### IN THE MATTER OF THE ROYAL COMMISSION INTO FAMILY VIOLENCE

#### ATTACHMENT AR-3 TO STATEMENT OF ANDREW REAPER

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This is the attachment marked 'AR-3' produced and shown to ANDREW REAPER at the time of signing his Statement on 17 July 2015.

Before me: ...

An Australian Legal Practitioner within

the meaning of the Legal Profession Uniform Law (Victoria)

Attachment AR-3

# **Offending Behaviour Programs**

Service Delivery Model

April 2015





Department of Justice & Regulation

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### Foreword

Corrections Victoria's mission is to deliver a safe and secure corrections system in which we actively engage offenders and the community to promote positive behaviour change.

The Offending Behaviour Programs Service Delivery Model is an innovative model that provides a renewed approach to the delivery of Offending Behaviour Programs to prisoners in Victoria. The provision of Offending Behaviour Programs ensures that Corrections Victoria is delivering a consistent and effective service that targets those at highest risk of re-offending, is evidence based and responsive, and provides offenders the best possible opportunity to lead an offence free lifestyle upon release.

The development of this Service Delivery Model takes place at a time of significant reform and increased challenges within the correctional system. With rising prisoner numbers resulting in system pressures and a significant reform of our adult parole system, it is essential that we continue to build and maintain the confidence of the community in corrections rehabilitative efforts. The effective delivery of Offending Behaviour Programs, with the aim of reducing the likelihood of reoffending, contributes to building such confidence.

I would like to take this opportunity to express my thanks to all for their contributions to the development and implementation of this model and look forward to seeing the promising outcomes of these efforts into the future.

Andrew Reaper Deputy Commissioner, Offender Management, Corrections Victoria

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## 1 Introduction

Corrections Victoria (CV) is responsible for the direction, management and operation of Victoria's adult correctional system, including over 50 Community Correctional Service (CCS) locations, 11 public prisons, one transition centre, and oversight of two privately operated prisons. CV has a commitment to enhance public safety and reduce crime through the effective administration of prison sentences, the enforcement of community correction orders, and the delivery of evidence based offender centric rehabilitation pathways that are responsive to the risk and needs of all offenders.

A critical means, by which this commitment is achieved, is through its investment in Offending Behaviour Programs (OBP), a service that targets offence specific and offence related factors influencing offending behaviour and engages offenders towards achieving positive behaviour change.

The CV Offending Behaviour Programs Service Delivery Model (the Model) is a statewide service across prisons and community corrections. The Model aims to reduce the risk of reoffending and maximise community safety through the provision of an evidence based, responsive and integrated suite of programs that balances the interface between best practice and operational service demands. Recent correctional reforms have positioned OBP Service Delivery as a central part of CVs rehabilitative effort as well as a key source of information and advice regarding case management practices and Parole decision making.

#### 1.1 Policy Context

The Model is underpinned by the Offender Management Framework (OMF) and the Integrated Risk Assessment and Management Framework for Parole. The OMF outlines system wide practice principles that inform the standards and services for CV:

- Maintain system integrity
- Manage risk and target intervention needs
- Increase self responsibility
- Provide a constructive environment

These practice principles are founded on the "what works" literature ensuring that practices are linked to evidenced-based theory and enable a consistent approach to offender management across the system.

The Integrated Risk Assessment and Management Framework for Parole further extends the OMF by articulating Operational Principles to shape CV's policy and practice. These principles are as follows:

- CV provides a differentiated response to prisoners, prioritising resources based on the offence-type and the prisoners' risk of reoffending
- The corrections system is integrated with planning for parole and reintegration beginning at the start of a prisoner's sentence
- Risk assessment and management is an ongoing process that occurs throughout a prisoner's sentence
- The risk assessment and management process should be clear, consistent and transparent
- The most important treatment needs should be prioritised during case planning
- Corrections' service model will provide for prisoners to be held at the lowest appropriate security level and minimise the time prisoners spend at front-end prisons
- Every interaction with a prisoner should be seen as a potential opportunity to reduce the risk the prisoner poses to the community

The Offending Behaviour Programs service delivery model is informed by the OMF and guided by the operational principles outlined in The Integrated Risk Assessment and Management Framework for Parole. The OBP service delivery model further articulates these through the application of OBP Best Practice Principles. These principles are presented in Figure 1.

