweeney (2008), there are a number of different correlates which may mediate the development of PSBs. These points

are important to consider in understanding the role of holistic responses to youth and children who present and act on these behaviours (O'Brien, 2010).

There are criminal justice responses that primarily prioritise the rehabilitation of juvenile offenders (Blackley and Bartels, 2018). In all Australian jurisdictions, the age of criminal responsibility is 10 years old, children under the age of 10 are considered *doli incapax*, that is, incapable of crime (Alissar El-Murr, 2017; Blackley & Bartels, 2018). Youth who offend, in general, are significantly different to adult offenders regarding their neurobiology, development, psychosocial maturity and intent and motivation to commit crime (Blackley and Bartels, 2018).

Children with sexual behaviour problems are not miniature adult or adolescent sexual offenders. Not only is children's sexuality different than adults and adolescents, their emotional, social, and cognitive awareness and relationship to the world is different. It is dangerous to children that we do not recognize the differences and treat the child, not our projections onto the child (Johnson & Doonan 2006, p. 113 in Evertsz & Miller, 2012).

Descriptions and terminology regarding children and youth who present with PSBs vary greatly.

Clear definitions and terminology on YSVA and PSB are important to avoid:

- Labelling children/young people, rather than the behaviour. Labelling can have a number of negative impacts on recovery and ability to engage in healthy behaviours in the future.
- Mislabelling sexual behaviours and exploration that are a normal and important part of child development (developmentally appropriate experimentation).
- Confusing terminology – some authors use the age of criminal responsibility to define the terms PSBs and sexually abusive behaviours (SABs). For example, using this point of reference, PSBs apply to children under the

age of 10, and SABs apply to young people aged 10-17. However, there are cases of children under 10 years of age who have sexually abused other children (O'Brien, 2010; Pratt, 2014).

- Applying an adult sexual offender/abuse framework to children or youth. However, some literature suggests that the impact of PSBs/SABs can be similar to that of sexual abuse by an adult (Bloomfield, 2018).
- Putting all cases in the same boat – there are children and young people who present with PSBs but have not acted on these behaviours.

It is important that:

- Definitions must capture the abuse committed by children and young people and capture the severe impacts of this abuse for victims (The Royal Commission, 2017).
- Coercion and consent are central concepts in understanding the presentation of PSBs in children and youth.
- Correlates and predictors of PSBs and SABs are important to note as research generally confirms that children and young people who present and/or have acted on these behaviours are more likely to have been a victim of abuse, trauma, dysfunctional family settings and/or exposure to developmentally inappropriate content/pornography (Blackley & Bartels, 2018; O'Brien, 2010, The Royal Commission, 2017; Pratt, 2014)
- An exploratory analysis by Tarren-Sweeney (2008) found that the predictors of PSBs in children and young people who do not proceed to sexually offend may be different from the correlates of youth and children who have presented PSBs/SABs and sexually offended.

From the above, it is clear that terminology needs to speak to, and reflect, the diverse and typically complex presentation of PSBs/SABs. As alluded to, terminology also varies based on what justification authors adopt. Generally, these behaviours are described based on the following:

- Legal/age of criminal responsibility, children under the age of 10 years are considered *doli incapax*
- Developmental/age-based definition, developmentally appropriate/inappropriate behaviours based on age
- Descriptive definitions, labelling the behaviour rather than the child/young person, for example: 'harmful sexual behaviours'

Queensland response

A number of studies (O'Brien, 2010; Tarren-Sweeney, 2018) have highlighted the gaps in support and services for

children and youth who are identified as exhibiting PSBs, however, have not offended. As highlighted by O'Brien (2010) a decade ago:

"In Queensland, access to most specialised services for sexualised behaviours is contingent on the young person being the subject of either a child protection or youth justice order" (O'Brien, 2010, p. 67). Although this source is now quite dated, the need for more targeted responses remains a priority. This statement is still relevant today, as reflected in Queensland's Framework to address Sexual Violence (*Prevent. Support. Believe. Queensland's Framework to address Sexual Violence*), Priority 2: Support and healing, "Our objective: All people who are impacted by sexual violence are believed and supported to recover and heal". Findings and actions to achieve this objective include:

"Children and young people displaying or engaging in harmful sexual behaviours have different needs to adults and require different therapeutic and justice responses.

Targeted, early intervention is critical to ensure children and young people with harmful sexual behaviours can lead healthy and respectful lives as adults. More services, including early intervention and rehabilitation, is needed for children and young people displaying problematic or harmful sexual behaviours

Expand access to early intervention programs for children and young people displaying harmful sexual behaviours or who are at risk of experiencing sexual violence"

(Department of Child Safety, Youth and Women. *Prevent. Support. Believe. Queensland's Framework to address Sexual Violence*, 2019 p. 14)

Current responses to PSBs in Queensland focus on youth who have engaged in these behaviours, therefore responses are primarily derived from the youth justice system. One service is the Griffith Youth Forensic Service (GYFS), a program that receives clinical referrals (children and youth with PSBs/SABs) exclusively from the Queensland Department of Youth Justice, Policy, Performance, Programs and Practice unit. Services provided by GYFS include:

- Clinical assessment of young people who have committed sexual offences

- Evidence-based pre-sentence and pre-treatment assessment reports to facilitate court decisions and treatment planning and
- A range of ecosystemic treatment approaches individually tailored to the individual needs of the young person and their family

It can be argued that there is a lack of clarity surrounding what services parents, carers, or youth themselves, engage with across different sectors (health, education, specialist sexual assault services etc.) regarding PSBs in Queensland.

