



COMMONWEALTH GOVERNMENT INVESTMENT PROPOSAL

ReINVEST+

Extending a proven clinical intervention for men who use domestic violence

A New South Wales, South Australia, Victoria and Western Australia pilot

Justice Health Research Program, School of Population Health, UNSW Sydney
in partnership with the Australian Centre for Child Protection, Adelaide University
in collaboration with Forensicare and the Centre for Forensic Behavioural Science

July 2026

Executive summary

Domestic and family violence affects approximately 1 in 6 Australian women, costs an estimated \$22 billion each year, and on average one woman is killed every 8 days by a current or former intimate partner. Approximately one-third of adults on remand in NSW are held for domestic violence offences. Evaluations of existing interventions for men who use violence report small and inconsistent effects on reoffending, and the 2024 Commonwealth Rapid Review of Prevention Approaches identified such interventions as the largest evidence gap in Australia's prevention response.

ReINVEST is a world-first randomised, double-blind, placebo-controlled trial showing that a pharmacological intervention reduces domestic violence offending among men with histories of violence and high trait impulsivity. The trial, funded by the NHMRC and NSW Government and published in *eClinicalMedicine* (2025), showed that sertraline with wraparound supports produced a 21% reduction in domestic violence reoffending at 24 months (intention-to-treat), with stronger reductions among completers and defined subgroups. The trial-based economic evaluation showed net government savings of A\$3,324 per participant treated and A\$58,200 per domestic violence reoffence prevented, with the intervention cost-saving in 95% of probabilistic simulations.

ReINVEST+ extends this proven intervention by assessing whether reduced offending translates into reduced harm for partners and children. The program will retain every clinical, governance, and safety element of the ReINVEST trial and will add downstream partner-safety and child-exposure outcomes, via participant-consented data linkage, developed with the Australian Centre for Child Protection at Adelaide University, led by Professor [REDACTED]. The Women's Advisory Group, Victim-Survivor Group, and 24-hour partner crisis line will continue under ReINVEST+.

The proposal presents four funding options (A to D) ranging from the full \$108 million, five-year flagship delivering ReINVEST+ across 14 clusters (New South Wales 5, South Australia 3, Victoria 3, Western Australia 3), serving approximately 4,200 men who use violence and their families annually, down to a two-jurisdiction option covering New South Wales and South Australia. **The recommended option is a staged upfront investment.** Under this option, \$64.8 million will be committed for Years 1 to 3, giving delivery partners a three-year period to reach steady state, and the remaining \$43.2 million for Years 4 to 5 will be released following an independent review at the end of Year 3, preserving the full four-jurisdiction framework. Service delivery will be operationally headquartered at UNSW Sydney's Health Translation Hub, with downstream family outcome measurement co-led from the Australian Centre for Child Protection at Adelaide University, and Victorian delivery coordinated through Forensicare and the Centre for Forensic Behavioural Science.

Associate Professor [REDACTED] of Edith Cowan University will chair the First Nations Steering Committee and lead First Nations engagement across all four jurisdictions. Conservative criminal-justice savings will offset the program cost and generate net government savings of approximately \$76.6 million over 5 years (71% return on investment). Including victim cost avoidance estimated at \$35,000 to \$50,000 per offence prevented, return on investment rises to approximately \$2.50 per dollar invested. Per-participant costs are fully component-costed from trial-derived implementation data (\$6,441 per participant over a 24-month episode, of which clinical staffing accounts for 59%, amortised infrastructure and overheads 35%, and medication 6%).

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1. ReINVEST trial summary

ReINVEST was a phase IV, double-blind, placebo-controlled randomised clinical trial conducted in NSW between 2013 and 2021 among men with histories of violent offending and high trait impulsivity. The trial was peer-reviewed and funded by the NHMRC and is the world's first pharmacotherapy trial for domestic and family violence perpetration. Of 2,956 men assessed for eligibility, 1,738 entered formal screening, 796 entered a 4-week single-blind sertraline run-in phase, and 630 proceeded to randomisation. Participants were randomised 1:1 to sertraline 100 mg daily or matching placebo for 12 months and were followed for 24 months for criminal-justice outcomes through linkage to administrative records. Approximately one-third of trial participants identified as Aboriginal and/or Torres Strait Islander.

1.1 ReINVEST trial headline findings

Results are summarised below across the primary intention-to-treat analysis (ITT), per-protocol analysis among completers, subgroup analyses, and the trial-based economic evaluation.

Analysis	Finding
Primary trial outcome (ITT)	21% reduction in domestic violence offending at 24 months. Effect on general violent reoffending indeterminate
Recurrent domestic violence offending (ITT)	44% reduction in recurrent domestic violence offending at 24 months
Per-protocol analysis (12-month completers)	51% reduction in violent offending and 64% reduction in domestic violence offending within 12 months of randomisation
Higher-adherence subgroup	30% reduction in domestic violence offending at 24 months relative to placebo
Participation effect	Mean reduction of 0.22 violent offences and 0.49 domestic violence offences per participant over 24 months, relative to non-participation in the trial
Affective and behavioural symptoms (4-week run-in)	55% reduction in depressive symptoms, 44% reduction in psychological distress, 44% reduction in aggression, and 38% reduction in self-reported physical assault
Affective and behavioural symptoms (randomised phase)	Lower depressive symptoms and lower situational anger among sertraline-treated participants relative to placebo at follow-up
Antisocial personality disorder subgroup	Among the 262 participants who met the criteria for antisocial personality disorder traits (41.7% of the trial cohort), 29% reduction in domestic violence offending at 24 months
Borderline personality disorder subgroup	Among the 284 participants who met the criteria for borderline personality disorder traits (45.2% of the trial cohort), the treatment effect was stronger among those with moderate-to-high medication adherence, with a 43% lower domestic violence offending rate relative to placebo

Analysis	Finding
Partner-reported outcomes	96% of partners reported maintained or increased safety, 85% reported positive behavioural changes, and 77% reported improved personal wellbeing
Cost-effectiveness	Cost-saving from a government payer perspective. Net savings of A\$4,365 per participant vs. placebo (A\$56,700 per DFV reoffence prevented) and A\$3,324 per participant vs. usual care (A\$23,743 per reoffence prevented). Cost-saving with fewer offences in 95% of probabilistic simulations

1.2 Program insights

Qualitative and health economic research conducted across the pilot and main trial phases with the general public, participants, families, and stakeholders found that 86% of taxpayers supported the treatment approach and 67% were willing to pay additional taxes for effective programs. The trial engaged men who are not reached by existing services and delivered support addressing violence alongside trauma, substance use, and social disadvantage.

