Engaging in change:

A Victorian study of perpetrator program attrition and participant engagement in men's behaviour change programs

MONASH University

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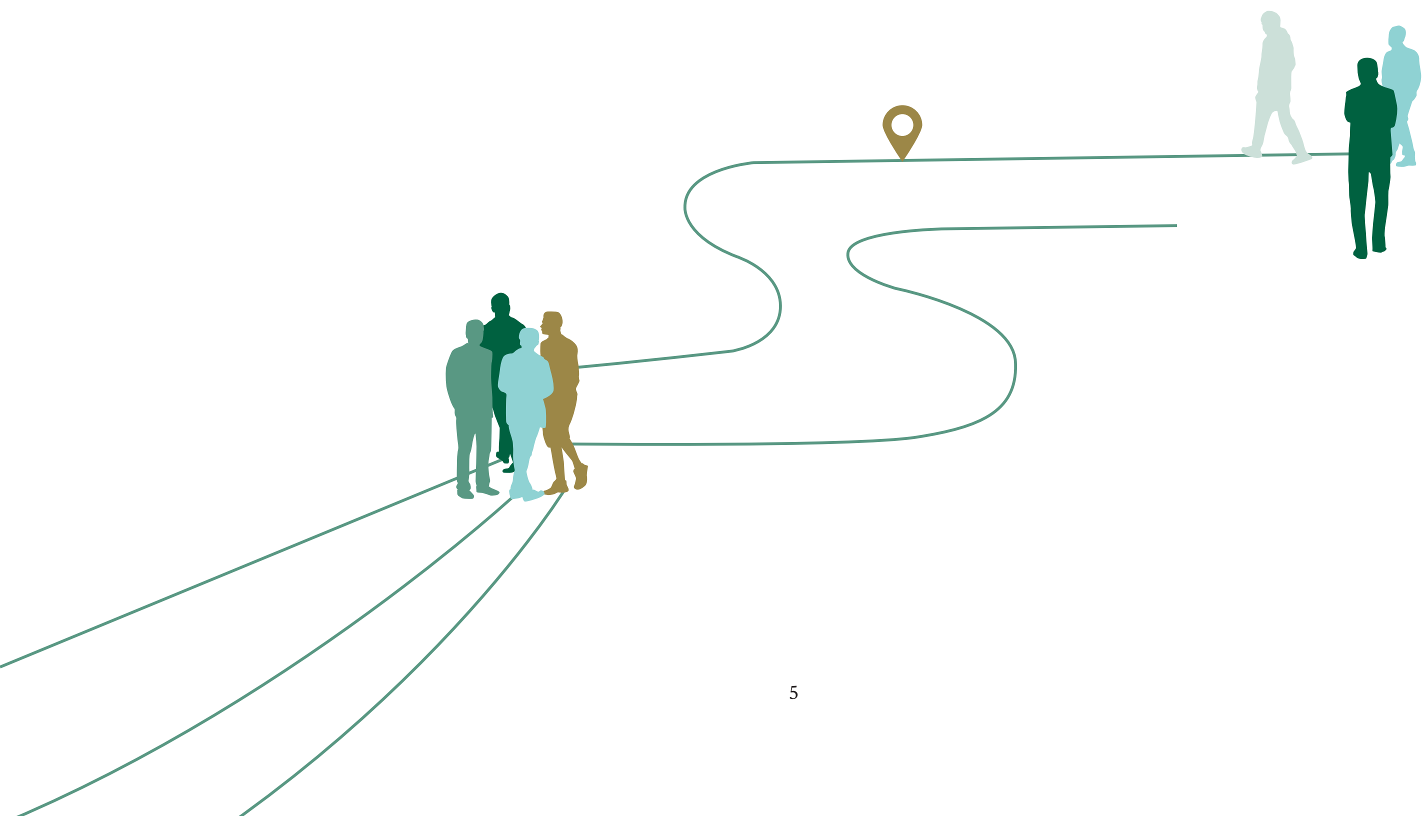
Acronyms

AFM	Affected Family Member
AOD	Alcohol and other Drugs
BCP	Behaviour Change Program
BIP	Behaviour Intervention Program
CCO	Community Corrections Order
COREQ	Consolidated criteria for reporting qualitative research
DFFH	Department of Families, Fairness and Housing (Victoria)
DHHS	Department of Health and Human Services (Victoria)
DFV	Domestic and Family Violence
DJCS	Department of Justice and Community Services (Victoria)
DSS	Department of Social Services (Commonwealth)
FSC	Family Safety Contact
FVIO	Family Violence Intervention Order
MARAM	Multi-Agency Risk Assessment and Management
MRS	Men's Referral Service
MBCP	Men's Behaviour Change Program
MUHREC	Monash University Human Research Ethics Committee
NTV	No to Violence
PTSD	Post-traumatic stress disorder
RCFV	Royal Commission into Family Violence (Victoria)



Executive Summary

Men's Behaviour Change Programs (MBCPs) are crucial components of the national effort to enhance perpetrator accountability and reduce domestic, family, and sexual violence. Australia's National Plan to end Violence against Women and Children 2022-2032 (Department of Social Services, 2022) highlights the significance of these interventions, as did the earlier Royal Commission into Family Violence (2016). However, despite considerable investment and program diversification, there remains a lack of robust evidence on effective engagement strategies and outcomes, necessitating further exploration. This project seeks to contribute to the evidence base by examining the multifaceted nature of perpetrator engagement in MBCPs. This report reveals that engagement is a nuanced process influenced by readiness, motivation, referral pathways, and support systems.

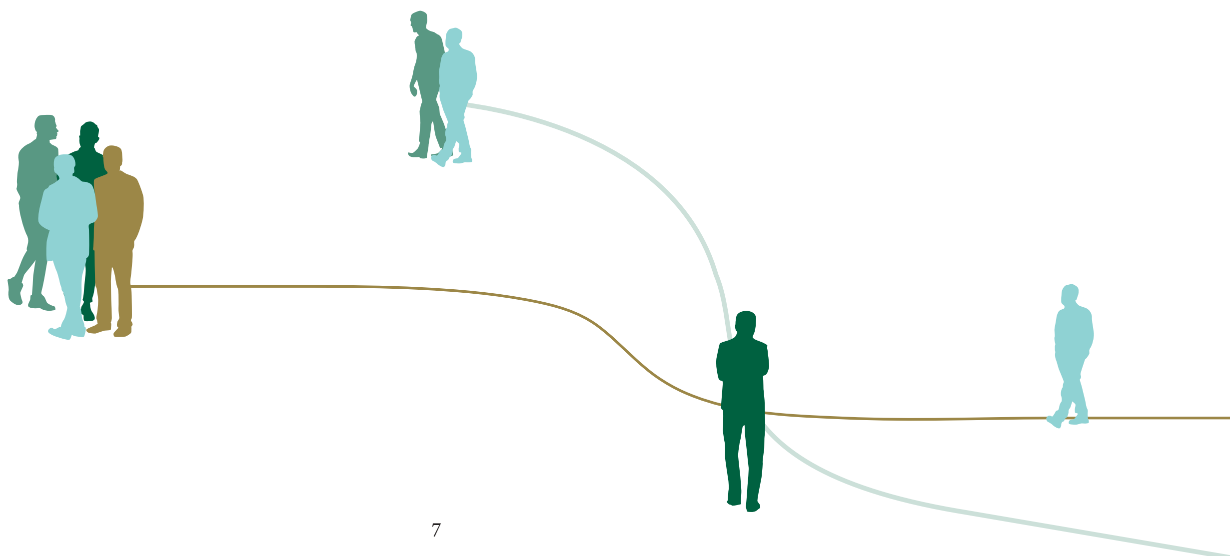
Specifically, this study examines program completion rates, factors influencing engagement, and post-program support. It identifies inconsistencies in engagement metrics and highlights the trend that engagement is influenced by various factors including demographic variables, referral status, program readiness, and motivation to change. The project employed a mixed-methods research design encompassing five phases of data collection, each focusing on different aspects of program attendance, engagement, and attrition. The first phase involved a systematic review of national and international evidence on risk and protective factors influencing program engagement. In the second phase, Victorian program attrition data was collated using a standardised template to gather detailed program participant data from 2019-2022. This data, while varying in completeness across organisations, provides insights into trends and factors affecting program retention. In the third phase, surveys and in-depth interviews with program participants were conducted to gather firsthand insights into the engagement experiences of program participants. Participants completed an online survey, and some participated in a follow-up interview. Phase four involved in-depth interviews with affected family members to understand the effectiveness of interventions from their perspectives, plus what engagement meant to them and their experiences of family safety contact work. The final phase of the study consisted of focus groups with program practitioners to explore professional views on attendance, client engagement, and retention strategies.

The collection of consistent state-wide attrition data, which is crucial for understanding program effectiveness and perpetrator engagement, was noted in this study as a significant challenge. The study found that specialised programs targeting specific population groups tend to have higher completion rates, suggesting that tailored interventions may be more effective. The research also underscores the importance of program readiness work and individualised supports, as well as the need to more broadly address the societal attitudes and harmful stereotypes that perpetuate violence.

The report contributes to current understandings of effective practitioner engagement strategies in perpetrator interventions, emphasising the need for tailored approaches and sustainable funding. It aims to inform future advancements in these programs to enhance victim-survivor safety, improve perpetrator engagement and accountability, and, ultimately, reduce repetition of abusive behaviours and escalation of family violence. In highlighting the importance of individualised support and post-program engagement, the study advocates for a more cohesive and supportive approach towards program design and delivery. Critically, there is a need for sustained post-program supports, as ongoing support is necessary to maintain visibility of risk, and to reinforce and extend any behavioural and attitudinal changes.

Funding concerns are pervasive, with short-term models undermining program integrity. Practitioners called for longer-term funding solutions that prioritise sustainability and program quality. While recognising the significance of government investment to date, there is a clear need for perpetual funding models to ensure program integrity, practitioner wellbeing and satisfaction, and more effective outcomes. Sustained funding will also enable the collection of valuable longitudinal data to further inform the evidence base on perpetrator interventions. Knowledge sharing among practitioners is also deemed essential for supporting and advancing effective practices in perpetrator interventions.

This study recommends several measures to enhance the effectiveness of Victorian-based interventions for people who use violence. These include the collection of long-term data on participants' post-program trajectories, and review of funding models to support comprehensive program delivery and post-program supports. The report also recommends the development of a universal post-program support service and expansion of housing options for individuals listed as a respondent on an intervention order. Ensuring consistent practice with existing standards and establishing a practitioner community of practice are also recommended to facilitate ongoing improvements and innovations in addressing and preventing violent behaviour.



SUMMARY OF RECOMMENDATIONS

Drawing on the breadth of data collected across each phase of this research, this study makes the following recommendations:

Recommendation 1: This study reveals significant gaps and challenges in data quality and consistency. There is a need to explore how data could be better collected, linked and utilised state-wide to support improved understandings of how people who use violence move through different points of the system, and to support effective intervention.

Recommendation 2: There is a need to explore longer-term participant trajectories following program exit. This requires improvements in collecting, linking and utilising data on the uptake of referral pathways, transitions to one-on-one case management work, entry into another program, and engagement with other points of the perpetration intervention and justice system. This data can also be used to support program design to better engage diverse cohorts of people who use violence.

Recommendation 3: Short- and long-term funding models used for men's behaviour change programs should be reviewed to address the concerns raised by practitioners in this study. This includes ensuring funding models encompass the full breadth of work required to effectively deliver the intervention, including to support participant attendance, engagement, and completion. This requires adequate resourcing of program readiness work and family safety contact work as core components of MBCP delivery.

Recommendation 4: Given the varied results from international studies examining the impact of court mandates on MBCP completion, there is a need to better understand whether mandated program attendees do effectively engage with MBCPs, or whether alternate interventions are required that better meet their needs, including their stage or readiness to change, ensure continued risk visibility, and more effectively hold their behaviours to account.

Recommendation 5: For court-mandated program participants, the program provider should provide a completion report to the court at the point of program completion or exit. This report should inform future court decision making in matters involving the participant.

Recommendation 6: As part of the ongoing commitment in Victoria to develop a suite of interventions for people who use violence, post-programs support should be developed to offer to program participants upon completion or exit. This could be developed as a universal post-program support service, rather than being tied to a specific organisation. Once implemented into practice, an evaluation of the post-program support model, including engagement and outcomes, should be undertaken to examine the impact on supporting desistance from violence and ongoing behaviour change.

Recommendation 7: This study highlights the importance of supporting program participants' basic needs to facilitate program engagement. Housing options for people who are respondents on intervention orders and have been exited from their primary residence, as well as for people who use violence more broadly should be expanded.

Recommendation 8: Attention should be paid to ensuring program providers comply with Minimum Standard 1.8 (Department of Health and Human Services, DHHS, 2018), which requires a family safety contact worker to contact the partner and other relevant family members at risk of family violence, or their case manager, when the program participant completes, withdraws from, or is terminated from a program.

Recommendation 9: A practitioner community of practice should be introduced to provide a forum for behaviour change program practitioners to share practice-based learnings. This working group should include representatives from mainstream and targeted programs.

Introduction

Domestic and family violence perpetrator group programs, often referred to as a men's behaviour change program (MBCP) and behaviour change program (BCP), are an increasingly common component of wider strategies to enhance perpetrator accountability, and to address high rates of men's domestic, family, and sexual violence in the community. The National Plan to end Violence against Women and Children 2022-2032 (DSS, 2022), Australia's 10-year strategy to eliminate gender-based violence in one generation, highlights the importance of state and territory government efforts to hold perpetrators to account and support people who use violence to change their behaviour through a range of strategies, including the delivery of perpetrator interventions and programs.

While 'MBCPs' is often used to refer to an overarching collection of programs, both internationally and in Australia, there are significant variances in programs both in terms of their designs and delivery. However, many programs adopted in recent years have roots in the Duluth model (Pence & Paymer, 1993). The Duluth model employs a feminist lens to address partner violence by emphasising perpetrator accountability and prioritising victim voices in the development of policy. Key to the Duluth approach is the acknowledgment that abuse is linked to societal acceptance of male 'power and control' and a recognition that men use a variety of tactics beyond violence to maintain this control. While the model has been criticised for its focus on gendered power dynamics, evidence has supported its effectiveness in reducing abuse through holistic interventions that combine criminal justice and behaviour-change interventions (Deloitte Access Economics, 2022).

As the breadth of programs has expanded in Australia and internationally, so too has the body of research examining program outcomes and effectiveness, which to date has predominately been measured in relation to recidivism (Arce et al., 2020; Arias et al., 2013; Babcock et al., 2004; Feder & Wilson, 2005; Karakurt et al., 2019; Travers et al., 2021). As part of the relatively limited but growing body of academic and practice-based work in this field, there has been a more recent focus on better understanding what drives divergent program outcomes, and what can explain the often-high rates of program attrition that is evident across behaviour change programs internationally (Rondeau et al., 2001; Jewell & Wormith, 2010).

Since the Victorian Royal Commission into Family Violence (RCFV, 2016) released its Report and Recommendations, there has been significant attention paid in Victoria – as part of the state government's commitment to implementing all 227 recommendations – to improving perpetrator accountability, enhancing whole-of-system responses to better keep perpetrators in view and, as a part of these efforts, develop a suite of perpetrator interventions. Specifically, a range of perpetrator programs across Victoria have been trialled and introduced in the period since the RCFV. This has included:

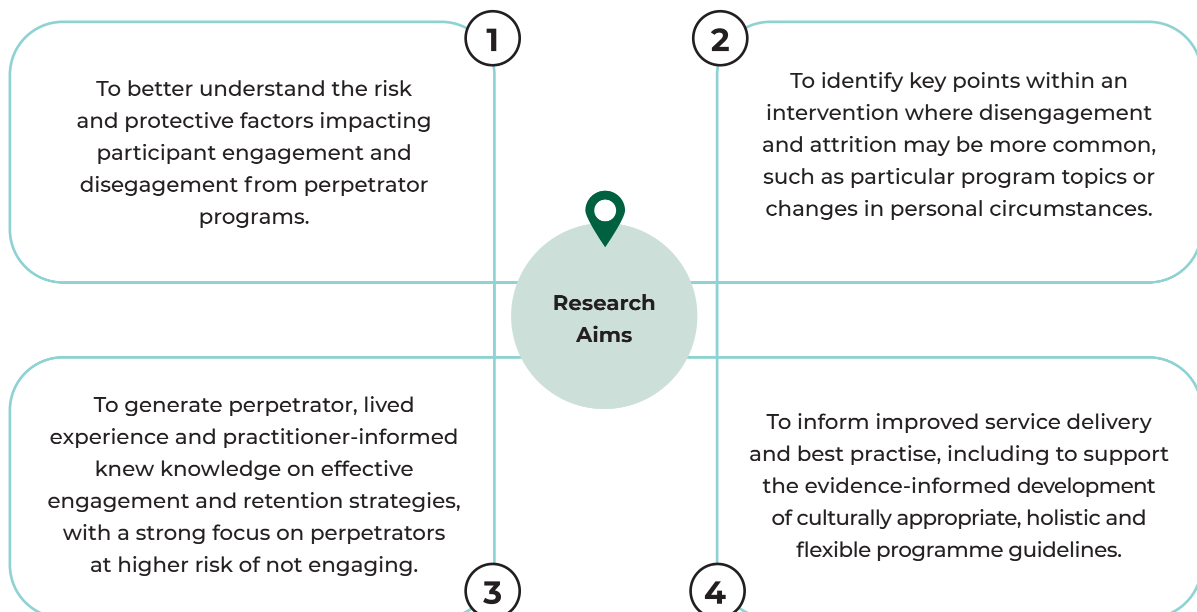
- upscaling programs to improve timely accessibility
- developing programs targeting diverse cohorts of men (including programs addressing comorbidities,delivered in-language, and for diverse gender and sexual identities)
- trialling programs and interventions delivered across different modalities (in person, online, group work, individual case management).

The diversity of developed programs recognises the need for a suite of perpetrator interventions and provides ongoing acknowledgement that there is no one model that suits all people who use family violence. However, despite continual investment and the increased level of program development and delivery in Victoria, there remains limited understanding of what factors impact perpetrator engagement in, and disengagement from, an intervention. Likewise, understanding is further limited around what strategies could be used to enhance perpetrator engagement to change behaviour and, in turn, enhance victim-survivor safety, reduce recidivism and escalation of abuse, and minimise program attrition rates. This project seeks to directly address these gaps in knowledge by building the evidence base needed to develop improved strategies to enhance perpetrator engagement in interventions and, in turn, inform improved program attrition rates.

RESEARCH AIMS AND QUESTIONS

This project has four key aims (Figure 1).

Figure 1: Research aims



While data collection for this project was undertaken solely in Victoria, the findings are relevant to all Australian states and territories, as well as perpetrator interventions and behaviour change program practice internationally.

In order to achieve these four research aims, this project sought to answer three key research questions (Figure 2).

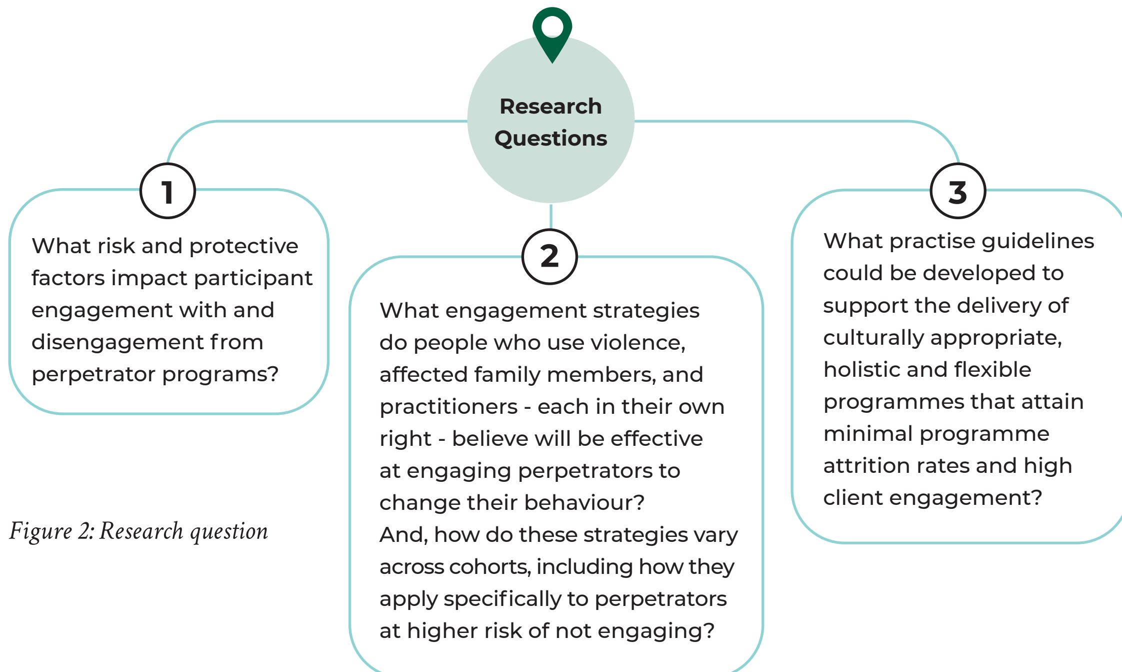


Figure 2: Research question

REPORT OVERVIEW

This report is organised in four key sections: background review, methodology, findings, and a discussion of the policy and practice implications of this research. The research team has utilised a summary of the findings from the systematic review conducted in phase one of this project to provide a background review of the current national and international research on perpetrator engagement. This review provides the research context from which this study seeks to build. The second section outlines the project design, providing details on the five phases of data collection, ethical considerations, and project limitations. In the most substantive section of the report – the findings – key findings from the Victorian perpetrator program attrition data analysis are presented. This is followed by a thematic exploration of the findings that emerged from the survey, interviews, and focus group data. These findings are organised into five key themes:

1. Affected family members' views on engagement
2. Risk and protective factors, including the impact of referral pathways, factors influencing motivation to attend a program, readiness to change, the impact of personal circumstances on engagement, the role of shame in disengagement, and understanding disengagement at the point of self-realisation
3. Program components that support engagement and contribute to disengagement, including group sessions, specific program content and information, rolling groups, the impact of waiting lists and family safety contact work
4. Practitioner engagement and retention strategies, including the importance of integrating one-on-one case management within program delivery, practitioner engagement and retention strategies, and holding perpetrators to account while creating space for trauma-informed practice
5. Engaging people who use violence beyond program completion

In the final substantive section of this report, there is a discussion of the key policy and practice implications of this study, plus the need to continue to build greater insights into what works effectively in engaging men through perpetrator interventions.

Background Review

In Australia and internationally, there has been increasing research which has sought to build an evidence base around perpetrator engagement, broadly, and MBCP participation and attrition, specifically. As part of this study, a background review of this research was conducted. This section provides an overview of the findings of that review as they relate to four key areas of study: factors that impact perpetrator program completion, the effect of referral status, the impact of psychological and neurological characteristics on program non-completion, and the impact of histories of abuse.

One of the key findings of this background review was the complexity of research in this area. Findings were rarely wholly consistent, and there were significant contradictions across studies. Some of these contradictions reflect methodological differences across studies, but they also speak to individual differences among program participants and to the need for a more in-depth qualitative understanding of non-completion and program engagement.

FACTORS THAT IMPACT PERPETRATOR PROGRAM COMPLETION

As Table 1 (below) highlights, to date most studies have found that participants who complete a perpetrator program tend to be older, more highly educated, and employed or earning higher incomes relative to program participants who withdraw prior to a program's completion. Financial insecurity was particularly highlighted as a barrier for unemployed participants who may have "to scratch the money together to pay for the weekly meetings" (Roy et al., 2013, p. 1,806). While in many countries perpetrator program fees are often staggered or based on income, for some participants the existence of a fee is a barrier to attendance and completion.

Table 1: Findings from research on factors that support perpetrator program completion

AGE
Be older: Rooney & Hanson, 2001; DeMaris, 1989; Rondeau et al., 2001; Chang & Saunders, 2002; Scott, 2004; Buttell & Carney, 2002; Bowen & Gilchrist, 2006; Rothman et al., 2007; Buttell & Carney, 2008; Brodeur et al., 2008; Levesque et al., 2012; Scott et al., 2013; Lauch et al., 2017; Priester et al., 2019; Morrison et al., 2019c; Cunha et al., 2022 **Be younger:** Gerlock, 2001 **No significant effect:** Gondolf & Foster, 1991; DeHart et al., 1999; Hamberger et al., 2000; Buttell & Carney, 2002; Tollefson & Phillips, 2015; Burnette et al., 2017; Chovanec, 2012
EDUCATION
Be more highly educated: Grusznski & Carrillo, 1988; Rondeau et al., 2001; Chang & Saunders, 2002; Gondolf, 2008; Brodeur et al., 2008; Burnette et al., 2017; Priester et al., 2019 **No significant effect:** DeHart et al., 1999; Hamberger et al., 2000; Gerlock, 2001; Taft et al., 2001b; Buttell & Carney, 2002; Buttell & Pike, 2002; Buttell & Carney, 2008; Cunha et al., 2022

EMPLOYMENT STATUS

Be employed: DeMaris, 1989; Grusznski & Carrillo, 1988; Gerlock, 2001; Daly et al., 2001; Rondeau et al., 2001; Rooney & Hanson, 2001; Gondolf, 2008; Scott et al., 2011; Scott et al., 2013; Lauch et al., 2017
No significant effect: Hamberger et al., 2000; Taft et al., 2001a; Buttell & Pike, 2002; Buttell & Carney, 2008; Catlett et al., 2010; Burnette et al., 2017; Chovanec, 2012; Cunha et al., 2022

FINANCIAL SECURITY

Have higher income: DeMaris, 1989; Grusznski & Carrillo, 1988; Rooney & Hanson, 2001; Rondeau et al., 2001; Chang & Saunders, 2002; Rothman et al., 2007; Catlett et al., 2010; Buttell & Carney, 2008; Brodeur et al., 2008; Levesque et al., 2012
Have lower income: Gondolf, 2008a
Not be on welfare: Rondeau et al., 2001
No significant effect: Gondolf & Foster, 1991; DeHart et al., 1999; Gerlock, 2001; Buttell & Carney, 2002; Buttell & Pike, 2002; Cunha et al., 2022

RACE, ETHNICITY AND MIGRATION STATUS

Be Caucasian: Taft et al., 2001a; Chang & Saunders, 2002; Eckhardt et al., 2008a; Lauch et al., 2017; Priester et al., 2019
No significant effect: Gerlock, 2001; Buttell & Carney, 2002a; Buttell & Carney, 2008; Bennett et al., 2010; Chovanec, 2012; Tollefson & Phillips, 2015; Burnette et al., 2017; Cunha et al., 2022

RELATIONSHIP AND FAMILY STATUS

Be in a relationship, married or have 'stable' family lives: Rondeau et al., 2001 (longer relationships, cohabitation and/or married); Bowen & Gilchrist, 2006 (marriage status); Carney et al., 2006; Buttell & Carney, 2008 (longer relationship); Brodeur et al., 2008; Catlett et al., 2010 (still in relationship)
Have children: Rondeau et al., 2001; Poole & Murphy, 2019
No significant effect: Gondolf & Foster, 1991; DeHart et al., 1999; Gerlock, 2001; Buttell & Carney, 2002; Buttell & Pike, 2002; Chang & Saunders, 2002; Buttell & Carney, 2008 (marriage status); Cunha et al., 2022; Chovanec, 2012

CRIMINAL JUSTICE SYSTEM INVOLVEMENT

Be court-mandated: Gerlock, 2001; Daly et al., 2001; Taft et al., 2001b; Buttell & Pike, 2002; Scott, 2004; Buttell & Carney, 2008; Lauch et al., 2007; Cunha et al., 2022
Court-referral had no effect: DeHart et al., 1999; Duplantis et al., 2006; Burnette et al., 2017
Informal-referral had no effect: Gondolf & Foster, 1991

LIVING ARRANGEMENTS

Have stable living arrangements: Rooney & Hanson, 2001
Have lived with partners for a longer period: Rondeau et al., 2001
Living with partner: Scott et al., 2013
No significant effect: Gerlock, 2001

Though only one study reported contradictory findings – that participants who completed the program tended to be younger than those who withdrew early (Gerlock, 2001) – many studies have found these factors did not have a significant effect on completion or dropout. Similarly, while several studies found that participants from minority ethnic groups were less likely to complete a program, a study by Rothman et al. (2007) found that Latino migrants were more likely to complete the behaviour intervention programs (BIPs)[1] they evaluated in Massachusetts. Likewise, Bennett et al. (2010) note that in Illinois, the effect of race on completing BIPs was insignificant when controlling for class position, suggesting that the association may actually reflect access to financial resources rather than race.

