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

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No to Violence
Leading the change to end male family violence in Australia

Acknowledgement of Country

ANROWS acknowledges the Traditional Owners of the land across Australia on which we work and live. We pay our respects to Aboriginal and Torres Strait Islander Elders past and present, and we value Aboriginal and Torres Strait Islander histories, cultures and knowledge. We are committed to standing and working with Aboriginal and Torres Strait Islander peoples, honouring the truths set out in the Warawarni-gu Guma Statement.

Acknowledgement of lived experiences of violence

ANROWS acknowledges the lives and experiences of the women and children affected by domestic, family and sexual violence who are represented in this report. We recognise the individual stories of courage, hope and resilience that form the basis of ANROWS research.

Caution: Some people may find parts of this content confronting or distressing. Recommended support services include 1800RESPECT (1800 737 732), Lifeline (13 11 14), Men's Referral Service (1300 766 491), MensLine Australia (1300 78 99 78) and, for Aboriginal and Torres Strait Islander people, 13YARN (13 92 76).

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An evidence brief

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Executive summary

While men's behaviour change programs (MBCPs) were never meant to be a panacea for domestic, family and sexual violence, their role and effectiveness in addressing domestic, family and sexual violence is often questioned.

This evidence brief provides a summary of the literature on MBCPs, focusing primarily on their role in addressing domestic, family and sexual violence in Australia.

The evidence brief synthesises what is known about MBCPs based on available peer-reviewed and grey literature and practice-based evidence. The brief was used as a basis for discussion at a roundtable convened by the Domestic, Family and Sexual Violence Commission on 12 November 2024.

A shared understanding of the role and capability of MBCPs is critical for their impact. Expecting significant, transformational change from a single intervention is unrealistic. There is now a growing appreciation and understanding that MBCPs are one piece of the puzzle in a wider system of accountability for people who use violence (Chung, Upton-Davis, et al., 2020; Mosso Tupper et al., in press) and part of an integrated response (Department of Social Services [DSS], 2015; DSS, 2022; State of Victoria, 2016). Yet the potential outcomes from such collaborative practice are often limited or undermined by how MBCPs have been implemented, or by inadequacies in the broader systemic infrastructure upon which the intended behavioural change relies.

Key conclusions

- MBCPs are conceptualised as one piece of the puzzle however are yet to be operationalised as part of a fully integrated system.
- MBCPs need to be better funded to provide tailored, holistic and timely services that can support meaningful behaviour change.
- MBCPs need to be embedded collaboratively within the broader domestic, family and sexual violence ecosystem so they can work together with other services towards improved outcomes for victims and survivors including children, as well as improved outcomes for meaningful behaviour change, accountability, increased visibility and risk management.
- MBCPs are only one piece of the response to domestic, family and sexual violence.

Key insights

- MBCPs are group-based interventions for men who have used domestic, family and sexual violence against current and/or former partner(s) and/or other family members.
- There is variation across MBCPs in terms of program logical and theoretical frameworks, structure (e.g. duration, frequency and intensity) and focus (e.g. the extent to which they address themes such as safe fathering or co-occurring factors such as alcohol and other drug [AOD] use).
- Most people who use violence will never engage with an MBCP service.
- MBCPs are a piece of the broader infrastructure required to address men's use of violence. They do not exist in a vacuum: they can be enhanced or undermined by the broader environment within which the program is offered and within which a person using violence is situated.
- Positive outcomes at the end of an MBCP are most likely to be incremental in terms of reductions in some aspects of the program participant's violent and controlling behaviours, however, outcomes vary substantially between program participants.
- Behaviour change work is not complete at the end of MBCP participation.
- There is a risk in the limited perpetrator intervention landscape in Australia of an unrealistic expectation for MBCPs in their standard form to be effective for all people using violence. The diverse and complex motivating factors and dynamics of domestic, family and sexual violence mean that we need diverse responses to meaningfully change behaviour.

Introduction

Engaging men and boys in the work to end domestic, family and sexual violence is a growing priority. This priority is reflected in key strategic directions to support the *National Plan to End Violence against Women and Children 2022–2032*, such as *The Australian National Research Agenda to End Violence against Women and Children (ANRA) 2023–2028* (Lloyd et al., 2023); and has been highlighted in recent policy processes, such as the report of the Rapid Review of Prevention Approaches to end gender-based violence (Campbell et al., 2024).

One area where this priority is reflected is in men's behaviour change programs (MBCPs). Yet the evidence for these programs is emergent and often poorly understood. This can make it difficult to know what role, if any, MBCPs should play in the strategies, policies and programs that seek to engage men and boys in the work to end gender-based violence.

This evidence brief synthesises what is known about MBCPs based on available peer-reviewed and grey literature and practice-based evidence.[1] It considers the following questions:

- What is an MBCP?
- What can we expect it to do?
- When do MBCPs work and in what context?
- What can we do better?

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[1] In preparing this evidence brief, we used a rapid synthesis approach to identify the best available evidence and consulted with key policy and practice informants during a series of meetings. We also developed three qualitative case studies based on Australian MBCPs which complement the literature and provide insights into the application and challenges in practice. Given time constraints, we did not follow a systematic method, which means our evidence brief does not fully capture all the relevant evidence on MBCPs and reflects a small sample of perspectives from the field.

What is a men's behaviour change program?

Men's behaviour change programs (MBCPs) are group-based interventions for men who have used domestic, family and sexual violence against current and/or former partner(s) and/or other family members. These programs are a "mainstay" of the intervention landscape for men using violence and have been used in various forms in Australia since the 1980s (Mackay et al., 2015; Vlais et al., 2017). MBCPs are a specialist response often connected to criminal justice systems (Vlais et al., 2017). Many modalities and designs inform MBCP work including, for example, the Duluth model (Pence & Paymar, 1993), cognitive behavioural therapy (CBT; Beck, 2011), narrative therapy (Wendt et al., 2019), acceptance and commitment therapy (Zarling & Russell, 2022), among others (see also Mackay et al., 2015). In Australia, most programs are hybrid models, drawing on elements of Duluth, CBT, and narrative invitational approaches alongside other approaches.

In addition to variation in program logics, MBCPs vary in duration; intensity; wraparound supports; entry pathways (e.g. court-mandated, soft mandates such as child protection or police referrals, self-referred); monitoring of attendance and engagement; connection to the criminal justice system; facilitator style, skill and experience; funding; and nature of contact and support with victims and survivors (Chung, Anderson, et al., 2020; Family Violence Reform Implementation Monitor [FVRIM], 2023; Price & Rosenbaum, 2009; State of Victoria, 2016; Smith et al., 2009). Programs also vary in the extent to which they engage with various types of violence such as technology-facilitated abuse (Mortreux et al., 2019), substance use coercion (Humphreys et al., 2022) and sexual violence (Helps, Conner, et al., 2023).

