



Reducing impulsivity in repeat-violent offenders using a selective serotonin reuptake inhibitor - ReINVEST

Tony Butler

**Justice Health Research Program
School of Population Health, UNSW**

Reinvest



Digital violence goes even further than online harassment or extortion. Millions of girls are affected each year by child sexual exploitation and abuse through digital means.

| PHOTO: Annanahabed/Adobe Stock

Join our 16 days of activism

The International Day for the Elimination of Violence Against Women will mark the launch of the [UNiTE campaign](#) (Nov 25- Dec 10) — an initiative of [16 days](#) of activism concluding on the day that commemorates the [International Human Rights Day](#) (10 December).

This **2025** campaign [UNiTE to End Digital Violence against Women and Girls](#) wants to mobilize all members of society: governments must end impunity through laws that penalize it; technology companies must ensure the safety of platforms and remove harmful content; donors must provide funding so that feminist organizations can work to eradicate this violence; and people like you must raise your voices to help survivors.

Sertraline to reduce recidivism in impulsive violent offenders (ReINVEST): a randomised double blind clinical trial

Tony Butler,^{a,*,n} Emaedion I. Akpanekpo,^{a,n} Lee Knight,^d Kristy Robledo,^h David Greenberg,^{d,f} Andrew Ellis,^{d,f} Stephen Allnutt,^d Kay Wilhelm,^d Alison Jones,^g Rodney Scott,^c Bianca Ton,^e Luke Grant,^m Philip Mitchell,^d Ross Tynan,^c Jocelyn Jones,ⁱ Dominic Villa,^j Duncan Chappell,^kCarolynn Dixon,^f Alison Churchill,^l Val GebSKI,^h Tony Keech,^h and Peter W. Schofield^{b,c}



NEWS Just In For You Politics World Business Analysis Sport Lifestyle Entertainment More

Common antidepressant helps reduce some men's domestic violence, ReINVEST trial finds

By Hayley Gleeson Domestic Violence

Fri 28 Nov



The ReINVEST clinical trial led to a significant reduction in domestic violence reoffending, a new paper shows. (Pexels: Kevin Bidwell)

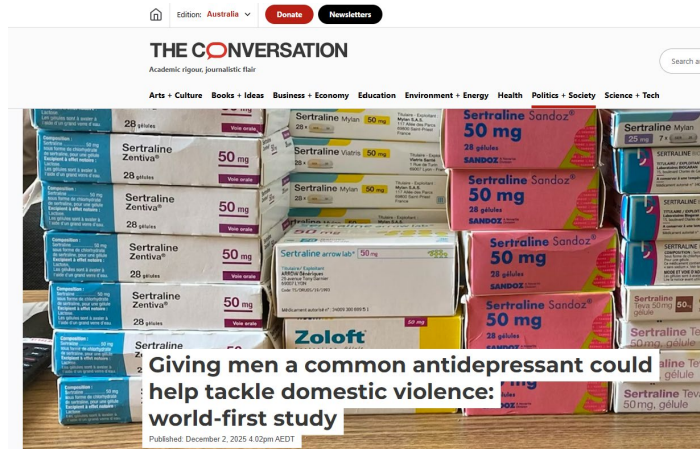
In short:

A new study has found DV reoffending was lower among men who took sertraline than among those given a placebo — a relative risk reduction of 21 per cent.

Researchers hypothesised that sertraline, an SSRI, could help calm men's impulsivity and aggression and ultimately reduce violence.

What's next?

Experts say the results should spur further government investment, and spark a rethink of the way DV is addressed in Australia.



MChromatique - Own work/Wikimedia Commons, CC BY



In April 2024, Prime Minister Anthony Albanese declared domestic and family violence a "national crisis" calling for proactive responses that "focus on the perpetrators and focus on prevention".



ReINVEST: A pharmacotherapy-based intervention to reduce domestic violence offending

RESEARCH FINDINGS REPORT

Justice Health Research Program, UNSW Sydney
November 2025



Presentation – the story of the ReINVEST trial

1. Background to the trial
2. How the ReINVEST came about
3. Methodology
4. Results
5. Qualitative findings
6. Context of the findings in the fight against domestic violence
7. The way forward

ReINVEST Investigation team

Professor Peter Schofield – Hunter New England Health

Lee Knight – UNSW School of Psychiatry

Bianca Ton – UNSW Psychology

Professor David Greenberg – Justice Health

A/Professor Andrew Ellis – Justice Health

Professor Kay Wilhelm – St Vincent’s Hospital

Professor Alison Jones – Wollongong University

Dr Kristy Robledo - Sydney University, Clinical Trial Centre

Professor Tony Keech – Sydney University, Clinical Trial Centre

Professor Val Gebski – Sydney University, Clinical Trial Centre

Professor Phil Mitchell - UNSW

Professor Rodney Scott – Newcastle University

A/Professor Jocelyn Jones – National Drug Research Institute, Perth

Luke Grant – Communities & Justice

Dr Stephen Allnutt – UNSW Psychiatry

Dominic Villa – New Chambers, Sydney

Alison Churchill – Community Restorative Centre

Professor Duncan Chappell – Sydney University

Dr Emaediong Akpanekpo – UNSW

Disclaimer

...The research team opposes violence against women.

...This presentation should not be seen as excusing violence against women (perpetrator friendly).

...The presentation does not advocate reduced funding to support women and children in domestic violence situations.

Background – violence & domestic violence

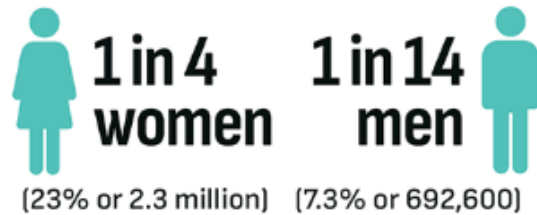
- Violence responsible for enormous amounts of physical and psychological distress, and many deaths
- Violence is a leading cause of death for people aged 15-44 worldwide, accounting for approximately 14% of deaths in men and 7% in women
- Domestic violence is societal scourge. In NSW then police attend approximately 180,000 domestic and family violence incidents each year (500 per day)
- Women are overwhelmingly the victims of domestic violence

Domestic violence in Australia

Prevalence of domestic and family violence in Australia



have experienced violence by a boyfriend/ girlfriend/ date since the age of 15.



have experienced violence by an intimate partner since the age of 15.



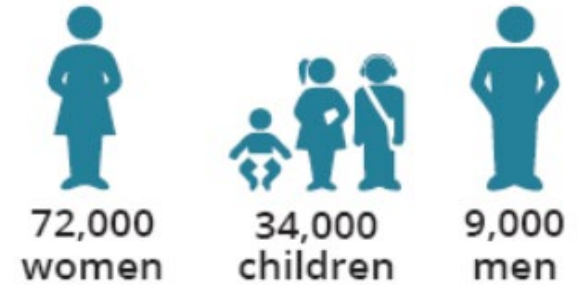
have experienced partner emotional abuse since the age of 15.



have experienced violence by a family member since the age of 15.

Source: Australian Bureau of Statistics Personal Safety Survey 2021-22 (published March 2023).

Family and domestic violence is a leading cause of homelessness:



sought homelessness services due to family violence in 2016-17

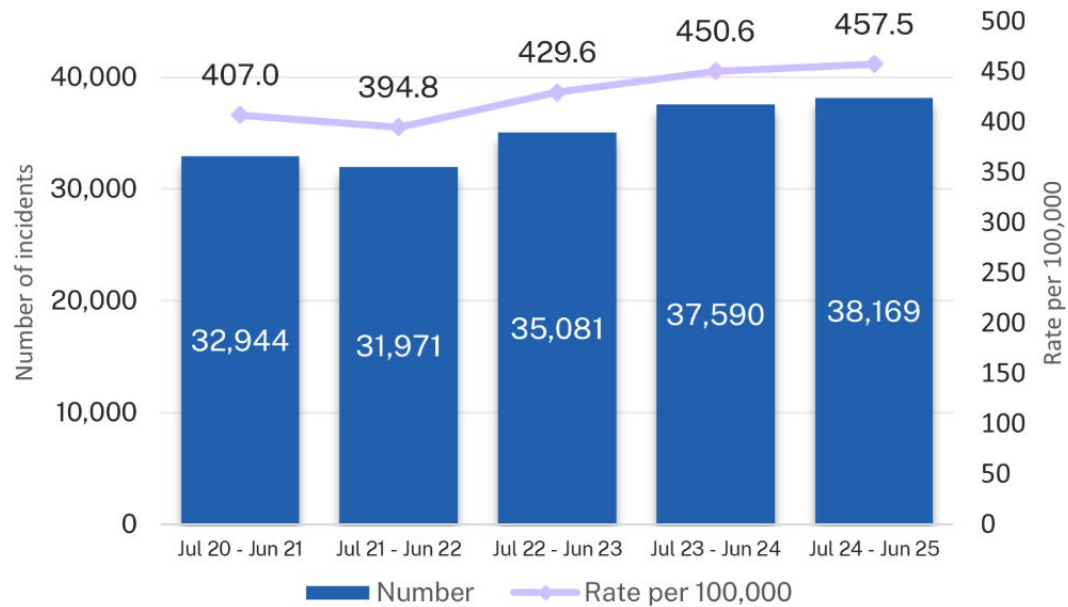
Intimate partner violence is the greatest health risk factor for women



was the estimated cost of violence against women and children in Australia in 2015-16

Domestic violence in Australia

Number and rate of domestic violence related assaults recorded by the NSW Police.

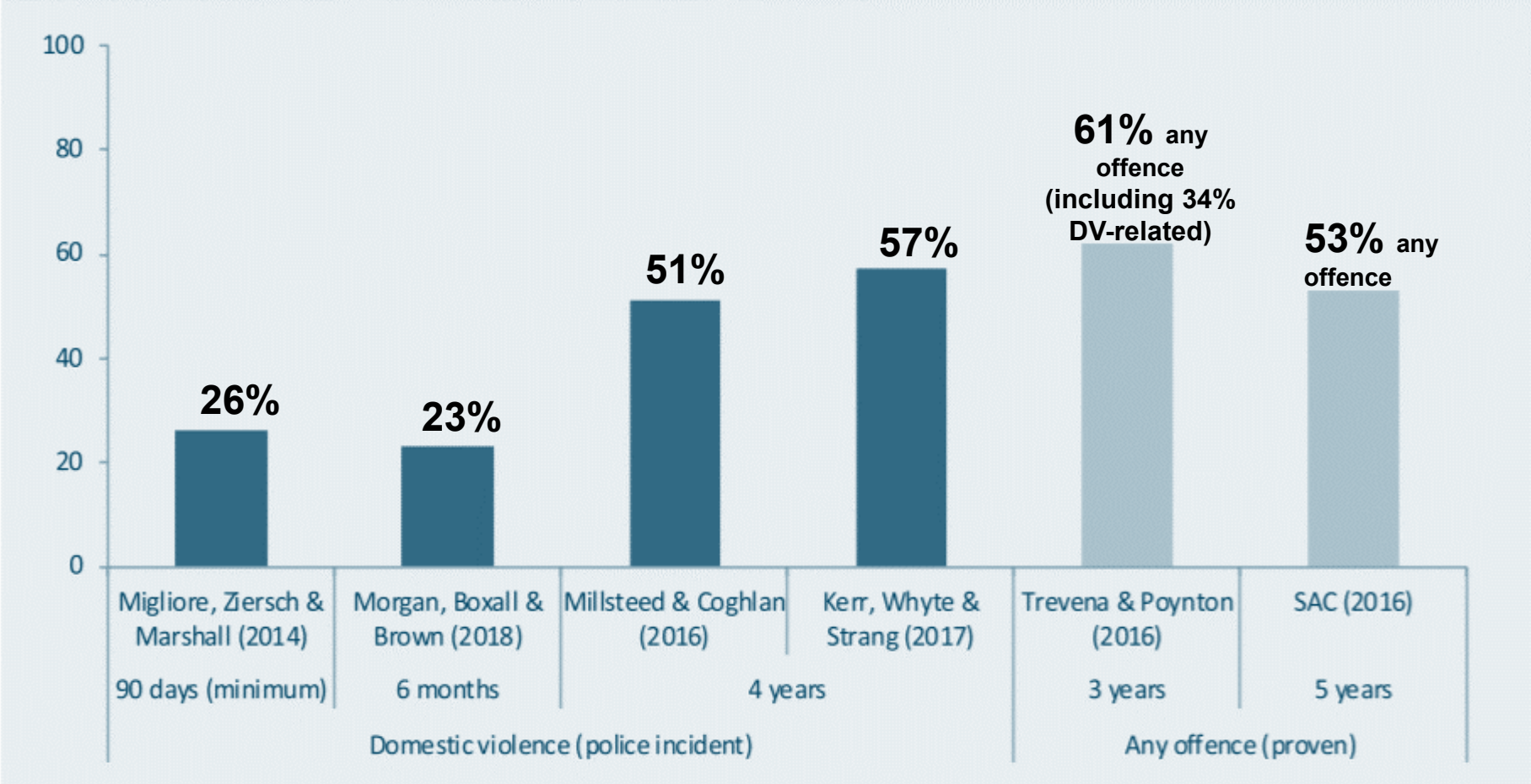


- In 2024 approximately one-third of adults on remand in NSW were held for a domestic violence offence.



DV reoffending in Australia

Figure 3: Repeat offending by domestic violence offenders (%)



• Australian Institute of Criminology. (2019). Domestic violence offenders, prior offending and reoffending in Australia. *Trends & issues in crime and criminal justice*, 580.

Background

- **NSW Premier's Priority to reduce domestic violence reoffending**

These priorities represent our commitment to making a significant difference to enhance the quality of life of the people of NSW. They aim to tackle many of the issues that have been put in the too hard basket, for too long. Each priority has an ambitious target. They have been set with the purpose of delivering on my government's key policy priorities, being:



BREAKING THE CYCLE

Reducing domestic violence reoffending


Reduce the number of domestic violence reoffenders by 25 per cent by 2023.



CLOSING THE GAP



13 Families and households are safe

Collapse 

Outcome

Aboriginal and Torres Strait Islander families and households are safe.

Target

By 2031, the rate of all forms of family violence and abuse against Aboriginal and Torres Strait Islander women and children is reduced at least by 50%, as progress towards zero.

“We need to change the approach by all governments, because it's not enough to support victims. We need to focus on the perpetrators and focus on prevention... This is a national crisis”

Prime Minister Anthony Albanese, 2024

Poor DV evidence base

Feder et al. (2008) Court-mandated interventions for individuals convicted of domestic violence:

“The findings, we believe, raise doubts about the effectiveness of court-mandated batterer intervention programs in reducing re-assault among men convicted of misdemeanor domestic violence.”

Australian Institute of Criminology. (2011). Prison-based correctional rehabilitation: An overview of intensive interventions for moderate to high-risk offenders. Violent offender programs.

“There is, however, a paucity of published research on the efficacy of violent offender programs, both in Australia and internationally. This gap needs to be addressed as a matter of urgency.”

Urbis. (2013) Literature Review on Domestic Violence Perpetrators:

“To date, there are few published evaluation studies of domestic violence offender programs in Australia. While there are some evidence on the effectiveness of Australian programs, the majority of studies did not include a control group.”

