

EVIDENCE REVIEW

Early intervention in the context of gendered violence

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June 2026



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INTRODUCTION

Background

In 2024, the Victorian Government announced its Strengthening Women's Safety Package – a suite of reforms aimed at strengthening Victoria's family violence system, and approaches to preventing and responding to family and gendered violence. The package included a \$9.8 million investment for Respect Victoria to co-design and deliver a multi-year, place-based prevention initiative in Ballarat (a project now known as Respect Ballarat).

Respect Ballarat, a community model to prevent gendered violenceⁱ, is the first initiative of its kind in Australia, providing an opportunity to:

- deliver violence prevention activities at scale
- design and implement comprehensive, integrated prevention approaches that combine primary and secondary prevention interventions
- build evidence on what works to prevent gendered violence at a community and population level.

Purpose and scope of this review

The purpose of this review was to identify and synthesise evidence on early intervention in gendered violence preventionⁱⁱ to inform the design, development and implementation of integrated prevention activities for the Respect Ballarat initiative. The objectives of the review were to:

1. determine how early intervention is defined and conceptualised in gendered violence prevention policy, practice and research
2. understand how early intervention is applied in practice to prevent gendered violence, including the types of programs and interventions used, and their key components, strategies, principles and practices.

We sought to identify policy and practice documents that specifically mentioned early intervention (secondary prevention) in gendered violence and/or violence against women, as well as evidence

ⁱ While Respect Victoria uses the term gendered violence, in this report the terms gendered violence and gender-based violence are used interchangeably. Both terms refer to violence and harms perpetrated because of harmful gender norms and power dynamics.

ⁱⁱ In this review, the term gendered violence includes violence against women, intimate partner violence and family violence.

on early intervention programs and interventions aimed at preventing or reducing gendered violence.

An assessment of the quality and/or effectiveness of these interventions and program was out of scope for this review. General theoretical and practice evidence on public health, health promotion and prevention approaches were also out of scope, as was evidence on tertiary prevention or response interventions for gendered violence.

Public health approach to preventing gendered violence

The World Health Assembly formally recognised violence as a public health priority in 1996 (1), which established a clear global mandate for a public health approach to gendered violence, and provided a strong impetus for the development of prevention theory and evidence to inform gendered violence policy, practice and programming (2, 3).

The public health approach draws on feminist, human rights and criminal justice theories and frameworks. Feminist approaches emphasise addressing patriarchy, gendered power relations and structural gender inequality; human rights approaches emphasise the obligations of governments to prevent and eradicate violence against women under international law; and criminal justice approaches focus on enforcing domestic laws through deterrence and punishment (2, 4-6).

The public health approach seeks to benefit the whole population by addressing the underlying societal conditions and causes of violence, as well as community, family and individual circumstances, risks and protective factors. It is also underpinned by fundamental health promotion and public health models and concepts, such as the socio-ecological model of health, settings-based approach, life course approach and prevention classification schema (4). The socio-ecological model is used to map the various determinants, risk factors and protective factors that influence gendered violence across individual, family, community and societal domains. It is also used to inform policy and programming by highlighting points of prevention and intervention across its four domains, and guiding the selection of appropriate interventions and strategies (3, 4, 6, 7).

The prevention classification schema is used to categorise gendered violence interventions and activities according to three levels of prevention: primary, secondary and tertiary prevention. Early conceptualisations of gendered violence described the three levels of prevention as (4, 8):

1. primary prevention, which aims to prevent violence before it occurs
2. secondary prevention (early intervention), which focuses on the more immediate responses to violence
3. tertiary prevention, which focuses on long-term care following violence.

This schema has been widely adopted in international and national frameworks, plans and strategies, and provides the basis for prevention policy and programming globally. Gendered violence prevention theory, evidence and practice has continuously evolved, including the way the prevention classification schema is conceptualised and described. One of the earliest global frameworks on gendered violence prevention, the *UN framework to underpin action to prevent violence against women* describes the three levels of prevention as (5):

1. preventing violence before it occurs (i.e. new cases of violence)
2. preventing the recurrence of violence
3. preventing or limiting the impacts of violence.

In some public health models and frameworks, prevention activities are further categorised into intervention type, based on their intended target groups (9). In these models, 'universal' interventions target the whole population regardless of risk, 'selective' interventions target those most at risk of perpetration or victimisation, and 'indicated' interventions target those already using violence. Other frameworks promote a more integrated prevention approach in which 'selective' interventions that address specific risk factors (or people at risk) are incorporated as a core component of primary prevention approaches and interventions (3, 10, 11).

As prevention work primarily seeks to influence structural and population-level change, gendered violence prevention frameworks and approaches have tended to emphasise and prioritise primary prevention activities and interventions (5, 6). In contrast, while evidence on early intervention practices and approaches is emerging, there is currently a lack of evidence-based frameworks and guidelines to inform early intervention policy and programming, including integrated prevention initiatives that incorporate primary prevention and early intervention components.

Risk and protective factors for gendered violence

There are a range of known risk and protective factors for gendered violence, as outlined in several prominent global prevention frameworks and guides (4, 5, 11, 12). Risk factors increase the likelihood of someone experiencing or using violence, while protective factors buffer against risk factors and/or reduce the likelihood of experiencing or using violence. Risk and protective factors can exist at the individual, relationship/family, community and societal level. They include social, economic and political conditions and circumstances, as well as community and neighbourhood contexts and characteristics.

It is important to note that risk factors are not deterministic, and the presence of one or more risk factors does not mean an individual will experience or use violence. Rather, the presence of several risks and/or specific patterns of risk shape the overall risk profile for an individual, family or neighbourhood/community and therefore increase the likelihood of someone experiencing and using violence. Similarly, understanding protective factors and how to leverage these, alongside

efforts to neutralise or reduce risk factors, can decrease the likelihood of individuals using or experiencing gendered violence.

Understanding the risk and protective factors for gendered violence is critical for designing and delivering effective prevention programs and mutually reinforcing primary and secondary interventions and activities. In place-based prevention initiatives targeting whole communities (i.e. with defined geographic boundaries), developing a comprehensive community risk profile is useful for informing universal prevention activities that attend to community-wide risk and protective factors, as well as more targeted interventions that address setting-specific and cohort-specific risk and protective factors.

Gendered violence prevention policy in Australia

Ending gendered violence is a commitment and a priority of all governments in Australia. The National Plan to End Violence against Women and Children 2022-2032 (13) provides the overarching policy framework guiding violence prevention policy priorities of all governments across Australia, and their collective commitment to end violence against women within a generation. The plan outlines priorities, objectives and actions across four domains:

1. prevention
2. early intervention
3. response
4. recovery and healing.

These domains are generally referred to as ‘the continuum’, and broadly describe key points or opportunities for intervention in gendered violence. Each state and territory government also has its own family violence plan, strategy or framework, and these align with the national plan priorities and articulate their specific actions across the four domains of the continuum.ⁱⁱⁱ

Prevention work in Australia is also guided by *Change the story* (6), developed by Our Watch, the national primary prevention agency. This framework focuses specifically on primary prevention, and sets out a universal, population approach to preventing violence against women. It also describes a ‘continuum’ made up of the four domains of the National Plan to End Violence against Women and Children, but it overlays this with the prevention classification system used in public health models of prevention. As such, primary prevention is described as ‘whole of population’ initiatives that address the underlying drivers of violence against women; while early intervention is described as

ⁱⁱⁱ Terminology to describe gendered violence varies across states and territories. It includes violence against women (VAW), family violence (FV), and family, domestic and sexual violence (FDSV). Other terminology used in this report includes domestic violence (DV) intimate partner violence (IPV), and violence against women and girls (VAWG).

activity that aims to change the trajectory for people at higher-than-average risk of perpetrating violence. Tertiary prevention is used interchangeably with response, and is described as preventing the recurrence of violence; and recovery focuses on the ongoing safety, health and wellbeing of people who have experienced violence.

As these overarching gendered violence policies serve separate but complementary purposes, the continuum of violence is framed in slightly different ways. As a result, prevention and early intervention in particular are currently understood and applied differently across governments portfolios and departments, and the family violence system and service sectors more broadly.

The early intervention gap

There are some existing government strategies and plans that outline a commitment to early intervention, but the interventions and actions specified within them are narrow in scope, largely focusing on improving identification of and response to family and domestic violence through better risk assessment and management (13-15). There has also been some investment in and commitment to early intervention through men's referral services and therapeutic work with children and young people, including those who have experienced or been exposed to domestic and family violence, and those who are showing early signs of using violence or who are using violence (14-16).

The limited focus on early intervention in government policy, the narrow scope of early intervention actions and commitments, and the apparent lack of funded early intervention programs in Australia has hampered the development and implementation of integrated prevention approaches to gendered violence. In addition, as very few early intervention programs have been funded and evaluated in Australia, there is currently limited evidence available to guide the design and implementation of early intervention programs and activities in the Australian context.

There is a growing recognition of the need to better define and prioritise early intervention in government policy in Australia, to adequately fund early intervention programs and interventions, and to develop evidence on effective early intervention practice and programs (17-19).^{iv} This review outlines the evidence on early intervention definitions, concepts and approaches that will be useful for informing government policy and programming, as well as for the design and implementation of early intervention programs and activities.

^{iv} We note that since completing this review and report in 2024, Safe and Equal realised a report on the early intervention policy landscape, 'Early intervention in family and gender-based violence: Scoping paper'. In the same period, both the Australian Government and the Victorian Government have increased investment in early intervention programs and interventions.

METHODS

We conducted this review between November 2024 and April 2025, to identify evidence on early intervention (secondary prevention) in gendered violence prevention, including frameworks and policies, practice guides, intervention studies and reports on relevant programs and interventions.

The review questions were:

1. How is early intervention defined and conceptualised in prevention of gendered violence?
2. What types of programs, interventions and strategies are typically categorised as early intervention?
3. What early intervention programs and interventions have been implemented, and what are their key components, strategies and practices?
4. What are the principles that commonly underpin early intervention work?
5. What are the aims and intended outcomes of early intervention programs and interventions?

Search strategy

We undertook a systematic search of peer-reviewed and grey literature using the search strategy outlined below to identify relevant evidence on early intervention in gendered violence prevention. We conducted two separate searches via the EBSCOhost Research Platform, which combines a large range of academic databases and journals. The first search sought to identify documents that described early intervention principles, practices or strategies; and the second search sought to identify prevention frameworks and program and practice guides.

We then conducted a web search via a general Google search and targeted website search to identify government policies, plans and strategies; prevention frameworks and practice guides; and reports on early intervention programs and interventions.