Programs also vary in their treatment model and focus, for example: addressing alcohol and other drug (AOD) use comorbidity (Meyer et al., 2021); fathering (Diemer et al., 2020; Healey et

al., 2018; Hine et al., 2022); culturally specific programs (Emezue et al., 2019; Fisher et al., 2020; Fitz-Gibbon et al., 2023; Satyen et al., 2022); programs aimed at young men (such as Meli's program for 18 to 25 year old men discussed in Case Study 2), LGBTQ communities (Gray et al., 2020; Worrell et al., 2024) and Aboriginal and/or Torres Strait Islander men (such as the Marra'ka Mbarintja Men's Family Violence Prevention Program led by Tangentyere Council Aboriginal Corporation, further outlined in Case Study 3),[2] among others. Often distinct from MBCPs, there are men's groups centred on men's healing and recovery tailored towards Aboriginal and/or Torres Strait Islander men and communities (see Box 1).[3] People who use violence are not a homogenous group. The range of program offerings reflect a recognition that "one-size-fits-all" approaches are ineffective and that a diversity of appropriate program offerings is needed (State of Victoria, 2016).

Various aims of MBCPs are cited in literature including, for example, reducing or ending program participants' use of controlling and abusive behaviours (Brown & Spitzkowsky, 2024; Day et al., 2019; Fitz-Gibbon et al., 2020), reducing re-offending and contact with the criminal justice system (Meyer et al., 2021; Nicholas et al., 2020a), holding people who use violence to account (Brown & Spitzkowsky, 2024; Chung, Upton-Davis, et al., 2020; Family Safety Victoria [FSV], 2006; see also DSS, 2015), challenging program participants use of violence (FSV, 2006), monitoring and responding to risk (FSV, 2006), and, fundamentally, improving the safety for women and children (Brown & Spitzkowsky, 2024; FSV, 2006; Westmarland & Kelly, 2013; Kelly & Westmarland, 2015). These aims are interrelated with MBCPs working towards many of these objectives. Critically, however, MBCPs were never intended to achieve these outcomes alone.

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2   While not designed as an Aboriginal healing program, there are some aspects that produce some healing-focused outcomes (ANROWS, in press).

3   There is variation in the intentional integration of, or distinctness of, MBCPs and healing programs. For example, Dardi Munwurro delivers the Men's Healing and Behaviour Change (MHBC) program designed to address "the drivers for violence by strengthening cultural connection, developing pride and confidence, and planning a future with healthy relationships in families and communities" (Deloitte Access Economics on behalf of The Healing Foundation, 2021, p. v).

What proportion of people who use violence attend men's behaviour change programs?

There is no national minimum dataset on MBCPs, and no comprehensive data on MBCP participation (Chung, Upton-Davis, et al., 2020). Yet we know that many people who use violence will never engage with an MBCP service. This is reflected in work by the Family Violence Reform Implementation Monitor (FVRIM, 2023) into perpetrator interventions in Victoria, which showed that the annual number of Department of Families, Fairness and Housing-funded program places equates to approximately 10 per cent of the *recorded* domestic and family violence perpetrator population. Given Victoria offers one of the highest-funded MBCP places per capita, this proportion of people attending MBCPs is likely to be fewer in other jurisdictions. While limited program availability and long waitlists are part of the challenge (FVRIM 2023; Meyer et al., 2023; see also Case Study 2), another notable problem is the lack of motivation to engage with services (FVRIM, 2023). Disengagement on the part of people who use violence is common across service settings, including MBCPs (Bell & Coates, 2022; Fitz-Gibbon et al., 2024; Jewell & Wormith, 2010; Rondeau et al., 2001). In terms of their direct reach with people who use violence, MBCPs are a piece within the broader infrastructure required to address men's use of violence.

Additionally, domestic, family and sexual violence is under-reported and only a small proportion of people who use violence come to be known to services (Douglas, 2019; Meyer, 2016). Most people who attend MBCPs are referred by services including, for example, courts, community corrections and child protection, with referrals from police or self-referrals less common (Seamer, 2024). As a result, MBCP participant populations are likely to be skewed towards those with some level of system contact and system referrals.

Setting realistic expectations of what men's behaviour change programs can achieve

Completion of an MBCP is not an indicator that someone who has used violence has engaged in any meaningful degree of behaviour change (Mandel, 2020; Fitz-Gibbon et al., 2024). Completion is generally a marker of program attendance, it is not a direct measure of behaviour change, nor is it a meaningful proxy for measuring behaviour change (Vlais et al., 2022; Mandel, 2020). While some research shows an association between program completion and lower recidivism (Coulter & VandeWeerd, 2009; Olver et al., 2011), it is dangerous to assume that outcomes related to attendance, completion or recidivism equate to changes in patterns of coercive control or improved outcomes for victims and survivors (Arce et al., 2020; Coulter & VandeWeerd, 2009; Mandel, 2020). It is possible, for example, that rather than ceasing or reducing the use of domestic, family and sexual violence, people who use violence are "masking their violence" or "exchanging one form of domestic abuse (such as physical or sexual violence) for another (psychological abuse)" (Coulter & VandeWeerd, 2009, p. 151). Setting realistic expectations of what MBCPs can achieve is critical.

The realistic expectations of what role MBCPs play in broader change work need to be considered. There is an important distinction between the longer-term expectations we hold for people who have used violence to meaningfully engage in behaviour change and taking accountability for their past, current and future behaviours.[4] MBCPs do not exist in a vacuum. They can be enhanced or undermined by the broader environment within which a person using violence is situated. For example, participants may have social networks that reinforce and normalise their use of violence. This can undermine the work of MBCPs to support people using violence to acknowledge their violence, recognise the harm their violence causes and change their behaviour (Helps, McGowan, et al., 2023, p. 44; Morran, 2023).

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4   There are various conceptualisations of accountability (Chung, Upton-Davis, et al., 2020). The *National Plan to End Violence against Women and Children 2022–2032* describes accountability as people using violence understanding what they have done, taking responsibility for their behaviour, making the choice to change their behaviour and taking steps towards repairing harm (DSS, 2022). In addition, the National Plan emphasises the need for wider social and societal accountability (DSS, 2022).

Attitudes and norms that drive violence are deeply entrenched in society (Coumarelos et al., 2023; The Men's Project & Flood, 2024; Our Watch, 2021), and it is therefore plausible for some program participants to experience MBCPs as the anomaly in attempting to challenge and change attitudes and behaviours (see Case Study 1). Where men's behaviour change work to challenge the gendered drivers of violence is not reinforced through other mechanisms, this may contribute to perceptions among some participants of programs as threatening or "feminising" (Morran, 2023). The peer environment of a group can be powerful for men meaningfully holding each other to account (Bouchard & Wong, 2021; Morrison et al., 2019). However, there are also risks. In particular, an environment such as MBCPs, where men who may share common gendered beliefs and attitudes and adherence to hegemonic masculinity ideals are brought together can reinforce and validate their collective views (McGinn et al., 2020; Seamer, 2024; Seymour et al., 2021).

