

Compliance Framework Men's Behaviour Change Programs: Application of the Risk, Needs and Responsivity Principles in community based (non-correctional) MBCPsⁱ

Please note: The application of the Risk, Needs, Responsivity Principles in non-correctional Men's Behaviour Change Programs is an emerging area of practice. The purpose of this document is to provide general guidance for what MBCPs can do to address the Practice Standards relating to RNR, and encourage providers to adopt a more tailored approach to program design and delivery. This guidance will continue to be developed to enhance RNR guidance and promote continuous improvement in MBCP practice.

No to Violence (NSW) is currently developing a Common Dynamic Risk Assessment Framework for Men's Behaviour Change Programs. The framework will establish an evidence based methodology to identify, assess and manage risk, which will support the implementation of the RNR Principles in community-based (non-correctional) MBCPs. It is anticipated that this work will be completed in mid-2019.

Introduction

The Practice Standards require MBCP providers to demonstrate that their program design and delivery models, including program length, be evidence based and tailored to the risk, need and individual circumstances of participants. This is consistent with the Risk, Needs, Responsivity Principles (the RNR Principles).

The RNR Principles are used in offender programs in correctional settings as a way to tailor interventions to participants and move away from a one-size-fits all approach. It is a model that seeks to reduce re-offending by addressing the level of risk of re-offending of each participant, their criminogenic needs, and being responsive to various factors in their lives. The RNR Principles focus on three areas that are considered most effective in reducing re-offending behaviours.ⁱⁱ These are:

- **Risk** – ensuring that the intensity of intervention is matched to the risk of an individual. Perpetrators require varying levels of intervention intensity that are consistent with their assessed level of risk.
- **Needs** – assessing the specific factors that contribute to an individual's offending behaviour and targeting them in treatment.
- **Responsivity** – matching the treatment to the individual's learning style, motivation, abilities and strengths.

The purpose of applying RNR in community based MBCPs is to provide more flexibility in the way MBCPs design and deliver programs to different participants. Flexibility is based on the risk, needs, and unique factors that may affect participant engagement and their subsequent benefit from a program.

Risk

The risk principle states that re-offending can most effectively be reduced if the level of intervention provided to the perpetrator is proportional to their risk of re-offending. The risk principle has two parts:ⁱⁱⁱ

- **Risk of re-offending.** Determining the risk of re-offending of a perpetrator is necessary to differentiate lower risk perpetrators from higher risk perpetrators. This can help ensure the appropriate level of intervention is provided to participants.
- **Level of intervention.** Providing programs and interventions for lower risk perpetrators in some cases can increase their risk of re-offending. This is because by mixing low and high risk perpetrators in the same intervention, low risk perpetrators may learn new tactics of coercive control and new anti-social attitudes from higher risk perpetrators, and/or dismiss their use of violence as relatively minor compared to a higher risk perpetrator.^{iv} In addition, inappropriate matching of treatment intensity with perpetrator risk level can lead to wasted treatment resources.^v

There are many factors that contribute to the risk of domestic and family violence that can guide a structured approach to risk assessment in MBCPs.^{vi} Research undertaken by the Australian National Research Organisation for Women's Safety (ANROWS) indicates certain factors in relation to intimate partner violence by men against women contribute to a higher risk of re-offending, serious injury or death. These include:^{vii}

- A history of family and domestic violence
- Coercive control
- Separation (actual or pending)
- Intimate partner sexual violence
- Non-lethal strangulation
- Stalking
- Threats to kill, including pets
- Perpetrator's access to, or use of weapons
- Escalation in frequency and severity of violence
- Pregnancy and new birth.

Other risk factors identified by ANROWS include:^{viii}

- Victims self-perception of risk
- Suicide attempts and threats
- Misuse of drugs or excessive alcohol consumption.

Sources of information to inform risk assessment

Program providers can use the following to inform the assessment of risk and needs:

- Intake and assessment (perpetrator)
- Partner contact (victim)
- Information and advice from referral sources. Note participants who are referred from Corrective Services NSW (CSNSW) or the Department of Families and Community Services (FACS) as lower risk may be assessed as higher risk by a community based, non-correctional provider
- Information sharing with other government and non-government organisations (formalised by information sharing agreements)
- Criminal history (where available).

Ongoing risk assessment and management for participants

Assessment of perpetrator risk and needs is an ongoing process. Events and circumstances over the duration of a MBCP may change a perpetrator's risk of using violence. Providers should monitor participants throughout the MBCP and respond to any changes, particularly in relation to any increased risk they pose to their partner, former partner and/or children.