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Figure 1: OBP Best Practice Principles

Program development and delivery will be evidence based

Program delivery will be responsive to the specific needs of prisoners and offenders

OBP Best Practice Principles Eligible offenders will be provided with timely opportunities to participate in appropriate programs

Delivery of programs will be matched to an offender's level of risk

#### 1.2 Purpose

The purpose of this document is to detail the Model across prison and community corrections. It guides the service delivery process and articulates how OBP Service Delivery should be delivered. As a high level guide, it does not differentiate between whether the services are delivered by Regional OBP or by contracted providers.

The Model outlines the OBP service pathways including eligibility criteria, screening and assessment processes, available interventions as well as the governance, performance, and quality assurance approach to service delivery.

#### 1.3 Scope

Articulation of the OBP service delivery model excludes the following:

- Remand Services<sup>1</sup>
- OBP individualised treatment<sup>2</sup>
- the delivery of Drug & Alcohol programs and services<sup>3</sup>
- the delivery of programs and services to sexual offenders and offenders with a disability as defined by the *Disability Act 2006*, including intellectual disability, acquired brain injury, or those with low cognitive functioning.<sup>4</sup>
- 1 The provision of Remand services are currently under review and will be added in due course.
- 2 The delivery of one on one services by OBP is currently under review and will be added in due course
- 3 Drug and Alcohol services in prison are contracted by Justice Health. Justice Health is an independent Business Unit of the DJR
- 4 Services to this cohort are provided by the Specialised Offender Assessment and Treatment Service (SOATS).

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## 2 The Model

The Model provides a statewide approach to the delivery of offending behaviour programs and services that ensures consistency, credibility and confidence in service delivery through the operationalisation of its key policy principles. The Model also seeks to align best practice in the assessment and treatment of offenders with the operational demands of the corrections system.

The Model represents a partnership between CV and the Department of Justice and Regulation (DJR) Regional Services Network. CV, through the Offender Management Division, is responsible for service design, development and oversight of the Model, whilst implementation, including day-to-day operation of the Model is the responsibility of the Regional Services Network. The Regional Services Network operates as four service Areas covering eight regions:

- Central Area: North Metro and West Metro
- North Area: Loddon Mallee and Hume
- South Area: South East Metro and Gippsland
- West Area: Grampians and Barwon South West

The Regional Services Network manages operations of the 11 publicly operated prisons, one transition centre and 53 Community Correctional Service locations across Victoria. The two privately operated prisons; Fulham Correctional Centre and Port Phillip Prison, are responsible for operationalisation of the Model in consultation with CV Offender Management Division. The CV Contracts Management Branch monitors contract compliance.

The authorising environment for the Offending Behaviour Service delivery Model is summarised in Figure 2



Offending Behaviour Programs

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# **3 Service Approach**

The Model is based on a pathways approach to service delivery such that differentiated service responses are provided based on offending and risk profiles. Two service pathways are available within the Model; the Serious Violent Offender (SVO) Pathway and the General Offender (GO) Pathway. Targeted offending behaviour programs ensure that screenings, assessments and interventions are appropriately targeted to meet the specific risk and intervention needs of these cohorts. The pathways approach to service delivery promotes flexibility in the service model by providing capacity for individuals' to move between the SVO and GO service pathways in doing so maximise opportunities for a more targeted and responsive approach to their specific risk and interventions needs.

In keeping with OBP policy principles emphasising the importance of timely, accessible and effective delivery of programs, all pathways of service are commenced at the front end of a prisoner's sentence, with priority given to group based interventions. A front-end service approach will:

- Enable OBP to meet service demand by identifying and understanding the intervention needs of prisoners/offenders at the commencement of their sentence.
- Embed OBP within the broader sentence management framework by ensuring OBP involvement throughout the duration of a prisoner/offenders sentence as well as in their short, medium and long term sentence planning.
- Ensure sufficient time to address intervention needs prior to release.
- Allow for the provision of appropriately sequenced offence specific and offence related interventions including treatment readiness programs pre intervention and maintenance programs post intervention.
- Ensure that eligible offenders are serviced by OBP prior to their earliest eligible parole date, maximising their opportunity and eligibility for parole.
- Reduce pressure on prison beds by increasing the rate of prisoners eligible for parole.
- Maximise the opportunity for the successful reintegration of prisoners/offenders into the community.