Notably, from the beginning MBCPs were conceptualised as one part of a coordinated community response to people using violence (Kelly & Westmarland, 2015; McCulloch et al., 2017; Pence & Paymar, 1993). The *National Outcome Standards for Perpetrator Interventions* (DSS, 2015) outlines a system that incorporates a range of community services that play a key role, in addition to MBCPs and the criminal justice system (police, courts, corrections). These include services working with men around other co-occurring needs (i.e. mental health, AOD and child protection). Tailored and targeted programmatic responses are key to ensuring people using violence get appropriate and effective interventions to enable change (DSS, 2015; Meyer & Frost, 2019). It is important to ground our expectations of MBCPs within this context (see Case Study 1 for more information on the importance of a coordinated community response).

While MBCPs work towards similar goals, as outlined above, there is substantial heterogeneity across programs, and between men who participate within any given program. For example, there will be variations in the starting points at which men enter a program with regard to their support needs and stability (Fitz-Gibbon et al., 2024), the degree of risk they pose to adult and children victims and survivors (Vlais

et al., 2017), patterns and tactics of coercive control (Vlais et al., 2017), motivation or readiness to engage in change (Nicholas et al., 2020a; Musser et al., 2008; Stanley et al., 2012), their understanding of and familiarity with language relating to family violence (Fitz-Gibbon et al., 2023), among other factors. The heterogeneity of participants with regard to "masculinities, men's histories, traumatic event exposure, and social marginalization all vary" and the impact of this variance needs to be considered (Jewkes et al., 2015, p. 1586). Individual transitions such as relationships ending, court or legal developments, including legal orders coming to an end, can also influence how people who use violence are engaging in behaviour change work at different points (Day et al., 2009; Roy et al., 2013; Vlais et al., 2017). Further, the change process for men who use domestic, family and sexual violence is dynamic, non-linear and is likely to include "jumps" in motivation, including backwards and "away from change" (Fitz-Gibbon et al., 2024; Vlais et al., 2017, p. 51; Vlais et al., 2022; Walker et al., 2015).

All societal level, program level and individual level factors influence the progress that is possible over the course of an MBCP. This presents a range of challenges for both setting realistic expectations of what can be achieved through an MBCP and in terms of meaningfully evaluating the impact of programs (Nicholas et al., 2020a).

The peer environment of a group can be powerful for men meaningfully holding each other to account.

CatholicCare Broken Bay: Strengthening an ecosystem of support

CatholicCare Broken Bay provides the Back on Track men's behaviour change program in the Waitara and Tuggerah locations of NSW. The program runs over two 10-week modules, with family safety planning and comprehensive case management supporting whole-of-family safety before, during and after men's participation in the group program. This program can be accessed through several referral pathways, including self-referral.

The program is underpinned by a combination of several conceptual frameworks: the Duluth Model, narrative therapy and cognitive behavioural therapy. The Safe & Together model also informs and embeds language that illuminates perpetrator patterns of control, and the impacts of violence on each family member, including children.[5]

The service aims to influence the local system to work collaboratively and improve their collective local response to domestic, family and sexual violence. This is done in multiple ways.

CatholicCare are working to increase visibility across the local service system to ensure, for example, that families are not being over- or under-serviced, and to assess whether other services are adopting a domestic, family and sexual violence-informed approach to the case. CatholicCare, in consultation with the victim and survivor's advocate, initiates closer collaboration and information sharing with other services to advocate for the non-offending parent. This includes providing insight into a man's behaviours to render visible the perpetrator's pattern of violence or control. This can be useful in reducing siloes across the MBCP, family support, policing and court system/s to ensure the safety needs of women and children are being understood and addressed. Anecdotally, such attempts to foster collaborative practice have been critical

to highlight if misidentification has occurred. For example, where the MBCP service, through, for example, Family Safety Contact work, is able to detect instances of misdetection by police or other services and highlight this to other services working with the MBCP participant.

Through this work, CatholicCare have also experienced instances where other services, whose remit, for example, is to address parenting or family restoration, are not applying a domestic, family and sexual violence-informed lens. This can mean that the perpetrator's tactics are not kept in view. In such instances, the MBCP and other services could be providing disjointed or conflicting messaging around the perpetrator's use of violence. This can exacerbate domestic, family and sexual violence and child protection risk, including creating conditions for the person using violence to leverage systems against the victims and survivors. There is a need for consistent and collective messaging across the range of services in contact with families.

Like many services, CatholicCare also participate in case conferencing. This was seen as a key example of useful practice that brings together relevant workers from police, government and family support services together with men's behaviour change practitioners to ensure the dynamics of domestic, family and sexual violence are well understood by those involved in the family's safety. In particular, it is useful for men's behaviour change practitioners to provide insight into the person using violence and their attitudes and motivations to ensure each family member remains in view to all services. For example, this can be useful in countering harmful narratives about the non-offending parent in parenting or policing contexts. This type of collaboration can be time consuming and resource intensive and usually only occurs in high-risk cases, yet it points to the potential value of greater meaningful collaboration across services.

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5 The Safe & Together model developed by David Mandel is an approach for working with families impacted by DFSV that is child centred, working in partnership with adult survivors and their children to intervene with people who use violence more effectively. For more, see https://safeandtogetherinstitute.com

CatholicCare further attempts to strengthen the ecosystem of support for families in the region through a community of practice (CoP). CatholicCare and Coast Shelter co-chair a CoP made up of practitioners working with men in the region, which meets four times a year. The CoP provides capacity-building sessions to improve specialist knowledge across interrelated services. The CoP has also resulted in the formation of a working party between domestic, family and sexual violence community corrections and housing specialists to develop and deliver a 2-hour workshop to local housing providers on the dynamics of domestic, family and sexual violence specific to housing services, including practical training on information sharing protocols. CatholicCare reports this has resulted in improved information sharing with other services.

CatholicCare have experienced wins and roadblocks in this work, yet their approach shows a clear attempt to build connections and collaborative practice with other services in the local region. The capacity building and advocacy work underway to increase domestic, family and sexual violence awareness and foster collaboration between services is essential to achieving effective system responses to domestic, family and sexual violence.

Improved connectivity between service providers can enable better men's behaviour change practice.

There can be mixed levels of domestic, family and sexual violence literacy across the service system, including identifying tactics of coercive control. This can impact the quality of collaboration between services, including information sharing. Reluctance can be underpinned by a lack of understanding of legislative frameworks around information sharing protocols. This environment can impact the work of MBCPs when there are conflicting or disjointed approaches taken by different services. On the other hand, improved connectivity between service providers can enable better men's behaviour change practice, as practitioners are able to remain informed of the risks and wellbeing of all family members and tailor their men's behaviour change practice accordingly.

What can we expect men's behaviour change programs to achieve?

Often, behavioural changes produced through men's participation in a single MBCP are incremental. Transformational and sustained changes across the wide spectrum of a participant's coercive controlling behaviours is possible but is less common. Positive change is most likely when supports are put in place parallel to and beyond the participant's engagement in the program, and where these supports, if provided by external agencies, work in collaboration with the MBCP provider through information sharing and a consistent approach. While incremental improvements can be expected for some participants, among others no change can be expected, and in some cases victims' and survivors' safety and space for action may get worse (Bell & Coates, 2022; Carswell & Taylor, 2022; Chung, Anderson, et al., 2020; McGinn et al., 2016; Mosso Tupper et al., in press). Improvements among some participants are often evident at the end of an MBCP, particularly improvements to emotional regulation, empathy, communication, use of conflict interruption techniques and a reduction in use of physical violence, noting that coercive controlling tactics are more difficult to shift (Helps et al., 2024; Kelly & Westmarland, 2015; McGinn et al., 2016; Mosso Tupper et al., in press; O'Connor et al., 2021; Seamer, 2024). Critically, while such outcomes might seem small, they can provide victims and survivors improved safety and expanded space for action as well as increase visibility of people who use violence over the course of the program.