Responses to PSBs across jurisdictions in Australia

Looking at the responses to PSBs nationally highlights some important areas to consider for Queensland. On page 16 is a table that lists responses (non-exhaustive) to PSBs/SABs in other states (For full summary see: *Australian Institute of Criminology: Blackley and Bartels, 2018 pages 7-11*)

Findings from the in the Royal Commission's Final Report into the Institutional Responses to Child Sexual Abuse (Volume 10, 2017, p.9) note, "Australia's overarching policy for protecting children is set out in Protecting Children is Everyone's Business: National Framework for Protecting Australia's Children 2009–2020 (the National Framework) ... We learned that no state or territory has a comprehensive and coordinated policy approach for preventing, identifying or responding to children with harmful sexual behaviours. We suggest governments should build on the public health approach embodied in the National Framework to develop a framework for preventing harmful sexual behaviours occurring, intervening early when problematic or harmful

sexual behaviours first emerge, and enabling children with harmful sexual behaviours to access assessment and therapeutic intervention".

Discussion and future challenges

This overview has highlighted the different perspectives on best-practice and appropriate treatment options for children and youth who present with PSBs. Professionals across health, education and specialist sexual violence services have put forward responses on how to best address this service gap (Blomfield, 2018; McInnes & Ey 2020; Evertsz & Miller, 2012).

Blomfield (2018, p. 368) speaking to the context of medical professionals, notes "...Disclosures can have a devastating impact on families and may result in denial, confusion, shame, guilt, anger and even relationship breakdown...It is important to use language that is consistent with an understanding of child development rather than a sexual abuse/abuser framework".

From an education perspective, McInnes & Ey (2020, p.86) note that: "...[Findings] indicate that educators and carers want an inter-disciplinary and whole community approach to support children, their families and education staff to manage PSBs and support the education success of children who use or are the target of these behaviours".

Although service pathways are seemingly unclear for children and youth that present with PSBs outside of the criminal justice system, it is clear in the literature that PSBs are highly complex and vary greatly (based on, development, abuse history, family, environment). Specialist and holistic responses are required to respond to children or young people who display PSBs. As emphasised in the Final Report, "Happy, healthy children are a national resource. They are the foundation of a cohesive,



functioning and productive society” (2017, p. 3). This quote and the information summarised in this article point to the importance and need for early intervention and prevention responses that take into account the diversity and complexity with which PSBs can occur among children and youth.

NSW

Child protection laws that specifically recognise the need to respond to children with harmful sexual behaviours with a therapeutic intervention.

Specialised child protection laws

Sexually Abusive Behaviours Treatment Services (SABTS) are funded state-wide in Victoria. Each agency is funded to provide services to children and young people in a geographical location. Multi-systemic therapy (MST) – family and community based treatment utilised.

VIC

The Male Adolescent Program for Positive Sexuality (MAPPS) is another community-based treatment program that has been operating in Victoria since 1993.

Introduction of therapeutic treatment orders that allow the family division of the Children’s Court to direct a young person aged between 10 and 14 years who has demonstrated sexually abusive behaviours to take part in treatment without criminal justice intervention.

TAS

The introduction of therapeutic treatment orders was being considered in Tasmania (CEASE Guidelines 2016). These guidelines are due to be reviewed in 2020.

SA

South Australia (and New Zealand) are the only jurisdictions in the world to currently offer restorative justice conferencing for juvenile sex offenders.

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with Stacey Ross



At the Coalface

Stacey Ross (CEO of the Centre for Women & Co.), talks about the impacts of COVID-19 for service users and workers as well as future plans for the Centre for Women and Co. Stacey's other roles include Director with Brisbane Housing Company, Co-Secretariat of the Queensland Domestic Violence Services Network, Director at Social Enterprise Network-Logan and the Co-Convener for Women's Health Services Alliance.

The Centre for Women & Co. (CFW) provides both specialist domestic violence and holistic women's health and wellbeing services to women in the Redlands, Logan and Beenleigh regions. The CFW aims to educate, support and empower women by offering a wide range of services and resources – this core mission cannot be more apparent than in conversation with Stacey. Stacey not only talks about improving the lives of women with a passion that is truly inspiring, she also speaks of her team and workers (across all sites) with the same passion.

The CFW is unique in the release of their social enterprise, Her Platform. Her Platform is a safe online forum for all women to connect with other women and access shared support on issues such as self-care, self-harm, eating disorders, and loneliness. The platform offers a range of resources to support all women, and also a safe entry point to other services offered by the CFW. Stacey has over 19 years of experience in the community sector and is dedicated to empowering women to reach their potential, walking alongside them to do so and leading with integrity. We hope you enjoy this segment as much as we did chatting with Stacey and hearing her innovative strategies and passion for women's services.

How has COVID-19 impacted your service, your workers and the women you support?

Like everyone, we'd never been through anything like this, we didn't know what we were looking at and everything was changing so quickly and that meant as a service we needed to be rapidly changing too. We had heavily invested in the mental health and wellbeing of every team member, so when COVID-19 came, we planned early, taking a conservative approach. I remember thinking this is the silliest thing that we are writing a COVID-19 plan, but it helped so much in that it provided really clear communication to the team, very early on. I've had beautiful feedback from the team, about feeling very safe and supported and assured by that. We've staged coming back into the workplace but we've also been conservative with that as well. We are waiting for the lag effect, and potentially for it to get really busy when we open our doors to crisis response and when everything's back up and running.