1 BIPs is the term commonly used in the United States to refer to behaviour change programs.

As shown in Table 1 (above), a number of international studies have found that participants who complete a program are more likely to have 'stable' family lives and less likely to have criminal histories or substance use problems. For example, DeMaris (1989, p. 147) found that "men who had ever been arrested were almost twice as likely to drop out (31% compared to 18%)", and Lila et al. (2020, p. 1,967-1,968) found that alcohol abuse was "associated with 92% increased odds of dropout". But, as Table 2 (below) demonstrates, factors common among participants who did not complete the program were found to be insignificant almost as often as they were significant.

Table 2: Findings from research on factors common among non-program completers

CRIMINAL HISTORIES
Have criminal histories: DeMaris, 1989; Rondeau et al., 2001; Rooney & Hanson, 2001; Scott, 2004; Bowen & Gilchrist, 2006; Brodeur et al., 2008; Bennett et al., 2010; Scott et al., 2011; Scott et al., 2013; Morrison et al., 2019c; Cunha et al., 2022 **No significant effect:** Hamberger et al., 2000; Gerlock, 2001; Taft et al., 2001a; Buttell & Carney, 2002; Tollefson & Phillips, 2015; Chovanec, 2012
SUBSTANCE ABUSE HISTORIES
Have substance abuse problems: Rooney & Hanson, 2001; DeMaris, 1989; Daly et al., 2001; Duplantis et al., 2006; Rothman et al., 2007; Gondolf, 2008; Buttell & Carnet, 2008 (marijuana use); Brodeur et al., 2008; Ting et al., 2009; Scott et al., 2013; Lila et al., 2020 **No significant effect:** DeHart et al., 1999; Hamberger et al., 2000; Gerlock, 2001; Chang & Saunders, 2002; Buttell & Carney, 2002; Buttell & Pike, 2002; Buttell & Carney, 2008 (alcohol or crack cocaine use); Bennett et al., 2010 (alcohol and 'illegal' drug use); Chovanec, 2012; Crane et al., 2015 (binge-drinking)

THE EFFECT OF REFERRAL PATHWAY

A range of studies went beyond individual demographics to consider the effect of referral pathway on program completion. Among these, whether a court mandate increases the likelihood that an individual will complete a program is of particular interest. To date, eight studies internationally have confirmed this (Gerlock, 2001; Daly et al., 2001; Taft et al., 2001b; Buttell & Pike, 2002; Scott, 2004; Buttell & Carney, 2008; Lauch et al., 2007; Cunha et al., 2022). However, four other studies report this finding as insignificant (DeHart et al., 1999; Duplantis et al., 2006; Burnette et al., 2017; Gondolf & Foster, 1991).

THE IMPACT OF PSYCHOLOGICAL AND NEUROLOGICAL CHARACTERISTICS ON PROGRAM NON-COMPLETION

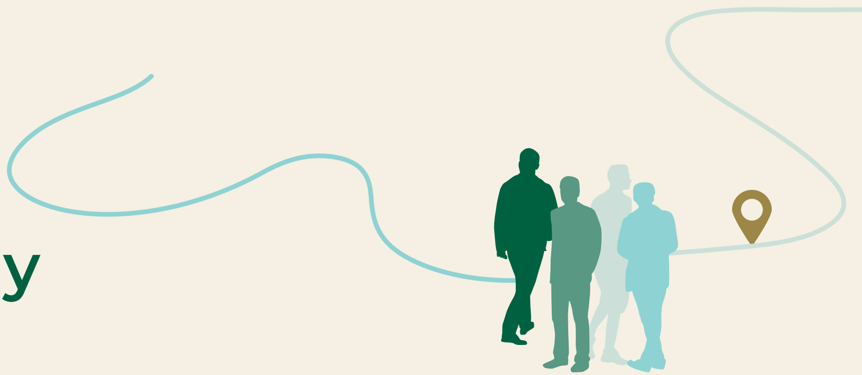
To date, research that has measured the effect of psychopathology on program completion reports a range of findings, including the trends that non-completers were more likely to: have post-traumatic stress disorder (PTSD) (Gerlock, 2001), exhibit antisocial traits (Chang & Saunders, 2002; Rock et al., 2013), have borderline personality disorder (Munro, 2022), score high on scales such as the MMPI-2-RF (Whitman, 2020) or State-Trait Anger Expression Inventory (Eckhardt et al., 2008b). Three studies led by Romero-Martinez (2021; 2023a; 2023b) did, however, consistently find that neurodivergence and specifically 'low' neurological performance was associated with non-program completion – though it is notable that, to date, few other research teams have investigated this relationship.

THE IMPACT OF HISTORIES OF ABUSE

Another factor that has been examined in prior research is whether program completion is impacted by histories of abuse among participants. Research to date has produced mixed results. For example, several studies have found that program drop-out participants are more likely to have experienced violence in their family of origin (Chang & Saunders, 2002; Lauch et al., 2017; Priester et al., 2019), while other studies have found it had no significant effect (Gerlock, 2001; Chovanec, 2012; Cuevas & Bui, 2016; Rondeau et al., 2001). One 1989 study by Grusznski and Carrillo nuances the issue by reporting that program completers were more likely to have witnessed abuse in their home but less likely to have been a victim of it.

THIS PROJECT IN CONTEXT

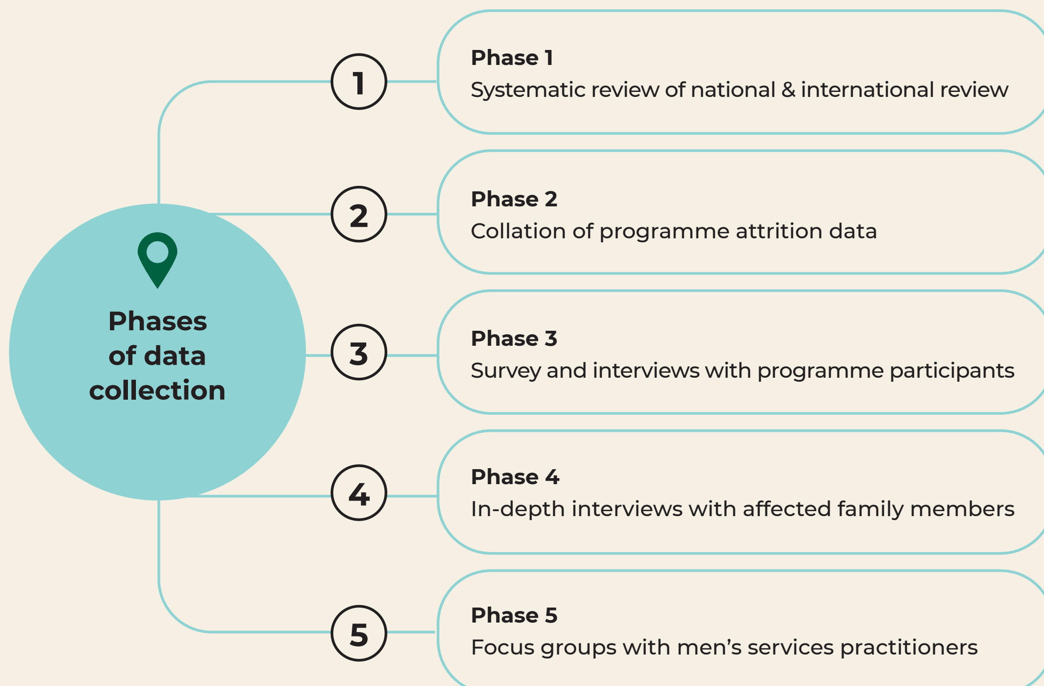
This project seeks to expand upon a common logic or 'theory of change' in this area of study, whereby the reduction of program attrition and improvement of outcomes is understood to be influenced by external factors and individual perpetrator variables. Current research exploring these intersections is inconclusive and, as such, this research focuses on the concept of engagement in understanding program attrition. Crucially, this project aims to move beyond a binary understanding of engagement as either completion or non-completion, to capture the qualitative nuance in the contradictory, non-linear, relational, and often 'messy' ways that clients engage with behaviour change programs. In so doing, this research is underpinned by a theory that the improvement of behaviour change program outcomes is connected to understanding effective client engagement. While the research does aim to contribute to the evidence base on 'what works' in behaviour change programs, it also questions the practicality of attempting to evaluate this when behaviour and attitudinal changes are not linear, may be long-term, and are dependent on various factors beyond the remit of BCPs.



Methodology

This project employs a mixed-method research approach carried out across five phases. While the collected data was predominately qualitative, Phase 2 of this study included the collection and collation of quantitative data on program attrition rates across Victoria, and Phase 3 collected descriptive statistics via the survey. The methodological paradigm is informed by a constructivist philosophy in which "social phenomena and their meanings" are understood to be in a continual process of accomplishment "by social actors" (Bryman, 2001, p. 16-18; Grix, 2002). In keeping with this paradigm, data collection and analysis took an interpretivist approach. Recognising that individuals create their own subjective meanings of reality, the qualitative methods in this report (thematic and semi-structured) were designed to capture the complexity of the participants' views (Creswell & Creswell, 2023).

Figure 3: Phases of data collection



The following section of this report details each phase of data collection, the approach to data analysis, ethical considerations, and project limitations.[2]

2 See Appendix A for responses to Domain 1 Consolidated criteria for reporting qualitative research (COREQ) guidelines questions.

PHASE 1:
SYSTEMATIC REVIEW OF NATIONAL AND INTERNATIONAL EVIDENCE

A systematic review of national and international evidence on risk and protective factors that predict disengagement from programs, as well as effective engagement strategies, was conducted in the first phase of this study. The review followed the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) statement (Moher et al., 2009).[3] The following databases were searched: ProQuest (Criminology Collection, International Bibliography of the Social Sciences, Social Science Database, Sociology Collection); Ovid (PsycINFO, Social Work Abstracts); EBSCOhost (Criminal Justice Abstracts, Violence and Abuse, and Cumulative Index to Nursing and Allied Health Literature [CINAHL Plus]); and Web of Science. Search terms included those related to domestic and family violence (e.g. intimate partner violence, domestic violence, domestic abuse), behaviour change programs (e.g. batterer intervention, men's behaviour change program), and engagement (e.g. engagement, completion, attrition). The database search resulted in 1,599 unique citations which were then screened. This process resulted in 80 sources that provide insights into the risk and protective factors that influence program dropout and effective engagement strategies. In the presentation of this report, the findings of the systematic review have been used to inform the background review.

PHASE 2:
COLLATION OF VICTORIAN PROGRAM ATTRITION DATA

In the second phase of data collection, the project team collated program attrition data from a range of Victorian organisations. To support data collection beyond our project partner organisations, No to Violence (NTV) facilitated a call to all member organisations, inviting them to report their attrition data to the project team for 2019-2022 (a time period which captures pre, during and post COVID-19 lockdowns in Victoria). A standardised data collection template was shared with all project partners and member organisations. The data request template stipulated two categories of data: program data and participant data. Program data referred to the number of programs/groups run each year of the study timeframe, as well as the number of enrolled and completed participants for each program/group. The participant data request, which asked about numerous variables related to individual participants, was significantly more detailed. This request included (but was not limited to) demographic information, such as age, country of birth, gender identity, disability, employment status, and education attainment. It also included details related to other key factors, such as case-management, origin of referral, mental health issues, legal/intervention orders, client and affected family member relationships, and past participation in MBCPs.

Acknowledging that organisations keep disparate data, members of our project team worked with individual organisations to determine the best way for data to be shared. While not all organisations who participated in this stage of the research had the same level of data to share, the collected data provides insights into trends in program attrition rates and facilitates greater understanding into where protection and retention work could be required.

3 Protocol registration: PROSPERO 2023 CRD42023399763. At the time of report finalisation, this systematic review is under peer review for publication.

PHASE 3:
SURVEY AND IN-DEPTH INTERVIEWS WITH PROGRAM PARTICIPANTS

Recognising the importance of gaining insights into the experiences and views of program participants, a short survey and in-depth interviews with program participants were conducted in the third phase of data collection. The surveys were distributed by project partners. Program participants were invited to complete the short online survey upon program completion or, for clients who disengaged before program completion, upon exit. Clients were sent a link to the online survey. The survey was designed to gain insight into factors influencing engagement and/or disengagement, while balancing the need for the survey to be completed quickly and with minimal imposition to the client. At the end of the survey, all participants were asked whether they would like to participate in a follow-up, in-depth interview with a member of the research team.

The survey asked participants:

- if this was their first behaviour change program
- how many programs they had attended previously (if relevant)
- whether they met the attendance requirement
- if they didn't complete the program, why this was the case
- if they were mandated to the program
- who referred them
- what type of activities they participate in, for example, in-person group sessions, online sessions, and case management.

Following this, participants were asked a series of Likert scale and open text questions, which were aimed at exploring what motivated them to attend and/or engage with the MBCP. For example, participants were asked whether they perceived their behaviour to be a problem prior to the group, and whether they realised it was their responsibility to change their behaviour.[4] Detailed analysis of the survey responses can be found in the findings section below.

80 surveys were completed by program participants over a seven-month period between April and October 2023. The survey was administered via the Qualtrics online survey platform.

All survey participants who indicated a willingness to participate in a follow-up interview were contacted to schedule an interview. Interviews were conducted with 18 program participants via Zoom or phone, depending on the participant's preference, and all interviews were audio recorded and transcribed in full. Following on from the focus in the surveys, the interviews were semi-structured and provided program participants with the opportunity to describe their experiences of attending a MBCP, and to explain what internal and external factors, plus program content and facilitation strategies, impacted their engagement with that program. To ensure anonymity in the presentation of results, all interview participants are referred to by pseudonyms throughout combining their role in the program with a randomly assigned letter of the alphabet (i.e. Program participant A, Program participant D).

4 A copy of the survey instrument can be made available upon request to the research team.

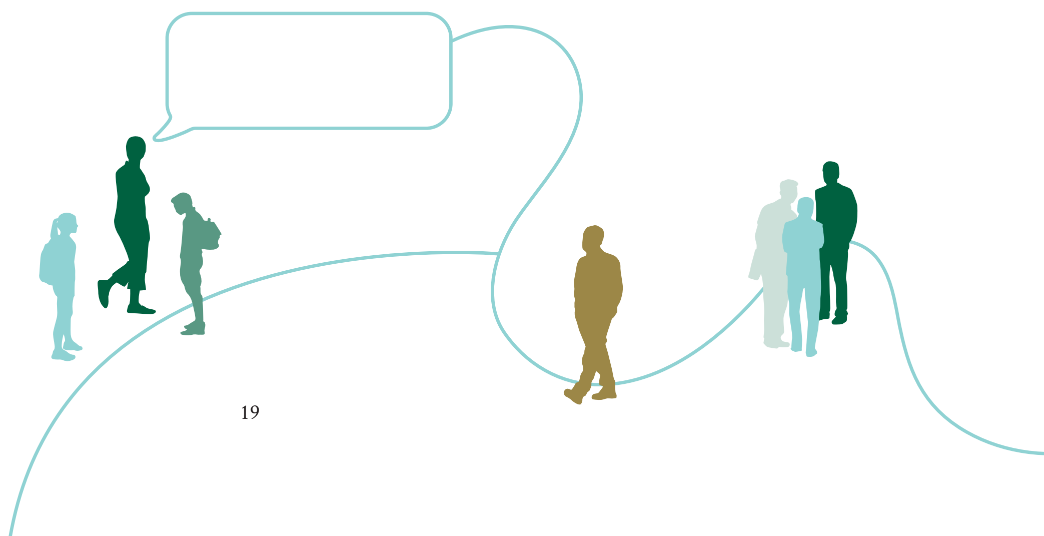
PHASE 4:
IN-DEPTH INTERVIEWS WITH AFFECTED FAMILY MEMBERS

There is increasing recognition across perpetrator intervention research – including evaluations of men's behaviour change programs – that there are limitations in relying on participant self-reports, and that engaging affected family members is critical to gaining in-depth understandings of the effectiveness of interventions in shifting behaviours and preventing repetition and escalation of abusive behaviours (Langenderfer, 2013; McLaren et al., 2020; Westwood et al., 2020). Recognising this, in-depth interviews were conducted in this study with affected family members following an associated program participant's completion or disengagement from a MBCP. These interviews explored affected family member views on their family member's level of engagement with the program, as well as risk and protective factors impacting engagement and disengagement over the course of a program. Interviews were conducted via Zoom or phone, depending on the participant's preference, and all interviews were audio recorded and transcribed in full.

Recent Australian-based perpetrator intervention-focused research has consistently noted the challenges of engaging affected family members in research studies (Chung et al., 2020; Helps et al., 2023; McGowan et al., 2023). Recruitment for these interviews was facilitated via project partner organisations – primarily through family safety contact workers. 33 affected family members participated in an interview. These interviews were conducted via Zoom or phone, depending on the participant's preference, and all interviews were audio recorded and transcribed in full. To ensure anonymity in the presentation of results, all interview participants are referred to by pseudonyms throughout combining their role in the program with a randomly assigned letter of the alphabet (i.e. AFM A, AFM D).

PHASE 5:
FOCUS GROUPS WITH MEN'S SERVICES PRACTITIONERS

In the final phase of data collection, 10 focus groups were conducted in October 2023 with 41 men's service practitioners. These were designed to explore professional views on client engagement and disengagement, including retention strategies utilised by practitioners to facilitate client engagement. All focus groups were conducted via Zoom and audio recorded and transcribed in full. Recruitment for the focus groups occurred directly with the five project partner organisations and via NTV, who advertised the focus groups in their monthly newsletter to all NTV member organisations. For a small number of practitioners who were unable to attend one of the scheduled focus groups, individual and small group interviews were conducted via zoom, audio recorded and transcribed in full. To ensure anonymity in the presentation of results, all interview participants are referred to by pseudonyms throughout combining their role in the program led by their focus group number (i.e. FG1 Practitioner, FG2 Practitioner).



DATA ANALYSIS

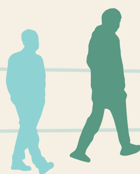
This project utilised a mixed-methods research design. Quantitative and qualitative methods were used to collect the data outlined above, and this data was triangulated in the project analysis phase with the aim of providing a more complete picture and robust assessment of participant engagement in perpetrator programs. The systematic review compiled Australian and international evidence on factors related to program engagement and provides an important socio-historical context to assess the current project findings. The participant survey utilised a descriptive quantitative design, and descriptive statistics related to both demographic data and motivational factors have been extrapolated and presented in this report. Qualitative data was collected from open text questions in the survey, in-depth interviews with program participants and affected family members, and BCP practitioners in focus groups. Qualitative data from interviews and focus groups was transcribed from audio recordings by a secure and confidential external transcription service. The qualitative data sets were analysed thematically using NVivo qualitative data analysis software. The thematic approach was iterative, meaning researchers engaged in an initial coding process in order to capture emerging themes. As analysis continued, the project team reviewed and defined these themes, ultimately using them to identify and evidence key factors (across the five phases of research) that influence program engagement across different client cohorts, including those at a high risk of disengagement, and to identify protective factors that enhance engagement.

ETHICAL CONSIDERATIONS

Ethics approval for this study was obtained via the Monash University Human Research Ethics Committee (MUHREC).[5] All data collection instruments were developed by the Monash research team. The program attrition template, program participant survey, and thematic interview schedules for program participants and affected family members were finalised in consultation with NTV and the project partner organisations.

Affected family members and program participants received vouchers in recognition of their contribution to the research. Affected family members received a $100 voucher for their participation in an in-depth interview. Program participants received a $25 voucher for survey completion and a $50 voucher for participation in an in-depth interview.

Following each interview, affected family members were sent thank you emails with their $100 voucher plus a list of accessible support services. This list was also provided ahead of the interview alongside a copy of the research explanatory statement. Similarly, following each interview, program participants were sent thank you emails with their $50 voucher plus a list of accessible support services, including the Men's Referral Service, Lifeline and Beyond Blue. All survey and interview participants were assured anonymity. Therefore, they are referred to by pseudonyms when quoted throughout this report.



5 MUHREC Project IDs: 35721 and 35537.

DATA LIMITATIONS

This project is subject to several limitations related to quantitative program attrition data. As outlined above, two categories of attrition data were sought: program data (the number of programs, enrolments, and completions per year) and participant data (variables related to individual participants). For some organisations, the provided data was incomplete due to the impacts of COVID-19 lockdowns or changes in data management systems during the years of data collection. A further limitation, the collation of data across Victorian perpetrator services is not systematised, which poses issues for inter-organisational and, potentially, intra-organisational comparison of the data sets. Distinct differences in program type, participant population, and program content further complicate comparisons. For example, completion rates and participant level data from an Aboriginal family violence service and healing centre that delivers a range of perpetrator programs, including single-day events and weekend camps, and a community service that delivers an eight-week program for women, trans, and gender-diverse people, are not comparable with each other or with mainstream men's services. Both of these organisations deliver behaviour change programs to people who have used violence in familial and/or intimate relationships, yet comparison is not possible due to distinctive differences in program length and content, as well as socio-cultural historical and structural positionality of program participants.

Another barrier to the utility of participant level data for understanding program engagement, more broadly, relates to the limited scope of the samples provided by organisations. While the provided participant level data was typically detailed and rich, it is not representative or generalisable. Even as standalone case studies, it is not possible to make inferential findings beyond noting, for example, that those with a higher mean of case management sessions were more likely to complete a program (case study 5). The collation of the participant level data was highly labour-intensive. In most cases, gathering this data required a dedicated worker manually accessing multiple files over several days to bring it together. We do not intend to diminish the value of the provided participant level data by recognising its limitations, but rather to highlight that the effort required to create a data set where statistical findings related to engagement could be made would require significant resources beyond the scope of this project.

This project is one of the first of its kind in Australia. The limitations outlined here represent a key finding. The attempt to gather, compare and present this data has revealed inconsistencies in the collection of the perpetrator program data by service providers. In order to effectively track program engagement, consideration should be given to the development of a systematic state-wide approach to data collection for perpetrator interventions. This will require government investment in resourcing services that deliver interventions.

Findings

VICTORIAN PROGRAM ATTRITION RATES

This section presents Victorian attrition data collected during the first phase of the study, including a summary of the program level data as well as an analysis of six case studies of participant level data. Some organisations provided both program and participant level data. These data sets did not always match. This was not an irregularity that could be corrected. For the purposes of deidentification, organisations in the program level data table have been alphabetised, and case studies in the participant level data section have been numbered. The sequencing of the data presented below has also been randomised.

Nine organisations provided high-level attrition data. This data is presented in Table 3 (below). Participant level data is analysed in the case studies which follow, and the relevant detailed case study data is provided in Appendices A-F.

Table 3: Program completion data 2019-2022

ORGANISATION	YEAR[a]	ENROLLED (n)	COMPLETE (n, %)
Organisation A – family violence service for migrant and refugee persons and communities. Data refers to a MBCP (15 weeks duration).	01/01/2019-31/12/2019	24	17 (70.8%)
	01/01/2020-31/12/2020	47	44 (93.6%)
	01/01/2021-31/12/2021	107	85 (79.4%)
	01/01/2022-31/12/2022	49	38 (77.6%)
	Organisation A Total	227	184 (81.1%)
Organisation B – child-centred family agency. Data refers to a BCP for fathers who have used violence (17 weeks duration).	01/01/2021-31/12/2021	36	25 (69.4%)
	01/01/2022-31/12/2022	21	12 (57.1%)
	Organisation B Total	57	37 (64.9%)
Organisation C – a community service organisation. Data refers to a program for women, trans, and gender-diverse people who have used force and/or violence (8 weeks duration).	01/01/2019-31/12/2019	16	9 (56.3%)
	01/01/2021-31/12/2021	11	10 (90.9%)
	01/01/2022-31/12/2022	4	4 (100.0%)
	Organisation C Total	31	23 (74.2%)
Organisation D – an Aboriginal family violence service and healing centre. Data refers to a BCP (3 weeks duration).	01/01/2020-31/12/2020	7	7 (100.0%)
	Organisation D Total	7	7 (100.0%)

Organisation E – a community agency. Data refers to a combined program for family violence and alcohol and other drug (AOD) misuse (15 weeks duration).	01/01/2019-31/12/2019	19	15 (78.9%)
	01/01/2020-31/12/2020	15	11 (73.3%)
	01/01/2021-31/12/2021	18	16 (88.9%)
	01/01/2022-31/12/2022	25	19 (76.0%)
	Organisation E Total	77	61 (79.2%)
Organisation F – a family and relationship support service. Data refers to a MBCP (20 weeks duration).	01/01/2019-31/12/2019 *data was impacted by transferring to a new record management system.	318	45 (14.2%)
	01/01/2020-31/12/2020 *data was impacted by the COVID-19 restrictions and shift to online programs.	834	172 (20.6%)
	01/01/2021-31/12/2021 *data was impacted by the COVID-19 restrictions and shift to online programs.	443	220 (49.7%)
	01/01/2022-31/12/2022	733	295 (40.2%)
	Organisation F Total	2328	732 (31.4%)
Organisation G – integrated community service. Data refers to a MBCP (27 weeks duration).	2019-2020[b]	75	50 (66.7%)
	2020-2021	80	37 (46.3%)
	2021-2022	68	38 (55.9%)
	Organisation G Total	223	125 (56.1%)
Organisation H – family violence and homelessness organisation. Data refers to a MBCP (Varied length: 20, 21 and 22 weeks duration).	01/01/2019-31/12/2019	45	17 (37.8%)
	01/01/2021-31/12/2021	12	8 (66.7%)
	01/01/2022-31/12/2022	59	30 (50.8%)
	Organisation H Total	116	55 (47.4%)
Organisation I – a relationship-focused service. Data refers to a MBCP (20 weeks duration).	01/01/2019-31/12/2019	123	91 (74.0%)
	01/01/2020-31/12/2020	51	34 (66.7%)
	01/01/2021-31/12/2021	111	80 (72.1%)
	01/01/2022-31/12/2022	113	80 (70.8%)
	Organisation I Total	398	285 (71.6%)

[a] Groups that carried over two time periods are included once in the year of program completion.
[b] Organisation G provided data for the financial year period.

Completion rates for the four years spanning 2019-2002 range from 31.4 % to 100%. There are limitations to some of this data. As noted in the table, the data from Organisation F is incomplete, having been impacted by a change in data management system in 2019 and COVID-19 in 2020-2021. Organisation D, an Aboriginal family violence service and healing centre, has a range of perpetrator programs, including single-day events and weekend camps. The data for these events is not included in Table 3 as the format is not comparable to the other programs in this table. However, it is worth noting the high completion rates for these (86.1% to 100%), as well as for their three-week behaviour change program reported in the appendix.

