Men's behaviour change programs:
Measuring outcomes and improving program quality
Key findings and future directions

Background

Men's behaviour change programs (MBCPs)

Governments, domestic and family violence (DFV) services, and victim/survivor advocates in Australia are calling for an increased focus on perpetrator accountability. The question they are asking is "why doesn't he stop using violence?", rather than the victim-blaming question of "why doesn't she leave?" This focus is consistent with the Council of Australian Governments' National Plan to Reduce Violence against Women and their Children 2010-2022 (the National Plan), which includes the desired national outcome "perpetrators stop their violence and are held to account".

Men's behaviour change programs (MBCPs) are one of many approaches to addressing the source of the problem – how men coercively control, entrap, frighten and terrorise adult women and child victims/survivors. MBCPs primarily aim to achieve a change in perpetrators' violent behaviour. Other aims include enhancing women and children's safety, and monitoring participants' use of violence and the risks they present to their (ex-)partners and/or children.

Despite a 30-plus year history in Australia, MBCPs remain contentious. Debates are ongoing about how MBCPs should be delivered, and the extent to which they are effective in improving the safety and freedom of victims/survivors.

A range of MBCPs are presently delivered in Australia. These are primarily funded on a state/territory basis through departments of justice or departments of community/human services. Participation in MBCPs may be voluntary or mandated, and MBCPs are run in both community and correctional settings. Programs typically run over a period of 3 to 6 months, and usually comprise initial assessment, followed by weekly group sessions for men. Some program providers have the capacity to offer supplementary individual sessions and case management when required. Programs also usually entail partner support for women, comprising such elements as information, support, referral, safety planning, counselling and/or case management.

Increasingly, MBCPs are being encouraged to tailor their interventions to each individual participant. MBCPs in some jurisdictions are being required or encouraged to adapt the Risk-Need-Responsivity (RNR) framework (originally developed for use in the corrective services context) for use within a gender-based understanding of DFV. The RNR framework provides guidance about how to tailor interventions towards individual risk profiles and to individuals' varying motivation to participate in the intervention.

Around Australia, a range of minimum standards for MBCPs have been developed. However, documentation of detailed practice guidance and frameworks for accreditation remain less common. At the time of writing, minimum standards in several jurisdictions were undergoing (or had recently undergone) review.

Outcomes and quality of MBCPs

There is currently limited evidence as to the effectiveness of MBCPs. In Australia, the evaluations required by government funding bodies have commonly been process-orientated, with success being defined in terms of *outputs*, such as participants completing the program. The *outcomes* of the program in relation to the program goals (that is, improvements in the safety and wellbeing of adult and child victims/survivors, and a reduction in the violent and controlling behaviours of program participants) have rarely been measured.

There are a range of ways in which changes to participants' violent and controlling behaviours can be measured. For example, reports from partners/ex-partners of participants, data on police reports of further violence, or data on reconvictions could be used, with comparisons being made between data collected pre-program and data collected post-program. However, collecting data of this type is usually beyond the capability of MBCP providers.

The Council of Australian Governments (COAG) has developed National Outcome Standards for Perpetrator Interventions (NOSPI). NOSPI includes 27 potential national indicators, some of which are *output* and some of which are *outcome* measures. Collecting outcome data nationally is challenging, as is evidenced by the fact that the initial publication on NOSPI (Baseline Report 2015-16) reports against only 6 indicators, and notes that all of these are output, rather than outcome, measures.

The ANROWS research project

Evaluation readiness, program quality and outcomes in men's behaviour change programs by Andrew Day, Rodney Vlais, Donna Chung and Damian Green

This research aimed to identify how to improve the quality of MBCPs, how to measure outcomes, and how to develop standards and accreditation processes that will improve quality and consistency of practice.