EBSCOhost Search 1

Search terms	Abstract: ("early intervention" OR "secondary prevention") AND Abstract: ("gender-based violence" OR "violence against women" OR "intimate partner violence" OR "domestic violence" OR "family violence") AND (principles OR practice OR strategies)
Languages	English only
Inclusion criteria	• Published between November 2014 and November 2024

	• Published in English • Must contain the terms 'early intervention' or 'secondary prevention' with one of the following terms: 'gender-based violence', 'violence against women', 'intimate partner violence', 'family violence' • Peer-reviewed articles only • Full-text articles only • Publication types: all literature review types (i.e. systematic reviews, scoping reviews, policy reviews); intervention and program studies; protocol studies; program evaluations; conceptual/theoretical studies or frameworks; evidence reports
Exclusion criteria	• Published prior to 2014 • Languages other than English • Publication types: editorials, conference abstracts, letters, blogs and news articles • Does not contain either a definition of early intervention/secondary prevention or describe a GBV framework, program, intervention or other practice evidence
EBSCOhost Search 2	
Search terms	Title: ("violence against women" OR "intimate partner violence" OR "gender-based violence" OR "family violence" OR "domestic violence") AND Abstract: ("early intervention") AND Abstract: (practice OR program OR guidelines OR framework OR guide)
Languages	English only
Inclusion criteria	• Published between November 2014 and November 2024 • Published in English • Must contain the terms 'early intervention' or 'secondary prevention' with one of the following terms: 'gender-based violence', 'violence against women', 'intimate partner violence', 'family violence' • Publication types: all literature review types (i.e. systematic reviews, scoping reviews, policy reviews); intervention and program studies; protocol studies; program evaluations;

	conceptual/theoretical studies or frameworks; evidence reports
Exclusion criteria	• Published prior to 2014 • Languages other than English • Publication types: editorials, conference abstracts, letters, blogs and news articles • Does not contain either a definition of early intervention/secondary prevention or describe a GBV framework, guide/guideline/program, intervention or other practice evidence
Web search	
Search engines	• Google (first 20 pages)
Specific websites	• Australian Government websites • State and territory government websites • Prevention agencies • World Health Organization (including regions) • United Nations agencies
Search phrases	• Family violence policies, plans, strategies • Prevention of violence against women policies, plans, strategies • Violence prevention frameworks • Violence prevention guides • Violence prevention guidelines • Violence prevention evaluation and reports
Inclusion criteria	• Published between November 2014 and November 2024 • Published in English • Must contain the terms early intervention or secondary prevention with one of the following terms: 'gender-based violence', 'violence against women', 'intimate partner violence', 'family violence'
Exclusion criteria	• Does not contain either a definition of early intervention/secondary prevention or describe a GBV framework, guide/guideline/program, intervention or other practice evidence

Search results

We identified 63 documents that met the criteria for inclusion in this review via the two EBSCOhost searches and initial web search. These included: 13 Australian-based government documents (plans, strategies and frameworks), four violence prevention frameworks, 20 peer-reviewed articles, 15 published reports, and 11 practice guides (including technical and practice briefs).

We also identified 23 early intervention programs and interventions that had either been implemented in Australia, or were being implemented at the time of this review. Most of these were identified through a secondary analysis of the policy documents and published reports identified through the initial website search.

Data analysis, extraction and synthesis

We developed a coding framework to guide analysis of the documents included in this review, and to systematically extract and organise the information into categories that aligned with the review questions. The coding categories were: document type (i.e. framework/plan, article, report, guide), definitions, principles, strategies and outcomes.

We analysed the content of each document to identify whether they contained these components and assigned a 'yes', 'no', or 'partially' against the coding categories. We then extracted relevant content on these components from the documents and organised them into their corresponding coding categories in a Microsoft Excel database. We also annotated each document with notes to support analysis, interpretation and conceptualisation of early intervention in the review findings.

FINDINGS

How early intervention is defined

In total, we identified 35 documents with a focus on violence against women or gendered violence and containing a definition of early intervention. These included 14 plans, strategies or frameworks; 10 published reports; three practice guides; and eight peer-reviewed articles (see Table A1 in Appendix 1 and Table A2 in Appendix 2). While the specific wording of these definitions varied across documents, they broadly contained similar elements and/or expressed a similar meaning or intent. The elements most commonly identified across definitions of early intervention were:

1. focusing on individuals and families at high risk of experiencing and/or perpetrating violence
2. addressing or reducing known risk factors
3. intervening at the earliest stage possible, either to stop violence from reoccurring or prevent it from escalating (i.e. changing the trajectory of violence).

The UN Women's framework to underpin action to prevent violence against women (5) provides a definition of early intervention that specifies the target audience – being those at high risk of perpetration and/or victimisation – as well as the risk factors that contribute to this increased risk. Importantly, the framework also provides a comprehensive list of the risk factors and determinants that need to be addressed as part of early intervention work (see Table 1).

Australia's national prevention framework – *Change the story* (6) – also specifies a focus on people at higher risk of perpetrating or experiencing violence in its definition of early intervention, stating that 'early intervention aims to change the trajectory for individuals at higher-than-average risk of perpetrating or experiencing violence' (6 p. 55). This definition has been adopted in most state and territory government prevention plans and strategies, which over time have increasingly sought to align their prevention approaches with *Change the story*.

While Australia's National Plan to End Violence against Women and Children 2022-2032 (13) also aligns with *Change the story*, it provides a more specific and targeted definition of early intervention, emphasising support for individuals and families at risk or already experiencing family violence. It states that 'early intervention aims to identify and support individuals and families experiencing, or at risk of, gender-based violence in order to stop violence from escalating, protect victim-survivors from harm and prevent violence from reoccurring' (13 p. 82). The explicit focus on preventing recurring or escalating violence in the National Plan to End Violence against Women and Children has also been adopted in several other government documents included in this review (14, 15, 20).

Other notable variations in the early intervention definitions identified through this review were:

1. a focus on addressing the early signs of violence for both perpetration and victimisation
2. a focus on changing attitudes and behaviours, and building the skills of those at risk of using violence.

For example, in their definitions of early intervention, the NSW Domestic and Family Violence Prevention and Early Intervention Strategy (21) and the Northern Territory's Domestic, Family and Sexual Violence Reduction Framework (22) explicitly refer to changing attitudes and behaviours, and building the skills of people at risk.

The most comprehensive definition of early intervention identified through this review was in VicHealth's Public Health Model for the Prevention of Violence Against Women (23). It specifies who and what early intervention aims to target, and that early intervention activities can be targeted at individual-level risks and behaviours, as well as the environments (i.e. settings) that contribute to or increase the risk of violence. The VicHealth definition states that:

Early intervention is targeted to individuals and groups who exhibit early signs of perpetrating violent behaviour or of being subject to violence. It can be aimed at changing behaviours or increasing the skills of individuals and groups ... and may also be targeted to environments in which there are strong signs that violence may occur or has begun to occur.

The peer-reviewed articles and various reports included in this review generally described interventions and programs, and they commonly defined early intervention in terms of early detection and identification of violence to reduce it once it has already occurred, to reduce the immediate harms of violence, and to prevent violence from reoccurring or escalating. Some definitions of early intervention also extended to preventing or minimising the broader impacts of violence on women and children, particularly health and social impacts (see Table A2).

Table 1: Summary of risk factors and determinants of intimate partner violence^v

	Victimisation	Perpetration
Individual/ relationship	• Low levels of education • Young age • Socio-economic status/food insecurity • Lack of autonomy • Attitudes accepting of unequal gender roles and violence • A history of exposure to violence in childhood • Acceptance of violence • Prior victimisation • Disability • Poverty • Discrimination based on sexual orientation and gender identity • Unemployment • Depression • Harmful use of alcohol/illicit drug use • Educational disparity • Number of children • Marital discord/dissatisfaction • Separation	• Multiple partners/infidelity • Transactional sex • Controlling behaviours • Belief in rigid/unequal gender roles • Use of alcohol • History of exposure to violence and neglect in the childhood • Acceptance of violence • Past history of IPV • Low socioeconomic status, low income and/or food insecurity • Low education levels • Unemployment • Depression/low life satisfaction • Educational disparity • Marital dissatisfaction/discord and its duration (especially gender role disputes) • Marital duration • Separation

^v This table is reproduced from the UN Framework on gendered violence prevention (5). The original table also outlines societal level risks and determinants; those have not been included here as they are less likely to be the focus of early intervention activities.

	Victimisation	Perpetration
Community/ organisational	• Acceptance of traditional gender roles • Low proportion of women with high level of autonomy • Limited collective activity among women • Acceptance of violence • Weak sanctions against violence • High proportion in the community of: ○ Poverty ○ Unemployment ○ Female illiteracy • Discriminatory attitudes and practices towards specific groups of women • Poverty • Weak social connectedness • Limited collective efficacy	• Acceptance of traditional gender roles • Masculine peer and organisational cultures • Acceptance of violence • Weak sanctions against VAW • High proportion of families using corporal punishment • High proportion of: ○ Poverty ○ Unemployment ○ Male illiteracy • Weak social connectedness • Limited collective efficacy

How early intervention is categorised and applied

Public health definitions and conceptualisations of early intervention in gendered violence prevention have evolved over time. It has also been categorised and applied in various ways in policy, programming and practice, depending on the context or setting in which it is being used.

Gendered violence frameworks and models often conceptualise and depict primary, secondary and tertiary prevention as discrete, linear and or/hierarchical categories of intervention. In reality, the three levels of prevention are overlapping, interdependent categories of activity that interconnect and reinforce each other (3, 24, 25).

In addition, early intervention aims to disrupt pathways to violence by intervening along a continuum that includes intervening to address people at greater risk of violence, intervening to address behaviours that predict future violence, or intervening in the early stages of someone using violence to prevent recurrence or escalation of violence (i.e. in severity and impact).

Given these factors, it is generally not useful to place rigid boundaries around what constitutes primary prevention and early intervention, or to separate them into distinct or mutually exclusive categories of intervention. Place-based prevention initiatives and programs implemented in complex contexts typically utilise integrated prevention approaches that combine interventions that span two or more levels of prevention. Primary prevention and/or universal prevention activities and interventions that target whole populations are also likely to reach people who are either at risk of, or already experiencing or using, violence. These would therefore have primary and secondary prevention benefits and achieve primary and secondary prevention outcomes (26, 27).

The findings of this review suggest three key factors are relevant in determining whether a program or intervention can be considered or categorised as early intervention:

1. the timing or point of intervention
2. the intended target groups or beneficiaries
3. the intended impact or outcomes.

Timing of, or point of intervention

The timing of, or point of intervention is generally the primary factor used to determine whether and intervention or program constitutes early intervention (3, 26, 28). Based on the public health model of gendered violence prevention, the first point of intervention along the early intervention continuum is the known or likely presence of risks factors that increase the likelihood of violence. Other points of intervention include: when early signs of violence (such as problematic behaviours) are confirmed or suspected; and during the early stages of violence perpetration or victimisation to prevent the recurrence and/or escalation of violence, and to prevent further harm (29-31). Interventions targeting people already using or experiencing violence are more commonly implemented in service settings but can also be delivered in community-based settings.

Prevention interventions that target people during key life stages or transitions when the risk of gendered violence perpetration and victimisation is known to increase are also categorised as early intervention. This includes for example, when young people enter into an intimate partner relationship for the first time, during pregnancy and early parenting, during relationship breakdown and separation, and when young people transition to adulthood (4, 12, 31-33).

Within service sector contexts, the timing of a person's initial contact with a service generally determines whether an intervention is categorised as early intervention (34). For example, early identification and responses to disclosures of violence within universal services (i.e. health services, early childhood services) is categorised as early intervention (35). Similarly, justice services such as the police, community legal services and courts generally define work with a perpetrator as early intervention if that individual has never been engaged in the justice system or does not have a recorded family violence offence (34, 36). However, given the time it takes for a person who has

experienced family violence to first disclose and/or report family violence, by the time a person has contact with the justice system, they have likely been perpetrating for a long time, which would constitute a tertiary response within public health models of prevention.