National Domestic and Family Violence Bench Book. (2020). Perpetrator interventions.

“Evaluating the effectiveness of MBCPs is costly and complex, with little research conducted in Australia to date.”

Poor DV evidence base (continued...)

Smedslund G et al. (2011) Cognitive behavioural therapy for men who physically abuse their female partner:

“...trials, which compared men who received CBT with men getting no treatment, were combined. This was **not able to show us whether or not CBT was better than no treatment.....**”

Australia’s National Research Organisation for Women’s Safety (ANROWS). (2019). Evaluation readiness, program quality and outcomes in men’s behaviour change programs:

“There has been **no Australian review** of impact, process and outcome measures used in MBCPs either at a national level or within any of the eight states and territories.”

Papers and reports

EVIDENCE BRIEF

The role of men's behaviour change programs in addressing men's use of domestic, family and sexual violence:

An evidence brief

[Find out more](#)

RESEARCH REPORT

Australian Domestic and Family Violence Death Review Network data report:

Filicides in a domestic and

RESEARCH REPORT

Workplace technology-facilitated sexual harassment:

Perpetration, responses and prevention

STATE OF KNOWLEDGE

Perpetrator interventions in Australia:

Part one: Literature review

STATE OF KNOWLEDGE

Perpetrator interventions in Australia:

Part two: Perpetrator pathways and mapping

RESEARCH SUMMARY

Innovative models in addressing violence against Indigenous women:

Key findings and future directions

Perpetrator interventions

An outcome of the National Plan is that “Perpetrators stop their violence and are held to account”. To achieve this outcome, ANROWS is dedicated to improving the evidence base for working with people who use violence.

RESEARCH REPORT

What works?

A qualitative exploration of Aboriginal and Torres Strait Islander healing programs that respond to family violence

SUMMARY

A project: Positive outcomes for perpetrators of adolescent violence in the home:
Key findings and future directions

RESEARCH SUMMARY

SUMMARY

Practice in responding to people with sexual behaviours of concern:
Key findings and future directions

RESEARCH SUMMARY

Defining quality of life indicators for measuring perpetrator intervention effectiveness:

Key findings and future directions

[Find out more](#)

[Find out more](#)

directions

[Find out more](#)

[Find out more](#)

directions

[Find out more](#)

[Find out more](#)

RESEARCH SUMMARY

Best practice principles for working with men from refugee backgrounds who use domestic and family violence:

Key findings and future directions

RESEARCH SUMMARY

Developing LGBTQ programs for perpetrators and victims and survivors of domestic and family violence:

Key findings and future directions

RESEARCH SUMMARY

The views of Australian judicial officers on domestic and family violence perpetrator interventions:

Key findings and future directions

RESEARCH SUMMARY

Improving accountability: The role of perpetrator intervention systems:

Key findings and future directions

RESEARCH REPORT

Family violence policies, legislation and services:

Improving access and suitability for Aboriginal and Torres Strait Islander men

RESEARCH REPORT

Adverse childhood experiences among youth who offend:

Examining exposure to domestic and family violence for male youth who perpetrate sexual harm and violence

Study Background

How did we get into this approach?

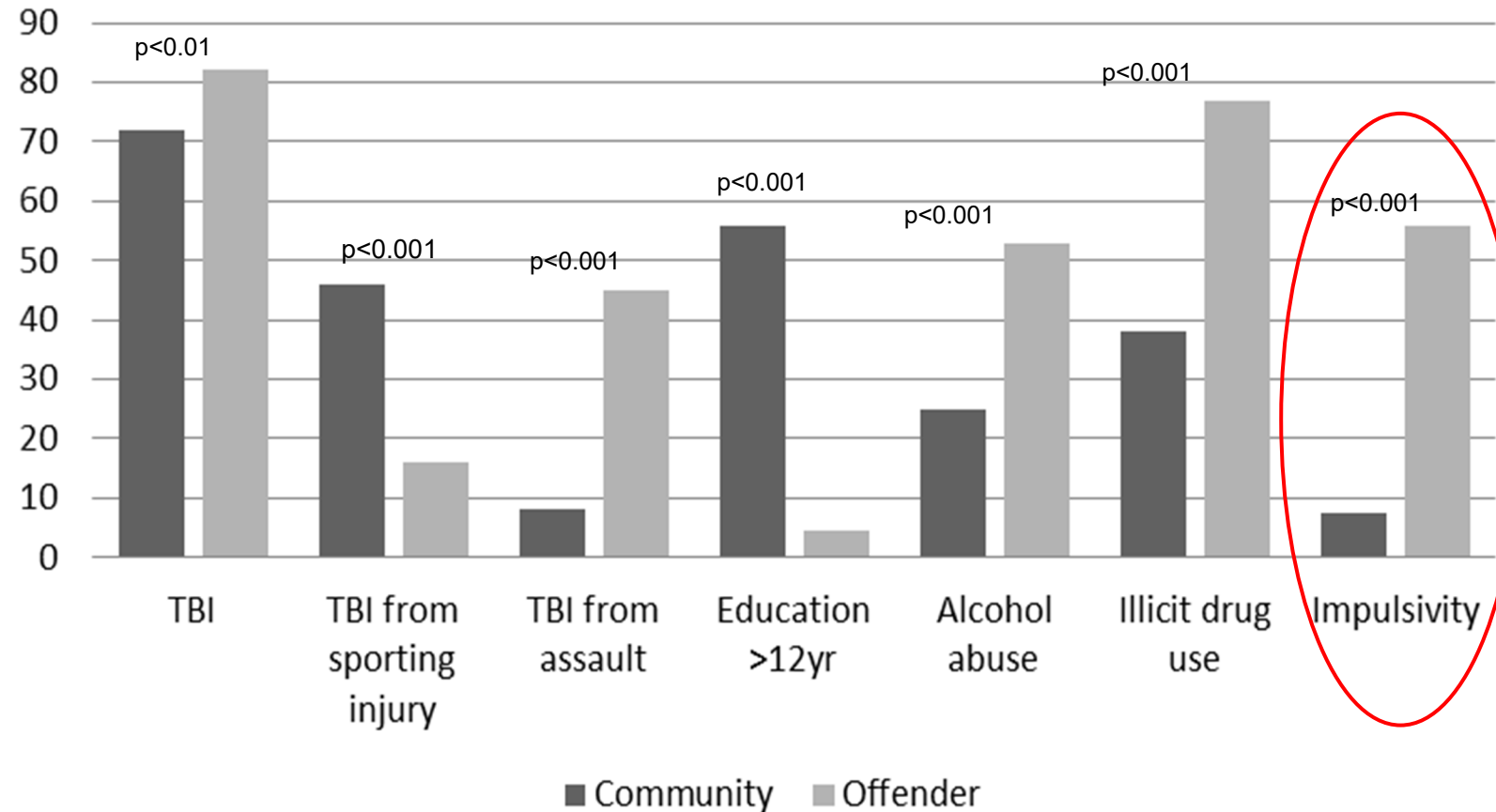
Hunter Forensic Head Injury study - Community comparison*

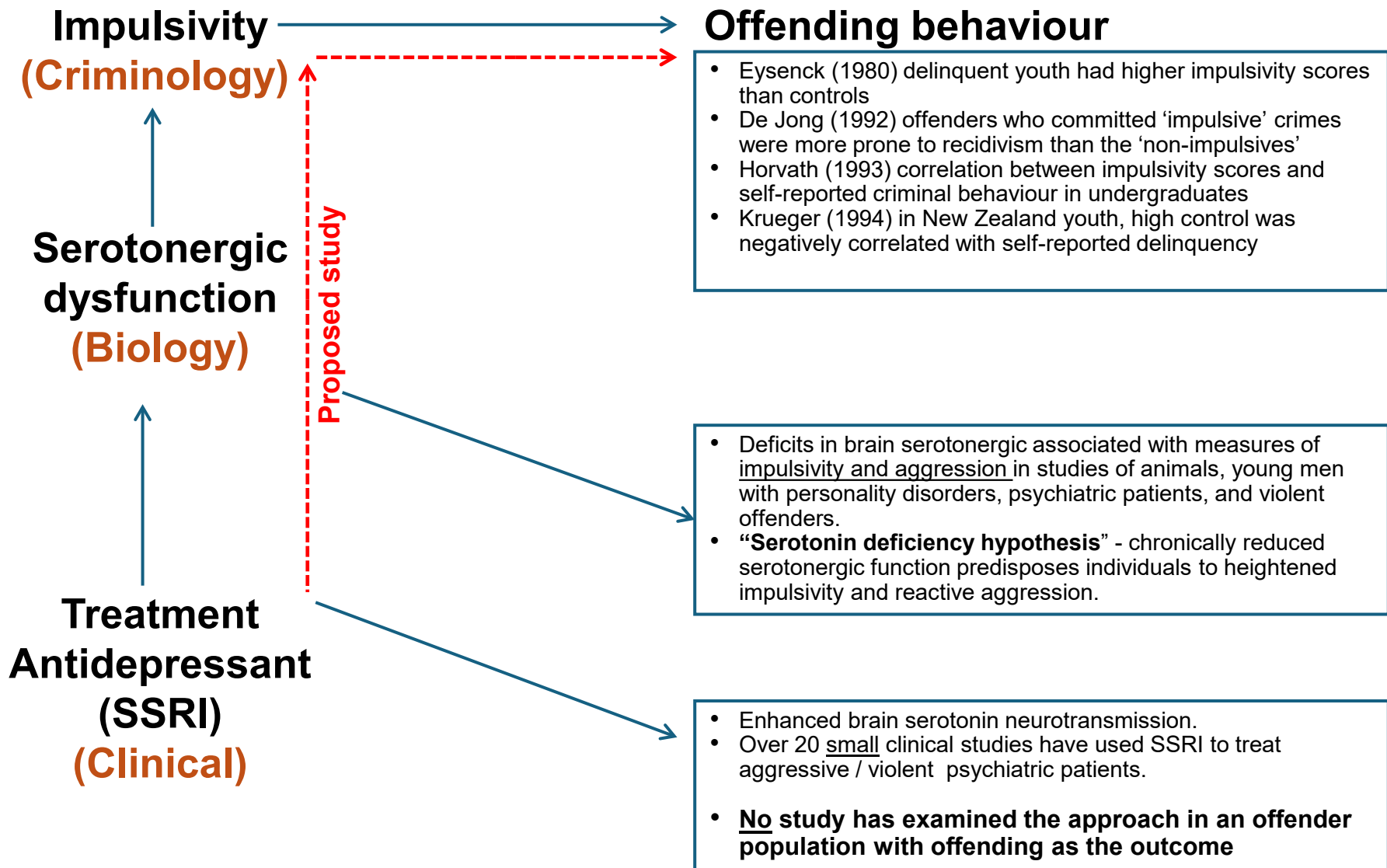
- Sex, age and SES matched community controls in Hunter area of NSW
- TBI of any severity more common among prisoners than community comparison group (**82% vs. 72%**)
- Differences between prisoners and community were:
 - TBI with loss of consciousness (**65% vs. 35%**)
 - Multiple (4 or more) TBIs among prisoners (**42% vs. 15%**)
 - Prisoners more likely to report *persisting* side-effects following the TBI:
 - Neurological (39% vs. 2%)
 - Psychological (25% vs. 1%)
 - Social (15% vs. 1%)
- Prisoners more likely to endorse items on:
 - Impulsivity screener (56% vs. 8%)
 - Antisocial personality (50% vs. 4%)

* Perkes I., et al. Traumatic brain injury rates and sequelae: A comparison of prisoners with a matched community sample in Australia. *Brain Injury*. 2011; 25: 131-41.

Background

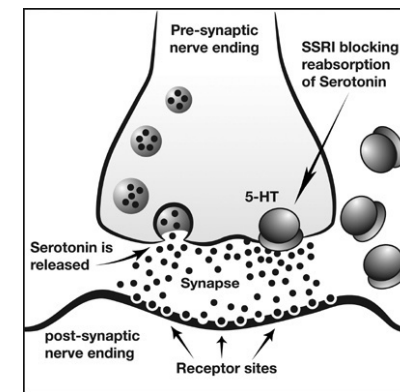
- Community comparison study (2006) showed “impulsivity” as a differentiating factor between prisoners and an age, sex matched community sample





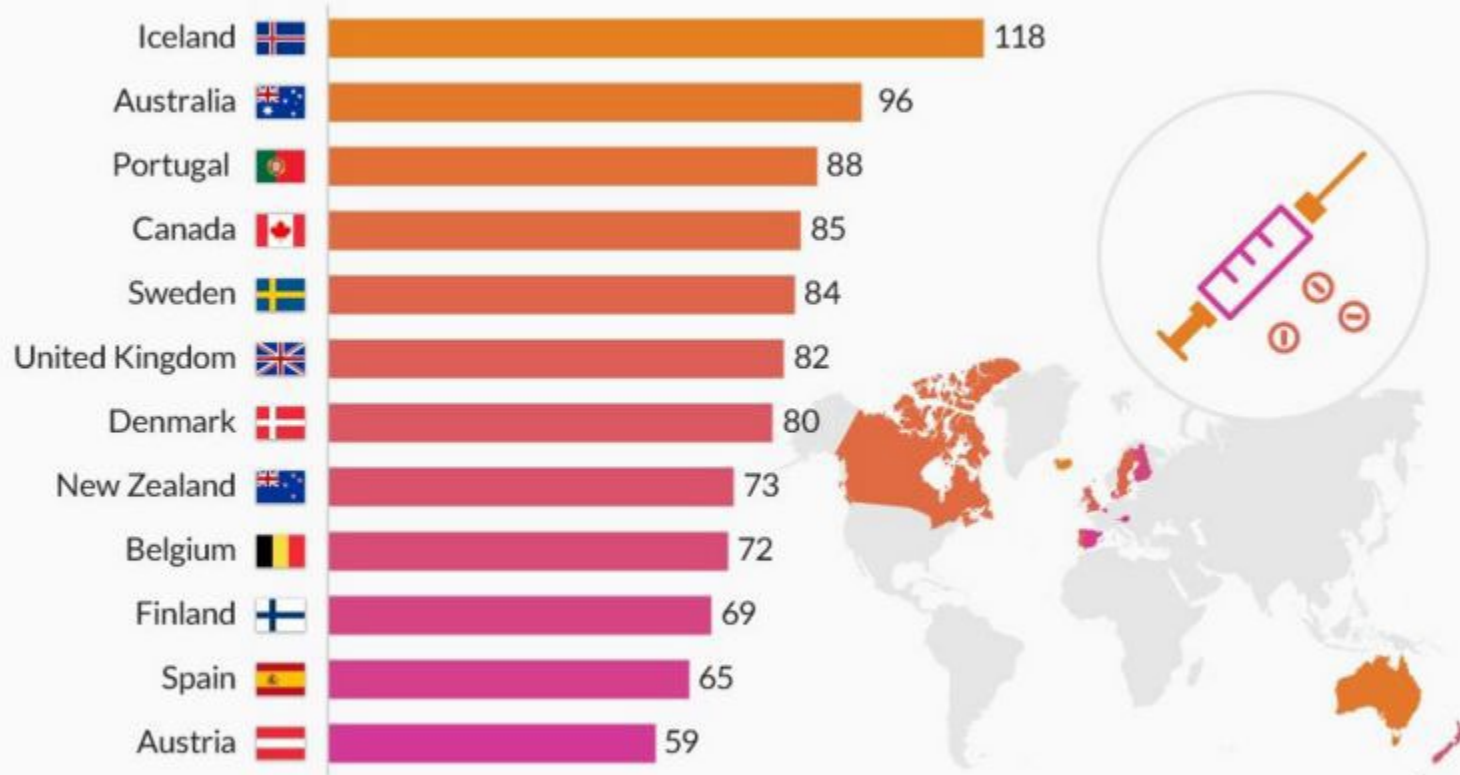
Selective serotonin re-uptake inhibitors (SSRIs)

- Selective serotonin re-uptake inhibitors (SSRIs) are a class of drugs typically used as antidepressants
- Brand names: Prozac, Zoloft, Paxil, Celexa
- Work by increasing levels of serotonin in the brain by blocking the reabsorption (reuptake) of serotonin, making more serotonin available at the synaptic cleft
- SSRI indicated for depression, OCD, and generalised anxiety disorder
- Widely used in Australia (~9 million scripts); ~3 million people (14%)



Global antidepressant drug consumption visualised

Defined daily dose, per 1,000 people per day in 2013



@StatistaCharts Source: OECD

i100

from The INDEPENDENT

statista

Women

Why Iceland is the best place in the world to be a woman

Since 1975, the Nordic country has blazed the trail in gender equality and now, from infancy to maternity, women and girls enjoy a progressive lifestyle. But how did they achieve it?