In their social return on investment analysis, Chung, Upton-Davis and colleagues (2020) draw on a hypothetical, but typical, scenario in which domestic, family and sexual violence risk escalates over time, and they show how the benefit MBCPs may offer varies at different points. Using a fictitious couple, Michael and Rachel, and their two children, Claire and Ryan, Chung, Upton-Davis and colleagues (2020) show how a (even temporary) decrease in Michael's use of physical violence during the MBCP could create an environment for Rachel to separate in greater safety.

They show the potential (temporary) increase in visibility of Michael and his behaviour while attending the MBCP and the contribution of the MBCP service to collaborative risk management and information sharing. They show the potential for engaging Rachel through family safety contact. Chung, Upton-Davis and colleagues (2020) illustrate how in the most extreme example of domestic, family and sexual violence escalation (homicide), these factors could prevent Rachel's death even in cases where Michael's behaviour and attitudes shift incrementally and possibly temporarily. Many of these potential contributions are invisible.

Evidence (Chung, Upton-Davis, et al., 2020) suggests that even programs with a small probability of success show a positive return on investment for victims and survivors and for the state. It is also common for men to drop out and return multiple times in what has been described as a "harm reduction" process – where each time further improvements are made and a reduction in the severity of violence is seen (Morran, 2023; Seamer, 2024). It can be challenging with the level of variety in program models, the heterogenous nature of people who use violence, and the influence of factors beyond the MBCP to understand and accurately capture the impacts of MBCPs.

Do men's behaviour change programs work?

Evaluating MBCPs is complex (Nicholas et al., 2020a). There are a range of issues underpinning the MBCP research and evaluation landscape that result in narrow understandings of the broader potential impacts of MBCPs.

First, there is often a conflation between what MBCPs are contracted to do and what they are measured against in research. MBCPs are contracted to deliver services that engage participants, with the primary outcomes measured to be program attendance and completion (Day et al., 2019). While completion may be a poor indicator of meaningful change (Fitz-Gibbon et al., 2024), it is a realistic expectation tied to contract performance. Central outcomes for MBCP work – supporting program participants to take meaningful and significant steps towards behaviour change, enhancing adult and child victim and survivor safety and wellbeing, and contributing towards the local integrated system's ability to understand and manage risk and harm even in situations where the participant's behaviour does not change – are often not monitored as part of minimum datasets or through contractual arrangements with providers. There is a significant disjuncture between the multiple ways in which MBCPs attempt to work towards beneficial immediate, medium-term and long-term outcomes for victims and survivors, how research and program evaluations attempt to capture these outcomes, and the data that MBCP providers collect and collate to funders. This disjuncture is not surprising given the difficulty and costs involved in routinely measuring outcomes such as these, including the difficulty in isolating the effects of MBCPs (Nicholas et al., 2020a).

Second, while there is greater emphasis on victims' and survivors' safety, desires and quality of life as integral outcome measures (Kelly & Westmarland, 2015; McLaren et al., 2020) and recognition that recidivism data is a poor indicator of change (Vlais & Green, 2018), the use of recidivism data as the predominant outcome measure in MBCP evaluations persists (Babcock et al., 2024; Wilson et al., 2021; Cheng et al., 2021; Vlais & Green, 2018; Bell & Coates, 2022). Among researchers, victims and survivors, policymakers and practitioners, we continue to see inconsistent views of what is considered "success" for MBCPs, which in turn leads to a lack of clarity regarding meaningful outcome measures.

Third, research (Fitz-Gibbon et al., 2024) questions the practicality of existing evaluations in a context where behaviour and attitudinal changes are non-linear, may or may not be maintained long term, are influenced by individual changing circumstances over time, and are dependent on factors beyond the remit of MBCPs. It is difficult to isolate the impacts of MBCPs and evaluations are unable to factor in the influence of social, cultural and other systems that may influence program outcomes (Carson et al., 2009; Mosso Tupper et al., in press). Ultimately, even if no change in the person using violence and their behaviour is observed, MBCPs play a role by contributing to multiple pathways through which women's and children's safety is enhanced (Vlais et al., 2017).

What do we know about the effectiveness of men's behaviour change programs?

The evidence on the effectiveness of MBCPs is often described as "mixed" (Mosso Tupper et al., in press; Bell & Coates, 2022). The evidence we can draw on regarding effectiveness is predominately based on reviews and evaluations conducted in the United States, where MBCPs operate in a vastly different context to those in Australia.

Evidence has established that individualised, tailored programs contribute to more positive outcomes for people who use violence than "one-size-fits-all" approaches. Motivational interviewing delivered before MBCPs, either one-on-one or in

groups, can increase attendance, adherence and engagement in programs, as well as readiness or motivation to change behaviours (Santirso et al., 2020; Pinto e Silva et al., 2023; Cunha, et al., 2023). Increasingly, evidence points to the benefits of integrating individualised substance use treatment in MBCPs where appropriate, with positive effects to this practice reported, including reductions in AOD use and recidivism rates (Sousa et al., 2024; Stephens-Lewis et al., 2021; Karakurt et al., 2019). A growing body of evidence points to the value of incorporating a specific focus on fathering in MBCPs. The program participant's desire to maintain a father–child relationship can be an important leverage point and driving motivation for change (Smith Stover et al., 2010; Broady et al., 2017; see Case Study 2 for an example of programs tailored to the specific needs of community groups).

A growing body of evidence points to the value of incorporating a specific focus on fathering in MBCPs.

Increasingly evidence suggests that it may be unlikely that MBCPs can shift the attitudes and behaviours established across a person's lifetime. For some, desistance from domestic, family and sexual violence is a "lifelong project" (Dziewa & Glowacz, 2024). In some instances, risk and reoffending can heighten during or shortly after a person's participation in an MBCP (Smith Stover et al., 2010), given they may shift from physical forms of violence to other patterns of coercive control, emotional or psychological violence (Eckhardt et al., 2013). These findings should be considered in light of the increased confidence a program participant's partner or ex/partner may have to report domestic, family and sexual violence to services or police, rather than as a result of a person using violence and their participation in a program.

Evidence highlights the importance of incorporating certain features in MBCPs such as high-quality pre-program screening for substance use (Siria et al., 2022) and performing neuropsychological assessment during initial stages of treatment to test cognitive functioning (Romero-Martínez et al., 2023). The program landscape in Australia also shows variations in program modalities and focus. Further research is needed to explore the mechanisms of change *within* MBCPs, to determine if change is supported by certain program components, individual characteristics or by the accountability provided through engagement with the service (Mosso Tupper et al., in press).