Another key factor that influences whether an intervention is categorised as early intervention is the relationship between victimisation and future perpetration, where work with children and young people who have experienced or been exposed to violence is considered early intervention, given its potential to disrupt intergenerational cycles of violence (4, 37, 38). This can include interventions that directly target children and young people in any setting. It also includes family violence response work that primarily supports women experiencing family violence, but that also intentionally focuses on the recovery of their children, thereby reducing the risk of future victimisation and perpetration (39). These interventions are usually highly specialised and more commonly delivered within service settings and/or therapeutic work.

Target groups or beneficiaries of the intervention

The target group or beneficiaries of an intervention is another key factor that influences whether it is categorised as early intervention (3, 26, 28). Prevention interventions targeting or involving populations or communities at higher risk of experiencing or using violence are generally considered early intervention. This includes cohorts who are at higher risk due to their personal history or family circumstances, as well as marginalised communities who are at increased risk due to structural oppression, discrimination, inequality and socio-economic disadvantage (26, 32, 34, 40).

Universal prevention programs and activities that target the whole population but inevitably reach or involve cohorts at risk can be categorised as early intervention (or selective prevention). Finally, interventions targeting specific risk factors for gendered violence are generally categorised as early intervention. This includes interventions targeting community and settings-based risks, and those with a dual focus on gendered violence and known risk factors, such as drug and alcohol use, gambling and/or poor mental health (30, 32, 33, 35, 36).

Programs and interventions targeting children and young people are often categorised as early intervention, given these provide the greatest opportunity to identify and address childhood risk and protective factors, and intervene in problematic and harmful behaviours that can lead to violence in future. Some disciplines characterise all work with 'at-risk' children and young people (i.e. those experiencing socio-economic disadvantage) as the ideal opportunity for early intervention across various social outcomes, including gendered violence (12, 32, 41). This framing of early intervention is more common in sectors that focus on the wellbeing and welfare of children, including education, early childhood development and youth justice settings.

Intended outcomes of the intervention

The intended outcomes of an intervention is an integral factor in determining whether an intervention is categorised as early intervention (3). Interventions that aim to address or reduce risk factors for gendered violence, those that aim to change harmful or problematic behaviours, and those that aim to prevent or reduce the recurrence of violence can be categorised as early intervention.

Public health approaches to gendered violence prevention often have a dual focus on preventing or minimising violence, as well as minimising the impacts (or consequences) of violence. As such, programs and interventions that aim to improve secondary outcomes for people who have experienced violence can be categorised as early intervention (i.e. mental health, physical health, social connection and other wellbeing outcomes) (3, 32). The specific outcomes of early intervention programs and interventions identified in this review are reported in the outcomes section of this report.

A number of authors emphasised the importance of developing a theory of change to guide the selection and implementation of interventions across the prevention continuum to ensure they are likely to achieve the stated or intended outcomes, and a mutually reinforcing impact (26, 37, 42).

Overview of early intervention approaches

Early intervention programs, interventions and strategies

Early intervention programs, interventions and strategies were described in a number of peer-reviewed studies and reports, including seven systematic reviews (30, 31, 34, 35, 42-44), a meta review (24), an umbrella review (27) and two literature reviews (26, 32). Six of these reviews (26, 31, 34, 42-44) self-categorised interventions and programs according to the three levels of prevention: primary prevention, secondary prevention (early intervention), and tertiary prevention. The interventions and programs that were self-identified and categorised as early intervention by the study authors are shown in Table 2, followed by a brief description of the studies.

Table 2: Programs and interventions categorised as early intervention by study authors

Title	Programs and interventions
Groups and communities at risk of domestic and family violence: A review and evaluation of domestic and family violence prevention and early intervention services focusing on at-risk groups and communities (26)	• Therapeutic programs (individual and group) • Parenting and family relationships programs • Education programs (including peer education) • Healthy relationships programs • Cultural strengthening programs • Social and emotional learning programs • Legal advice and services (family violence and other) • 'Safe at home' programs
Interventions that prevent or respond to intimate partner violence against women and violence against children: A systematic review (43)	• Capacity building for professionals (identification and referral) • Alcohol use programs (co-occurring with domestic violence) • Parenting and family strengthening programs • Healthy relationships programs
A review of UK based multi-agency approaches to early intervention in domestic abuse: Lessons to be learnt from existing evaluation studies (34)	• Capacity building for professionals (identification and referral) • School-based programs
Reducing violence against women and girls in the Arab League: A systematic review of preventive interventions (42)	• Capacity building for professionals • Train-the-trainer programs (women's rights) • Education programs • Bystander programs
Effectiveness of father-focused interventions to prevent or reduce intimate partner violence during pregnancy and early parenthood: a systematic review (31)	• Early identification and referral • Behaviour change programs • Family functioning programs

Title	Programs and interventions
International guidelines for the prevention of sexual violence: A systematic review and perspective of WHO, UN Women, UNESCO and UNICEF's publications (44)	• Early identification and referral^{vi}

The review conducted by Tayton et al. aimed to understand the characteristics of effective practice in domestic and family violence prevention and early intervention with 'at-risk' groups and communities (26). The groups they identified as being at greater risk of experiencing domestic and family violence and increased barriers to accessing services were: Aboriginal and Torres Strait Islander women; women from culturally and linguistically diverse communities; lesbian, gay, bisexual, transgender and gender-diverse, intersex, and/or queer (LGBTIQ)^{vii} people; young women; and women in regional, rural and remote (non-urban) communities. Desktop research and extensive stakeholder consultation were undertaken to identify prevention and early intervention programs and activities, and evidence of effective practice with the identified at-risk groups. The review report also provides a database of Australian-based services and programs, categorised as prevention, early intervention or response, including details of the program aims and activities.

Bacchus et al. conducted a systematic review of prevention and response interventions simultaneously targeting intimate partner violence and violence against children (including exposure to violence against a parent or family member) (43). A total of 30 interventions were identified, 19 of which were categorised as primary prevention, and 11 of which were categorised as response. In this review, the authors categorised early interventions (i.e. early detection, and prevention of violence recurrence) as response interventions. They also described several primary prevention interventions that targeted specific risk factors or cohorts at increased risk. The early interventions were training programs for health and social care workers to identify violence and refer to services, and parenting programs focused on family strengthening by improving communication, healthy conflict management and nonviolent discipline. Several parenting programs were categorised as targeted primary prevention interventions, but utilised similar strategies and targeted similar risk factors as the early interventions.

The systematic review conducted by Cleaver et al. sought to identify promising practice in multi-agency early intervention using published evaluations (34). The authors categorised interventions

^{vi} Component of an intervention categorised as integrated prevention.

^{vii} In this report, we have retained the terminology and acronyms used in the studies and source documents.

as primary, secondary or tertiary prevention according to the preventative functions and activities of the public service in the UK. Only three interventions were identified as early intervention, while school-based programs were recognised as having both primary and secondary prevention elements and opportunities. The authors noted that secondary prevention relies on early intervention strategies that promote positive messages about early access to services and addressing stigma surrounding disclosure of violence, and that school-based primary prevention strategies are important enablers of early intervention. However, they concluded the need for further clarification of what constitutes early intervention in prevention work.

Owens et al. conducted a systematic review on the effectiveness of interventions to prevent violence against women (at the individual and community level) in the Arab League (42). The review included 17 studies, including three that were categorised as secondary prevention, and two that combined secondary prevention with primary and/or tertiary prevention. These included training for nursing staff on identifying and responding to intimate partner violence, an education program for women on intimate partner violence, a train the trainer program for legal professionals on women's rights, and a bystander program to support people experiencing violence. The authors argued that using more than one level of prevention in an intervention may improve implementation effectiveness and outcomes, and that interventions should be designed to address specific goals against a theory of change, rather than relying on single-level intervention.

The aim of the review conducted by Wynter et al. was to determine the effectiveness of father-focused interventions to prevent or reduce intimate partner violence during pregnancy or early parenthood (31). The review included 15 studies, which were categorised according to whether they were designed as primary prevention or secondary prevention, or whether they were primary prevention interventions that targeted participants at high risk of victimisation or perpetration (i.e. selective prevention). Four interventions were identified as secondary prevention, and four were identified as selective primary prevention interventions targeting at-risk participants. The secondary prevention interventions focused on identifying violence and referring to services, behaviour change and healthy family functioning. While the review highlighted the lack of studies on interventions targeting fathers (especially during pregnancy), it emphasised the transition to parenthood as a critical time to intervene with men who are likely to perpetrate intimate partner violence. It also recommended designing interventions based on frameworks that challenge traditional gender norms, and that interventions should be guided by a theory of change that considers multiple risk factors for perpetration of intimate partner violence, and tailored to the specific experiences and characteristics of target populations.

Miele et al. conducted a systematic review of World Health Organization's, UN Women's, United Nations Educational, Scientific and Cultural Organization's (UNESCO's), and United Nations International Children's Fund's (UNICEF's) frameworks, guides and resources on the prevention of

sexual violence. The aim of the review was to inform prevention activity and highlight the levels of prevention targeted by the work of these agencies (44). Of the 50 documents included in the review, not one provided guidance on secondary prevention. However, this in part reflects the authors' interpretation of the three levels of prevention, given actions to address and support parenting, substance abuse and early identification were categorised as primary prevention, while early identification of people who had experienced violence and addressing early exposure to violence were categorised as tertiary prevention in this review. One intervention was categorised as integrated prevention, which included early identification of violence and referral to services as part of an initiative that combined all three levels of prevention.

Many documents included in this review described prevention programs and interventions, but without categorising them into levels of prevention. We analysed these documents to identify the programs and interventions that we deemed to be early intervention based on their stated aims, components and intended outcomes. The most common types of intervention identified were social and emotional learning programs for children and young people, family programs, parenting programs and healthy relationship programs. A range of therapeutic programs for people who have experienced gendered violence were also identified, many of which combined individual and small group work. Small group work was also commonly used to support education and skill development, including programs to promote healthy parenting and healthy relationships, bystander interventions and mentoring programs.

The majority of the Australian-based early intervention programs identified in this review utilised therapeutic interventions with either individuals, whole families or small groups. These generally targeted young people who were either at risk of violence, showing signs of using violence, or already using violence in the home or in their intimate partner relationships. Another common intervention type was capacity building for professionals and frontline workers in universal services. Some of these were standalone capacity-building initiatives and some were capacity-building activities incorporated into multi-component early intervention programs. A small number of programs and interventions incorporated community education about domestic and family violence as a key component, which included a focus on the gendered power dynamics of violence as well as information on service access and referral pathways.

The full range of early intervention programs and interventions identified in the documents included in this review are shown in Table 3. A list of the Australian-based interventions and programs are provided in Table A3 in Appendix 3.