1.3 Why sertraline: an approved, low-cost, off-patent medicine

Sertraline is a selective serotonin reuptake inhibitor registered by the Therapeutic Goods Administration for the treatment of major depression, obsessive-compulsive disorder, panic disorder, social anxiety disorder, and premenstrual dysphoric disorder. It is listed on the Pharmaceutical Benefits Scheme as an off-patent generic medicine costing \$16.50 per 30-tablet pack, has more than three decades of established safety data in Australian clinical practice, and is among the most commonly prescribed antidepressants in Australia.

ReINVEST+ uses a medicine already in routine Australian clinical use, adding a medical treatment pathway to the existing perpetrator intervention system. Men entering the justice system, or already engaged in behaviour change programs, will be assessed by clinicians for affective dysregulation, including depression, psychological distress, anger, and impulsivity. These conditions are prevalent among men who use violence, are clinically modifiable, and responded to sertraline treatment in the ReINVEST trial. Where treatment is clinically indicated, sertraline will be prescribed by the program's psychiatrists and medical practitioners under their ordinary clinical authority, as an adjunct to behaviour change participation. Sertraline's registered indications cover the clinical presentations ReINVEST+ treats, including depression, anxiety, and related affective dysregulation, and prescribing for them will proceed under standard informed consent, on the same regulatory footing as everyday psychiatric and general practice. Prescribing outside a registered indication rests with the treating practitioner and proceeds with documented clinical rationale, informed consent, and specialist psychiatric oversight, consistent with accepted Australian prescribing practice.

2. ReINVEST+: downstream family outcomes

2.1 Downstream family outcome measurement

ReINVEST+ will measure whether reduced DV offending by the man is accompanied by measurable benefit for his partner and children. This work will be developed in partnership with the Australian Centre for Child Protection at Adelaide University and the Centre for Forensic Behavioural Science at Swinburne University of Technology. Partner-safety indicators will be measured using participant-consented linked justice, protection-order, victimisation, health, and specialist DFV service data. Child-exposure and child-system indicators will draw on participant-consented linked child protection, out-of-home care, emergency, child and family service, and educational or developmental data, analysed by sex and age where sample size permits.

2.2 A strengthened partner and family safety framework

The ReINVEST trial Women's Advisory Group (with representatives from NSW Women's Domestic Violence Advocacy Program, Domestic Violence NSW, the Chief Magistrate's Office, Aboriginal Services Unit, University of Technology Sydney, and the Royal Australian and New Zealand College of Psychiatrists), the Victim-Survivor Group, and the dedicated 24/7 partner and family crisis line will all continue under ReINVEST+. The Advisory Group will be broadened to include South Australian, Victorian and Western Australia specialist domestic and family violence services and family-service organisations. Partner safety protocols will be extended to incorporate child-exposure assessment and family-level safety planning, developed in consultation with ACCP and state family-service partners.

2.3 Multi-jurisdictional delivery

ReINVEST+ will operate across four Australian jurisdictions. NSW will retain the trial's established clinical and research infrastructure through UNSW Sydney's Health Translation Hub, with five clusters covering the Sydney metropolitan area and Central Coast/Hunter region. South Australia will deliver three clusters spanning Adelaide metropolitan and regional sites, coordinated through the Australian Centre for Child Protection at Adelaide University which will also co-lead downstream family outcome measurement nationally. Victoria will deliver three clusters in partnership with Forensicare and the Centre for Forensic Behavioural Science, with prescribing and clinical governance routed through Forensicare. Western Australia will deliver three clusters coordinated through the Maladjiny Research Centre at Edith Cowan University, which will also lead First Nations engagement across the program. Linked child and family outcome data will be accessed through the relevant jurisdictional data custodians. The multi-jurisdictional footprint will provide the Commonwealth with three independent state-government partnerships and three replication contexts for evidence on whether ReINVEST+ generalises across diverse service environments.

3. Our approach

ReINVEST+ will be delivered through three integrated streams. Stream 1 will deliver the clinical and family-safety service across 14 clusters in four jurisdictions across Australia. Stream 2 will sustain the clinical research, education, and innovation pipeline. Stream 3 will deliver comprehensive evaluation, governance, and advisory functions.

Stream 1: Service delivery

Service delivery will operate from four coordinated hubs. UNSW Sydney's Health Translation Hub will coordinate the five NSW clusters and provide national operational leadership. The Australian Centre for Child Protection at Adelaide University will coordinate the three SA clusters and co-lead downstream family outcome measurement across all 14 clusters. Victorian delivery will operate as a partnership between Forensicare and the Centre for Forensic Behavioural Science, coordinating the three Victorian clusters. Western Australia will be coordinated through the Maladjiny Research Centre, Edith Cowan University. Cluster capacity will vary with staffing and catchment, averaging approximately 300 men who use violence and their families annually across the 14 clusters.

Eligibility for assessment will require a documented DFV-related index charge or conviction and capacity to consent. Treatment eligibility will additionally require clinically significant affective dysregulation identified on structured clinical assessment (for example major depression, elevated psychological distress, or clinically significant anger and impulsivity) and no contraindication to sertraline, with exclusions for active psychosis and current use of contraindicated serotonergic medications. Men assessed as not requiring or not wishing to take sertraline will remain engaged in wraparound support and behaviour change referral, and will form part of the comparative evaluation sample (Stream 3). Family-level outcomes will be measured for participants who have partners or children, through participant-consented data linkage.

