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**Abstract** | As gatekeepers to restorative justice (RJ) programs for domestic and family violence (DFV) and sexual violence, stakeholders in referring agencies perform the critical role of assessing the suitability of cases for entry into these programs.

This article draws on interviews with 47 stakeholders in an RJ program for DFV and sexual violence in the Australian Capital Territory to better understand stakeholder decision-making about referrals.

Findings show stakeholders' decisions around which matters to refer to RJ centre on assessments of victim-survivors' safety and offender accountability. Many stakeholders are risk averse when deciding whether to make a referral, which may inadvertently reduce opportunities for victim-survivors to benefit and achieve their justice goals.

## **Safety and accountability: Stakeholder referrals to restorative justice for domestic, family and sexual violence**

Siobhan Lawler

### **Introduction**

Domestic and family violence (DFV) and sexual violence cause significant health, welfare and safety issues for those who experience them (Australian Institute of Health and Welfare 2023). Additionally, victim-survivors of DFV and sexual violence encounter many barriers to healing and justice that cannot typically be solved solely through the arrest and incarceration of offenders. It is a challenge that calls on communities to mobilise and take responsibility, 'without de-responsibilising the state' (Braithwaite & Strang 2002: 6).

Restorative justice (RJ) is an innovative vehicle for justice where people who have been affected by an offence—victim-survivors, offenders and other community members—come together to acknowledge the harm caused, express the impacts and collectively resolve how to respond (Marshall 1999). Typically, this occurs through a series of meetings where participants engage with a trained RJ Convenor to participate in structured dialogue in an in-person conference or an indirect process such as a letter or information exchange. Interest in RJ continues to grow because of its potential to provide a cost-effective, victim-centred justice process that facilitates healing and recovery for people impacted by crime, while also addressing some of the root causes of offending.

RJ has traditionally been available as a response to offending by young people and less serious offences such as theft and property damage (Sherman et al. 2015). Debate around RJ for DFV and sexual violence has centred on safety, accountability and concerns about whether power imbalances between participants can be managed effectively in cases of intimate partner violence and child sexual abuse offences (Lamanuzzi 2023; Proietti-Scifoni & Daly 2011). It has also been argued that some of the established benefits of RJ for victim-survivors may not translate to DFV and sexual violence. For example, apologies and forgiveness have different meanings in the context of abusive relationships than they do between strangers or acquaintances: apologies can be used as a tool by DFV and sexual violence offenders to manipulate and control their victims (Stubbs 2007). Fears around safety and accountability are also elevated in the context of DFV and sexual violence because of the comparatively high rates of revictimisation and the frequency of denial and minimisation by offenders (Smyth, Teicher & Wilde 2023).

There are limited evaluations of the effectiveness of RJ for DFV and sexual violence (Gang et al. 2021; Lawler, Boxall & Dowling 2024). Nonetheless, research drawing on the views and experiences of victim-survivors suggests that RJ can have considerable benefits, including improved wellbeing, reduced symptoms of trauma and fear and improved perceptions of procedural justice (Nascimento, Andrade & De Castro Rodrigues 2023). Although inconsistencies in outcome measures across studies may limit generalisation of findings from evaluations of RJ programs for DFV and sexual violence (Barocas, Avieli & Shimizu 2020), research shows high levels of support for RJ among victim-survivors of sexual violence (Jülich & Landon 2017) and DFV (Gavrielides 2015; Lawler, Boxall & Dowling 2024). First Nations women also report a preference for RJ over conventional justice as a response to DFV (Nancarrow 2006), highlighting the important role of community-led justice pathways, particularly in the context of historical under-reporting of crime to police by Aboriginal and Torres Strait Islander communities (Blagg et al. 2020).