Table 3: Early intervention programs and interventions identified in this review

Programs and interventions	Source
Early identification, referral/response in universal services	(3, 45, 46)
Therapeutic interventions addressing alcohol use as a risk factor	(30, 36)
Therapeutic interventions for children/young people who have experienced violence	(12, 32, 38)
Therapeutic interventions focusing on child–parent relationship of people who have experienced family violence	(39)
Targeted interventions for boys and young men	(37)
Social and emotional learning programs for children and young people	(12, 32, 35, 37, 38, 41, 47, 48)
Education programs for men	(41, 49)
Behaviour-change programs for men	(49)
Family programs	(12, 27, 37, 48)
Parenting programs	(12, 27, 32, 37, 39, 41)
Home visitation programs for new parents	(12, 32)
Respectful and/or healthy relationships programs ^{viii}	(12, 27, 32, 37, 48)
Bystander programs and interventions	(12, 32, 37)
Mentoring programs for boys and young men	(32, 37)
Cultural strengthening and healing programs	(32, 48)

Principles underpinning early intervention in policy and practice

We identified a broad range of principles used to guide early intervention policy and practice. In total, 10 documents either mentioned or described a set of principles, including three government strategies/plans (13, 14, 50), four reports (39, 45, 47, 51), three practice guides (52–54) and two peer-

^{viii} Respectful/healthy relationship programs can be delivered to people of all ages, but examples identified in this review focused on school-aged young people, including some specifically targeting young people identified as ‘high risk’.

reviewed articles (36, 38). Most of the documents that described key principles did not define or explain them, and very few described how these principles were applied in practice, or how they were used to guide the design, development or implementation of early intervention programs and interventions.

The three government plans/strategies that outlined key principles (see Table 4) applied them universally across all family violence and violence against women priorities and activities. These were either described across the prevention classification schema (primary, secondary, tertiary), or the four domains of the National Plan to End Violence against Women and Children (prevention, early intervention, response, recovery). The intent of the principles in these documents is to guide approaches and ways of working across the whole family violence system, including the way governments and service providers work together.

Common principles described across the government strategies and plans were; self-determination, collaboration and partnerships, coordination and integration, and accountability. They also included principles relating to strengths-based and rights-based approaches. Two reports that reviewed and outlined policy or government approaches to family violence also highlighted self-determination, cultural safety and intersectionality as key principles, emphasising the importance of Aboriginal-led approaches and designing and delivering activities that respond to the needs and experiences of marginalised communities.

Table 4: Principles applied broadly to gendered violence prevention and response

Source	Type	Principles
National Plan to End Violence against Women and Children: Ending gender-based violence in one generation (13)	Government plan/strategy	• Advance gender equality • The diverse lived experiences of victim survivors^{ix} inform policies and solutions • Closing the gap • Person-centred coordination and integration • Person-centred system • Intersectionality • People who use violence are held accountable

^{ix} We use ‘people who have experienced violence’ in this report to describe victim survivors. We note that victim survivor is the term used in current policy, and that this is the preferred term of some people.

Source	Type	Principles
ACT Domestic, Family and Sexual Violence Strategy: Consultation draft (14)	Government plan/strategy	• Aboriginal self-determination • Gender equality • Human rights based • Intersectionality, inclusion and accessibility • Collaboration and integration • Victim survivor lived experience is centred • Perpetrator accountability • Evidence informed
Dhelk Dja: Safe Our Way – Strong Culture, Strong Peoples, Strong Families (50)	Government plan/strategy	• Self-determination • Collaboration and partnerships • Strengths based • Cultural and trauma-informed resilience and healing approaches • Safety • Accountability, transparency and honesty
Aboriginal family violence prevention evidence review: Final report (47)	Report	• Self-determination • Aboriginal led
Unlocking the prevention potential: Accelerating action to end domestic, family and sexual violence (Report of the Rapid Review of Prevention Approaches) (51)	Report	• Self-determination • Cultural safety • Intersectional approaches

A small number of documents referred to principles that specifically underpin early intervention work, including three practice guides (52-54) and three intervention studies (36, 38, 39) (see Table 5). These principles are relevant to, and applied in, the design and delivery of early intervention programs and interventions. As early intervention work often involves working directly with

individuals, it is commonly grounded in person-centred, trauma-informed and strengths-based principles. Other notable principles underpinning early intervention approaches to family and gender-based violence are gender-transformative or feminist principles, and culturally-informed or responsive principles.

Of the 23 Australian-based interventions and programs included in this review, only six explicitly mentioned their guiding principles. The principles described were strengths based (25), cultural safety (55), holistic (37), and non-judgemental (37), as well as the principles applied in the two Australian-based programs in Table 4, the Safe Nest Group project and the U-Turn intervention.

Table 5: Principles applied specifically to early intervention work

Source	Type	Principles
Expanding early interventions in family violence in Victoria (45)	Report	• Gendered lens • Trauma informed • Strengths based
Safe Nest Group pilot project: Early intervention for mothers and infants who have experienced family violence (39)	Report/ intervention study	• Trauma informed • Psychodynamic theory^x • Infant mental health focus • Dyad focused
Guiding principles for engagement and intervention with people who cause harm through intimate partner violence (52)	Practice guide	• Survivor voices are centred • Racial justice is centred • Accountability is personal, communal and systemic • Hope and dignity are restored • Culture and community are reflected and valued • Critical self-reflection is prioritised • Responsive to the needs and strengths of people who use violence
Preventing Violence Against Women and Girls: Engaging Men through Accountable	Practice guide	• Include women's voices before, during and after • Support change and challenge harm

^x Recognising that unconscious psychological processes influence thoughts, feelings and actions.

Source	Type	Principles
Practice – A transformative individual behaviour change intervention for conflict-affected communities ^{xi} (54)		• Mechanisms and strategies for ensuring women's safety • Understand the gendered nature of conflict • Develop male allies • Seek gender transformation, beginning with program staff
Prevention, early intervention and support for Aboriginal and Torres Strait Islander people who have experienced sexual violence (53)	Practice guide	• Person centred • Locally developed • Culturally informed • Empowerment approaches • Holistic (whole community) • Cultural healing
Domestic violence and alcohol and other drug use: Australian pilot intervention findings [U-Turn pilot] (36)	Intervention study	• Harm minimisation (alcohol and other drugs) • Feminist theory principles
Promoting resilience and agency in children and young people who have experienced domestic violence and abuse: the "MPOWER" intervention (38)	Intervention study	• Making sense of violence and coping • Violence happens in a physical and relational world • Coping, resistance and resilience as creative experiences • A resource- (strengths-) focused approach • An emotion-focused and relational approach

The ACT Government's *ACT Domestic, Family and Sexual Violence Strategy: Consultation draft* (14) was the only document that provided definitions for its stated principles, some of which were general descriptions, while others were statements about ways of working. The study on the MPOWER intervention (38) for children and young people who have experienced domestic violence and abuse was the only peer-reviewed article to explain how the principles were applied.

^{xi} The Engaging Men through Accountable Practice program is described as a primary prevention intervention, but has been included here as it specifically focuses on behaviour change, and may involve men using harmful behaviours.

The meaning of the five underpinning principles was described, as well as how they were applied in therapeutic early intervention work to support the healing and recovery of children and young people. These are discussed further in the following section on early intervention practices.

Several studies and reports in this review also specified the theories and frameworks that informed their work, noting that their central principles and practices underpinned their early intervention practice. These included:

- feminist theory (36, 41)
- behaviour change theory (36)
- transtheoretical stages of change model (37)
- social learning theory (41, 47)
- attachment and trauma theory (37, 39, 45)
- psychodynamic theory (39)
- psychoeducational framework of behaviour change (36).

While these theories and frameworks were only mentioned briefly within the studies, they are likely to provide useful guidance on core principles and practices for designing and delivering effective early intervention programs and interventions to prevent and reduce gendered violence.

Early intervention practices

Several reports and guides highlighted promising or effective practices for early intervention with specific communities or cohorts, including with men and boys (37, 54), Aboriginal people (47, 48, 53), children and young people (38), and mothers with infants (39). There was some variation in the way practices were described, with some documents outlining a combination of principles, strategies and considerations for designing and implementing early intervention programs and activities.

Early intervention with men and boys

Two documents in this review described practices for working with men and boys to prevent and reduce gendered violence. The first document was a perspectives paper by Jesuit Social Services, which draws on practice experience and evidence from the programs delivered as part of The Men's Project initiative (37). Its violence prevention programs involve working directly with men and boys (including 'at-risk' cohorts) as well as the people who work with men and boys on a regular basis (i.e. teachers, sports coaches). While some of its programs involve individual therapeutic work, most of them also involve sustained group work (i.e. workshops) in community settings such as schools and sports clubs. Jesuit Social Services proposes four practice directions for working with men and boys, the key elements of which are summarised here:

- Increase understanding of, and support reflection on, the harms of stereotypical masculine norms, through conversations grounded in place-specific knowledge.
- Challenge beliefs that underpin the use of violence, with an emphasis on power and control.
- Apply a relational and non-judgemental approach to engagement.
- Support them to resist stereotypical masculine norms by addressing the pressure they feel to conform and providing healthy alternatives
- Support them to see and bridge the gap between what they perceive society believes and what their peers actually believe.
- Teach skills and create cultures that equip men and boys to intervene in violence supportive attitudes and behaviours.
- Demonstrate and promote positive alternatives to masculinity in the home, workplace, community and education settings by equipping role models with skills to support change.
- Provide men and boys with skills that support deeper connections, including building emotional literacy, self-regulation, identifying unhealthy behaviours and resolving conflict without the use of violence.

The second document was the Engaging Men through Accountable Practice (EMAP) program implementation guide, which is delivered in humanitarian and conflict settings by the International Rescue Committee (54). While the program is described as a primary prevention intervention, its primary goal is to engage men in transformative individual behaviour change to reduce harmful behaviours in the home. The EMAP framework provides a method and approach for accountable engagement of men by centring the voices of women and supporting women's leadership. EMAP is a curriculum-based intervention with three key components: a four-week training program for trainers, an eight-lesson curriculum for women, and a 16-lesson curriculum for men. Core practice elements of the intervention include:

- engaging appropriately skilled and qualified trainers
- providing program staff with the training, tools and skills to model accountability
- providing tools and knowledge to men to change belief systems and individual behaviours
- involving women in all aspects of programming
- delivering gender-specific curricula for men and women
- matching the gender of facilitators to the gender of participants.

Early intervention with Aboriginal communities

Three documents in this review focused specifically on prevention with Aboriginal communities, and described best practices for doing this work. Two focused on the prevention of family violence (47, 48), while the other focused on prevention and early intervention with people who had experienced sexual violence (53).

The Family Violence Reform Implementation Monitor undertook a review of Aboriginal-led prevention and early intervention in Victoria (48). The review reinforced the need for all prevention and early intervention activities with Aboriginal communities to be Aboriginal led, in line with the principles of self-determination. It described four fundamental aspects of Aboriginal-led prevention approaches:

- an integrated approach that combines prevention, early intervention, response and recovery work
- an approach that seeks to address the impacts of colonisation as a key driver of violence, including the ongoing impacts of racism
- a focus on healing through cultural strengthening, connection to Country and community
- a holistic focus on improving community health and wellbeing.

The review also highlighted several features of good practice in prevention and early intervention work within Aboriginal communities. These were:

- multilayered outreach, where community programs provide pathways to more targeted and intensive programs and interventions
- community-driven design, implementation and participation
- on-Country program delivery that focuses on cultural and community connection
- material support for attendance/participation (e.g. transport, food)
- culturally appropriate and relevant messaging and imagery that emphasises cultural strengthening.