Cluster footprint

State	Cluster	Coverage	FTE
NSW	Central Sydney	Downing Centre, Waverley, Newtown, Manly	6.6
NSW	Western Sydney	Mt Druitt, Penrith, Blacktown, Parramatta	6.7
NSW	South Western Sydney	Campbelltown, Liverpool, Fairfield	5.5
NSW	South Sydney/Illawarra	Sutherland, Wollongong, Nowra	5.5
NSW	Central Coast/Hunter	Gosford, Wyong, Newcastle	5.5
SA	Adelaide Metropolitan	Adelaide Magistrates Court catchment, Port Adelaide, Elizabeth	6.0
SA	Adelaide North	Salisbury, Gawler, Munno Para	5.5
SA	Regional SA	Port Augusta, Whyalla, Mt Gambier (with APY engagement)	5.5

State	Cluster	Coverage	FTE
Vic	Melbourne Metropolitan	Melbourne Magistrates Court catchment, Sunshine, Heidelberg	6.0
Vic	Melbourne South-East	Dandenong, Frankston, Cranbourne	5.5
Vic	Regional Vic	Geelong, Ballarat, Bendigo	5.5
WA	Central Perth	Central Law Court, Midland, Armadale	5.5
WA	Albany	Albany	1.0
WA	Eastern Goldfields	Kalgoorlie	1.0

Cluster staffing model

Each ReINVEST+ cluster will operate with a core pharmacotherapy team supplemented by family-arm staffing. Full clusters will carry 5.5 to 6.7 FTE, with outreach sites at 1.0 FTE. Total establishment across the program is 71.3 FTE. The profile below describes a full cluster.

- Cluster Lead Clinical Nurse Consultant (1.0 FTE). Clinical governance, safety monitoring, team supervision.
- Clinical Team (4.0 FTE average). Assessments, medication, wraparound support, case management.
- Partner and Family Safety Coordinator (1.0 FTE). Family safety planning, partner liaison, child-exposure assessment, and coordination of consented family outcome data.
- Aboriginal Health Worker (1.0 FTE). Cultural safety, ACCHO liaison, First Nations engagement.
- Consultant Psychiatrist (0.3 FTE). Psychiatric reviews, prescribing, complex cases.

Referral pathways

Referral pathways will replicate the structure used in the ReINVEST trial, which referred 2,956 men for eligibility assessment across community corrections offices (59.5%), magistrates' courts (15.5%), Legal Aid and Aboriginal Legal Service (6.8%), self-referrals (5.9%), and other sources including private lawyers and GPs (12.3%). These established referrer relationships in NSW will be reactivated during the 6 to 9 month stand-up period. Equivalent intake pathways will be established in SA (through SA Department of Human Services family-services arm, Adelaide Magistrates Court, and SA Aboriginal Legal Rights Movement), Victoria (through Magistrates' Court of Victoria, Corrections Victoria, and Victorian Aboriginal Legal Service), and similar mechanisms in Western Australia.

Integration with men's behaviour change programs

Men's behaviour change programs (MBCPs) remain the primary behaviour-change modality in every jurisdiction, and ReINVEST+ will operate alongside them. Each cluster will establish formal co-referral protocols with MBCP providers, courts, and Community Corrections, so that men engaged in behaviour change programs can be referred for clinical assessment, and men assessed by ReINVEST+

clinicians can be referred into MBCPs where they are not already engaged. Men with clinically identified affective dysregulation will continue in MBCPs while receiving sertraline treatment where the treating clinician prescribes it.

The trial's partner-reported outcomes (96% maintained or increased safety, 85% positive behavioural change) indicate that clinical treatment within this model is acceptable to and valued by families, and the trial's economic evaluation indicates the model is cost-saving to government.

Patient journey and clinical protocol

Participants will progress through six stages.

- Recruitment and enrolment.
- Structured psychiatric assessment, with validated measures of impulsivity, reactive aggression, anger, depression, and psychological distress.
- Neuropsychological assessment of affective dysregulation and impulse control.
- Medical review for prescribing suitability, baseline bloods, and medication initiation.
- Early intensive monitoring, with fortnightly clinical consultations through weeks 2 to 8 and dose titration as per protocol.
- Maintenance, with monthly clinical reviews using standardised outcome measures including impulsivity scales, aggression inventories, and quality-of-life assessments.

Participants will remain on the intervention as long as clinically appropriate, with onward referral to GPs, community mental health services, or private clinicians as indicated on exit. Psychiatric reviews will be delivered by telehealth every three months. After-hours emergency support for participants and family members will operate 24/7 through the Clinical Nurse Consultant on-call roster. All prescribing decisions will be made by the program's psychiatrists and registered medical practitioners under their ordinary professional authority, consistent with Therapeutic Goods Administration-approved product information and Pharmaceutical Benefits Scheme prescribing arrangements, with informed consent documented for every participant.

Culturally safe practices for First Nations peoples

Approximately one-third of ReINVEST trial participants identified as Aboriginal and Torres Strait Islander, indicating acceptability of the model. Each cluster will have a dedicated Aboriginal Health Worker. A First Nations Steering Committee, led by Associate Professor [REDACTED] will guide all engagement approaches and set equity thresholds in Year 1 to inform ongoing interpretation and translation decisions. Established partnerships with NSW ACCHOs and Aboriginal Legal Services will be replicated in SA, Vic and WA. The ReINVEST+ approach aligns with Closing the Gap Targets 10 and 13.

Partner and family safety

Partner and family safety will remain paramount under ReINVEST+. The dedicated 24/7 partner and family telephone line (1800 number) will continue across all four jurisdictions. Partners and family members will be invited to attend participant sessions where appropriate (excluding cases with non-contact orders), and clinical staff will contact partners directly to assess safety, provide information about the intervention, and offer support independent of the participant's engagement. Continuous risk assessment will occur at every scheduled appointment, with escalation protocols including notification to police, specialist domestic violence services, child protection where indicated, and Community Corrections Officers. All ReINVEST+ clinical staff will be mandatory reporters. Partners

with apprehended violence orders or victim status will be referred to relevant state-based specialist DFV services and offered Victims Services and mental health support.