Organisation A, a family violence service for migrant and refugee persons and communities, recorded an 81.1% completion rate for the designated period. Organisation B, a child-centred family agency, recorded a 64.9% completion rate for a BCP for fathers who have used violence. Organisation C, a community service organisation, recorded a 74.2% completion rate for a program for women, trans, and gender-diverse people who have used force and/or violence. Organisation D, an Aboriginal family violence service and healing centre, recorded a 100% completion rate for a three-week behavioural change program. Organisation E, a community agency, recorded a 79.2% completion rate for a combined program for family violence and alcohol and other drug (AOD) misuse. Organisation F, a family and relationship support service, recorded a 31.4% completion rate for a MBCP. Organisation G, an integrated community service, recorded a 56.1% completion rate for a MBCP. Organisation H, a family violence and homelessness organisation, recorded a 47.4% completion rate for a MBCP. Organisation I, a relationship-focused service, recorded a 71.6% completion rate for a MBCP.

CASE STUDY 1

This case study provides data for one group (n=10) enrolled in a 22-week program in 2019, in which there was a high non-completion rate (n=8, 80%).[6] As shown in Appendix B, completers were, on average, slightly younger (M=33) compared to non-completes (M=38.8). Most participants (n=9. 90%) were born in Australia. No participants identified as Aboriginal and/or Torres Strait Islander. All completers (n=2, 100%) and most non-completes (n=7, 87.5%) were separated from the primary affected family member.

Nine participants had children and the tenth participant's partner was pregnant. Participants had an average of three children. Six participants (66.7%) had no contact with at least some of their children, including one completer with a child (100%) and five non-completers (62.5%). One additional non-completer (12.5%) had supervised contact only.

Among the eight non-completers, four (50%) were unemployed, four (50%) were assessed as presenting an elevated risk, seven (87.5%) had police contact, five (62.5%) had a family violence intervention order (FVIO) in place, five (62.5%) had current or pending charges, and four (50%) had previously attended an MBCP.

Non-completers were proportionally more likely to:

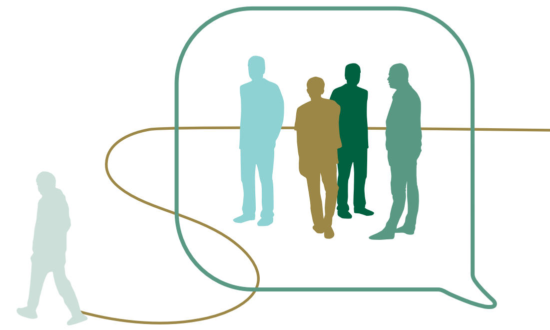
- be referred via corrections (n=4, 100%)
- have a corrections order in place (n=6, 100%)
- be child protection involvement (n=5, 100%)
- experience housing instability (n=4, 100%).

Housing instability was linked to a FVIO exclusion order for two participants (50%). In one case, the L17 notes in the case set out that the affected family member and respondent are separated, but that the "AFM [affected family member] has allowed [the] Resp[ondent] back into the family home because he has nowhere else to go."

Four non-completers (50%) identified mental health complexities, including a combination of ADHD, anxiety, depression, bipolar, Autism, and borderline personality disorder. One completer (50%) identified having ADHD. Each completer (100%) identified AOD complexities, compared to two non-completers who did not (25.0%).

It was common for participants to have some sort of external case management through, for example, corrections (n=7, 70%) or child protection (n=2, 20%), and/or support through, for example, mental health workers (n=2, 20%), AOD support (n=2, 20%), or general counselling (n=1, 10%). Only one participant (10.0%) had no external case management or supports listed. The average week of exit was 14.5 (Mdn). Reasons for non-completion noted in case files included:

6 This case study is not representative of the broader organisation level attrition rate.



- Remanded (n=2, 25%)
- Threatening behaviour (n=1, 12.5%)
- Non-attendance (n=2, 25%)
- Unstable housing
- Child care responsibilities (n=1, 12.5%) disengaged (n=1, 12.5%)

At a review for non-attendance, one participant said they decided to withdraw "due to the group facilitators being 'man haters'".

Both completers had only one post-program session related to case closure. Non-completers had, on average, 13 post-program 'supports'. Two outliers (44 and 54 weeks) skew this average, as all other participants (n=6, 75.0%) had four weeks or less of post-program support. Descriptions of the nature of this support include case closure, one-to-one sessions, information sharing, and support (e.g. related to housing). For one participant, this included enrolment into another men's behaviour change group.

CASE STUDY 2

Case study 2 provides data for 69 program participants enrolled in a 15-week (inclusive of three weeks of orientation) combined AOD and domestic and family violence (DFV) intervention (for an overview of the Case study 2 data, see Appendix C). The program completion rate for the sample was 72.5% (n=50). As a combined AOD/DFV intervention, all participants had identified AOD issues. For many participants (n=35, 51.5%), this included alcohol use only.[7] Other commonly identified substance use included:

- Cannabis (n=22, 32.4%)
- Tobacco (n=21, 30.9%)
- Methamphetamines (n=13, 19.1%)
- Cocaine (n=10, 14.7)

21 participants (30.9%) had past drink and/or drug driving charges.

Most participants (n=67, 97.1%) were respondents on a FVIO. Participants were predominantly (n=66, 95.7%) referred via the courts. Participants referred via a psychologist (n=1, 1.4%) or self-referral (n=2, 2.9%) all completed the program. The average week of exit (Mdn) among those who did not complete the program was week 3.5. Many participants who did not complete the program left during the first three orientation weeks (n=6, 50%). Three participants (25.0%) attended through to the final week (week 15), but had not attended enough hours/sessions for successful completion.

Participants who did not complete the program (n=19) were, on average, slightly younger (M=40.3).

One participant identified as Aboriginal and/or Torres Strait Islander (1.5%). This participant did complete the program. A greater proportion of non-completers were born overseas (n=9, 47.4%) compared to participants who did complete the program (n=11, 22.0%).

A greater proportion of non-completers reported experiencing housing instability (n=3, 15.8%), compared to participants who did complete the program (n=1, 2%). Two participants recorded having substantial debt. These participants did not complete the program. Most participants who were unemployed were able to complete the program (n=4, 80%).

Most participants (n=53, 77.9%) had children. Participants had, on average, two children. In all cases, no referrals had been provided for children. Among participants who completed the program (n=49), 75.5% (n=37) had children and, among participants who did not complete the program (n=19), 84.2% (n=16) had children. 13 participants (19.4%) had child protection involvement, including 11.9% (n=8) of program completers and 26.3% (n=5) of non-completers.

Police contact was also common, with 89.7% (n=61) of participants having had police contact. Utilising the Multi-Agency Risk Assessment and Management (MARAM) framework, most participants (n=65, 98.5%) were assessed as presenting a medium risk.

Most participants (72.7%) were assessed as having medium motivation to complete the program. All participants assessed as having high motivation (n=6, 100%) went on to complete the program. Among those assessed as having low motivation (n=12), 58.3% (n=7) completed the program and 41.7% (n=5) did not complete the program.

Four participants (6.3%) had previously attended a MBCP. Two participants had completed previous programs and went on to complete this program as well. Two participants did not complete the previous MBCP, one of whom completed this program and one who did not.

Referrals for AOD and/or mental health were made for most participants at intake (n=52, 75.4%). This included 84.2% (n=16) of participants who did not complete the program and 72% (n=36) of participants who did complete the program. For a further five participants (7.2%) – all of whom completed the program – the reason for not providing a referral was that the client already had relevant AOD and/or mental health supports in place. Most participants (n=43, 82.7%) declined the referral, including:

- 80.6% (n=29) of completers who were provided a referral (n=36)
- 87.5% (n=14) of non-completers who were provided a referral (n=16).

Six participants (8.8%) had current or pending charges. More participants who did not complete the program (n=3, 15.8%) had current or pending charges compared to participants who did complete the program (who had no current or pending charges) (n=3, 6.3%). Approximately half of program completers (n=22, 47.8%) had no contact order in place, and 19.6% (n=9) had continued contact with their affected family member. However, this contact was limited in some way (for example, limited to family court matters or child care arrangements), and 32.6% (n=15) had ongoing contact with their affected family member and were, for example, in a relationship with their affected family member. Comparatively, among non-completers:

- half (n=8, 50%) had no contact orders in place
- four (25%) had continued but limited contact
- four (25%) had ongoing contact.

Many affected family members (n=47, 67.1%) had contact with a family safety contact (FSC) worker.[8] The rate of affected family member engagement with FSC was proportionally higher among participants who completed the program (n=37, 74%) than those who did not complete the program (n=10, 52.6%).

7 Missing=1.
8 One participant had a secondary affected family member listed (n=70).

CASE STUDY 3

This case study provides data for participants who were enrolled in a 27-week program between 2019-2022 (n=186) (for an overview of Case study 3 data, see Appendix D). 103 participants completed the program and 83 did not. Not all participants in the enrolled sample had a response recorded for each variable. The case study only reports on recorded variables, meaning the totals may not match the totals of certain sub-samples. Of the 83 participants who did not complete the program:

- six (7%) were remanded
- 46 (55%) were removed from the program
- 31 (37%) self-withdrew.

In the same time period, 319 people withdrew while on the waitlist. This represents a pre-program attrition rate of 63.2%.[9]

The mean age of completers and non-completers was only one year apart – 38 and 37 respectively.

There were five participants in the enrolled sample who identified as Aboriginal (2.7%). Three of these participants completed the program and two did not. For the two who did not, the reason was removal from the program. There were 10 participants identified as culturally and linguistically diverse. Nine of these participants (90%) completed the program and one (10%) did not complete it due to being removed from the program. The majority of enrolled participants indicated that English was their main language spoken at home (n=141, 76%). There were 41 (22%) participants for whom this information was not recorded and four participants (2%) in the enrolled sample who spoke another language at home. These were Italian (n=1, completed), Filipino (n=1, completed), French (n=1, completed), and Hindi (n=1, did not complete due to removal from the program).

One participant from the enrolled sample identified as not heterosexual. This participant completed the program.

28 (15%) participants had disabilities. Disability status for 13 (7%) participants was unknown and 145 participants did not have disabilities. 50% of participants with disabilities completed the program and 50% did not complete it. 57% of participants without disabilities completed the program and 43% of participants without disability did not complete it. The breakdown of non-completers by disability status is set out in the table below.

Table 4: Program non-completers by disability status

Acquired Brain Injury (ABI) (n=3)	Removed from program
Attention Deficit Disorder (ADD) (n=2)	Removed from program
Hearing (n=1)	Remanded
Intellectual disability (n=2)	Removed from program (n=1) Self-withdrew (n=1)
Physical disability (n=3)	Removed from program (n=1) Self-withdrew (n=2)
Psychiatric disability (n=3)	Removed from program (n=2) Self-withdrew (n=1)

9 The pre-program attrition rate is calculated based on participants for whom a program outcome was recorded n=505 (i.e. excluding participants who were still in-progress or on a waitlist).

138 participants (74%) had children, 25 participants (13%) did not, and for 23 participants (12%) this information was not recorded. 57% (n=79) of participants with children completed the program while 34% (n=59) did not.

18 participants (10%) required housing support. Of the participants receiving this support:

- 14 (78%) completed the program
- 14 (22%) did not.

167 participants did not need housing support. 88 of these completed the program and 79 did not. For one participant, information about housing was not recorded.

62 participants identified an AOD issue and 74 did not. 49 were identified as having a previous issue and AOD was unable to be determined for one participant. For those with an identified AOD issue, 48% (n=30) completed the program and 52% (n=32) did not. 61% of participants with a previous AOD issue completed the program while 39% did not.

Of participants who received prework (n=24), slightly more (n=13) did not complete the program than those who did (n=11). 65 participants received pre-group case management. 36 (55%) of them completed the program and 29 (45%) did not. 38 participants received case management during the group. 17 (45%) of them completed the program and 21 (55%) did not.

The majority of known referral sources were from The Orange Door hubs (n=36, 19%) and self-referrals (n=139, 75%). 50% of referrals from The Orange Door hubs and 58% of self-referrals completed the program.

133 participants had FVIO legal orders in place. Of these participants:

- 69 (52%) completed the program
- 64 (48%) did not.

53 participants did not have FVIO legal orders in place. 34 (64%) of these participants completed the program and 19 (36%) did not.

24 participants had a Community Corrections Order (CCO) in place while 153 did not. Of those with a CCO, 14 (58%) completed the program and 10 (42%) did not. For those without a CCO in place, 84 (55%) completed the program and 68 (45%) did not. Where Child Protection involvement was recorded (n=29), 15 (52%) participants completed the program and 14 (48%) did not. In the absence of child protection involvement (n=157), 88 (56%) completed the program and 69 (44%) did not.

81 affected family members were recorded as having engaged with a FSC worker during the program. Of those engaged:

- 52 (64%) of the associated program participants completed
- 29 (36%) did not.

55 affected family members did not engage with FSC. Of this group, 31 (56%) of associate program participants completed the program while 24 (44%) did not.

CASE STUDY 4

This case study provides data from four different programs delivered by an Aboriginal Healing Service: two single-day events, one weekend event, and one three-week program (for an overview of the Case study 4 data sets, see Appendix E). While these programs do not align with the Victorian Government Minimum Standards (Family Safety Victoria, 2018), each of them is classified as a 'perpetrator behaviour change' program by the organisation. Minimal participant level information was provided by this organisation. A weekend event delivered in 2019 had a 100% completion rate (n=7). All participants were male. Among the participants:

- One referral came from the Men's Referral Service, and the remainder came internally.
- All participants were noted as having a disability that was either caused by family violence or family violence contributed to it.
- All participants were receiving internal case management.

Case outcome notes indicate that 100% of participants' cases were 'still open'.

A three-week program delivered in 2020 also had a 100% completion rate (n=7). All participants were male. Two participants had a disability, one of which was caused or contributed to by family violence. All men received internal case management. Case outcome notes indicate that for two men (29%) 'goals were fully reached', for one man (14%) goals were 'reached partially', for one man no goals were reached, and for two men their cases remained open.

A single-day event in 2020 for seven participants had an 86% completion rate, with one man not showing up on the day. The six participants were all men, and they were all:

- referred internally
- receiving case management
- reported as having a disability that was caused or contributed to by family violence.

According to case outcome notes, four men fully reached their goals, one reached no goals, and one participants' case remained open.

A single-day outdoor event held in 2022 had five participants, all of whom were men and all had disabilities that were caused or contributed to by family violence. None of the men in the event were receiving case management. Three men (60%) were internal referrals, one man was referred by Corrections, and one man from DHHS: Child Protection. Three men partially reached their goals and two men (40%) did not reach any goals.

CASE STUDY 5

Case study 5 examines data for participants who were enrolled in an eight-week program between 2019-2022 (n=74) (for an overview of the Case study 5 data, see Appendix F). This program is designed for people identifying as women, trans, non-binary, gender fluid, and queer +. 61 participants completed the program, and 13 participants did not. This equates to an 82% completion rate. Of the 13 participants who did not complete the program, one was noted to have 'other support services involved'. This participant was still counted as a non-completer in this analysis.

The completion rate for participants enrolled in an in-person program was 92%. For participants enrolled in a hybrid program (incorporating online and in-person work), the completion rate was 77%.

All enrolled participants were engaged in pre-program work. The mean pre-program contacts for program completers was 1.5 sessions and 1.2 for program non-completers. With the exception of the participant involved with other support services, all enrolled participants received case management. Case management was recorded as a number of 'sessions', and it was noted that these contacts may be internal or external. The mean case management sessions for program completers was 14, and for non-completers it was four. This organisation also offers post-program work. Post-program work is only recorded for completers. The mean post-program sessions for completers was 2.25 sessions.

The participant level data provided by this organisation shows that all enrolled participants self-assessed their motivation as 'high'. Further, all enrolled participants had identified or admitted harmful behaviours at intake.

Over the designated four-year period, the program had seven participants who identified as Aboriginal or Torres Strait Islander. This cohort had a 100% completion rate.

Three people identified as having disability, and two of these participants completed the program. In a separate data count, eight participants were identified as having disability-specific supports in place. All eight of these participants completed the program. If 100% of participants who identified as having disability support completed the program, it may be inferred that the 1 participant who identified as having a disability, and did not complete the program, did not have disability-specific support in place.

50% of enrolled participants had children and 84% (n=31) of these were completers. The completion rate for participants without children was only marginally lower, at 81%.

16 participants had housing supports in place, and all 16 completed the program. 26 participants had AOD supports in place, and 22 (85%) completed the program. 60 participants had mental health supports in place, and 51 (85%) completed the program.

40 participants (54%) had a legal order – defined as 'interim FVIO, FVIO, DFFH [Department of Families, Fairness and Housing] protective order, diversion plan, any criminal orders' – in place at the time of the program, and 34 (85%) completed the program. For participants with no legal order (n=34, 46%), the completion rate was 79%. 19 participants (26%) had child protection involvement, of which 15 (79%) completed the program and nine (20%) did not.

Family Safety Contact workers engaged with the primary affected family members of 44 program participants. The completion rate for these participants was 80%. The completion rate for the 30 participants whose primary affected family member was not engaged with the Family Safety Contact was 87%.

Employment status was not captured for all participants. Data shows that for participants recorded as employed, the completion rate was 73%. For those recorded as unemployed, the completion rate was 94%.

For the majority of participants, their relationship with the primary affected family member was ex-partner (N=47, 64%). For these participants, the completion rate was 91%. For 10 (14%) participants, the primary affected family member was a current partner. The completion rate for this cohort was 67%. The primary affected family member for seven (9.5%) participants was a child. This group had a 71% completion rate.

CASE STUDY 6

This case study provides data for 16 participants enrolled in an 17-week DFV program that ran in 2022 (for an overview of the Case study 6 data, see Appendix G). Within the case study sample, there was a high non-completion rate of 81.3% (n=13). The average week of exit was 5.3. The main reason for exit was more than two absences (n=8, 61.5%). Other reasons for exit listed in the attrition data include:

- "Disengaged" (n=3, 23.1%)
- "Unable to attend" (n=1, 7.7%)
- "Mentally tired" (n=1, 7.7%)

Most participants (n=10, 62.5%) were born in Australia. One participant (6.7%) identified as Aboriginal and/or Torres Strait Islander. Program completers were, on average, slightly older (M=45.3) than non-completers (M=39.9). All participants (n=16, 100.0%) had children. On average, participants had three children, with an average age of 9.4 years.

Six participants (37.5%) had unrestricted visitation with their children, including the three participants who completed the program. The remaining 10 participants all had restrictions on visits, such as supervised visits only or no contact orders in place. These 10 participants did not complete the program.

Two participants had previously attended an MBCP. One of these participants completed the program and one did not. Most participants (n=9, 56.3%) were referred by child protection. Of these participants (n=9), 88.8% (n=8) did not complete the program.

All participants (n=16, 100%) had a FVIO, either current or historic, and four participants (25%) had multiple intervention orders (IVOs), including current and historic ones.

Non-completers were proportionally more likely to:

- be born overseas (n=5, 38.5%), compared to completers (n=1, 33.3%)
- have limited contact with their children (n=10, 76.9%), compared to completers (n=0, 0%)
- have been referred by child protection (n=8, 61.5%), compared to completers (n=1, 33.3%)
- have AOD concerns flagged at intake (n=6, 46.2%), compared to completers (n=0, 0%)
- have mental health concerns flagged at intake (n=6, 46.2%), compared to completers (n=1, 33.3%).

Five participants had both mental health and AOD concerns flagged at intake. All of these participants did not complete the program. Non-completers were also proportionally less likely (n=3, 23.1%) to have had external case management compared to completers (n=1, 33.3%).

AFFECTED FAMILY MEMBERS' VIEWS ON ENGAGEMENT

Throughout the interviews with affected family members, the majority of interviewees expressed scepticism about 'engagement' and what it means, given their experiences of their current or former partner's involvement in a MBCP. As part of this, affected family members often pointed out the need to unpick the differences between attendance, engagement and completion – noting that each of these concepts refers to different things, and that one does not imply the other. Attendance, for example, can be mistaken with engagement. Likewise, completion in and of itself can be construed as success.

In this section, affected family members' views on engagement are examined, as collected via interviews, alongside some references to where views aligned with or differed from those expressed by program participants and practitioners. Specifically, during the interviews there were five affected family members who described "genuine" engagement with the program on the part of the program participant. While these views were not in the majority, they are important to note, and they capture positive accounts of engagement with MBCPs. For one affected family member, "genuine" engagement with the program was displayed through the proactive willingness to attend each session. As they described:

> He went out of his way to make sure that his scheduling never interfered with his participation. On a Thursday when he needed to go to that course, he was always at home and always ready, out of his work gear, showered ready and always ready to go. His motivation, he never not wanted to go. I don't know whether that was the self-motivation or that he knew that it was court-ordered or a mix of both. (AFM 11)

Another affected family member expressed a similar experience, noting that the participant's willingness to attend the program indicated their engagement:

> Every session he really wanted to be there. I think he only missed one or two but he made up for them. I think that was only for unforeseen circumstances we missed them; it was not because he didn't want to go. Yeah, he really liked going to group, it helped him. He was refreshed after it. (AFM 32)

Another affected family member reflected on her partner's accounts of his own participation in the program, noting that it indicated a genuine engagement with the program broadly. She recounted:

> He felt good that he'd completed it and he also felt like he had a lot to say within the program. And that he was being heard, which I thought was really great. (AFM 4)

However, in contrast to these views, there was a substantive number of affected family members who questioned whether program participants ever genuinely engaged with the program. This view aligned with other findings from the survey of, and interviews with, program participants. There was a number of program participants who noted that they had no motivation to attend the program throughout it, and that they had not taken away any benefit from attending the program. This is captured in the comments of three survey participants:

> I didn't want to be there at all. I only attended because it was court mandated. But I did get something out of it. (Survey Participant)

> My ex was hitting me don't know why I had to do it. (Survey Participant)

> I hated every minute of it and left after 6 meetings because it was making me much, much worse. (Survey Participant)

Throughout the interviews, numerous affected family members described an unease with the language of 'program completion' and the dangers of suggesting intervention was complete, particularly for men who are not yet ready to change. As one affected family member commented:

> I don't know how much weight or anything it means, but it's just the matter of it relying on attendance, and the problem that is where the court idolises this program so much as a solution to what has occurred. He's done this now, so therefore all the family violence is gone, it's not an issue. And now it becomes overlooked completely. (AFM 15)

The viewpoint on the danger of the language of 'program completion' was also raised throughout the focus groups with practitioners. In particular, there were a number of practitioners who flagged discomfort with the provision of 'completion' certificates, noting that while attendance could be confirmed, meaningful engagement with the program often could not. As one practitioner commented:

> I was just thinking about picking up from what's already been mentioned about I guess changing our language around completion, you've completed, here's your letter, and moving to more of the attendance language … so this man's got a completion letter and we've potentially congratulated on him and his progress when he exits. (FG4 Practitioner)

Several affected family members had experienced the power that 'program completion', as a concept, can wield in court. As one affected family member explained:

> There's no follow-up through the courts. There is – he is supposed to complete the program in order to get an extra night with the kids. And I've refused to give him the extra night with the kids until he actually completes the program. I'm slightly behaving in deference to the orders because it basically said that he had to start the program but that's not good enough. (AFM 3)

While practitioners recognised the challenge of reporting on engagement and behaviour change, there was also recognition among some practitioners over the importance of ensuring that other points of the system were aware of how a participant has engaged with a program. For example, as one practitioner suggested:

> Perhaps there could be some file out there in the world which judges can read and police can read and Child Protection can read, and we can all contribute to, that would be sort of a "Oh, this man fits into this scale of denial" or whatever. He probably is not suitable for group and at least the system could understand that attempts to engage this man might not be meaningful in terms of group work, that it might need more of a court response and yes, anyway if there could be some sort of big pro forma where you could map if it was a shared systemic thing. (FG4 Practitioner)

Other practitioners recognised that within the comprehensive MARAM framework, there are opportunities to identify both denial and how a man reflects on his own use of violence. Some practitioners expressed concern that new iterations of the framework have not been clearly embedded into practice, and training opportunities have not been rolled out uniformly.

While this study did not seek to evaluate program participant outcomes or measure the degree to which attitudinal or behavioural change was achieved, as part of the survey, program participants were asked what they found most useful in the program. This often led to self-reported experiences of change. Several program participants detailed the skills they believed they had learnt and how their behaviour had changed as a result of their participation in the program. This is captured in the following four survey participant comments:

> Be a better person in my future relationships which is priceless to me, as a direct result of this course. Unpacking gender stereotypes, the patriarchy, creating a better place for women (my daughters). Better communicator. (Survey Participant)

> All the different subject matters about all the different forms of abuse. It gave me the tools that I needed to respect my wife and kids in a way they deserved. It showed me that you can have disagreements and arguments with each other without belittling them. It taught me how to be a better person and if I didn't do it my life would be so much different. (Survey Participant)

> The way it opened my eyes to the feelings of others (not just my partner at the time, but all women in general) I didn't realise just how much of an impact a lot of things had on people. What I found most useful was it helped me recognise the times where I was beginning to act out, and I was then able to step back and re-evaluate situations better instead of jumping further into things, regardless of who is in fault at the time. Thus, being able to de-escalate situations or walk away from them completely. Where it was never even really a thought for me before the program. (Survey Participant)

> It's all useful but in different ways, it has a way of talking about issues broadly but you can reflect on your own situation, having lightbulb moments… The fog was lifted for me (my justifications) about my behaviour during arguments – instead of thinking about the other person and what is actually going on for the other person. They don't give tools but I feel like I have been given tools, by being able to dissect things. (Survey Participant)

Other program participants identified changes in behaviour and learnings beyond those specific to their relationships. As one participant commented:

> I learnt a lot of things, I have stopped running away from situations, do things differently talk out problems rather than holding on to it and getting angry. I have learnt about the Manbox, and that I can step out of it. Thinking/Feeling made sense. (Survey Participant)

There were also a number of program participants who noted wider benefits of attending the program, including improved relationship with alcohol. As one program participant remarked:

> I found a lot of the program useful, actually it was one of the best things that have happened to me honestly. It helped me identify the root of my anxiety and has really improved my social interactions. I have seriously addressed my alcoholism and now have a really good relationship with alcohol. (Survey Participant)

As this project did not match the accounts given in interviews with program participants and affected family members, we were are unable to verify given accounts of change or the degree to which participant's own reflections on their change in behaviours are matched by their partner's accounts and experiences of that behaviour. However, there was a small number of affected family members who reflected positively on the changes achieved from their partners' attendances in the program. As one affected family member explained:

> It was definitely worthwhile. It's made a massive difference for not only him but for me too. It's shown me that he respects me enough to go and do something that is going to better him, me and our family. He gained a lot of respect from me by doing it and owning up to his mistake. People do make mistakes and it's not always – when it's a repetitive thing I think that that's a problem, but owning it is one of the first steps to becoming a better person. (AFM 4)

However, for other affected family members, reflecting on changes that were achieved was more difficult. Some affected family members observed no change following their partner's involvement in the program, and there were others who observed changes in the program participant's abusive behaviour. As two affected family members commented:

> Things have changed. He's taken the focus off abusing our disabled daughter and put it on financial abuse of me, so we've got a flip, which I'd much prefer it be on me than be on her. But the behaviours are still ongoing, just manifesting differently? (AFM 27)

> Since afterwards, he somewhat reverted back to old ways. Not towards me, but just in passing conversations at pickups and drop-offs, talking about how he's been in fights with people and stuff since. So there's been violence since the incident, but just not with me. And that's not very reassuring, is it? … I think he was too far gone, to be honest. There's countless other charges before me with other women, countless other women. And yeah, so I think he was pretty set in his ways. (AFM 7)

The challenge of behaviour change journeys is captured well in a reflection from one program participant who, when asked how they were feeling following the program's completion, explained:

> Look, I'd be lying if I said there wasn't moments that you sort of start to think "Shit, that's the old me", but some of the tools and that that they gave you has made me pick up on the signs. Because I used to always think I just snap. There was no warning signs. I'd just snap. And one of the things they said is that they hear that off everyone, "I just snap" and they go no one just snaps, there's warning signs and it's about you learning what they are and whether it can be just tensing up, the change in your voice and things like that and I've been able to pick up on that. And even things like just walking outside for five minutes and coming back in, which I haven't had to do very much at all. But I constantly ask my wife how does she think I'm going and I always – 99% of the time, I get a pretty good report back from her … I know that I've changed and that's definitely it's a mindset from the course and then but you've still got to put those things into practice when you get home. But to say changes, well there's obviously been a big change because we're in a pretty happy spot at the moment. But to pinpoint it and put a finger on exactly the things, it's very hard. (Program Participant 8)

As evident from much of the data, there was a notable difference in views presented throughout the interviews with affected family members and the self-reported change experiences of program participants. Contributing to a wider body of research on the effectiveness of MBCPs more broadly, this highlights the imperative of engaging affected family members in any measurements of behaviour change.