Noreena Hertz

Monday 24 October 2016 18.11 BST



Shares 12,647
Comments 1,052

Save for later



A performance by Reykjavíkurdætur (the Daughters of Reykjavik), an Icelandic feminist rap collective who rap about gender issues. Photograph: Nicholas Rhodes/Corbis via Getty Images

Rebekka is so tiny that, even on her tiptoes, arms aloft, she cannot reach. So her teacher lifts her up to the unvarnished wooden monkey bar. “One, two, three,” her classmates count. She hangs on, determinedly. When she reaches 10, she jumps to the ground. “I am strong,” she shouts proudly.

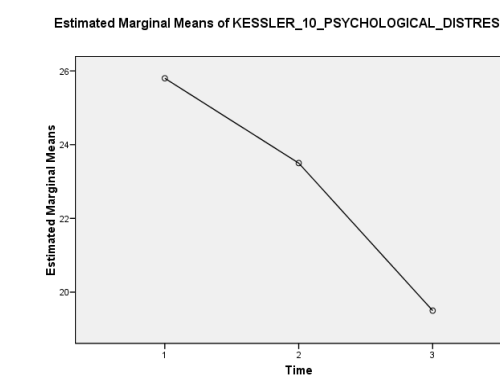
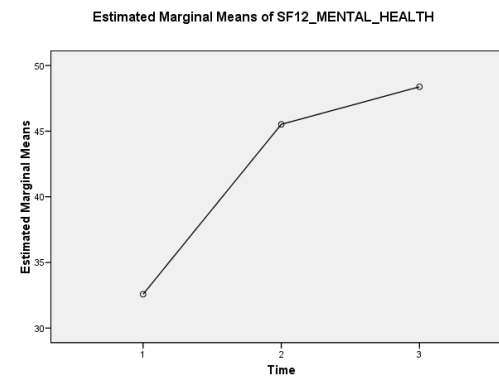
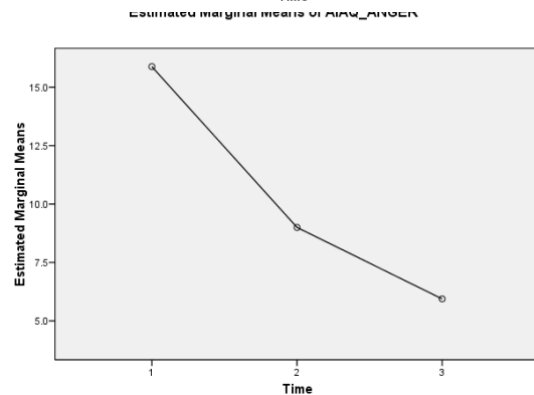
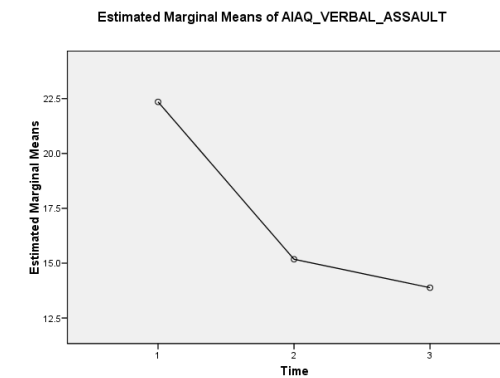
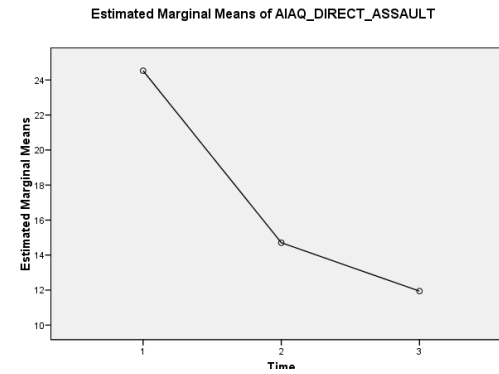
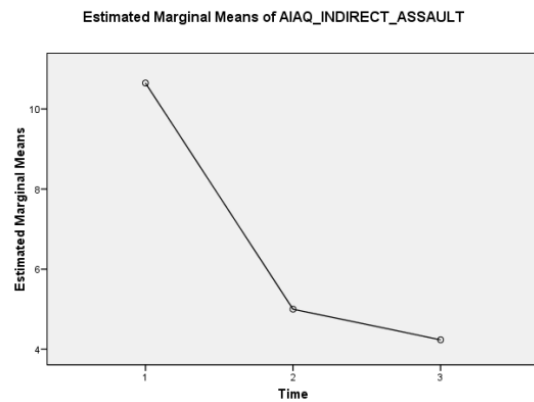
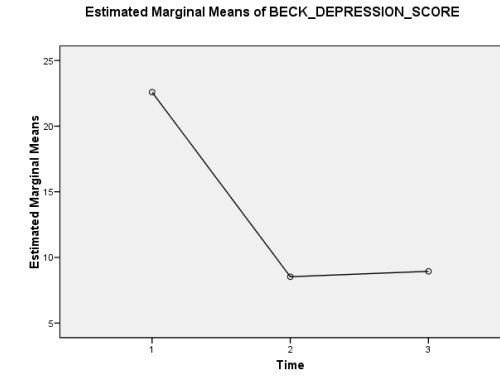
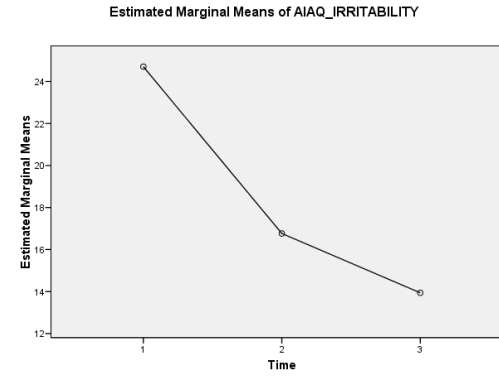
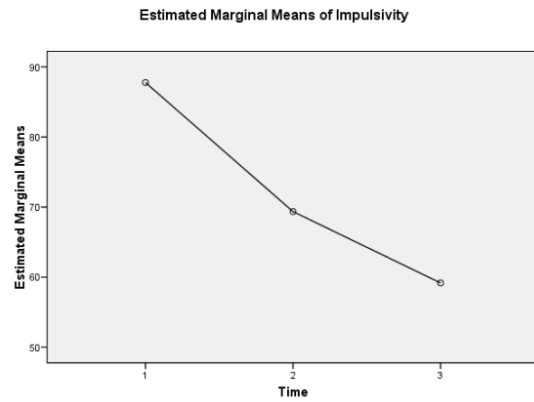
It's an ordinary morning for this single-sex class of three-year-olds at T síuféhorn

Feasibility study

2008 Feasibility study using an SSRI in a violent offender population

- 30 individuals recruited from three NSW courts consented to participate
- 2 or more prior convictions for violence
- Scored over 70 on the Barratt Impulsiveness Scale (BIS-II)
- Medically fit (physical and mental)
- All administered 100mg sertraline (SSRI) for 3 months
- 'Open label' – no blinding
- Outcomes – changes in behavioural measures from baseline to 3 months

Pilot study – SSRI administration to impulsive-violent offenders*



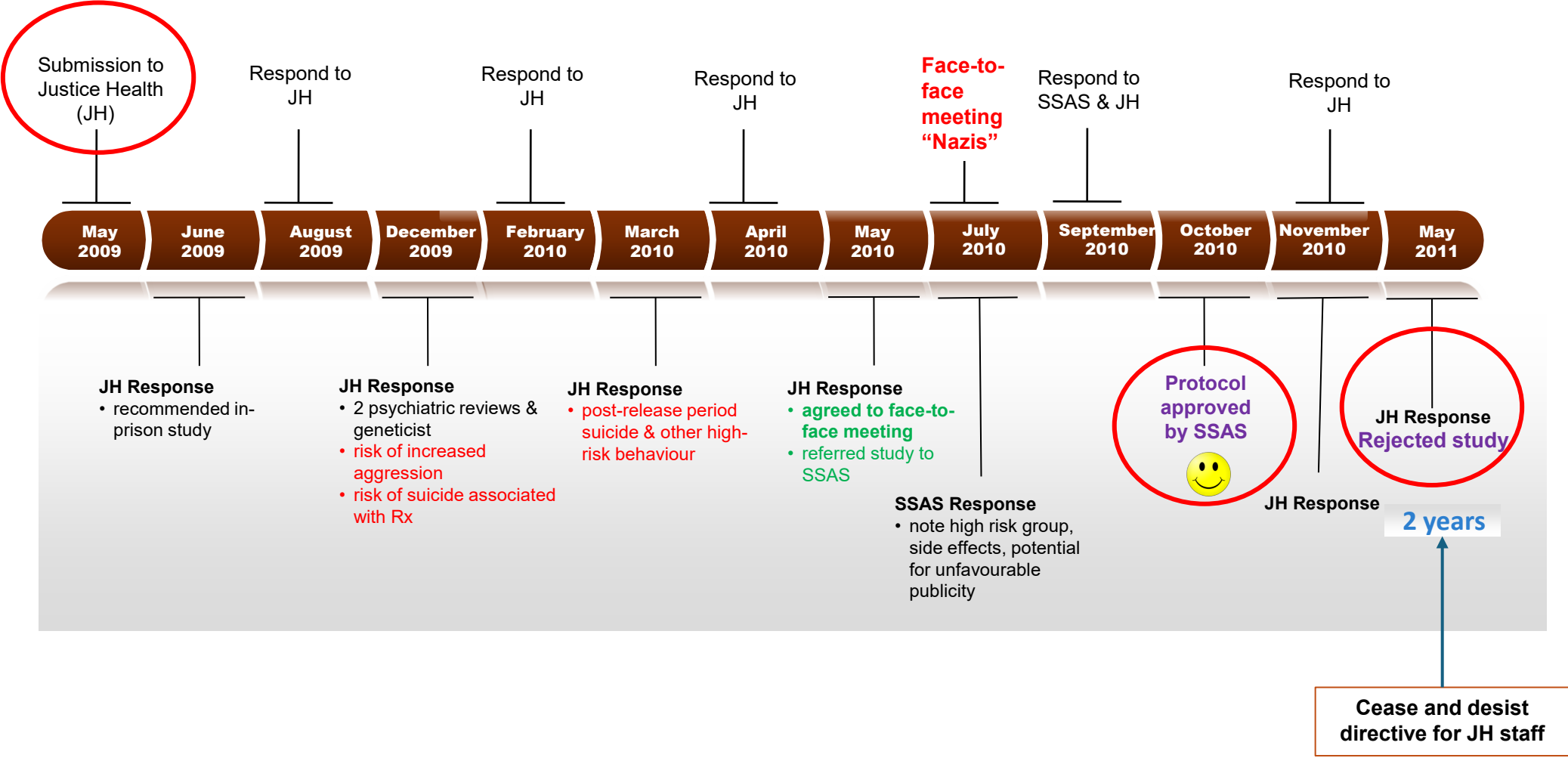
Butler T, Schofield P, Greenberg D, Allnutt S, Indig D, Carr V, D'Este C, Mitchell P, Ellis A, Knight L. Reducing impulsivity in repeat violent offenders: an open label trial of a selective serotonin reuptake inhibitor. ANZ Journal of Psychiatry. 2010; 44:1137–1143

Main Study

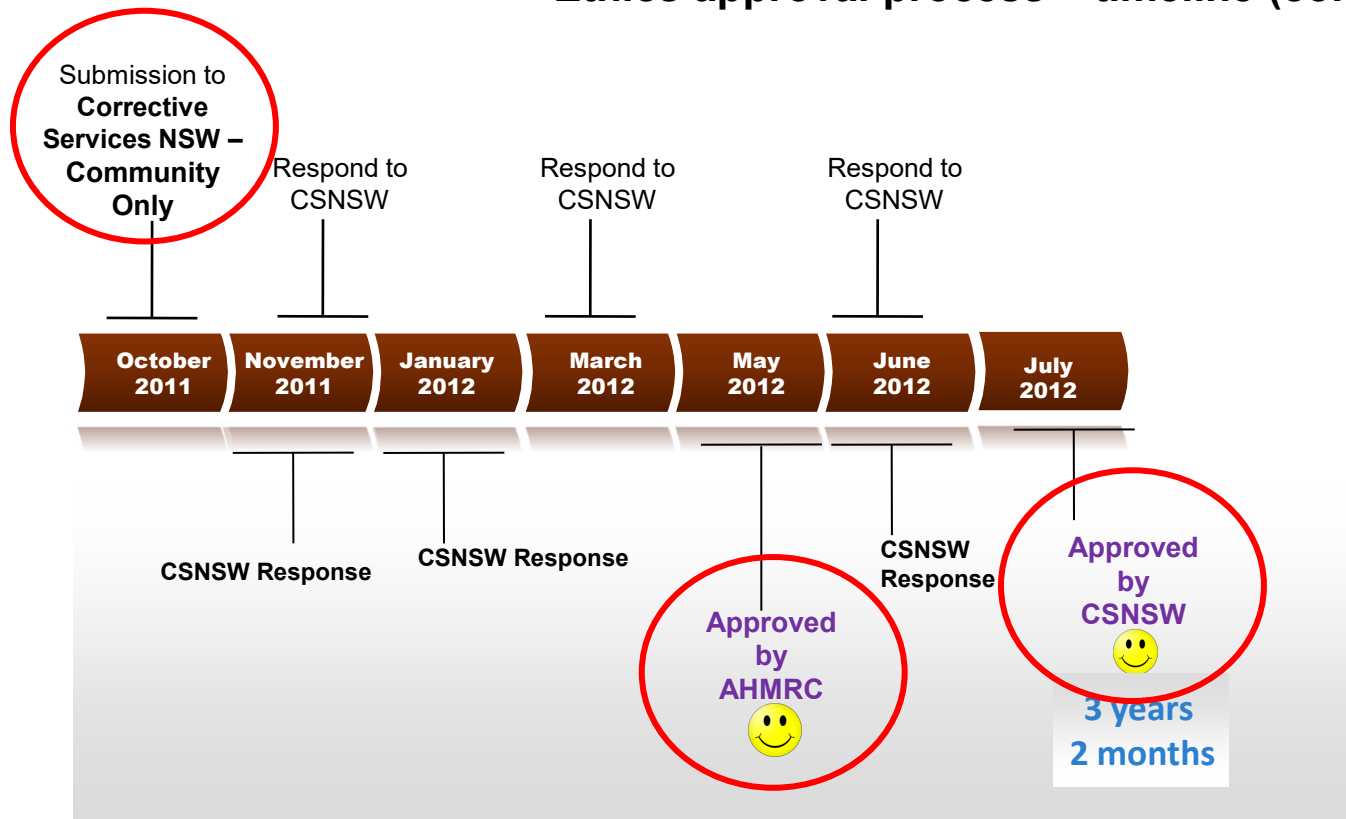
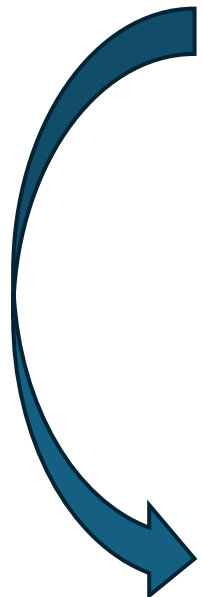
Study development