Has the demand on workers changed?

It's "go go go" all the time. For instance, we are the only specialist DV service in the whole of Redlands region, and we've had to say, "we want to do everything but we actually can't", and that's been difficult. CFW want to be that holistic service, but also specialise in different areas, and we have opportunities to grow and be



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We have worked really hard on separating work from personal life, and now we were looking at work and personal life being merged with staff working from home. ”

that one-stop-shop for women and families. I can talk about women's services all day, every day – I love it, live it, breathe it. But my absolute passion is my team, I'm in awe of them every single day and we've worked really hard on that work-life balance and having a good culture. This has shone through recently more than ever with COVID-19 and the team have not missed a beat.

Have there been unexpected outcomes from COVID-19 for your service users?

Typically, when we have our counselling clients booked in, we have about five per day and we know 95% of the time generally three people will turn up. What we've found during this time is that 95% of the time the five were attending appointments [Zoom or phone counselling appointments], so there has been an increase in counselling for us. The number of women coming to the counselling sessions has increased during this pandemic, and we did not have that on our radar as an outcome.

We've found about 80% of our counselling clients are happy to continue over the phone or over Zoom. So, we've brought staff back on board for their mental health and that work-life balance, and just trying to get back into normality. We will continue to offer Zoom and phone counselling for women as long as they need it, they may say "I don't want to drive 45

minutes to my counsellor and then somewhere else, I would love to do that via Zoom or phone and be in the comfort of my home" and that is totally okay.

Have there been unexpected outcomes for staff?

We have worked really hard on separating work from personal life, and now we were looking at work and personal life being merged with staff working from home. I wanted to throw everything at the team so we could get through it, because they weren't only living in a pandemic but working in it. We were able to offer free counselling to staff, and their families. We checked in on staff's home-life situation(s), do they have little kids at home, do we need to change hours and be really flexible around that. I've hosted CEO catch ups every two to three weeks for 45 minutes. We've had feedback that staff feel connected across the sites and so forth, so we'll keep that going. For our staff we've also embedded a flexible arrangement work policy – we already had it in practice, but now we have put it on paper. A couple of staff just want to do one day at home each week and we can absolutely accommodate that.

We've been talking a lot, in terms of COVID-19, offering that external supervision, and internal supervision and when staff accessed it, they really acknowledged how much it meant to them, and how good it was for them. We talk a lot about the fact that it's ok to not be ok, and if we as social workers and

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...intervention and prevention is essentially around women’s health and wellbeing in terms of their mental health and self-worth...we know when we are well we can work, we can make better decisions, we can feel confident about making decisions for ourselves and really back ourselves because we are feeling well in our minds.”

counsellors can’t actually say, “I’m seeing a counsellor myself”, then what does that say to our clients? And we’re spending a fair bit of time around – how do we have that communication to the community, that we acknowledge, respect and understand how much mental counselling supports us in what in what we do. Our frontline workers are the fire fighters of trauma and violence, and they need looking after, just as much as the next person.

What advice would you give to other services to respond to women in terms of long term recovery?

There’s a couple of things, one of them is not putting time-frames around how long women access the services for. We know with trauma, it can be long term and if a client is told you only have six sessions and maybe on the fourth session you really get into that space of feeling comfortable, it can bring up anxiety. So, we definitely do not put time-frames on how long women can access our women’s health and wellbeing counselling.

In terms of the financial investment, there is a lot of money dedicated to the domestic and family violence side of our service and rightly so. Investment also needs to be around early intervention and prevention, we need to try and stop it there, before it gets to crisis and starts in that system of requiring further assistance from housing or police and many of those other services. Part of early intervention and prevention is essentially around women’s health and wellbeing in terms of their mental health and self-worth...we know when we are well we can work, we can make better decisions, we can feel confident about making decisions for ourselves and really back ourselves because we are feeling well in our minds. And if that’s not the case – then that’s when things can start to unravel and when somebody’s self-worth is low then there’s those questions around, “do I deserve this?”, “is this how it’s meant to be, because this is all I’m worth?” – At the Centre for

Women we really try and balance it to invest our funds into early intervention and prevention space, community education, and educating, reinforcing and empowering women – showing them that they are worth it, that they do deserve a better life, and that they can do that through lots of different avenues that feels right for them.

And you offer crisis support as well as long-term support for women?

When we looked at merging the women’s health service and the DV service I saw that as an opportunity to change the story for women in what they go through [regarding service provision], instead of a woman having to go to many different services, we are so much stronger as a service doing that work together.

Women who are experiencing DV, that is not all they’re experiencing, that’s not their whole life. Yes, it can consume their life for a period of time, but there is so much more to women and their lives, and what they want to go on to achieve – and that is all around health and wellbeing. I’ve been in a very unique position where I was managing a women’s health service and came into the women’s sector from that space. At that time, we were funded for women’s health services which is mental health and wellbeing – so very broad, and it covers things so beautifully for what we experience as women including sexual and reproductive health, healthy aging and chronic illness for example.

For me, I see women’s health services as a really holistic provision of services but that’s often not spoken about. We did everything, it didn’t matter if it was DV, or sexual assault, or grief and loss, or anxiety and depression. It’s all interlinked and you can’t have one without the other. I find it’s absolutely critical and necessary to have that type of service for women and the community. Because what we were seeing when I was in that space, was that between 30-40% of our clients would come in



for mental health regarding anxiety or depression, and so forth, and it would unfold that it was because of sexual assault or DV or trauma.

