

"WHEN YOU SPEAK THE LANGUAGE
YOU'VE ALREADY ACTUALLY CROSSED
THAT FIRST HURDLE"

A review of the inTouch Motivation for Change
Program



Acknowledgement of Country

We acknowledge the true custodians of the lands on which we meet and conduct our research and recognise that these lands have always been places of learning. The research team involved in the review of the Motivation for Change program works across Boon Wurrung Country and Wurundjeri Country. We pay our respects to their Elders past and present.

Acknowledgements

Thank you to the affected family members and the program participants who contributed to this review. We appreciate your generosity in sharing your experiences with us, and your trust in doing so. This review would not have been possible without your insights.

We are extremely grateful to members of the inTouch team – particularly Michal Morris, Ruth Fox and Mary Karambilas – for the opportunity to conduct this review. We appreciate your enthusiasm to work with us and also your patience as we have worked through the challenges of conducting a program review across numerous languages, and during a pandemic. We have learnt a lot throughout the journey.

Thank you to Evelyn Adade, who provided administrative assistance during the data collection phase of this review, and to Andi Brown, who undertook sections of the literature review in her capacity as a research assistant with the Monash Gender and Family Violence Prevention Centre. Thank you also to Thomas Beecher for his professional copy edit of the report.

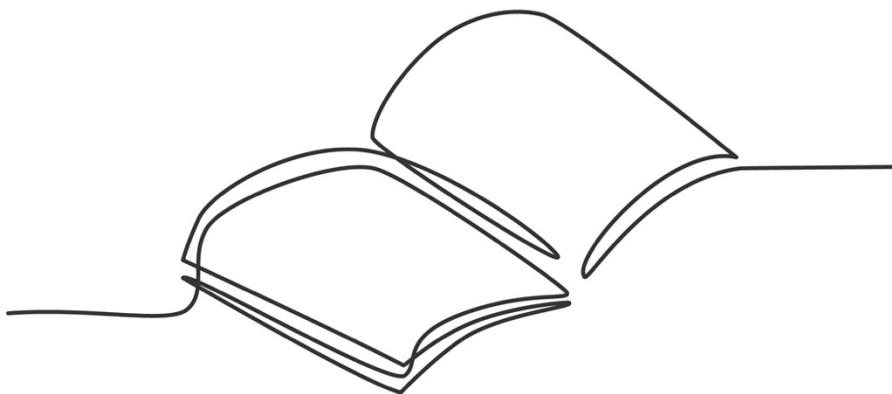
Professor Kate Fitz-Gibbon contributed to this project in her capacity as Director of the Monash Gender and Family Violence Prevention Centre. This Review is wholly independent of Kate Fitz-Gibbon's role as Chair of Respect Victoria.

Report citation: Fitz-Gibbon, K., Helps, N. & Tan, S.J. (2023) “When you speak the language you’ve already actually crossed that first hurdle”: A review of the inTouch Motivation for Change Program. *Monash Gender and Family Violence Prevention Centre, Monash University*. Doi: 10.26180/23118308



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Acronyms

AOD	Alcohol and other drugs
AVAW	Attitudes to violence against women
DFV	Domestic and family violence
DSS	Department of Social Services
EACPI	Expert Advisory Committee on Perpetrator Interventions
FSC	Family safety contact
FSV	Family Safety Victoria
FVIO	Family Violence Intervention Order
MARAM	Multi-Agency Risk Assessment and Management Framework
MBCP	Men’s Behaviour Change Program
MGFVPC	Monash Gender and Family Violence Prevention Centre
MfC	Motivation for Change
NCAS	National Community Attitudes Survey
IPV	Intimate partner violence
RCFV	Royal Commission into Family Violence
WAI	Working Alliance Inventory

Executive Summary

The Victorian Royal Commission into Family Violence (RCFV, 2016) highlighted the importance of holding perpetrators to account and ensuring perpetrator visibility at multiple points of the family violence response system. The Royal Commission found that family violence perpetrators were, often, invisible at key points of the family violence response system, and that there was a critical need to ensure that justice, health and human services were better equipped, trained and funded to hold perpetrators to account and to keep their risk in view. The Royal Commission recommended the development and delivery of a suite of perpetrator interventions. Specifically, the Royal Commission (2016) found that there is an urgent need for greater variety and quantity of perpetrator interventions to meet the current and anticipated levels of demand.

In the nearly eight years since the Royal Commission, the heightened focus on perpetrator interventions as a necessary component of a whole-of-system response to family violence has driven significant reform in terms of the availability and diversity of program offerings. Recognising that the Royal Commission acknowledged the lack of evidence on what works when engaging men in behavioural change, there has also been some investment to build the evidence base on the effectiveness and outcomes of men's behaviour change programs (MBCPs). Building evidence points to the need to develop inLanguage, inCulture perpetrator intervention programs to address the specialised needs of diverse communities, especially as the lack of linguistically and culturally tailored programs have negatively impacted on the access, recruitment, retention and engagement of culturally and linguistically diverse perpetrators. To date, there have also been few, if any, evaluations of the operations and effectiveness of programs that are delivered in languages other than English and designed to meet the specific cultural needs/contexts of perpetrators.

The development of culturally specific programs that can be delivered in languages spoken by program participants seeks to increase perpetrator engagement in the behaviour change process, and to ensure greater inclusion through the design and delivery of language and/or culturally informed program content. Despite increasing awareness of the need for, and potential benefits of, in-language, in-culture intervention programs, there have been very few such programs developed in Australia and elsewhere. The Motivation for Change (MfC) program developed and delivered by inTouch Multicultural Centre Against Family Violence based in Victoria (Australia) represents one of the few multilingual, multicultural programs currently offered.

The MfC program is an 'inLanguage, inCulture' 15-week program designed for men who use violence towards a family member. The inTouch vision when developing the MfC program was to provide an early intervention program for men from culturally and linguistically diverse backgrounds. Recognising the importance of culturally informed interventions, the program was intended to receive internal and community-based referrals, and that program participants would complete this program prior to going on to complete a MBCP. Including the critical components of individualised case management, delivered over a six-month period, and family safety contact work, the goal of the program was to develop an innovative and much-needed offering within the broader suite of perpetrator interventions available across Victoria. The program is offered in a range of languages and cultures, including (at the time of this review) to South-Asian groups delivered in Hindi and English, and to Afghan groups delivered in Dari. Several of the facilitators involved understand and/or speak multiple languages. By speaking to a client in their first language, the program aims to build rapport with these men and support them in understanding more complex concepts.

This report presents the findings from a review of the MfC program conducted by members of the Monash Gender and Family Violence Prevention Centre (MGFVPC). The report draws on the perspectives of practitioners involved in the program, alongside an analysis of program participant case notes, and entry and exit surveys conducted with program clients and a small number of affected family members.