- NHMRC Partnership Grant (and Project Grant!) awarded in 2009 - \$1.3m
- Double blind RCT of an SSRI (sertraline) vs. placebo
- Main outcome: reoffending at 12-months
- Industry Partners – Corrective Services NSW, Justice Health NSW, Hunter New England LHD, University of Sydney
- Planned to recruit in prison before release and follow-up in the community
- Ethics approval commenced in 2009:
 - University of New South Wales
 - Corrective Services NSW
 - Aboriginal Health and Medical Research Council
 - NSW Shared Scientific Assessment Scheme
 - Justice Health NSW

2. Ethics timeline



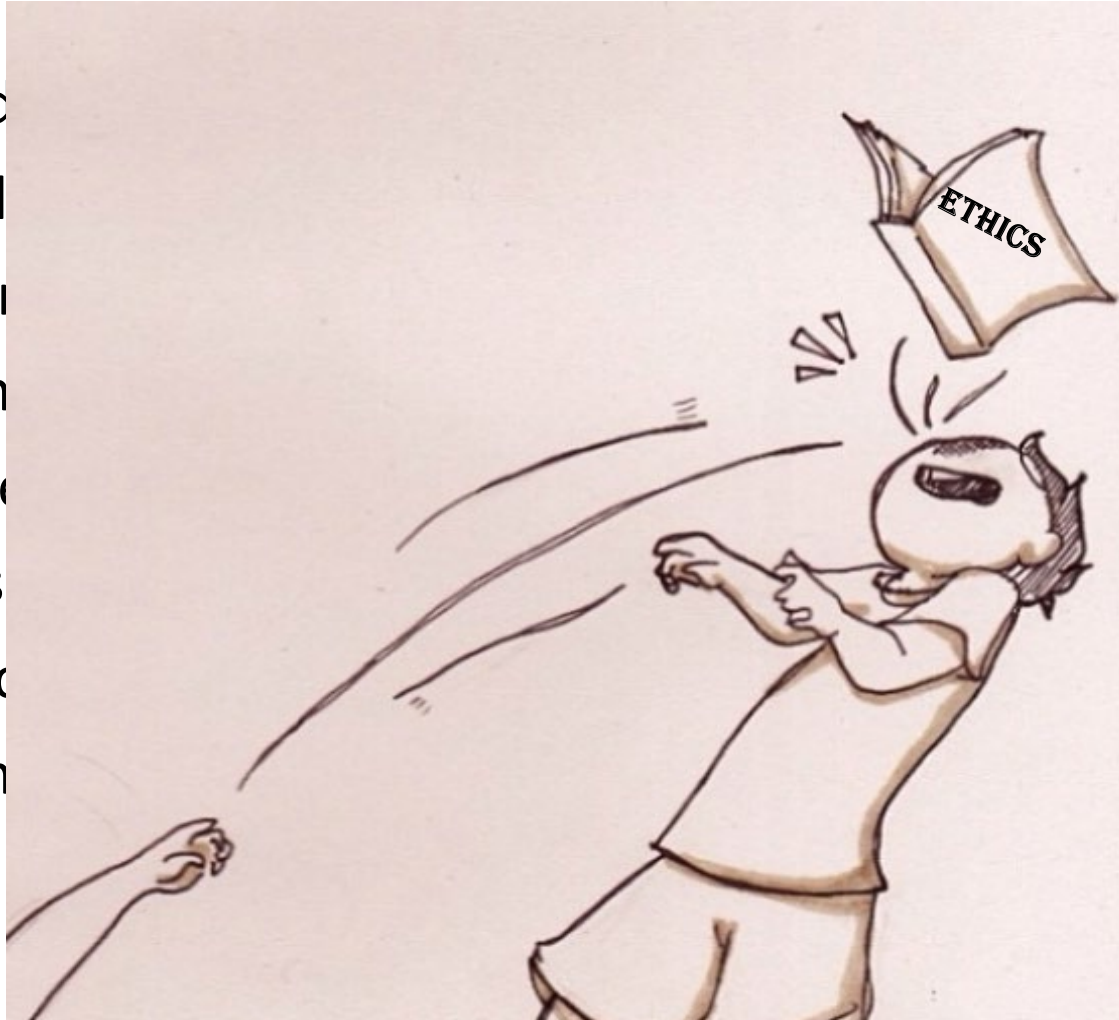
Ethics approval process – timeline (cont.)



- 2014 study opened for recruitment

Ethics Rejection

- Re-peer reviewed
- Sertraline not indicated
- No condition to treat
- Convenience same
- Individuals unable
- Drug interactions
- Post-release period
- Risks outweigh the



'Experimentation' = NAZIS!)

Main Study

Aims of the trial

Primary objective:

- Evaluate the effectiveness of sertraline in reducing violent recidivism in impulsive, repeat-violent offenders.

Secondary objectives:

- Examine effectiveness in improving domestic violence reoffending.
- Examine impact on behavioural measures (depression, psychological distress, impulsivity, anger expression/control and overall aggression).
- Investigate whether polymorphisms in the serotonin transporter gene 5-HTTLPR affect the efficacy of SSRIs in reducing impulsivity in a sample of impulsive, repeat, violent offenders

Inclusion Criteria

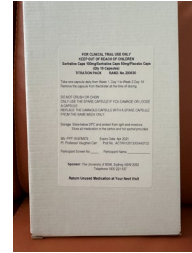
- Men
- Over the age of 18 years
- History of two or more violent offences (e.g. manslaughter, robbery, assault, domestic violence)
- Score of 70 or over on the Barratt Impulsiveness Scale
- Medically fit to undertake the trial
- Able to provide informed consent
- Ability to communicate in English

Exclusion Criteria

- Current use of any serotonergic drug
- Current use of Antabuse (disulfiram) medication
- History of adverse drug reactions to selective serotonin reuptake inhibitors
- Current use of any anti-psychotic medication or prescription of an anticonvulsant medication for a mood disorder or the prescription of lithium carbonate
- Severe mental illness (e.g. schizophrenia, bipolar disorder, major depression)
- Considered to be at high risk of suicide
- Significant renal or hepatic impairment
- Anticipation of receiving a custodial sentence
- Inability to provide informed consent
- Conviction for murder or child sexual assault
- Impending deportation, moving interstate, returning to a remote area

Trial design features

- 4-week active run-in period when everybody gets the active medication – up and down titration

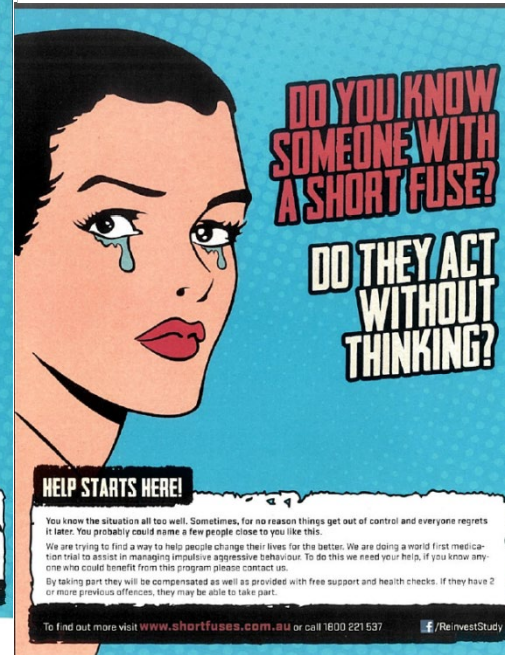
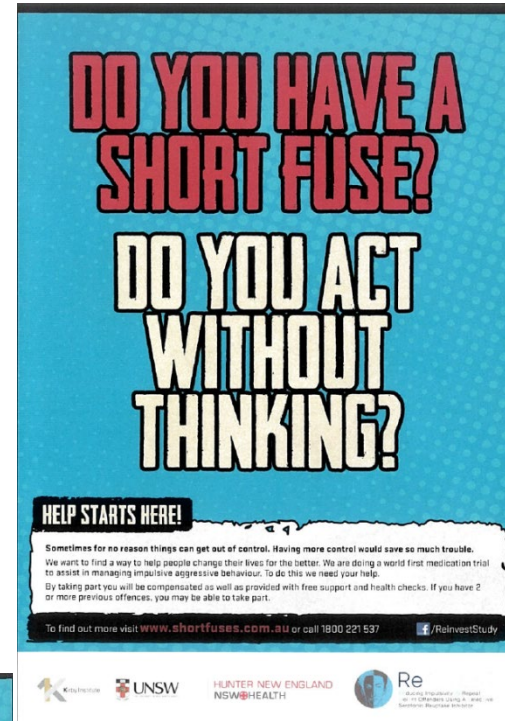


- Followed up every 4 weeks by nurse, 6 monthly psychiatrist review (or as needed), weekly wellbeing phone call
- Follow-up period extended if people were incarcerated to ensure 12-month observation period
- Statistical Analysis Plan developed before unblinding
- Analysis in the main paper based on Intention to Treat principle (i.e., very conservative findings)
- Comprehensive Women's Safety plan

Implementation

Recruitment

1. Lists of potentially eligible individuals at Community Correction's offices
2. Referrals from Community Correction's officers
3. Posters in community correctional facilities & courts
4. Legal Aid NSW / Aboriginal Legal Service
5. Magistrate referrals – policy for ReINVEST
6. 1800 number
7. Facebook page
8. www.shortfuses.com.au
9. Word-of-mouth
10. 'Jailbreak' community radio program (FM107.9)





THE CHIEF MAGISTRATE OF THE LOCAL COURT

8 March 2016

Professor Tony Butler
The Kirby Institute
Wallace Wurth Building
UNSW Australia
SYDNEY NSW 2052

Dear Professor

Thank you for your letter dated 4 March 2016 regarding the expansion of court-based recruitment to other Local Courts in relation to your study into reducing offending behaviours.

The court is delighted to assist with the study and its further expansion and I look forward to hearing from you in due course.

In anticipation of your efforts I have written to the magistrates allocated to the court locations identified in your letter advising them of the nature of the programme, the success so far at Mt Druitt and indicating my full support.

Yours sincerely

Judge Graeme Henson
Chief Magistrate



Local Court
of New South Wales

Court process for violent offenders participating in the ReINVEST study

For the information of parties to proceedings and their legal representatives

1. Overview

- 1.1 The ReINVEST study is a clinical trial being conducted by the Kirby Institute of the University of New South Wales into the effectiveness of the oral administration of an anti-depressant drug, sertraline, in reducing violence among men with a history of impulsive violent offending.
- 1.2 Participants for the study are sourced from locations including Mt Druitt Local Court. Male offenders who have pleaded guilty to violent offences may be offered the opportunity to participate, subject to eligibility and suitability assessments. Once an offender is accepted into the study, his court proceedings are adjourned prior to sentencing.
- 1.3 The Court receives an update report indicating the offender's progress after 6 weeks of participation in the study, and a further report after 3 months' participation, at which point the offender will be sentenced and the court proceedings concluded.
- 1.4 Where appropriate, the reports may be taken into account by the Court as a factor in the offender's favour when sentencing. Conversely, as participation is voluntary, an offender's withdrawal from the study or lack of progress while on the study program is not to be taken into account as a factor adverse to the offender.
- 1.5 If the offender is willing, participation in the study may continue beyond the conclusion of the court proceedings.

2. Eligibility

- 2.1 To be eligible to participate in the program, and subject to a screening and assessment process to determine suitability, the offender must:
 - Be an adult male;
 - Have entered a plea of guilty to an offence or offences involving violence;
 - Have previously been convicted of two or more offences involving violence;
 - Be eligible for bail and suitable for release on bail, or not require bail consideration;
 - Meet the clinical criteria determined by the study team; and
 - Voluntarily agree to participate.

3. Court process

- 3.1 Potential eligibility for participation in the study will be considered by the Court upon the entry of a plea of guilty. If the Court considers having regard to the facts of the offence and the offender's criminal history that an offender may be eligible, he may be referred to a study team member for initial screening. The Court may adjourn proceedings for a short period for a same-day screening to be carried out.
- 3.2 As part of the initial screening, a research assistant will assess the offender's eligibility according to the criteria outlined above at [2.1], including clinical requirements. The offender must:
 - Be assessed as demonstrating a high level of impulsivity;
 - Not use ICE or amphetamines more than once per week;
 - Not have a major mental illness; and
 - Not currently be prescribed any antidepressant, antipsychotic or mood stabilising medication.



Reinvest Study - A Trial Aiming To Reduce Impulsivity In Adult Males

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Intro

The Facebook Page of the ReINVEST study. Please private message your contact details if you want to know more about this study.

Check out www.shortfuses.com.au

Page - Local business

Sydney, NSW, Australia, New South Wales

Featured



Reinvest Study - A Trial Aiming To Reduce Impulsivity In Adult Males
March 20, 2020

The Reinvest trial got some very favourable publicity on A Current Affair. If you would like to know more please feel...