The research involved three elements:

1. A review of the published literature.
2. A jurisdictional scan of the MBCP landscape, comprising a review of grey literature and contact with a representative from each jurisdiction (i.e. state/territory).
3. Focus groups and in-depth interviews with -
   - correctional staff from South Australia and Victoria;
   - community providers from Western Australia and Victoria; and
   - female partners of program participants.

Overall, the research identified that:

- Practice guidelines, accreditation standards, and compliance monitoring frameworks provide consistency and safety.
- MBCPs should be supported to articulate their program logic models.
- Program logic models can guide evaluation.
- Program quality can be improved by strengthening safety and accountability planning.
- Program quality can be improved by engaging with victims/survivors.

The report presents 17 recommendations across four main areas: translating the evidence to improve current MBCPs; overarching considerations for improving and enhancing MBCPs in Australia; future considerations for the development of standards and accreditation systems; and developing future evidence about Australian MBCP reach and effectiveness. These recommendations along with the full report are available at https://www.anrows.org.au/publication/evaluation-readiness-program-quality-and-outcomes-in-mens-behaviour-change-programs

Key findings

The current state of play: program standards, compliance monitoring systems, training and support for MBCPs across Australia

The men's behaviour change field is changing rapidly. Table 1 presents a summary of the state of play in Queensland, Victoria, Western Australia, and New South Wales in 2019. The Australian Capital Territory, Northern Territory, and Tasmania are not included as they each had only one provider of MBCPs at the time the research was conducted. South Australia was not included since it was in a consolidation phase during the research project period with respect to all services delivering interventions to perpetrators[1].

Practice guidelines, accreditation standards, and compliance monitoring frameworks provide consistency and safety

As seen in Table 1, there is currently little standardisation across the country. There is also a lack of evidence and transparency around the development of standards. Generally speaking, jurisdictions with peak bodies have greater transparency.

The distinction between minimum standards and practice guidelines is an important one for the DFV sector to consider. Minimum standards provide minimum requirements for an agency to be accredited as an MBCP provider. The accreditation system may be accompanied by a compliance monitoring system to ensure that minimum standards continue to be met. Practice guidelines provide a guide to good practice, however these are not common in the MBCP field.

To inform standards that can address inconsistency across programs and across Australia, there is a need to develop the current evidence base. At present, standards are predominantly based on practitioner wisdom and commonly-held assumptions about DFV. Rigorous collation and incorporation of practitioner wisdom is vital, as well as greater transparency about what evidence has informed standards.

MBCPs involve the participation of many players: service providers, funding bodies, program participants, and partners. MBCP standards provide transparency for all involved about what to expect, and can help facilitate a process for people with different interests and mandates to work together. Standards are designed to provide consistency across programs (at least within the jurisdiction where the minimum standards apply) and to ensure safety.

There is a risk, however, that standards can be limiting. For example, they may prevent programs from adapting to serve the needs of specific groups. Some

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1 Note that at the time of writing, South Australian minimum standards for DFV perpetrator interventions, including MBCPs had been finalised but not published.

Table 1 The current state of play: program standards, compliance monitoring systems, training and support for MBCPs across Australia

	Qld	Vic	WA	NSW
Program standards	Professional practice standards: Working with men who perpetrate domestic and family violence (2009)	Men's behaviour change minimum standards (2017) and Implementation Guide (2018), aligned with the Principles for perpetrator interventions developed by Family Safety Victoria	Practice standards for perpetrator intervention (updated 2015)	Practice standards for men's domestic violence behaviour change programs (2017)
Compliance monitoring system	None current	Self-regulatory framework – No To Violence membership required to be eligible for government funding.	None current	Department of Justice operates Compliance framework for men's behaviour change programs (2018)
Accredited training	Graduate Certificate in Facilitating Men's Behaviour Change (delivered by CQ University)	Graduate Certificate in Client Assessment and Case Management (Male Family Violence) (delivered by Swinburne University of Technology)	None currently available	Graduate Certificate in Men's Behaviour Change Individual and Group-work Interventions (delivered by the Education Centre Against Violence)
Peak / representative body	Services and Practitioners for the Elimination of Abuse Queensland (SPEAQ) network	No to Violence	Stopping Family Violence Inc (incorporated 2016) auspices the Western Australian Men's Behaviour Change Network (WAMBCN)	No to Violence convenes the Men's Behaviour Change Network NSW