The evidence base on MBCPs in Australia is growing. Findings from recent Australian evaluations (Taylor et al., 2020; Meyer et al., 2021) demonstrate positive results relating for example to communication and physical violence. Acknowledging that there are two large multi-site Australian studies on MBCPs underway,[6] there remains a need for further research and evaluation to extend our understanding of the effectiveness of MBCPs.

Methodological challenges in determining the effectiveness of men's behaviour change programs

Significant challenges exist in determining the effectiveness of MBCPs. The evidence base has numerous methodological issues, such as: study designs with high risk of bias; reliance on program participants' self-reports; short follow-up periods; and inadequate descriptions of program content, dropout rates or samples (Vall et al., 2024; Bell & Coates, 2022). Further, measures of "success" in these studies are often limited to the program participants' self-reports of their behaviour, or official records of recidivism, which are subject to under-reporting, minimisation and social desirability response bias. Additionally, the effects of MBCPs cannot be isolated from the influence of external factors such as social and cultural influences (Carson et al., 2009; Mosso Tupper et al., in press).

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6   Two multi-site Australian MBCP studies are underway, funded by the Victorian Department of Justice and Community Safety and NSW Department of Communities and Justice.

Notably, the reliance on quantitative recidivism data alone as a measure of behaviour change is no longer considered a good indicator of men's behaviour change following MBCPs or, by extension, the safety of women and children (Vlais & Green, 2018). Recidivism data also fails to recognise the complexity of behaviour change journeys – which are cyclical, non-linear paths that men take when participating in a service (Fitz-Gibbon et al., 2023; Vlais et al., 2022). Studies that measure the effectiveness of MBCPs based on recidivism measures alone will not adequately capture the nuances of a behaviour change journey. For example, MBCPs can support initial behaviour change and establish foundations for ongoing change journeys, but many factors can then trigger slowed and reverse progress towards behaviour change such as protective or correction orders coming to an end, court or legal developments, and changes to living conditions (Vlais et al., 2022). Further, recidivism measures do not capture potential beneficial outcomes that do not rely on behaviour change, such as the program contributing to enhanced safety and wellbeing for victims and survivors through family safety contact or through providing the service system with a more informed understanding of the person using violence and their behavioural patterns as well as the potential escalations in risk.

What are meaningful outcome measures for evaluating men's behaviour change programs?

Moving beyond the binary measures of recidivism can paint a fuller picture of pathways to desistance and in turn the effectiveness of interventions (Day et al., 2019; Mosso Tupper et al., in press). An ANROWS evaluation guide for MBCPs (Nicholas et al., 2020a; Nicholas et al., 2020b) identified several existing validated tools that could be used to measure safety for women and children, and assess program participants' behaviour change, to support the planning of high-quality evaluations.

Meli: Meeting the needs of the community

The Meli Men's Centre in Barwon, Victoria provides a range of services, including men's behaviour change programs. The programs are comprised of group work, long and short-term case management, family safety contact and a post-participation service. The program offerings rely on funding from Family Safety Victoria (FSV) alongside philanthropic funding.

Meli also provides services that target men who are on the waitlist for MBCPs. This holding work is critical in an environment where long waiting periods for men to participate in an MBCP are common. This work is undertaken by a dedicated waitlist worker keeping in regular one-on-one contact with the men. This waitlist management work is essential for keeping men engaged and motivated, yet it does not receive funding from FSV. The waitlist work is a critical way that Meli exercises flexibility and responsiveness to support men's capability and capacity to meaningfully engage in the MBCP. It is also critical for ongoing risk assessment and management of risk.

Underpinned by the Duluth model, Meli is focused on supporting men's stability and capacity to participate in the program by ensuring their immediate needs have been met prior to commencing. Meli provides a unique 10-session one-on-one approach embedded within the pre-MBCP work to enhance a participant's knowledge of domestic, family and sexual violence and begin behaviour change work. This can help to address resistance to participating in the program.

In addition, Meli provides long- and short-term case management support to address the complex needs of participants, including through organising housing, financial or legal assistance, as well as referrals to AOD or mental health services. In some cases of complex needs, this one-on-one work can continue alongside a man's participation in the program to ensure these needs are being met and to help facilitate ongoing engagement in the program.

Meli provides two programs alongside their mainstream offering. These have been developed to address the identified service gaps and to meet the unique needs of particular cohorts of men who use violence in the Barwon region. These include the following:

- A modified offering for men with neurodivergence or cognitive disability. Meli conducts a pre-group literacy and comprehension assessment for participants to identify their specific needs. This program has a smaller group size and runs at a modified pace.

- A modified offering for young men aged 18 to 25 years. Meli has developed this program acknowledging that young men may not benefit from a mainstream program environment where there may be men at different life stages with more entrenched beliefs. This program has been tailored to meet the specific needs of this cohort, for example, by facilitating discussions to counter harmful prevalent online content about masculinity and gender roles and discussing what technology-facilitated abuse looks like. This program also focuses on the development of pro-social behaviours. Meli has also found there is a greater need for young men to be supported to attend the sessions by providing transport assistance.

Meli has been able to be responsive to the needs of their clients through services like waitlist support, greater one-on-one case management and modified programs. However, adapting services to meet the needs of their local community is only possible when there is adequate capacity and resources available. What Meli has achieved at scale would not be possible from current Government funding alone.

Funding arrangements can be underpinned by prescriptive targets and onerous reporting requirements. They also often don't capture the type of work required to develop and establish a program. For example, this can include developing focus groups and other types of research, writing the program, pitching to funders, and trialling and adapting the approach. This innovation phase is crucial to the development of a new program, including modified or non-mainstream programs. This can be difficult to sustain without flexible and long-term funding, particularly for smaller organisations.

What program components support success?

Family safety contact

Working alongside victims and survivors is critical. In MBCP work, this typically happens through family safety contact. Research tells us women's and children's voices should be used as the primary source of data in MBCP evaluations (Nicholas et al., 2020a; Kelly & Westmarland, 2015; Seamer, 2024; Hine et al., 2022; Vlais et al., 2017), though family safety contact work is often not adequately resourced, clearly defined or have clear contractual targets attached to it (Chung, Anderson, et al., 2020). Victims' and survivors' views can provide key insights into men's engagement relating to behaviour change (Day et al., 2019; Helps et al., 2024; McGinn et al., 2016; Vlais et al., 2017). Family safety contact also provides an opportunity to assess safety and validate victims' and survivors' experiences (Kelly & Westmarland, 2015). However, improved safety alone is insufficient. Research shows that victims and survivors also want:

- respect and effective communication
- expanded "space for action" to restore their voice and make choices
- positive and shared parenting
- for people using violence to enhance awareness of self and others including understanding the impact of their violence on their (ex)partner, children and other family members
- for children to have safer, healthier childhoods in which they are heard and cared about (Kelly & Westmarland, 2015, pp. 1098–1106; see also McLaren et al., 2020).