Stream 2: Clinical research, education, and innovation

Stream 2 will sustain the research and innovation pipeline that produced the ReINVEST evidence base and will continue to refine ReINVEST+ delivery. The training pipeline will address critical workforce shortages in forensic mental health.

Proposed research initiatives

- Precision medicine. Examination of alternative SSRIs, dose variation, and pharmacogenomic aspects of SSRI use to identify which patients benefit most and which require alternative approaches.
- Downstream family outcomes, co-led by Professor [REDACTED], Dr [REDACTED] at the ACCP, and Associate Professor [REDACTED]. Measurement of partner-safety and child-exposure outcomes through governed linkage and consented direct measures, against trial-quality endpoints including child protection involvement and child wellbeing.
- Risk assessment, in collaboration with the Centre for Forensic Behavioural Science. Development of risk prediction models integrating physical health, mental health, pharmacological, behavioural, and family-system data.
- Genetic aspects of violence research. Expansion to examine broader genetic markers of impulsivity and aggression, building on examination of the serotonin transporter gene (5-HTTLPR).
- Neuroscience and brain imaging. Continued fMRI investigation of sertraline's effects on impulse control regions, in collaboration with the University of Newcastle and NeuRA at UNSW.
- Advanced qualitative research. Continuation of work on offenders' subjective experience of violence and women's experiences of changes in related men's behaviour.

Training and education

Placements will be delivered for medical students and psychiatry registrars (forensic psychiatry with pharmacological approaches to impulsivity and violence risk assessment), Master of Forensic Mental Health students, nursing, psychology, and social work students, and child and family welfare students through ACCP and Swinburne University of Technology. Three PhD scholarships will be funded annually, one allocated to each state and hosted by UNSW, ACCP, and CFBS respectively, with a focus reflecting each group's speciality. Professional development sessions will be delivered for the DFV sector workforce and for justice sector professionals including magistrates, lawyers, and corrections officers.

Stream 3: Evaluation and advisory

Stream 3 will ensure the program remains fit-for-purpose, responsive to community needs, and aligned with best-practice governance standards across the four jurisdictions. The evaluation framework will operate at three integrated levels.

- Minimum data. Near real-time cluster-level dashboards will track participant demographics, enrolment rates, appointment attendance, medication adherence, adverse events, and reoffending outcomes.
- Comprehensive evaluation. Program-level analysis will use the RE-AIM framework (Reach, Effectiveness, Adoption, Implementation, Maintenance), with links to administrative justice, health, and child protection data.
- Research integration with clinical delivery. Quarterly improvement cycles will allow Stream 2 findings to refine Stream 1 practice.

Embedding lived experience

Three lived-experience groups will operate across the program. The Women's Advisory Group and Victim-Survivor Group will guide partner and family safety protocols, information-sharing agreements, crisis pathways, and evaluation framing. The Participant Advisory Group will involve men with lived experience of the justice system and will build on trial-derived innovations including SMS appointment nudges (which increased retention by 3.35-fold), flexible scheduling, and assertive outreach.

Implementation science during stand-up

The first 6 to 9 months will focus on implementation science and co-design, adapting trial protocols for real-world service delivery contexts across all 14 clusters and four jurisdictions. The Consolidated Framework for Implementation Research (CFIR) will guide systematic examination of barriers and facilitators in each cluster through stakeholder interviews, focus groups, and co-design workshops. Necessary adaptations will be identified (appointment scheduling, location, local referral pathways, cultural engagement approaches) while core program fidelity will be protected (medication protocols, assessment processes, partner safety procedures, wraparound support).

Independent evaluation

Independent evaluation every two years will examine program implementation, outcomes, cost-effectiveness, adherence to women's safety policy, cultural safety for First Nations participants, and fidelity to evidence-based protocols. The evaluation's primary comparative question is whether adding adjunctive sertraline treatment to men's behaviour change programs improves outcomes relative to behaviour change programs alone. The evaluation will use linked administrative data to compare domestic violence reoffending, behaviour change program engagement and completion, and family-level outcomes across three groups.

- Men engaged in MBCPs who receive adjunctive sertraline treatment for clinically indicated affective dysregulation.
- Men engaged in MBCPs who are assessed by ReINVEST+ clinicians but are not prescribed sertraline, whether because treatment is not indicated, is contraindicated, or is declined.
- Men engaged in MBCPs in non-ReINVEST+ catchments.

Baseline differences between comparison groups will be addressed using propensity-based methods, including the entropy-balancing approach validated in the trial's economic evaluation. Cost-effectiveness will be re-estimated at program scale using observed rather than modelled resource use, reported as net cost or savings per participant and per domestic violence reoffence prevented from a government payer perspective. Evaluators will have authority to recommend modifications. Evaluation reports will be provided to the Commonwealth and made publicly available where appropriate.

4. Our capability

4.1 The investigator team

ReINVEST+ will be delivered by the investigators who designed and ran the ReINVEST trial, joined by additional investigators bringing family-protection and child-welfare capabilities the trial did not require. The team spans justice and offender health, forensic psychology and psychiatry, neuropsychiatry, child protection and family safety, Indigenous health and governance, genetics and pharmacogenomics, biostatistics and linked-data science, health economics, and judicial implementation.