The perspectives of other key stakeholders involved in RJ for DFV and sexual violence, including law enforcement, government, victim-survivor service providers and RJ facilitators, are more diverse. Interviews with 19 stakeholders in New Zealand show that their views could be broadly grouped into supportive, sceptical and contingent (ie context or offence dependent; Proietti-Scifoni & Daly 2011). Research in Queensland shows similar variability in opinion among stakeholders, who recognise the potential benefits of RJ for victim-survivors of DFV and sexual violence (eg validation, participation, control) alongside the challenges, particularly safety and accountability (Jeffries, Wood & Russell 2021). However, stakeholders often agree that many of the challenges with RJ for DFV and sexual violence can be overcome by informed and participatory decision-making, flexible processes, collaboration with therapeutic support services, effective management of participant expectations and rigorous risk assessment during the pre-conference preparation stage (Jeffries, Wood & Russell 2021; Miller, Hefner & Iovanni 2020).

Prior work has examined stakeholder views about RJ for DFV and sexual violence more broadly, but further investigation is warranted to improve understanding of how stakeholders assess concerns frequently expressed in the literature (ie victim-survivors' safety and offender accountability) when determining which cases are suitable for referral. It is important to understand stakeholders' views because of their role as gatekeepers to RJ programs and to extend beyond theoretical debates about how and when RJ can be offered safely as a response to DFV and sexual violence. The current study aims to fill that gap.

## The ACT Restorative Justice Scheme

RJ is legislated in the Australian Capital Territory and delivered through the RJ Scheme under the *Crimes (Restorative Justice) Act 2004* (ACT). Because the scheme is governed by law, there is a formally recognised need and reliable framework around RJ in the Australian Capital Territory that facilitates accessibility, consistency and impact within the justice system. The RJ Scheme began taking referrals of less serious offences by young people in 2005 (Phase One); in 2016, this was expanded to include adults and more serious offences by young people and adults (Phase Two). The RJ Scheme began accepting referrals for DFV and sexual violence matters in 2018 (Phase Three). Further details about the activities and outputs of the ACT RJ Scheme are available elsewhere (Broadhurst et al. 2018; Lawler, Boxall & Dowling 2024).

Consistent with best practice principles of RJ for DFV and sexual violence (Jeffries, Wood & Russell 2021; Wolthuis & Lünemann 2016), the introduction of Phase Three involved specific adaptations to practice which distinguish it from Phases One and Two, including:

- a co-Convenor model;
- intensive and ongoing risk assessments and case reviews; and
- careful consideration of any patterns of abusive behaviour and histories of harm in the relationship.

Like Phases One and Two, matters can be referred to Phase Three at all stages of the justice system, from diversion and arrest through to post-sentence. Individuals can be referred for a discrete incident or multiple acts of violence against one or multiple person(s). Evidence of ongoing violence or serious concerns about participant safety would result in a matter being found unsuitable to proceed. (For more information on eligibility and risk assessment and preparation processes, see Lawler, Boxall & Dowling 2024.)

There are no limits on the number of times a person can be referred, although there are restrictions on which statutory bodies can refer at certain criminal justice stages. The program is victim centred, meaning the process and any conferences are built around the self-identified needs and goals of the victim-survivor, and the process does not proceed without victim-survivor participation. Participation is voluntary, all parties provide informed consent, and offenders must accept some level of responsibility for the matter to be eligible.

## Method

This study explores stakeholders' perceptions and decision-making about safety and accountability in their experiences referring to, and participating in, a criminal justice RJ program for DFV and sexual violence. It draws on interviews conducted as part of a larger research project evaluating the processes and outcomes of Phase Three of the ACT Restorative Justice Scheme, which accepts criminal justice referrals for DFV and sexual violence matters to RJ. (For further details about the findings from the full evaluation, see Lawler, Boxall & Dowling 2024.)

