Practice Standards for Men’s Domestic Violence Behaviour Change Programs
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Foreword

Domestic violence is devastating for individuals, families and our community as a whole. The NSW Government is determined to prevent domestic violence, provide coordinated and effective support to victims and improve their safety, and reduce domestic violence reoffending.

We are pleased to introduce the NSW Practice Standards for Men’s Domestic Violence Behaviour Change Programs. The Practice Standards set a high benchmark that prioritises victim safety and challenges providers to be increasingly evidence based and sophisticated in their program design and delivery.

The Practice Standards are a commitment under the NSW Domestic and Family Violence Blueprint for Reform 2016-2021: Safer Lives for Women, Men and Children, and reflect the significant progress the men’s behaviour change sector has made in recent years, as well as the gains made in victims’ support through Safer Pathway.

In line with the Government’s Commitment to the National Outcome Standards for Perpetrator Interventions (NOSPI) and the National Plan to Reduce Violence Against Women and their Children 2010 – 2022, we are working towards a men’s behaviour change sector that has the depth and capability to respond comprehensively to perpetrators of domestic violence across NSW.

The Practice Standards are one element of a broader men’s behaviour change sector development strategy that includes $27.5 million funding for new men’s behaviour change interventions over 4 years, a postgraduate education program for facilitators, and support to develop a strong professional network of program providers.

The development of the non-government men’s behaviour change sector complements the Government’s tough and smart justice reforms, particularly stronger sentencing for domestic violence with a presumption that offenders will be supervised by Community Corrections if they are not in custody. This will channel more people into programs and interventions to change their behaviour.

Together these reforms herald a strengthened resolve that domestic violence will not be tolerated in our community. We acknowledge and thank all those who work with victims and perpetrators of domestic violence for your courage, determination and commitment to this endeavour.

Mark Speakman
Attorney General

Pru Goward
Minister for the Prevention of Domestic Violence and Sexual Assault
Introduction

The Practice Standards for Men's Domestic Violence Behaviour Change Programs (the Practice Standards) articulate the NSW Government’s expectations of Men’s Domestic Violence Behaviour Change Program (MBCP) providers and give guidance to ensure that programs are safe and effective.

MBCPs are predominantly group-based programs and services that focus on working with perpetrators to recognise their violent behaviour and develop strategies to stop them from reoffending. Programs aim to ensure perpetrators acquire new skills to help them to develop respectful and non-coercive, and non-abusive relationships with their partners, children and family members. A core element of MBCPs is that men are accountable for their actions. The principal priority is to protect the safety and wellbeing of victims.

In NSW, there is currently a range of MBCPs. These programs are provided by government agencies as well as non-government services. They may be delivered in custodial or community correctional settings, or in non-statutory settings by non-government organisations. These programs are an important service for men seeking to change their abusive behaviour.

MBCPs are also part a broader spectrum of interventions with those who have used violence in relationships, including policing and criminal justice interventions, apprehended domestic violence orders and court based programs to promote compliance and address criminogenic risks and needs, individual therapeutic interventions and counselling, health, mental health and addiction programs, and child protection interventions.

Development of the Practice Standards

In 2012, the NSW Government introduced the Minimum Standards for Men’s Domestic Violence Behaviour Change Programs (the Minimum Standards) to establish and support good practice, reduce domestic violence and increase the safety of women and their children, improve interagency coordination, and build a better evidence base for MBCPs. The Minimum Standards were informed by a literature review and consultations with program providers, facilitators, policy-makers and victims groups.

In 2016, the Government initiated a review of the Minimum Standards. The purpose of the review was to ensure that the standards remain relevant and reflect developments in practice, and support the development of a professional, ethical and growing sector. This review included consultation with MBCP providers, facilitators, peak bodies, advocacy groups and government agencies. While the Practice Standards retain key elements of the Minimum Standards, including the focus on safety, they include important changes responding to the findings of the review and in alignment with new policy frameworks.

Policy context

Addressing domestic and family violence is a priority in NSW and nationally. Since the Minimum Standards were introduced in 2012, new policy frameworks have been announced and significant reforms have been implemented.