MBCP providers should engage with clients (victims and perpetrators, as applicable) and other service providers on an ongoing basis to continue to identify, assess and manage perpetrator risks to continually inform program design and delivery (see below).

Needs

The needs principle states that the focus of treatment should be on criminogenic needs. In a custodial context, criminogenic needs are dynamic risk factors that are directly linked to criminal behaviour. Criminogenic needs can inform risk assessment. The most useful dynamic risk factors are those factors that are responsive to intervention. Criminogenic needs can include:

- Anti-social personality patterns, indicated by impulsive behaviours, adventurous pleasure seeking, restlessly aggressive and irritable
- Pro-criminal attitudes, indicated by: negative attitudes towards the law and violence supporting narratives (this may include sexist implicit beliefs about women and relationships, commitment to gender-based hierarchies and privilege-based masculinities, male entitlement and practices of exerting gender-based power)
- Social supports for crime, indicated by: criminal friends and isolation from pro-social others
- Substance abuse, indicated by the abuse of alcohol and or drugs
- Poor family and intimate partner relationships
- Low levels of satisfaction or poor performance with work or school
- Lack of pro-social activities.

Men's Behaviour Change Programs should seek to decrease the presence or intensity of dynamic risk factors present for participants. Some criminogenic needs may not be present in, or relevant to, participants in a non-correctional context.

Responsivity

This principle provides that treatment can be enhanced if the intervention pays attention to personal factors that can facilitate learning.^{ix} Participants may have individual factors that may affect their participation in a MBCP.

Factors can include different learning styles, which may include learning through conversation, listening, watching, experiencing and/or creating.^x Other factors that may impact participation may include variables such as age, cultural and language barriers, life experience, education or trauma.^{xi}

These factors may require a tailored response to prepare a perpetrator to participate in a program and ensure they meaningfully engage in a program, at the right time. MBCPs should match the different learning styles of participants. Other factors that may impact participation may need to be addressed before a perpetrator commences a program.

Design and delivery – Risk, needs and responsivity

MBCP providers must adapt their program design and delivery to implement the RNR Principles and – through compliance processes – must explain how the RNR Principles are applied to program design and delivery. The following section provides some guidance on how that can be achieved.

The level of intervention should be proportionate to a participant's risk of re-offending, and targeted and tailored to their specific needs and responsivity issues. **Table 1** illustrates the characteristics of lower and higher risk perpetrators (with examples) and the impact that risk may have on the level of intervention.

Intake and assessment

Intake is the initial evaluation of a participant that gathers information on their history, circumstances and issues, and assesses them for program suitability. The intake and assessment process provides an opportunity for MBCP facilitators to undertake an initial RNR assessment. This can help MBCPs develop a holistic understanding of the participant's risks and needs (including a risk and needs assessment), which will help facilitators tailor the program to individual participants.

Intake and assessment can be guided by clear eligibility and exclusion criteria. These criteria may provide that:

- participants assessed as very low or very high risk may not be suitable or eligible to participate in a program
- lower risk participants should not be mixed with higher risk participants
- different interventions should be delivered dependent on the level of risk and needs of a participant
- participants are not able to commence a program until factors preventing learning or change are addressed.

Program length and intensity

Program duration and intensity should be tailored based on the level of risk and needs of individual participants, and the number of responsivity issues that need to be addressed to enable them to fully participate in the program. Group programs may vary in length and type of delivery, and may be adjusted to include:

- pre-program group sessions
- modulated, open and closed groups
- short individual sessions
- one-to-one work.

For example, high risk, complex participants might participate in group work modules, and supplementary one-to-one sessions. Lower risk participants may only need short individual session where a safety and accountability plan is developed or a referral to a support service is provided (see below). A program designed for lower risk perpetrators may be shorter and of lower intensity; and vice versa for higher risk perpetrators.

Other ways MBCPs can respond to risks, needs and responsivity issues

Case planning

Case planning is a process between a MBCP facilitator and participants to determine personal needs, learning styles, strengths and goals to support a participant's involvement in a program. A case plan may include goal setting^{xii} for individual participants and identify ways the MBCP can respond to a participant's different learning styles and needs. These may relate to drug and alcohol abuse, trauma and mental illness, or cultural barriers.