Elements of good practice were also outlined in a review of Aboriginal-led family violence prevention initiatives across Australia (47). While the review aimed to synthesise evidence on best practice principles and guidance for primary prevention, it also included evidence on secondary prevention, explicitly noting the integrated prevention approach utilised by community-controlled organisations. In addition to the practices described in the Family Violence Reform Implementation Monitor report, this review emphasised the importance of strengths-based, holistic family approaches that focus on the drivers of violence at the family and community level. It also described the need for therapeutic family interventions and the need to apply trauma-informed strategies that recognise the impacts of intergenerational trauma.

Finally, a practice paper developed by the Queensland Centre for Domestic and Family Violence Research described four key components of early intervention work with Aboriginal and Torres Strait Islander people who have experienced sexual violence (53). These were:

- engagement of an Aboriginal and Torres Strait Islander workforce (or other culturally appropriate workforce)

- family and recovery orientated practice
- coordination with other key services and programs
- awareness raising and education within community.

They also described several principles underpinning sexual violence prevention and early intervention work, some of which translate to program design and implementation practices: These were:

- Use creative groups, such as theatre, storytelling through drama and interactive computer games.
- Consider appropriate referral points, particularly in rural and remote areas where limited phone and internet access is more likely.
- Apply community development principles and practices.
- Use comprehensive (i.e. multicomponent), long-term programs.

Early intervention with children and young people

One study reported on an intervention involving children and young people who had experienced domestic violence and abuse (38). The MPOWER intervention used therapeutic group work to support children and young people to explore and describe their experiences and emotions. The authors described several factors and practices that informed their intervention design and delivery. These were:

- strengths based practices, centred on the experiences and needs of children and young people
- creative therapeutic methods to support exploration and expression of emotions
- a priority focus on building trust during the initial group sessions
- a focus on understanding caring relationships, by exploring examples of the caring relationships they had experienced, and modelling/enacting care with participants in the group.

Another study reported on an intervention involving women and their infants (aged 0 to 3 years) who had recently experienced family violence and who were living in refuges or other stable residential housing (39). While the intervention aimed to support the mother and infant, the main aim of the Safe Nest Group intervention was to prioritise the needs of the infant to support their recovery and healing. Safe Nest is a therapeutic group program involving infant-led play and dyad-structured interventions, led by specialist clinicians. The authors outlined several practice implications for early intervention work with mothers and infants: These included the need to:

- involve specialist clinicians to validate the experiences of women

- utilise trauma and attachment informed interventions, particularly somatic processing therapies and therapeutic group play
- provide a consistent and reliable safe space for women to tell their stories
- focus on the parent-child relationship and long-term recovery.

Other programs and interventions

In addition to the evidence on early intervention practices with specific communities or cohorts, two reviews sought to identify effective practices in prevention and early intervention (26, 32). One provided an overview of evidence on programs and interventions, including a summary of implementation and practice elements for a range of program types. This included social and emotional development programs, dating violence programs, bystander training, home visitation programs, parenting programs and healthy relationship programs. The review also outlined important practice elements of programs targeting specific populations, including men and boys, Aboriginal people, migrants and refugees, and LGBTIQ communities (32). The other provided a summary of effective practice evidence on interventions targeting specific at-risk groups in the Australian context, including Aboriginal and Torres Strait Islander women, culturally and linguistically diverse women, LGBTIQ communities, young women and women in regional, rural and remote communities (26).

Intended outcomes of early intervention

We identified several intended outcomes of early intervention work in the documents included in this review. These included:

- knowledge and understanding relating to gendered violence, including on what constitutes this type of violence, what healthy and respectful relationships look like, what services are available and how to access them (34, 35, 43)
- actions and behaviours relating to gendered violence, including help-seeking intentions and behaviour, the use of harmful or abusive behaviours, and bystander actions (30, 31, 35, 36, 49)
- outcomes relating to gender equality, gender norms and gender stereotypes, including positive expressions of masculinity (31, 32, 35)

Early interventions targeting children and young people often aimed to improve social and emotional development outcomes, including communication and conflict skills, healthy relationship skills, emotional regulation, resilience and self-worth (32, 35, 38, 43). Some programs and interventions aimed to address risk or protective factors for gendered violence or improve secondary outcomes for people who had experienced or perpetrated violence, including in relation to health and wellbeing, drug and alcohol use, social networks and connections, cultural

connections, and reduced involvement in the justice system (12, 26, 32). The full range of intended outcomes of Australian-based programs and interventions is outlined in Table A3 in Appendix 3.

In some systematic reviews, the interventions were not well described, making it difficult to interpret their intended or achieved outcomes. In some studies, the outcomes measured were selected based on the availability of validated instruments and/or measurement scales, rather than the objectives and intended outcomes of the interventions. As a result, the actual intended and actual outcomes of the early interventions in these were not clear.

Only two government plans and strategies included in this review stated the intended outcomes of early intervention activities (13, 14). These were:

- people at risk of using violence are identified and referred to support services
- people at risk of or using violence recognise their own harmful behaviours and are supported to change them
- people know how to respond and seek support when they experience or witness violence
- workforces have the capability to identify, respond and refer appropriately
- increased understanding of what constitutes violence against women
- increased intention to intervene when witnessing violence (community level)
- increased knowledge of where and how to access support.

IMPLICATIONS

Defining and conceptualising early intervention

Early intervention is defined and conceptualised in various ways, depending on the context in which it is applied or implemented. However, most definitions contain three key elements that should guide the design, development and delivery of early intervention work. These are:

1. Focus on people at greatest risk of experiencing or perpetrating violence.
2. Address known risk and protective factors.
3. Intervene at the earliest stage possible.

For the purpose of determining the scope of early intervention activities for Respect Ballarat, it is likely to be useful to prioritise programs and interventions that address risk and protective factors for gendered violence and/or address the early signs of violence before violence occurs (i.e. problematic or harmful behaviours). This approach aligns with primary prevention models that combine universal interventions with targeted (selective) interventions that address risk and protective factors across the whole socio-ecological model. It will also enable early intervention to be delivered at greater scale in Ballarat, by combining population-wide primary prevention interventions that target community-level and setting-specific risk and protective factors, with more targeted interventions that focus on communities and cohorts at higher risk.

Children and young people, particularly young men and boys should be prioritised in early intervention programs and activities. Evidence reviewed as part of this report indicates that work with them provides the greatest opportunities to address potential risk factors related to gendered violence and to address those risks as early as possible. Early intervention strategies should be incorporated into existing settings-based prevention programs and activities, particularly in settings that engage and support children and young people. This could include building on the statewide respectful relationships program, sexual consent education programs in schools and other education settings, and prevention initiatives already being delivered in sports settings across Victoria.

Understanding and addressing risk factors for gendered violence

The centrality of risk in almost all definitions of early intervention makes clear that early intervention work requires a nuanced understanding of the various risk (and protective) factors for gendered violence (both perpetration and victimisation), the contexts in which these risks occur or may occur, and strategies that are likely to be effective in addressing and/or reducing these risk factors.

While early intervention work often focuses on addressing individual-level risk factors, it is important to identify and address family-, community- and societal-level risk factors, given

individual risks are influenced and compounded by the contexts and environments in which people live. The Respect Ballarat initiative should incorporate mutually reinforcing early intervention activities that address community-level and setting-specific risk factors, including setting-wide initiatives and programs and interventions tailored to specific communities and cohorts (5, 11).

The risk (and protective) factors for gendered violence are well documented and supported by evidence, including in several prevention frameworks and technical guides (4, 5, 11, 12), and Victoria's Multi-Agency Risk Assessment and Management (MARAM) Framework (56). These frameworks should be utilised to inform a general understanding of the risk and protective factors for gendered violence, together with evidence on the place-specific and context-specific risk factors for Ballarat.

Designing and implementing early intervention activities

Unlike primary prevention, early intervention has not developed as a specific discipline of field of practice within violence prevention work, and it is not defined by a fixed set of strategies or interventions. Rather, early intervention is determined by the timing or point at which an intervention is implemented to disrupt pathways to violence (victimisation and perpetration), be that by addressing the risks or early signs of violence, or to prevent/minimise recurrence or escalation.

As highlighted in this review, early intervention utilises a broad range of interventions and strategies, across a range of settings, including schools, universities, sports clubs, community organisations and universal services (i.e. health, child and family, justice). Many of the programs and strategies used in early intervention work are similar to, and/or overlap with, those used in primary prevention – what distinguishes them is the timing of the intervention, their target groups/cohorts and their intended outcomes. For this reason, putting boundaries around what constitutes primary prevention and early intervention and/or separating interventions into mutually exclusive categories is generally not useful or practical. This is particularly so in contexts and communities with a higher risk profile, given universal primary prevention activities are likely to reach and/or involve more people who are already at increased risk of experiencing or using violence.

The Respect Ballarat initiative should adopt an integrated prevention approach that incorporates primary and secondary prevention (early intervention) components, recognising that some universal interventions will have a dual benefit and impact. Determining the appropriate mix and type of interventions should be informed by an assessment of the local risk profile, local needs and perspectives, and a clear theory of change (31, 42) that articulates relevant risk and protective factors, the intended target audiences and intended outcomes of the interventions.

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APPENDIX 1

Table A1: Definitions of early intervention in Australian frameworks and plans

Document	Definition or description
Change the story: A shared framework for the primary prevention of violence against women in Australia (6)	'Aims to change the trajectory for individuals at higher-than-average risk of perpetrating or experiencing violence.'
National Plan to End Violence against Women and Children 2022-2032 (13)	'Aims to identify and support individuals and families experiencing, or at risk of, gender-based violence in order to stop violence from escalating, protect victim-survivors from harm and prevent violence from reoccurring.'
ACT Domestic, Family and Sexual Violence Strategy: Consultation draft (14)	'Aims to identify and support people at risk of, or in the early stages of experiencing or perpetrating domestic, family and sexual violence in order to stop violence from escalating, protect victim-survivors from harm and prevent violence from reoccurring.'
NSW Domestic and Family Violence Prevention and Early Intervention Strategy 2017 – 2021 (21)	'Approaches that aim to keep people safe and change attitudes and behaviours or build skills of individuals or groups who are at risk, or exhibiting early signs, of using or experiencing domestic and family violence.' 'These approaches seek to prevent escalation and address issues arising from the experience of domestic and family violence environments identified as being at a higher risk of perpetrating or experiencing violence.'