The way that our service is set up now, we've got our women's health and wellbeing counselling and also crisis support, and then we've got women's health counselling that sits on the other side of it – post-DV. We've also been really fortunate over the last couple of years having funding for skilling Queenslanders for work. That was a beautiful piece of the puzzle for women, because they were able to – complete that five week program which helped women get back into the workforce, and we know how important financial independence is. For example, a woman might access our service through crisis, then she accessed counselling, and progressed to a point where she was ready to start thinking about how she wants to lead her life and potentially getting a job and she would connect into that program, and away she went and we were a part of that journey which was just a privilege.

And those types of programs are life-changing, I am just so blessed every day to be a part of this service, and hear the stories, and be a part of that with women, I just think gosh I'm one of the luckiest people. Unfortunately, the funding will stop this year in August which is really unfortunate, so we are just exploring other opportunities that we can provide for women, to continue that holistic support at that point in their life as well, post-crisis and looking to the future.

What are your current and future plans for The Centre for Women & Co. and her.platform?

We have just opened up our head office, and I'm pinching myself that I'm here in this beautiful space and that will open up a lot of opportunities for us, in terms of what this space provides. There's nothing really in Logan or South Brisbane

for women...our head office is all about supporting women in business. It's entrepreneurial, we want this to be a really innovative space for women to come and meet and be a part of growth and business development, and that's where her.platform really starts to feed into this. her.platform hasn't really had a space, so this is the platform's space as well, and we can even start doing face-to-face workshops, and that's really exciting in terms of the future and what it means for our services. While we are not in a position to announce anything we're working on some really exciting stuff around working with men and having men drive change, because it goes hand in hand. If men can't access support then we are consistently going to see this stream of women coming through our doors, and we don't want that. We want it to be healthy at the source, so we are excited about what that might mean, and I am so excited about HQ and her.platform.

Because things change so often in our space, I take it day by day and the development of HQ has quickly established. Already booking for August we have an external group that is starting up a craft social night on a Thursday night, they have one on the Gold Coast, and there is a CALD social enterprise. They are going to start a workshop and a gathering space on Sunday afternoons. We're looking at business mentorships... I really don't know what this space is going to open up for us, there's a group room for training, small meeting spaces, and a larger workshop or event space.

“When I think about the name – The Centre for Women and Co. – that is endless, right? Women have so much resilience and determination and passion they bring when they are in a good space and well, and resilience as well when they are in the hardest of spaces, I kind of feel like the sky is the limit, and we really are interested in what we can do alongside men and how do we do that better together.”



Improving our ‘best efforts’: Focusing on focused deterrence

Dr Brian Sullivan, Senior Lecturer

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If this strategy [focused deterrence] can be replicated in other cities with the same outcomes, this can be a signal moment for how we give intimate partner violence ‘our best efforts’

Chief of Police, M. A. Sumner from the High Point (North Carolina) Police Department

Background

Intimate partner homicide, femicide, the killing of women by their intimate (or former) partners – all terms that speak to the grave social, criminal justice, public health, and human rights problem in our society. With the recent spate of horrific domestic violence murders of women and children across Queensland and beyond, I keep asking myself the question: as a state, as a nation, is our systemic domestic violence intervention the best we can do to keep women and children safe and to hold perpetrators accountable?

While there have been significant investments in recent years, I believe there exists an opportunity to do more and do better. Otherwise, I fear, being a woman, or child, in Australia will continue to be an extremely dangerous identity to have, and lethal violence and abuse will have won.

As is my usual dynamic, I have more questions than answers, and I do not apologise for that. However, if we are to develop the right responses it is critical to ask the right questions. I argue that we need to be careful of the questions we ask because there are underlying assumptions, beliefs, and mindsets from which these questions emerge that are ultimately not helpful in ending violence and abuse.

There are many ‘wrong’ questions, questions that fail to create accountability, especially of dangerous male perpetrators, and ultimately compromise the safety of women and children. Some of these ‘wrong’ questions are:

- What about the men, aren’t they victims too?
- Aren’t women just as violent as men?
- Why does she stay with him - why doesn’t she just leave?
- Hasn’t his mental health or alcoholism or drug addiction (or many other excuses) caused this?
- Has she provoked him and pushed him to the brink?
- Aren’t men’s behaviour change programs supposed to change violent men?

These chestnut questions not only distract us but run the risk of creating collusion with perpetrators and blaming the victim for provoking the violence. Such questions maintain the status quo and do nothing to improve our societal response to domestic violence, so increasing risks for women and children.

If we are to end domestic violence, we must focus on the perpetrator.

The following questions, I suggest, are more likely to guide us in determining how to protect the vulnerable and disrupt and interrupt the abusive ways of motivated perpetrators who are not being deterred by current interventions.