The findings from this review are organised into seven key themes:

1. The importance of an in-language and in-culture program
2. Program structure and components
3. Case management and risk assessment
4. Family safety contact work and engaging affected family members
5. Participant engagement and disengagement
6. Behaviour change as a process
7. Workplace opportunities and challenges

While noting the limits of the small number of client and affected family members who participated in this review, this review the policy and practice implications. Specifically, this review makes five recommendations:

1. Expand the Motivation for Change program

Findings from this review illustrate the limitations of the current 15-week model. Consideration should be given by inTouch to expand the program to a 20-week model and adapt the program to cater to additional languages and cultures. Expanding the programs length and offering will have resource implications. The Victorian Government should, therefore, consider further funding to allow the program to be delivered across 20 weeks, while also considering allowing for greater flexibility so programs can be tailored to the needs of individual groups.

2. Develop an inLanguage, inCulture MBCP

The MfC program is operating, and receiving referrals, like a MBCP, given there is no inLanguage, inCulture full program option developed and presently operating in Victoria. It is recommended that the Victorian Government fund the development and delivery of an inLanguage, InCulture MBCP.

3. Expand funding for inCulture and inLanguage early intervention programs

Due to the predominance of referrals from courts, police and child protection, the MfC program has operated largely as a substitute to an MBCP. The MfC program was not intended to operate as a substitute to MBCPs. While there is a clear need for inCulture, inLanguage MBCPs, it is also recommended that the Victorian Government consider funding additional MfC programs that align with the initial vision for this program – to work with perpetrators as a true early intervention program. Funding specific inLanguage, inCulture programs will allow the MfC program to return to this original objective and reach people who use violence with a lower risk profile.

4. Further funding of individual case management

The review highlights the work undertaken by individual case managers to unpack learnings from group sessions and to facilitate additional supports. While case management is common in behaviour change work with perpetrators, the inTouch case managers appear to be providing additional support – often addressing limitations in wider service accessibility – through, for example, contacting services, assisting clients to fill out forms and acting as interpreters. This is a critical component of work for this program to operate effectively, and funding is required to support the safe delivery of these additional case management supports.

5. Workforce investment

The Victorian Government should invest in workforce development. While this is necessary across the perpetrator intervention system more broadly, there is a particular need to support and upskill practitioners to deliver a range of inCulture, inLanguage programs for people who use violence. Recognising the unique expertise required to undertake this work is essential.

Introduction

The landmark Victorian Royal Commission into Family Violence (RCFV, 2016) (hereto referred to as the Royal Commission), which was established in 2015 and reported in 2016, highlighted the importance of holding perpetrators to account and the need to ensure perpetrator visibility at multiple points of the family violence response system. Drawing from 13 months of consultation – including public hearings, written submissions and field sites – the Royal Commission found that perpetrators of family violence were, often, invisible at key points of the existing family violence response system, and that there was a critical need to ensure that justice, health and human services – to name just a few – were better equipped, trained and funded to hold perpetrators to account and to keep their risk in view (see also, Diemer, 2016). Within the Royal Commission’s 227 recommendations, which sought to transform Victoria’s response to family violence, the development and delivery of a suite of perpetrator interventions was positioned as critical to achieving perpetrator accountability and visibility. Specifically, the Royal Commission found that there is an urgent need for greater variety and quantity of perpetrator interventions to meet the current and anticipated levels of demand (RCFV, 2016).

In the nearly eight years since the Royal Commission handed down its report, through to the 2023 acquittal of the final recommendations (see, Fitz-Gibbon & Buys, 2023), the heightened focus on perpetrator interventions as a necessary component of a whole-of-system response to family violence has driven significant reform in terms of the availability and diversity of program offerings. Recognising that the Royal Commission acknowledged the lack of evidence on *what works* when engaging men in behavioural change, there has also been some investment to build the evidence base on the effectiveness and outcomes of MBCPs (see, among others, Helps et al., 2023; McGowan et al., 2023). As the number of MBCPs available in Victoria has expanded in the intervening years – including the piloting of new program offerings – so too has demand for these programs. Interestingly, while the Victorian government has increased funding to reduce the waitlists for individual programs (Expert Advisory Committee on Perpetrator Interventions, EACPI, 2018), there is equally a need to ensure that the type of programs available are representative of the diversity amongst domestic and family violence (DFV) perpetrators across Victoria (see also, EACPI, 2018). This includes the need to develop culturally informed MBCPs that are delivered in a range of languages (RCFV, 2016).

The call for increased attention on perpetrator interventions in Victoria reflects a broader international trend in research and practice. This includes the findings of Project Mirabal in the UK (see, Kelly & Westmarland, 2015), and the uptake of a broader emphasis in policy and practice that the path towards reducing DFV must incorporate strategies to change perpetrator behaviours (Department of Human Services Children, 2009; EACPI, 2018; Fisher, Martin, Wood, Lang & Pearman, 2020). This focus stems from current evidence that approaches which rely solely on enacting harm minimisation practices upon victim-survivors are not enough to curb incidents of abuse (Department of Human Services Children, 2009; EACPI, 2018; Kelly & Westmarland, 2015; RCFV, 2016; Whittlesea Community Futures, 2012).

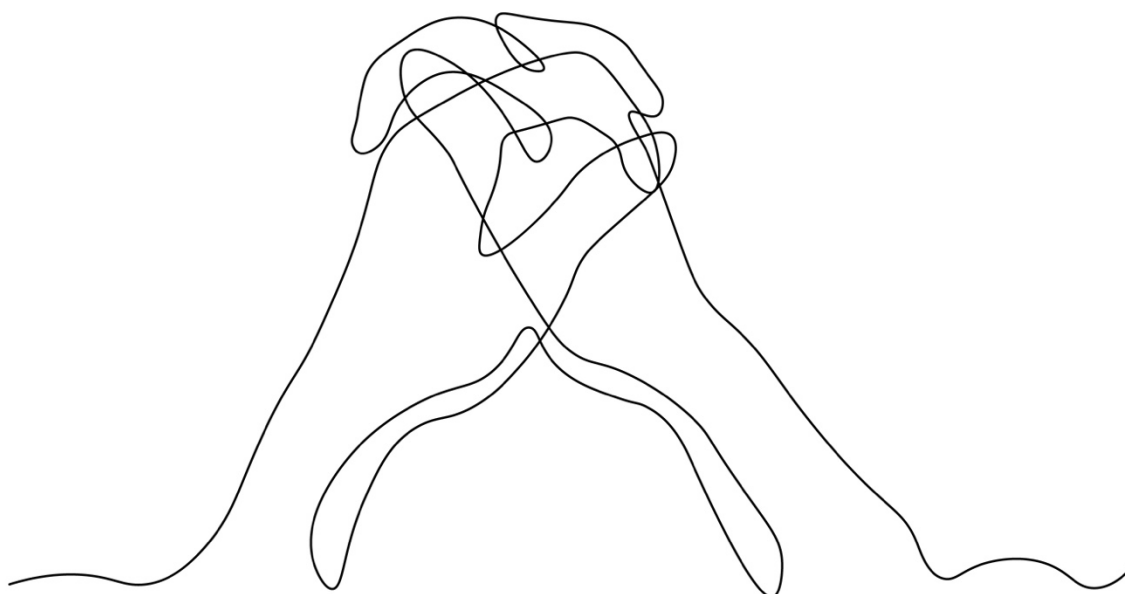
Perpetrator Interventions for Culturally Diverse Communities