RISK AND PROTECTIVE FACTORS IMPACTING ENGAGEMENT

As mentioned in the opening section of this report, a key focus of this study was to build the evidence base around risk and protection factors that impact an individual's level of engagement in a MBCP. In order to contextualise the findings that follow, this report presents findings from the survey on participants' perpetrator program histories.[10] As shown in Table 5 (below), for the majority of program participants who took part in this study via the survey, this was the first MBCP that they had participated in (91%). Over 80% of survey respondents identified that they met the attendance requirements to 'successfully' complete the program.

Table 5: Survey participants' perpetrator program histories

	FREQ. (%)
First behaviour change program attended	
Yes	73 (91%)
No	7 (9%)
Met attendance requirements to complete the program	
Yes	65 (81%)
No	11 (14%)
Unsure	4 (5%)
Court mandated to attend most recent program	
Yes	50 (63%)
No	29 (36%)
Unsure	1 (1%)
Where they were referred to the program from[11]	
Court	5 (6%)
Police	2 (3%)
Child protection	3 (4%)
Men's referral service (MRS)	3 (4%)
Self-referral	13 (16%)
Family member(s)	4 (5%)
Other	3 (4%)

1. The Impact Of Referral Pathway On Program Engagement

Practitioners, program participants, and affected family members reflected during the interviews on the impact of the source of the referral on program engagement and readiness to change, and, in particular, whether a participant had been mandated to attend the program. Numerous practitioners discussed the role of the courts — including, notably, the impact of intervention orders — on facilitating program attendance. Specifically, several practitioners noted that readiness to engage, and program readiness, was often low for mandated clients as opposed to men who are attending without an order to do so. As one practitioner described:

> There is – I've noticed a very different mentality and approach to the program depending on the referral pathway. I think that's indicative of the fact that the mandated men haven't found that intrinsic motivator for themselves. That's what I believe. (FG8 Practitioner)

10 Survey questions were voluntary. This meant that participants could skip questions that they did not want to answer. For this reason, not all participants completed all survey questions. So, while there were 80 survey participants in total, not all questions were answered by 80 participants. The variance in numbers for results presented for each question represents the total number of responses received to that specific question.
11 50 survey participants left this question blank.

Related to this, several practitioners noted that where a participant has entered a program on an interim intervention order and the conditions of that order are varied within the initial three to four weeks of the program, there is a high risk of disengagement. As one practitioner commented:

> Is that if they come in on an interim order and the order gets varied within the first three or four weeks, we don't see them again necessarily. It's very rare for us to have them back once they've been on an interim order, and now all of a sudden on a final order, in the very early stages of the program. (FG1 Practitioner)

Building on this, throughout the interviews a number of affected family members discussed what they perceived as a program participant's motivation to attend and engage with the program. Affected family members drew attention to the dominant perception that men are often motivated to engage with a program in order to achieve a self-serving outcome – such as gaining access to children – to comply with a court order or to avoid further criminal justice intervention, and that such men were at high risk of disengagement once that motivation had been achieved. In this respect, self-serving motivations such as these were positioned as problematic by affected family members and practitioners. For them, while these motivations may have served as an entry point for the participant's initial attendance in the service, their longer-term engagement was fickle. Taking the example of child custody as a motivator, one practitioner stated:

> Sometimes men can see their kids, they disengage straightaway. Child Protection goes out of their life, they'll drop out of our program because they've got their kids … I think that's important to understand that. You give the kids back, Child Protection drop out, we'll lose the man, he'll drop out or his Corrections order runs out. He'll just disappear from the group because he's no longer got that external motivating factor to engage, yes. I think that that's important to understand. (FG4 Practitioner)

The lack of engagement with program providers prior to re-setting child custody or court arrangements was flagged as problematic by some practitioners. This was captured by one practitioner:

> The men drop out of the program as soon as their goal is met, which might be they get to see their children. The system sets up you attend five sessions, you can see your children, without any consultation with the men's program. Do they understand how we're assessing the risk? … I'd actually like to see a broader system understanding, having a clear understanding how men's behaviour change programs are located in the broader service system and how we can interact with the various levels of the system that actually hold a consequence. We don't hold a huge consequence for a client and I think we experience that on a very regular basis. (FG4 Practitioner)

Related to this, while a number of affected family members acknowledged the importance of the court's ability to mandate attendance, they questioned whether a mandated client was ready to meaningfully engage with the program. As one affected family member explained:

> Doing it voluntarily I think it makes difference as well because you are actually aware that what you've done is wrong and not acceptable. Whereas when you've been pushed into it because of a court order, which is – you know, it's great they do that, don't get me wrong, but if it's voluntary you're aware that you've made a wrong choice and that you need to work on that … I think everybody deserves a chance to try and change. But like I said, the difference between being forced to or not wanting to, to volunteering to do it, it's a major plus. (AFM 4)

Another affected family member similarly recounted:

> He just thought that the whole program was bullshit. That was his words … he didn't really take it very seriously. He just thought, "Oh, well, the court's told me I have to do this, so I better." (AFM 7)

Given the varied results from international studies examining the impact of court mandates on MBCP completion, there is a need to better understand whether mandated program attendees do effectively engage with MBCPs, or whether alternate interventions are required that better meet their needs, ensure continued risk visibility, and more effectively hold their behaviours to account.

2. Factors influencing motivation to attend the program

Noting the different referral pathways from which participants had entered the program (as captured in the Table 5 above), as part of the survey, program participants were invited to identify to what extent their motivation to attend the program, at the outset, was influenced by a range of factors. As shown in Table 6 (below), program participants were most likely to cite children (50%) and their current intimate partner (26%) as the factors which highly motivated them to attend the program at the outset.

Table 6: Factors influencing motivation to attend the program at the outset

FACTOR	HIGHLY MOTIVATING – n (%)	MOTIVATING – n (%)	SOMEWHAT MOTIVATING – n (%)	NOT AT ALL MOTIVATING – n (%)	BLANK – n (%)
Intimate partner (current)[12]	21 (26%)	10 (13%)	10 (13%)	14 (18%)	28 (35%)
Intimate partner (former)[13]	8 (10%)	14 (18%)	7 (9%)	21 (26%)	34 (43%)
Children	40 (50%)	14 (18%)	2 (3%)	10 (13%)	15 (19%)
Family of origin	14 (18%)	5 (6%)	6 (7.5%)	20 (25%)	36 (45%)
Other family member[14]	3 (4%)	4 (5%)	1 (1%)	11 (14%)	62 (78%)
Alcohol and other drugs	13 (16%)	9 (11%)	11 (14%)	20 (25%)	28 (35%)
Mental health and other supports	13 (16%)	15 (19%)	14 (18%)	14 (18%)	24 (30%)
Child protection	11 (14%)	7 (9%)	4 (5%)	23 (29%)	36 (45%)

The motivating role of current or former intimate partners

As demonstrated in the table above, one in four program participants who completed the survey cited being highly motivated by their current intimate partner. During the focus groups, one practitioner reflected on the value of a motivating partner, stating:

> So, he might not be entirely intrinsically motivated, which is where we would like him to be, because that would be the best space for him, but we do feel that he might actually start coming back because he's got someone at home going, "This is really good for the relationship, and it's really good for the kids, so why don't we keep doing this and see where this is going." Obviously, you want him to come out of his own realising that "This is really going well for me," but we do sometimes find that when there's an AFM that's also in the back going, "I can see that this is going really well, and this is a conversation point for the two of us," that also helps. (FG1 PractitionerA)

12 Note: there were two participants who selected 'motivating' and 'highly motivating' for this factor.
13 Note: there were two participants who selected 'motivating' and 'highly motivating' for this factor.
There was one participant who selected 'motivating' and 'somewhat motivating'.
14 Among those participants who identified as being highly motivated or motivated by another family member, the listed family members include sister and friends.

Interestingly, only one in 10 program participants were highly motivated to attend a program because of a former intimate partner, with one in four program participants citing that their former intimate partner did not at all motivate them to attend the program at the outset. This is particularly interesting given that nearly half of the sampled group had separated from their partners (45%) at the time of program commencement. Interestingly, one practitioner recounted the challenge of engaging men who are completing a program based on behaviours from a relationship that is no longer intact. They stated:

> We had a person saying that, his takeaway from the thing was he wanted to close that area of his life off, and the group was keeping the wound open. And I was like, what a reflection. (FG1 PractitionerA)

Relationship status for each of the survey participants, at the time of program commencement, is shown in Table 7 (below).

Table 7: Survey participants' relationship status at the time of program commencement

RELATIONSHIP STATUS	FREQ. (%)
Together – living together	26 (33%)
Together – living apart	13 (16%)
Separated	36 (45%)
Other	5 (6%)

The survey also asked respondents whether their relationship status changed during the course of the program delivery. 26 survey participants (33%) identified that their relationship statuses changed during the program. A number of these participants commented that, during the course of the program, they resumed/reunited their prior relationships (n=9). Other participants noted that they had separated from their partners during the course of the program (n=8), had commenced new relationships (n=2), and that they were working towards reuniting with their partners (n=2). Anecdotally, during the focus groups, a number of practitioners noted that a change in relationship status during the program can lead to disengagement, particularly where separation from a motivating partner occurs.

During the focus groups, practitioners described the motivating role of current and former partners, differentiating that while it can be a motivating factor for initial attendance, it was important that it was not the driving factor for change. One practitioner explained:

> in Week 3, we start to try and move them into their intrinsic motivators of staying and being very clear. I think that's part of it as well, acknowledging that your men's behaviour change group, this is not the silver bullet, this is not going to save your relationship, this is not going to fix whatever is wrong in your life. This is just maybe going to make things a little bit better or help you make better choices, or whatever it is that you're trying to get out of this, if you really sit in this group and you're having a good think about the trajectory of where you want to go … But we manage that expectation that we would like you to move from, "I'm doing this because I want to go back home," to "I'm doing this because if the relationship ends, my next relationship will be a healthier relationship." So, that's the movement that we are trying to give them, does that make a better language. (FG1 Practitioner)

During the survey, other program participants spoke about the importance of the program in helping them to be a better/non-violent partner. As three participants commented:

> I wanted to become a non-violent partner and control my behaviour to not cause physical and emotional harm to someone who doesn't deserve it. (Survey Participant)

> I wanted to be a better man for my partner, I've always been open to learning and developing myself in a positive way. So, I would do anything to achieve that. Court mandate was highly motivating as it was mandatory. (Survey Participant)

> My partner wanted me to do it to learn and grow. (Survey Participant)

Over half of the program participants surveyed (55%, n=44) identified that they attended the program because they wanted to become a better partner. In fact, there were only nine program participants who strongly disagreed with the statement, 'I attended the program because I wanted to become a better partner'. This expressed motivation at the outset of the program – to improve behaviour for the benefit of their partner – carried throughout the program's duration. In a latter survey question, 36% of program participants (n=29) strongly agreed that they were motivated to engage with the program due to their desire to maintain their intimate partner relationship, or to reunite with their intimate partner. Conversely, only 21% of program participants (n=17) strongly disagreed that the desire to maintain their intimate partner relationship, or to reunite with their intimate partner, impacted their engagement with the program.

The motivating role of children

Survey participants were given the option to describe why they selected different motivating factors. Among responses, a desire to be a better parent/father emerged as a dominant theme. This is unsurprising, given that this was the leading motivation to attend the program (as shown in the table above), and given that 71% of program participants (n=57) 'strongly agreed' that they attended the program because they wanted to see/maintain a relationship with their children, and that 69% of the program participants (n=55) 'strongly agreed' that they attended the program because they wanted to become a better father to their children. As seven program participants explained:

> Things that I learnt have made a better dad, so highly motivated to be better for my children. (Survey Participant)

> I wanted to learn how to be a better father and influence on my children. (Survey Participant)

> I only went so I could see my child. (Survey Participant)

> Wanting access to my son was my motivator. (Survey Participant)

> To keep my children, I was doing it because I knew CP would tell me to do it, but I didn't think I had a problem at the start but that thinking has changed now. (Survey Participant)

> My daughter was my biggest motivation, I wanted to make sure she would never see me treat someone like that again. I wanna be her hero not someone she's scared of. (Survey Participant)

> To be the best father I can be. (Survey Participant)

Aligning with this finding, during the practitioner focus groups there was a shared recognition around the important motivating role that children can play for program participants. As one practitioner noted:

> A lot of the folk we work with really do acknowledge that they have caused harms, particularly towards kids, and they really want to reunify and repair those relationships and the harms that they've caused … I think those relationships are a real driving force for engagement. (FG3 Practitioner)

Another practitioner reflected on prior practice where 'fathers only' groups were organised to maximise the opportunity to draw out this motivation and focus across the program's duration. They commented:

> Kids can be a massive motivating factor for men in the space … I've worked in spaces before where sometimes they'll have father's only groups, versus non-father's only groups, and what that can look like in terms of focus and conversation. Not suggesting that's what we do here, but just bringing it back to the idea of working with dads around their kids, can be an interesting way of engaging them. (FG2 Practitioner)

Other factors impacting motivation

Beyond the motivating role of intimate partners and children, a quarter of the program participants who responded to the survey identified that they were either highly motivated or motivated to attend the program at the outset due to alcohol and other drugs. The influence of mental health and other supports was slightly higher, with one in three program participants selecting that this either highly motivated them or motivated them to attend the program at the outset.

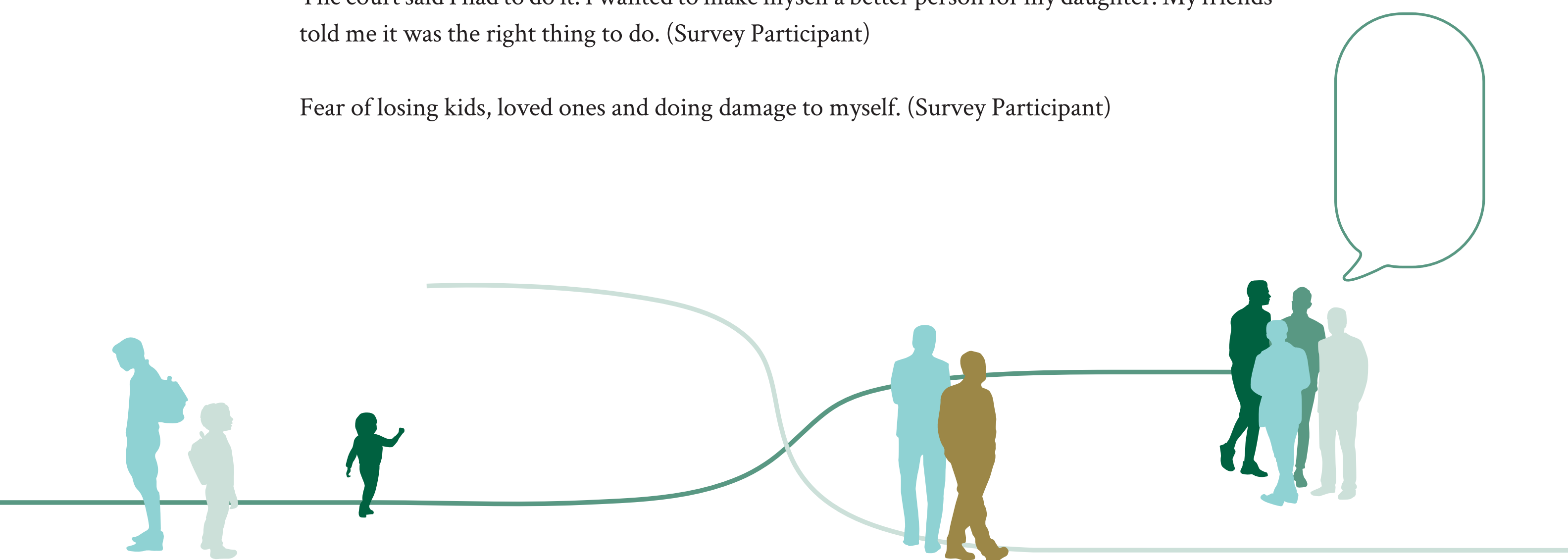
For many participants, their motivation to attend the program was multi-faceted and could not be distilled down to one key factor. This is captured in the following participant responses:

> I was ordered by court to complete the behavioural program though having a better relationship with family and addressing alcoholism were motivating factors. (Survey Participant)

> My family is everything to me. I wanted to be a better person for them, particularly my daughter. Motivated for my daughter and wife because I want to see them happy everyday of my life. (Survey Participant)

> The court said I had to do it. I wanted to make myself a better person for my daughter. My friends told me it was the right thing to do. (Survey Participant)

> Fear of losing kids, loved ones and doing damage to myself. (Survey Participant)



Motivation and the role of court mandates and child protection

There was a number of participants who identified that they attended the program because they believed it would help them in future court and/or child protection matters. Of the 80 participants who completed the survey, 15 (19%) strongly agreed and 14 (18%) somewhat agreed with the statement: 'I attended the program because I believed it would help me in future court or child protection matters'. This motivation also emerged in our analysis of the open text comments, with a small number of participants describing the impact that court had on their decisions to attend the program. As two survey participants commented:

> it was court mandated and I thought it would assist with child protection. (Survey Participant)

> Court made it clear that I need to attend. Initially, I was motivated by my wife and children, but when she advised the relationship was over, I wasn't doing it for them. (Survey Participant)

Throughout the focus groups, some practitioners identified the challenge of participants who were solely motivated to attend the program due to an 'external sanction' – such as a court order or custody arrangement review – noting that while such participants may often be likely to meet attendance requirements, there was a perception that achieving any behaviour change was unlikely unless these sanctions were coupled with more insightful motivations to undertake the program. As one practitioner explained:

> Some men who are strongly in denial are strongly engaged and will attend every single session because they're motivated by external sanctions from the family because they believe the Family Court's told them to do it and they believe that they've got a better chance of seeing their kids. It's a massive motivator to remain engaged, it's got absolutely nothing to do with them changing their behaviour. (FG4 Practitioner)

Other practitioners also reflected on the challenge of engaging mandated participants. During the same focus group, another practitioner commented:

> What we have found at times is that those cohort of men are very, very rigid in their thinking, and of course that equates to the type of cases that end up in Family Law Court … these are men that have been through a system that they haven't been able to engage in or they've not been able to participate in the steps because of their behaviour, usually around family violence. So having some of those conversations with the clients, they're challenging and they're difficult and I think it's a lot of work that we have to put a lot of energy into, and it's exhausting work when you're coming up against a lot of resistance. (FG4 Practitioner)

As well as understanding a participant's motivation to attend the program, several practitioners identified the influence of views on whether the program is a punishment or opportunity. Practitioners noted that many participants commence the program with a view that it is a punishment. As one practitioner explained:

> I think that the majority of men don't want to be there, they are seeing it as punishment, and they're being coerced themselves. We often have conversations about how does it feel to be disempowered? What is it like to have someone else coercing you into doing something you don't want to do? We try and use that as an empathy-increasing experience. (FG1 Practitioner)

Regarding men who are unable to shift from a state of denial and refusal to meaningful participation – beyond mere attendance at a program – there was a small number of practitioners who questioned whether there was any purpose to including these men within group work. For these practitioners, the potential negative impacts on other participants and the group cohesion, as explored above, outweighed any potential benefits to the individual. Advocating for why such participants are not suitable for group work, one practitioner commented:

> It's just an interesting assumption that we have to try and engage all these difficult people. It might not be a matter of engaging them, it might not be a matter that the system has to have strong consequences, … when the stakes are high and consequences are big, men will respond to that, and they might be totally inappropriate men for the group program but they'll engage strongly because there's big consequences … But it's sort of useless engaging those men in the group anyway … Forget about engagement. (FG Practitioner)

This viewpoint highlights the need to ensure that the system is equipped with a suite of perpetrator interventions that can meet the different presenting needs of people who use violence, and that referring to a MBCP does not become a 'catch-all' option for perpetrators, particularly where high levels of behaviour denial are present or where men are engaged with the courts but a mandated referral is deemed as likely to be ineffective.

3. Readiness to change

Throughout the various phases of data collection, practitioners, affected family members, and program participants described a readiness to change as the most important factor to determining and achieving engagement in a program. As part of the survey, program participants were asked whether they viewed their behaviour as a problem prior to program commencement. As highlighted in Table 8 (below), one in three survey respondents (36%) strongly agreed with the statement that their behaviour was a problem prior to beginning the program.

Table 8: Survey participants' view on whether their behaviour was a problem prior to program commencement

PARTICIPANT RESPONSE TO STATEMENT: BEFORE I BEGAN THE PROGRAM MY BEHAVIOUR WAS A PROBLEM	FREQ. (%)
Strongly agree	29 (36%)
Somewhat agree	22 (28%)
Neither agree nor disagree	15 (19%)
Somewhat disagree	6 (8%)
Strongly disagree	7 (9%)

Likewise, the survey also invited men to share their views on whether, at the outset of the program, they realised it was their responsibility to change their behaviour. As shown in Table 9 (below), in response to this question nearly half of the survey respondents (49%) 'strongly agreed' that it was their responsibility to change their behaviour.

Table 9: Survey participants' view on whether they realised it was their responsibility to change their behaviour before program commencement

PARTICIPANT RESPONSE TO STATEMENT: BEFORE I BEGAN THE PROGRAM, I REALISED IT WAS MY RESPONSIBILITY TO CHANGE MY BEHAVIOUR	FREQ. (%)
Strongly agree	39 (49%)
Somewhat agree	16 (20%)
Neither agree nor disagree	9 (11%)
Somewhat disagree	5 (6%)
Strongly disagree	10 (13%)

As shown in Tables 8 and 9 (above), program participants begin a program with a wide range of views on whether their behaviour is problematic and whether it is their responsibility to change their behaviour. Just under 20% of program participants surveyed did not think their behaviour was a problem, and did not think it was their responsibility to change their behaviour. These participants begin the program with a starkly different mindset to the third of participants who strongly agreed that their behaviour is problematic, and the nearly half of participants who strongly realised that it is their responsibility to change their behaviour. This range of views highlights the importance for practitioners of ensuring program readiness among participants at the outset.

Program readiness work

Practitioners cited numerous factors that were influential in determining whether a participant was 'ready' to participate in an MBCP. These included participation in pre-group readiness, prior engagement in individual case management or other service provision, and whether the participant was mandated or attending 'voluntarily'. The value of readiness work, when undertaken prior to program commencement, was noted by numerous practitioners during the focus groups. For example, as two practitioners commented:

> Over time now, I'm starting to see the difference in engagement and retention from those guys who've had the work done, the pre-group readiness work and engagement, versus those people who are kind of in a sense just been thrown on the group, they're just rocking up to the group for the first time. (FG1 Practitioner)

> I've had some circumstances where I've been able to observe guys who've had that pre-readiness work, or where I've done the pre-readiness work, they've come in the group and I'd be able to see them and compare and contrast with guys who haven't had that, and I've noticed a really significant difference. (FG1 Practitioner)

Building on this, another practitioner described the importance of determining program readiness ahead of program commencement:

> If I've got someone in front of me who is in a pre-contemplative stage … you can work with that person until they are blue in the face, you're not going to get anywhere. Because they don't see their behaviour or the consequences of that being any impactful or harmful to them or anybody around them. What you want to do is, you want to start moving people to different places of your stages of change, you want them to be contemplative to action in order to get that done. (FG1 Practitioner)

This viewpoint was shared by numerous practitioners across the focus groups. Practitioners stressed how impactful it can be on a group dynamic to enter a participant who is not ready to change into a program. As one practitioner explained:

> If you are not sitting with the fidelity of what your intake and assessment says in order for a person to be group ready, you are absolutely harming everybody else in that room. And you are doing that based on the fact that you want one person in there, because you're worried about his behaviour, but you are neglecting 15 other participants, because you are focussed on one person constantly. And also focussing on their behaviour and trying to manage, and making sure that you are keeping the rest of the group safe, but there's 15 other people that you are neglecting, because of that maybe one person … who is not group ready. (FG1 Practitioner)

During the focus groups, practitioners were asked to describe what readiness work is undertaken at intake and the outset of a program. Several practitioners described the value of the intake process and practitioners calling the participant in the week leading up to the first session. As two practitioners explained:

> It could even just be the one phone call even saying, "Hi, my name is so-and-so. I'm from whatever organisation. Just want to introduce myself. I'm one of the facilitators with the team. I've got you booked down for Monday to come at 6.00pm, that's still good for you? Do you know how to find the place? … How do you feel about coming on group?" And then he gets to say, "It's a fucking bunch of bullshit, shouldn't be doing this." I'll go, "Okay all right, well hey, can I just invite you to keep an open mind. Think about what you might be able to get out of the group. Maybe just put that aside for a moment. A bunch of other good guys on group. It mightn't be what you think it is. And no-one's going to pounce on you first night. See you there on Monday, mate." Could be just that, and that starts to really make a big difference. (FG1 Practitioner)

> We have had this process before which has supported engagement, especially right at the start of group, is we might do an intake and then have a single session, and individual session before the group actually starts just to maybe talk through what the group is about and just introduce it a little bit more, so participants understand it more, and a lot of those big feelings that might come up before they come to group. Maybe there's a lot of shame and other emotions that come there can be acknowledged, and I think that that's been really helpful to carry people at least to the first session. (FG3 Practitioner)

Strategies used to support program readiness

Numerous practitioners described various strategies, often unfunded, used within their organisation to prepare participants for program commencement. This often involved check-in phone calls and one-on-one case management in the lead up to the first week of group sessions. The importance of 'readying' a participant to commence a program was widely stressed, alongside the positive impact on group participation more generally. As one practitioner commented:

> I think that by doing some of that really intensive group readiness work with men, they're much better prepared. And so, when those men come into group, they tend to have a higher level of group discussion participation, a high level of self-accountability around their behaviours, high levels of self-disclosure in terms of focussing on their own behaviours, rather than what everybody else is doing … so whether that's he has an assessment and does some single sessions before going on the waitlist, or whether we offer him a series of sessions before he goes into group. I think those men have a deeper understanding of what to expect, are more comfortable with the group process, and probably have more success in terms of their contributions, but also their duration in the program as well. (FG2 Practitioner)

Throughout the focus groups, numerous anecdotes were provided by practitioners to demonstrate the perceived powerful impact that program readiness work can have on an individual's willingness to engage with the program, and their journey through the content, particularly in the initial weeks. For example, one practitioner recounted the positive impact of group readiness work on a 79-year-old program participant, stating:

> I'm thinking of one particular man that I was working with. The resistance was probably some of the greatest resistance I've seen in my 20 years of this work, and genuinely believe that for me, as a practitioner, I thought we're just filling in time. We're not going to really see much movement for this particular man. For him, first couple of weeks it was, "I shouldn't be here. I don't need to be here." … Then, through that group readiness work that we had done with him though, he was able to draw that connection to some of those conversations around how he can be a better version of who he – the man that he wants to be … There was a lot of shame and guilt attached to that … For him, around the week five, he reflected back through the work that we'd done in that group readiness and preparation stage had really been something for him to reflect on. In the end, he was so engaged and so motivated and so able to reflect even to the other participants in saying, "When I first came in here, I thought I didn't need to be here, but look at all of the things that I've learnt." So much so that he's a mandated client and refused to leave at the end. (FG8 Practitioner)

Anecdotes like this demonstrate the potential positive impact of group readiness. However, when asked whether this was a funded component of their role, the same practitioner responded:

> No, we don't receive group readiness funding. Yeah, that's probably one of the biggest issues, I think. The funding is absolutely there for the intervention itself. (FG8 Practitioner)

As Victoria and other Australian states and territories mature their approach to providing a suite of perpetrator interventions, there is a clear need to ensure that all aspects of MBCP practice, including and beyond the group program sessions themselves, are incorporated into funding models. This is particularly important given the shared recognition of the value of the potentially quite extensive and time-intensive work undertaken by practitioners before the formal commencement of a program.