### Interviews with stakeholders

Semi-structured interviews and focus groups were conducted with 47 stakeholders involved with Phase Three (81 were invited, 22 did not respond, 12 declined). The purpose of the interviews was to determine how referral processes and practice had been adapted for Phase Three, barriers to referral, and any outcomes that could be attributed to the program. Stakeholders included:

- RJ practitioners and experts, including Convenors and academics (36%,  $n=17$ );
- support service representatives, including social workers, victim-survivor/offender advocates, DFV specialists and harmful sexual behaviour specialists (26%,  $n=12$ );
- government and criminal justice representatives, including law enforcement officers and staff and parole and corrections professionals (28%,  $n=13$ ); and
- legal professionals, including lawyers, judges and magistrates (11%,  $n=5$ ).

Most participants were identified through the ACT RJ Scheme as having contact with Phase Three. Further participants were recruited through non-probability sampling procedures (ie interviewees identifying other relevant contacts) or were identified by the Australian Institute of Criminology (AIC) as having relevant expertise during the evaluation. The Australian Capital Territory is a small jurisdiction with a limited number of support services, particularly for persons affected by sexual violence. To increase confidentiality and to explore the representativeness of emergent themes, a minority of the interviews ( $n=4$ ) were conducted with experts and practitioners in RJ in other Australian jurisdictions and internationally.

## Analysis

This study builds on a larger research project evaluating Phase Three. The original analysis of the stakeholder interviews was guided by the evaluation research objectives in the larger research study to examine processes and outcomes of Phase Three. The current study extends this work by conducting a secondary, in-depth analysis of a subset of themes that emerged in the original analysis—specifically, stakeholder views on victim-survivors’ safety and offender accountability. Ruggiano and Perry’s (2019) guidelines for methodological rigour in the practice of secondary qualitative data analysis informed the approach to analysis and reporting.

The author conducted the interviews and the primary analysis for the parent study and for the current secondary analysis reported here. Interview transcripts were analysed in MAXQDA using the generic inductive approach (Thomas 2006). The generic inductive approach is a thematic analytic technique that involves reading and rereading information and coding emergent themes into summary format or categories. The method is a flexible framework for investigating meaning in the text, guided by both predetermined questions and in-vivo coding (ie recurring themes that emerge from the raw data).

DFV is an umbrella term that includes child abuse, child-to-parent violence, intimate partner violence and sibling violence. Sexual violence includes offences perpetrated within, and outside, the family context involving children and adults, including sexual assault, acts of indecency, incest and image-based sexual offences.

## Limitations

Most stakeholders outside the RJ Scheme had been involved in the referral stage only; they had never attended a conference as part of Phase Three. This was consistent with low rates of referrals proceeding to conference (15% of all matters referred), primarily because participants declined to participate when invited (38%) or because they could not be contacted (22%; Lawler, Boxall & Dowling 2024). Relatedly, Phase Three commenced in November 2018, and the evaluation period was between November 2018 and August 2022. During this time, the RJ Scheme was impacted by COVID-19 associated lockdowns and was restricted in its capacity to conduct day-to-day practice such as client meetings and conferences.

## Results

Interviews with stakeholders consistently recognise and accept the importance of RJ as a justice pathway that prioritises the needs of victim-survivors of DFV and sexual violence. Stakeholders were supportive of RJ as a mechanism for facilitating desistance and systemic support suitable for families experiencing violence. Despite positive reflections on Phase Three overall, stakeholders were cognisant of the additional risks associated with providing RJ for DFV and sexual violence matters.

In essence, stakeholders considering whether to refer a victim-survivor to Phase Three determined whether it would be in the interests of victim-survivors, either directly (when referring a victim-survivor) or indirectly (when making assessments about whether an offender was suitable for referral). The primary factors informing this decision were the perceived safety risks for victim-survivors at the time of the referral and the capacity of the offender to be held accountable. These themes of safety and accountability—and mechanisms for achieving accountability in the context of DFV and sexual violence—will be explored further in the following sections.

## Victim-survivors' safety

When asked about what factors they considered when deciding whether to make a referral to Phase Three, stakeholders reported their primary concern to be the immediate physical and psychological safety of the victim-survivor. For service providers supporting victim-survivors, concerns about retraumatisation and revictimisation were front of mind, and assessments about immediate and future safety were informed by the history of harm.