As part of the Victorian Government’s implementation of the RCFV recommendations, in 2016 an Expert Advisory Committee on Perpetrator Interventions (EACPI) was established, serving a term of two years. The Committee’s Final Report (EACPI, 2018) called for greater attention to cultural diversity, recognising that language and cultural barriers impact accessibility of programs, and participant engagement. The Final Report emphasised the importance of developing perpetrator intervention programs that are tailored for specific communities. This finding stemmed from an acknowledgement by the committee of the lack of perpetrator-

focused services available to address the specialised needs of these groups (EACPI, 2018), and, also, the dearth of evaluations of their effectiveness (RCFV, 2016).

Beyond the Royal Commission and the work of the Expert Advisory Committee, research has shown that one of the key eligibility criteria often listed for culturally diverse perpetrators' exclusion from existing intervention programs is limited English-language skills (Mackay et al., 2015; Whittlesea Community Futures, 2012). Due to the predominant delivery of perpetrator intervention programs in English in Victoria – as elsewhere in Australia – a lack of English comprehension is considered a major barrier to engagement (Mackay et al., 2015; Whittlesea Community Futures, 2014a). While the post-Royal Commission era has seen a significant investment in building perpetrator interventions, there remains limited resources relative to demand, and, as a consequence, eligibility criteria ensure that MBCP places are provided to perpetrators who are most likely to have favourable outcomes following program completion (EACPI, 2018). Consequently, people who use violence and do not meet English literacy proficiency requirements are often excluded from participation in existing perpetrator intervention programs (EACPI, 2018; see also, Mackay et al., 2015). Indeed, for this reason alone, the lack of program offerings in languages other than English represents a critical barrier to program eligibility and inclusion for linguistically diverse family violence perpetrators.

The development of culturally informed programs that can be delivered in languages spoken by program participants seeks to increase perpetrator engagement in the behaviour change process, and to ensure greater inclusion through the design and delivery of language and culturally informed program content. Research by the Australian Migrant Resource Centre (2018) also suggests that the process of delivering programs in language, and with cultural specificity, may enhance rapport-building between program facilitators and program participants, resulting in improved outcomes. Despite increasing awareness of the need for, and potential benefits of, in-language, in-culture perpetrator intervention programs (Australian Migrant Resource Centre, 2018; Emezue et al., 2021; EACPI, 2018), there have been very few such programs developed in Australia and elsewhere. The Motivation for Change (MfC) program delivered by inTouch Multicultural Centre Against Family Violence based in Victoria (Australia) represents one of the few multilingual, multicultural programs currently offered. The remainder of this report focuses on this program.



The Motivation for Change Program

The MfC program was developed by the inTouch Multicultural Centre Against Family Violence and is a family violence 'inLanguage, inCulture' 15-week program designed for men who use violence towards a family member. In their 2020-2021 Annual Report, InTouch described their approach to working with men, and the genesis of this program:

Working with men who use violence can be complex, and intersecting barriers affecting culturally diverse men can make prevention and response a challenging process. Differences in language, culture and faith can also impact the ability of these individuals to seek help, whether it is from traditional family violence services or their own community. This can be compounded by trauma associated with the migration and settlement journey and a lack of understanding of Australian laws and our justice system. inTouch's Motivation for Change utilises our pioneering inLanguage, inCulture delivery model to challenge harmful attitudes and behaviours using culture, language and community as a strength-based response. (2021: 6)

As captured above, the inTouch vision when developing the MfC program was to provide an early intervention program for men from culturally and linguistically diverse backgrounds. Recognising the importance of culturally informed interventions, it was intended that the program would receive internal and community-based referrals, and that program participants would complete this program prior to going on to complete a MBCP. Including the critical components of individualised case management, delivered over a six-month period, and family safety contact work, the goal of the program was to develop an innovative and much-needed offering within the broader suite of perpetrator interventions available across Victoria.

The 15-week program includes an initial assessment, as well as a combination of group sessions and individual case management for up to six months. The group work is designed to provide men with a supportive space to reflect on their behaviours and to develop strategies to support non-violent family relations. Alongside the group sessions, one-on-one case management is incorporated to support individualised discussions with a male participant, based on their specific behaviour, and access services regarding settlement, social engagements and any other issues arising from their familial relationships. The program is offered in a range of languages and cultures, including (at the time of this review) to South-Asian groups delivered in Hindi and English, and to Afghan groups delivered in Dari. Several of the facilitators involved understand and/or speak multiple languages. For example, in groups where there are a number of Tamil-speaking men, the facilitators are able to conduct the sessions bilingually in Tamil and English, or Tamil and Hindi, to ensure more effective comprehension. By speaking to a client in their first language, the program aims to support them in understanding more complex concepts.

The program content is designed to support a person's journey of change – the program itself is not badged as a MBCP, but rather a motivation for change – akin to a program readiness offering. Over the course of the program, the content is designed to:

- assist men to understand the impact of violence on their families.
- work through their beliefs and attitudes that are supportive of violence or excuse, justify and rationalise violence.

The curriculum is sequenced to move from a perpetrator's recognition of their behaviour as violence, through to understanding the impact of violence to forming habits and changing patterns to prevent further use of violence. Given the culturally specific development of the program content, there is an awareness among the practitioner team involved in delivery that challenging attitudes and cultural beliefs can be a sensitive process.

The program is designed to take into account a participant's community and allow time for facilitators to explore a participant's journey to bring them to new understandings around their behaviour(s) and its impact.

This Report

This report presents the findings from a review of the MfC program conducted by members of the Monash Gender and Family Violence Prevention Centre (MGFVPC). It draws on the perspectives of practitioners involved in the development and delivery of the program, alongside an analysis of program participant case notes, and entry and exit surveys conducted with program clients and affected family members. The findings from this review are organised in this report into seven key themes:

1. The importance of an in-language and in-culture program
2. Program structure and components
3. Case management and risk assessment
4. Family safety contact work and engaging affected family members
5. Participant engagement and disengagement
6. Behaviour change as a process
7. Workplace opportunities and challenges

While noting the limits of this study regarding small participant numbers, following the analysis, this report considers the policy and practice implications of the findings from this review.