- 01** **What can we do as a society that is not only better but is the best for victims, because women's and children's lives matter?**
- 02** **How can we, as a society, protect the vulnerable and contain and disrupt the murderous intent of the highest risk perpetrators?**
- 03** **What does he need in terms of criminal justice interventions and ongoing services and interventions for him to stop his violence and abuse?**
- 04** **What can we do, as a society, to support her in practical ways to rebuild her life and support her and her children who have endured years of traumatic violence and abuse?**
- 05** **What do men's behaviour change programs need, in terms of resources and scaffolding, to have the best chance of supporting and sustaining non-violence from program completers?**
- 06** **How can domestic violence offenders be held accountable with swift and certain consequences and sanctions without further harm or penalty to victims?**
- 07** **What level of integration, coordination, and communication do we need in our service responses to domestic violence to plug the gaps through which victims are falling and perpetrators are escaping detection and justice?**

Although these are direct questions, their responses will not be simple linear solutions: domestic and family violence is a problem where there is no quick and easy 'fix'.

Without doubt, complex social challenges, those 'wicked problems,' require collaborative and coordinated interdisciplinary solutions: these are problems with many layers and fronts and sides. Such community responses have various names. In Queensland, we have Integrated

Services Responses [ISR]; in Victoria, a Multi-Agency Risk Assessment and Management [M.A.R.A.M] process; in the USA, Coordinated Community Responses [CCR], and in the UK, Multi-Agency Risk Assessment Conferences[MARAC]). Regardless of their labelling, such approaches involve a level of collaboration between statutory organisations (e.g. Courts, Police, Corrective Service, Child Safety Professionals, Juvenile Justice, etc.) and non-government community services (e.g. domestic violence/ alcohol and drug/ mental health services; cultural organisations, etc.). The strength and depth of the relationships between these groups, the level of communication and collaboration shared, and the resources and funding that these different organisations have to offer varies across jurisdictions. In other words, some community responses are stronger than others, and in some parts of the country, community responses are almost non-existent. The services, if they exist at all, are siloed and are not communicating or collaborating much at all. This is more than a shame, it is a risk.

The importance of an effective service system response cannot be overstated. When working at its best an integrated service response will save lives, when it fails tragic consequences can ensue.

(Special Taskforce on Domestic and Family Violence in Queensland, 2015)

An integrated response system is required to deliver the services and support that victims and perpetrators need, when they need them. An integrated service response is an innovative approach that ensures coordination of services and supports across government, non-government services, and other community organisations from crisis to recovery.

(Third Action Plan of the Domestic and Family Violence Prevention Strategy, 2019)

Many of our systems' responses to domestic and family violence have been inconsistent and uncoordinated. This has been a regular refrain through the findings of the Queensland Death Review Committee reports (Queensland Courts, 2020) and points to the issue of system accountability. Accountability is not just about perpetrators; it is about what we are doing or not doing in our systems and organisations and services too. We all need to be accountable to victims, accountable for our policies, practice, and procedures. The quality of our responses needs to be monitored and managed, not in a punitive way but as a quality assurance strategy. While our awareness and understanding of domestic violence have certainly increased over time, and while improved policing is critical to protecting women and children, cases of police failure or inability to respond appropriately and safely to domestic violence continue to this day. Victims deserve the best service and intervention available for their ongoing safety and wellbeing. That is their human right.

The UK has recently appointed a Commissioner for Domestic Violence (UK Government, 2020). This position seems to be an initiative that has accountability built into the role and needs to be monitored to determine if such a role could be considered in Australia.

The quality of our responses needs to be reliably and consistently the best we can do.

Introduction

In this article, I want to discuss a strategy showing encouraging results - **focused deterrence**. This looks to be a further improvement in the policing of domestic violence, especially with high risk offenders. This approach was developed by Professor David M. Kennedy, the director of the Center for Crime Prevention and Control at John Jay College of Criminal Justice in New York. Previously, focused deterrence had been effective in reducing gang-, gun-, and drug-related violence and has been adapted to hold domestic violence offenders to accountability.

Kennedy suggested that more attention needed to be focused on containing perpetrators. Traditional approaches have been often victim-focused with an emphasis on helping victims avoid abuse, on disengaging from abusers, and on physically removing themselves from abusive settings, while he (the perpetrator) flies under the radar and is not held to account.

What if, in addition to providing services for the victim, we direct our gaze towards the perpetrator, and we use very focused sanctions against him, for desistance, and appropriate services for him, for change?

What is focused deterrence?

In 2009, the High Point Police Department (HPPD) in North Carolina, USA, formed a partnership with researchers, practitioners, court staff, and members of the community to develop, implement, and evaluate a focused deterrence initiative targeted at the most dangerous serial domestic violence perpetrators (Buntin, 2016). The goals for the initiative were to:

- protect most vulnerable women from the most dangerous high risk perpetrators;
- identify and categorise most dangerous offenders, “A” being the highest risk and “D” the lowest risk – with appropriate police and community responses for each category.
- take the burden of dealing with perpetrators from victims and move it to State/police;

- focus deterrence, community support, outreach and service interventions on the most dangerous perpetrators;
- send a clear message of zero-tolerance for domestic violence, and the sanctions and consequences for non-compliance;
- follow through with sanctions, swiftly, certainly, and with appropriate severity;
- take advantage of opportunities provided by offender’s variety of offences and
- provide support and practical services for women that avoid putting them at additional risk.