... the concerns really lie around safety and how that's managed, so it's not just physical safety, but psychological safety ... [my] colleagues are really protective of their clients and super conscious of trauma and the impact of the trauma that clients have experienced. (Support service, 25112AI)

Some stakeholders from support services said that the timing of their engagement with victim-survivors often prevented them from making referrals to RJ; with clients in crisis, their role was focused primarily on establishing basic needs.

The large volume of the clients that we have are not safe ... I think it would be an anomaly for it to be a viable option. (Support service, 28102N)

The same stakeholder explained that RJ was more relevant when clients were out of crisis and their lives more settled, but this was when their contact with victim-survivors had often been discontinued. Other stakeholders spoke about the balancing act between using their professional judgement about protecting people and not causing further harm versus promoting victim-survivor empowerment to make their own choices:

There're all different points at which we have to exercise a lot of judgement, and one of those is, is this person's responsibility so low that I won't take this to the victim; or is it high enough that I'm happy to give them this decision to make? (RJ practitioner, 2112O)

I think when you start getting into couples in relationships, I think you're going to have less and less situations where you can use it. I think there's a lot of risk around family violence as you'd be aware and you'd find very few police officers that are happy to roll the dice and put their name against that risk. (Law enforcement, 1112T)

However, others held the view that being overly cautious about safety and revictimisation can disempower victim-survivors:

Some people say it will be too confronting for them to meet with the person, but who's making the assessment here? If we're saying that we have to empower people, then how are you empowering someone if you're not talking through what it is that could be possible for them? (RJ practitioner, 1632A)

One stakeholder spoke about the challenges associated with power dynamics between parents and children when navigating cases where victim-survivors and offenders are living together:

It's very sensitive and quite complex given that there is a power dynamic with a parent and a young person as well, and what that looks like. It can have very real repercussions if that's also the address that you're being bailed to ... (Support service, 91121G)

A key aspect of adapted practice for DFV and sexual violence is the extended preparation phase, involving additional risk assessment and safety planning by Convenors and the additional case review of all matters by senior leadership. Before contacting participants, Convenors will research the matter and consult relevant services to ask about participants' engagement and look for evidence of a history of harm.

Our first point of call before we reach out ... is to try and get as much case information and safety information as we can. So that would be reaching out to domestic violence services and getting that information, or you know, if they have a case worker, basically trying to get in touch with their support system, that's always been quite successful in Phase Three matters. (RJ practitioner, 29102P)

This information gathering process guides their decision-making about whether and how to approach participants. This process reduces the risk that that RJ could be abused by offenders as a means of perpetrating further abuse, such as through the misidentification of victim-survivors as primary perpetrators.

Yeah, there were just some things in a statement of facts that didn't quite fit, so we made further inquiries about what else had been happening within that relationship, and it was then that we've found that there had been earlier charges against the victim in this matter for perpetrating family violence ... that alerted us to the risks and the fact that this was almost a controlling thing to have her charged. (RJ practitioner, 10112B)

The quote above shows that, while this is a real risk, the threat can be identified and addressed by rigorous risk assessment procedures (including using validated risk assessment tools) and collaboration and information sharing between services.

Several stakeholders also valued the co-Convenor model as a way to make the process safer for participants, provide additional support to Convenors in managing power dynamics and minimise opportunities for persons responsible to manipulate the process:

It offers the strength of more than one view on what's being said and heard by participants. It offers gender interpretations of the experiences ... It offers consistent opportunities for reflection throughout the process. (RJ practitioner, 11112AJ)

Overall, the main safety concerns of stakeholders such as service providers and law enforcement related to intimate partner violence matters. However, most RJ practitioners interviewed reported that practice adaptations to increase participant safety (eg co-Convenor model, lengthy risk assessment procedures) have been working to support best practice. The next section provides a summary of the stakeholder views on offender accountability, which strongly reflected their perceptions of whether victim-survivors of DFV and sexual violence could safely benefit from RJ.