Review Design

The project team, comprising of members from the MGFVPC, were contracted by inTouch Multicultural Centre Against Family Violence to conduct a review of their MfC program. The parameters and approach to the review were determined collaboratively between inTouch staff and members of the Monash review team. The review aimed to:

- document the program elements and delivery model.
- examine practitioners' view on the effectiveness of the program accessibility deliverability and suitability through engagement with inTouch managers, facilitators and family safety contact workers.
- identify alignments and differences between the MfC program and other MBCPs currently available in Victoria.
- make recommendations on the value of and need for in-language and in-culture perpetrator intervention programs, and how they can be embedded as part of the wider Victorian perpetrator intervention system.

In order to achieve these aims, this review involved four phases of data collection:

1. Small group interviews with MfC practitioners, including program facilitators, case managers and family safety contact workers
2. Entry and exit surveys with MfC clients
3. Exit survey with affected family members
4. Program participant case notes

Ethics approval was obtained from the Monash University Human Research Ethics Committee (MUHREC, Project ID: 28386).

Affected Family Member and Program Participant Recruitment

Family safety contact (FSC) workers facilitated the recruitment of affected family members. Affected family members were informed about the study by the FSC workers and were provided with a link to the online affected family member exit survey. Similarly, recruitment of program participants was facilitated by program facilitators and/ or case managers at inTouch. Program participants were informed about the study and provided with a link to the online survey at both the intake and exit stage. Hard copy surveys were also made available. Where these were used (n=12), they were manually entered into the Qualtrics online platform by a member of the Monash review team. Based on consultations with InTouch, the survey was designed in English and translated into Dari, Hindi, Punjabi, Sinhala and Tamil. Program participants and affected family members were also able to request assistance from inTouch staff with completing the surveys. Completed surveys were translated into English for analysis. Written consent processes were built into the survey. Affected family members who completed a survey (n=2) were remunerated with a \$50 voucher in recognition of their time and sharing their lived-experience expertise.

Survey Instruments

The survey instrument in the report included four survey measures (each outlined below), as well as a number of open-text questions. These questions invited participants to provide feedback – for example, on perceived changes, family safety contact (affected family members), the program, motivation and program readiness, and perceived changes (program participants). A total of two affected family member surveys were completed, 22 program participant intake surveys and 36 program participant exit surveys. The majority of surveys were completed in English, with a small number of surveys completed in Dari (n=8). Surveys completed in Dari were translated by a professional transcription service. Program participant quotes received in Dari are presented in Dari followed by English translations below.

Project Mirabal Measures

Affected family member exit surveys contained six Project Mirabal measures. These measures encompassed: respectful communication, expanded space for action, safety and freedom from violence and abuse, awareness of self and others, shared parenting and safety, and healthier childhoods (Kelly & Westmarland, 2015). Additional measures relating to overall safety and quality-of-life assessments were also included. All measures utilised a scale from *always* (1) to *never* (5), except for the safety and freedom from violence and abuse items, which used a simple yes or no response.

Program Readiness

The program readiness scale was adapted from the Survey of Readiness for Alcoholics Anonymous (Kingree et al., 2006). The scale contains 15 items asked on a scale from *strongly agree* (1) to *strongly disagree* (5), which capture participants' attitudes towards participating in the MfC program. The program readiness scale was asked in the program participant intake and exit surveys.

Attitudes to Violence against Women – National Community Attitudes Survey

Taken from the 2017 National Community Attitudes Survey (NCAS) (Webster et al., 2018), the Attitudes to Violence against Women (AVAW) survey items utilised in this review explore four themes: attitudes excusing the perpetrator and holding women responsible for domestic violence; attitudes towards domestic violence, family privacy and unity; attitudes minimising the impacts and consequences of recurring domestic violence; and attitudes minimising violence against women by making it a problem for women to bear. Collectively, these measures capture attitudes that excuse use of violence and perpetuate victim-blaming. The items are asked on a scale from *strongly agree* (1) to *strongly disagree* (5).

Working Alliance Inventory

The Working Alliance Inventory (WAI) short form was used to gain an understanding of the relationship between program participants and facilitators (Hatcher & Gillaspay, 2006). This measure contained 12 items asked on a scale from *strongly agree* (1) to *strongly disagree* (5).

Practitioner Small Group Interviews

Practitioners were recruited by members of the Monash review team via email and invited to contribute to the review. Explanatory statements and consent forms were also sent via email. Four small group interviews were conducted, each involving two participants. The practitioner interviews provided a valuable opportunity for the review team to better understand the development of the program, current program practice and practitioners' roles in the MfC program. The interviews also explored:

- Risk identification, assessment and management practices embedded as part of the program
- Exit planning procedures

- Partner and family safety contact work
- Measurement of impact and target outcomes sought
- Changes to engagement and practice during COVID-19 public health restrictions
- Benefits of the program
- Opportunities for program enhancement

All practitioner interviews were conducted via Zoom, were audio recorded and fully transcribed by a professional transcription service.

Case Notes

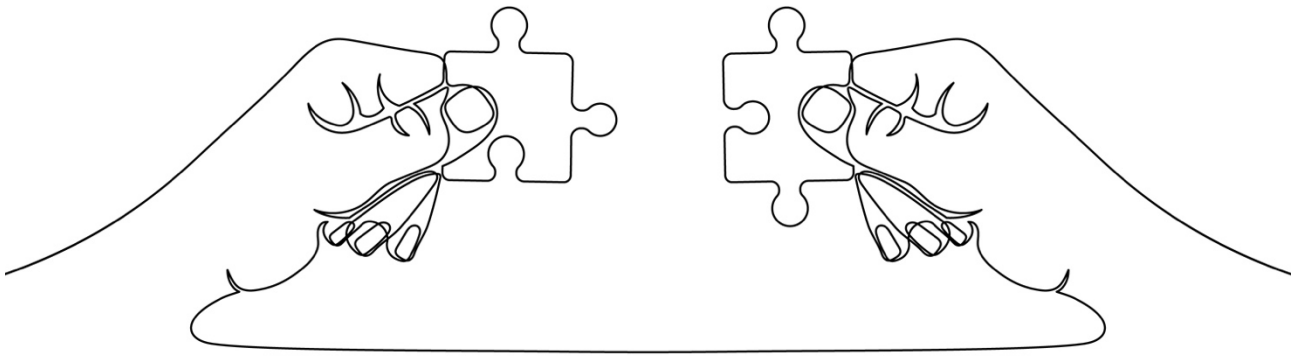
De-identified client case notes were provided by inTouch to the Monash review team. This included intake forms and case management notes for eight clients, and case management notes only (without intake forms) for a further 19 clients. The intake forms contained client information – such as age, employment status, visa status, relationship status, contact with children and language – and notes related to use of violence, such as key behavioural concerns, family violence intervention order (FVIO) status, involvement of child protection and/ or police, family court matters, alcohol and/ or other drug use, and housing.