A Current Affair
March 10, 2020

Too many Australians lose their lives



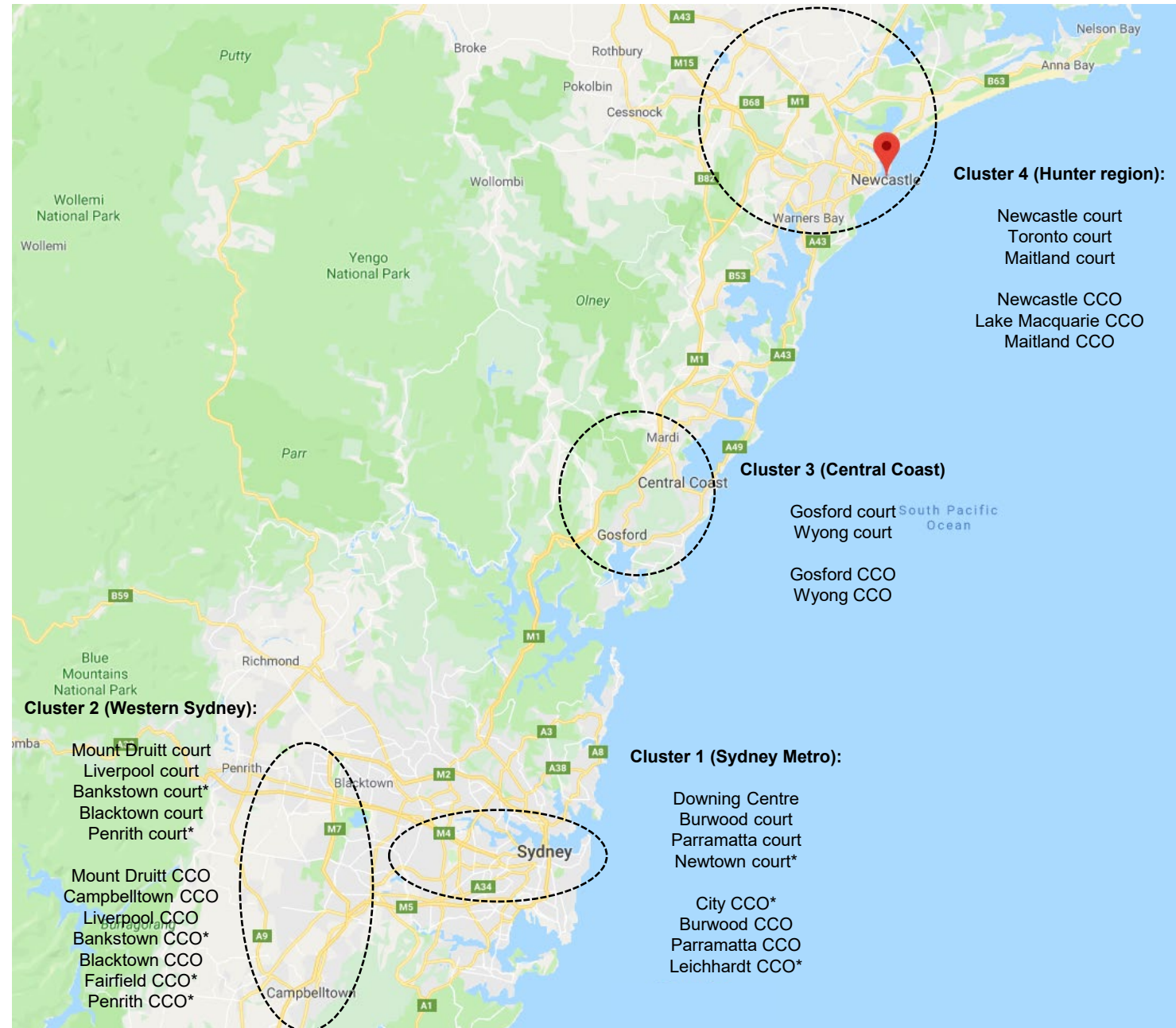
A SHORT FUSE

**ACT IMPULSIVELY
AT TIMES**

1800 221 537 FREE CALL

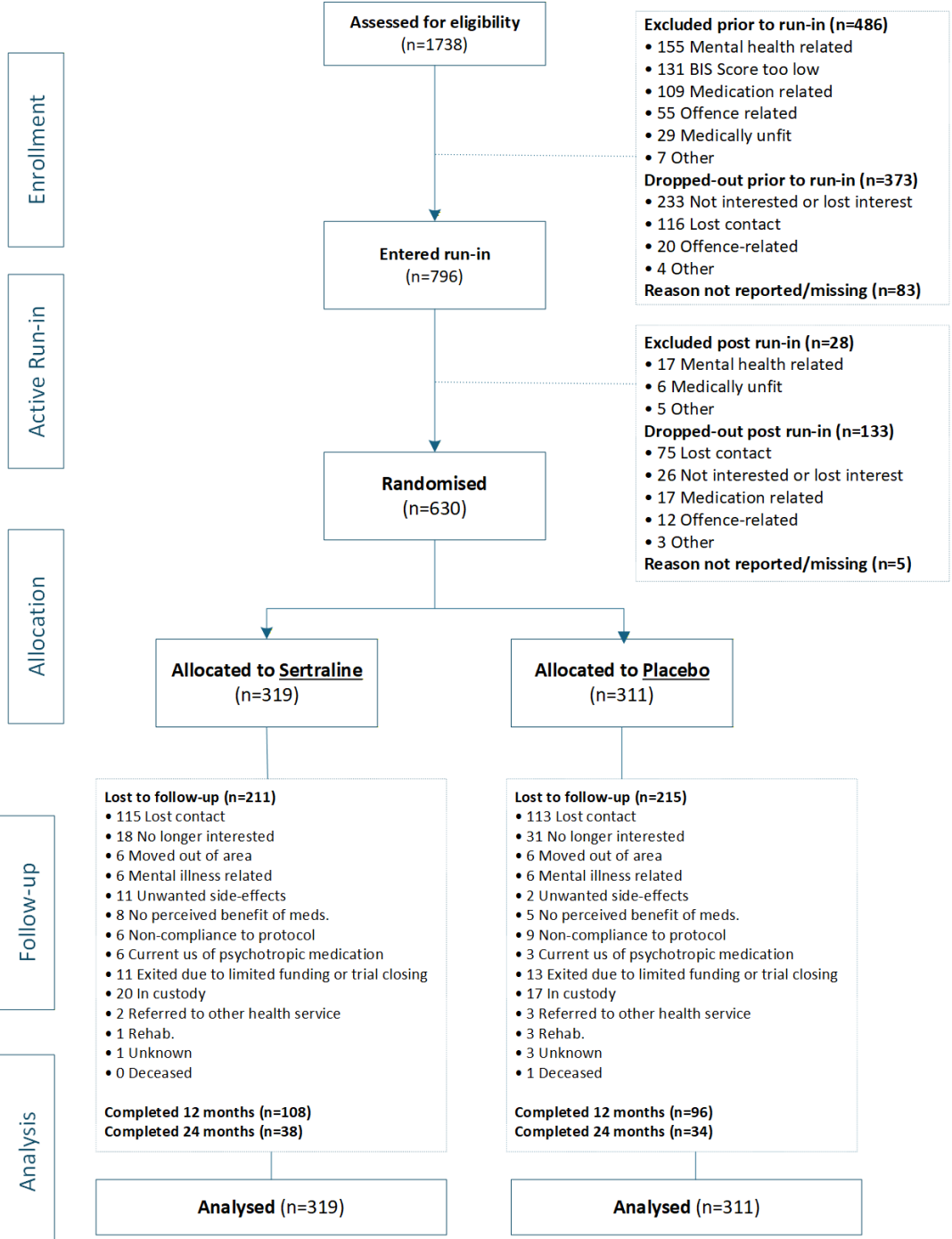


ReINVEST Study sites



*Satellite locations where clinicians may not always have an active presence, however referrals are encouraged

Results



Participant characteristics at baseline

Characteristics	Overall N = 630	Sertraline n = 319	Placebo n = 311
Age at randomisation (years), Median (IQR)	32 (25, 40)	32 (25, 39)	32 (25, 41)
Country of Birth			
Australia	520 (83%)	256 (81%)	264 (85%)
Other	107 (17%)	62 (19%)	45 (15%)
Indigenous status			
Indigenous	188 (30%)	100 (32%)	88 (28%)
Non-Indigenous	440 (70%)	217 (68%)	223 (72%)
Marital status			
Single	328 (52%)	164 (52%)	164 (53%)
Partner	154 (25%)	84 (26%)	70 (23%)
Married/Defacto	99 (16%)	50 (16%)	49 (16%)
Separated	34 (5.4%)	16 (5.0%)	18 (5.8%)
Divorced	10 (1.6%)	3 (0.9%)	7 (2.3%)
Widowed	1 (0.2%)	0 (0%)	1 (0.3%)
Number of children/stepchildren	1.00 (0.00, 3.00)	1.00 (0.00,	1.00 (0.00, 3.00)
Accommodation			
Renting	425 (68%)	220 (69%)	205 (66%)
Home/Family	136 (22%)	62 (19%)	74 (24%)
Unsettled	30 (4.8%)	17 (5.3%)	13 (4.2%)
Sleeping rough	7 (1.1%)	4 (1.3%)	3 (1.0%)
Other	30 (4.8%)	15 (4.7%)	15 (4.8%)
Highest education level			
Never attended school	1 (0.2%)	1 (0.3%)	0 (0%)
Primary school	14 (2.2%)	6 (1.9%)	8 (2.6%)
Left school with no qualification	200 (32%)	106 (33%)	94 (31%)
School certificate	221 (35%)	115 (36%)	106 (35%)
HSC/Leaving certificate	63 (10%)	32 (10%)	31 (10%)
College/Diploma	25 (4.0%)	10 (3.2%)	15 (4.9%)
Technical or Trade qualification	87 (14%)	39 (12%)	48 (16%)
Degree/Tertiary qualification	13 (2.1%)	8 (2.5%)	5 (1.6%)
Working in the past 6 months	380 (61%)	189 (59%)	191 (62%)
Juvenile detention	140 (22%)	73 (23%)	67 (22%)
Parent in prison when child	139 (22%)	63 (20%)	76 (25%)
Number of previous offences*			
Any offence	9 (4, 15)	9 (4, 17)	9 (5, 15)
Violent offence	2 (1, 4)	2 (1, 4)	2 (1, 3)
Domestic violence (DV) offence	2 (0, 4)	2 (0, 4)	2 (0, 4)
Violent DV offence	1 (0, 2)	1 (0, 2)	1 (0, 2)

*Within five years prior to randomization

Participant characteristics at baseline – behavioural measures

Characteristics	Overall N = 630	Sertraline n = 319	Placebo n = 311
Barratt Impulsiveness Scale - Total Score, Median	85 (77, 92)	85 (77, 91)	85 (77, 92)
Kessler-10 - Psychological Distress Scale, Median	14 (8, 21)	14 (8, 20)	14 (9, 22)
SF-12 - Mental Health Score, Median (IQR)	43 (30, 52)	43 (30, 52)	43 (31, 51)
SF-12 - Physical Health Score, Median (IQR)	55 (51, 58)	55 (51, 58)	55 (51, 57)
AIAQ Total Score, Median (IQR)	72 (56, 88)	71 (55, 86)	73 (56, 89)
STAXI - Anger Expression Index, Median (IQR)	51 (43, 60)	50 (42, 59)	52 (43, 61)
EYSENCK – Impulsivity Score, Median (IQR)	14 (11, 16)	14 (12, 16)	14(11, 16)
Beck Depression Inventory Score, Median (IQR)	9 (4, 15)	8 (4, 15)	10 (4, 16)

Changes in behavioural measures active run-in*

*4-week pre randomisation phase when all took active sertraline (100mg)

Why run-in?

- Assess reaction to medication
- Commitment
- People who just wanted \$\$

Behavioural Measures	Baseline (n = 619)	Randomisation (n = 619)	Improvement (%)	p-value
BARRATT - Impulsiveness scale	85.0	71.1	16.3	<.001
BARRATT - Attention	22.2	17.9	19.0	<.001
BARRATT - Motor impulsiveness	29.9	24.6	17.7	<.001
BARRATT - Planning	32.9	28.5	13.5	<.001
BECK Depression inventory	10.7	4.9	54.6	<.001
K-10 - Psychological distress	14.7	8.3	43.7	<.001
SF-12 - Mental health	41.3	48.7	17.9	<.001
SF-12 - Physical health	53.2	53.1	-0.2	0.784
AIAQ - Total score	70.9	51.3	27.7	<.001
AIAQ - Irritability	18.3	13.8	24.7	<.001
AIAQ - Anger score	11.6	7.5	35.4	<.001
AIAQ - Direct assault	17.1	12.2	28.6	<.001
AIAQ - Verbal assault	16.8	12.9	22.6	<.001
AIAQ - Indirect assault	6.8	4.8	30.4	<.001
STAXI - State anger	16.9	16.9	0.2	0.916
STAXI - Trait anger	24.4	19.3	21.0	<.001
STAXI - Anger expression-out	20.2	16.6	18.0	<.001
STAXI - Anger expression-in	19.2	16.5	14.1	<.001
STAXI - Anger control-out	17.7	20.9	18.1	<.001
STAXI - Anger control-in	18.7	21.3	13.6	<.001
STAXI - Anger expression Index	50.9	38.9	23.7	<.001
EYSENCK – Impulsivity	13.4	11.39	15.7	<.001
EYSENCK – Venturesomeness	11.2	11.2	-0.4	0.679
EYSENCK – Empathy	11.4	11.3	-0.6	0.572
DUKE - Social support index	24.2	25.6	6.0	<.001

Pre-specified analysis - primary and secondary outcome: reoffending at 12 months (intention-to-treat)

Outcome	Sertraline (n = 319)		Placebo (n = 311)		Relative Risk (95% CI)	P value
	Data	N (%)	Data available	N (%)		
Primary						
Violent offending	319 (100%)	72	311 (100%)	70 (22.5%)	1.00 (0.75, 1.34)	0.985
Secondary						
Domestic violence offending	319 (100%)	61	311 (100%)	77 (24.8%)	0.77 (0.57, 1.04)	0.089

* Violent offending was ascertained from Australian and New Zealand Standard Offence Classification (ANZSOC) Codes Division 01 to 06 using data-linkage to the Reoffending Database (RoD).

** Domestic violence offending was ascertained from domestic violence-related NSW Lawpart codes.

**23% reduction in the
risk of domestic
violence offending
“Clinically meaningful”?**

Extended Follow-up at 24 months (intention to treat)

Follow-up	Outcome	Group	Events/N (%)	Unadjusted Risk Ratio (95% CI)	P value
24 months	Violent offending	Placebo	104/311 (33.4)	Reference	-
		Sertraline	110/319 (34.5)	1.03 (0.83, 1.28)	0.782
	Domestic violence	Placebo	111/311 (35.7)	Reference	-
		Sertraline	90/319 (28.2)	0.79 (0.63, 0.99)	0.045

**21% reduction in
the risk of
domestic violence
offending**

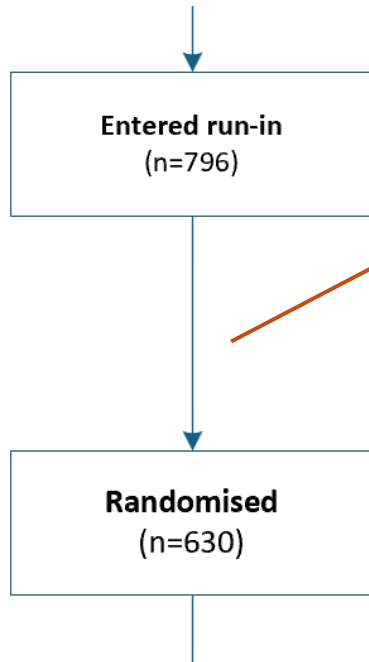
Domestic Violent Offending at 12 and 24 months by Adherence* (intention to treat)

	Most/Medium Adherent	RR (95% CI)	Least Adherent	RR (95% CI)
	Events / Total (%)		Events/Total (%)	
Violent Offending				
12 Months				
Placebo	34/170 (20.0%)	1.00 (ref)	36/141 (25.5%)	1.00 (ref)
Sertraline	42/187 (22.5%)	1.12 (0.75, 1.69)	30/132 (22.7%)	0.89 (0.58, 1.36)
24 Months				
Placebo	50/170 (29.4%)	1.00 (ref)	54/141 (38.3%)	1.00 (ref)
Sertraline	66/187 (35.3%)	1.20 (0.89, 1.63)	44/132 (33.3%)	0.87 (0.63, 1.20)
Domestic Violence Offending				
12 Months				
Placebo	38/170 (22.4%)	1.00 (ref)	39/141 (27.7%)	1.00 (ref)
Sertraline	30/187 (16.0%)	0.72 (0.46, 1.10)	31/132 (23.5%)	0.85 (0.56, 1.27)
24 Months				
Placebo	56/170 (32.9%)	1.00 (ref)	55/141 (39.0%)	1.00 (ref)
Sertraline	43/187 (23.0%)	0.70 (0.49, 0.98)*	47/132 (35.6%)	0.91 (0.67, 1.24)

* Adherence to treatment defined as taking the trial medication for 5 in 7 days or more (i.e., more than 70% of medication taken). Participants were then classified as: Most adherent (classified as adherent in ≥70% of monthly visits during the trial period), Medium adherent (30.0–69.9% of monthly visits), and Least adherent (<30% of monthly visits).