In September 2015, the NSW Government announced a Premier’s Priority to reduce domestic violence reoffending. A range of mechanisms are being implemented to improve the capacity of the criminal justice and broader service system to apprehend, monitor and deliver behaviour change interventions to perpetrators of domestic and family violence.
In August 2016, the NSW Government launched the *NSW Domestic and Family Violence Blueprint for Reform 2016-2021* (the Blueprint) as the whole-of-government policy framework to address family and domestic violence. The Blueprint objectives are to prevent violence, intervene early with vulnerable communities, support victims, hold perpetrators accountable, and deliver evidence-based quality services to make victims safer and support their recovery.

A key service system reform in NSW has been the implementation of *Safer Pathway*, a coordinated approach to risk assessment and referrals to local support services for victims of domestic and family violence. Safer Pathway will be fully implemented across NSW by 2018-19. Principle one of the Practice Standards has been updated to ensure that MBCP providers appropriately refer victims to Safer Pathway.

Holding perpetrators to account is also a priority at the national level. In December 2015, the Council of Australian Governments (COAG) endorsed the *National Outcome Standards for Perpetrator Interventions* (NOSPI). Developed as part of the *National Plan to Reduce Violence against Women and their Children 2010 – 2022*, the purpose of the NOSPI is to guide and measure the actions of governments and community partners when intervening with male perpetrators of domestic, family and sexual violence against women and their children. The NSW Practice Standards are consistent with the NOSPI.

**Principles guiding the Practice Standards**

The standards fall under six over-arching principles:

1. The safety of victims, including children, must be given the highest priority
2. Victim safety and perpetrator accountability are best achieved through an integrated service response
3. Effective programs must be informed by a sound evidence base and subject to ongoing evaluation
4. Challenging domestic and family violence requires a sustained commitment to professional practice
5. Men responsible for domestic and family violence must be held accountable for their behaviour
6. Programs should respond to the diverse needs of participants

**Why do the standards focus on men?**

In NSW, as elsewhere, the significant majority of perpetrators of domestic violence are men, and victims are predominantly women. Evidence shows that gender inequality and societal attitudes towards women are significant factors underlying the majority of this violence. This is in addition to issues of drug and alcohol abuse, mental health conditions and childhood trauma. MBCPs are interventions designed to address the behaviour, attitudes and beliefs of men who have used violence against women.

While the Practice Standards focus on strengthening the men’s behaviour change sector, women can also be perpetrators of domestic violence. It is noted however that the

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proportion of female-perpetrated domestic violence is significantly lower, and international research indicates that women often commit violence as an act of self-defence or as a response against controlling or violent behaviour of a partner\(^3\). Because of the lower number of female perpetrators and the complex dynamics of these cases, individual interventions are generally more appropriate.

The term *perpetrator* is used broadly to include men who are reasonably believed to be the cause of a domestic violence threat; who have had an Apprehended Domestic Violence Order (ADVO) sought or made against them and/or who have been charged with or convicted of a domestic violence offence.

**How are victims defined within the standards?**

The standards use the term *victim* inclusively. It is intended that MBCP providers should recognise and respond to victims in the diverse relationship contexts in which domestic and family violence occurs. Victims of domestic and family violence are predominately women; however, men can also be victims of domestic violence. Abuse can be perpetrated in both heterosexual and same-sex intimate partner relationships, and towards people of diverse gender identities. Programs should recognise and address the impact of violence in the broad range of family relationships and in kinship relationships within Aboriginal and Torres Strait Islander communities.

Importantly, children and young people exposed to domestic violence should be recognised as victims, because of its significant impact on their current and future physical, psychological and emotional wellbeing. This is reflected in principle one – the safety of victims, including children must be given the highest priority. Elsewhere in the standards, the phrase ‘victims and children’ is used to highlight that there are specific referral pathways and reporting processes for adults and children. Providers must also be mindful of their obligations to recognise and respond to children at significant risk of harm under NSW Government child protection frameworks.