## Offender accountability

There was broad agreement that RJ is an important pathway for victim-survivors of DFV and sexual violence. There was some disagreement about the extent to which offenders would be held accountable through RJ, compared with traditional criminal justice systems (CJS):

I personally believe that offenders agree to do restorative justice because it looks good on paper ... Don't get me wrong, you have some offenders out there and it has a major impact on them when they go and do these sorts of courses but we also have our long-term recidivist offenders who just do it to tick the box. (Gov/CJS, 2112V)

The quote above reflects the view of some stakeholders that recidivist offenders, particularly those who had previously been referred to Phase Three, are not appropriate for referral to Phase Three. Several stakeholders expressed additional concerns about sexual offences compared with DFV, which was consistent with the relatively low proportion of referrals for sexual assault offences to Phase Three ( $n=16$ , 10%; Lawler, Boxall & Dowling 2024). Some stakeholders contextualised their hesitancy to refer sexual violence matters, saying that many sexual offenders would be unsuitable because they were unlikely to plead guilty.

A good proportion of child sex offenders that appear in front of us are deniers. They just simply deny that they did it. (Gov/CJS, 11112Y)

A few stakeholders presented the view that RJ for sexual assault would be most suitable when the offender demonstrated a lower level of intentionality to harm the victim-survivor.

It's a space that can really teach people who don't understand the word consent. There is a difference between somebody not understanding what the word consent is, to a person who is just a sexual predator or a sexual abuser, and you learn those kinds of differences working in that space. (Support service, 1112L)

Several interviewees said that an offender will often agree that something happened but will not accept full responsibility. However, varying levels of offender accountability may not prevent participation if victim-survivors' needs and the offender's willingness to meet these were aligned, and Convenors managed expectations effectively.

One victim might think a good outcome is 'I want the opportunity to go in there and talk about how this has affected me and I don't really care where this person is on their journey' ... if you've managed those expectations about what the likely outcome is going to be, if both [participants] are in agreement about what that outcome is likely to be and it's good enough for them, then who are we to stand in their way? (RJ practitioner, 2112AH)

Others also cautioned that initial motivations do not necessarily predict potential for the offender to benefit from the process:

I've seen that happen through defence work, where the person has said, 'Yeah, we just sort of signed up because I thought that would look good, but in fact it was actually quite good to meet with the person and I got something out of it.' (Legal professional, 28102K)



As a whole, the findings suggest that stakeholders are making judgements about whether to refer an offender based on their view about whether the offender will be held accountable, rather than referring offences that meet the eligibility criteria and allowing Convenors to make the assessment. Some stakeholders are wary of referring offenders to RJ in certain contexts, such as when an offender is not taking full responsibility, but others were more open to prioritising informed decision-making for victim-survivors and broadening the circumstances where RJ is an option.

## Facilitating readiness, accountability and change

RJ practitioners and other stakeholders involved in offender rehabilitation commented on indicators that an offender may be ready to participate in RJ. Broad criteria that can be used to determine when an offender may be willing or able to acknowledge wrongdoing and accept accountability included:

- willingness to hear the impact that their behaviour has had on others;
- openness to having their behaviour heard by their broader community of care, such as other family members; and
- willingness to acknowledge a history or pattern of behaviour.

Stakeholders described these indicators of readiness as evidence to identify people who may be able to participate meaningfully in Phase Three. One stakeholder referred to making assessments based on how offenders were 'walking the talk' (Gov/CJS, 11122AB) or the extent to which verbal expressions of motivation were supported by behavioural evidence, such as engagement with therapeutic services. Another stakeholder explained:

There is a different language that is used when somebody is taking full responsibility than when they're just doing a shallow approach ... if they're not turning up to see their professional supporter then that's not really showing a strong engagement and motivation.  
(RJ practitioner, 21122AH)

Many interviewees recognised that the RJ process can be a powerful mechanism for accountability and change. Some interviewees stressed that offender levels of accountability and motivations for participating in RJ can change throughout the process—and should change as a result of the process. They cautioned that many offenders would not be ready to be held fully accountable before engaging with RJ (ie at the time of referral) because participation in RJ is the mechanism that shifts them to a place where they can take responsibility.