standards might be inapplicable in particular contexts, for example, while existing standards require mixed gender co-facilitation, some Aboriginal and Torres Strait Islander communities advise against this on cultural and spiritual grounds. Current standards also generally focus only on the predominant dynamic of adult men's use of DFV against family members in the context of heterosexual relationships. Adolescent violence in the home, teenage dating violence, use of violence by women, violence in LGBTIQ communities, and other unique cohorts or types of DFV are often not covered.

MBCPs should be supported to articulate their program logic models

Beyond consistency produced by standards, internal program consistency is assisted by the existence and articulation of a program logic model. A program logic spells out the theoretical underpinnings of a program, key assumptions, and assumed pathways towards desired long-term outcomes. *Activities* conducted as part of the program (e.g. group-work explorations of beliefs about gender, masculinity, entitlement) are intended to lead to program *impacts* (e.g. changes in violence-supporting narratives and thinking) which are in turn intended to lead to program *outcomes* (i.e. reduced use of violence and control). A program logic spells out how the program intends to change the behaviour of the perpetrator and improve the safety and wellbeing of adult and child victims/survivors.

At present MBCPs rarely articulate their program logic in any formalised way. Programs also rarely document how they contribute to a coordinated community response to violent behaviour. MBCPs need greater support to be able to develop a program logic, as the logic is fundamental to designing and evaluating a program. A program logic may also be useful in managing the expectations of participants, supporting motivation and enhancing readiness.

Program logic models can guide evaluation

A program logic model helps an MBCP to define what "success" looks like in the context of the program. It drives the choice of evaluation measures:

- Evaluation at the *activity* level involves assessment of outputs (e.g. were all sessions of the program delivered with integrity to the program model?[2])
- Evaluation at the *impact* level involves medium-term measures (e.g. do participants report changes in violence-supporting narratives and thinking?)
- Evaluation at the *outcome* level involves long-term measures (e.g. is there a decrease in participants' use of violence and control?)

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2 High quality supervision, video-recording of sessions, use of observers in group-work sessions, and case-work audits can all be useful means for checking program integrity.

Table 2 Evaluation examples

Program logic statement	Key evaluation questions	Key indicators	Data sources	Data measurement
Partner agencies work with the program to manage risk	What are the mechanisms through which the program collaborates with partner agencies to respond to and manage risks posed by the perpetrator? How are risk management plans developed and reviewed?	Case snapshots where multi-agency risk management processes were required. Outcomes of risk management plans. Risk management procedures and protocols.	Program manual. Use of risk management plan tools and templates. Risk management plan and review entries. Notes from risk review meetings. Documentation of self-audit and reflective practice activities concerning risk assessment and risk management practice. Audit of a representative sample of case files.	Audit best done by an independent evaluator.
Women and children feel safer to remain in the family home	Do program activities directed towards the perpetrator contribute to staying in the family home being a safer option for women and children?	Proportion of women assessed at high risk, with their ex/partner participating in the program, who stay at home. Individualised intervention plans with perpetrators that include an intervention goal to contain risk sufficiently so that family members can stay at home.	Partner case files. Audit of Individual Intervention Plans.	Collection of this data occurs routinely through the program's assessment and intervention activities.

At each level, choices must be made about how best to measure the relevant change. The way a program has conceptualised its goals will have substantial implications for the way its outcomes are conceptualised, and the way evaluation indicators and data sources are selected. Program evaluation is not generally incorporated into funding models, leaving MBCPs struggling to resource outcome measurement and program evaluation. MBCPs require support to extend their program logic models into evaluation plans.