**Application of the Practice Standards**

The Practice Standards apply to all programs and services that aim to protect the safety of victims and children by working with male perpetrators of domestic and family violence to change their abusive, coercive and violent behaviour. A detailed definition of MBCPs to which the Practice Standards apply is at Appendix A.

**Compliance**

MBCPs must be registered as compliant with the Practice Standards in order to receive funding or referrals from the NSW Government. Any funding agreements and/or referral processes arranged by NSW Government agencies with MBCP providers must require that the MBCP is registered as compliant against these Practice Standards.

**How are MBCP providers supported to comply?**

The Compliance Framework provides detailed information to support MBCP to demonstrate compliance with the Practice Standards and to understand how their programs will be assessed.

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How do I find out more?

The NSW Department of Justice is responsible for the registration of MBCPs against the Practice Standards. To subscribe to the updates or to ask specific questions please email dvstandards@justice.nsw.gov.au.
The Practice Standards

**Principle 1: The safety of victims, including children, must be given the highest priority**

**Risk assessment and referrals**

**Standard 1.1 MBCP providers and support services will undertake risk assessments for victims and children**

MBCP providers and support services will assess risk in line with their respective roles and responsibilities. Domestic violence risk assessment tools adopted by the NSW Government will be used for this purpose.

Participant assessments will consider their behaviour against evidence-based risk factors.

In relation to victims, consideration will be given to particular factors that increase their vulnerabilities relating to age, gender, disability, social isolation, cultural background, family pressures, sexuality and financial dependence.

Risk assessments for children and young people will be aligned with NSW Government child protection frameworks.

Risk assessment will be reviewed when required to ensure relevance and accuracy.

**Standard 1.2: MBCP providers will ensure that victims and children have access to appropriate support services that respond to their needs**

MBCP providers and support services must work in a cooperative and complementary way to ensure that safety and needs of victims and children are prioritised.

Support for victims and children can be provided in a number of ways:

- By making a referral to support services through the Safer Pathway model
- Through a partnership between the MBCP provider and a local domestic and family violence support service
- By the program provider through a designated support worker, so long as there is no actual or perceived conflict of interest

All victims and children deemed to be at serious threat of domestic violence must be referred to Safer Pathway, including Local Coordination Points. Victims and children identified as at threat should be referred to Safer Pathway or other appropriate service.

Where there is a partnership between the MBCP provider and a local support service, the roles and obligations of both organisations should be made clear.

Victims and children must have access to emotional and practical support when and where they need it. Support services will respond to the needs of victims and children by offering a timely and flexible service.
Where a victim indicates a need for ongoing support, this will be provided. Except in instances where there is a serious threat, if a victim declines a service offered, this will be respected.

Any personal information shared by MBCP providers and support services must be done consistently with the relevant legislation, listed at Appendix B.

**Standard 1.3: MBCP providers must respond immediately to any indications of increased risk to the safety of victims and children**

When victims and children are identified as being at increased risk, an immediate response is needed which includes:

- Informing relevant authorities, including police or the Child Protection Helpline
- Informing the victim and
- Informing relevant services including by making a referral to the Safer Pathway model, if this has not occurred already

The program provider must ensure they meet all legislative obligations in relation to reporting and information sharing, including under the legislation listed at Appendix B.

**Support for victims and children**

**Standard 1.4: MBCP providers and support services will prepare victims and children for the participation of their family member in a MBCP**

MBCP providers and support services will make information available to victims and children in such a way that is consistent with their respective roles and responsibilities.

Information will be provided relating to:

- the rights of victims and children including to live in safety, access to legal protection, support and information
- what action the MBCP provider will take if the participant breaches a court order or commits any act of violence against them or their children
- available support services and resources
- the nature and program content of the MBCP
- the participant’s engagement with the program, including (non) attendance and
- the limitations of men’s behaviour change group programs, including the real possibility that the violence and controlling behaviours may not stop

Children and particularly young people who reside with the program participant should also be provided with this information, where appropriate.
Standard 1.5: Support services will complete individual safety plans for victims and children

Safety planning must be tailored to each person’s individual circumstances to anticipate and minimise known risks, identify how a victim can respond to emergencies, identify indicators of escalation of violence and clarify how they can communicate with the contact support worker, agency or police emergency contacts.