Document	Definition or description
NSW Domestic and Family Violence Plan 2022–2027 (15)	‘Identifies and aims to address the early signs of violence to stop it from escalating or prevent it from recurring. It includes prevention among high-risk groups and settings, changing the trajectory of violence and preventing the progression of violence.’
Pathways to Prevention: NSW Strategy for the Prevention of Domestic, Family and Sexual Violence 2024–2028 (57)	‘Aims to change the trajectory for individuals at higher-than-average risk of perpetrating or experiencing violence.’
Safe, respected and free from violence: The Northern Territory’s Domestic, Family and Sexual Violence Reduction Framework 2018–2028 (22)	‘Approaches that aim to change behaviours or build skills of individuals or groups who are at risk, or exhibiting early signs, of perpetration or experience of violence.’
Queensland’s Plan for the Primary Prevention of Violence Against Women 2024–2028 (20)	‘Early intervention aims to intervene early to prevent recurring violence and change the trajectory for individuals at higher-than-average risk of using or experiencing violence.’
Indigenous Family Violence Primary Prevention Framework [Victoria] (58)	‘Interventions targeted at the early signs of violence.’
Free from violence: Victoria’s strategy to prevent family violence and all forms of violence against women (59)	‘Aims to ‘change the trajectory’ for individuals at higher-than-average risk of perpetrating or experiencing violence.’
North Metropolitan Health Service Family and Domestic Violence Framework 2021–2026 (60)	‘Early intervention of FDV [family and domestic violence] involves the detection of at-risk individuals and those exhibiting early signs of experiencing or perpetrating abuse. It seeks to prevent escalation and address issues arising from FDV.’

Document	Definition or description
A Public Health Model for the Prevention of Violence Against Women (23)	'Is targeted to individuals and groups who exhibit early signs of perpetrating violent behaviour or of being subject to violence. They can be aimed at changing behaviours or increasing the skills of individuals and groups. Early intervention may also be targeted to environments in which there are strong signs that violence may occur or has begun to occur (i.e. sports).'

APPENDIX 2

Table A2: Early intervention definitions described in research and practice documents

Author	Definition or description
Addis & Snowdon (24)	'Secondary prevention focuses on the immediate response to violence.'
Cleaver et al. (34)	'Based on [UK] public service approaches to early intervention in domestic abuse (namely support to build social and emotional skills and provision of other support to groups such as young mothers who are particularly at risk), early interventions are those that are school based and/or targeted at children and young people, or those which provide support to victims and their families, including perpetrators. It also includes early interactions between service users and providers (i.e. identification and referral).'
Kirk et al. (30)	'Secondary prevention aims to detect the issue early and prevent progression or reoccurrence of the event (i.e. through screening, addressing risk factors, referrals to legal services).'
McCarry et al. (61)	'Can be defined as taking action as soon as possible to tackle problems for children and families before they become more difficult to reverse.'
Miele et al. (44)	'Refers to the WHO definition of prevention (general) – corresponding to all actions intended to reduce the prevalence and progression of a disease.'
Owens et al. (42)	'Early intervention programs designed to detect potential VAWG [violence against women and girls] and targeting population subgroups or individuals who may be either demonstrating early signs of VAWG, or who may be particularly at risk of developing violent behaviours, or who may be at risk of becoming a victim. Examples include screening individuals for risk, adjusting external physical environments to prevent the likelihood of VAWG occurring, working with groups to raise awareness and educate about VAWG.'

Author	Definition or description
Robinson et al. (40)	'Early intervention programs aim to identify risks to the safety and wellbeing of parents and children and provide timely responses before risk to families escalates.'
Storer et al. (28)	'An intervention is considered primary prevention if it is targeted before onset, secondary prevention once early indicators have emerged, and tertiary prevention is rehabilitation to prevent reoccurrence.'
Wilson et al. (62)	'Aims to stop the use of domestic violence shortly after it occurs and/or minimize the short-term consequences of domestic violence (e.g., screening men who have used DV [domestic violence], referral to DV agencies).'
Wynter et al. (31)	'IPV [intimate partner violence] secondary prevention programs aim to reduce existing IPV, targeting men who perpetrate violent IPV, and/or women who have experienced IPV.'
Australia's National Research Organisation for Women's Safety (27)	'Actions targeting individuals and families who are experiencing or perpetrating violence but are not yet known to services, designed to detect violence as early as possible.'
Buckle et al. (32)	'"Early intervention programs" are those delivered to either victims or perpetrators after the violence has occurred, and at the earliest opportunity, so as to reduce negative impacts and prevent reoccurrence.'
Cameron (45)	'Identification and support for individuals and families experiencing family violence with the aim of stopping early signs of violence escalating, preventing a recurrence of violence or reducing longer-term harm.'
Domestic Violence New South Wales (64)	'Early intervention activities target individuals, groups and environments identified as being at a higher risk of perpetrating or experiencing violence.'

Author	Definition or description
Family Violence Reform Implementation Monitor (48)	'Aims to change the trajectory for individuals at higher-than-average risk of perpetrating or experiencing violence.' 'Focuses on individuals and groups with a high risk of perpetrating or being a victim of violence, and the factors contributing to that risk.'
Guy et al. (41)	'Early intervention and activity to support social and emotional skills and provide other support to groups such as young mothers who are particularly at risk (secondary prevention).'
Lovatt et al. (53)	Early intervention and identification involve the early detection of risks for victimisation and perpetration; the immediate response after sexual violence to deal with the short-term consequences and responding to those at risk of victimisation; and preventing reoccurrence or progression of sexual assault.
Ministry of Women's Affairs (3)	'Secondary prevention focuses on immediate responses to violence, often in a crisis situation. It is often thought of as applying to individual victims and perpetrators, but the concept has wider applicability. • For victims, it aims to minimise the short-term harms of violence, as well as the risk of revictimisation. Secondary prevention might include, for example, emergency services or treatment for sexually transmitted diseases following a rape. • For perpetrators, secondary prevention can include interventions aimed at preventing escalation of violent behaviour. These are known as indicated interventions. • Secondary prevention can also include actions such as training professionals to improve crisis responses to victims or measures to ensure greater accountability of those who have the duty to protect victims of violence.'

Author	Definition or description
Standing Committee on Social Policy and Legal Affairs (63)	'Intervention aims to 'change the trajectory' for individuals who are at higher-than-average risk of either perpetrating or experiencing violence.'
Tayton et al. (26)	'Focuses on those at risk of perpetration or victimisation.'
UN Women (5)	Focuses on individuals and groups with a high risk of perpetrating/being a victim of VAW [violence against women] and the factors contributing to that risk.
Urbis (47)	'Aims to change the trajectory for individuals at higher-than-average risk of perpetrating or experiencing violence. Also describe it as stopping early signs of violence from escalating, preventing a recurrence of violence, or reducing longer-term harm.'
World Health Organization (4)	'Focus on the more immediate responses to violence, such as pre-hospital care, emergency services or treatment for sexually transmitted infections following a rape.'

APPENDIX 3

Table A3: Australian-based early intervention programs and interventions

Project name	Organisation	Project description	Target group (as described in source document)	Principles	Intervention type	Key strategies/practices	Intended outcomes
Services Our Way (68)	Aboriginal Housing Office – NSW	‘Services Our Way (SOW) provides culturally appropriate service coordination, support and capacity building for Aboriginal and/or Torres Strait Islander people and families experiencing vulnerability.’ It connects clients to existing non-government and government programs and services, and specialist, informal and community support. ‘SOW has specialist Aboriginal staff who work ‘holistically and collaboratively with clients’ to develop a ‘culturally suitable and tailored solution’ to ‘address the underlying causes that contribute to daily instability and challenging situations.’	Aboriginal and/or Torres Strait Islander people and families experiencing vulnerability	Not identified	- Therapeutic - Capacity building	- Case work - Service referral and coordination - Support and capacity building - Holistic culturally safe support	- Improved services access and use by clients - Improved health and social outcomes
Domestic and Family Violence Training Strategy (69)	Australian Capital Territory Government – ACT	The ACT Government Domestic and Family Violence Training Strategy aims to improve a shared understanding and staff capabilities in responding to domestic and family violence.	ACT Public Service staff	Not identified	Capacity building	- Training and capacity building for public service employees, to equip all staff with the capability to recognise, respond to and refer colleagues, clients or staff who are experiencing domestic and family violence - More intensive training to complement existing training received by	- Shared understanding of what constitutes domestic and family violence - Improved staff capability to recognise, response to and refer those impacted by domestic and family violence

Project name	Organisation	Project description	Target group (as described in source document)	Principles	Intervention type	Key strategies/practices	Intended outcomes
						staff in frontline roles, such as Child and Youth Protection Services case workers and sworn police officers	
Turning Corners (70)	Bravehearts – Qld	Turning Corners provides a comprehensive and integrated response to working with young people who have engaged in or are at risk of engaging in harmful sexual behaviour. ‘The initiative works with young people between the ages of 12 and 18, and up to the age of 21 for individuals with an intellectual impairment. Turning Corners has two program streams: 1. Turning Corners Community Program 2. Turning Corners Restorative Justice Program.’ ‘Both program streams incorporate five essential components of treatment: • community safety • addressing harm caused • preventing further harm • promoting well-being • education.’	Young people aged 12 to 18 years, and up to the age of 21 for individuals with an intellectual impairment who have engaged in or are at risk of engaging in harmful sexual behaviour	Not identified	• Therapeutic	Strategies and practices include: • specialised counselling (individual, family, ecosystemic, optional group work) • environmental risk assessments • assessments for external agencies • child and family advocacy (assertive case management to support children, young people and families; collaboration with service providers to support families and creative individualised wraparound supports; oversight of implementation of case plans and facilitation of review and case tracking) • case work.	Not identified

Project name	Organisation	Project description	Target group (as described in source document)	Principles	Intervention type	Key strategies/practices	Intended outcomes
Recognise, Respond, Refer (73, 74)	Brisbane South PHN – Qld	Recognise, Respond, Refer supports general practices to recognise the signs of domestic violence, to respond supportively and provide referrals that can open a pathway to safety.	General practitioners	Not identified	Capacity building	There are six areas of activity to support general practices to become part of an integrated, system-wide response to domestic and family violence: - domestic and family violence local link (specialist worker link to service) - workplace capacity building - whole-of-practice approaches - local integration - system influence - evaluation, design and iteration.	Not identified
Dilly Bag and Dilly Bag: The Journey (82)	Djirra – Vic	Dilly Bag is the next level of engagement up from Sisters Day Out (see below). ‘The program encourages personal development through a range of activities designed by and for Aboriginal women.’ One month later, Dilly Bag: The Journey is held to provide participants with ‘support and encouragement and the opportunity to reflect on the program’.	Aboriginal women	Not identified	- Therapeutic - Group work	Through program activities participants are encouraged to share their stories and experiences and begin the healing process. The program ‘acknowledges the anger, grief, mistrust and fear caused by historic events and current government policies in Australia’ and the ongoing impact of colonisation, and takes a strengths-based approach which focuses on the ‘positive traits of participants and the richness of, and traditional values found within,	The evaluation report provides the following list of expected outcomes. - Improved family violence identification & prevention capacity - Improved knowledge & understanding of family violence related law and justice processes - Increased access to support services &/or legal services - Reduced isolation; improved community networks - Enhanced self-esteem - Enhanced decision-making capacity - Enhanced connection to culture