Investigator	Institution	Role and expertise
[REDACTED]	UNSW Sydney	Lead Investigator. Justice and offender health, ReINVEST trial Chief Investigator
[REDACTED]	Australian Centre for Child Protection, Adelaide University	Co-lead, downstream family outcomes. Child protection, family safety, 2025 SA Australian of the Year
[REDACTED]	University of Newcastle and Hunter New England LHD	Neuropsychiatry, ReINVEST clinical leadership
[REDACTED]	Centre for Forensic Behavioural Science, Swinburne University of Technology and Forensicare	Registered Forensic and Clinical Psychologist, Family violence and other problem behaviour clinical and research expertise
[REDACTED]	Centre for Forensic Behavioural Science, Swinburne University of Technology and Forensicare	Registered psychiatrist. Forensic Psychiatry, prescribing governance
[REDACTED]	Monash University	Social Work, Pharmacy
[REDACTED]	Centre for Forensic Behavioural Science, Swinburne University of Technology and Forensicare	Victorian family-service connections and interpretation of downstream family outcomes. Registered Forensic and Clinical Psychologist, child maltreatment and protection, youth offending, family violence
[REDACTED]	Centre for Forensic Behavioural Science, Swinburne University of Technology and Forensicare	Victorian family-service connections and interpretation of downstream family outcomes. Registered Forensic and Clinical Psychologist, child maltreatment and protection, youth offending, family violence
[REDACTED]	Justice Health NSW	Forensic psychiatry
[REDACTED]	Edith Cowan University	Indigenous health and governance. First Nations research

Investigator	Institution	Role and expertise
[REDACTED]	UNSW Sydney	Genetics and epigenomics
[REDACTED]	University of Newcastle	Genetics and pharmacogenomics
[REDACTED]	UNSW Sydney	Health economics, Centre for Big Data Research in Health
[REDACTED]	Justice Health NSW	Forensic psychiatry, prescribing governance
[REDACTED]	NSW Drug Court	Judicial implementation
[REDACTED]	Victoria Family Violence Court Division	Judicial implementation
[REDACTED]	Australian Centre for Child Protection, Adelaide University	Co-lead, downstream family outcomes. Child protection, family safety, clinical psychology
[REDACTED]	UNSW Sydney	Mental health nursing, ReINVEST trial coordinator
[REDACTED]	UNSW Sydney	Family safety, qualitative research with partners of trial participants
[REDACTED]	Centre for Forensic Behavioural Science, Swinburne University of Technology and Forensicare	Risk assessment lead. Forensic epidemiology, family violence risk assessment, fairness and bias in risk prediction
[REDACTED]	UNSW Sydney	Biostatistics and data science

4.2 Proven track record

The team has run this model since the 2010 open-label trial and will use that experience to stand up the 14 clusters. Established protocols, clinical pathways, and safety procedures are operational. No serious adverse events related to medication occurred throughout the trial period, and no incidents involving clinician safety were recorded. The ReINVEST team has consulted extensively with participants, families, and stakeholders including magistrates, community corrections officers, and lawyers. NSW referral pathways and relationships with courts, corrections, and community services are established and active. ACCP brings two decades of commissioned government reports, policy analyses, and Royal Commission research that directly changed child protection legislation, policy, and practice across every Australian jurisdiction. CFBS similarly brings two decades of contracted research to government and long-established research partnerships with the Victorian Institute of Forensic Mental Health (Forensicare), as well as other industry-partners such as Corrections Victoria, Child Protection, Victoria Police, the Victorian Courts, and Youth Justice. CFBS members publish and conduct commissioned evaluations in family violence, child maltreatment, and risk assessment, with work applied in forensic mental health, policing, corrections, youth justice, and child protection. The First

Nations research team at the Maladjiny Research Centre draws on Associate Professor Jocelyn Jones's decades-long research on the Australian criminal justice system.

4.3 University-led delivery

Trial experience indicated that delivery through a university setting supported engagement and the establishment of therapeutic relationships with this population. Men who perpetrate domestic violence often have extensive histories of adverse contact with justice, welfare, and health systems, and institutional mistrust is associated with lower engagement in government-run programs. Delivery through UNSW Sydney, Adelaide University, and Swinburne University of Technology will place treatment in a clinical setting that is independent of justice and welfare agencies. In Victoria, local clinical governance is provided through Forensicare under its established prescribing and safety arrangements. ReINVEST+ will retain the trial's partnerships with Justice Health and Forensic Mental Health Network (JH&FMHN) and Corrective Services NSW (CSNSW) and will establish parallel arrangements with South Australian and Victorian equivalents.

4.4 Stakeholder collaboration and justice-system integration

Collaborative relationships are established across NSW Courts, CSNSW Community Corrections, Local Health Districts, Legal Aid, Aboriginal Legal Service, and specialist domestic violence services. These relationships were maintained beyond the conclusion of the ReINVEST trial. Memorandums of understanding and information-sharing protocols developed for the trial will be re-established. ACCP partnership adds child protection and family welfare integration. CFBS relationships will be used to establish partnerships with Victorian Courts, Community Corrections, and the Victorian Aboriginal Legal Service for ReINVEST+.

5. Governance and risk management

The trial recorded no serious medication-related adverse events and no serious family-violence-related adverse events attributable to participation. The governance systems developed over that period will carry into ReINVEST+ unchanged in structure and extended to four jurisdictions. Adverse event monitoring covers clinical events and family-safety events, including any escalation in violence or victimisation during participation, with mandatory review and escalation protocols.

5.1 Governance structure

Multi-layered oversight will operate through seven governance bodies.

Program Advisory Board. Will provide strategic direction and accountability across justice, health, community services, Aboriginal organisations, child protection, and victim-survivor advocacy, with representation from all four jurisdictions.

Clinical Governance Committee. Will provide clinical oversight, safety monitoring, and serious-event review through psychiatry, nursing, and mental health leadership.

Independent Data Safety Monitoring Board. Will provide external oversight of participant safety and program integrity.

First Nations Steering Committee. Led by Associate Professor [REDACTED]. Will provide cultural safety, equity threshold setting, and governance-mandated review authority for differential harm across all four jurisdictions.

Women's Advisory Group. Will co-design partner and family safety protocols, information-sharing agreements, and crisis pathways. The comprehensive Women and Family Safety Policy was developed in consultation with Domestic Violence NSW and the NSW Department of Communities and Justice, and will be extended with SA, Vic and WA specialist DFV service input.

Victim-Survivor Group. Will guide evaluation framing and review safety outcomes reported through Stream 3.

Research Ethics Committee. Will provide ongoing independent ethics review of all research activities in Stream 2 and Stream 3.