Policies, procedures, training and expertise

Standard 1.6: MBCP providers will develop and adhere to written policies and procedures that address risks to victims and children

These policies and procedures will address the need for:

• Regular and systematic monitoring of threats or risks to the safety of victims and children
• Responding to perceived and actual threats or risks to safety
• Responding to criminal acts and potential breaches of court orders
• Notifying relevant authorities of possible and actual risk to children in compliance with obligations under the Children and Young Persons (Care and Protection) Act 1998

These procedures will be explained to program participants, and where appropriate, victims and children upon a participant’s entry to the program, and thereafter as needed.

Standard 1.7: MBCP facilitators and support service workers will have appropriate knowledge about, and training on, the nature and impact of domestic and family violence

MBCP facilitators and support service workers are required to have formal training in domestic and family violence and relevant experience. This training must address the nature and dynamics of domestic and family violence. It must also include recognising and responding to such violence.

Standard 1.8: Support service workers must have specific knowledge, training and experience to support and advocate for people impacted by domestic and family violence

Support service workers are required to have formal training and experience in advocating for victims of domestic and family violence. In order to be able to provide the appropriate level of support, they must also have skills and experience in risk assessment, safety planning and case management.
**Principle 2: Victim safety and perpetrator accountability and behaviour change are best achieved through an integrated service response**

**Standard 2.1: MBCP providers will develop ongoing relationships with relevant local agencies to support an accountable and coordinated service response**

The MBCP provider must engage closely with relevant local agencies. This can be achieved through connections with existing inter-agency groups. Relevant local agencies include local service providers, NSW Police, NSW Health, Corrective Services NSW, Aboriginal and Torres Strait Islander service providers, child protection (FaCS) or child specialist agencies, LGBTIQ support services and Local Coordination Points established under Safer Pathway.

The objectives of the ongoing relationship between MBCP providers and relevant local agencies will be to:

- Ensure that the safety of victims, including children, remains the highest priority
- Ensure the MBCP is delivered with integrity as part of a coordinated service response
- Develop and implement protocols for responding to disclosures of violence, breaches of apprehended domestic violence orders, non-attendance and non-compliance with the program
- Monitor the effectiveness of referral pathways and responses to participants and victims and children
- Review MBCP evaluation results in order to inform any future planning and delivery

Where engagement is undertaken through existing inter-agency groups, MBCP must agree with other members that these objectives will be met.

Where ongoing relationships with local agencies are formed separately from existing groups, there should be a documented agreement about how local agencies will be involved in the development and ongoing functioning of the MBCP.

The MBCP provider will establish a process for monitoring and review of the ongoing relationships with local agencies to ensure that these objectives continue to be fulfilled.
Principle 3: Effective programs must be informed by a sound evidence base and subject to ongoing evaluation

Standard 3.1: MBCPs must have a sound evidence-base

MBCP providers must document and demonstrate the theoretical basis for the design and delivery of programs. This includes clearly articulating how the program is intended to change the behaviour of the participants and the body of evidence that supports the approach, in accordance with the guidance included in the Compliance Framework.

Program providers must also keep abreast of new research findings and developments in relation to theory and practice.

Standard 3.2: MBCP providers will apply the Risk, Needs, Responsivity principles to the program design

Program providers should design interventions based on risk of re-offending, criminogenic needs and by identifying and responding to the individual circumstances of participants. This will ensure that a range of MBCP are developed in accordance with the Risk, Needs, Responsivity principles.

Standard 3.3: MBCP providers must demonstrate that proposed delivery models, including length and intensity are based on the Risk, Needs Responsivity principles

Because programs can vary in duration and delivery mode, MBCP providers must demonstrate that the delivery model is evidence-based and fit-for-purpose according to the risk level, criminogenic needs and circumstances of participants.