4. The impact of personal circumstances on attendance and engagement

Throughout the interviews with program participants and focus groups with practitioners, the impact of changes in a participant's personal circumstances emerged as a critical factor for supporting engagement, or explaining disengagement. A number of personal circumstances were identified as placing a participant at risk of disengagement. These included housing instability, financial and employment insecurity, changes in mental health and wellbeing, alcohol and drug abuse relapse, and breach of an intervention or community corrections

order. A number of practitioners identified the importance of understanding a client's personal circumstances at the outset and monitoring for changes which may impact attendance and engagement throughout the program. In relation to questions that should be asked ahead of program commencement, one practitioner explained:

> So what's their goal? Do they want to get to see their children? Do they want to finish their Corrections order? … ask them how do they think they might need to manage it? What do they have to think about it before they come into the building? What might they have to think about it? So when there's childcare needs, when there's work, for example, or when they've had a bad experience of being in a group program before. They might've tried to do our group three times before and it's they've never made it through. So talking to them about it, "I've noticed that you've been enrolled three times. First time you lasted two weeks, second time you were incarcerated, so let's talk about that. What do you need to be thinking about and planning?" (FG4 Practitioner)

The impact of physical and mental health

Interestingly, beyond the impact of insecurity, for survey respondents who identified factors that impacted their motivation at different points of the program, three more key themes emerged: they were tired and/or busy, their motivation was impacted by poor mental health, or they were physically unwell and couldn't attend. The views of program participants who identified tiredness and the general busyness of life are captured well in the following two comments:

> Sure, there were some weeks, life was just overly busy. Energy levels played a part or just exhaustion and unable to be there mentally due to it. (Survey Participant)

> It was hard sometimes to find the motivation earlier on – I didn't have a licence – work was a barrier sometimes. sometimes I could have made it work but I chose not to because I didn't want the extra stress. (Survey Participant)

Poor mental health emerged as a common factor that was identified by participants during the survey and interviews as something that impacted their disengagement from a program. As one survey respondent explained:

> Because of my mental health not wanting me to be in the room with other men who didn't want to engage in the group and take part in bettering themselves. (Survey Participant)

Throughout the focus groups, practitioners also identified poor mental health and changing mental wellbeing as a risk factor for disengagement. As one practitioner commented:

> From the mental health perspective, there's a vast majority of clients that can't access appropriate and adequate services to support them. I think in some instances, for the most part, they're just not well and stable enough to be in a group space. (FG8 Practitioner)

Another survey respondent reflected on the impact that their social anxiety disorder had on their motivation to attend group sessions. They stated:

> I really enjoyed going to the sessions and looked forward to it each week, that said there were times that I didn't want to go as I suffer from a social anxiety disorder and attending a group setting was occasionally difficult for me. (Survey Participant)

In addition to describing the ways in which mental health impacted their engagement, five survey participants identified physical illness or medication side effects as factors that impacted their motivation to attend the program.

The impact of housing instability

Numerous practitioners identified housing stability as essential for program eligibility, as well as for supporting program attendance, engagement, and completion. However, there was shared recognition that, at present, there are limited housing supports available in Victoria for people who use violence, placing a burden on men's services to attempt to identify accommodation options for participants experiencing housing insecurity. As one practitioner commented:

> In order for you to be really eligible for our program, you need to have stable accommodation. But we also know that a lot of times when an intervention order gets placed, when that person is living in his home, he is immediately ejected from his house … the person might be eligible [for the program] in every other way, but the stable accommodation is becoming incredibly problematic … we've had that in the past week where we all scrambled to just get a person to be able to have some sort of accommodation, because his attendance was threatened by the fact that he didn't have a place to stay … It becomes really problematic in that space … It's a massive thing for us. You can work with almost everything else, but housing is a big problem for us. (FG1 PractitionerA)

There was a stated view among some practitioners that access to housing for people using violence has become significantly more challenging following the COVID-19 pandemic. This viewpoint is perhaps unsurprising given the broader context of the widening cost-of-living crisis and ongoing significant shortfall in safe accommodation for victim-survivors escaping domestic and family violence. As one practitioner explained:

> There is a really, really large portion of the client base that we're working with who are struggling in terms of accommodation. Particularly in the context of if you think about, they've been removed from the family home. They don't have the access to the supports that they once had, and I think that can become a really – that can snowball really very quickly. I don't blame them. If I didn't have anywhere safe and stable to live, men's behaviour change program is not a high priority for me … the flow-on effect from that also then becomes much more likely to breach the IVO, much more likely to be going back to the spaces because they don't have that stability. (FG8 Practitioner)

Reflecting on how to engage program participants who experience housing insecurity, another practitioner stated:

> I think given the particular people that we work with, they're often experiencing really significant disadvantage, so the protective factor of having a case management program that walks alongside the group is pretty massive. And that also includes some brokerage for accommodation and these sorts of things, so when people become homeless, they completely disengage from the group, but being able to support people and provide wraparound supports through our housing and homelessness program as well means that in the end I think people engage more fully with our program because the supports have been really inclusive. (FG3 PractitionerM)

Practitioners recommended additional funding for housing options for people who are a respondent on an intervention order and have been exited from their primary residence, as well as for people who use violence more broadly.

Strategies to support attendance and engagement amid changing personal circumstances

Numerous practitioners recognised the value of case management to support program participants experiencing changing personal circumstances. As one practitioner commented:

> I know that lots of people might have housing and security, financial stress, lots of other things happening in their life, so the individual work can support them in that space as well because I was thinking about in terms of disengagement often those other aspects of a person's life can really impact on whether they have capacity to come to group. So, we have someone if they have housing insecurity, they're facing homelessness and things like that, then their capacity and time to actually come and attend to group and engage with the content is really impacted as well. (FG3 PractitionerL)

There was also recognition among some practitioners that attendance requirements should be flexible, so as to allow additional absences where it is understandable given the participant's personal circumstances. As one practitioner explained:

> If we know that they can't sustain turning up at the same time every week, and they've got five other appointments to go to, and they've missed one because they're going to do a drug screen, like something, then we'll probably afford them an extra absence. But it's always case by case, and it gives us the ability to advocate as well to our management. (FG2 PractitionerF)

A number of practitioners noted the value of improved information-sharing systems in Victoria, which can support better understandings of a participant's circumstances and suitability for group work, including why they may present with high levels of shame. As one practitioner explained:

> We have access to a lot of information, so then you how you go about engaging that client with – we know this information and that for some men, there is a level of shame and some there is not but it's around how do we work and manage through some of that when going through the process of determining who's suitable for a group program. (FG4 Practitioner)

Additionally, some practitioners had experience in running moderated programs, whereby a modified program is tailored for participants with cognitive impairments, acquired brain injuries, or severe anxiety, as well as those from different age groups. One practitioner explained the process of approaching modification:

> Ultimately what we are doing is really looking at who is sitting in this group, and how we can actually make it meaningful for them. How can we make it actually successful to create a space where they are still able to contribute and participate in a program, but obviously recognising that we need to change the way that we're delivering it. (FG2 PractitionerH)

Across the focus groups, practitioners noted different approaches to modification. These included spacing out the program content to allow additional time to deliver the standard content, modifications to the language used to adopt simplified terms, and the creation of tailored examples throughout the program to allow the content to resonate with participants or increased use of videos and imagery (on perpetrator programmes and neurodiversity, see further Renehan & Fitz-Gibbon, 2022). As one practitioner reflected:

> It is just trying to find stuff that actually works and resonates with them, and can generate some conversation, that would be for modified. (FG2 PractitionerG)

In focus groups where experiences with program modification were discussed, the question of resource allocation and funding emerged. As one practitioner explained:

> Obviously, funding is another issue, but we do recognise there's different cohorts. Again, where our one-on-one sessions become really handy as well, is it going to be more effective to provide a more tailored one-on-one approach to somebody if we just don't think group is going to be suitable. (FG2 PractitionerH)

As captured here, several practitioners recognised the limits of current funding models and the unsustainability of developing program modifications without additional funding support.

5. The role of shame in disengagement

Throughout the focus groups, several practitioners discussed the role of shame on participant disengagement from a program. Indeed, the expression of shame was often identified by practitioners as the leading indicator that a participant was at risk of disengaging. This viewpoint is captured well in the descriptions of three practitioners:

> I think one of the biggest things that leads to disengagement is shame. And I think shame sits at the core of all the work we do with men. It's one of the key drivers of their behaviour as well. (FG1 Practitioner)

> If we look at what keeps men engaged and what works for them, the feeling judged, and feeling like they're being punished, is something that's a pretty quick route for disengagement, in my opinion. (FG1 Practitioner)

> I do genuinely believe as well the facilitators play a really big role in that and your capacity to find the balance between calling out their behaviour, challenging things and providing alternate views and all that without shaming them. I think the minute shame comes into the space, they become defensive. (FG8 Practitioner)

Building rapport and strength in the relationship between a facilitator and program participants was cited as key to overcoming the impact of shame and for supporting participant engagement. Two practitioners reflected this:

> That idea of having a level of warmth, and that therapeutic relationship if you like, which we know is heavily researched, will be a factor that keeps people engaged. But ultimately, obviously, if anyone's turning up and feeling judged and punished, or feeling a sense of tension or bad vibes, that's not something that's going to stick them to engaging in a program. (FG1 Practitioner)

> There is certainly an element of rapport building that goes on. It's hard to describe, but I'd couch it this way. I think that as men enter group, and they get to see that the facilitators aren't there being judgemental, like it should be a non-judgemental approach. And working with them, making them feel like it's a safe space and they can be trusted, that certainly helps as well. (FG2 Practitioner)

Within the focus groups, there was a small number of practitioners who were involved in the delivery of programs in a language other than English. While not focused on shame specifically, these practitioners reflected on the value of shared language in establishing rapport. As one practitioner commented:

> I think the language itself, like participant and the facilitator, they speak same, first language, mother tongue. It immediately makes a connection and rapport … because I feel easily connected to people that they speak my first language. (FG5 Practitioner)

Another practitioner, who was involved in the same program, agreed. They extended their reflections to the value of shared culture in supporting early rapport between a participant and program facilitator, commenting:

> Language is the first one because you know a lot of these men have got language barriers and they can't attend the other sessions. I think the other thing is like knowing that facilitator is coming from the same culture and they are more understanding towards the expectations from men, like the belief system. It has got its pros and cons, but it's a good way of like connecting. (FG5 Practitioner)

There has been relatively limited research to date on the development and effectiveness of perpetrator interventions for men from culturally, racially and linguistically diverse communities. The development of culturally specific programs delivered in languages spoken by program participants has sought to increase engagement in the behaviour change process, and to ensure culturally informed program content (see further Fitz-Gibbon, Helps & Tan, 2023).

6. Understanding disengagement at the point of self-realisation

Interestingly, several practitioners also identified that program participants are at an increased risk of disengagement at the point when a participant is being supported towards identifying their behaviour as problematic. Specifically, practitioners described this as a point where quite rapid disengagement can occur. As one practitioner described:

> One of the biggest reasons for men to suddenly disengage, is if they recognise their own behaviour in what we are working on in the room, and they can't manage how that feels. So, the man who, the example that comes to mind, said that he actually shouted at his kids to frighten them, so they would do what they would do, so that they would do what he wanted them to do. And we just said, "So, is what you're saying that you think it's okay to frighten your children to do what you want?" … He never came back and wouldn't answer phone calls when we followed up. So, he was sitting there, and he recognised his belief in his behaviour … his shame didn't let him come back. The discomfort of that meant he couldn't face the room. Which is a shame, because I think if he had, there's a whole lot of opening up you can do then. (FG1 Practitioner)

Concurring, another practitioner explained:

> We say that to the men in the group when they start …"This is behaviour change, and we know that around about Week 5 and 6, when you are starting to, if you are getting out of the group that you should – if you are putting the work into the group, you are going to start noticing that there's behaviours that's going to change." It's an uncomfortable experience. It's not nice to kind of sit, "Well, this is now what I have to look at." … It becomes uncomfortable to sit in the group. It also becomes at Week 6, it kind of hits, "Oh, this is annoying. I have to put two hours of my day aside. I can't go and do all of these things."
> So, we really acknowledge that very early in the group that around about Week 6 to Week 8 this is going to become really difficult. If you feel like it's becoming difficult, please talk to us. Because we'll acknowledge that, "Yes, you're sitting in that space and we respect that space, and we will try and help you move past that." … Behaviour change is not nice work. (FG1 Practitioner)

Numerous practitioners discussed the importance of not shying away from content or interactions that required a program participant to confront the reasons why they were attending the program, or what had bought them to this point. Creating a safe space where participants could sit with that realisation, however uncomfortable, and work through it was stressed as being essential to preventing disengagement. One practitioner described how they approach this process:

> Not sugar coating it though, but talking about the reality of the group, what we're going to be covering. It will be challenging, you will find it uncomfortable, what we're going to ask you to do is to sit in a position of being uncomfortable. We're connecting them back to what has brought them into the program, their history of offending, whether it's Child Protection. (FG4 Practitioner)

Beyond identifying specific factors that impacted a participant's motivation to attend a program, there was a small number of surveyed program participants who described finding the overall program challenging, and how that impacted their motivation to attend the program to the point of non-completion. As one survey participant described:

> The course is obviously challenging and external factors in terms of work and general laziness aside there were time where I just didn't want to feel like a criminal who had barely escaped going to prison. It's obviously a fine line between shaking people into attention and getting the messages across strongly vs opening up a rapport and engaging discussion. I think the balance and approach is probably right and needed when you take the whole spectrum of participants into consideration, but I struggled with that. (Survey Participant)

For program participants who exited the program early, similar remarks were made in response to the survey question that asked what the main factor that impacted their non-completion was. One survey participant commented:

> I disagree with the way it was directed at me like I was a violent person and I was a woman basher It was a very uncomfortable situation with the group session and the 1 on 1 didn't go to well either. (Survey Participant)

Program components that support engagement and contribute to disengagement

This study sought to identify what program components support engagement and which components may be more likely to contribute to participant disengagement with a program. Many of the affected family members interviewed noted that their partners rarely talked to them about the program, including the program content. As such, the following section relies heavily on the program participant data that was collected via the survey and interviews, and, where possible, this is triangulated with data from affected family members and program participants.

During the survey, all participants were asked to identify which components of a program's offering they had engaged with. As the survey findings in Table 10 (below) show, the vast majority of program participants who participated in this study had been involved in group sessions (95%), with only two survey respondents having participated solely in individual case management with the program provider.

Table 10: Participation in different program components

PROGRAM COMPONENTS	FREQ. (%)
In-person group sessions	76 (95%)
Virtual group sessions (i.e. online)	1 (1%)
Ongoing, regular in-person individual case management with the program provider	2 (3%)
Ongoing, regular virtual or phone-based case management with the program provider	0

Notably, only one participant in this study participated in a virtual (online) group session. For this reason – while a small number of practitioners reflected, during the focus groups, on how the move to online program delivery and hybrid models since the COVID-19 pandemic has impacted participant engagement – the analysis below is heavily focused on examining the role of in-person group sessions in supporting engagement and contributing to disengagement (for more information about online program delivery, see, Helps, McGowan & Fitz-Gibbon, 2023).

1. Group sessions

As noted in the above section, 95% of survey respondents had participated in in-person group sessions as part of their program experience. We were interested to understand the degree to which these respondents found group sessions valuable. As outlined in the Table 11 (below), program participants overwhelming agreed that the group sessions were valuable.

Table 11: Program participants' views on the value of group sessions

PARTICIPANT RESPONSE TO THE STATEMENT: I FOUND THE GROUP SESSIONS VALUABLE	FREQ. (%)
Strongly agree	52 (65%)
Somewhat agree	12 (15%)
Neither agree nor disagree	11 (14%)
Somewhat disagree	0
Strongly disagree	5 (6%)

This quantitative finding was supported in responses received to the question: 'What did you find more useful in the program?' Here, numerous program participants specifically identified the group session as the most useful component of the program they attended. As two survey participants commented:

> That it was a group, that everyone had input, it was a non-judgmental space. The group had valuable topics, ideas and discussions. It creates you to have a mental awareness/strength/ understanding of behaviour and what I can do about them to make me a non-violent person. It educates me to think about things in depth I've never thought about before and I go away thinking about these things in depth. (Survey Participant)

> Group setting – focus not on me all of the time, so I could have brain rests between thinking and reflecting about my situation. Being able to hear other men's opinions and thoughts was helpful in the group. (Survey Participant)

In describing what they found most valuable about group sessions, a number of program participants identified the value of learning from other participants. As four participants described:

> I looked forward to the group sessions each week listening to other people's insights was a big learning experience. (Survey Participant)

> Talking and listening to others with similar issues. (Survey Participant)

> I liked hearing everyone's stories, having different perspectives, I enjoyed being around older blokes, witnessing other experiences. (Survey Participant)

For several program participants, the group sessions offered a social connection that was viewed as beneficial. As three other survey participants further explained:

> Being with men in the same circumstance was also good to be able to talk to. (Survey Participant)

> Group was good because it was my social connection but also, I find the group helpful in opening up more doors for me and figuring out why. I could feel progression each week. (Survey Participant)

> Gaining friendships with the other men in the group because they all could talk outside group freely about our problems. (Survey Participant)

Other participants noted that the supportive, non-judgmental atmosphere of the group sessions was critical to supporting their engagement. One survey participant commented on the most useful aspect of the program for them:

> To openly discuss issues that I was facing in a non-judgemental environment. (Survey Participant)

Beyond the survey, the benefits of group sessions were similarly noted in interviews with affected family members. As one affected family member described:

> He was better with the group sessions where they just got to talk. There was no expectation of what they needed to talk about, it was just to talk and to meet other people who are in similar situations. (AFM 22)

Practitioners also identified numerous benefits from group sessions, including the connections fostered between group members. As two practitioners commented:

> Group work can be really, really powerful. (FG1 Practitioner)

> For some [men] it is an opportunity to have a bit of routine and connection to some other people in community, and hear the voice of others … So, it's not about making a friendship, but it's a feeling of connection and being supported that they potentially haven't had before. (FG2 Practitioner)

Notably, one practitioner spoke about the value of the group setting in providing a forum through which other members could hold individuals to account for their comments and engagement within the sessions. As one practitioner described:

> We had a good example of the group policing a gentleman, who while we were doing our gender session, said something that was, I thought was incredibly sexist and not okay … the group policed him really well. And I think for him, he came back the next session and he was much, I think he was much more measured. I think he had a good think about what it was that he said, because what he said was, even though you thought it was going to be the popular opinion, was actually something that the group didn't agree with. (FG1 Practitioner)

This practitioner went on to further explain:

> I would much rather prefer that the group, we are calling it policing, but that the group rectify behaviour than me. Because that's much more, because that's your peers telling you, other people who are sitting in the room for the same reason that you are sitting here, telling you that the behaviour that you're engaging in is not okay. I would much, much rather prefer that, than the female facilitator telling someone that they are not behaving in a way. (FG1 Practitioner)

Several practitioners identified the importance of group cohesion, and ensuring this early on in the program's delivery. Participant experiences of feeling ostracised from a group, or feeling like they don't belong, was identified as a key risk factor to disengagement and early exit. Regarding these men, one practitioner recounted:

> I think there probably is a sense of perception around, "I'm not one of these men." And that could be the makeup of the participants in group, what they're hearing in the conversations. So, again, it's somewhat anecdotal, but I think that that might be a contributing factor [to disengagement]. (FG2 Practitioner)

Practitioners also identified a risk of disengagement where participants who were open to change and willing to engage with the program content were allocated to groups were there were a single or small number of other, dominant participants who were in complete denial of their behaviour and were dismissive of the program content. The ripple effect and impact of such participants was acknowledged throughout the practitioner focus groups. As one practitioner stated:

> Separating out the men in denial and keeping them out of the group is something we've been struggling with lately, as part of our practice, so they undermine the effectiveness of the other men's behaviour change process and men tell us that, yes, they can't get on with the work and they feel intimidated and they remain silent in the group at times when those mandated but strongly engaged but strongly-in-denial men are in the group. (FG4 Practitioner)

For survey participants who identified that they had disengaged with the group sessions during the program's delivery, the survey invited them to identify the point at which this occurred and why. 11 survey participants responded to this question. The main reasons provided for disengaging with group sessions related to the difficulty of attending at the specified time of day, given work commitments. As two survey participants explained:

> The travel and session timing made it difficult for me to be there on time. (Survey Participant)

> Still wanted to attend, but couldn't manage it with my circumstances. (Survey Participant)

Other reasons provided by program participants for disengaging with group sessions included poor physical health and a general feeling of not wanting to attend.

2. Specific program content and information

As noted above, beyond the group sessions, the survey invited program participants to identify whether there were any weeks where they didn't want to come to the group sessions or where their motivation to attend was low. 80% of survey respondents (n=64) provided an open text response to this question. Of those, 30 program participants identified that there were no weeks where they didn't want to attend the group sessions. These responses were overwhelmingly positive, with two program participants remarking:

> I realised the program would help me so attendance wasn't a question. It was what I needed to do. My behaviour had to change. (Survey Participant)

> I was surprised at how scientific and academic the whole thing was, which resonated heavily with me. This made me feel less like a criminal and open to discussion, alongside the genuine interest in from the facilitators and emotional investment they seemed to show to the whole group. (Survey Participant)

Specific program content and motivation to engage

For some program participants, there was recognised value in a program that identified their problematic behaviours, held them to account, and encouraged them to change. Another survey participant described the most useful part of the program for them:

> Being questioned on your responses and being made to dig deep into what really makes you tick and why you chose certain behaviours [and] understanding the full effect your actions have on people and what actually constitutes domestic violence. (Survey Participant)

Numerous program participants also spoke generally about the value of the information provided across the weeks of the program, and how that helped them in their understanding of their own behaviours. As two participants commented:

> The information provided, it put a lot of things in perspective and helped me understand certain things more clearly. (Survey Participant)

> Everything. The research, techniques, looking into the future (how to mend or attempt to keep making things better), symptoms and stages of alcohol dependency, how women in general feel about being confronted by men, how children see and respond to behaviour. Controlling feelings and walking away from potentially destructive and downhill spiralling behaviour. (Survey Participant)

Program participants further identified the topics of gaslighting, empathy, understanding shame and guilt, and the 'Man Box'[15] as being particularly useful points of discussion, as well as learning strategies on box breathing, avoiding conflict, and identifying anger. In addition to specific topics, one survey participant reflected on the value of "having visual papers to be able to review at a later date for self-reflection". A number of participants identified the value of the program content on coercive and controlling behaviours. One survey participant commented on the way this content supported them:

> Realising my biggest problem was controlling behaviour – I had to stop it. It wasn't working. (Survey Participant)

For another survey participant, it was not a specific topic that was the most engaging part of the program, but rather the depth at which each of the content topics were explored. As they explained:

> The depth that the behaviours are explored and how we came to make the decisions to behave like that, it helped me realise where I need to make the change which was often not at the point of the decision but earlier. (Survey Participant)

However, these views were not universally held and, indeed, some program participants expressed directly contrasting experiences – noting that they found the gendered nature of the program content 'offensive' and 'confronting'. During the interviews, one program participant stated:

> I think teaching it from a gender-based perspective and assuming guilt is also – is going to stop any kind of learning as well. I just think that they've got the theoretical model wrong from the beginning, and I don't think there's sufficient evidence to back up that that's actually correct … I just think there's a reverse pendulum effect and it's actually hurting people and it's hurting children, not just men … That's my belief and I can back it up all day long. (Program Participant 14)

Other survey participants specifically noted that their negative views on the program content impacted their motivation to attend the program. As three program participants remarked:

> I found the program heavily biased and traumatic. (Survey Participant)

> It wasn't going to change me and most of it was fantasy about gender roles. (Survey Participant)

> I never wanted to come. I HAD to. Until I couldn't take it anymore. The main reason was that, in the group, women are understood as having no responsibility whatsoever for their behaviour. Anger and so on is said to be entirely on the man. That is not how reality works. (Survey Participant)

15 For further details about the man box and its impact on violence against women, see Jesuit Social Services, 2024.

This viewpoint was also expressed during the interviews, including with affected family members whose partners had reported back to them on the aspects of the programs that they did, and did not, engage with. As one affected family member recounted:

> It was maybe after three or four sessions, or the fourth session, he said that he felt that the tone of the talk became more accusatory. He felt that initially, it wasn't like they'd done anything wrong, they were just talking quite generalistically [sic] about what people could do. But then he felt, I think it was after one or two sessions in a row, that he said that, "The tone changed a little bit to be more accusing," he said, which made him feel defensive. (AFM 23)

Throughout the interviews, other program participants were not critical of the content specifically, but rather of the way it was delivered. As one program participant explained:

> What I tried to do was stand back from what was being offered. The whole thrust of the program and the content was around preparedness for change … The other one was around the cycle of violence and what you do to break that cycle. The whole process was geared to delivering that content. It wasn't geared to using the content of a vehicle for change … It was more than a bit rigid. It was, at times, pretty savage, pretty brutal … . I would have thought the most important thing that you could do was give people the concrete impression that they were being listened to … if you listen to a person, it doesn't mean that you agree with them, but they know that they've been listened to. Then you move on. (Program Participant 18)

For this participant, the importance of creating a safe and open space for participants to reflect on their behaviours was critical – but, in their experience, this was not provided. They went on to further comment:

> Unfortunately, what also happened was that in a lot of situations where guys that I attended with attempted to say what was important to them, but they were shut down and routinely shamed. The emphasis was on, "You're a criminal, you have a criminal history, that's why you're here, and we're not interested in listening to any new details." I mean, it's like I said, it was pretty savage, and pretty brutal. (Program Participant 18)

Interestingly, in relation to specific weeks where motivation dipped, three survey participants noted that their motivation to attend the initial weeks of the program was low. Describing their low desire to attend the first week of the program and how that changed over the course of the program, one participant commented:

> First week: I didn't want to come, I thought I shouldn't be here but then I realised there was some things I still wanted to work on, and that some beliefs I held were not helpful. Week 10-12 I started thinking and reflecting and was motivated to attend each session. (Survey Participant)

Program time and day as factors impacting motivation to attend

Beyond initial motivation factors, the survey also invited program participants to explain how the delivery of the program impacted their willingness to engage. Some participants noted that the time of day which the program was held was inconvenient, identifying this as impacting their motivation to attend. As one survey participant commented:

> It was exhausting going into town at 6:00-6:30 (dinner time) and having to make your way back. (Survey Participant)

For other program participants, the allocated time and location was similarly cited as the factor which led to their early exit from the program. For example, when asked in the survey what factors contributed to their early exit from the program, two survey participants explained:

> Program was running at a time and place I couldn't participate in. (Survey Participant)

> The hours of the programme did not suit around my committed work hours. (Survey Participant)

Reduced engagement due to a perceived inconvenience to attend at the time and/or location of the program may be countered through the delivery of online programs, or hybrid program offerings. As this study did not collect data from participants who had engaged wholly online with a program, it was unable to test how different modes of accessibility support participant engagement. Given the necessitated shift in Victoria to online program delivery during the COVID-19 pandemic (Fitz-Gibbon, Burley & Meyer, 2020) – and the ongoing delivery of some programs online – there is value in better understanding the degree to which accommodating a shift to online support may support greater engagement among perpetrators who express inconvenience in attending in-person programs. This must, of course, be balanced against the loss of other benefits of in-person program delivery and attendance, particularly given the relatively limited evidence base on the effectiveness of online program delivery.