The police implemented the focused-deterrence response to domestic violence offenders. They developed a high-risk level approach for dealing with domestic violence offenders: the most serious offenders being targeted for immediate criminal prosecution. The next level serious offenders were brought in for in-person group notification meetings (including promises of **certain**, suitably **severe**, and **swift** sanctions, in addition to genuine offers of support and assistance to change). So, a “stick and carrot” approach was being presented to perpetrators. The next-most serious offenders received personalised one-on-one meetings with detectives soon after their first domestic violence arrest, informing them of possible future consequences if their offending persists. This was done respectfully and transparently, with firmness and fairness. The next-most serious offenders or those who were not arrested in a domestic disturbance were informed at the scene by uniformed officers of the likely future sanctions if their offending persisted. The table on page 24 presents how the different levels of perpetrator risk are met by sanctions and support. Importantly, the support for victims is offered concurrently.

Evaluation

The evaluation evidence reviewed by Braga, Weisburd, and Turchan (2018) in their systematic review and meta-analysis led them to report that focused deterrence strategies, designed to stop perpetrators violent behaviour through a combination of police primary intervention and enforcement, social service support and opportunity provision for life changes, and a community-based intervention approach, were effective in controlling violent crime, including domestic violence recidivism. They concluded: “The available empirical evidence suggests these strategies generate noteworthy crime reduction impacts and should be part of a broader portfolio of crime reduction strategies available to policy makers and practitioners” (Braga et al, 2018, p.205).

The results from the High Point focused deterrence strategy have been encouraging, as the following quote explained:

Offender Criteria / Response / Victim Services

(adapted from Battered Women’s Justice Project, 2015)

Level of Offender	Criteria / One or More Apply	Offender Notification Type and Response	Safety Planning and Support for Victims
A LIST	<p>Three or more previous DFV-related charges</p> <ul style="list-style-type: none"> Offender has violent criminal record including DFV Violated a protective order Used weapon in the past committing DFV Convicted felon 	<ul style="list-style-type: none"> NO Notice Given – Most Violent Selected for immediate prosecution as example to lower levels of offenders Addressed by any legal means available 	<ul style="list-style-type: none"> All services offered at any level Referral to the Victim’s Justice Center (VJC) where all the services listed under “B” are co-located in one building Services offered for children who witnessed violence or experienced trauma, also located in VJC
B LIST	<p>Second charge of DFV</p> <p>OR</p> <p>Violation of prohibited behavior for which offender received notice as a C List offender (for example: violating pretrial release condition, no contact order, etc.)</p>	<ul style="list-style-type: none"> Face-to-Face law enforcement and community message Framing of intervention as from state and community Offenders required to attend a notification as a group Receive individual custom legal notification letter detailing presumptive sentences for future acts of violence 	<ul style="list-style-type: none"> Victim receives prior notice the offender is being called in Message reviewed with her first informant Offer of cocooning or proximity informant Direct contact post call-in for victims still in relationship with offender Dedicated prosecutor, Civil Attorney services, Victim Advocate
C LIST	<p>First charge for an DFV offense</p>	<ul style="list-style-type: none"> Face-to-face individual deterrent message delivered by detective At the time of arrest or before pre-trial release 	<ul style="list-style-type: none"> Victim receives letter of services at VJC Direct contact with Safety Planner Follow up with Detective
D LIST	<ul style="list-style-type: none"> Police are called to a domestic disturbance and relevant (domestic/ intimate partner) relationship exists Aggressor has no previous charges for DFV No violence occurred on this incident requiring charges 	<ul style="list-style-type: none"> Receives letter from police putting them on official notice they are now on a “watch list” Delivered by a uniform patrol officer the next day or within 48 hours on a follow up visit 	<ul style="list-style-type: none"> Victim receives letter of services offered at Victim’s Justice Center Explanation of the incremental approach to prohibited acts for holding the offender accountable

The measurable impact of this strategy so far includes a dramatic reduction in intimate partner violence (IPV)-related homicides, lower recidivism rates for IPV offenders notified, reduction in IPV arrests, reduction in victim harm reported in IPV assaults, and fewer repeat calls for service. In the five years since the shift to this strategy (2009–2013), only one of the 16 homicides in High Point was IPV, as compared to 17 of 52 in the five years (2004–2008) before. In other words, prior to 2009, 33 percent of homicides were IPV, compared to six percent since. It should be noted that the “A” list offenders, the most violent, were initially identified in 2009 and targeted as examples before notification began to the “B”–“D” levels of offenders. (U.S. Department of Justice, 2014).

The Australian Institute of Criminology (AIC) (Morgan, A., Boxall, H., Dowling, C., & Brown, R., 2020) has published a recent paper of focused deterrence and asked the question – would it work in Australia? After reviewing the literature on focused deterrence and examining a strong Australian evidence base, the authors recommended trialling focused deterrence to reduce domestic violence recidivism in Australian pilot sites. Many of the characteristics of domestic violence used to inform the Highpoint intervention, such as the concentration of offending, the high rates of repeat offending, the generalist nature of prolific perpetrators, and the dynamic nature of risk—are not confined to the United States.



The AIC concluded that the conditions necessary to implement a focused deterrence intervention are equally relevant in Australia. This approach is not a significant departure from contemporary policing responses that have been implemented in Australia. Several police departments have implemented high-risk targeting teams, and some level of collaboration between law enforcement and support services is a characteristic of most Australian responses. The distinction between these responses and focused deterrence is the highly structured and intense nature of the approach to targeting perpetrators and victims for intervention, the twin focus on both perpetrator accountability and support services for victims, the delivery of levelled responses based on the recent history of violence and risk of recidivism, and the emphasis on mobilising community stakeholders to contain violence by serial offenders. With this approach, all domestic violence victims and offenders are the subjects of an intervention, albeit of varying intensity, not only those assessed as being at highest risk. The strong theoretical and empirical foundation of focused deterrence intervention makes a compelling case for piloting it in Australia, according to Morgan et al. (2020, p.14).