Stakeholders related the positive impact of RJ on offender accountability to the significant work done in the preparation phase (ie motivational interviewing by Convenors and engagement with support services alongside) and the impact of the conference itself (eg having their behaviour heard, hearing from others). Stakeholders who had participated in a Phase Three conference had more understanding of the significant preparatory work done by Convenors with participants.

There's a bit of a sense that the meeting is the whole process, that you get together in a room and you have that thing and then you're done. But there's not a deep recognition of all the work that gets done leading up, and that a lot of the work done leading up is actually a lot of the work in terms of peoples' experience of restoration ... a case study is one thing, but actually witnessing and actually seeing how it works, that's a whole other thing. (Support service, 25112AI)

I think it is a really good process that we should be encouraging. You need really skilled Convenors and I've worked with some really great ones at the [scheme] who understand young people, who understand trauma, who understand the complexities they are working with. (Gov/CJS, 9112IG)

Some offenders, particularly young people, found it hard to understand the impacts of their behaviour until they had gone through the preparation process and then heard from the victim-survivor and others affected in the conference itself.

Quite often the experience of the conference is the thing that gives that deeper sense of accountability. (RJ practitioner, 21122AH)

I think one thing that I find RJ is really useful with is to deliver an understanding of the impact of what they've done that they have never thought through before. (Support service, 9322M)

In deciding whether an offender is suitable for participation, some stakeholders argued that it is more important to determine whether the offender can meet the justice needs of the victim-survivor, rather than simply whether they are demonstrating full accountability or remorse. They highlighted the importance of allowing victim-survivors to make informed choices:

If the victim is OK with it, I think we can start the [RJ] process. (Gov/CJS, 12112FG)

... in simplistic terms, can an offender over time demonstrate capacity or authentic willingness to attend at some meaningful level to the needs and interests of the person impacted?

(RJ practitioner, 11112AJ)

In summary, the mechanism for restoration and accountability is the extensive preparation work done by Convenors with participants in the lead-up to the conference, including participants' level of engagement with external therapeutic and professional supports. The conference itself was also described as important in assisting persons responsible to fully understand the impact of their behaviour and experience accountability.

## Discussion

This research explored stakeholders' views on safety and accountability in the context of making referrals to an RJ program for DFV and sexual violence. Specifically, the study highlights how assessments of safety and accountability are central to gatekeepers' deliberations about who should get the opportunity to take part in RJ. The findings are consistent with previous research showing that stakeholders' views on RJ for DFV and sexual violence are nuanced and context dependent; most cannot be simplified as either supporting or opposing the process as a response to these crimes (Proietti-Scifoni & Daly 2011). This research also supports existing work with stakeholders that showed cautious positivity about RJ for these crimes (Curtis-Fawley & Daly 2005; Jeffries, Wood & Russell 2021).

Many indicators of readiness described by stakeholders in this study are consistent with the wider (non-DFV) RJ literature (Bolitho 2015). Stakeholder priorities in referring DFV and sexual violence matters to RJ broadly aligned with the ideological remit of their respective sectors, whether this was an orientation towards offender rehabilitation or incapacitation, or ensuring the safety of victim-survivors in the aftermath of violence. (For further information, see Lawler, Boxall & Dowling 2024.) Of course, these goals are not mutually exclusive, and there was variability both within and across stakeholder groups in interviewees' openness to engaging with RJ for DFV and sexual violence in different contexts.

Stakeholders primarily responsible for referring victim-survivors to Phase Three (eg support services, law enforcement) described challenges balancing their own professional judgement about not doing further harm and facilitating informed decision-making for victim-survivors. In general, many stakeholders' decisions to refer offenders to Phase Three depended on whether they expected the offender to be held accountable for their behaviour through RJ. A minority of stakeholders described RJ as a 'soft option' for some offenders who, they believed, should receive a more punitive response. Declining to refer offenders who, in their view, did not 'deserve' RJ, stakeholders saw themselves as protecting victim-survivors from revictimisation rather than removing their capacity to make a choice themselves.