**30% reduction in
the risk of domestic
violence offending**

Non-randomised (Run-in) and Randomised Group Comparisons



Characteristics	Non-randomised (n = 166)	Randomised (n = 628)	χ^2 p
Age at registration			
< 25 years	31.9%	26.9%	0.495
25-34 years	36.1%	35.5%	
35-44 years	21.1%	24.2%	
45+ years	10.8%	13.4%	
Mean (SD)	31.05 (9.82)	32.18 (9.95)	
Median	29	30	
Aboriginal and/or Torres Strait Islander	32.3%	29.1%	0.419
Born in Australia	81.2%	82.7%	0.561
Ever Married or De facto	73.3%	74.0%	0.872
Children	60.0%	65.5%	0.190
Children living with	23.0%	26.5%	0.362
Working (in last 6 months)	47.6%	60.7%	0.002
Pension (in last 6 months)	66.3%	59.2%	0.099
Juvenile Detention	35.0%	22.5%	0.001
Referral Source			
Community Corrections	53.0%	43.3%	0.036
Magistrate or other legal services	34.9%	46.0%	
Self or other	12.0%	10.7%	
Psychiatric History			
No history	38.0%	39.8%	0.675
Received treatment and/or medication	43.4%	44.3%	
Admitted to psychiatric unit	18.7%	15.8%	
Guilty offences in last 5 years (binary)			
Any offence	97.6%	98.2%	0.580
Violent acts – DV related	66.3%	63.7%	0.539
Violent acts – non-DV related	59.6%	57.8%	0.670
Any Violent Acts	90.4%	89.6%	0.788
Property damage and breaches – DV related	49.4%	50.6%	0.776
Any DV related	72.9%	71.7%	0.753
Other offences	89.8%	87.7%	0.474
Any Custody in last 5 years (binary)	59.0%	48.1%	0.012
Guilty offences in last 1 year (binary)			
Any offence	82.5%	86.6%	0.179
Violent acts – DV related	38.6%	46.2%	0.079
Violent acts – non-DV related	23.5%	30.1%	0.095
Any Violent Acts	54.2%	66.9%	0.002
Property damage and breaches – DV related	31.3%	35.0%	0.371
Any DV related	50.0%	55.9%	0.175
Other offences	62.0%	64.5%	0.560
Any Custody in last 1 years (binary)	37.3%	29.9%	0.067
Last Offence Location (residence proxy)			
Sydney (City and Surrounds)	19.1%	16.3%	0.107
Sydney (Other)	52.5%	51.7%	
Central Coast	6.2%	12.7%	
Hunter (including Newcastle)	14.8%	14.8%	
Other	7.4%	4.5%	

Run-in Group Comparisons (pre-specified) at 12 months (intention to treat)

Follow-up	Outcome	Group	Events/N (%)	Unadjusted Risk Ratio (95% CI)	P value
12 months	Violent offending	Run-in group*	54/164 (32.9)	Reference	-
		Placebo	70/311 (22.5)	0.68 (0.51, 0.92)	0.013
		Sertraline	72/319 (22.6)	0.69 (0.51, 0.92)	0.013
	Domestic violence	Run-in group*	56/164 (33.2)	Reference	-
		Placebo	77/311 (24.8)	0.73 (0.54, 0.97)	0.028
		Sertraline	72/319 (19.1)	0.56 (0.41, 0.76)	<0.001

~30% reduction in the risk of violent offending and 27%- Placebo 44% - Sertraline

“ReINVEST effect”
– being on the trial beneficial

“SSRI effect” - benefit of Sertraline over Placebo!

Recurrent Domestic Violence Offending at 24 months (intention to treat)

Standard Analysis (Binary)

"Did they reoffend? Yes or No?"

This is a binary outcome. It tells us if an offender failed, but not **how much** harm they caused.

Current Analysis (Recurrence)

"How *many* times did they reoffend?"

This looks at the **trajectory**. A reduction in frequency means fewer victims and less cumulative harm.

Number of DV Reoffenses	Placebo Group	Sertraline Group	Difference
1 Offense	21.9%	16.9%	▼ Reduced
2 Offenses	9.3%	4.7%	▼ Halved

Recurrent Domestic Violence Offending at 24 months (intention to treat)

Unadjusted Model

(Treatment Only)

37%

Reduction in DV Rate

IRR 0.63 [0.40–0.99]
p = 0.045

Adjusted Model

(Adjusted for mental health status, criminal justice involvement history and demographic factors)

44%

Reduction in DV Rate

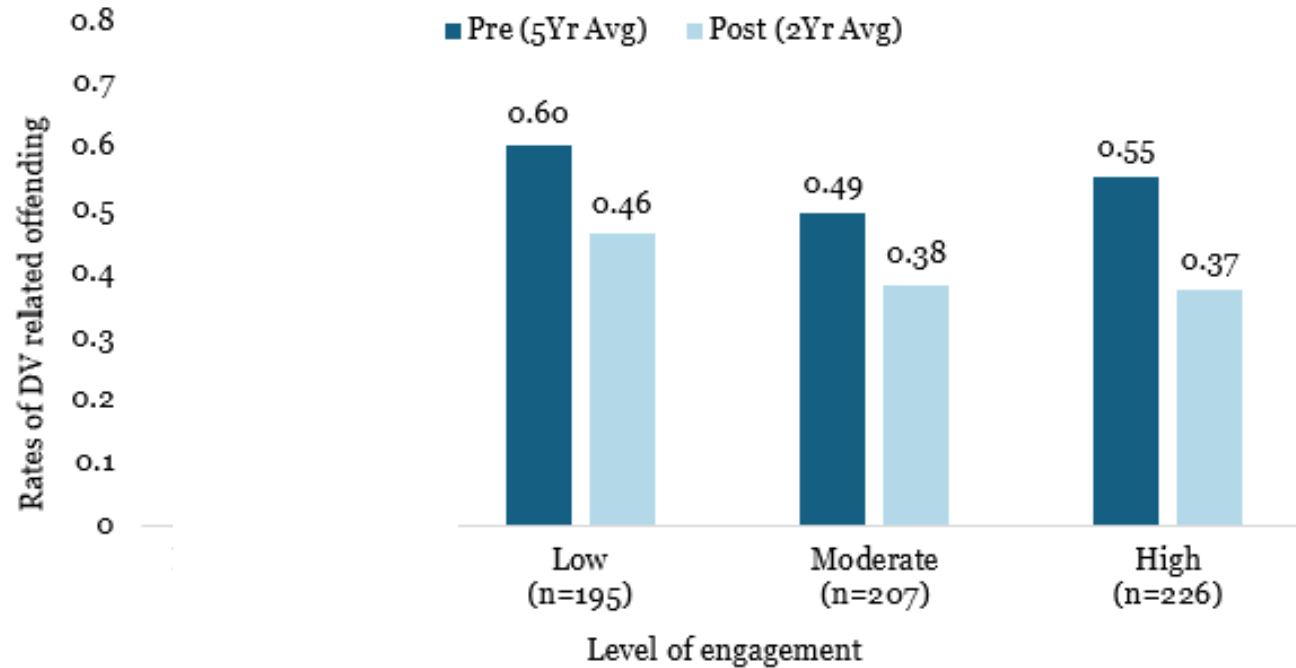
IRR 0.56 [0.35–0.91]
p = 0.020

The "Engagement" Effect

High engagement with trial clinicians (>10 visits) was associated with a **51% reduction** in the DV rate.

Implication: Combining medication with high clinical engagement offers the strongest protection against recurrence.

Engagement with the trial and Domestic Violence offending 5 years pre and 2 years post randomisation

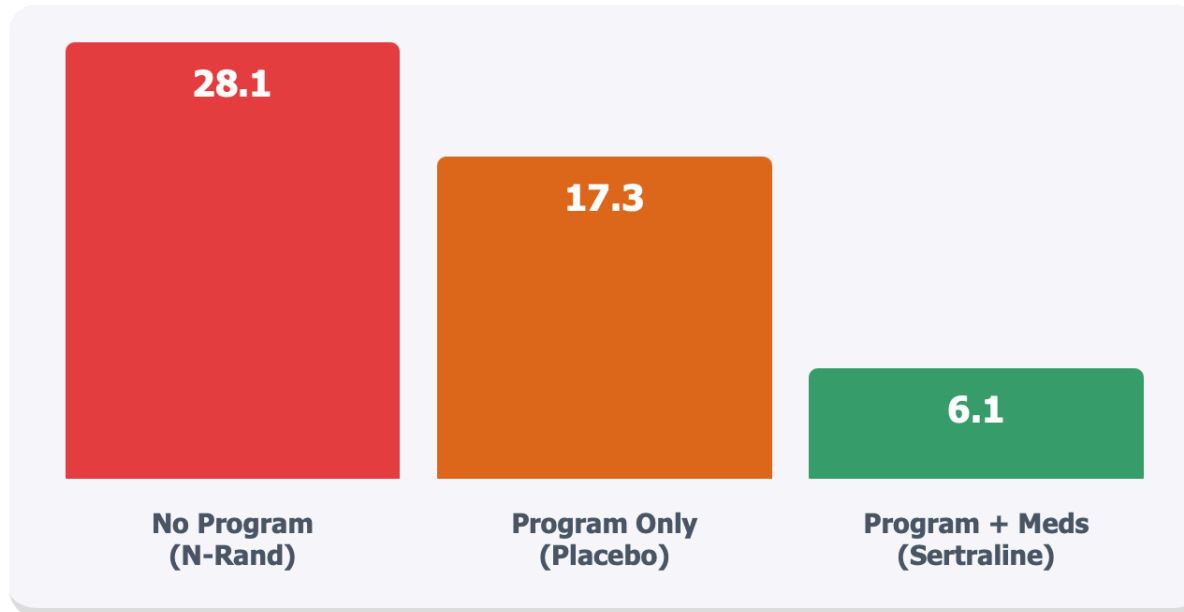


Low (0-3 contacts); Moderate (4-10 contacts); and High (>10 contacts).

Cost Effectiveness Analysis

@ 24 months

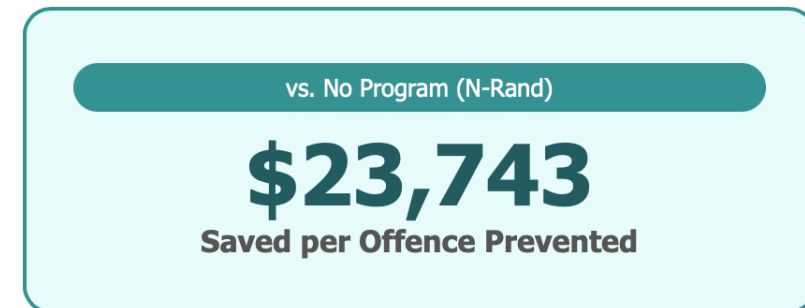
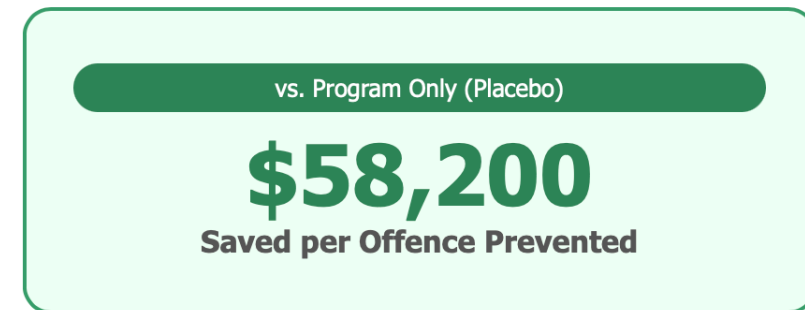
Average Days in Custody (DV Related)



Sertraline reduced custody days by **78%** vs. Standard Care.

Time in prison on remand and sentenced

Taxpayer Savings (Per DV Offence Prevented)



Cost-Benefit Analysis: Societal Value vs. Government Budget Impact (Scaled to 120,000 Perpetrators)

Societal Value (Taxpayer)

WTP per 1% Reduction:	\$2.40
ReINVEST Effect (14%):	x 14
Value per Taxpayer:	\$33.60
Taxpayer Base:	16.1 Million

TOTAL SOCIETAL WTP
\$541.8 M
(Value Generated)

Government Budget

Program Cost (\$6,441/pp):	-\$772.8 M
Justice Savings (\$9,765/pp):	+\$1,171.8 M

NET GOVERNMENT POSITION
+\$399.0 M
(Cash Savings)

Conclusion: Taxpayers are willing to pay \$542M for this result, but the Government doesn't need to charge them—it **saves \$399M** instead.

Was the trial safe?

- Serious adverse events occurred in 22 (6.9%) participants receiving sertraline and 29 (9.3%) receiving placebo.

Serious adverse events and adverse events by treatment arm

Group	Characteristic	Active run-in N = 166	Placebo N = 311	Sertraline N = 319
Total events per person	0	155 (93.4%)	282 (90.7%)	297 (93.1%)
	1	9 (5.4%)	16 (5.1%)	14 (4.4%)
	2	1 (0.6%)	8 (2.6%)	6 (1.9%)
	3	1 (0.6%)	1 (0.3%)	1 (0.3%)
	4	0 (0%)	3 (1.0%)	0 (0%)
	6	0 (0%)	1 (0.3%)	0 (0%)
	7	0 (0%)	0 (0%)	1 (0.3%)

Multiple events within a single patient are only counted once.

- Of those who dropped out due to side-effects, poor sleep/ and nausea were most common reasons
- 13 deaths determined by data-linkage, but none on the trial at time of death.
- 1 death whilst on the trial in a person on placebo
- No clinician-related incidents (e.g., assaults) occurred on the trial.