5.2 Risk management

Risk	Mitigation strategy
Medication safety	Comprehensive staff training in adverse event monitoring and mental state examination. Clinical Governance Committee and Medical Assessment Committee oversight. Zero serious adverse events in the ReINVEST trial. Family-safety adverse events, including any escalation in violence or victimisation, will be monitored as a distinct category, with mandatory review and escalation to police, specialist DFV services, and child protection where indicated.
Prescribing appropriateness and regulatory status	Sertraline is approved by the Therapeutic Goods Administration for major depression, obsessive-compulsive disorder, panic disorder, social anxiety disorder, and premenstrual dysphoric disorder. It is PBS-listed as a Restricted

Risk	Mitigation strategy
	Benefit for major depressive disorders. Prescribing within registered indications proceeds under standard informed consent. Prescribing outside a registered indication rests with the treating practitioner, supported by documented clinical rationale, informed consent, and specialist psychiatric oversight, consistent with accepted Australian prescribing practice. Medication initiation will follow a structured tolerability protocol, discontinuation will use supervised tapering, and exit will include handover to GPs or community prescribers. The Clinical Governance Committee will audit prescribing decisions quarterly.
Staff safety	Clinical staff trained in risk assessment, de-escalation, and safety planning. Flexible meeting arrangements including public locations and two-staff visits when indicated. 24/7 peer support.
Harm to partners, children, and families	Comprehensive Women and Family Safety Policy with proactive partner outreach. Direct partner access to ReINVEST+ clinicians for safety planning. 24/7 crisis line. Regular safety checks with clear protocols for escalating concerns to police, specialist DFV services, and child protection where indicated.
Critical incidents	Established protocols for managing serious events including imminent risk, hospitalisation, or death. Independent Data Safety Monitoring Board oversight. Rapid response procedures with clear communication pathways to all stakeholders.
Insufficient referrals	Referrer relationships in NSW established over 15 years. Trial demonstrated sustained demand with 2,956 assessments. Equivalent referrer relationships will be established in SA, Vic and WA during project stand-up. Promotion and community engagement strategies ready to deploy.
Cultural harm to First Nations participants	First Nations Steering Committee will guide all engagement approaches. Established partnerships with ACCHOs and Aboriginal Legal Services. Staff selected for cultural competency. Aboriginal Health Worker in every cluster.
Multi-jurisdictional coordination	Four-hub coordination model with monthly cross-jurisdictional steering committee. Standardised clinical protocols with state-specific implementation guidance. Forensicare and Vic Department of Families, Fairness and Housing partnership will be formalised in Year 1.
Negative media or public perception	Clear communication protocols and media strategy. Public support strong (86% of taxpayers; 67% willing to pay additional taxes). Academic credibility through UNSW, Adelaide University, and Swinburne. Victim-survivor voices centred in all communications.
Participant disengagement	Proven retention strategies from trial including SMS reminders (3.35-fold retention improvement), assertive outreach, flexible scheduling, and long-term commitment without arbitrary endpoints.

6. Pricing

6.1 Investment summary

Stream	5-year total
Stream 1: Service delivery (14 clusters, 4,200 participants and their families annually, four coordination hubs)	\$93.00M
Stream 2: Clinical innovation and research	\$9.00M
Stream 3: Evaluation and advisory	\$6.00M
TOTAL INVESTMENT	\$108.00M over 5 years

Stream 1 covers 14 clusters across four jurisdictions at indicative annual cluster cost of approximately \$1.25M (slightly below the NSW trial-derived baseline of \$1.32M reflecting modest scale efficiencies at 14-cluster operation), plus consolidated central coordination across UNSW Health Translation Hub, Adelaide University Australian Centre for Child Protection, and the Swinburne/Forensicare Centre for Forensic Behavioural Science. Stream 2 absorbs the additional research workload through a modest uplift on the NSW baseline (\$7.14M). Stream 3 reflects the additional governance, evaluation, and advisory burden of operating across four jurisdictions. Stream 2 includes provision for data-linkage and secure data-hosting costs across the four jurisdictions, including Centre for Victorian Data Linkage and WA Data Linkage System annual fees and cross-jurisdictional linkage overheads. Resolving health-to-justice data-sharing arrangements, which carry known legal and governance barriers in Victoria, is scoped as a Year 1 establishment activity.

6.2 Unit costs and overhead costing

Per-participant costs are built bottom-up from the trial-derived implementation model used in the peer-reviewed economic evaluation (Akpanekpo et al., 2026), expressed in 2024-25 Australian dollars over a 24-month treatment episode, with no indexation applied. Award rates are current to the 2023 Award, Medicare Benefits Schedule fees to November 2024. Clinical time is costed at the NSW Public Health System Nurses' and Midwives' (State) Award 2023 Clinical Nurse Consultant Grade 2 Year 2 rate (\$69.87 per hour) plus 25% on-costs for superannuation, leave, and overheads (\$87.34 per hour). Psychiatric assessments and reviews are valued at Medicare Benefits Schedule fees (Items 296 and 304, November 2024). Medication is costed at the Pharmaceutical Benefits Scheme dispensed price for maximum quantity for generic sertraline 100 mg (\$16.50 per 30-tablet pack). Fixed and pooled resources are amortised across a full caseload of 680 participants, being 17 nursing FTE at 40 participants each across the trial's four sites. This denominator reflects caseloads carried under trial conditions, including consent, run-in, blinded dispensing and research data collection, and is used here only to allocate pooled costs. Service caseloads under ReINVEST+ will be set during the Year 1 establishment period and reported annually through the Stream 3 dashboards. The 24/7 on-call pool (\$57,640 over two years), office leases (\$420,000 over two years), and fleet costs (\$1.04 million over two years) are divided equally across that caseload rather than loaded onto individual participants. Criminal-justice savings are valued using Productivity Commission Report on Government Services 2024-25 unit costs per prisoner-day and per court finalisation.