Case management notes were unstructured, but generally contained information related to what was discussed with the client during the case management session. This varied depending on clients' needs. Case management notes recorded points of communication with clients, including emails and short interactions (such as phone calls from clients requesting documents of attendance for court), as well as longer one-to-one case management sessions. As a result of including these interactions, the number of 'sessions' for which notes were recorded varied from four to 45. Some clients also had additional sessions due to ongoing case management early in the COVID-19 pandemic-related lockdowns, while in-person sessions were on hold and preceded the introduction of online sessions. It is assumed that clients with very few case management sessions disengaged from the MfC program. There was significant variation in the nature and extent of information recorded in both the intake and case management notes available to the Monash research team.

Data Analysis

Due to the small number of surveys completed by affected family members (n=2), no analysis of Project Mirabal measures is provided in this review. The qualitative survey and interview data was analysed thematically by members of the project team. Responses from each participant were first analysed individually to identify key themes arising from the survey data or the interview transcript. Key themes were then considered collectively across the data set.

Case notes provided for the MfC program clients where intake and/or case management data were received (n=27) were reviewed, and relevant information was extrapolated into Excel by the Monash research team. This included client information where this was recorded, as well as key themes raised in case management notes. This included, for example, notes on admitted behaviours/use of violence at intake, changes to relationship status or living arrangements, changes to mood/ stress, participation and engagement in group sessions, understanding of DFV, and ongoing denial of use of DFV and victim-blaming attitudes. The case notes provided insights into issues that clients were facing – such as housing instability – and a client's behaviour change (or lack thereof). Some case notes also provided insights into inter-agency communications – such as information sharing and referrals – where, for example, requests for information were received by inTouch and details of communications with other services were noted in case notes.



Review Limitations

There is a number of limitations to this review. Engagement with program participants and affected family members was extremely limited; a part of this report presents findings from a survey of program participants and a very small number of affected family members (n=2). While in-depth engagement with affected family members is particularly critical (Chung et al., 2020) to inform understanding of program effectiveness and impact, due to a combination of funding and language limitations, it was not possible within the scope of this review. Additionally, while we were able to collect some intake and exit data from program participants, due to limitations in the recruitment and data collection period, no analysis of paired data representing change of time is possible.

One of the challenges of reviewing a program that is delivered in a language other than English relates to language barriers and the high cost of professional translation services (in cases where a member of the review team is not proficient in the corresponding languages). As part of this review, the survey is translated into the relevant program languages. However, within the time and cost constraints of this project, it was not possible to offer interviews with program participants and affected family members. This is a significant limitation. Further, while the survey included qualitative questions, very few participants completed these. Notably, only a small number of surveys were completed in Dari (n=8), with the remainder completed in English. No surveys were completed in Hindi, Punjabi, Sinhala or Tamil.¹ It is possible that participants from some of the MfC groups – for example, South Asian groups delivered in Hindi, Punjabi and Sinhala – completed the survey in English. However, it is also possible that no participants from these groups participated in the survey. The breadth of participant voices from a range of program groups may, therefore, be limited.

Given the recognised limitations of this review – particularly in relation to the breadth and depth of data collection undertaken with affected family members and program participants – this report emphasises learnings taken from practitioners' professional views.

¹ The Tamil group was discontinued during the review due to staffing shortages.

Review Findings

As noted in the introduction, the findings from this review are organised into seven key themes:

1. The importance of an inLanguage, inCulture program
2. Program structure and components
3. Case management and risk assessment
4. Family safety contact work and engaging affected family members
5. Participant engagement and disengagement
6. Behaviour change as a process
7. Workplace opportunities and challenges

Throughout the findings sections, this report draws together findings from each of the four data sets, with a predominant focus on the data obtained from small group interviews with program practitioners.

The Importance of Programs that Incorporate Language and Culture in Design and Delivery

The Limits of Mainstream Programs

There is a growing awareness in Australia, and elsewhere, of the need to ensure that the suite of available perpetrator interventions reflects the culturally and linguistic diversity of service users. The MfC program serves an important purpose in filling a critical client gap. Significantly, English-language proficiency is one of the key criteria cited for perpetrators' exclusion from intervention programs (Mackay et al., 2015; Whittlesea Community Futures, 2012). Due to the delivery of intervention programs in English (as prescribed by the dominant culture in Australia), a perpetrator's lack of English comprehension is considered a major barrier to engagement (Mackay et al., 2015; Whittlesea Community Futures, 2014a). Linguistic incompatibility was also identified by practitioners in this research as a key barrier for men from culturally and linguistically diverse backgrounds to accessing programs:

One of the gaps that definitely has been identified right from the start is for many multicultural men from different languages there isn't a program that will actually support their needs. A lot of men, while they have conversational English or work English, they don't have the sophisticated English that you need to understand what is trying to be conveyed in an MBC program, mainstream or otherwise. (Practitioner 7)

Translation is a crucial nexus for enabling understanding across cultures (Choi, Kushner, Mill, & Lai, 2012). Therefore, offering intervention programs in languages other than English is an important first step towards greater inclusion of perpetrators from culturally and linguistically diverse backgrounds. Designing bilingual and multilingual programs also further assists in recognising cultural diversity and other cultural identity factors, which DFV advocates position as essential for culturally and linguistically diverse perpetrator intervention (Australian Migrant Resource Centre, 2018; inTouch Multicultural Centre Against Family Violence, 2021a). A direct translation of words frequently fails to encapsulate the intended meaning of original material, and so, as part of the process of language translation, there is a corresponding requirement to consider the cultural translation (Australian Migrant Resource Centre, 2018; Choi et al., 2012).

By offering a program that incorporates language and culture within its design and delivery, the MfC program responds to this service gap and addresses the specialised needs of culturally and linguistically diverse men.

The Benefits of Programs Delivered in Language, in Culture

This review highlights the benefits of offering programs that are tailored to the cultural and language of the participants. One of the key benefits is the capacity to have perpetrators' interventions that are able to meet men where they are at, and to have these programs facilitated by facilitators who have a shared understanding of language and culture. As one facilitator commented:

When you speak the language you've already actually crossed that first hurdle and for many of us if you've got shared experiences of where you come from, like many of the men come from the same part of India that I do and many of the men would have had similar experiences growing up, so you're already forming that little connection with them in the start. (Practitioner 7)

For other facilitators, the value of a program developed and delivered in the culture and language specific to the participants is in the cultural rules and norms that underpin social behaviours, and how these can offer a way in to engage with clients. As one facilitator from the South Asian group explained:

With two facilitators, chances are that one of you is definitely going to relate with some – most of the men. Between the two of you you've got most of the men covered in terms of relatability. It's also probably a little bit different to the Afghan group, because both the facilitators in the South Asian group are actually reasonably of a different age group to the men. Most of the men in our groups are between 28 and 40, and both myself and other facilitators are older than the guys so the culture doesn't allow them to disrespect us or say disparaging things about us from the start, so they start with that point. (Practitioner 7)