Conclusion

I suggest that it is not too far-fetched to say that this strategy, adapted for our systems, could change the way we respond to domestic violence in Australia. I believe that the strategy of focused deterrence is worth implementing and evaluating in Australian contexts, as a significant shift in focus in our domestic and family violence responses because of the following:

- 01 **It is proactive and not just reactive to perpetrator activity and non-compliance**
- 02 **It identifies and attends to the most dangerous, sending a strong and clear message to other offenders**
- 03 **It is police driven, partnering with community services**
- 04 **It will strengthen information sharing between police and community stakeholders**
- 05 **It both sanctions the perpetrator for non-compliance, and it offers support for change to the perpetrator – both a stick and carrot approach.**
- 06 **It begins with clear, direct, and respectful communication with the perpetrator, through ‘call-in’ and letters to offenders, explaining the process, the sanctions, and the supports.**
- 07 **It focuses on the perpetrators while at the same time providing support services and practical assistance for victims**
- 08 **It monitors perpetrator compliance via a judicial process, with swift and certain consequences for non-compliance**

Replication of the strategy will require careful preparation, adaptation, planning, and implementation. It will also require stakeholders to address systems issues through partnerships to make the strategy workable and effective.



All going well, focused deterrence may provide an opportunity for community stakeholders to begin discussing the problem of domestic violence in a new way within their community and, if progressed collaboratively by stakeholders, could provide an opportunity to effectively reduce domestic violence call-outs for services, arrests, victim injuries, and ultimately deaths.

By holding the perpetrator accountable, recidivism and non-compliance will likely be reduced.

Of course, with any strategy which is introduced from another context, focused deterrence will need to be adapted and assessed in Australian systems. Attention must be given to any distressing unintended and unforeseen consequences arising, such as apprehending women victims who have been wrongly identified as perpetrators. Sanctions and consequences will need to be thought through carefully, with incarceration likely for the most dangerous perpetrators, and an array of other sanctions and consequences for those down the list – as long as consequences are swift and certain, and appropriately severe. Further, attention needs to be paid to cultural considerations: focused deterrence in Indigenous communities would need the guidance and support of community leadership and justice groups in how it is designed and implemented in those communities. However, given the current state of our nation, in terms of the overwhelming statistics, the tragic annual fatalities, and the hundreds of thousands of lives adversely affected, I argue we cannot ignore or dismiss focused deterrence without serious consideration and action.

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Research Summary: Repeat domestic and family violence among young people.

There are a number of risk assessment tools and safety measures that services and frontline workers have in place to protect and maintain the safety of domestic and family violence (DFV) victims and their children. However, there is a push within the service sector to concurrently apply equal focus towards responding to the behaviours of perpetrators (Not Now, Not Ever report, 2015).

Understanding when a perpetrator will reoffend, and when the risk of reoffending is highest, is extremely valuable for enhancing victim safety and also in enhancing interventions that target reoffending behaviour. A recent report by Boxall and Morgan (2020) from the Australian Institute of Criminology (AIC) aims to predict the short-term reoffending patterns of young people who use DFV.

Amended and abridged article:

Boxall, H., & Morgan, A. (2020). Repeat domestic and family violence among young people. *Trends & Issues in crime & criminal justice* No. 591. Canberra: Australian Institute of Criminology.
<https://www.aic.gov.au/publications/tandi/tandi591>

The study

This study uses incident data from Victorian police to look at short-term reoffending patterns of young people aged between 12 and 18 years of age (n=3891) engaged in DFV. Specifically, the authors to look at:

- 01 **the prevalence of repeat violence at particular intervals (14, 30, 60, 90 and 180 days)**
- 02 **the timing of the first repeat violence incident**
- 03 **the peak period for repeat violence and**
- 04 **cumulative rates of repeat violence.**

Reported cases of young people engaged in DFV in 2014 were used as the reference point, as well as, prior and future incident data (up to 2015). The sample of young people was divided into two cohorts based on the type of violence used, resulting in a domestic violence (DV) group and a family violence (FV) group. Some young people were reported for repeat incidents of both domestic violence (between intimate partner) and family violence (family members, including parents, siblings, grandparents, step-parents and foster carers). Although there are some youth who were represented in both the cohorts, repeat offending patterns for both types of violence were not analysed in this report.



The authors note that understanding the timing of repeat DFV events is an aspect of DFV risk that has received little attention. There is practical value in measuring when the risk of reoffending is highest both for prevention and safety interventions. Understanding patterns of reoffending particularly among young people is significant in influencing emerging patterns of DFV used by young people. Although young people account for a small proportion of the DFV offenders, DFV can be a common experience between young people in intimate relationships. The authors (2020, p.3) highlight that:

“...some research has indicated that juvenile DFV behaviours, particularly adolescent family violence [AFV], may be the ‘missing link’ in understanding the intergenerational transmission of intrafamilial violence.”

Additionally, the authors note that support for recent victims of DFV is likely to be different compared to a victim who has experienced DFV in the past year, for example, and this is the same for perpetrators. In this sense, responses for both perpetrators and victims of DFV, can be tailored based on patterns of reoffending and associated risks.