Cost component	Frequency / quantity	Unit cost (A\$)	Total, 24 months (A\$)	Basis
Court liaison and triage	1 hour per participant	87.34	87.34	CNC Grade 2 (Yr 2) + 25% on-costs
Initial clinical assessment	1 session (2.5 hours)	218.35	218.35	2.5 hours x CNC rate
Community follow-up (CNC)	24 monthly sessions	87.34	2,096.16	24 hours x CNC rate
Initial psychiatric review	1 session (45+ min)	308.30	308.30	MBS Item 296 (Nov 2024)
Three-monthly psychiatric reviews	7 sessions	157.60	1,103.20	MBS Item 304 (Nov 2024)
Sertraline 100 mg	24 months (30-tablet packs)	16.50	396.00	PBS dispensed price (DPMQ) 2025.
Emergency on-call (CNC)	24 months coverage	84.76	84.76	\$57,640 pooled service / 680 participants
Office space leases	4 sites, 24 months	617.65	617.65	\$420,000 / 680 participants
Fleet (vehicles and fuel)	17 vehicles, 24 months	1,529.41	1,529.41	\$1,040,000 / 680 participants
Total per participant			6,441.17	24-month episode, 2024 AUD

Clinical staffing accounts for 59% of the per-participant cost, amortised infrastructure and program overheads for 35%, and medication for 6%. Three features of this costing respond directly to

Commonwealth scrutiny of overheads. First, no institutional or corporate overhead margin is added anywhere in the model. The only loadings are the 25% statutory on-cost on nursing labour, covering superannuation and leave entitlements, and the amortised office, fleet, and on-call pools shown above. Second, fixed and pooled resources are amortised at full caseload, so the per-participant figures assume clusters operate at capacity. Where occupancy is lower, per-participant costs rise, and actual occupancy and unit costs will be reported to the Commonwealth annually through the Stream 3 minimum-data dashboards. Third, medication is priced at the published PBS dispensed price with no markup, and psychiatric reviews at published MBS schedule fees.

The at-scale per-participant cost used in the investment modelling that follows (\$5,143) is lower than the trial-derived figure of \$6,441 because 14-cluster operation shares central coordination, fleet, and lease costs across a larger caseload, consistent with the modest scale efficiencies already reflected in the cluster baseline (\$1.32 million to \$1.25 million per cluster per year). This reconciliation, and the underlying cluster-level budgets, will be provided in the annual financial statements to the Commonwealth.

6.3 Return on investment

Per-participant economics are benchmarked against the ReINVEST trial cost-effectiveness analysis (Akpanekpo et al., Applied Health Economics and Health Policy 2026).

Metric	Value
<i>Per participant</i>	
Program cost (at scale)	\$5,143
Criminal-justice savings	\$9,765
Incarceration savings	\$9,589 (98%)
Court savings	\$176 (2%)
Net savings per participant	\$4,622
<i>Annual program (4,200 participants)</i>	
Annual program cost	\$21.60M
Annual criminal-justice savings (steady state)	\$41.01M
Annual net savings (steady state)	\$19.41M
<i>5-year program (21,000 participants total)</i>	
Total program investment	\$108.00M
Total criminal-justice savings	\$184.60M
Net government savings	\$76.60M
Return on investment	\$1.71 : \$1

Every dollar invested returns \$1.71 in direct criminal-justice savings, a net benefit of \$0.71 per dollar (71% return). Year 1 savings are modelled at 50% as the first cohort realises benefits progressively over the 24-month program, with break-even projected by the end of Year 2. The 5-year totals reflect the year-1 ramp. The 71% return at flagship scale exceeds the 52% return modelled for the NSW-only business case, reflecting scale

efficiencies in central coordination and shared research and evaluation infrastructure. Including victim cost avoidance (estimated at \$35,000 to \$50,000 per offence prevented), return on investment rises to approximately \$2.50 per dollar invested.

6.4 Investment options

Four investment options are presented. All apply the same trial-derived unit costs, per-participant savings, and Year 1 ramp assumption. Three elements are held constant across every option to protect the integrity of the service delivery model. These are the full clinical protocol and partner and family safety infrastructure, the independent evaluation framework in Stream 3, and trial-fidelity outcome measurement through linked administrative data.

Option B is recommended because it preserves the full four-jurisdiction flagship design while staging the Commonwealth's committed exposure. The first tranche (\$64.8M) covers Years 1 to 3, giving delivery partners a full three-year establishment and stand-up period. The second tranche (\$43.2M, Years 4 to 5) will be released following an independent gateway review at the end of Year 3 against the following criteria:

- a) enrolment against cluster capacity,
- b) protocol fidelity/adherence,
- c) safety outcomes, and
- d) early reoffending signals from administrative data.

This mechanism converts the pricing risk the Commonwealth would otherwise carry across five years into a three-year evidence test of a program that has already succeeded under randomised controlled trial conditions.

	Option A: Flagship	Option B: Staged flagship	Option C: Three-jurisdiction	Option D: Two-jurisdiction core
Clusters	14 (NSW 5, SA 3, Vic 3, WA 3)	14 (NSW 5, SA 3, Vic 3, WA 3)	11 (NSW 5, SA 3, Vic 3)	8 (NSW 5, SA 3)
Jurisdictions	4	4	3	2
Participants per year	4,200	4,200	3,300	2,400
Indicative annual cluster cost	\$1.25M	\$1.25M	\$1.27M	\$1.30M
5-year investment	\$108.0M	\$108.0M (\$64.8M committed; \$43.2M subject to gateway review)	\$87.0M	\$66.5M
Per-participant cost	\$5,143	\$5,143	\$5,273	\$5,542
5-year criminal-justice savings	\$184.6M	\$184.6M	\$145.0M	\$105.5M

Net government savings	\$76.6M	\$76.6M	\$58.0M	\$39.0M
Return on investment	\$1.71 : \$1	\$1.71 : \$1	\$1.67 : \$1	\$1.59 : \$1
What is foregone	Nothing	Nothing; adds an independent review at end of Year 3	Western Australian context and alignment with Path to Safety strategy	Victorian and WA contexts and the Forensicare partnership

6.5 Co-funding and cost offsets

Three mechanisms will reduce the net Commonwealth contribution while holding total program resourcing and scientific rigour constant.