What "success" looks like will vary between individual victims and survivors, and their needs, desires and definitions of success should shape work with the person using violence. There are notable challenges in undertaking this work. For a range of reasons, some victims and survivors may not want to engage with family safety contact workers (Chung, Anderson, et al., 2020).

There are also challenges to recognising and responding to the needs of children and young people as victims and survivors in their own right (McGowan et al., 2024).

Place-based approaches

It is important that MBCPs meet the needs of the community they service. Place-based programs can have strong connections with local community networks beyond domestic, family and sexual violence service systems, for example, by taking an ecosystem approach that includes justice and health service sectors alongside key community associations and networks (Vlais et al., 2019; Carswell & Taylor, 2022). As an example, Case Study 3 outlines an example of involving community in program development and delivery, in a way that also facilitates interconnectedness with prevention and tertiary services provision.

Pre-group and post-group supports

Adequately preparing participants for group interventions and supporting participants after program completion is critical to positive MBCP outcomes. Additionally, interviews with practitioners and victims and survivors have emphasised that people using violence require support beyond the duration of an MBCP (Fitz-Gibbon et al., 2024).

People using violence who participate in MBCPs enter at different stages of readiness to change. Because of this, motivational or pre-program readiness is crucial to enabling program readiness work to support people using violence to get the most out of MBCPs (Vlais et al., 2017). Motivational interviewing, which seeks to understand and engage a person's motivation to change, is a key framework used in pre-group work, which has the capacity to increase participants' engagement in behaviour change (Musser et al., 2008). In addition, case

Marra'ka Mbarintja Men's Family Violence Prevention Program: Place-based collaboration

The Marra'ka Mbarintja Men's Family Violence Prevention Program is delivered in Alice Springs by a consortium of partners led by Tangentyere Council Aboriginal Corporation (TCAC). TCAC works directly with men, Women's Safety Services of Central Australia (WoSSCA) provides the women's safety support component, while Jesuit Social Services supports data collection and reporting.

The MBCP operates primarily as a 16-session group work program for adult men who have used violence against their current or former partner/s and are either mandated or choose voluntarily to attend. The women's safety support component is offered to all partners and recent ex-partners of the men who commence the MBCP. The MBCP situates its work within a number of theoretical underpinnings and principles of practice that include, for example, cultural safety, intersectional feminist theory and two-way learning.

The program aims to operate collaboratively and proactively with other services in the local community. The program uses its specialist resources to attempt to strengthen the capacities of workers in other systems to respond safely and appropriately to men who use domestic, family and sexual violence. For example, weekly risk review meetings comprise TCAC, WoSSCA and the manager of Community Corrections to discuss high–risk cases. TCAC also engages in informal collaboration with child protection practitioners to enhance their capacity and skills to engage with fathers who use violence and to ensure children's needs remain in view.

A unique aspect of the program is the involvement of the Tangentyere Women's Family Safety Group and Tangentyere Men's Family Safety Group. Made up of representatives from the Town Camp communities, both groups have played a role in the design and ongoing adaption of the MBCP. They hold important knowledge, lived experience and community understanding which helps to contextualise program content so that it is relevant to the community context in and around Alice Springs. These two groups also play an important role in raising the profile of the MBCP in their community, help build trust in the program, and provide two-way learning, to help the MBCP continue to learn how to be as culturally sensitive as possible. This aspect has meant the program has worked well in identifying what the community actually wants, while adapting the program to the context of its unique environment and the community it serves.

Another aspect of the program is the Peer Support initiative where a small number of Aboriginal men who have participated in the MBCP become peer support workers. The workers collaborate with facilitators to provide ongoing emotional and social support to current participants, by:

- assisting with translating and explaining concepts to participants
- supporting facilitators in group sessions, particularly through providing a cultural and lived experience lens
- sharing their own stories and lived experience
- supporting participants to deal with shame and to not feel shamed within the group.

These men are still on a behaviour change journey themselves, and they are able to mentor and model to other men in the program the importance of doing the behaviour change work and how this fits in with individual and community healing and being mentors to boys and other men in their community.

The program also employs an outreach worker to undertake flexible, responsive and highly proactive outreach to men and communities to support men's participation in the MBCP. This includes working with men going through the justice system to ensure a continued relationship with the program, where they will likely be re-referred. This worker also collaborates with

women's services, legal services and the court to share information to support safety and risk management for victims and survivors.

TCAC operates its MBCP and associated outreach work in a way that prioritises connectivity with community engagement and primary prevention work. For example, the Tangentyere Women's Family Safety Group oversees all of TCAC's domestic, family and sexual violence across the prevention continuum. In this sense, as a place-based initiative, the TCAC program demonstrates how MBCP work is not siloed from other prevention efforts but rather operates in a connected way. If TCAC relied solely on Northern Territory Government funding to support this work, much of this systems-enhancing work would not be possible. It can only do so through money obtained through philanthropic or other sources. In the context of this MBCP, it is a small program operating under constrained funding in Alice Springs, servicing a large area in central Australia. Given these contextual factors, the relative success of this program is significant.[7]

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7   ANROWS was commissioned by the Northern Territory Government to conduct a process evaluation on this program. Key aspects of quality practice that emerged from this evaluation will be published by ANROWS in early 2025.

management work can be useful to address men's immediate or complex needs relating to, for example, AOD/mental health challenges. Complex needs such as these, if not addressed, can limit the capacity and willingness of the person using violence to participate, or participate meaningfully, in an MBCP, and can also contribute towards escalating risk (see Case Study 2 for an example of services provided to men to support initiating the behaviour change journey while on a waitlist for a formal program).

Post-program support services need to be developed to enable ongoing learning, support and connection. We know that behaviour and attitude change take time, and that single interventions are limited in what they can achieve, yet longer-term and non-time-restricted services are rarely offered, "which negatively impacts the ability to keep people who use violence in view, and to sustain ongoing behavioural and attitudinal change" Fitz-Gibbon et al., 2024, p. 82; Morran, 2023).

Enhancing men's behaviour change programs

The reviewed literature highlights several avenues for enhancing MBCP practice. Crucially, this evidence points to the need for systemic reforms to improve MBCP outcomes. These include the following:

- **Increased resourcing for MBCPs** to deliver individual supplementary behaviour change sessions and case management (Chung, Anderson, et al., 2020). These elements are crucial for assessing risk, identifying underlying support needs and connecting with services, goal setting and understanding motivations to change. Increased resourcing is needed to improve access to interventions by supporting participants' basic needs to be able to engage in programs – such as housing, healthcare and transport (Fitz-Gibbon et al., 2024). For further insight into accommodation services and MBCPs, see Box 2.

- **Expanding availability and accessibility of interrelated services**, such as housing, AOD and mental health.

- **Funding flexible practice** that creates greater opportunities for MBCPs to trial variations in their responses based on factors such as men's motivation for change, their complex needs,

and their need for individual counselling that might serve as barriers for full participation. The provision of funding to program providers by governments does not typically cater for such variations, with providers often reliant on philanthropic funding (Fitz-Gibbon et al., 2024; see Case Study 2). Where such variations and innovations are provided by existing MBCPs, they are able to operate with the safeguards that the MBCPs have in place (such as family safety contact, perpetrator intervention specialisation and expertise, assessments based on multiple sources of information, and service provision in the context of local integrated service systems). This enables innovation with some degree of safety.