Project name	Organisation	Project description	Target group (as described in source document)	Principles	Intervention type	Key strategies/practices	Intended outcomes
						Aboriginal society and culture’. ‘Dilly Bag: The Journey incorporates overnight accommodation for participants in a calm, relaxing and culturally significant location for the duration of the program.’	- Improved health and well-being - Demonstrated family violence leadership capacity <i>‘Dilly Bag: The Journey’</i> has an additional expected outcome: - participants empowered and with renewed strength to address life stressors for themselves, families and communities.’
Sisters Day Out (82)	Djirra – Vic	A one-day program that brings together Aboriginal women for a day of relaxation and care. There is also a tailored version of the program delivered to incarcerated Aboriginal women called Sisters Day In.	Aboriginal women	Not identified	- Therapeutic - Group work	Activities are design to enhance and promote self-esteem and wellbeing, provide access to local legal and support services and raise awareness about family violence. Key strategies/practices include: - education, training and capacity building - community building and social connection - healing and recovery - service connection and referrals.	The evaluation report provides the following list of expected outcomes. - Improved family violence identification & prevention capacity - Improved knowledge & understanding of family violence related law and justice processes - Increased access to legal advice & counselling - Increased access to services, including mainstream services - Reduced isolation; improved community networks - Enhanced self-esteem - Enhanced decision-making capacity - Enhanced connection to culture - Improved health and well-being

Project name	Organisation	Project description	Target group (as described in source document)	Principles	Intervention type	Key strategies/practices	Intended outcomes
Young Luv (55)	Djirra – Vic	A workshop for young Aboriginal women (13 to 18 years old) that reinforces concepts of healthy and respectful relationships within a framework of Aboriginal culture, experiences and values. Program objectives • Provide a culturally safe space for young Aboriginal women to connect to culture and community • Raise awareness around family violence, gendered violence and unhealthy relationships • Provide tools to identify warning signs and forms of family violence and unhealthy relationships • Create a local support network to learn from and go to for advice and help, if needed • Challenge misconceptions about Aboriginal women and family violence and to shift attitudes and beliefs	Young Aboriginal women aged 13 to 18 years	Cultural safety	• Education • Group work	• Education, training and capacity building • Awareness raising • Improving identification of warning signs and forms of family violence and unhealthy relationships • Strengthening cultural connections and community building	The evaluation report provides the following lists. Outcomes • Aboriginal teenage girls participate actively in workshops and begin to use language and explore concepts related to positive relationships and the prevention of negative images and behaviours towards women. • Aboriginal women see their Daughters, Nieces, Cousins and others attending workshops which focus on strategies for Aboriginal teenage girls to build healthy, respectful relationships, thus reinforcing a prevention of violence against women message. • Aboriginal teenage girls talk about safety using social media and practise ways to reduce vulnerability. • Enhanced cultural connections through participation in Young Luv workshops. Impacts • Increased safety of Aboriginal teenage girls through awareness of early signs of

Project name	Organisation	Project description	Target group (as described in source document)	Principles	Intervention type	Key strategies/practices	Intended outcomes
							gender violence in relationships. • In due course, Young Luv participants register for Sisters Day Out activity in their region. • Extended capacity of FVPLS Victoria to address prevention of gender violence through EIP programs directed at teenagers and young women. • FVPLS Victoria's expertise and knowledge of attitudes and behaviours of Aboriginal teenage girls is shared and [develops] cross-sector capability to respond with positive strategies.
Ready Steady Family (71, 72)	Drummond Street Services – Vic	Ready, Steady, Family is a client-centred program focused on meeting the needs of expecting and new parents as they transition to parenthood. The program's primary aim is to prevent the onset, relapse of exacerbation of perinatal mental health difficulties. The program seeks to do this by: • addressing the risk factors for poor perinatal mental health, including couple and family relationships difficulties, conflict, violence and social isolation • strengthening protective factors to promote mental health, including couple and family cohesion,	All expecting and new parents Priority cohorts • LGBTIQ+ • People from diverse language, ethnicity and faith backgrounds, and people of colour • Aboriginal and Torres Strait Islander people • Refugees and those seeking asylum	Not identified	• Therapeutic • Capacity building • Case work	A flexible, multi-intervention program, with a diverse workforce that provides access to integrated, connected and early mental health and wellbeing prevention and intervention within a stepped care model depending on the level of need: • intensive, long-term early interventions, typically 10+ sessions, which involve whole of family and needs assessment, whole of family counselling, practical assistance,	• Increased access to wellbeing and mental health services • Increased family functioning • Increased positive parent-child interactions • Increased mental health and wellbeing for parents and carers • Improved coordination of services • Workforce development for identifying and responding to mental health risk factors for new and expecting parents • Improved capability for health professionals to provide quality care for people transitioning t parenthood

Project name	Organisation	Project description	Target group (as described in source document)	Principles	Intervention type	Key strategies/practices	Intended outcomes
		communication, co-parenting and social support.	People living with disability			education, and linking with other services - medium-intensity interventions, typically between six and 10 sessions, which can include a brief needs assessment, information, education and/or referrals, and material aid - brief, immediate assistance for families is up to six sessions and may include material aid, information, education and/or referrals to financial counselling	Strengthened protective factors for health parenting, such as health partner and family connections and social connectedness
Safe Nest Project (39)	Emerge Women and Children's Support Network – Vic	'The Safe Nest Group (SNG) is a weekly, six-session group intervention for women and their infants (aged 0 to 3 years) who have recently experienced family violence and who are currently living in refuges or other stable residential housing.'	Women and their children aged zero to three years, who have recently experienced family violence	- Trauma informed - Psychodynamic - Infant mental health - Dyad focused	- Therapeutic - Group work	'The main aim of SNG is to prioritise the needs of the infant such that they can heal and start their recovery from the impact of FV [family violence]. Key here is strengthening and repairing the mother–infant relationship and supporting women to become safe and attuned caregivers.' 'Although manualised, there is flexibility in the content (e.g. how FV has affected play, identifying infant strengths, setting boundaries, co-regulation)'	The evaluation report provides the following list of assessed outcomes, which the program aims to improve. - Maternal depression, stress and anxiety - Trauma symptoms experienced by mothers - Relationship withdrawal behaviours in infants - The quality of the relationship between mothers and their infants

Project name	Organisation	Project description	Target group (as described in source document)	Principles	Intervention type	Key strategies/practices	Intended outcomes
						and activities provided (e.g. sensory toys, puppet play, music and movement, bubbles) so that the program can be tailored to the age, needs and interests of the infants and their mothers.'	
Step Up (65)	Home Base (formerly Colony 47) – Tas	Step Up is an intervention program for young people aged 11 to 17 who are using violence at home or in relationships.	Young people aged 11 to 17 years	Not identified	Therapeutic	The program provides one-on-one support to the young person and family or partner to find better ways to deal with conflict. Through the program, young people learn: - nonviolent and respectful ways to communicate - how to 'resolve conflict without hurting the people they care about' (65). 'Parents learn positive parenting that promotes nonviolence and support at home' (65). Other aspects of the program include: - case management and crisis support - developing family safety plans - engaging with services for young people - service referrals.	The <i>Step Up final report 2021–2022</i> reported on key performance indicators (KPIs), rather than outcomes (66). The KPIs identified in this report are listed below. Perpetrator KPIs - Access to appropriate rehabilitative services - Reduced risk factors for violence against partners and/or caregivers - Improved health and wellbeing outcomes in other areas, including mental health - Drug and alcohol use, engagement in education and training Partner/caregiver KPIs - Increased level of safety and stability - Improved psychological wellbeing Sector KPIs

Project name	Organisation	Project description	Target group (as described in source document)	Principles	Intervention type	Key strategies/practices	Intended outcomes
							- Addressing a gap in the service sector by delivering a program that will provide capacity for adolescents and their carers or partners to receive early intervention supports to address violence - Improved understanding of adolescent violence in the home (AVITH) and adolescent intimate partner violence (AIPV) cohorts and service demand for each cohort
Maranguka Justice Reinvestment Project (75, 76)	Maranguka – NSW	The Maranguka Justice Reinvestment Project is an Aboriginal-led grass-roots justice reinvestment project that began as a collaboration between the Bourke Tribal Council, Just Reinvest and the local community of Bourke and is now its own legally constituted entity. The initiative aims to redirect resources that would usually be spent on prison back into the community, to address the underlying causes of imprisonment, and provide support to vulnerable children and families. The Maranguka Justice Reinvestment Project is the first major justice reinvestment project in Australia.	Aboriginal community in Bourke	Not identified	Large-place based, whole of community initiative. Key interventions include: - cultural governance and leadership - cross-sector collaboration - collective impact - community-led systems change - youth services and diversionary programs.	The initial part of the project focused on building trust between community and service providers (including police and government agencies), identifying community priorities and developing Circuit Breaker programs to reduce offending and make the community safe. Community leaders identified 11 key areas to be addressed through Circuit Breaker programs. These were: - justice - employment - education - service delivery - youth engagement	Early years - Children are born healthy - Families support their children's connection to culture and country - Children live in a safe place - Families value learning and feel supported and confident raising children - Families build strong relationships - Children arrive at school ready to learn Eight to 18 years - Young people feel connected to culture - Families build strong family relationships

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						• drugs and alcohol • mental health • early childhood • out of home care • housing • family violence. Within each of these areas, results from the Circuit Breaker programs were handed over to community members through community conversations held by local facilitators, which were captured and provided back to the Bourke Tribal Council. Bourke Tribal Council then used this information to develop the goals, measures and strategies for the reinvestment project, which are reflected in the Growing Our Kids Up Safe, Smart and Strong Strategy. Growing Up Safe, Smart and Strong takes a life course approach to building community strength through community-led local initiatives, system reform and reducing harmful contact between local young people and criminal justice systems.	• Young people have a greater sense of identity and belonging • Young people feel respected and have increased self confidence • Young people are engaged in positive activities • Young people are mentally and emotionally equipped for their futures • Young people offend less • Young people are on positive pathways Men • Men feel connected to culture • Men feel supported to overcome trauma, grief and loss • Men are a on a healing journey • Men have meaningful employment • Men increase their skills in parenting and being a role model • Men feel respected • Men protect community and family wellbeing • Men offend less • Men are on positive pathways

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Family Harmony and Health Relationships program (81)	NSW Health Education Centre Against Violence, Ministry of Health, NSW Government – NSW	A one-day introductory course to 'equip Bilingual Community Educators (BCEs) with the foundational skills and knowledge to deliver the Family Harmony and Healthy Relationships [FH&HR] program to their respective communities, in their first language'.	Bilingual community educators employed by NSW Health and non-government organisations	Not identified	• Education • Capacity building	Training and capacity building through a workshop 'designed to provide information to facilitate discussion about domestic and family violence experienced by migrant and refugee communities in Australia'. 'A mixed- gender learning environment allows for culturally informed discussions about gender and power as well as space for participants to self-reflect on and address their own values and assumptions about domestic and family violence.' 'BCEs ... have an opportunity to increase knowledge and skills around referral pathways and resources relating to domestic and family violence.'	The course information provides the following list of learning outcomes. • Summarise knowledge of domestic and family violence in CALD and refugee communities including referral pathways and resources • Enhance the knowledge base and understanding of domestic and family violence amongst female and male bilingual community educators to support the delivery of FH&HR sessions. • Explore common cultural and social beliefs and attitudes of migrant and refugee communities around gender, family and domestic violence and how this impacts individuals, communities, accountability and access to services • Identify challenges and potential responses to address issues of domestic and family violence experienced by women and children in the community • Explore potential repercussions faced by educators when addressing issues of domestic and family violence within their own community