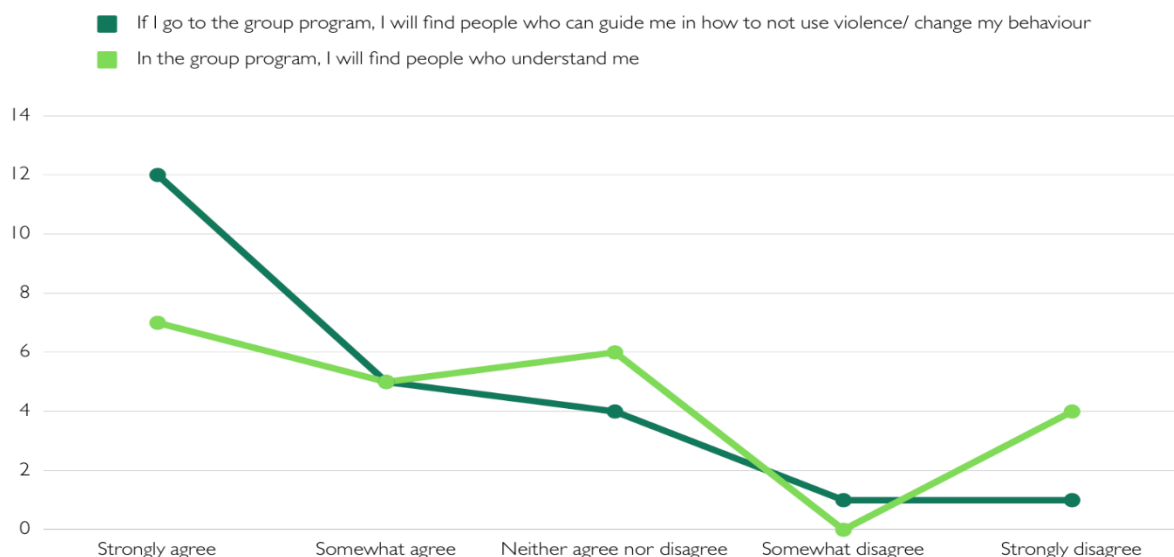
Prior research has shown that effective rapport building within the perpetrator-facilitator relationship – which contributes to increased program engagement – is attainable by facilitators relating to participants in a highly personalised manner, otherwise referred to as 'being real' (Reimer, 2020). This connection was also valued by program participants. For example, when asked as part of the exit survey why they would recommend the program to others, one participant noted 'Its base in people's culture and social backgrounds.' According to Reimer (2020), a sense of authenticity and mutual understanding within the relationship is a key component in initiating and sustaining perpetrator engagement. Offering in-language, in-culture intervention programs led by facilitators capable of building rapport with program participants seeks to reduce barriers for culturally and linguistically diverse perpetrators' inclusion in DFV intervention programs (Australian Migrant Resource Centre, 2018), and to enhance opportunities to facilitate rapport between the program client and the facilitator(s).

In addition to rapport building with clients, practitioners further observed that having men in groups from the same language and cultural background has also helped with group formation and dynamics:

I've done a lot of mainstream programs – when I say mainstream, I mean like community programs that aren't in-language. The difference here, I think, is the language and the culture, the way they relate to – I think the group forms a lot quicker than what it would. In a 20-week group where I've seen it, there's still – let's take the online component out of it, but I think because of culture and the language, the ice is broken a lot sooner here and again. (Practitioner 4)

Interestingly, within the cohort of program participants who completed the intake survey, it was apparent that the opportunity to meet other group members who may understand them and assist them to not use violence was viewed positively. As shown in Figure 1 (below), a majority of program participants who participated in the intake survey either *strongly* or *somewhat agreed* with statements referring to the benefits of being part of a group program and connecting with other program participants.

Figure 1: Intake responses to the statement about attending a group program and connecting with other program participants



Further reflecting on the value of using shared language and culture to build rapport with participants – and encourage a reflection and change of behaviours and attitudes – facilitators described a noticeable difference in the work between other groups and the bilingual groups. Specifically, as one case manager explained, conducting bilingual groups offers facilitators a cultural and linguistic bridge to communicate with participants, helping participants understand that certain behaviours are considered to be family violence in Australia:

Sometimes [men] themselves are not aware that it's called family violence and having that – because there are MfC sessions in-language and in-culture, so making them – like giving them examples and also educate them in their own language helps a lot. (Practitioner 2)

The inTouch inLanguage, inCulture program importantly allows facilitators to meet men where they are at, which facilitators identify as being key to any kind of change or education. One of the facilitators explained that one of the most common issues they face is the lack of understanding about concepts of violence and acceptable standards of behaviour. For example:

It can be different, because we are working, particularly in our group we are working with quite different – in my group, it's delivered in English, but the two facilitators also speak Hindi and also [name] who's the general facilitator, she was there facilitating the last couple of weeks, speaks Tamil so if there are men who find concepts difficult, she can interpret for them. (Practitioner 5)

As Practitioner 5 noted, this is the case even for participants who are proficient in English:

We do have quite a lot of Sri Lankan's whose English is pretty good, but there are concepts that are quite difficult to explain in a second language. So, it has been really useful. (Practitioner 5)

The capacity to improve communication of complex concepts of violence is, therefore, perceived by practitioners to be a key area of benefit of the program:

Most of the men tell me, if they have gone to, let's say counselling session, they would come and explain, 'I did not understand anything. Because I was getting bits off it, but I didn't get the entire

bit. So, I'm glad this is in-language. That really helps.' Whatever message we're trying to put across it goes directly and straight. So, that's a benefit and because it's in different cultures, different cultures behave differently, they take the message differently in a different mode. (Practitioner 6)

The challenges that facilitators face in relation to communication around the concepts of family violence, across groups with different levels of English proficiency, point to the importance of grounding and delivering perpetrators' programs that are culturally responsive. Culture is one of the core systems through which we understand, frame and interact with the world (Betancourt, 2004; Guerra & Knox, 2008). Ensuring that concepts around family violence and men's use of violence are not foreign and incomprehensible is, thus, an important endeavour to better address the multitude of issues that culturally and linguistically diverse perpetrators face. The value of this approach was recognised in the survey, with one program participant commenting on program completion:

I think having information for the Afghani, where people learn more about family violence is going to have a positive impact. I have learned many things, I wish I knew before this incident. I highly recommend for the government to consider funding preventative programs for newly arrived migrants to know more about [family violence] issue and prevent violence in their family and relationship. Something for families and community, not under the name of MBCP. (Program participant)

Despite these recognised benefits, practitioners reflected throughout the review on the limited knowledge of the MfC program across the Victorian family violence system. For some practitioners, this was related to a concern that information about the availability of this inLanguage, inCulture program is not often shared by a broader range of services with potential program participants and with relevant communities.