3. Rolling groups

Across the different phases of data collection, there were varying views on the impact of rolling groups on program participant engagement. Importantly, these views differed within and across participant groups. There was a cohort of practitioners who stressed the value of rolling enrolments in supporting, and in some cases enhancing, participant levels of engagement. This was captured in one practitioner's reflection:

> Those group norms for the new men coming in, actually fit into the existing group norms, rather than having that initial storming and forming stage of 14 men all going through it. Only two or three are going through, and so there is quite a lot of the men find the boundaries very quickly. We get a lot less of that initial pushback and resistance in the first four to five sessions that you get in a closed program. So, I just think that's an interesting variation I've noticed over time. (FG1 Practitioner)

Other practitioners described the benefits of rolling groups where a positive cohort dynamic had been established and new participants were able to come into that. As one practitioner described:

> Every 11 weeks, new men were coming into an environment where the men that had been there for a longer period of time were very much used to what happens in group and they've been able to support men coming in to do the same. So yes, that's been really handy that we're still seeing the flow on effects and like a positive influence of that. (FG4 Practitioner)

Building on this, some practitioners identified that rolling groups provide an opportunity for men who are earlier in their program to be part of the journey for participants who are nearing completion. Across the focus groups, this was recognised by numerous practitioners as beneficial in rolling group enrolments. As two practitioners explained:

> I think that helps with the attrition as well, is because new men coming into group have the opportunity to observe men role modelling at Weeks 20 plus. Someone who's become quite established in group then gets the opportunity, they might sit back for the first couple of weeks and do just a bit more observation, but they get that exposure of the different lengths in time in group in different levels of participation. I think that's really beneficial as well. (FG2 Practitioner)

> Having men in the group space that have moved through the behaviour change journey more, they've let go of a lot of their narratives, they have more accountability in the space, they engage really well, they've got a lot of insight. Them then being able to provide that for the newer men, who are not quite there yet, is really helpful. Because what we know, is that if it's coming from another participant, they're likely to listen to it more than if it comes from the facilitator. So, if we've got men in group that are able to be that narrative instead of us, it's more effective. So, that is really helpful. (FG2 Practitioner)

Building on this, another practitioner recognised the benefits of new participants joining a group, particularly where practitioners perceive a group dynamic or membership to be particularly challenging. As one practitioner commented:

> We used to run closed groups many years ago, and what we found were staff would sometimes really struggle if you've got that hard group, and you've got those kind of dynamics for the same week in, week out. Whereas the rolling groups can help really shift that dynamic, and mix things up and set the scene every time you get new men coming in. (FG2 Practitioner)

Some practitioners also described ways in which they built opportunities to reflect on learnings and changes into their group practice. As another practitioner described:

> One of our processes is, a man finishes his 20th session, is we ask them to tell the rest of the group what stood out for you, what are the main things you're taking away. And quite often it's the very vocal men who will say, "I came into this thinking I could scoot through 20 weeks with saying nothing and just get it over and done with. But every week I found something that actually made me think, or I ended up reflecting on it, or I raised it with my partner." Those sorts of information when you've got new guys in the room who are still in their offensive pose, actually helps them feel safer too. (FG1 Practitioner)

This is not to suggest that practitioners were unconditionally supportive of rolling enrolments. There were several recognised limits. As one practitioner explained:

> I think the cons are, things feel repetitive sometimes, because you work on something in particular with a man when they first come in, but then four weeks later there's another man that's new that has the same narrative, so you sort of try and nip that in the bud again, and it can feel a bit repetitive. I think the flow potentially of a closed group might be, there's a particular sequence you can do things in a particular order on purpose … I think sometimes there are particular sessions that make sense that they come before other sessions. (FG2 Practitioner)

Few program participants spoke specifically about rolling groups in the interviews. This is likely because they did not have comparative experiences to offset it against. That said, one program participant explained that the rolling group they participated in had impacted their engagement, identifying it as the reason they disengaged in some weeks of the program. As they explained:

> As new participants entered the program, when previous participants completed the program, it seemed like the group as a whole went backwards to some extent. (Survey Participant)

Recognising that rolling groups are a key strategy used by program providers to mitigate longer waiting lists and unexpected attrition, and to maximise program resources, the findings from this study raise questions from a practitioner viewpoint on the value of this approach and the degree to which it supports engagement.

4. The impact of waiting lists

Throughout the focus groups, practitioners recognised the importance of providing timely interventions. This was often linked to the challenge of managing waiting lists and trying to ensure timely enrolments in the context of resourcing constraints and program demands. Practitioners emphasised the importance of timely enrolments in ensuring that clients begin a program while they are motivated to do so. As one practitioner explained:

> It's about their motivation. It's almost like that window of opportunity and as other services step back, whether it's around court or police or if we haven't engaged in that moment, there's less likelihood that the perpetrators are going to want to continue or have that external motivation to continue with us. (FG4 Practitioner)

Numerous practitioners also noted how challenging it is – within current funding models and resource constraints – to service waiting lists and manage participant readiness and risk visibility among waiting list clients. There was a small number of practitioners who were engaged in providing one-on-one case management services for future program participants who were on waiting lists awaiting program commencement. The perceived value of such support was apparent among these practitioners. As one explained:

> I think the waitlist check-in calls, so while they're on the waitlist for a long period of time, rather than just six months down the track they're getting contact from us. It's a constant rapport building exercise as well, to kind of build trust already, before they come into group … just to show that we are there to help and we can help them, I think that's also a big plus, just having those check-in calls. (FG2 Practitioner)

It was noted that waiting list check-in calls were not funded as part of the provider's services and that, for this reason, it was not possible to provide calls for all future program participants, but that there is perceived value in doing so.

While the interviews with affected family members did not specifically include a question about waiting lists, there was a small number of affected family members who reflected on the wider impact of long waiting lists on affected family members, children, and other family members. As one interview participant explained:

> How can you say, "Look, we suggest that you go do this course, your wife's going to go do this, and this, and this," but then to turnaround and go, "Yeah, well you haven't done 10 weeks yet so you can't see the kids," and you're like, "Well, hang on." Then, on top of that, and I am aware, there's a long waiting list to this, so it's not a matter of saying, "Okay, I've been kicked out of the house, I want to get this done, we want to get this sorted," because [we] want to get our life back on track, and sort ourselves out. It's not like we want to go our separate ways from this, we want to bring ourselves back together. But all this is causing detriment because I can't talk to him, he can't do any of the courses because you've got to wait your two months, or however many weeks before you can get in there. (AFM 9)

This view is critical, given the recognition in the Victorian Men's Behaviour Change Minimum Standards (Family Safety Victoria, 2018) detailing the importance of perpetrators facing a range of *timely* system responses for their use of family violence. In 2020, a survey conducted by No to Violence of 16 Victorian program providers found that there were 1,100 clients on waiting lists, with an average wait time of more than 13 weeks (Family Violence Reform Implementation Monitor, 2020). These viewpoints – combined with other valid arguments for the delivery of timely interventions – provide further evidence on why greater attention to reducing waiting lists for MBCPs is critically needed.

5. Family safety contact work

While this project was not focused on examining family safety contact work specifically, throughout the focus groups, practitioners described family safety contact work as critical to truly understanding engagement and the impact of a program participant's progression through a program on their behaviour and attitudes. Family safety contact work was positioned as pivotal to gaining a deeper understanding of how a participant contributes during program sessions. As one practitioner succinctly put it:

> That is the whole purpose ideally, of having good partner contact. It allows us to assess how truthful what we're hearing in the room is. (FG1 Practitioner)

Another practitioner captured, in clear words, the importance of family safety contact work in efforts to engage participants and change perpetrator behaviours:

> I think of course the sole purpose – not sole, but the main purpose is to keep women and children safe. So I think family safety contact and that having someone involved with us for that amount of time is our window of opportunity to engage with the victim survivors … I think it's our window of opportunity to support victim survivors and assess risk and assess effectiveness via victim survivors and the impact of the behaviour change that they're seeing or change or no change. Yes, because I guess there's not actually that much guidelines or frameworks or resources around how we engage victim survivors in that context when it's the cold call family safety contact. (FG4 Practitioner)

Critically, given the focus of this study, a small number of practitioners explicitly recognised the importance of keeping affected family members informed when a participant disengages from a program, is no longer attending, and/or is no longer in contact with the service. Concerningly, a number of affected family members recounted the experience of not being told when their partner had exited early from the program – and it was only weeks or months down the track that they found out that their partner was no longer attending. As one affected family member commented:

> I wasn't actually told that he had left early. I just realised that I hadn't heard from them in a while and I contacted them to say "Hey, what's going on," and found out that he'd immediately disengaged from the program as soon as the court proceedings were over. (AFM 3)

This is highly concerning and reflects practice that is not consistent with the Victorian Government Minimum Standards (Family Safety Victoria, 2018). Specifically, Minimum Standard 1.8 prescribes:

> When the perpetrator completes, withdraws or is terminated from a program the family safety contact worker will contact the partner and other relevant family members at risk of family violence, or their case manager (if prescribed under the FV scheme), and inform them of this and any other information relevant to managing any risk to their safety from family violence. (Family Safety Victoria, 2018: 9)

Ensuring the affected family member is aware of any change in participation was viewed as critical to managing a period of potentially heightened risk and lower visibility. As one practitioner explained:

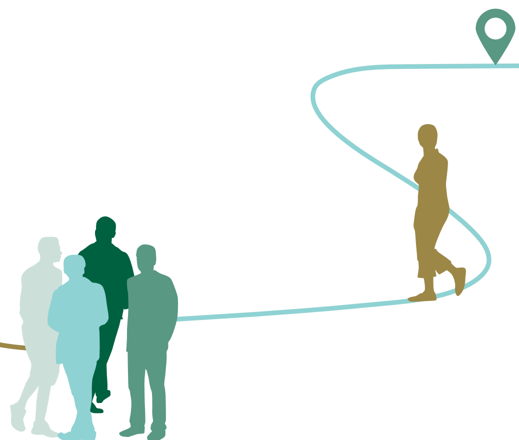
> Their risk increases if he disengages, because simply there's no-one watching him anymore. So, if he leaves group and he's heightened, if worse comes to worst, we put a call into police, we put a call into her and say, "Please enact your safety plan." Whereas if we haven't ever spoken to her and we don't know where she lives, then we can't do that. (FG1 Practitioner)

This acknowledgement is imperative. Unfortunately, it does not reflect practice experienced by several interviewed affected family members who, in some cases, were not notified when their partner (current or former) disengaged from the program, and did not find out that their partner had exited the program early until weeks or, in a small number of instances, months later, when they sought out information about their partner's progress from the program service provider.

While the focus groups with practitioners did not include questions specifically about the provision of, or funding relating to, family safety contact work, a number of practitioners raised concerns about the level of funding allocated to family safety contact work as part of current funding models. Mirroring the views of multiple practitioners who participated in the focus groups, one practitioner reflected:

> Family safety contact has never been fully funded, so it's like well we have a model which isn't fully funded … any men's behaviour change program is around addressing the risk and safety to family members … it's around women and children, that's the work that we do … family safety contact is one of the most important roles that we do in men's behaviour change program work and it has never been fully funded, so those things that are quite – it's quite perplexing that we're still sitting here after all these years. And what we're talking about is we're talking we might have one man that comes in for a program but what he brings with him can be up to at least 10 affected family members … if there's no voice of the woman or children, the work, as a key worker, it's not effective work because you're literally just hearing what the perpetrator wants you to hear. (FG4 Practitioner)

While it is not the intention of this study to provide an in-depth examination of the effectiveness of the provision of family safety contact work in current MBCP practice in Victoria, this research does highlight several opportunities for improved practice which would have important benefits for better supporting victim-survivor safety and risk management.



PRACTITIONER ENGAGEMENT AND RETENTION STRATEGIES

1. The importance of integrating one-on-one case management within program delivery

Throughout the focus groups, numerous practitioners reflected on the importance of integrating one-on-one case management within the delivery of programs, including alongside group sessions. Practitioners described one-on-one case management support as critical to supporting engagement. Describing the role and different functions of case management, one practitioner commented:

> There will be a key worker, so someone supporting that person through that journey and the lead-up, the prep and checking in with them and also doing coordination with the family safety contact worker, who's working with the victim survivors as well … it's the foundation work and obviously throughout group but it's the foundation work of other than just assessing risk and the needs of the client and whether there's suitable to go ahead with assessment and group and all those things, it's also supporting them to stabilise if they've got AOD issues or mental health, you're working with all those other services to support that person. (FG4 Practitioner)

Practitioners positioned one-on-one case management as a vital tool to support engagement when used in combination with group sessions. As two practitioners explained:

> So, the individual sessions work well alongside that if someone's missed a week, they have other obligations, kids are sick, things like that. So, it helps keep everyone up to the same part of the group so they can keep engaging. (FG3 Practitioner)

> We use those individual counselling sessions to do some of that group readiness in the earlier stages of the intervention. Ideally, we would like to do it before they come into the group … Those men, tend to – I believe it's really beneficial in the consolidation of the program, and their capacity to then be able to reflect on what it is that they've observed in the group or they've heard or their own reflections in a safe, private space … I think that fundamentally, if you strip it all away, I think the more support these men are provided with and more individualised support, I think the greater our capacity to keep them engaged. (FG8 Practitioner)

Practitioners viewed integrating group sessions with opportunities for one-on-one engagements as particularly important when working with men who are at a high risk of disengagement. Examples provided by practitioners of cases where this may be needed included where men have been highly emotional in a group session due to specific content, where a participant has expressed prior or current suicide ideation, or for court mandated participants. A number of practitioners spoke about the value of follow-up phone calls or one-on-one case management following a group session. As two practitioners described:

> When we have that capacity to refer to a case manager and do that one-on-one work with them as well, we get to – they're less of an object, more of an individual. They always will reflect, "It feels good to be heard." That court process often leaves a lot of them feeling unheard. (FG8 Practitioner)

> Follow-up calls. Reaching out during the week between sessions, checking-in is one of the huge ones. Again, it's showing you care. But also, if you've said, "I'll give you a call later," when something has come up for a man that's been highly, highly sensitive. (FG1 Practitioner)

When the second practitioner (quoted above) was asked whether the service is funded to provide follow-up phone calls, they replied: "No, but you do it because you do the work" (FG1 Practitioner), to which another practitioner agreed: "You do the work, yes" (FG1 Practitioner). Furthermore, anecdotally, this follow-up work often fell to program facilitators as opposed to case managers. Within the current study, this was yet another example of a reliance on unfunded practitioner strategies to support program participant engagement.

2. Practitioner engagement and retention strategies

Building on practitioners' reflections on the value of individual case management, during the focus groups practitioners were invited to reflect on strategies utilised in delivering the program content to maximise participant engagement. While acknowledging the need to work through set modules, several practitioners reflected on the need to modify time spent on different aspects of the program content to suit the specific needs of the group. As one practitioner explained:

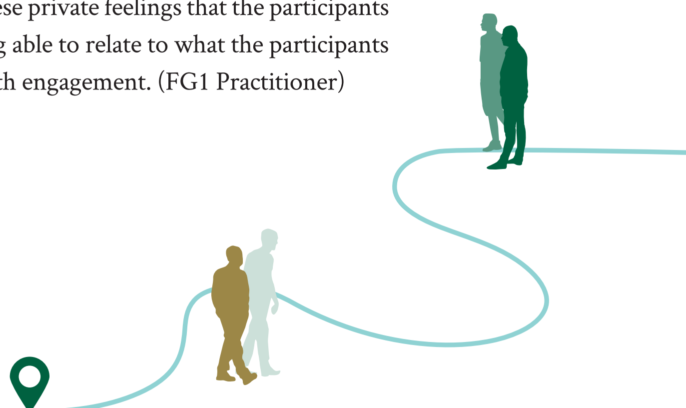
> Behaviour change isn't something that happens really quickly. It's a process over time, and it's not linear, but it's something that we are working towards in terms of sharing that power is also encouraging people to let us know what they feel is the most important thing that they would like to look at in group or what they would like to talk about and being guided by participants in terms of what we cover in the group content. We obviously have things that we will get to regardless but creating more space for participants to guide us in that, and that also is like sharing power but also ensures that what we're talking about in group actually feels really relevant to the people who are attending. (FG3 Practitioner)

Looking beyond the content – and linking back to our earlier analysis on countering denial and refusal to participate – another practitioner reflected on the strategies they have adopted within a program to engage participants who are refusing to speak. They explained:

> If you want the really practical things that we do is, if we realise the people are not speaking, we ask them to choose colours of the whiteboard that we're going to be writing on, or we do definitions but then go around the room, so everybody has to say at least one word in the session … that's our practical of how to get them to engage. (FG1 Practitioner)

Practitioners described the importance of explicitly identifying the point where a participant is clearly disengaging from a program. As one explained:

> What helps with engagement, is kind of naming the stuff, the elephant in the room, if you like. "Okay, yeah, I get you don't want to be here. I get you know you're frustrated." Naming all of those things that they might be experiencing, being anxious, being angry, and getting that on the table, not spending too much time on that … But naming it, saying it's there, so that they have a sense of validation. Because I guess if they're feeling off-key … there's an incongruence between where the facilitators are at and what they're doing, and there's these private feelings that the participants have, there's that disconnect there obviously. So, that being able to relate to what the participants are feeling and experiencing, I think is really important with engagement. (FG1 Practitioner)



Other practitioners similarly reflected on the strategies they employ when a participant has stopped attending a program. As one practitioner described:

> What can we do together to make you come back? Even if you just come for a period of the time, just come for a little bit, we'll make apologies for the next two or three weeks, we'll say to people you need to leave a little bit earlier, or you are coming a little bit late. As long as there's communication and honesty in what you're experiencing, we can work through it." (FG1 Practitioner)

Other practitioners stressed the importance of follow-up phone calls for participants who have stopped attending a program to try and support re-engagement where possible. As one practitioner commented:

> Sometimes that little bit of extra work, whether it's a phone call or a text message or something like that. Just a final attempt to re-engage, I suppose. Sometimes that can be missing … There has been significant increase in work for us over the last couple of years. That has meant that some things like that might be falling down across the board. I can't close a client until I know I've done everything I possibly could to try and get them back in. (FG8 Practitioner)

While each of these employed practitioner strategies was described as informally utilised and ad hoc, they provide insights into some of the ways in which practitioners are actively trialling different strategies to retain participants in MBCPs and to minimise attrition.

3. Holding perpetrators to account while creating space for trauma-informed practice

Throughout the focus groups practitioners reflected on strategies used to support retention and engagement. In doing so, they were also unanimously clear on the importance of accountability, and on utilising the program setting as a means to hold people who use violence to account for their abusive behaviours and problematic attitudes. One tool to facilitate accountability, which is often acknowledged by practitioners, was information sharing as part of a wider systems accountability effort. Here, practitioners described making program participants aware that throughout the program they may need to share information with the courts, Victoria Police, child and family services, and/or child protection. Indeed, some practitioners viewed the risk assessment and management function of MBCPs as the primary purpose. As one practitioner explained:

> They're [MBCPs] not the panacea to stopping the violence. They're an extra set of eyes on someone once a fortnight or once a week, so our primary concern is risk management and risk response and then if there's behavioural change along the way, that's what we would hope for. (FG4 Practitioner)

Beyond information sharing and ongoing risk management, practitioners spoke about the need to frame 'accountability' within program settings to focus on 'personal responsibility'. As one explained:

> We try and reframe it as personal responsibility in the group. Because it does have that, accountability has that punitive word attached to it, especially in it. So, when we talk about accountability, we reframe it as, "We want you to take personal responsibility." Because it's a lot easier to say, "I'm taking personal responsibility for my behaviour." (FG1 Practitioner)

Balancing accountability with the creation of a supportive environment to engage

To effectively hold perpetrators to account, several practitioners spoke about the importance of balancing strategies to hold participants to account with the need to foster a supportive environment. As two practitioners explained:

> Certainly, holding people accountable, wanting them to have consequences for their actions can be a part of the mix, but if it's at the forefront of everything a facilitator does, that's not going to work. (FG1 Practitioner)

> You can create a space that is non judgmental, that is challenging, but also, I'm here, I'm here for you, I'm supporting you … So how do you hold that space to go this is why we're here, this is going to be challenging. (FG6 Practitioner)

Within this, several practitioners pointed out the importance of ensuring that holding perpetrators to account should not be achieved by shaming them. As noted earlier in the report, shaming perpetrators was seen as an ineffective strategy in supporting program engagement and behaviour change. As one practitioner described:

> And for those facilitators who believe holding a man to account means shaming him, they lose a lot of clients. Big believer that we are in a position to judge the man's behaviour, but not the man. Our role is to be empathic and to accept him as a human being, and work with him with as much compassion as we can. If we are not doing that, then all we are doing is mirroring his behaviour in another way, we're power over, not power to … I don't resile from being judgemental, but I'm judging behaviour, not the person … our job is to work with sceptical empathy. So, unlike most counselling where you believe everything the client says, in our case we don't believe much of what they say, but we do it with an open heart. (FG1 Practitioner)

The importance of allowing some space for an empathetic approach to the content's delivery was repeated in other practitioner focus groups. Another practitioner commented:

> Another thing I think is important, so when we run the program like that, balance of holding someone accountable and also providing enough empathy so that if the people feel that they come to the program, they don't feel it is punitive or they feel like they have such a sense of shame, then that will be easier for people's engagement, so have that good balance between accountability and empathy is very important when we deliver this program. (FG3 Practitioner)

Building on this, one practitioner emphasised the importance of creating a 'safe space' where opportunities for accountability and vulnerability can sit alongside each other. They explained:

> A lot of men will start the program, because they feel they have to, and if you create a space that feels safe for them to be a little bit vulnerable, because being vulnerable is not something most men are taught to do, then over the weeks they become more safe [sic], they become able to join. (FG1 Practitioner)

This was also framed by other practitioners in relation to the importance of identifying problematic behaviours while also creating space for therapeutic intervention, which one practitioner described as "really, really important" (FG3 PractitionerN). As part of this discussion, several practitioners recognised the need to refer to 'trauma-informed' responses in the perpetrator intervention space 'with caution'. As one practitioner explained:

> I think the most important part as far as I see it for this program in terms of being trauma-informed is to actually truly understand the impact of early childhood adversity and childhood trauma in the ways in which that actually plays out in our adulthood and in our interpersonal dynamics across any of the systems, the relational systems that we're in, and we're really conscious of that … I really feel like that is the focus to really truly understand the ways in which those kind of moments of adversity that have been largely unresolved … often if we've been in environments that are not supportive throughout our lives so that that really also does come into play in the work that we do. (FG3 Practitioner)

Concurring, other practitioners in the same focus group added:

> I think that something that this program tries to do is in as safe a way as possible actually address the trauma that is coming up and I think that that makes a really big difference for outcomes. I think people find it really challenging to move through some of the things that really get in the way of being respectful in their relationships if their own traumatic experiences aren't addressed. (FG3 Practitioner)

> It is really important to have that therapeutic engagement at this stage because what programs like this actually do is also prevent inter-generational harm as well, so I think that's probably something that could be made explicit as well. (FG3 Practitioner)

Perpetrator accountability and creating space for trauma-informed practice

Throughout the focus groups, practitioners shared different strategies they had used to hold perpetrators to account while allowing space for trauma-informed practice. These strategies including narrative therapy and addressing ancestral literacy as well as ensuring that facilitators operate from a strengths-based perspective. One practitioner described adopting an 'invitational' approach to group sessions:

> Trying to paint a picture for the man that allows him to see a benefit for him for doing this and motivating him to change to make better choices, to make a better life for himself, et cetera, so he doesn't have to keep repeating the same cycle, but also remaining invitational, so not being confrontational and not being on the other side … So inviting him into a space where he can talk about these things openly and honestly without judgment and hear the stories of other man, et cetera, if he's in group or hear different points of view without that sort of judgment. (FG4 Practitioner)

Another practitioner described the use of 'dialogue skills', learnt from practitioner Duluth training (see further, Paymar & Barnes, 2007). As they explained:

> Rather than giving that man a lecture about what they should be doing or thinking, skilfully engaging in dialogues about what their world views are. Yes, and helping expose the contradictions in their thinking, I suppose. Yes, that's what we believe is more effective than telling the man what they should think. (FG4 Practitioner)

Importantly, there was recognition among practitioners that, oftentimes, program providers generally and individual practitioners specifically may be hesitant to offer trauma-informed approaches to MBCPs because of the fear of collusion and indirectly condoning excuses for the use of violence. As one practitioner commented:

> In the context of collusion and in the context of practitioners' fear of collusion – I think sometimes what I see with people who don't have as much experience is that there's so much worry about colluding with people using violence that they'll come down too hard, and that can really lead to disengagement. So, I think just thinking about therapeutic position and thinking about that from a teaching perspective as well, and how do we teach new practitioners how to maintain inferential position that's not overpowering but that's still ethical. (FG3 Practitioner)

Bringing several of the themes explored in this section together, another practitioner commented:

> We say those big words: accountability; engagement; trauma-informed; without really exploring with the people who hear it what does it mean or look like for them … So I think our program really starts from scratch, like what is their understanding of a lot of things and then taking from there. Another big engagement strategy we all use is we don't replicate a power over communication style, so I think in our group we really try to facilitate communication and conversations from all level … We're really trying to mitigate a power that obviously is in the room but also come with our position as well and trying to be clear about it and how to facilitate it with knowing the power. (FG3 Practitioner)

As the analysis in this section demonstrates, there is a shared professional view on the importance of finding effective ways to balance the importance of holding perpetrators to account with the need to provide a therapeutic space. Given the breadth of professional views shared on how this could be attempted, there is a clear opportunity for future communities of practice to share practice-based learnings on how this can be achieved.

Engaging people who use violence beyond program completion

The importance of supporting opportunities for service engagement beyond the point of program completion emerged as a key theme. This was positioned as something that is much needed by participants across the three data sets – affected family members, program participants, and practitioners – who acknowledged that a 20-week behaviour change program could only be expected to achieve so much, and that there is a need for long-term supports to assist desistance from violence.