Standard 3.4: MBCP providers will complete operational reviews of each program focusing on process and content

All program providers will complete operational reviews of each program in a systematic way with the aim of improving the quality and effectiveness of future programs and promote continuous improvement.

Operational reviews will include an examination of:

- All critical incidents
- The program’s content and delivery
- The referral process and support mechanisms for victims and children
- The program’s effectiveness in meeting the diverse needs of participants, victims and children
- How the program incorporates contemporary research and practice trends
Standard 3.5: MBCP providers will assess and report on the impact of programs on the attitudes and behaviour of participants

Program providers will assess the impact of the program on participants’ behaviour at various points in time.

An assessment of the impact of the program on participants’ behaviour must rely on multiple sources of verification including police reports, victim and family member reports, facilitator reports as well as participants’ self-reports.

Standard 3.6: MBCP providers will contribute to building the evidence base for men’s behaviour change programs

Program providers will be required to collect data to contribute to the evidence base for the effectiveness of MBCPs. This is in accordance with the minimum data set requirement outlined in the Compliance Framework.

MBCP providers will also engage in formal program evaluations as required by funding bodies.
**Principle 4: Challenging domestic and family violence requires a sustained commitment to professional practice**

**Standard 4.1: Facilitators must have specific qualifications and training**

MBCP facilitators will have, as minimum, relevant formal qualifications from a recognised training organisation. This can include tertiary or vocational training.

Facilitators must also be trained to:

- understand the nature and impact of domestic and family violence, as per Standard 1.7
- apply the Risk, Need, Responsivity principles, as per Standards 3.2 and 3.3
- safely and effectively run group programs and prevent implicit and explicit collusion with participants’ attitudes towards victims, as per Standard 5.6
- apply the principles of trauma-informed practice, as per Standard 5.7
- ensure culturally competent practice, as per Standard 6.2

**Standard 4.2: All group programs will have a minimum of two group facilitators**

Program providers must demonstrate that one of the two group facilitators has significant experience as outlined in the Compliance Framework. There will be one male and one female group facilitator unless there are exceptional circumstances.

**Standard 4.3: Facilitators must undertake supervision**

Program providers must demonstrate that facilitators participate in clinical supervision. The frequency of supervision will be dependent on the level of experience of the facilitator, in accordance with guidelines outlined in the Compliance Framework. Supervision will be provided by a clinical supervisor who has appropriate qualifications and relevant clinical experience.

**Standard 4.4: MBCP providers will ensure that facilitators undertake ongoing professional development**

MBCP providers will ensure that facilitators undertake ongoing professional development to build on existing knowledge and maintain an awareness of the current research and practice trends.
**Principle 5: Men responsible for domestic and family violence must be held accountable for their behaviour**

**Standard 5.1: MBCP providers will document and implement thorough policies and procedures for participant assessment**

A structured pre-assessment will take place with the prospective participant. The nature and the content of the assessment needs to be clearly specified in the program provider’s documentation.

Information gathered through the assessment will be used to identify any safety concerns and determine the most appropriate program intervention.

If a prospective participant is assessed as not being suitable for a MBCP, then he must be appropriately referred.

**Standard 5.2: MBCP providers will have policies and procedures for engaging participants, which require them to acknowledge their abusive behaviour**

These policies and procedures will address the need for participants to agree to the conditions of the program including:

- Acknowledging their violent, abusive and/or controlling behaviour
- Showing a commitment and capacity to attend and participate in the entire program
- Ongoing monitoring of their progress in changing their violent, abusive and/or controlling, behaviour and attitudes

The exception to this is where a program has been specifically designed for men who deny responsibility for their violent behaviour.

Information will also be provided to participants noting:

- The MBCP provider may contact victims and children affected by their violent, abusive and/or controlling behaviour
- They are obliged to abide by the law, including all the requirements of any legal orders in force
- They must disclose access to guns or other weapons (this information must inform risk assessments and safety planning for victims and children)
- Reporting and information sharing obligations under relevant legislation

**Standard 5.3: Program content will include information about the impact of domestic and family violence on victims, including children**

Programs will provide information to participants and discuss with them the impact of their violent, abusive and/or controlling behaviour on victims, children, families and the community.
Standard 5.4: Program content will include information on different forms of domestic and family violence and provide opportunities for participants to come to an understanding about the nature of their violent, abusive and/or controlling behaviour

Programs will require participants to identify and examine their violent, abusive and/or controlling behaviour.