This review also notes that the current funding received by inTouch limits the number of participants who can engage in the program to fewer than 100 people per year. The funding model also has implications for the structure of delivery, precluding the ability to flexibly offer more frequent but smaller groups.

Recognising the Individualised Nature of Motivation for Change Program Clients' Needs

Throughout the review, practitioners noted the importance of recognising the individualised nature of MfC program clients, stating that this is not a homogenous group. In particular, they emphasised that there are differences in the socio-cultural backgrounds even within same nationality groups. This means that it is important to account for different understandings and needs across and within groups, and the respective needs or position of individual men. Describing what this looked like in practice, one case manager explained:

Because you know the men might be from the same culture, but the same things would not be imply [sic] for different men. So, I think it's really important when we look at things, it has to be very client centred. Though we look at his culture and everything, but what are the sort of things he accepts of his culture? What sort of things he follows within the culture? And we need to ensure we are aware when we work with him. Because he might not be that kind of person at all, who ensures that my wife has to cook and clean. He might be the person who does all the cleaning and the cooking and looking after the child and everything, driving the women from picking and dropping. So, he might be doing everything that we think an ideal man should be doing. But on the other hand, he might be doing certain things like controlling financially or drinking. Every case is very unique in itself. (Practitioner 6)

The aspect of individualisation was most apparent through the case management component of the program. But awareness of differences across culturally and linguistically diverse groups was also highlighted in all of the focus groups. For example, one of the practitioners pointed to the different starting points of men in the

Afghan group where, for example, they may not be familiar with any language related to family violence – compared to men from India who may have greater familiarity, as India’s family violence law is similar those across Australia, even though the application may differ:

I think one other thing about the Afghan group, sorry, I wanted to mention is that we have got – in Afghanistan we have got four main groups. We’ve got Pashtun, Hazara, Tajik and Uzbek. We don’t have a lot of Uzbek’s here but we do have a lot of Pashtun, Tajik and Hazara’s. So it’s like three different belief systems, three different – some of them – like Pashtun people are speaking a completely different language [...] that I can’t even speak. And their ability to speak and understand Dari is really limited too. So we are trying to address so many issues at once and these Pashtun men are very conservative. I would say the most conservative group in Victoria, if not in Australia. So they are so strict and their mindset is so fixed on women’s role. Like in Afghanistan they don’t allow their girls to go to school, like no girl is allowed to go to school. So if you’re coming and telling these types of men what family violence is you would know their struggles and the issues that you would be facing. And sometimes we have to actually spend like 15 to 20 minutes just to convince them that it’s family violence. It doesn’t matter what you were doing in Afghanistan, here it’s – according to legislation it is family violence and they’re like well, why don’t they allow us to have an elderly, family elderly to come and resolve our issues, why the police is getting involved, why child protection is there, like it’s a family matter? It should be dealt with by my family. So, yeah, it’s really challenging. (Practitioner 8)

Tailoring programs to meet the experiences and needs of men is a cornerstone in the MfC program. In addition to accounting for how socio-cultural backgrounds can shape understanding and concepts of violence, another key aspect is clients’ migration pathways to Australia, which can shape their motivation to engage and remain in the program. For example, one of the practitioners explained that for the South Asian group, many participants are concerned about implications of their use of violence for future prospects; practitioners can leverage that to motivate their participation and engagement with the program:

For many of the South Asian men they have actually chosen to come here for work or they have come as international students. So they’ve come here with a specific economic and social goal and they see that their engagement with the law as being detrimental to the children’s future, so that motivation is still there. (Practitioner 7)

For clients who have entered the program as refugees or asylum seekers, there are other additional issues that practitioners need to specifically address. Notably, the settlement experiences of culturally and linguistically diverse individuals are recognised as a specific area of importance (Emezue, Williams, & Bloom, 2021; Fisher et al., 2020). Issues such as post-settlement alienation and acculturation stress compound structural and individual factors conducive to the expression of abusive behaviours, such as mental health issues (Emezue et al., 2021; James, 2010). This is particularly relevant in the case of refugee settlement, since the experiences of these individuals incorporate exposure to profoundly traumatic events (Fisher et al., 2020; Rees & Pease, 2006).

The diversity of practice within the ‘inLanguage, inCulture’ umbrella of the MfC program is also evident in challenges associated with delivering programs to additional groups. For example, the Tamil group is no longer available, due to limitations around retaining staff with appropriate language and culture for program delivery. This also reflects the importance of facilitator retention and providing staff with secure working conditions. Linking back to already explored limits of the funding model, the funding is also not flexible enough to respond to the specific language needs of every client who may fall within a particular cohort.

Program Structure and Components

Alignment with the Victorian Minimum Standards for Men's Behaviour Change Programs

The MfC program was not developed by inTouch as a MBCP. It was developed as an early intervention program designed to be undertaken by participants prior to completing a MBCP. This is an important distinction in terms of the vision and design of the program. It also means that the program is not required to align with the Victorian minimum standards for MBCPs (FSV, 2018). There are, however, numerous components of the program that do align with the standards. Table 1 below identifies which requirements, under the Victorian minimum standards for MBCPs that the program presently, meets in principle, and which would require a modification to the program. This analysis is based on program components reported by inTouch to the review team and is intended to demonstrate differences and points of similarity in the program, in comparison to standard MBCPs in Victoria.

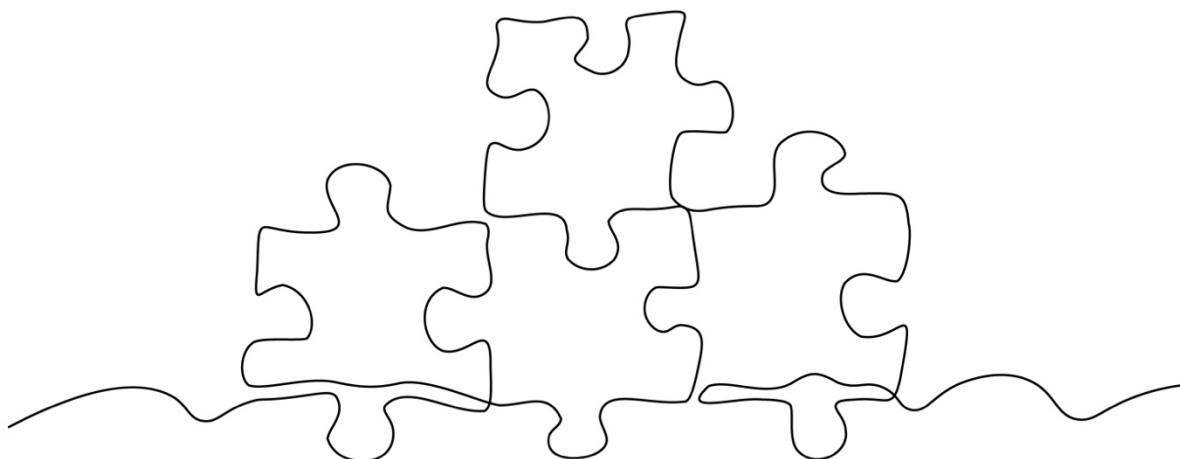


Table 1: Alignment with Requirements under the Victorian Minimum Standards for MBCPs