Program participants' plans post program finish

As part of the survey of program participants, all respondents were asked what their plans were now that they have finished (either by way of early exit or completion) the MBCP. 76 respondents (95%) provided a response to this question, as shown in Table 12 (below).

Table 12: Program participants plans post program finish

POST-PROGRAM PLANS	FREQ. (%)
I don't intend to do another behaviour change program	43 (54%)
Planning to do another program and I'm already enrolled/	4 (5%)
Planning to do another program but I'm not yet enrolled	13 (16%)
Seeking additional support	15 (19%)
Other	5 (6%)

Over half of the survey respondents indicated that they did not intend to do another behaviour change program. The survey invited these respondents to explain why they did not plan to do another program. Of the 39 respondents who detailed their reasoning, the key reasons provided were: that the program had met their needs, that they were in a good place in their relationship and life now, that they did not need a program, and that they had addressed other behaviours including alcohol and drug misuse. This is captured in the following four survey participant responses:

> Things are going great, and we mange things fine and are in a very good place within the family. (Survey Participant)

> I think I've improved on my anger management skills and am more calm more relaxed when put in situations. (Survey Participant)

> Since completing the course and alcohol counselling. I have stopped drinking regularly and have made the choice to change my behaviours. I frequently make better choices and even use some of the things we learnt to help my children choose to make better choices. (Survey Participant)

> I quit drinking and drugs and me behaviour has been corrected. (Survey Participant)

Reflecting positively on the use and benefit of the program, another participant commented:

> At this stage I think the information, instruction and tools the course provided have equipped me with what I need to continue to improve for the immediate future. I do think though, that keeping in touch with this type of system would be good in some way, maybe two to three kinds a year. My overall and general feeling is that every man needs to do this, or at least the vast majority, and every session just brought so much light and valuable advice, and positivity (sometime unexpectedly) in that it gave a general guidance and compass that I've been missing. (Survey Participant)

While this study does not purport to have examined whether behaviour change occurred among program participants, there was a number of survey respondents who cited the behaviour change they achieved during the program as the reason why they did not need to do another program. As three survey participants commented:

> Because I have changed and I've shown my partner I'm not the same person I use to be. (Survey Participant)

> I believe I learnt everything I need to, to have the tools I needed to change my behaviour it's helped me engage with my daughter properly and bond with her as well as having a healthy co parent relationship … with no fights. (Survey Participant)

> I think I learnt so much from my course, and had so much support to grow into the person I want to be. It has changed me and I don't need to do another course. (Survey Participant)

Similar views were expressed during the interviews. As one program participant remarked:

> I'm feeling very confident about what happens next with me – like, very. In the past I've had – because I've had a chequered past with drugs and alcohol and a cyclical up, down, up, down. But I just can't see myself going down any of those paths ever again just because knowing the impact I've had; I feel that it's impossible to go back into old habits. (Program Participant 7)

There was a small number of program participants who utilised the question relating to next steps and post-program supports to further explain why the program was unhelpful for them. As three participants commented:

> It was harmful. (Survey Participant)

> I found it incredibly harmful to my health & 27 weeks too long. (Survey Participant)

> It made me feel so uncomfortable and I felt the information just wasn't for me not when I've done absolutely nothing wrong. (Survey Participant)

For survey participants who identified that they were now looking to complete another program, we were interested in understanding whether this was a similarly focused program or a program targeting different skills and/or behaviours. A number of participants identified that they were seeking to complete a parenting-focused program, including programs focused on parenting following separation. As one program participant explained:

> I want to do a parenting course now to help build a relationship with my daughter. (Survey Participant)

Other participants identified a range of different supports and options that they would seek out post program completion, including ongoing counselling, self-help programs, anger management programs, and mental health supports.

Affected family members' views on the need for ongoing behaviour change work

Mirroring the self-reported post-program support needs of program participants, throughout the interviews with affected family members, numerous individuals described the ongoing behaviour change work requiring support beyond completing (or exiting) the program. For several affected family members, there was an acknowledgement that further system intervention was needed but uncertainty over what form that should take and how that engagement could be achieved. As one affected family member commented:

> It's so hard to say. Look, I don't know. I actually think he just needs some real professional help. I'm not saying the programs aren't professional, but just – I think he just needs something … I think a longer program would have shown how genuine he is. I mean, he couldn't complete the first one. He's obviously trying really hard to tick this box now. I really don't know. I don't think he's going to change … I think that he needs more – I think his mental health needs to be assessed very carefully, but he's also very, very, very smart. So sometimes I would think that he can just trick people. (AFM 16)

In response to this question, another affected family member reflected on the challenge of encouraging her partner to see a psychologist, despite the perceived need for him to do so. As she explained:

> He should go to the psychologist. He has got psychological problems, definitely. But I can't say [to] him because he doesn't agree to that, he thinks, "I'm very smart. I don't have any problem." But the way his anger comes out … he flares up, and suddenly he will be as calm like an ocean. So this is a bit weird. And if I leave him like that in that condition, that is also not good … But I can't say to him that you need to go to psychologist. (AFM 18)

For others, there was a clear acknowledgement that further intervention was needed, but a despondent view on whether it would be likely to change problematic behaviours and attitudes. As one affected family member commented:

> The thing that I think, and I know in my heart, is that if you're not committed to try to change, it doesn't matter. You can lead a horse to water but if it doesn't want to drink it, then there's nothing you can do. Change is difficult, it's hard, it takes a lot of courage and a lot of effort, and work, and you have to confront demons, and everything, and there's not many people who can do that, they just get stuck in life, and they get stuck in the past, and they just keep reliving and reliving, and blame everyone else, it's not them, it's never them, it's everyone else. (AFM 20)

Two affected family members noted the need for post-program support and 'check-ins' to be built into the MBCP model. They stated:

> I think the program is really good. I think that however, there are some people, like my ex, who would really benefit from a follow-up session later on. You would know yourself, we go and see a psychologist or whatever, we see them for six months, and then we stop seeing them. We're going to have to go back to him at some point … I feel like that's where this program drops the ball a little. It's great program, I just think it would benefit for a follow-up from these guys, just to give these guys that really struggle with those changes just that little bit of extra support and momentum to keep them making that change. Because you make changes, but changes take time to actually really become deep-seated habits. And I just don't think the time given for this course was enough to help them really develop those deep-seated habits. (AFM 22)
>
> I think a follow-up program would be very beneficial … even if it wasn't every week, even if it was once a month, and even re-discuss the issues that were talked – and I'd suggest that something like – or jealousies can often be a very big problem. (AFM 10)

Post-program support was viewed as particularly important where children were involved. As one affected family member commented:

> There needs to be follow up, there needs to be repercussions. There needs to be a lot more oversight into the whole situation especially when kids are involved. (AFM 3)

Other affected family members commented that a longer program length, with some sessions tapering off towards the end, would also be beneficial to keep the client visible to the service for a longer period of time. This viewpoint connected to those who emphasised the importance of viewing change as a continual process, and one that requires longer term reinforcement. As one affected family member explained:

> I've always been of the opinion and I've told him this even before we got divorced … you need to continually have some type of support network … Things will still come up in life and you'll be challenged and you think you've got it all together and then it knocks you again and if you're not emotionally resilient, and even if you are … you still need things around you. Everyone needs help sometimes … At the moment he's good, I just accept that at some point there'll be a fumble just because I don't think he can just all of a sudden change overnight through something. (AFM 25)

Practitioners' views on the need for post-program supports and additional interventions

This view was mirrored throughout the focus groups with practitioners, where numerous practitioners acknowledged the need for post-program supports and additional interventions. There was an often-shared view that a MBCP may be a useful intervention, but that it was limited by virtue of its length and scope. As one practitioner commented:

> We know change takes time and no program is that powerful that in 20 weeks, you're bang, we're sorted. So, it's how do we keep looking back at our own behaviour and checking in. It's a constant checking in. (FG6 Practitioner)

Notably, several practitioners reflected that participants often seek continued group involvement and engagement beyond the life of the program. They cited different motivations behind this, including the desire for ongoing companionship and collegiality as well as the need for ongoing learning and support. As two practitioners explained:

> Whether it's end of a 15-week group or a 20-week group, we are starting to get lots of guys just saying, "Can I keep on coming to group? I don't want to leave group," they really find the value in it. They find not only I guess, it's obviously not just the content, but the collegial relationship they develop with the other men and hearing the experiences of the other men. (FG1 Practitioner)

> A lot of men say, "Oh, we would like follow-up groups. We would like this to happen." We have made the opportunity for people to have follow-up groups … But once you get to a certain stage, the commitment of actually going to a group and doing follow-up work is not very feasible for the majority of men … we've provided that opportunity … I think out of everybody that said that they wanted to do that, we had two participants show up. Yes, it would be good if it could be, but it's one of those things where that is a voluntary space, that is a commitment that not a lot of people are willing to make at the end of it. So, yes it would be good, but it's not practical, to be honest. (FG1 Practitioner)

Despite recognising the need for post-program supports, several practitioners noted that there is currently limited funding to support interventions beyond the life of a MBCP, particularly where a program participant is seeking to continue the therapeutic relationship with a MBCP practitioner or facilitator. As one practitioner explained:

> The services need to be more tailored for men I think, in terms of post-engagement … guys are often willing or interested in a continuation of learning and training and support, and that collegial relationship with other men, but to find that right fit for them, that match of services for men, is hard to find. I think that probably my experience is that men value the relationships they develop with service providers … men once they formed a relationship with another male or female from a men's type service, they're not as likely or willing to move on to another service and form that new connection then. (FG1 Practitioner)

Building on this, and reflecting a different participant group, one practitioner who had been involved in the delivery of a funded post-program support intervention reflected that:

> The majority of our post-participation is for men who've either stopped attending, or we've actually actively asked to leave a program. And then we're offering them that as an option to keep them engaged, to keep them hopefully on a bit of a process of change. But for a lot of them it's about meeting requirements of the court, or a CCO [community corrections order] and things like that. But I'm also a strong believer that if the man's not in the room, he can't hear the message. Any opportunity to engage, also means it's an opportunity for him to hear something that may create a change in thought. (FG1 Practitioner)

Recognising discrepancies between program participants' stated willingness to engage in another program and the professional experiences of practitioners, there is a need to better understand what supports are most effective for different cohorts of program participants who require or request ongoing service support and post-program engagement.

Discussion: Exploring Practice Implications

In 2016, the final report and findings of the RCFV (2016) shone a light on the need to enhance perpetrator accountability and to expand the range of interventions on offer for people who use violence. In the nearly ten years that has followed the release of the report – and alongside the acquittal of all 227 recommendations of the Royal Commission – there has been a substantive investment in Victoria as well as other Australian states and territories in the piloting and rollout of a range of interventions for people who use family violence, including men's behaviour change programs. However, the evidence base on what works when engaging people who use violence has been slow to emerge, and, specifically, there remains limited understanding in Australia and internationally on what impacts engagement in MBCPs and what strategies can be utilised by practitioners to foster engagement and prevention disengagement.

This project has sought to directly address this gap in current academic and practice knowledge. Here, it may help to return to questions posed by one practitioner during the focus groups:

> I think engagement is also a very big word. What does engagement look like when you're in a group space, when you're in an individual space? … So, I think we open up people's imagination of engagement. (FG3 Practitioner)

Taking this lead, the analysis presented throughout this report seeks to inform and open the imagination of what effective practice does and could look like when delivering MBCPs specifically, and intervening with family violence perpetrators more broadly. Taken together, the quantitative and qualitative data collected in this study echo the systematic review in that findings on program (non)completion, perpetrator variables, and external factors are inconclusive. What this project has clearly demonstrated is that 'engagement' can be interpreted in multiple ways, and it has not yet been consistently connected to particular demographic variables. In cases where a connection has been demonstrated, other research has shown that attitudinal change is likely to be more about openness to change and/or life experience.

One key ambition of this study was to collect state-wide attrition data for MBCPs. As the findings presented in this report reveal, this was a significant and challenging undertaking given the breadth and inconsistency in data collected across Victorian MBCP service providers. This is not to suggest that the data collection does not provide a valuable contribution, and it should be noted that there is a need for more consistent data collection across all government-funded perpetrator intervention programs. While the participant level attrition data (presented in this report via the case studies) is not able to be generalised – making it of limited value – this 'limited value' assessment stands in stark contrast with the labour that was required to compile it on behalf of the contributing organisations. This highlights the significant uplift and resourcing required across the state for this data to be collected systematically for a baseline to be created so that attrition data studies can be replicated and trends monitored over time.

Understanding program attrition rates is critical to building the evidence base of what works in engaging men who use family violence through perpetrator interventions. Where possible, there is also value in programs that collect data on the trajectories of participants following program exit – both in relation to the uptake of referral pathways, transitions to one-on-one case management work, entry into another program, or otherwise. There is very little understanding in Australia, and indeed internationally, around the long-term pathways for men who complete MBCPs. While it is likely unrealistic to expect a program provider to collect longitudinal data, there is an intermediate data set that would be of significant value and could be overseen by program providers as an interim solution to the significant data gaps in this space.

The attrition program data sets reveal that, for a subset of Victorian MBCPs, program completion rates range from 31.5% to 100%, noting that the latter was reported by a short three-week intervention program. For longer MBCPs, the upper end of completion rates sat at 81%. This aligns with wider research attrition ranges which are reported between 22% and 78% (see, Jewell & Wormith, 2010). It is notable that of the nine organisations that provided program level attrition data, those delivering specialised programs to distinct population groups had the highest completion rates. These were:

1. A First Nations family violence service and healing centre (100.0%)
2. A family violence service for migrant and refugee persons and communities (81.1%)
3. A community agency delivering a combined program for family violence and AOD misuse (79.2%)
4. A program for women, trans, and gender-diverse people who have used force (74.2%)

The development and delivery of specialised programs has significantly expanded in Victoria since the 2016 Royal Commission, alongside increasing acknowledgement of the limits of a one-size-fits-all approach to BCPs. This report does not note the completion rates above to undermine the need or efficacy of 'mainstream' programs, but rather to highlight the need for a suite of programs and the potential to learn from targeted approaches. Previous research into targeted BCPs has shown that their development requires a re-thinking of accepted models in order to effectively engage with the target population (see, inter alia, McGowan et al., 2023; Meyer et al., 2021). Details about what these learnings might be is beyond the scope of the present study, but should be the focus of future enquiry.

The findings presented in this report point to a number of different factors – none necessarily in isolation but likely rather when operating in different combinations – that serve as risk and protective factors impacting perpetrator program engagement. In particular, across the data collected, there was recognition of the impact of referral status on a person's readiness to engage and the barriers to engage that mandated clients often present with upon program commencement. Alongside practitioners' recognition of the importance of supporting program readiness, this study draws into sharp focus the need to ensure that practitioners are adequately resourced to understand the range of program readiness strategies that are employed ahead of group work commencement. Immediately, the value and imperative of program readiness work was stressed by those working in the field – this is not a nice extra, but rather should be an essential component of a whole-of-program delivery. However, this research reveals that, at present, efforts to undertake program readiness work with program participants is undertaken largely at the goodwill and professional dedication of practitioners. And, certainly for those service providers who participated in this research, this is largely unfunded work. This work – albeit recognised as critical to supporting meaningful engagement – therefore comes at a high cost to service providers who are resourced and to practitioners who are often time poor and juggling competing demands. While the current funding pressures in Victoria, specifically, are appreciated, there is a need to revisit funding models for MBCPs to recognise program readiness work as a core component of MBCP practice.

As noted above in relation to program readiness, this research highlights the difference in motivation to engage – which should not be assumed to constitute motivation to change – that is evident among mandated and non-mandated program participants. The study findings highlight the challenge of meaningfully engaging individuals who are court mandated to attend an MBCP. As the suite of perpetrator interventions on offer in Victoria and elsewhere inevitably continues to develop and expand alongside the evidence base of its effectiveness, it is important to consider client suitability. MBCPs may be able to have an impact on participants who demonstrate a readiness to change and a genuine motivation to participate in the program. However, for other, often-mandated participants, other parts of the system are required to ensure perpetrators' behaviours are held to account and victim-survivor safety is monitored and prioritised.

Throughout the interviews with affected family members and focus groups with practitioners, the need for supports beyond the scope of the 20-to-27-week duration of the MBCP emerged as a key finding. Both participant groups highlighted the fact that people who use violence, disproportionately men, live in a society that condones violence-supportive attitudes and that, even if the program is able to break through, this can only be temporary in the absence of other external and ongoing supports. This report notes that some of the programs in the study were able to offer post-program supports, but the majority were not resourced to do so. While it is difficult to make a comparison between the programs offered by the Aboriginal and Torres Strait Islander Healing service and other MBCPs – given the differences between program type and format – it is worth noting that the participant level data provided by this organisation frequently noted that some men's cases were 'still open' following program completion. This could be interpreted as an acknowledgment that behaviours and attitudes will not be changed in a single program, but, rather, such change is part of an ongoing process.

The findings from this study underlie the importance of individualised supports and program flexibility that is tailored to the circumstances of the individual engaged in behaviour change. While the analysis presented throughout this report points to the factors that emerged most prominently in each phase of data collection, during the focus groups practitioners frequently returned to the importance of acknowledging individual journeys and pathways to change. As one practitioner commented:

> It's an individual journey for people. So, to speak of it broadly, I think is really tricky. There'll be some men who are open to the process, and you can see them shift over the course of time. There are other men in that space who would appear to maybe not shutdown, but won't participate as much, so they sort of go inwards. Some are openly hostile and "This is all rubbish, don't want to do it." And then another category of men would sometimes be the ones who appear to be searching for the right answer, and will look to give that in the space as well, which I wonder how useful that is for engagement too. (FG2 Practitioner)

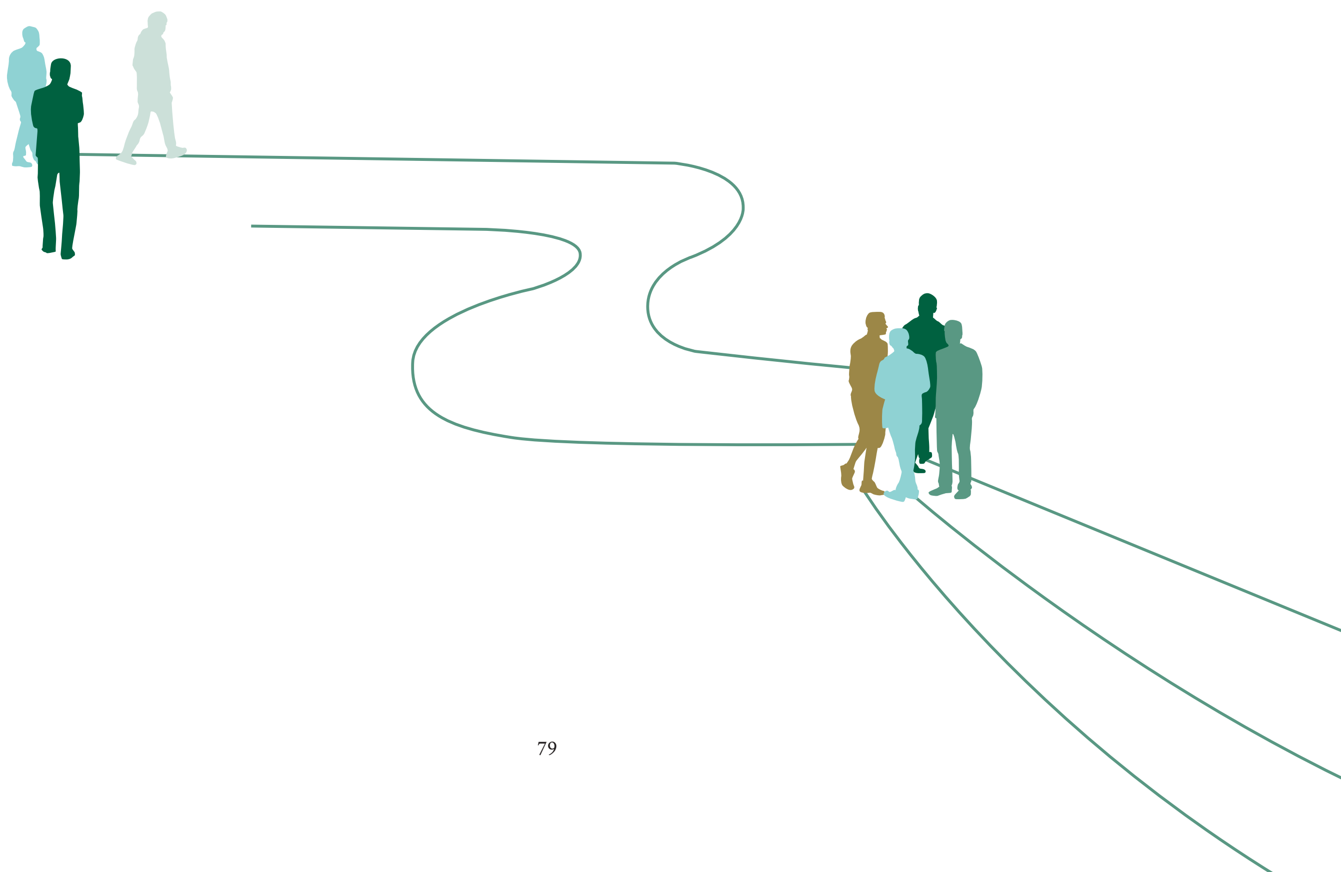
Funding – particularly the challenges of limited funding – emerged at a range of different points in this study. For at least one service provider that participated in this study, funding has now been attached to program participant completion. While this may, at face value, be a useful strategy to ensure services are incentivised to support participants through to completion, the impact on service delivery is problematic. As one practitioner explained:

> The program is paid based on men completing the group. So, instead of block funding, I guess it's fee for service in a sense. That has brought up an amazing amount of difficulties, conflicts, because it becomes about getting your numbers through to get the money into the account ... there's performance pressures on your facilitators who already have an abundance of pressures, let alone trying to help the organisation put the pennies in the bank account that pays their salary. So, that's a disaster in my opinion. (FG1 Practitioner)

These funding reflections were not raised without the acknowledgment among many practitioners of the significant investment made by the Victorian Government over the last decade, alongside a recognition of the funding challenges in the current fiscal climate. As one practitioner commented:

> I recognise there's some substantial pressures on government funding. So, it's not like they're a money tree and we can just go and pluck a few more leaves. So, there's a reality between what we would like to achieve, and what we can afford to do. And finding some way of adjusting that would be lovely, but I think the reality is we're in for a tough time in the next five years budget-wise. (FG1 Practitioner)

Finally, throughout the focus group discussions, practitioners often thanked other practitioners within the same focus group for sharing their strategies and practices, noting that they found them valuable and would look to trial them in their own practice. Given the relative infancy of the evidence base on what works in intervening with people who use family violence, as well as the high turnover and casualisation of the MBCP workforce, there may be particular value in supporting further opportunities for practitioners to engage and share their practice-based learnings with each other.

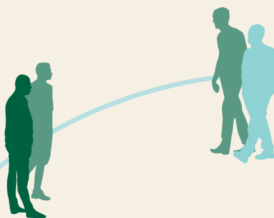


SUMMARY OF RECOMMENDATIONS

Drawing on the breadth of data collected across each phase of this research, this study makes the following recommendations:

RECOMMENDATION 1:

This study reveals significant gaps and challenges in data quality and consistency. There is a need to explore how data could be better collected, linked and utilised state-wide to support improved understandings of how people who use violence move through different points of the system, and to support effective intervention.



RECOMMENDATION 2:

There is a need to explore longer-term participant trajectories following program exit. This requires improvements in collecting, linking and utilising data on the uptake of referral pathways, transitions to one-on-one case management work, entry into another program, and engagement with other points of the perpetration intervention and justice system. This data can also be used to support program design to better engage diverse cohorts of people who use violence.

RECOMMENDATION 3:

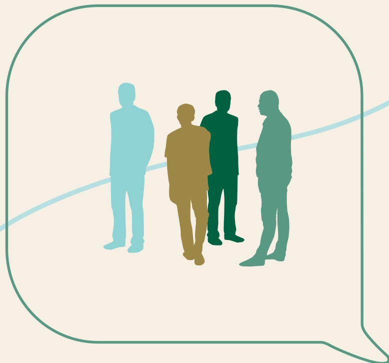
Short- and long-term funding models used for men's behaviour change programs should be reviewed to address the concerns raised by practitioners in this study. This includes ensuring funding models encompass the full breadth of work required to effectively deliver the intervention, including to support participant attendance, engagement, and completion. This requires adequate resourcing of program readiness work and family safety contact work as core components of MBCP delivery.

RECOMMENDATION 4:

Given the varied results from international studies examining the impact of court mandates on MBCP completion, there is a need to better understand whether mandated program attendees do effectively engage with MBCPs, or whether alternate interventions are required that better meet their needs, including their stage or readiness to change, ensure continued risk visibility, and more effectively hold their behaviours to account.

RECOMMENDATION 5:

For court-mandated program participants, the program provider should provide a completion report to the court at the point of program completion or exit. This report should inform future court decision making in matters involving the participant.



RECOMMENDATION 6:

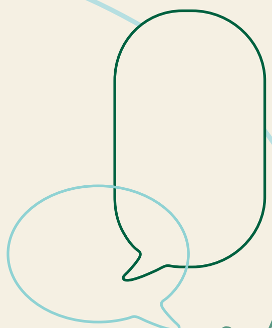
As part of the ongoing commitment in Victoria to develop a suite of interventions for people who use violence, post-programs support should be developed to offer to program participants upon completion or exit. This could be developed as a universal post-program support service, rather than being tied to a specific organisation. Once implemented into practice, an evaluation of the post-program support model, including engagement and outcomes, should be undertaken to examine the impact on supporting desistance from violence and ongoing behaviour change.

RECOMMENDATION 7:

This study highlights the importance of supporting program participants' basic needs to facilitate program engagement. Housing options for people who are respondents on intervention orders and have been exited from their primary residence, as well as for people who use violence more broadly should be expanded.

RECOMMENDATION 8:

Attention should be paid to ensuring program providers comply with Minimum Standard 1.8 (Department of Health and Human Services, DHHS, 2018), which requires a family safety contact worker to contact the partner and other relevant family members at risk of family violence, or their case manager, when the program participant completes, withdraws from, or is



RECOMMENDATION 9:

A practitioner community of practice should be introduced to provide a forum for behaviour change program practitioners to share practice-based learnings. This working group should include representatives from mainstream and targeted programs.