Follow-up attrition

Sertraline Group (n=319)

Loss to follow-up: 211 (66%)

Completed 12 months: 108 (34%)

Completed 24 months: 36 (11%)

Placebo Group (n=311)

Loss to follow-up: 211 (66%)

Completed 12 months: 108 (34%)

Completed 24 months: 36 (11%)

Conversion rate: 36% of those screened ultimately randomised



Qualitative Insights & Feedback

Reinvest



Participants Partner

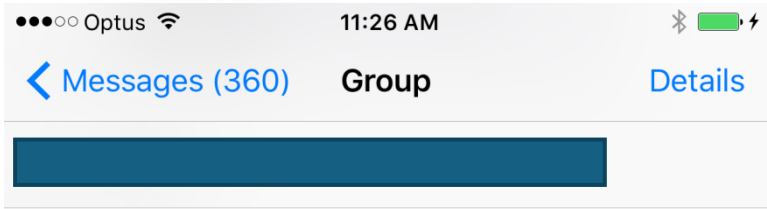
“...his anger was horrendous...not like a normal person... [the medication] stopped a lot of the anger...this medication is definitely helpful..... I was terrified he would kill me..... I slept with a hammer under the mattress....”

"The house became peaceful quiet instead of terrified quiet. That might not sound like much, but after ten years of fear, it was everything."
Partner of trial participant

This medication has changed my life. I wish I'd been on it years ago. I can now spend more quality time with my daughter and my relationship has improved. **(Participant feedback)**

"XX has been with MC for over ten years and their relationship has always been characterised by domestic violence. When MC commenced the medication she saw for the first time in 10 years a significant change in him. She reports that the "difference this medication has made is enormous" and dropped his aggression levels enormously. He is able to be more rational and think things through.....
(Community Corrections Officer)

"XXX reported yesterday and the medication has made the following improvements: 1. He wasn't pacing in the waiting room; 2. He wasn't shouting or speaking in a raised voice; 3. He was polite and said please and thank you; 4. We enquired about his balance with SDRO which should be \$0, however his timesheets hadn't been processed so it appeared he still owed \$420 and he didn't lose control or even get annoyed!!!"
(Community Corrections Officer)



Yesterday 9:30 PM

[Redacted]

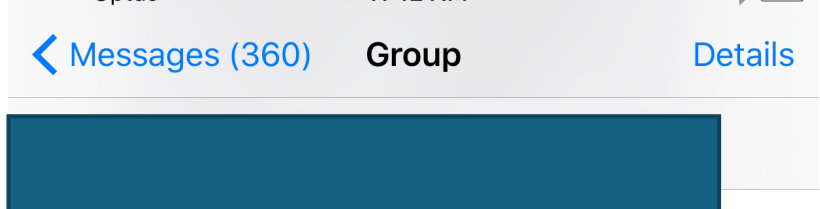
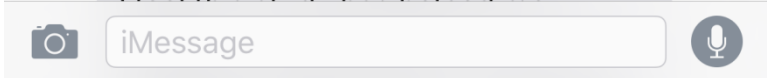
Dear Tony and Lee,

[Redacted]

I have been in the Reinvest Study Program since 28/01/2016. My study number is [Redacted]

I consider myself a candidate to this program which is testing me to seek new avenues in anger management. In my 25 years of knowing nothing but violence and anger and having found this program and tablet to be so effective in such a short period of time, it has made me question why this study was not implemented 30 years ago.

My history stems from the early 80's/90's when there was a lot of violence and gang wars surrounding me and I know a lot of us needed something like this program to help us change our lives, ways of thinking and approaching violent situations which most likely would have led our lives in completely different directions instead of us ending up in jail.

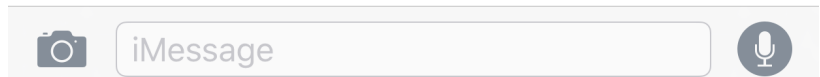
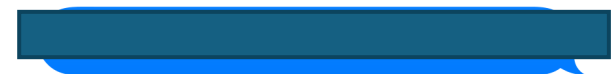


I feel this study has helped me control my anger a lot better and helps me to stop, think and see the reality in a situation before it gets out of hand. This study has helped me so much. I believe that this study should replace all anger management programs and could help parole move in a completely different direction. The study should be implemented in every state of Australia rather than just NSW. I cannot thank the Short Fuse program and my counsellor, John enough for giving me a new life.

Thank you, [Redacted]



Today 11:10 AM



Partner Interviews

Interview Participants

- 27 women (15 partners/spouses, 2 ex-partners, 8 mothers, 1 mother-in-law and 1 daughter)
- Median relationship length 6 years
- Most (88%, n=15) relationships involved children
- Most (73%, n=11) partners were living together at the time of the study
- 7 women identified as Indigenous

Findings

- Most women (92%) reported some or significant changes in impulsivity and domestic violence (DV).
- **96% of women interviewed reported improved or same level safety.**
- Many changes were reported at the individual (e.g., self-regulation), partner or family (e.g., feeling safer), and social levels (e.g., employment).
- The experiences of women revealed the benefit of the antidepressant sertraline in reducing impulsivity and DV when supported with other interventions (e.g., counselling and follow-up support by clinicians).

Women's description of changes in related men

Before

After

PID
14

"...treading on eggshells... he sort of goes on this rollercoaster"

"...whistling and singing and like the old 'Peter' [de-identified]"

PID
20

"...he would really lash out...."

"...now he just lets it slide..."

PID
05

"He was very angry and snappy."

"...it's all stopped. He's never hit me since."

Continuum of Changes



Trial participant

- *Self-regulation*
- *Taking responsibility*
- *Prioritising family and caring for significant others*
- *Making positive decisions*
- *Discovering new self*

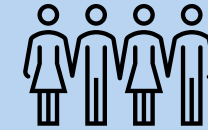
“...now he's up and helping with the kids, the washing and everything, going off to work.” (PID 16)



Partner/family

- *Improved relationships*
- *Safety and peace of mind*
- *‘Able to focus on me’*

“I do feel a lot safer.” (PID 13)

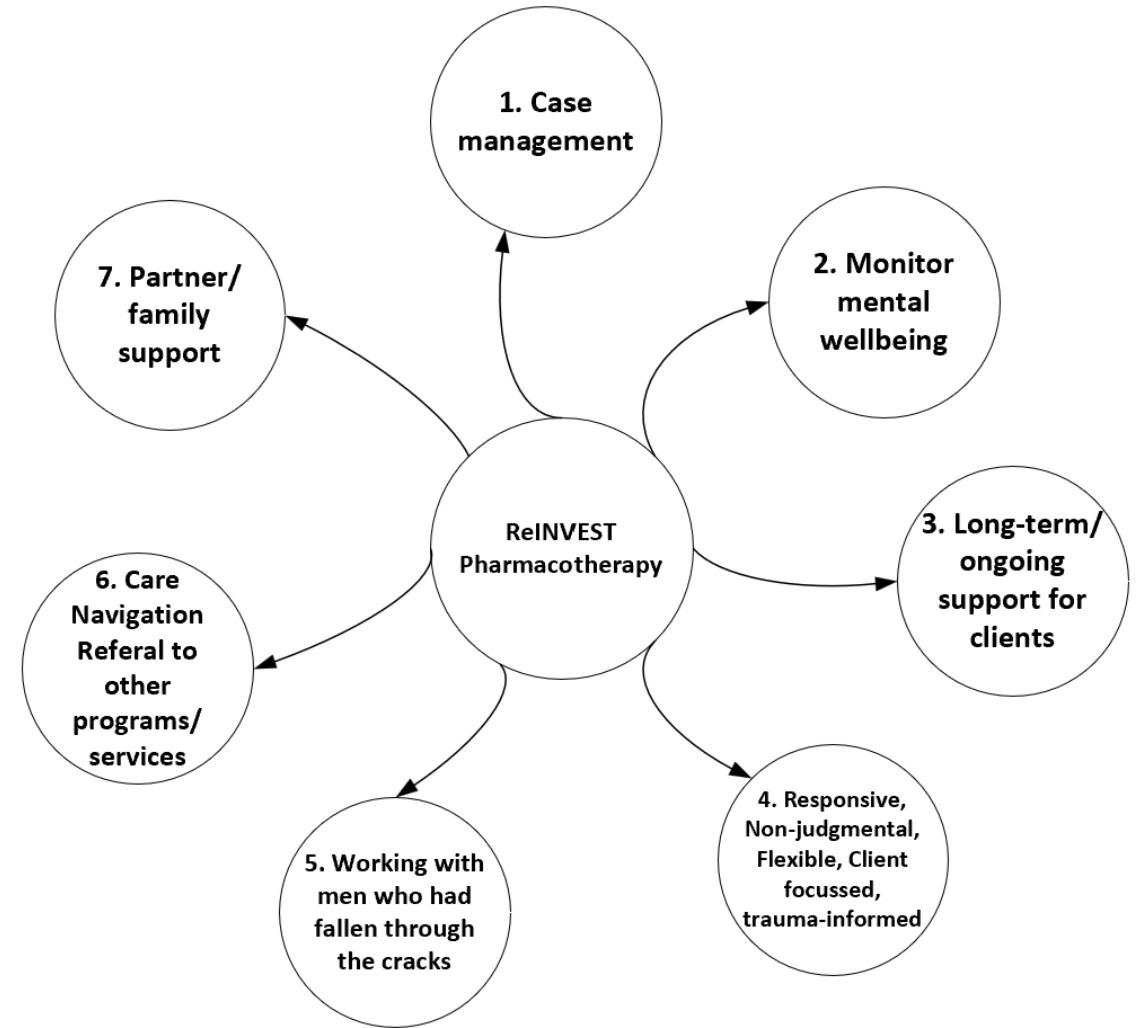


Social

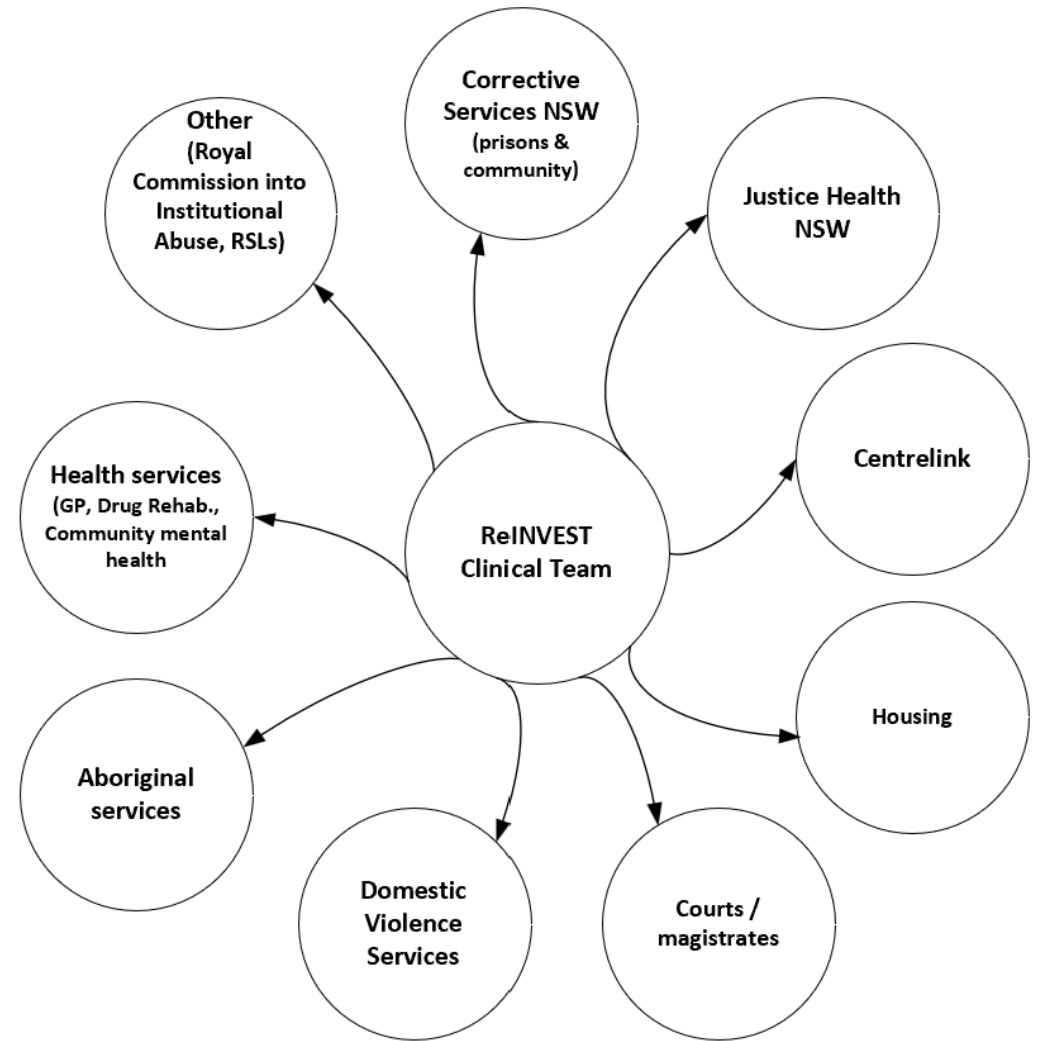
- *Employment*
- *Sociability*
- *Reduced justice system involvement*

“So before the tablets he'd probably gone to court five times in a short period of time. Since the tablets he's never even been in trouble with the law again.” (PID 20)

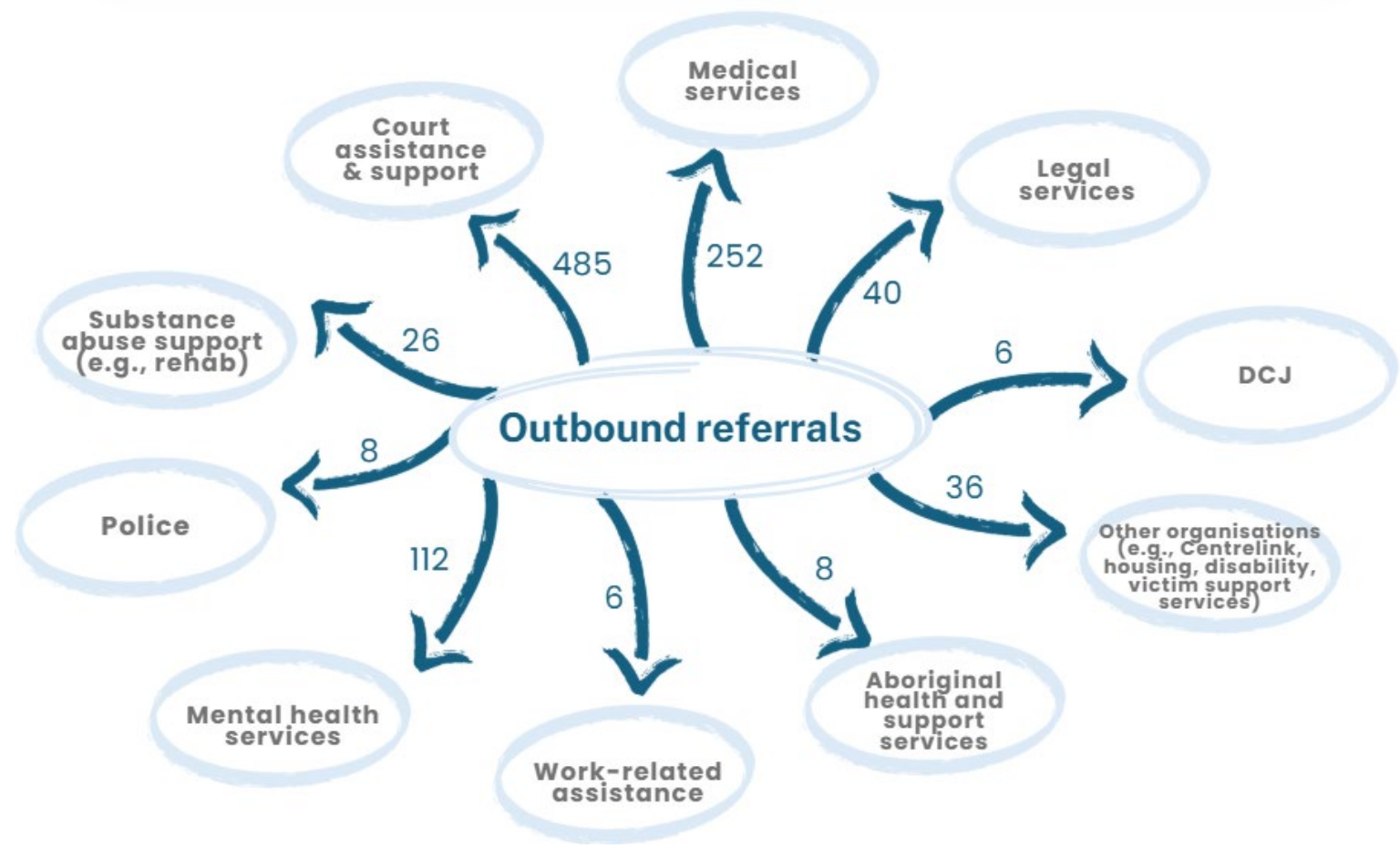
Core and enhanced offering - ReINVEST



Service Navigation - ReINVEST



Service Referrals



Relationality
(clinicians and participants)