Case plans can be undertaken at the intake stage or as part of pre-group work and should be reviewed on an ongoing basis. Participants should be involved in the development of a case plan, as this is the most relevant way to ensure the responsivity factor is being considered. Strategies should be realistic and achievable.

Case management and referrals

Case management is an approach to service delivery that aims to ensure that participants with complex, multiple needs receive the services they need to enhance their motivation and/or capacity to benefit from a program. Some men participating in MBCPs will have case management needs that may impact on their ability to participate in a program. These needs can be managed by a MBCP though the referral of participants to other services, such as counselling or drug and alcohol support.

Some program participants with less complex needs and who engage in services may not need a case management approach. Others with more complex needs or engagement with a program provider may need more involved case management.

Safety and accountability planning

A safety and accountability plan sets out a participant's specific behavioural change goals and articulates their strategy to maintain their current and/or former partner's safety, and the safety of their family and children. These plans can focus on what is required for a participant to sustain helpful shifts in behaviour change and have strategies to target risks that are known to contribute to their use of violence.^{xiii}

A safety and accountability plan can be an important part of program reviews, exit planning interviews and follow up sessions. These plans are also used as a starting point for conversations should a participant return following further use of violence.

Motivational enhancement

Sustained motivation is an important part of facilitating behaviour change. There are a range of factors that may influence a participant's motivation to engage in a MBCP. These can include, for example, unemployment, mental illness or cognitive impairment, disability, substance abuse, or violence supporting narratives. Motivation can change for participants throughout a program and participants may also lose motivation if they believe the program is not consistent with their goals, or relevant to their lives.

Providers should work to assist participants sustain their motivation to change throughout a program. Poor participation and low levels of motivation might be addressed through case

management, perpetrator counselling, individual sessions, referrals to other support services, or utilising external influences such as family, community, or justice processes.

ⁱ This guidance has been developed in collaboration with No to Violence (NSW). Research undertaken by Rodney Vlais on behalf of the NSW Education Centre Against Violence has also informed its development. Rodney Vlais, *Application of the Risk Needs Responsivity framework by community-based MBCP providers*, NSW Education Centre Against Violence, May 2018 (unpublished).

ⁱⁱ D Andrews and J Bonta, *The psychology of criminal conduct*, Newark, N.J.: Matthew Bender, 5th edition, 2010.

ⁱⁱⁱ Public Safety Canada, *Risk-need-responsivity model for offender assessment and rehabilitation*, 2007-06, www.publicsafety.gc.ca/cnt/rsrscs/pblctns/rsk-nd-rspnsvty/index-en.aspx (viewed 10 November 2018).

^{iv} D Andrews and J Bonta, *The psychology of criminal conduct*, Newark, N.J.: Matthew Bender, 5th edition, 2010.

^v Public Safety Canada, *Risk-need-responsivity model for offender assessment and rehabilitation*, 2007-06, www.publicsafety.gc.ca/cnt/rsrscs/pblctns/rsk-nd-rspnsvty/index-en.aspx (viewed 10 November 2018).

^{vi} A structured approach to risk assessment is made with the assistance of a set of guidelines that include specific factors (both static and dynamic) that should be considered to determine risk.

^{vii} Cherie Toivonene and Corina Backhouse, *National Risk Assessment Principles for domestic and family violence*, Australian National Research Organisation for Women's Safety, July 2018, pp 12–16.

^{viii} Cherie Toivonene and Corina Backhouse, *National Risk Assessment Principles for domestic and family violence*, Australian National Research Organisation for Women's Safety, July 2018, pp 12–16.

^{ix} Public Safety Canada, *Risk-need-responsivity model for offender assessment and rehabilitation*, 2007-06, www.publicsafety.gc.ca/cnt/rsrscs/pblctns/rsk-nd-rspnsvty/index-en.aspx (viewed 10 November 2018).

^x R Vlais, *Domestic violence perpetrator programs: Education, therapy, support, accountability 'or' struggle?*, No to Violence, Melbourne, 2014.

^{xi} R Vlais, *Domestic violence perpetrator programs: Education, therapy, support, accountability 'or' struggle?*, No to Violence, Melbourne, 2014.

^{xii} Rodney Vlais, *Application of the Risk Needs Responsivity framework by community-based MBCP providers*, NSW Education Centre Against Violence, May 2018 (unpublished).

^{xiii} *What's Your Plan* is an example of an intervention that adopts a safety and accountability planning approach. This intervention assists Aboriginal defendants in domestic violence matters to improve their compliance with Apprehended Domestic Violence Orders.