- **Improving information sharing** between MBCP providers and government and non-government agencies, to support a shared understanding of the risk posed by a person using violence and their patterns of family violence behaviour, and to strengthen collaborative risk management responses centring on the experiences and needs of adult and child victims and survivors (Chung, Anderson, et al., 2020). Despite information sharing reforms in many state and territory jurisdictions, this remains a challenge.

- **Implementing more flexible funding arrangements** is critical for enhancing MBCP practice. Although many MBCP providers receive funding from state and territory governments, most program providers substantially cross-subsidise MBCP work with philanthropic or other funding (Vlais et al., 2017). Practice insights demonstrate a need for more flexible government funding to adequately resource program development, innovation and systems-enhancing efforts like collaboration and capacity building (see Case Studies 1, 2 and 3).

- **Sustainable funding models** are also required for MBCPs and related interventions to deliver best practice services and optimise outcomes. The *Engaging in Change* report emphasised that funding models should be reviewed to address inadequate and unsustainable funding (Fitz-Gibbon et al., 2024). It recommended that funding must "encompass the full breadth of work required to effectively deliver the intervention … this requires adequate resourcing of program readiness work and family safety contact work as core components

of MBCP delivery" (Fitz-Gibbon et al., 2024, p. 80). Across the case studies presented in this brief, it was common for services to depend on funding beyond that provided by government; this included through pieces of philanthropic funding. Services often also found ways to absorb costs of necessary services, stretching beyond their resource limits to ensure valuable services were not lost (see, for example, Case Study 2).

- **Workforce development** and pathways into the workforce need to be expanded to grow the scale and diversity of facilitators, as providers currently struggle to recruit and retain qualified staff (Vlais et al., 2017). Additional funding is also required to support and train this unique workforce to enhance their skills to work with clients resistant to intervention, promote behaviour change, and evaluate participants' progress (Cortis et al., 2018). Preventing burnout is also an important retention tool (Cortis et al., 2018). Facilitators and team leaders of MBCPs require regular access to evidence-informed professional development and supervision to strengthen the highly specialised skills required to safely challenge people using violence and avoid collusion (Reimer, 2020).

Housing and accommodation for men using violence

Some MBCP providers also provide housing options for some program participants, to support the safety of women and/or children to remain at home. This type of support can be critical for ensuring a man's immediate needs have been met to facilitate his participation in a behaviour change program.

The Men's Accommodation & Counselling Service (MACS) is one example of a collaboration between a specialist perpetrator response provider (No to Violence) and a housing service (The Salvation Army) to provide short-term accommodation for a man using violence. This service is for men who have been excluded from the home due to family violence and need crisis accommodation, and who are also accessing individual therapeutic counselling support. MACS provides a short-term, immediate specialist intervention to help stabilise risk, attempt to motivate the individual to participate in an MBCP and access relevant referrals. The program aims to keep the man in view and to keep the affected family members in their homes (if they choose). MACS has a focus on working alongside the affected family members, incorporating a Family Safety Practice Lead into the model.

Another example is Communicare's Breathing Space program, based in Western Australia. It is the first of its kind: a 6-month, live-in program operating across three sites, that supports men to participate in a behaviour change program while taking them out of the family home, so women and children can remain in and stay connected to their local support networks. Between 2019 and 2021, Curtin University conducted an evaluation of Breathing Space and found improved behaviour in people using violence, including reductions in psychological abuse and trait anger; control of anger expression; emotional stability and propensity for abusiveness.

These programs reduce roadblocks to engaging in behaviour change by addressing participants' immediate housing needs, which can be driven by structural inequities. While costly, when considering the effectiveness of MBCPs in contributing to family safety, ensuring women and children are able to remain safely at home, while providing men with safe and secure accommodation, is a foundation for meaningful engagement.

The economic costs of ending domestic, family and sexual violence

Australia has yet to adequately invest in behaviour change work with people who use domestic, family and sexual violence (Chung, Upton-Davis, et al., 2020). Gender-based violence cost the Australian economy $22 billion in 2015–16; in 2009 that figure was $13.6 billion (KPMG, 2016). ANROWS-funded research (Chung, Upton-Davis, et al., 2020) assessed the financial return on investment of MBCPs.

Drawing on Walby (2009), the study identified major direct returns for governments and communities and compared these to the costs of an MBCP in Western Australia. Returns included: cost reductions related to reduced rates of offending, reduced severity of incidents, and reduced police call-outs; and returns linked with a lower likelihood of adverse life effects among the men, women and children associated with program completion.

The study (Chung, Upton-Davis, et al., 2020) used a range of relevant costs including, for example: GP visits; medication; police call-outs; protection orders; court appearances; emergency accommodation; income support (derived from per unit expenditures for services from the Western Australia budget statements); victims' and survivors' pain, suffering and premature death (derived from Value of Life estimates); loss of income related to work absence; and costs of delivering an MBCP. Researchers calculated costs for five hypothetical, "typical" scenarios, using various combinations of the relevant costs. Across the five scenarios, direct savings to the government from a successful intervention was as high as $2.1 million, with broader savings (including savings to victims and survivors and employers) as high as $6.7 million (Chung, Upton-Davis, et al., 2020). These figures are based on 2019 cost estimates and would be higher today.

Notably, even programs with small probabilities of success showed positive returns.

Further, these costs are likely an underestimate as costs of health and wellbeing, second-generation (impacts of domestic, family and sexual violence on children) and other costs (such as those associated with relationship breakdown) were not able to be measured. Positive return on investment for governments is more likely where there are more severe forms of domestic, family and sexual violence, as these cases may see greater call on government services such as the use of emergency departments and courts. However, a strong economic argument for MBCPs remains even in cases where there may be little or no direct return on investment for the state (Chung, Upton-Davis, et al., 2020). The costs of domestic, family and sexual violence are borne disproportionately by victims and survivors. Positive returns on investments for victims and survivors, their children, friends, other family members and employers are likely in cases even where there may not be direct returns for the government. This research shows that MBCPs are cost-effective interventions and a worthwhile financial investment for states, victims and survivors and the wider community.

What else is needed to support behaviour change for people who use violence?

Following research and policy recommendations that a broader suite of behaviour change interventions be developed and evaluated (Chung, Upton-Davis, et al., 2020; FVRIM, 2023; State of Victoria, 2016), there has been a growth in innovative MBCP practice in Australia.

This includes, for example, programs centred on fathering (Diemer et al., 2020; Healey et al., 2018; Hine et al., 2022), combined AOD treatment models (Kertez et al., 2022; Meyer et al., 2021), in Language in Culture programs (Fitz-Gibbon et al., 2023), programs with a nature element (Boddy et al., 2023), and accommodation programs for people who use violence who have been excluded from the home (White Ribbon Australia & Communicare, 2020; see Box 2). These program offerings, while important, are a variation of the MBCP approach and still require the same fundamental aspects of safe practice, namely, integration with local service systems and family safety contact. There is a risk in the limited perpetrator intervention landscape in Australia – MBCPs and criminal and civil justice pathways – of an unrealistic expectation for MBCPs alone to be effective for *all* people using violence. The diverse and complex motivating factors and dynamics of family violence mean that we need diverse responses to meaningfully change behaviour (Dziewa & Glowacz, 2024).