A priority focus on group-based interventions enables CV to respond to demand for OBP within allocated recourses, and assists in meeting service targets. From a therapeutic perspective, group based interventions also provide the opportunity for positive behaviour change influenced by peers as well as allowing for modelling and practicing positive skills (ATSA, 2005; Berenson & Underwood, 2000; Jennings & Sawyer, 2003; Marshall, Anderson, & Fernandez, 1999, Marshall et al., 2006b; NAPN, 1993; Sawyer, 2002; Schwartz, 1995). Group based offender rehabilitation programs have the largest evidence base and are considered to be the most effective approach for reducing reoffending.

Individual treatment will continue to be provided, however will be targeted at those where explicit circumstances preclude their participation in groups.

### **4 Service Pathways**

#### 4.1 Central Intake

The Central Intake function operates within the Performance Assurance and Compliance Unit of the OBP Branch. Central Intake is responsible for receiving, validating, accepting and monitoring statewide referrals to OBP across the system.

All referrals to OBP are received via the central intake team across both the SVO and GO pathways. Central intake is a centralised function within CV servicing both public and private prisons and community corrections.

#### 4.2 Serious Violent Offender Pathway

The SVO Pathway is targeted at prisoners whose convictions deem them to be SVOs based on Section 77 of the *Corrections Act 1986.* 

The Model requires that **one hundred percent (100%)** of SVOs are serviced<sup>5</sup> across prisons and community corrections.

A summary of the SVO Pathway is presented as Figure 3.

#### 4.2.1 Eligibility

All offenders classified as SVOs must be referred to OBP services irrespective of their risk of general reoffending.

#### 4.2.2 SVO Screening

The SVO screening consists of a file review that involves reviewing the offender's Individual Management File (IMF) or their OBP file to determine their suitability for assessment, a semi-structured interview with the offender and the administration of a Violence Risk Scale – Screening Version (VRS-SV) for men or the H scale of the Historical, Clinical, Risk Management-20 (HCR-20) for women. Although the HCR-20<sup>V3</sup> does not have a screening version, the literature indicates that the 'H' scale can be utilised as a screening tool<sup>6</sup>. The purpose of the SVO screening is to determine a prisoner's suitability for further clinical assessment through the:

- determination of an individual's risk of violent reoffending
- identification of the presence of stalking behaviour and family violence related offences

Flexibility is incorporated in the screening process to allow for varied outcomes depending on an individual's risk factors:

- Prisoners/Offenders assessed as low risk of violent re-offending and low risk of general reoffending will be found unsuitable for further OBP assessment and intervention.
- Prisoners/Offenders assessed as low risk of violent re-offending but moderate or high risk of general reoffending will be diverted into the GO Service Pathway for a GO assessment.
- Prisoners/Offenders that score moderate or high risk of violent re-offending progress to a full SVO assessment.

On completion of an SVO screening, a recommendation of further assessment will be made according to the criteria noted below in the form of a Screening Outcome Report. The Screening Outcome Report includes:

- A summary of key themes
- Assessment and treatment recommendations
- Case management recommendations

Where no further OBP assessment is required, the Screening Outcome Report will provide case management recommendations to inform a prisoner's/ offender engagement in other non-OBP programs and services and/or their case management.

#### 4.2.3 SVO Assessment

The purpose of the SVO assessment is to establish a clear case formulation of the prisoner/offender that in turn informs treatment needs and the nature of the intervention required (if any). The SVO assessment builds on the screening by confirming the offender's risk of violent re-offending using the VRS Full Version (VRS) or the HCR-20<sup>V3</sup> and PCL-SV (for females), conducting a semi-structured clinical interview and the administration of a range of psychometrics as required. The SVO assessment also includes a psycho-social assessment to identify further clinical issues that may impact on suitability for particular interventions, including:

- emotional dysregulation
- psychopathy
- family violence
- 5 A service is defined as anything from a screening only where a prisoner or offender is found unsuitable for further assessment or right through to screening, assessment and intervention completion.
- 6 Davis, M. (2014). Violence Risk Assessment for Female Offenders: Literature Review and Recommendations. Offending Behaviour Programs Branch. Corrections Victoria (unpublished).
- 8 Offending Behaviour Programs

On completion of an SVO assessment an Assessment Outcome Report is completed which includes:

- Prisoner/offender presentation
- · The current episode of offending
- Summary of relevant background information
- Outcomes of psychometric testing
- Case formulation
- Summary of risk factors/treatment targets
- Treatment recommendations
- Case management recommendations

The treatment recommendations will also identify the appropriate sequencing and prioritisation of interventions across the prisoner/offenders sentence.

Assessment outcomes, including treatment recommendations, are provided to the prisoner/ offender in a follow up review meeting to engage the prisoner/offender collaboratively in their treatment pathway and maximise opportunity for the prisoner/ offender to take ownership of their treatment needs towards positive behaviour change. This also adds to establishing a positive therapeutic relationship.

#### 4.3 General Offender Pathway

The GO Pathway targets offenders across prisons and community corrections. The OBP Model requires that **eighty per cent (80%)** of GOs are serviced across prisons and community corrections. The GO Service Pathway is illustrated in Figure 3.

#### 4.3.1 Eligibility

Eligibility for the GO Pathway is based on the risk of general offending. GOs are eligible for OBP services if they are deemed to be moderate or high risk of general re-offending. SVOs may also be deemed to be eligible for the GO pathway if they have been screened as low risk of violent re-offending but are deemed to be moderate or high risk of general re-offending. If a GO is identified as having two or more violent offences in the last three years, they may be redirected to the SVO pathway.

In line with best practice principles, GOs assessed as low risk of general re-offending are not eligible for OBP services.

#### 4.3.2 GO Screening

A GO screening consists of a file review that involves reviewing the offender's Individual Management File (IMF) (either prison or community) or their OBP file to determine their suitability for assessment. The screening will also assist in identifying the presence of stalking behaviour and family violence related offences, which are not always evident through the offence history. The purpose of a screening is to determine the offender's eligibility for further OBP assessment. On completion of a GO screening a recommendation of further assessment may be made. The outcome of the GO screening is documented in the form of a Screening Outcome Report which includes:

- A summary of key themes
- Assessment and treatment recommendations
- Case management recommendations

All moderate and high risk GOs determined to be suitable for further assessment are recommended for the GO assessment. Where an offender is found to be unsuitable for further assessment, the Screening Outcome Report will provide relevant case management recommendations including recommendations for other non-OBP interventions where appropriate.

Flexibility is accommodated within this pathway such that GOs with a violent history that are not classified as SVOs in the current episode may be redirected to an SVO assessment.

#### 4.3.3 General Offender Assessment

The GO assessment refers to a generalised offending behaviour and psycho-social assessment that builds on information gained through the screening. A GO assessment involves a semi-structured clinical interview and the administration of relevant psychometrics as required.

The purpose of the GO assessment is to establish a clear case formulation of the prisoner/offender that in turn informs treatment needs and the nature of the intervention required (if any). The assessment also includes the opportunity to further assess particular issues which may impact intervention eligibility including

- The offender's level of emotional dysregulation
- Psychopathy
- · Family violence

On completion of a GO assessment an Assessment Outcome Report is completed which details:

- Prisoner/offender presentation
- The current episode of offending
- Summary of relevant background information
- Outcomes of psychometric testing
- Case formulation
- Summary of risk factors/treatment targets
- Treatment recommendations
- Case management recommendations

The recommended intervention pathway will also identify the appropriate sequencing and prioritisation of interventions.

Assessment outcomes, including treatment recommendations, are provided to the prisoner/ offender in a follow up review meeting to engage the prisoner/offender collaboratively in their treatment pathway and maximise opportunity for the prisoner/ offender to take ownership of their treatment needs towards positive behaviour change. This also adds to establishing a positive therapeutic relationship.