Theme 1: Accessibility of clinicians

“It’s um especially for me it was brilliant, because a lot of times I’d be you know, sort of in an odd suburb, like [name of suburb] ... and I wouldn’t be able to get into any of the offices, and [name of clinician] always managed to drop out pills to me. And I’d always have a phone call, “are you right for pills, do you need someone to come and see you?” “So that was, I think that was awesome, someone always made the effort to get them out to me or have quick chat.” (John, participant)

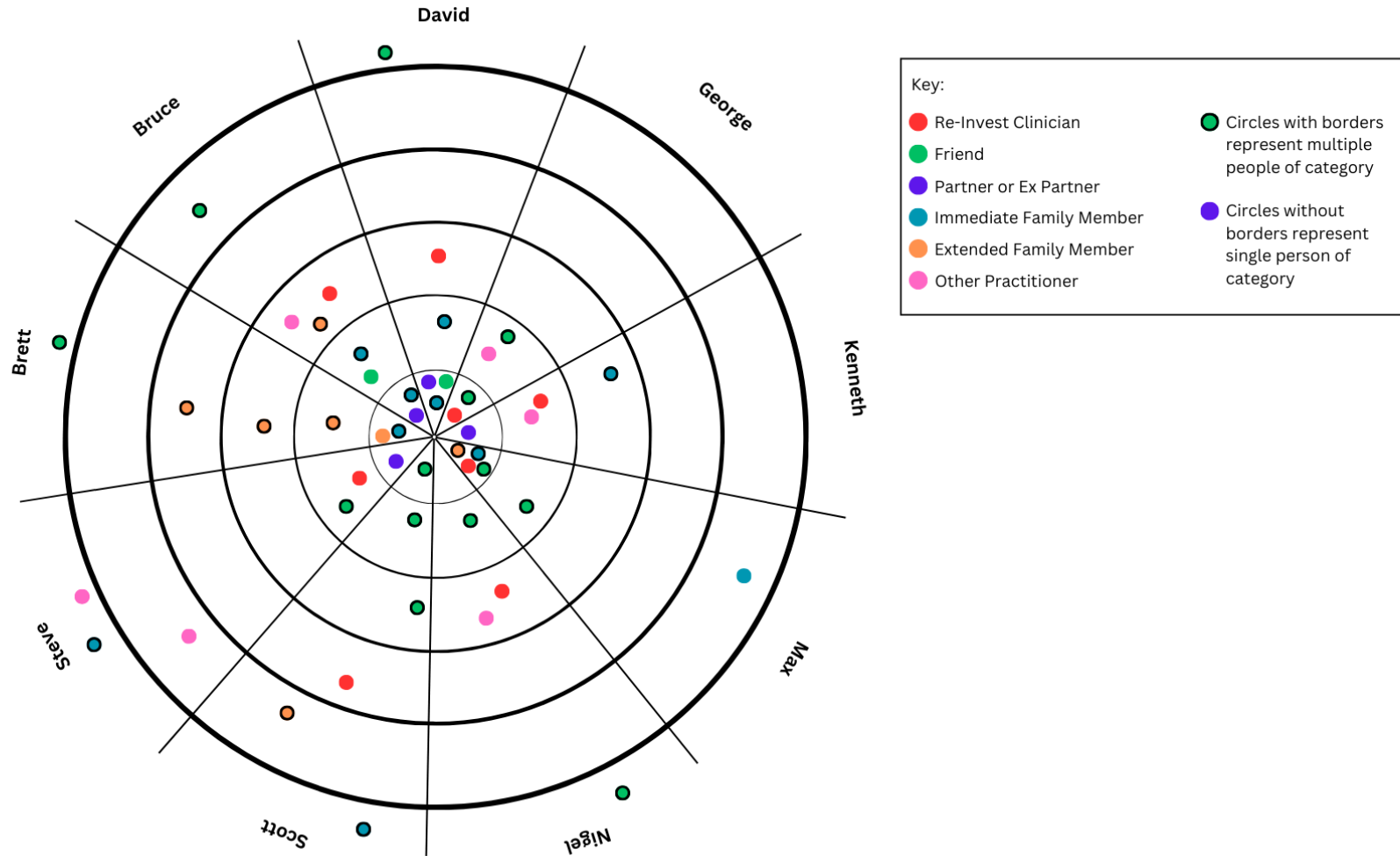
Theme 2: Clinicians as patient advocates

“... And then having them [clinicians] like back me up when I went to court and stuff like that. Sayings like you know, he’s on our program, he’s trying to help himself, you know, and just them few words to the judge, it meant a lot to me. And it made the judge look at me like, you know, he is trying to change. He is trying to do the right thing. This and that. (David, participant)

Theme 3. Humanising

“And approach them in a non-judgemental way cos they go to, for example, and they’re going to be told that everything they’re doing is wrong, or illegal or immoral and that they need to change, and that the problem’s a hundred percent theirs. But if you take an open ear approach, and you take that non-judgemental validating approach, and the empathic approach with them, that generally seems to work a lot more.” (Bailey, clinician participant)

Mapping Participants Patterns of Closeness and Distance to People around them through the 'Circles Exercise'



Unease associated with this approach

- Level of discomfort within some groups – ‘moral panic’
- Ignoring the social context of violence
- Focussing only on a possible biological mechanism
- Looking for a ‘silver bullet’
- Culturally insensitive
- Coercive (25% refuse as don’t want to take meds)
- Perpetrator friendly (need to ‘hold men to account’)
- ‘Get out of jail free’ card
- Chemical lobotomy
- Immoral to “experiment on” and “drug” offenders like lab rats



'Bad' Press

- Funded by NSW Communities & Justice once NHMRC funding exhausted
- Psychiatrist and 2 MPs (Labor and Greens) - Twitter storm, and the ABC joined in making false allegations against the study:
 - Men using trial to gain access to women and children **(untrue)**
 - No doctors on the trial (11 doctors [5 professors] **(untrue)**)
 - No expertise in pharmacology (Professor of Toxicology) **(untrue)**
 - Sub clinical dose [50mg] of sertraline **(untrue)**
 - Illegal prescribing **(untrue)**
 - Self-report formed the main outcome (Court finalisations) **(untrue)**
 - Study only 3 months long (1 year follow-up) **(untrue)**
 - No placebo group **(untrue)**
 - Don't care about women's safety (untrue)

“Standing Order 52” brought in Parliament – all communications with government regarding study made available to an MP

Could a common antidepressant help some men deal with their domestic violence?

By Hayley Gleeson

Domestic Violence

Tue 5 Jan 2021



Lee Knight and Tony Butler of the Kirby Institute, UNSW, are running the clinical trial. (ABC News: Brendan Esposito)

abc.net.au/news/reinvest-trial-men-domestic-violence-anti...



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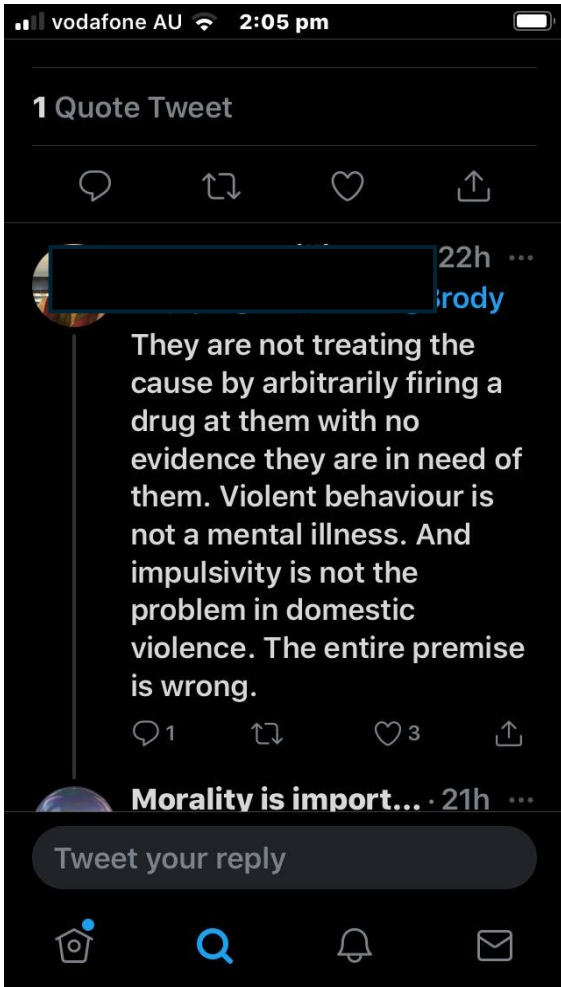
It was Jake's* parole officer who first put him onto an unusual new research trial with men who've used violence.

Not long after he was given a suspended sentence for seriously assaulting his then-partner in 2018, Jake, a 40-year-old father of two, had noticed a poster for the study at the Gosford community corrections office and thought, why not?

"It said something about, if you had a short fuse, maybe they could help ... and my parole officer agreed it would be a good idea," Jake said. "I didn't want to lose my kids, and I wanted to better myself." His violent explosion, he said, "scared the shit out of me. I nearly went to jail over it".

Family and domestic violence support:

- [1800 Respect national helpline:](https://www.respect.org.au/)
1800 737 732
- [Women's Crisis Line:](https://www.womenscrisisline.com.au/)
1800 811 811
- [Men's Referral Service:](https://www.mensreferralservice.com.au/)
1300 766 491
- [Lifeline \(24 hour crisis line\):](https://www.lifeline.org.au/)
131 114



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Concern over clinical trial seeking potential solution to domestic violence, as victims, advocates speak out

ABC Illawarra / By Kelly Fuller
Posted Thu 11 Feb 2021 at 1:31pm, updated Thu 11 Feb 2021 at 1:57pm

The NSW Opposition is asking questions about a program targeting the behaviour of convicted domestic violence perpetrators that uses a common antidepressant. (ABC News: Brendan Esposito)

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A multi-million-dollar clinical trial that is assessing if a common antidepressant drug can help domestic violence perpetrators manage their anger is at the centre of a growing controversy.

The ReINVEST trial, developed by the Kirby Institute at University of New South Wales, involves the subject taking a small dose of antidepressant medication to boost serotonin levels in their brain to manage impulsivity.

Key points:

- The NSW Government has spent \$6.9 million on the ReINVEST program so far

So far today police in Australia would have dealt with on average **290** domestic violence matters

Learn more about these numbers →

Family and domestic violence support:

- 1800 Respect national helpline: 1800 737 732
- Women's Crisis Line: 1800 811 811
- Men's Referral Service: 1300 766 491
- Lifeline (24 hour crisis line): 131 114
- Relationships Australia: 1300 364 277
- NSW Domestic Violence Line: 1800 656 463
- Qld DV Connect Womensline: 1800 811 811
- Vic Safe Steps crisis response line: 1800 015 188
- ACT 24/7 Crisis Line: (02) 6280 0900
- Tas Family Violence Counselling and Support Service: 1800 608 122
- SA Domestic Violence Crisis Line: 1800 800 098
- WA Women's Domestic Violence 24h Helpline: 1800 007 339
- NTF Domestic Violence Helpline: 1800 007 339

'Good money after bad': Domestic violence drug trial would need another \$13.5m

By Lucy Cormack
March 11, 2021 – 6:30pm

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A multi-million dollar trial examining if an anti-depressant can control domestic violence offenders would take another five years and \$13.5 million to be statistically valid, but NSW Attorney-General Mark Speakman has shot down any chance of such an amount.

Documents released under parliamentary order reveal the randomised study by UNSW's Kirby Institute will fail to meet a minimum sample size or deliver results by its due date of June 30 without more funding from the Department of Communities and Justice.



NSW Attorney-General and Minister for Prevention of Domestic Violence Mark Speakman defended the trial at a recent budget estimates hearing. DOMINIC LOHRIMER

It has already allocated \$6.9 million since January 2018.

6. Conclusions and Implications

- Results from the trial show that sertraline works for reducing domestic violence offending; general violence inconclusive
- “ReINVEST approach” is beneficial - service navigation of the justice, welfare, health systems
- Cost-effective
- Scale-up justified
- Considerations – other SSRIs, other pharmacotherapies, women, cultural sensitivities regarding implementation
- **Based on the results the ReINVEST approach should be integrated into the domestic violence prevention ecosystem.**

Acknowledgements

The National Health and Medical Research Council (#533559).

NSW Department of Communities & Justice.

Justice Health & Forensic Mental Health Network.

Stopgap funding was provided by UNSW.

Recruitment was facilitated by former NSW Chief Magistrate Judge Graeme Henson and former Deputy Chief Magistrate Judge Jane Mottley

Women's Advisory Group and Victim-Survivor Group.

ReINVEST clinicians: Noella Ennis, John Nguyen, Nagewa Rahme, Samantha Mccameron, Jennifer Johanson, Mathew Gullotta, Danielle Makarious, Jeanette Toole, Bronwyne Bevan, Rhianne Vanderberg, Aine Egan, Daniel King, David Kelly, Donna Mellish, Hannah Wallace, Mamta Sidhu, Elizabeth Seares, Joseph Tighe.

Study psychiatrists: Dr Joanne Shannon and Dr Sally Lambert

“The punters”

Reinvest

Links to media

ReINVEST video:

<https://vimeo.com/273248138/66c125dfe9>

“The criminal justice system is effectively the ambulance at the bottom of the cliff. The problems arise before the person goes over the cliff. We are left to clear up the mess at the bottom”.

NSW Chief Magistrate, Hon Graeme Henson