State co-contribution. The renewed National Partnership Agreement on Family, Domestic and Sexual Violence Responses (commenced 1 July 2025) established a matched Commonwealth-state funding architecture for frontline services, including a \$43.0M Commonwealth-WA partnership from 2025-26. All four delivery jurisdictions carry standing policy commitments to perpetrator interventions (NSW Premier's Priority on domestic violence reoffending, the South Australian Royal Commission response, Victorian Royal Commission implementation, and Western Australia's Path to Safety strategy 2020-2030). A state co-contribution of 20% of Stream 1 service delivery (\$18.6M over 5 years, cash or in-kind through court and corrections referral infrastructure, Forensicare clinical governance, and data-custodian services) would reduce the Commonwealth ask to \$89.4M at full flagship scope.

Competitive research funding for Stream 2. The clinical innovation and research stream (\$9.0M) is separable from service delivery and aligns with MRFF and NHMRC funding priorities. Seeking Stream 2 competitively would reduce the direct Commonwealth ask to \$99.0M, and in combination with state co-contribution to approximately \$80M, at full scope. Competitive funding carries award uncertainty, so this mechanism is proposed as an offset the Commonwealth may underwrite rather than a substitute for commitment.

Medication and existing infrastructure. Sertraline is an off-patent, PBS-listed medication, so pharmaceutical costs are negligible and already contained within cluster unit costs. University partners will contribute in-kind supervision and infrastructure for the training pipeline, including the three annual PhD scholarships.

Integration with existing Commonwealth financing. A significant share of the per-participant cost already sits within existing Commonwealth financing streams. Psychiatric reviews are valued at MBS schedule fees (\$1,411.50 per participant over 24 months) and sertraline is PBS-listed (\$396 per participant), together approximately \$1,808 per participant, or 28% of the trial-derived cost, that can be met through Medicare and PBS arrangements where services are billed in the ordinary way rather than through new program appropriation. PBS subsidy for sertraline attaches to major depressive disorder. Participants treated for affective presentations that do not meet that threshold will require private prescription. The share of participants expected to meet PBS criteria will be established during the Year 1 establishment period. The new-money component of service delivery is approximately \$4,634 per participant at trial-derived unit costs. ReINVEST+ will work with the Commonwealth and

each jurisdiction to settle the preferred billing and commissioning arrangement for psychiatric services during the Year 1 establishment period.

6.6 Scale-up opportunity

ReINVEST+ at flagship scale will reach approximately 3.5% of the estimated national eligible cohort.

National scale-up is modelled below.

Scale	Eligible cohort	Annual program cost	Annual net savings
ReINVEST+ flagship (this proposal)	4,200	\$21.60M	\$19.41M
Full NSW scale	~37,200	\$191.32M	\$171.94M
National scale (all jurisdictions)	~120,000	\$617.16M	\$554.64M

All rows apply the at-scale per-participant cost of \$5,143 and the trial-derived saving of \$9,765 per participant. Unit costs would fall further at national scale. The savings estimate assumes the per-participant effect observed in the trial holds in a cohort drawn more broadly than the trial's eligibility criteria.

6.7 Expected outcomes

Based on trial results and scaling to 4,200 participants annually across NSW, SA, Vic, and WA:

- 21% reduction in domestic violence reoffending at 24 months, rising to 29% to 30% among participants with antisocial personality disorder traits and among those with higher medication adherence
- Improvements in participant impulsivity, anger, and psychological distress
- Enhanced family safety and wellbeing reported by partners
- Reduced burden on courts, corrections, and emergency services
- Disruption of intergenerational cycles of violence exposure for children
- First national measurement of partner and child outcomes following a pharmacological intervention for domestic violence perpetration.

6.8 Alignment with Commonwealth and State Government priorities

- National Plan to End Violence against Women and Children 2022-2032. Direct operationalisation of children as victims through measured family-level outcomes.
- 2024 Commonwealth Rapid Review of Prevention Approaches. Direct response to the identified perpetrator intervention evidence gap.
- NSW Premier's Priority. A 25% reduction in domestic violence reoffending.
- South Australia Royal Commission into Domestic, Family and Sexual Violence response.
- Victorian Royal Commission into Family Violence implementation.

- Closing the Gap Target 10. Reduce Aboriginal and Torres Strait Islander incarceration by 15% by 2031.
- Closing the Gap Target 13. Reduce family violence against Aboriginal and Torres Strait Islander women and children by 50% by 2031.
- Path to Safety. Western Australia's Strategy to Reduce Family and Domestic Violence 2020 to 2030.

7. Conclusion

ReINVEST is the only randomised double-blind trial worldwide to demonstrate that a pharmacological intervention reduces domestic violence perpetration among men who use violence and have high trait impulsivity. The intention-to-treat analysis showed a 21% reduction in domestic violence reoffending at 24 months. The per-protocol analysis showed 51% reduction in violent offending and 64% reduction in domestic violence offending among completers. The trial-based economic evaluation showed net government savings of A\$4,365 per participant relative to placebo and A\$3,324 per participant relative to usual care. Partners reported maintained or increased safety in 96% of cases.

ReINVEST+ extends this proven foundation to families and across jurisdictions. It brings a medical treatment pathway for affective dysregulation, delivered as an adjunct to men's behaviour change programs by clinicians acting within their ordinary prescribing authority and using an approved, PBS-listed medicine, to men already in contact with the justice system. The multi-jurisdictional footprint across NSW, SA, Vic and WA provides the Commonwealth with three independent replication contexts and a clear pathway to national scale-up.

Commonwealth investment of \$108 million over 5 years will deliver ReINVEST+ across 14 clusters spanning the four jurisdictions, serving 4,200 men who use violence and their families annually. Conservative criminal-justice savings of \$184.6 million will generate \$76.6 million in net government savings and a 71% return on investment, with substantial additional return from victim cost avoidance and downstream child welfare cost avoidance. National scale-up is modelled at approximately \$554.6 million in annual net savings (Section 6.6).

Further information

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