#### Serious Violent Offender Pathway



#### 4.4 Interventions

A targeted suite of group-based interventions is made available across the SVO and GO pathways. The suite of programs can be considered in terms of three categories:

- Behaviour Change Programs. Interventions targeted at addressing specific offending behaviour including violence. Behaviour change is measured in the short term through pre and post psychometrics specific to each intervention. All pre and post group psychometrics are summarised in the OBP Psychometrics Summary Report. This report is for clinical use only and is not appropriate for a non-clinical audience.
- Psycho-educational/Skills based interventions. Interventions targeted at offence related factors such as mood management, emotion regulation, communication, problem solving and peer/family relationships.
- Personal Development: Interventions promoting health and wellbeing including cultural programs and self esteem.

Recommendations for interventions including the sequencing of treatment are based on the outcomes of the clinical assessment process. Offenders may be recommended for multiple interventions.

A Treatment Completion Report will be prepared at the completion of an intervention detailing:

- Intervention status
- Program performance
- Motivation
- Attendance (absences and punctuality)
- Progress against identified offender treatment targets
- Summary of risk
- Further treatment recommendations
- Case management recommendations

Interventions across all domains are, where appropriate, tailored to the specific responsivity issues of offenders, including women, young people, Aboriginal people and culturally and linguistically diverse populations.

#### 4.5 Unsuitable Cohorts

Screenings and assessments across the SVO and GO pathways may deem a prisoner/offender unsuitable for further assessment or interventions. Potential reasons for prisoners/offenders being found unsuitable for OBP interventions include but not limited to:

- Acute mental illness
- Intellectual Disability, Aquired Brain Injury and low cognitive functioning
- English as a second language
- Behavioural issues
- Protection/Management classifications

For the SVO pathway, SVOs identified as low risk on the VRS or HCR-20 will not be recommended for SVO assessment or interventions but may be redirected to the GO pathway if they are found to be moderate or high risk on the LS/RNR.

For the GO pathway, prisoners/offenders deemed to be low risk on the LS/RNR are not eligible for OBP services. Where an offender/prisoner is identified as having an ID, ABI or low cognitive function, a referral is made to the Specialised Offender Assessment and Treatment (SOATS) service stream.

### **5 OBP Quality Assurance**

The ongoing quality assurance of the OBP the Model is maintained and monitored through:

- The Corrections Victoria Intervention Management System (CVIMS)
- Service and performance targets
- A suitably skilled and qualified workforce
- CV Intervention Accreditation Panel
- Operational Standards

#### 5.1 Corrections Victoria Intervention Management System (CVIMS)

The Corrections Victoria Intervention Management System (CVIMS) was released on 12 August 2013. CVIMS is the central port of information regarding prisoner/offender participation in OBP and SOATS. CVIMS incorporates business processes for central intake and regional clinicians to ensure the system is used to support day-to-day service delivery. CVIMS aims to:

- Improve knowledge sharing across CV
- Reduce the risks associated with managing information via paper based files
- Provide immediate access to all offender treatment notes, assessment and treatment data (subject to appropriate security levels)
- Manage priority lists for offenders awaiting screenings, assessments and interventions
- Provide real time knowledge of the OBP Status of offenders/prisoners across the system
- Manages flags on offenders such as High Profile Offender, Major Offender and the placement of Suppression Orders
- Utilises a strong security model with clearly defined approval processes for new users

#### Figure 4: OBP KPI Summary

#### Referral

To be processed within 2 working days. With requests for additional information allowed a further 5 working days.

#### Screening

Referral to be allocated to a clinician within 5 days of referral being accepted and processed Screening to be completed within 8 weeks of referral being allocated

- Provide accessible, transparent and real time reporting functionality of OBP activity statewide and regionally
- Allows managers to access and monitor staff workloads more readily.

CVIMS is used by all OBP and SOATS staff as well as being accessible in read only view to:

- Relevant Prison and CCS staff
- Adult Parole Board Secretariat
- Select Head Office Operational staff

Access to CVIMS is approved by the OBP or SOATS Managers.

#### 5.2 Service and Performance Targets

Service and performance targets outline the minimum requirements for OBP services in Victoria, as they relate to eligibility, referral, screening, assessment and treatment.