A key example that shows the link between program logic and evaluation is Project Mirabal in the UK. This project investigated which outcomes from MBCPs were most desired by the partners of the men who participated in programs. Based on this information, the authors developed six outcome measures. Each measure comprises a number of quantitative indicators which are scored by the partners or ex-partners of program participants. These measures are unique for not only being developed based on women's own accounts of what counts as a successful

outcome, but also in their coverage of perpetrator coercive controlling tactics. The Project Mirabal measures are, therefore, suitable for programs which are based on an understanding of DFV as a form of coercive control (rather than a series of criminal incidents), and for programs which focus on outcomes beyond the cessation of violence, such as the perpetrator's healthy involvement in family life and contribution towards safe and healthy childhoods for children.

Table 2 above demonstrates the links between program logic statements, outcome measures, indicators and data collected. The first row provides an example of a hypothetical project activity, while the second row is an intended project impact.

Program quality can be improved by strengthening safety and accountability planning

A *safety and accountability plan* outlines specific strategies that a perpetrator should put into place to maintain any attitudinal and behavioural change. The plan may also note areas where change still needs to happen. The plan may be used to support individuals to transition out of the program, and may also be provided to the referring agency and other partner agencies to support coordinated, systemic risk management.

Safety and accountability plans require a comprehensive understanding of each perpetrator's specific patterns of violence, and must be developed individually for each participant. This aligns well with the move towards programs being individually tailored according to an adapted RNR framework. Yet undertaking this individually tailored work has significant resourcing implications. At present, funding agreements rarely include resource allocations for individual case planning or case management. This means that safety and accountability plans are often only developed at the end of the program, rather than being embedded throughout the program period. This limits opportunities for supporting participants to put plans into action, and to refine plans based on their real-world experiences. Resourcing for individualised, ongoing case plans should be a priority.

Currently in the existing literature there is little guidance as to: how detailed safety and accountability plans should be; how family members' needs and goals could be incorporated; how to increase participants' feelings of ownership over the plan; what is the best format for maximising the use of a plan; how to balance a strengths-based approach with holding a perpetrator to account; when to develop the plan; and who should have access to it.

Program quality can be improved by engaging with victims/survivors

Engagement with partners of program participants is an under-funded aspect of MBCPs. However, partner support is an important means for women to receive

accurate information about the program and the man's participation in it. It prevents women having to rely solely on the information provided by the man himself and allows women to feed information back to program providers. This can help address issues of participants engaging in "impression management" rather than working towards real change. Partner support (and sometimes direct contact with children) can also be a vital means for assessing the impact of the perpetrator's behaviour on each affected child. Partner engagement is also crucial to enhancing women's understanding of the drivers of DFV and the context for change. Partner support is thus a priority and needs to be treated as fundamental to the program.

Partner support is strengthened when it can be provided face-to-face rather than entirely over the phone. It is also important that it continue in the period after the man transitions out of a program (whether through completion or dropping out), as this can represent a time of increased risk to family members.

Implications for policy-makers and practitioners

Program standards

- Standards should be based on sufficiently detailed, articulated and nuanced practice principles rather than rigid prescriptions for practice.

- Compliance with standards should be situated within a broader system of support that aims to maximise quality of practice, encouraging reflective practice and not just adherence.

- The full implementation of the NOSPI framework should be supported, to allow outcomes data to be collected and evidence to be aggregated nationally.

Program evaluation

- Evaluation plans should be based on program logic models which incorporate an articulated theory of change.

- Evaluation plans should include measures of impacts on adult and child victims/survivors, including measures of coercive control.

Program quality

Priority and funding should be given to:

- tailoring MBCPs to individuals, based on adapted risk-need-responsivity principles;

- incorporating individually-tailored safety and accountability planning into programs; and

- strengthening partner support and the program's focus on children's needs.

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