Key findings

Prevalence and timing of repeat DV and FV incidents

Prevalence measures what proportion, or percentage of young people reoffended again, after the reference incident, and if the percentage of young people who reoffended changes – increases, decreases, stays the same – at different time intervals. One in four DV (26%, n=193) and FV group

members (28%, n=904) were involved in at least one more incident in the six months following the initial FV or DV incident. Reoffending patterns of the DV and FV groups were similar in that the percentage of young offenders involved in a repeat incident increased following the first few weeks and months after the initial incident. The timing of repeat incidents shows the proportion of young offenders that will reoffend and at what point in time after the initial incident. See full results on page 5 of the report, a summarised version is presented below:

14 days after the initial incident—six percent of DV (n=46) and seven percent of FV (n=227) group members were involved in a second violent incident

30 days after the initial incident—nine percent of DV (n=69) and 11 percent of FV (n=352) group members were involved in a second violent incident

60 days after the initial incident—14 percent of DV (n=109) and 16 percent of FV (n=516) group members were involved in a second violent incident

90 days after the initial incident—17 percent of DV (n=129) and 19 percent of FV (n=636) group members were involved in a second violent incident.

Young people who were reported again more quickly were more likely to be involved in three or more incidents. Rates of repeat DV and FV increase in the following weeks and months, after an initial DV/FV incident. However, it was found that young people will not be involved in another reported incident during a 6 month follow up.

Peak period of repeat violence

The authors aimed to understand at what time period the risk of a repeat violent incident is highest for young people. Analyses showed that the risk of repeat violence

was highest at the 30-day mark for DV group members and approximately 19–31 days for FV group members (p. 6). The probability of repeat violence declined abruptly after about a month before stabilising at around 90 days and then falling again towards the six-month mark.

It was also found that young people who were involved in a second incident within 30 days of the initial incident were significantly more likely to commit a third or subsequent act of violence than those who took longer to be involved in a repeat incident. This finding was the same for DV (46% vs 31%) and FV group members (48% vs 31%) (p. 8).

Cumulative risk

Cumulative risk tells us the likelihood of further violence every time a young person engages in DV or FV behaviours. The authors found that the risk of repeat violence was cumulative, meaning every incident of repeat violence increased the likelihood of another incident occurring. Within the DV group (n=753), 14 percent were involved in a second incident of violence within 60 days of the initial incident, but 35 percent of those who were (n=38) went on to commit a third act of violence within another 60 days. Thirty-nine percent of this cohort (n=15) went on to commit a fourth act of violence in the next 60 days (p. 9). Here, the risk of repeat violence in young people is cumulative, as multiple incidents increase the likelihood of another incident taking place.

Similarly, for the FV group (n=3278), sixteen percent of young people were involved in a second incident of violence against a family member within 60 days of the initial incident, of which 32 percent (n=165) went on to commit a third act of violence in the next 60 days. Of these 165 young people, 39 percent (n=64) went on to be involved in a fourth incident of violence within 60 days of the third incident (p. 9).

Expansion on key findings

Predicting short term violence

Overall the authors found that prior involvement in DFV behaviours does predict short-term repeat DFV related violence. The odds of a young person with a history of DV being involved in repeat violence within 30, 60 and 180 days were 2.6, 1.8 and 2.1 times the odds of a young person without a DV history (p. 10).

The odds of a young person with a history of FV had significantly higher odds of being involved in a repeat FV incident at 30, 60 and 180 days than a young person with no history of FV. For the FV group there was a stronger relationship between the number of prior FV incidents and the odds of repeat incidents occurring. The odds of an FV group member with at least one prior FV incident being involved in repeat violence at 30 days were 1.9 the odds of a young person with no history of family violence, or 2.5 times the odds of a young person with two or more prior incidents.

So, within this cohort of young people engaged in DFV – who is most likely to offend and when is this risk of reoffending highest? “Young people who are reported for repeat violence sooner after the initial incident are more likely to reoffend on multiple occasions in the short term”.

Interesting findings

‘New’ victims:

A notable difference between the patterns of repeat violence between the DV and FV group was the prevalence of ‘new victims’ in repeat incidents of violence. For the DV group, only a small proportion of young people were reported for a repeat incident of violence against someone different from the victim identified in the initial incident. However, for the FV group over one third of young people (37%) were reported for violence against a different family member in repeat incidents of violence (p. 8). The authors note that this difference is likely due to opportunity, most young people presumably live with family members or carers and are likely to have more opportunities to enact violence compared to the DV group. DV requires a young person to be in an intimate relationship, there is less opportunity to enact DV with different victims due to the time it takes to form intimate relationships.

Peak period of repeat violence:

The risk of a repeat incident of violence for the DV group was at the 30-day mark and approximately 19–31 days for FV group members. The authors note that these findings are telling, as they suggest that targeting the ‘time’ (weeks/months) in which the risk of repeat violence is highest could ultimately reduce the number of victims and importantly, disrupt emerging or established patterns of violence (p. 8).



Implications for practice

- The findings from this AIC report indicate that there is a need for more nuanced understanding of the situational and individual factors that contribute to violence used by young people within family contexts of intimate relationships
- A need for graduated responses to young people who enact DFV.

“...highlights both the need for graduated responses to AFV, and the potential of these responses to prevent future harm to victims and break the cycle of abuse and violence that may be present within the relationships and families of young people who use violence.” (p. 14)

- Understanding reoffending patterns is important for informing target responses that aim to break the emerging or establish patterns of violence used by young people and prevent longer-term patterns and use of violence.

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