Conclusion

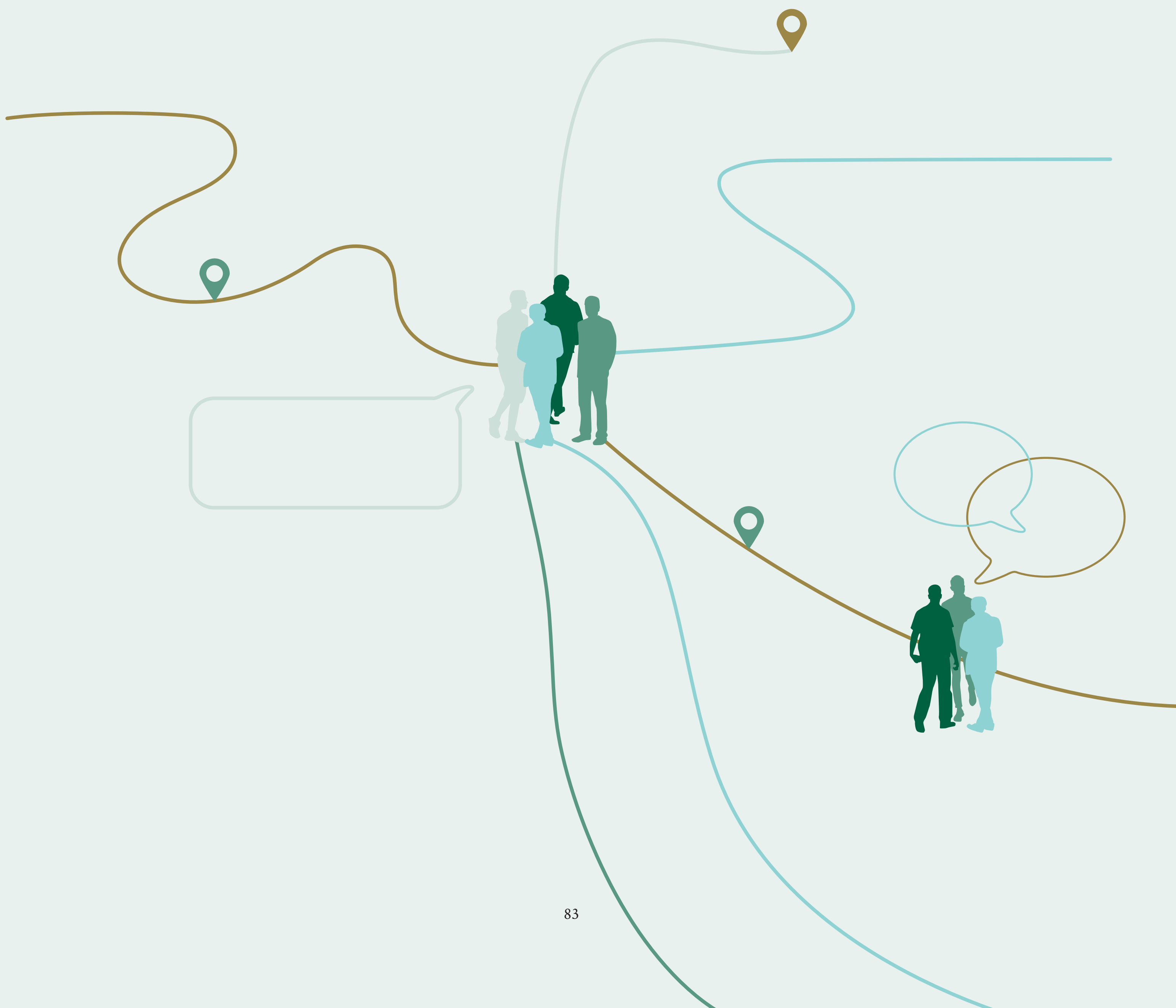
This report has delved into the complex landscape of perpetrator intervention programs, particularly focusing on Men's Behaviour Change Programs (MBCPs). Nearly a decade after the Royal Commission into Family Violence (2016) findings and recommendations, significant strides have been made in Victoria into expanding the suite of perpetrator interventions available. However, the evidence base regarding what effective engagement looks like and the impact of these programs has been slow to emerge, highlighting a critical gap in knowledge both nationally and internationally. This project has sought to address this gap by exploring the multifaceted nature of perpetrator engagement in MBCPs, and how different views on engagement intersect with attendance and program outcomes.

The findings presented in this report highlight the diverse interpretations of 'engagement' that are held by affected family members, program participants, and practitioners. There is no single definition of what constitutes engagement, and the findings highlight the challenges in connecting understandings of engagement to demographic variables and/or program completion rates. This project highlights that engagement is a nuanced process, influenced by a myriad of factors, including program readiness, motivation to change, referral pathway, and external support systems. The varying completion rates across different types of programs emphasise the importance of utilising tailored interventions and specialised approaches wherever possible to effectively engage diverse population groups. Moreover, the project findings highlight the need for perpetrator interventions and associated support services to extend beyond the duration of MBCPs. Currently, there appears to be a systemic gap in post-program supports, which negatively impacts the ability to keep people who use violence in view, and to sustain ongoing behavioural and attitudinal change.

Throughout the phases of data collection, funding emerged as a significant concern, with practitioners grappling with the pressures of short-term funding models while striving to maintain the integrity and effectiveness of programs delivered. Despite recognition of the funding challenges, there is a call for longer term and innovative approaches to funding that prioritise the sustainability and quality of perpetrator intervention services. Additionally, the importance of practice knowledge sharing among practitioners is highlighted throughout the findings. Practitioners engaged through this study highlighted the need for ongoing professional development opportunities and collaborative platforms to exchange emerging and best practices.

This report sheds light on the complexities and challenges of understanding engagement within perpetrator intervention programs. It also underscores the imperative for continued research, investment, and collaboration to enhance the effectiveness of interventions aimed at addressing family violence and all forms of violence against women. The journey towards perpetrator accountability and behaviour change requires a multifaceted and collaborative approach, with a commitment to understanding individual pathways to change, and to ensuring that adequate support systems are in place to facilitate long-term behaviour change and attitudinal transformation.

In conclusion, this study recommends several measures to enhance the effectiveness of Victorian-based interventions for people who use violence. Firstly, more effective development and utilisation of state-wide data should be explored to better understand how individuals navigate the system and to support more effective interventions. There is also a need to collect long-term data on participants' trajectories post-program, including their engagement with different referral pathways and subsequent interventions within and beyond the perpetrator intervention system. Additionally, funding models for MBCPs must be revised to adequately support all aspects of program delivery, including critical program readiness work and family safety contact work. For court-mandated participants, program providers should submit completion reports to inform future court decisions. The findings from this study also support the recommendation that Victoria should also develop a universal post-program support service, with subsequent evaluations to assess its effectiveness. Furthermore, expanding housing options for individuals on intervention orders and those who use violence more broadly is crucial. The findings also underscore the importance of ensuring consistency of practice with existing minimum standards for family safety contact, and of establishing a practitioner community of practice that will facilitate the sharing of insights and improvements across programs. These recommendations aim to create a more cohesive, supportive system for addressing and preventing violent behaviour.



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Appendices

APPENDIX A: RESPONSES TO DOMAIN 1 COREX GUIDELINES

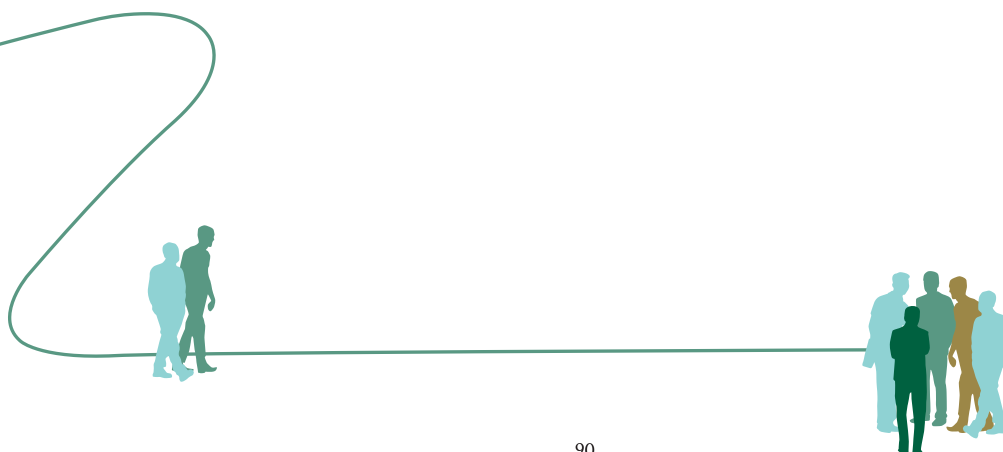
DOMAIN 1: RESEARCH TEAM AND REFLEXIVITY	
PERSONAL CHARACTERISTICS	
1 Interviewer / facilitator	*Which author(s) conducted the interview or focus group?* The project chief investigators – Kate Fitz-Gibbon, Jasmine McGowan, and Nicola Helps – conducted the interviews and focus groups.
2 Credentials	*What were the researchers' credentials? E.g. PhD, MD.* The project chief investigators – Kate Fitz-Gibbon, Jasmine McGowan, and Nicola Helps – have a PhD qualification among other qualifications.
3 Occupation	*What was their occupation at the time of the study?* The project chief investigators – Kate Fitz-Gibbon, Jasmine McGowan, and Nicola Helps – were all employed by Monash University at the time of this study.
4 Gender	*Was the researcher male or female?* The project chief investigators – Kate Fitz-Gibbon, Jasmine McGowan, and Nicola Helps – all identify as female.
5 Experience and training	*What experience or training did the researcher have?* The research team has extensive experience conducting qualitative and quantitative research, including in safely engaging victim-survivors, people who use violence, and practitioners in research. The team has an established record for conducting ethical research and mitigating risk in accordance with institutional ethics processes. The team utilises an intersectional, trauma-informed framework in recruitment and data collection, which includes ensuring appropriate support systems are readily available to respond to any distress experienced by participants during data collection. Team members have undertaken relevant professional development on the importance of using a trauma-informed lens when working with Domestic and Family Violence (delivered by Blueknot), First Nations cultural safety (delivered by Koori Heritage Trust), and on meaningful engagement and co-production when working with people with lived experience (delivered by Morgan Cataldo).

RELATIONSHIP WITH PARTICIPANTS	
6 Relationship established	*Was a relationship established prior to study commencement?* Ahead of participating in an interview with a member of the research team, victim-survivor participants were told about the research by a specialist family violence practitioner from the service(s) they were engaged with. If they were interested, they gave their contact details and preferred times to the practitioner. A member of the research team then established contact via their preferred method (phone, email) with the participant to provide further study details and schedule the interview. Program participants were told about the research by a practitioner from the service(s) they were engaged with. Program participants were invited to complete the survey when they exited the program they were engaged in. At the conclusion of the survey, program participants were invited to indicate their interest in completing an interview as a follow up to the survey. Based on this information, a member of the research team established contact via their preferred method (phone, email) with the participant to schedule the interview.
7 Participant knowledge of the interviewer	*What did the participants know about the researcher? E.g. personal goals, reasons for doing the research.* All participants were fully informed about the purpose of the research, the funding body and the role and aims of the researchers. The researchers identified that they were from Monash University.
8 Interviewer characteristics	*What characteristics were reported about the interviewer/facilitator? E.g. Bias, assumptions, reasons, and interests in the research topic.* No reports were made.

APPENDIX B: CASE STUDY 1

VARIABLE (N)		COMPLETE N (%)	NON-COMPLETE N (%)
Participants enrolled (n=10)		2 (20.0)	8 (80.0)
Average age (n=10)		33.0 (M)	38.8 (M)
Have children (n=9)		1 (11.1)	8 (88.9)
No contact with children (n=6)		1 (11.1)	5 (55.6)
Assessed as elevated risk (n=5)		1 (20.0)	4 (80.0)
Past MBCP attendance (n=5)		1 (20.0)	4 (80.0)
Average week of exit (Mdn)		-	14.5
Unemployed (n=5)		1 (20.0)	4 (80.0)
Referral pathway	Corrections (n=7)	1 (14.3)	6 (85.7)
	Child Protection (n=1)	-	1 (100.0)
	Self-referral (n=2)	1 (50.0)	1 (50.0)
Corrections Victoria funded place (n=4)		-	4 (100.0)
Housing instability (n=4)		-	4 (100.0)
Mental health (n=5)		1 (20.0)	4 (80.0)
AOD (n=4)		2 (50.0)	2 (50.0)
Child Protection involvement (n=5)		-	5 (100.0)
FVIO (n=7)		2 (28.6)	5 (71.4)
Corrections order (n=6)		-	6 (100.0)
Police contact (n=9)[a]		2 (22.2)	7 (77.8)
Current/pending charges (n=7)		2 (28.6)	5 (71.4)

[a]Missing = 1.



APPENDIX C: CASE STUDY 2

VARIABLE (N)		COMPLETE N (%)	NON-COMPLETE N (%)
Participants enrolled (n=69)		50 (72.5)	19 (27.5)
Average week of exit, Mdn (n=12)[a]		-	3.5
Average age, M (n=68)[b]		42.7	40.3
Aboriginal and/or Torres Strait Islander (n=1)[b]		1 (100.0)	-
Born overseas (n=20)		11 (55.0)	9 (45.0)
Has children (n=53)[b]		37 (69.8)	16 (30.2)
Assessed risk level (n=66)[c]	Low (n=1)	-	1 (100.0)
	Medium (n=65)	48 (73.8)	17 (26.2)
	High (n=0)	-	-
Assessed motivation rating (n=66)[c]	Low (n=12)	7 (58.3)	5 (41.7)
	Medium (n=48)	36 (75.0)	12 (25.0)
	High (n=6)	6 (100.0)	-
Past MBCP attendance (n=4)[d]		3 (75.0)	1 (25.0)
AOD and/or mental health (MH) referral made at		36 (69.2)	16 (30.8)
Referral declined by participant (n=43)		29 (67.4)	14 (32.6)
Affected family member contact with family		37 (78.7)	10 (21.3)
Nature of participant contact with affected family member (n=62)[a]	No contact order in place (n=30)	22 (73.3)	8 (26.7)
	Contact ongoing but limited (e.g. to family court matters, child arrangements) (n=13)	9 (69.2)	4 (30.8)
	Ongoing contact (e.g. in a relationship) (n=19)	15 (78.9)	4 (21.1)
Referral pathway (n=69)	Courts (n=66)	47 (71.2)	19 (28.8)
	Psychologist (n=1)	1 (100.0)	-
	Self-referral (n=2)	2 (100.0)	-
Unemployed (n=5)		4 (80.0)	1 (20.0)
Housing instability (n=4)		1 (25.0)	3 (75.0)
Substantial debt (n=2)		-	2 (100.0)
Mental health (n=25)		20 (80.0)	5 (20.0)
Child Protection involvement (n=13)[e]		8	5
Family Violence Intervention Order (n=67)		48 (71.6)	19 (28.4)
Police contact (n=61)[b]		44 (72.1)	17 (27.9)
Current/pending charges (n=6)[e]		3 (50.0)	3 (50.0)
Past drink and/or drug driving charges (n=21)[b]		17 (81.0)	4 (19.0)

[a]Missing=7. [b]Missing=1. [c]Missing=3. [d]Missing=6. [e]Missing=2.

APPENDIX D: CASE STUDY 3

VARIABLE (N)	COMPLETERS (N=103)	NON-COMPLETERS (N=83)
Participants enrolled (n=186)	103 (55%)	83 (45%)
Average age (M)	38	37
Aboriginal or Torres Strait Islander status (n=5)	3 (60%)	2 (40%)[16]
Disability (n=28)	14 (50%)	14 (50%)
No disability (n=145)	82 (57%)	63 (43%)
Culturally and linguistically diverse (n=10)	9 (90%)	1 (10%)
Participants with children (n=138)	79 (57%)	59 (43%)
Participants without children (n=25)	14 (56%)	11 (44%)
Referrals		
Child Protection (n=2)	2 (100%)	0
Corrections (n=1)	0	1 Self-withdrew (100%)
Hub (Orange Door) (n=36)	18 (50%)	18 Self-withdrew 8 (22%) Removed 9 (25%) Remanded 1 (3%)
Other (n=7)	3 (43%)	4 Self-withdrew 1 (14%) Removed 3 (43%)
Reopening of case/Internal referral (n=1)	0	Removed (100%)
Self-referred (intake completed by organisation) (n=139)	80 (58%)	59 Self-withdrew 21 (15%) Removed 33 (24%) Remanded 5 (3%)
Housing support required (n=18)	14 (78%)	4 (22%)
Housing support not required (n=167)	88 (53%)	79 (47%)
AOD issue identified – yes (n=62)	30 (48%)	32 (52%)
AOD issue identified – no (n=74)	42 (57%)	32 (43%)
AOD issue identified – previous issue (n=49)	30 (61%)	19 (39%)
Prework (n=24)	11 (46%)	13 (54%)[17]
Case management – pre-group (n=65)	36 (55%)	29 (45%)[18]
Case management – during group (n=38)	17 (45%)	21 (55%)[19]
Legal orders FVIO – yes (n=133)	69 (52%)	64 (48%)
Legal orders FVIO – no (n=53)	34 (64%)	19 (36%)
Legal orders CCO – yes (n=24)	14 (58%)	10 (42%)
Legal orders CCO – no (n=153)	84 (55%)	68 (45%)
Child Protection involvement – yes (n=29)[20]	15 (52%)	14 (48%)

Child Protection involvement – no (n=157)	88 (56%)	69 (44%)
AFM was engaged with family safety contact worker (n=81)[20]	52 (64%)	29 (36%)
AFM was not engaged with FSC worker (n=55)	31 (56%)	24 (44%)

[16] Breakdown of non-completers who were Aboriginal or Torres Strait Islander: removed from the program (n=2).

[17] Breakdown of non-completers who had prework: remanded (n=2) removed from the program (n=8), self-withdrew (n=3).

[18] Breakdown of non-completers who had pre-group case management: remanded (n=2), removed from the program (n=14), self-withdrew (n=13).

[19] Breakdown of non-completers who had case management during the program: remanded (n=3), removed from the program (n=14), self-withdrew (n=4).

[20] (Data was a binary, either 'yes' or 'no'. There were blanks for many of the enrolled sample. Yes or no was recorded for 136 members of the enrolled sample. These percentages are based on this).

APPENDIX E: CASE STUDY 4

WEEKEND EVENT – 2019		
Variable (n)	Completers (n=7)	Non-completers (n=0)
Participants enrolled (n=7)	7 (100%)	-
Gender identity - Male (n=7)	7 (100%)	-
Disability - Family violence (FV) cause/contributed	7 (100%)	-
Referral - Internal from agency (n=6) - Men's Referral Service (n=1)	6 (100%) 1 (100%)	-
Case management - Internal (n=7)	1 (100%)	-
Case outcome - Case still open (n=7)	7 (100%)	-

THREE-WEEK PROGRAM – 2020		
Variable (n)	Completers (n=7)	Non-completers (n=0)
Participants enrolled (n=7)	7 (100%)	-
Gender identity - Male (n=7)	7 (100%)	-
Disability - FV cause/contributed (n=1) - Vision (n=1) - None (n=5)	1 (14%) 1 (14%) 5 (72%)	-
Referral - Internal from agency (n=4) - Community welfare: family violence service (n=2) - Corrections (n=1)	4 (57%) 2 (29%) 1 (14%)	- - -

Case management - Internal (n=7)	1 (100%)	-
Case outcome - Goals fully reached (n=2) - Goals reached partially (n=1) - No goals reached (n=1) - Case still open (n=3)	2 (29%) 1 (14%) 1 (14%) 3 (43%)	- - - -

SINGLE-DAY EVENT (ART THERAPY) – 2020		
Variable (n)	Completers (n=6)	Non-completers (n=1)
Participants enrolled (n=7)	6 (86%)	1 (14%) Did not show up
Gender identity - Male (n=7)	6 (86%)	1 (14%)
Disability - FV cause/contributed (n=7)	6 (86%)	1 (14%)
Referral - Internal from agency (n=7)	6 (86%)	1 (14%)
Case management - Internal (n=7)	1 (100%)	-
Case outcome - Goals fully reached (n=4) - No goals reached (n=1) - Case still open (n=1) - Not applicable – no goals set (n=1)	4 (57%) 1 (14%) 1 (14%) -	- - - 1 (14%)

SINGLE-DAY EVENT (OUTDOORS) – 2022		
Variable (n)	Completers (n=5)	Non-completers (n=0)
Participants enrolled (n=5)	5 (100%)	
Gender identity - Male (n=5)	5 (100%)	-
Disability - FV cause/contributed (n=5)	5 (100%)	-
Referral - Internal from agency (n=3) - DHHS: Child Protection (n=1) - Corrections Victoria (n=1)	3 (60%) 1 (20%) 1 (20%)	- - -
Case management - None (n=5)	5 (100%)	-
Case outcome - Goals reached partially (n=3) - No goals reached (n=2)	3 (60%) 2 (40%)	- -

APPENDIX F: CASE STUDY 5

VARIABLE (N)	COMPLETERS (N=61)	NON-COMPLETERS (N=13)
Participants enrolled (n=74)	61 (82%)	13 (18%)[21]
Average age (M)	36	32
Hybrid program (n=48)	37 (77%)	11 (23%)
In-person program (n= 26)	24 (92%)	2 (8%)
Average pre-program work – number of sessions (m)	1.5	1.2
Average case management – number of contacts (m)	15	4
Average post-program supports – number of sessions (m)	2.25	-
Aboriginal or Torres Strait Islander status (n=7)	7 (100%)	-
Disability (n=3)	2 (67%)	1 (33%)
Participants with children (n=37)	31 (84%)	6 (16%)
Participants without children (n=37)	30 (81%)	7 (19%)
Referral pathways		
- Child Protection (n=2)	1 (50%)	1 (50%)
- Community Service Agency (n=9)	7 (78%)	2 (12%)
- Court (n=2)	2 (100%)	-
- DFFH (n=1)	1 (100%)	-
- Department of Justice and Community Safety (n=6)	5 (83%)	1 (17%)
- Ex-partner (n-3)	3 (100%)	-
- Friend (n=1)	1 (100%)	-
- Lawyer (n=2)	1 (50%)	1 (50%)
- Orange Door (n=1)	1 (100%)	-
- Partner (n=3)	1 (33%)	2 (67%)
- Police (n=1)	1 (100%)	-
- Self-referral (n=43)	37 (86%)	6 (14%)
Professional supports in place (numbers include only those with supports in place)[22]		
- Housing (n=16)	16 (100%)	-
- AOD (n=26)	22 (85%)	4 (15%)
- Disability (n=8)	8 (100%)	-
- Mental Health (n=60)	51 (85%)	9 (15%)
Current legal orders (interim FVIO, FVIO, DFFH protective order, diversion plan, any criminal orders – including expiry) (n=40)	34 (85%)	6 (15%)
No current legal orders (n=34)	27 (79%)	7 (21%)
Child Protection involvement (n=19)[23]	15 (79%)	4 (21%)
Primary AFM engagement with Family Safety Contact Worker (FSCW) (n=44)	35 (80%)	9 (20%)
No primary AFM engagement with FSCW (n=30)	26 (87%)	4 (13%)

[21] Non-completer total includes one participant for whom it was noted that other support services were involved.
[22] Participants with 'no' recorded against professional supports are not included as it is not known if they needed supports and did not have them or whether they did not need them at all.
[23] Participants with 'no' or 'N/A' recorded against Child Protection involvement are not included as it is not relevant for N/A and not known if those with 'no' recorded were using violence against children and Child Protection did not know.

Employed (n=33)[24]	24 (73%)	9 (27%)
Unemployed (n=34)[25]	32 (94%)	2 (6%)
Primary AFM relationship to client - Child(ren) (n=7) - Chosen family (n=1) - Ex-partner (n=47) - Ex-partner and partner(s) (n=1) - Family of origin and current (n=1) - Husband (n=1) - Mother (n=1) - Partner (n=15)	 5 (71%) - 43 (91%) 1 (100%) 1 (100%) 1 (100%) 1 (100) 10 (67%)	 2 (29%) 1 (100%) 4 (9%) - - - - 5 (33%)
Country of birth		
Australia (n=60)	48 (80%)	12 (20%)
China (n=1)	1 (100%)	-
Croatia (n=1)	1 (100%)	-
England (n=1)	1 (100%)	-
Estonia (n=1)	1 (100%)	-
India (n=1)	1 (100%)	-
Malaysia (n=1)	1 (100%)	-
New Zealand (n=4)	4 (100%)	-
Spain (n=1)	1 (100%)	-
Thailand (n=2)	2 (100%)	-
Vietnam (n=1)	-	1 (100%)
Gender identity		
Female (n=48)	40 (83%)	8 (17%)
Demi-girl (n=1)	-	1 (100%)
Gender fluid (n=1)	1 (100%)	-
Gender queer (n=4)	3 (75%)	1 (25%)
Male (n=1)	-	1 (100%)
Non-binary (n=12)	10 (83%)	2 (17%)
Transman (n=3)	3 (100%)	-
Transwoman (n=3)	3 (100%)	-
Other (n=1)	1 (100%)	-

[24] Not all participants' employment status was included as part of the data shared.

[25] Not all participants' employment status was included as part of the data shared.

Sexual identity		
Heterosexual (n=16)	12 (75%)	4 (25%)
Lesbian (n=18)	16 (89%)	2 (11%)
Bisexual (n=7)	7 (100%)	-
Gay (n=3)	2 (67%)	1 (33%)
Queer (n=21)	16 (76%)	5 (24%)
Pansexual (n=2)	2 (100%)	-
Asexual (n=1)	1 (100%)	-
Sapphic queer (n=1)	-	1 (100%)
Questioning (n=1)	1 (100%)	-
Unknown (n=1)	1 (100%)	-
Does not identify with any sexuality (n=1)	1 (100%)	-
Not stated (n=2)	2 (100%)	-
Relationship status		
Couple with dependents (n=3)	3 (100%)	-
De facto (n=9)	5 (55%)	4 (45%)
Divorced (n=1)	-	1 (100%)
Married (n=2)	2 (100%)	-
Partnered (n=10)	10 (100%)	-
Polyamorous relationship (n=1)	1 (100%)	-
Separated (n=7)	6 (86%)	1 (14%)
Single (n=37)	31 (84%)	6 (16%)
Single parent (n=1)	1 (100%)	-
Other (n=1)	1 (100%)	-
Not stated (n=2)	1 (50%)	1 (50%)

Living arrangements		
Alone (n=13)	12 (92%)	1 (8%)
Homeless (9)	9 (100%)	-
Other family (n=3)	3 (100%)	-
Polyamorous household (n=1)	1 (100%)	-
Share house (n=18)	13 (72%)	5 (28%)
Not stated (n=4)	3 (75%)	1 (25%)
Single parent (n=11)	9 (82%)	2 (18%)
Step-family (n=1)	1 (100%)	-
With partner (n=5)	3 (60%)	2 (40%)
With partner and child(ren) (n=9)	7 (78%)	2 (22%0

APPENDIX G: CASE STUDY 6

VARIABLE (N,%)		COMPLETE N (%)	NON-COMPLETE N (%)
Participants enrolled (n=16)		3 (18.8)	13 (81.3)
Average week of exit, Mdn (n=13)		-	5.3
Case Management (n=4)[a]		1 (25.0)	3 (75.0)
Average age, M (n=16)		45.3	39.9
Aboriginal and/or Torres Strait Islander (n=1)[b]		-	1 (100.0)
Born overseas (n=6)		1 (16.7)	5 (83.3)
Disability (n=3)		3 (100.0)	-
Has children (n=16)		3 (18.8)	13 (81.3)
Limited contact with children (n=10)		-	10 (100.0)
Past MBCP attendance (n=2)		1 (50.0)	1 (50.0)
AOD concerns flagged at intake (n=6)[b]		-	6 (100.0)
MH concerns flagged at intake (n=7)		1 (14.3)	6 (85.7)
Referral pathway (n=16)	Child Protection (n=9)	1 (11.1)	8 (88.9)
	Department of Justice (n=2)	-	2 (100.0)
	The Orange Door (n=2)	1 (50.0)	1 (50.0)
	Self-referral (n=2)[c]	1 (50.0)	1 (50.0)
	Other (n=1)	-	1 (100.0)
Child Protection involvement (n=11)		2 (18.2)	9 (81.8)
Current FVIO (n=11)		2 (18.2)	9 (81.8)
Historic FVIO (n=9)		2 (22.2)	7 (77.8)
Current/pending charges (n=1)		-	1 (100.0)

[a]Missing=2. [b]Missing=1. [c]Both self-referrals were repeat participants.