We need to hold the heterogeneity of people who use violence and crucially to understand how this impacts pathways out of using violence (Dziewa & Glowacz, 2024). We need to better understand the impact of heterogeneity within group settings. We also need to understand longer-term pathways out of using violence, recognising that for some people who use violence MBCPs will be a meaningful step on this path, but for others, they may not.

Critically, the "pathways out" infrastructure is currently fairly limited, so while we can draw insights from people who continue to desist

from violence, we also need to continue to trial innovation. As the case studies in this evidence brief illustrate, central components of this work include local, place-based initiatives; meaningful collaboration; multi-pronged approaches and efforts to address underlying structural inequities that are barriers to engaging in change, such as housing. Further integration between services, both "vertically" and "horizontally" (see Vlais et al., 2019, p. 58), is essential to ensure collaboration and information sharing regarding people using violence exiting programs.

Interventions that require further investment include the following:

- **Therapeutic one-on-one counselling and other trauma-responsive modalities.** While MBCP practice is informed by trauma and violence-informed care (Scott & Jenney, 2022) and recognises the interplay of traumatic experiences with other drivers of domestic, family and sexual violence such as gendered entitlement, the capacity of MBCPs to deeply and meaningfully address complex trauma in the scope of their program offerings is limited. The experience of complex trauma, often beginning in childhood and for some reinforced through ongoing structural and systemic violence perpetrated against marginalised communities, can complicate behaviour change efforts in a number of ways (Family Safety Victoria [FSV], 2021; Fitz-Gibbon et al., 2024; Meyer et al., 2021). Trauma and violence-informed care has grown across the domestic, family and sexual violence sector, and is increasingly being used to inform safe, sensitive practice with adult users of violence (Scott & Jenney, 2022; Voith et al., 2020). Further work is required, however, to embed trauma and violence-informed care within an intersectional feminist lens that adopts a high-support and high-accountability approach to adult users of domestic, family and sexual violence, and that situates harmful

attitudes and behaviours within a socio-ecological context focusing on both individual and collective accountability (Wathen & Mantler, 2022). Further consideration should also be given to how trauma-focused counselling can, when required, be situated in parallel with or following MBCP work for those participants who need this additional specialised assistance.

- **First Nations-led and healing-focused programs.** For Aboriginal and Torres Strait Islander peoples and communities, family violence is a result of colonialism, including ongoing colonial systems (Carlson et al., 2024). Healing responses are central to addressing this violence and include people who have experienced and used violence (Carlson et al., 2024). Despite a strong evidence base supporting the underpinning rationale and approach of healing responses, this work is not adequately funded (Carlson et al., 2024).

- **Targeted programs to meet the needs of marginalised people and communities** including people from LGBTQ+ communities, men from culturally and racially marginalised communities, and men with complex factors that overlap with their use of violence such as cognitive barriers. While there are some programs tailored to these cohorts, greater provision of services is needed.

- *Residential-based interventions* and interventions with attached housing support for people who use violence whose housing insecurity creates risks for victims and survivors. See, for example, Box 2 on housing and accommodation.

- **Multi-agency and cross-sectoral collaborative approaches** across AOD, mental health and other allied sectors. Functional and consistent collaboration continues to be a challenge (see, for example, Case Study 1). While there has been progress through, for example, information-sharing reforms, MBCPs are yet to be meaningfully embedded as part of a collaborative ecosystem.

Conclusion

There is scepticism about the role of MBCPs and whether they "work" (Kelly & Westmarland, 2015; Vlais et al., 2017). This doubt about program effectiveness is shaped by unrealistic expectations and "programmes being held to far more stringent levels of scrutiny and measures of success than criminal justice interventions, intensified in the era of outcomes and cost led public policy" (Kelly & Westmarland, 2015, p. 3).

Many people who use violence have done so for years, sometimes decades. Their attitudes and behaviours are often grounded over a lifetime by violence-supporting attitudes and behaviours enabled by our broader cultural environment. These attitudes and behaviours are further reinforced by peers, structural sexism and the benefits people who use violence gain from the use of gender-based power (Our Watch, 2021). For some people who use violence, their choices to cause harm are influenced by complex trauma, chronic shame and marginalisation (Voith et al., 2020), in addition to their use of gender-based privilege and any other forms of power over their victims and survivors.

The pathways into using violence are long and entrenched. Our deep-seated cultural environment perpetuates the continuation of, and possible escalation of, using violence (Our Watch, 2021). Yet our service system pathways out of using violence are disproportionately isolated and short.

MBCPs need to be better funded to provide tailored, holistic and timely services that can support meaningful behaviour change. Notably, fiscal pressure to fund cheaper alternatives can result in interventions that lack necessary safeguards such as family safety contact. Crucially, variations in MBCP practice and tailored responses need the same safeguards as MBCPs. MBCPs are conceptualised as one piece of the puzzle in a meaningful integrated system. MBCPs need to be embedded collaboratively within the broader domestic, family and sexual violence ecosystem so they can work together with other services towards improved outcomes for victims and survivors including children, as well as improved outcomes for meaningful behaviour change, accountability, increased visibility and risk management. In recognising that MBCPs are only one piece of the response to domestic, family and sexual violence, and to engaging people who use violence, variations also need to be funded – not as a replacement for MBCPs but as additional service offerings.

We cannot ask whether MBCPs are effective if we don't examine their role in an integrated, collaborative system. The question we should be asking is how do MBCPs contribute, working in tandem with other services and interventions, towards enhancing journeys of change and pathways out of using domestic, family and sexual violence?

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ANROWS is an independent, not-for-profit company established as an initiative under Australia's *National Plan to Reduce Violence against Women and their Children 2010–2022* (the National Plan). Our primary function is to build the evidence base that supports ending violence against women and children in Australia.

ANROWS is embedded in the National Plan architecture and will continue to deliver and develop this function across the next decade under the *National Plan to End Violence against Women and Children 2022–2032*. Every aspect of our work is motivated by the right of women and children to live free from violence and in safe communities. We recognise, respect and respond to diversity among women and children, and we are committed to reconciliation with Aboriginal and Torres Strait Islander Australians.

Primary (core) funding for ANROWS is jointly provided by the Commonwealth and all state and territory governments of Australia. ANROWS is also, from time to time, directly commissioned to undertake work for an individual jurisdiction, and successfully tenders for research and evaluation work. ANROWS is registered as a harm prevention charity and deductible gift recipient, governed by the Australian Charities and Not-for-profits Commission (ACNC).

ANROWS

AUSTRALIA'S NATIONAL RESEARCH
ORGANISATION FOR WOMEN'S SAFETY
to Reduce Violence against Women & their Children

No to Violence
Leading the change to end male family violence in Australia