Service targets apply across the SVO and GO pathways as follows:

- 100 percent of SVOs; and
- 80 percent of eligible GOs

Key Performance indicators (KPIs) are also in place to guide OBP activity throughput. KPIs allow for ongoing monitoring of the pace OBP services. As a front-end service delivery model, KPIs determine the key milestones in the service pathway commencing from the sentencing or a prisoner/offender. KPIs are essential in ensuring that OBP servicing is responsive, equitable, transparent and consistent across regions.

KPIs are summarised in Figure 4

#### Assessment

Assessment to be completed within 8 weeks of the completed screening

#### Intervention

Intervention pathway to commence within 6 months of assessment

#### 5.3 Workforce

A suitably trained and qualified workforce is imperative to uphold best practice in OBP. Given the diverse needs of the offender population, an appropriately matched diverse workforce is required in order to deliver responsive services. A workforce with varied expertise allows for level of skill and expertise to be matched to risk level, i.e. highly qualified and experienced staff will focus on assessment and treatment of high risk offenders.

In order to maintain a workforce with varied expertise and experience, staff are drawn from a range of fields including:

- Psychology
- Social Work
- Occupational Therapy
- Mental Health

CV will ensure that staff have the minimum competencies, training, qualifications and experience required to effectively deliver programs and maintain program integrity.

#### 5.4 Corrections Victoria Intervention Accreditation

The evaluation of programs against best practice standards ensures that programs provided by CV minimise the risk of reoffending and maximise community safety. Intervention accreditation standards constitute a series of criteria against which each program is assessed and authorised for implementation by an Intervention Accreditation Panel. The Intervention Accreditation Panel consists of experts from the field along with key CV stakeholders.

Program accreditation is a two-step process, with intervention endorsement required from both a clinical and an operational panel. The first stage of the process, clinical accreditation, focuses on the endorsement of program design – in particular, the evidence base for the development of the intervention and best practice clinical standards for program delivery.

Following endorsement by the Clinical Accreditation Panel, programs are reviewed for their alignment with CV's current Assessment Pathways and Offender Management Framework. The Operation Accreditation Panel accredits programs for implementation in accordance with operational and system capacity.

Clinical accreditation criteria reflect evidence based indicators of effective interventions within a correctional context. CV has identified nine accreditation criteria, drawing upon work in other English-speaking jurisdictions, to describe how programs should be designed, structured and delivered. Programs are scored against each criterion to determine the accreditation level and therefore the suitability of the program to be included within the suite of offender interventions provided across CV. All programs delivered by CV are subject to scheduled review in order to ensure that content and delivery adhere to minimum standards of service integrity and are embedded within an ongoing quality assurance process.

#### 5.5 Operational Standards

The OBP Operating Manual provides the operational guidelines for the Model and ensures integrity and consistency of service delivery across the state. The OBP Operating Manual should be read in conjunction with this document, as it articulates the day-to-day implementation of the Model.

# 6 Document information

#### Document details

Criteria	Details
TRIM ID:	CD/14/203181
Document title:	Offending Behaviour Programs Service Delivery Model
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#### Document approval

This document requires the following approval:

Name	Title	Organisation
Shaymaa Elkadi	General Manager	Offending Behaviour Programs Branch
Andrew Reaper	Deputy Commissioner	Offender Management

#### Audience

The audience for this document is all Corrections Victoria staff, Private Prison staff and any staff contracted to deliver Offending Behaviour Programs to prisoners in Victoria. The purpose of this document is to outline the model of service delivery for Offending Behaviour Programs.

#### Reference material

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Acronyms	Description
DJR	Department of Justice and Regulation
OBP	Offending Behaviour Programs
CV	Corrections Victoria
APB	Adult Parole Board
GO	General Offender
SVO	Serious Violent Offender
CCS	Community Correctional Services
CVIMS	Corrections Victoria Information Management System
SOATS	Specialised Offender Assessment Treatment Service
VRS	Violence Risk Scale
VRS-SV	Violence Risk Scale – Screening Version
HCR-20 <sup>V3</sup>	Historical, Clinical, Risk Management-20 <sup>v3</sup>
KPI	Key Performance Indicator
LS/RNR	Level of Service/ Risk, Need, Responsivity
IMF	Individual Management File
ABI	Acquired Brain Injury
D	Intellectual Disability
DCI	Deputy Commissioners Instructions
CR	Commissioners Requirement

Terms Description