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Better Man Project (49)	Safer Families Centre of Research Excellence – Vic	Better Man is healthy relationship website that aims to increase men's early engagement with help-seeking to identify and reduce their use of intimate partner violence. The intervention is currently being trialled using a two-group, pragmatic randomised controlled trial study design.	Men who may use intimate partner violence and are aged 18 to 50 years	Not identified	• Education • Therapeutic	The intervention 'includes self-directed, interactive reflection activities spread across three modules: Better Relationships, Better Values and Better Communication, with a final "action plan" of strategies and resources'.	• Increase in men's help-seeking for relationships issues • Increase in men's awareness of behaviours as abusive immediately after completing the intervention • Increase readiness to change
Safe from the Start (84)	Salvation Army – Tas	An action research project undertaken in partnership between University of Tasmania and Swinburne University led to the development of Safe from the Start. 'This program provides a positive approach and toolkit to intervene early using a trauma-informed lens to support children aged zero to six who have experienced family and domestic violence'.	Children aged zero to six years	Not identified	• Capacity building • Therapeutic	Education, training and capacity building: • a training program to build the capacity of their parents and professionals who work with them to support them. Case work: • resource kit for children of books, puppets, DVDs, posters, brochures and a manual.	Not identified
Safe and Strong Families (79, 80, 85)	Various service providers located across 32 priority sites in NSW	Safe and Strong Families is a program funded by the NSW Government. It uses a dual model of early intervention support for 'both victim survivors and their children who are experiencing, or at risk of experiencing, family violence' (79). The program (now referred to as Community and Family Support) provides a 'soft entry point' for	The target group 'includes children, young people and parents/carers who have experienced, are experiencing or are at risk of experiencing family violence' (79) including: • Aboriginal children, young people,	• Culturally safe, responsive and respectful • Trauma aware and informed • Flexible and responsive • Person and family centred • Strengths based	• Therapeutic • Education • Family capacity building • Case work	Service providers deliver specialist early supports such as case management, counselling, family capacity building, education and skills training, parenting programs, and supported playgroups. Case workers help families to identify early indicators of violence in their homes,	Safety • Reduced risk of entry into the child protection system • Increased safety from family violence and (longer term) reduced rates of family violence Social and community

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		vulnerable families, 'and service providers are encouraged to work with victim survivors and their families as long as required to achieve positive outcomes' (79).	families, and communities; • 0–5-year olds; • children and young people at risk of disengagement from school, family and community; • young parents with known vulnerabilities or who are experiencing multiple hardships; • children and young people affected by a mental health condition/s • children under 9 years of age with low level autism and/or developmental delay and low-to-moderate support needs (79).	• Evidence informed • Holistic and collaborative • Capacity building • Localised and community centred • Connected • Integrated into everyday settings		and deliver therapeutic, trauma-informed and culturally safe support focusing on the needs and experiences of parents and children experiencing family violence.	• Increased inclusion and participation in community • Increased sense of belonging to their community • Increased client connection to supportive relationships Empowerment • Increased client-reported self-determination • Families and carers are empowered and have confidence to understand and meet their child's needs Education and skills • Increased school attendance and achievement • Reduced number of children starting school developmentally vulnerable in one, or two or more Australian Early Development Census domains Economic • Sustained participation in employment Health • Improved health and development of children and young people • Improved parental health

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							- Improved client personal wellbeing Home - Sustained safe and stable housing
Step Up (67)	Sexual Assault and Family Violence Centre – Vic	Step up is an early intervention program delivered in partnership with Meli that works with young people aged 10 to 17 who use violence against a parent or carer and their families. It is delivered in the home setting.	Young people aged 10 to 17 years using violence or abusive behaviours towards parents/carers, and their families	Not identified	- Therapeutic - Group work	- Family-based, integrated case management and outreach support - Relational focus, recognising that change occurs through supporting individual in the context of family, friends and community - Group-work program and safety planning - Risk assessment identifying level of risk, child-to-parent aggression and impact of violent behaviours, and motivation for using violence and capacity to regulate emotions - Action plans developed and areas for support identified, including understanding trauma, development and attachment; advocacy and referrals to other support services; supporting young people to engage or	Not identified

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						remain engaged in education; support for appropriate housing; exploring opportunities to build connection and improve relationships • Education and behaviour change	
Family Violence Prevention Programs (25)	Tangentyere Council – NT	‘The Family Violence Prevention Programs engage men, women and children, to understand the drivers and contributors of Family Violence which in turn empowers and educates people to pass on the knowledge for future generations to have hope and healing.’ These programs work ‘within the integrated response to family violence to prevent family violence in Town Camps and in the wider Mparntwe/Alice Springs community’. They aim to ‘raise awareness that cultural and societal change is required to assist in moving towards a safer, healthier and stronger future for our families and community’.	Men, women and children living in Town Camps and broader Mparntwe/Alice Springs community	Not identified	• Therapeutic • Group work	Programs include providing the following: • group and individual sessions for men, women and young people impacted by family violence • referrals to appropriate agencies/pathways depending on your needs • information and resources • secondary consult and referral for agencies.	Not identified

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Tangentyere Women's Family Safety Group (25)	Tangentyere Council – NT	'The Tangentyere Women's Family Safety Group (TWFSG) was developed out of a need identified by Town Camp women for a voice and action on family and domestic violence issues.'	Aboriginal women living in Town Camp	Strengths based	- Capacity building - Social marketing - Therapeutic	- Training for women in family and domestic violence for family safety - Women's leadership: advocacy, activism, publicity, promotion and networking to support Aboriginal women's voices and views on the issues of family and domestic violence - Social marketing and resource development: resource development with messages of nonviolence - Healing and recovery: annual retreat facilitated by the Equality Institute that includes cultural activities, intergenerational care and sessions on self-care, strategic planning and healing	Not identified
Active Respect, adapted Coaching Boys into Men model (37)	The Men's Project, Jesuit Social Services – Vic	Active Respect is a two-year pilot project, adapted from the US Coaching Boys into Men model. The program is being delivered to over 30 soccer clubs in partnership with Football Victoria. The program focuses on building the leadership skills of coaches as positive role models to deliver violence prevention education	Young men aged 14 to 17 years	Not identified	- Capacity building - Education	- Training for coaches to support their role as mentors and delivery of education sessions - Weekly education sessions and discussions about violence against women	The Perspectives on prevention of gender-based violence: Identifying and disrupting pathways to violence report provides this list of outcomes for adolescent players at local soccer clubs. - Increased recognition of abusive or disrespectful behaviour. - Increased gender-equitable attitudes.

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		sessions during the football season.					• Greater intentions to intervene when witnessing disrespectful or abusive behaviour • Increased actual positive interventions when witnessing abuse among peers (i.e. saying or doing something to stop the behaviour). • Reduced negative bystander behaviours (i.e. laughing, going along with it, or not saying anything). • Decreased dating abuse perpetration.
At-Risk Youth Program (37)	The Men's Project, Jesuit Social Services – Vic	An early intervention program for young men aged 12 to 25 years who are at risk of using violence. This program is a combination of therapeutic workshops and workforce capacity building for staff who work regularly with young people. The program is delivered in various settings, including flexible learning schools, sporting clubs and other recreational settings.	Young men aged 12 to 25 years showing early signs of violence or who are exposed to risk factors that make them more likely to use violence	• Holistic • Non-judgemental	• Capacity building • Therapeutic • Group work	Capacity building and therapeutic workshops for young people with content focused on: • emotional literacy and regulation • nonviolent problem-solving • gender roles and inequality • healthy relationships • bystander intervention. Engagement and capacity building is with staff who work with young people every day to build understanding of the link between behaviour and attachment style.	The Perspectives on prevention of gender-based violence: Identifying and disrupting pathways to violence report provides this list of outcomes for young people. • Ability to describe feelings and link thoughts to emotions. • Identification of options/strategies for solving problems. • Respond to pressure on them and others without using violence (staff receive training on link between attachment style and the use of violence). • Identification of health/unhealthy behaviours and how to respond. • Identification of different ways to safely stand up for themselves. • School staff receive workforce training.

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Worried about Sex and Pornography Project (37)	The Men's Project, Jesuit Social Services – Vic	'WASAPP is an action research collaboration between Jesuit Social Services and the University of Melbourne that commenced in 2018 works with young people concerned about their sexual thoughts and behaviours. It developed alongside advocacy work between the two organisations to establish the Stop it Now! program in Australia.'	Children and young people concerned about their sexual thoughts and behaviours	Not identified	- Action research - Online service	'WASAPP aims to synthesise current evidence and generate new evidence about intervening early in problematic or harmful sexual behaviour, and to apply that evidence to the codesign of an online early intervention service for children and young people worried about their sexual behaviours. This includes: - exploring pathways to onset of harmful sexual behaviour - designing an online early intervention service for children and young people worried about their sexual thoughts and behaviours, including pornography use - implementing and refining an online early intervention service for children and young people worried about their sexual thoughts and behaviours, including pornography use.'	Evidence base to design, implement and refine an online early intervention for children and young people

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U-Turn (36, 83)	Windana – Vic	‘Our free U-Turn program works with men to change their attitudes and behaviours around family violence, while also addressing alcohol and other drug use. U-Turn is not limited to intimate partner violence, and can be appropriate for men who have used violence in different family relationships. An intensive behaviour change program, U-Turn helps you take the steps you need to manage your feelings, take responsibility and improve your relationships. U-Turn also supports victim survivors, including partners and ex-partners and children to remain safe from violence.’ (83)	The website states U-Turn works with men who: • Have used violence, including men on Family Violence Intervention Orders, with current or previous drug and alcohol misuse. • Have little or no prior involvement with the criminal justice system. • Want to change their behaviour (83).	• Harm minimisation (AOD) • Feminist theory principles	• Therapeutic • Behaviour change	This behaviour change program is delivered over 15 weeks. Sessions focus on the impacts of family violence on women and children and the harms of alcohol and drug misuse. Sessions build knowledge and skills in relation to emotional regulation, emotional literacy, personal responsibility and changing behaviours.	• Reduced prevalence of male family violence within the local community • Increased safety of women and children through family safety contact • Men understand the impacts of their behaviours on the women and children in their lives • Men critically reflect on their use of substances, violent and/or controlling behaviours and their broader behavioural choices • Men expand their notion of personal responsibility
K.I.N.D Program (77, 78)	Youth Justice, Department of Human Services, Government of SA – SA Brisbane Youth Service – Qld	‘K.I.N.D. (which stands for Kinship, Improving relationships, No violence and Developing skills) works with young people, partners and family members to deal with the effects of violence in their lives. The program aims to build wellbeing through enabling young people to better understand and manage their close relationships.’ (78)	Brisbane Project Young people aged 15 to 25 years who have used or are using violence in their family setting or intimate partner relationships South Australia Project Young people aged 15 to 18 years	Not identified	• Therapeutic • Group work	‘Young people are supported through an individualised, one on one program aimed at understanding their behaviours and developing skills to respond in safe, non-violent, and healthy ways. ‘The program aims to help young people develop emotional intelligence and	Not identified

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						emotional regulation, as well as develop insight into the impact of their behaviour on those around them, enhancing accountability. The program provides individual and group therapeutic sessions to the young person, their families and partners.' (78)	