Several other stakeholders argued that, in a truly victim-centred process, the primary concern should be the justice needs of the victim-survivor and whether the offender can safely respond to these, rather than whether the offender will be held accountable. For example, many victim-survivors may be motivated to participate by a desire to ask questions and get information or to voice the impacts of the offence, and accountability may look different depending on the unique characteristics of the case (Bolitho 2015; Daly 2014). RJ practitioners working with DFV and sexual violence matters in Queensland similarly describe their process as assessing 'where an offender is at' in their accountability journey, situating this in the context of the justice needs of the victim-survivor, and only then being able to determine whether the matter is suitable and a restorative process can begin (Jeffries, Wood & Russell 2021).

Justice needs vary across victim-survivors (Bolitho 2015; Daly 2014). Similarly, an offender's attitude towards their behaviour and the victim-survivor will differ from one person to another. One offender may be very willing to apologise and demonstrate remorse; another may not take full responsibility but can offer specifics desired by the victim, such as compensation or information (Batchelor 2021). In line with this, this study's findings suggest a level of openness among several stakeholders to proceeding to RJ for DFV and sexual violence in the context of varying levels of offender accountability, provided that the justice needs of the victim-survivor and the offender's willingness to meet these are compatible. Of course, stakeholders continue to see this as less acceptable in matters where accountability is very low and risk of revictimisation and power imbalance is high, such as in some intimate partner violence or child sexual abuse matters (Proietti-Scifoni & Daly 2011).

Stakeholders with more exposure to RJ were more accepting of the process being applied to DFV and sexual violence, in line with past research (Curtis-Fawley & Daly 2005). Admittedly, it may be that stakeholders who are already more open to RJ have increased levels of engagement, rather than engagement driving openness among sceptics. However, the interviews revealed that not all stakeholders had a deep understanding of the cautionary risk management processes introduced for Phase Three (eg the co-Convenor model, case review, use of risk assessment tools; Lawler, Boxall & Dowling 2024). Information sharing is important for alleviating concerns about how safety is managed through the design of the program, because any uncertainty may fuel misconceptions. Hearing directly from people who have taken part in Phase Three or observing a conference with the consent of participants may be powerful mechanisms for educating stakeholders about the potential of RJ to respond to DFV and sexual violence offences.

This research found that practitioner stakeholders describe risk management processes such as case review by senior leadership and the co-Convenor model as important for safeguarding victim-survivors' safety and protecting against manipulation of the process by offenders (a concern routinely raised in the literature; Miller, Hefner & Iovanni 2020). Because these findings centre primarily on the referral stage of the RJ process, their implications for the role of RJ in facilitating long-term safety (and, relatedly, desistance) is limited. Future research should explore this. Continuing to build the evidence around victim-survivors' experiences of RJ as a response to DFV and sexual violence in the Australian context and the extent to which these align with stakeholder views about best practice is important and will also inform efforts to improve referrals.

Maintaining stakeholder buy-in is critical to the success of any RJ program and ensures the flow of matters into it. This research indicates that, while risk aversion guides gatekeepers' decisions about whether to refer DFV and sexual violence offences to RJ, acceptance of risk is also necessary to facilitate individualised justice for people harmed by crime. Increasing stakeholders' visibility of Convenor accountability assessment mechanisms, preparation and conference processes for Phase Three will help to build stakeholder confidence to continue to refer sensitive matters like DFV and sexual violence to RJ.

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**Dr Siobhan Lawler is a Senior Research Analyst in the Family, Domestic and Sexual Violence and Human Trafficking and Modern Slavery Research Programs at the Australian Institute of Criminology.**

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GPO Box 1936  
Canberra ACT 2601, Australia

Tel: 02 6268 7166

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