Standard 5.5: MBCP providers will develop policies and procedures to address non-attendance of mandated participants

Program providers must set and enforce clear and consistent policies and procedures to deal with non-attendance including how to respond and who will be notified.

Standard 5.6: MBCP providers will have policies and procedures to prevent implicit or explicit collusion with participants' attitudes towards victims in group programs

Group facilitators must adhere to the policies and procedures and develop skills in identifying and responding to attitudes that justify and condone violence against women and underpin violent, abusive and/or controlling behaviour.

Standard 5.7: MBCP providers will offer appropriate referrals to meet participants' additional needs and ensure appropriate follow up occurs

Participants' additional needs might include trauma-informed therapeutic support, housing, alcohol and other drug support, mental health treatment, employment support, parenting support, and other identified areas.

Standard 5.8: MBCP providers must comply with the requirements of a referring agency to report on participants' completion of a program

At a minimum, the program provider will provide feedback to referring agencies when a participant completes a program.
**Principle 6: Programs will respond to the diverse needs of the participants**

**Standard 6.1: MBCP providers must deliver a service that is accessible, inclusive and culturally appropriate**

Program providers must demonstrate an understanding of and regard for the particular needs and experiences of: Aboriginal and Torres Strait Islander peoples; gay, bisexual, transgender and intersex people; people with disability; young people; and people from culturally and linguistically diverse backgrounds.

This should underpin the design and delivery of services that are appropriate for meeting the needs of diverse communities. This includes ensuring that programs are culturally safe, language barriers are addressed, program content and materials are respectful and inclusive and appropriate referral pathways are in place.

Program providers must have processes to manage any discriminatory behaviour by other participants within the group. This includes ensuring that group facilitators have the necessary skills and training in this area.

Where programs are designed for specific population groups, program providers must engage specialist services to seek advice on the development and delivery of such programs.

**Standard 6.2: Facilitators must undertake training to ensure culturally competent practice**

Cultural competence is the ability to interact effectively with people across different cultures. This includes an awareness of one’s own cultural worldview, and assumptions and biases, as well as a positive attitude towards cultural differences, knowledge of different cultural practices and cross-cultural communication skills.

All facilitators must complete training to ensure that they are equipped with the knowledge and skills to provide culturally competent practice. This includes specific training on working with Aboriginal and Torres Strait Islander peoples; gay, bisexual, transgender and intersex people; people with disability; young people; and people from culturally and linguistically diverse backgrounds.
APPENDIX A

Programs in scope (Working Definition)

1.1 MBCPs are defined as predominantly group based programs with a defined behaviour change model of intervention, which are intended to reduce or prevent recurrence of abusive behaviour by a participant towards a partner or family member.

1.2 Such programs may vary in duration (length of the program over time) and intensity (number of hours per week), depending on the risk and need of the target participants, and may be delivered by individual sessions where there are compelling reasons. The duration and intensity must be evidence-based and fit-for-purpose according to the risk level, needs and circumstances of participants.

Interventions out of scope

1.3 MBCPs do not include:

- Programs addressing anger management as an issue in isolation
- Programs offering a holistic healing approach, such as Aboriginal Healing programs
- Counselling or case management services in isolation
- Referral services in isolation
APPENDIX B

The following is a non-exhaustive list of relevant legislation including obligations MBCP providers are required to meet:

- The Children and Young Persons (Care and Protection) Act 1998
- The sexual assault communications privilege provisions of the Criminal Procedure Act 1986
- The Privacy and Personal Information Protection Act 1998 and Privacy Codes made under that Act.
- The Health Records and Information Privacy Act 2002 and Health Information Codes made under that Act.
- Any other Act or law permitting or requiring the disclosure of information