Overarching minimum standard	Detailed minimum standards	inTouch reported currently meeting (yes / no / NA)	Modification required
<p>I. Victims', including children's, safety and freedom underpins all interventions with perpetrators of family violence.</p>	<p>I.1. Program providers will operate from written procedures that address risk assessment and risk management for the perpetrator's partner or impacted family members. Detailed practice guidance will set out these procedures. Practice guidance will include, but not be limited to:</p> <ul style="list-style-type: none"> • Documenting, assessing, and managing risk, including incidental contact with the perpetrator • Responding to critical incidents • Referral pathways and protocols • Reporting any risk to persons to relevant authorities • Program content and approach • The roles and responsibilities of staff • Obligations under the Family Violence Protection Amendment (Information Sharing) Act 2017 (the family violence [FV] scheme) • Obligations under the Victorian Child Safe Standards 	Yes	No modifications required.
	<p>I.2. Family safety contact workers will work with the perpetrator's partner and family members, including children, if they are identified as being impacted by the perpetrator's violence, for the purposes of risk assessment and management, information sharing and referrals.</p>	Yes	No modifications required.
	<p>I.3. Family safety contact workers will make initial contact with any partner or impacted family member following the perpetrator's initial assessment session. Where the partner or impacted family member wishes to have ongoing contact, the family safety contact worker will make contact at least fortnightly. More, or less, frequent contact will be provided by the family contact worker if requested.</p>	Yes	No modifications required.
	<p>I.4. Family safety contact workers will prepare the partner and any other impacted family members for the participation of the perpetrator in a program, including by providing verbal and written information about the content, and approach of the program and all relevant procedures.</p>	Yes	No modifications required.

	<p>1.5. Where the partner or impacted family member is not being supported by another specialist family violence service, family safety contact workers are to undertake all relevant risk assessment, risk management and safety planning procedures in an ongoing way for the duration of the program using the Victorian Family Violence Risk Assessment and Risk Management Framework.</p>	Yes	No modifications required.
	<p>1.6. Where the partner or impacted family member is already in contact with a specialist family violence service or other case management service and does not want ongoing contact with the family safety contact worker, the family safety contact worker will liaise with the partner's or impacted family member's case manager for the purposes of information sharing. Providers should adhere to any relevant obligations under the FV scheme, in particular any consent requirements.</p>	Yes	No modifications required.
	<p>1.7. Any new threat to the safety of the partner or impacted family member should be documented and communicated to those at risk by the family safety contact worker.</p>	Yes	No modifications required.
	<p>1.8. 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.</p>	Yes	No modifications required.
2. Interventions with perpetrators are informed by victims and the needs of family members.	<p>2.1. The needs of those who have experienced and been impacted by family violence often extend beyond safety needs. Additional needs may include, but are not limited to, assistance with health, housing, finances, and alcohol and substance issues. Family safety contact workers will make all relevant referrals to address the needs of the perpetrator's partner and impacted family members.</p>	Yes	No modifications required.
	<p>2.2. Providers will have a process outlining how family safety contact workers will communicate with facilitators to ensure that interventions with perpetrators are responsive to the issues being raised by the partner and impacted family members, and conducted in a safe and constructive manner.</p>	Yes	No modifications required.

3. Perpetrators take responsibility for their actions and are offered support to choose to end their violent behaviour and coercive control.	3.1. Programs focus on addressing violent and controlling behaviour, holding perpetrators to account and taking responsibility for their abuse. Programs identify and work against collusion, minimisation, victim-blaming narratives and violence-supporting attitudes. Programs challenge the perpetrator's use of family violence and the impact on the perpetrator's partner and family members.	Yes	No modifications required.
	3.2. Providers will set out in writing information for perpetrators on how the program is intended to ensure they take responsibility and change their behaviour.	No	The majority of MfC participants are assessed as not at the point where this would be possible. The majority of participants would be excluded from the program if this criteria was applied to MfC.
	3.3. All perpetrators are required to enter into an agreement about standards of acceptable behaviour for group participation. The agreement will also set out the consequences of non-compliance with the agreed standards.	Yes	No modifications required.
	3.4. Perpetrators mandated to attend programs as a result of a court order are informed in writing about attendance requirements and the consequences of non-attendance.	No. MfC is not intended to operate as a court-mandated program.	This process of written information would need to be developed for future court-mandated participants.
	3.5. Providers will ensure that programs are designed to run with one female and one male facilitator, except in exceptional circumstances.	Yes	No modifications required.
	3.6. Each program group will include a maximum of fourteen participants.	Yes	No modifications required.

4. Inter-agency risk assessment and risk management processes are consistent, robust and strong, and any risk associated with intervention is minimised.	4.1. Providers must ensure that their reporting activities adhere to their responsibilities as an 'information sharing entity' under the FV scheme (including any guidelines).	Yes	No modifications required.
	4.2. Risk assessment and risk management of the perpetrator should be undertaken and documented at the point of initial intake and assessment, and be ongoing throughout the duration of the program. Risk assessment and management will be undertaken in line with the Victorian Family Violence Risk Assessment and Risk Management Framework and include risk of suicide.	Yes	No modifications required.
	4.3. Providers must notify perpetrators at the time of intake and assessment about how their information may be used or disclosed, including that their information may be shared without their consent for the purposes of family violence risk assessment or risk management if required or permitted by the FV scheme.	Yes	No modifications required.
	4.4. A report should be made following the perpetrator's completion, termination or withdrawal from the program. The report must include: <ul style="list-style-type: none"> • Reason for termination or withdrawal • Assessment of risk (pre and post-program) • Attendance at the program • Any relevant referrals 	No	A report is only provided to the referring agency if a client is exited by inTouch, such as for safety reasons. An attendance report may be provided if requested by courts or child protection.
5. Perpetrators are kept in view through integrated interventions that build upon each other over time, are mutually reinforcing, and identify and respond to dynamic risk.	5.1. The eligibility of all perpetrators seeking to access programs is assessed in line with the Family Violence Protection Act 2008 s. 129(3) (Vic): <ul style="list-style-type: none"> • The respondent's character, personal history or language skills • Any disabilities of the respondent • Any severe psychiatric or psychological conditions of the respondent • Any alcohol or other drug problems of the respondent • Any other matters the specified person considers relevant 	Yes	No modifications required.

	5.2. Assessment of the eligibility of perpetrators to enter programs is undertaken across at least two face-to-face sessions, except in exceptional circumstances.	Yes	No modifications required.
	5.3. Perpetrators who are deemed ineligible for programs are referred to other relevant services.	Yes	No modifications required.
	5.4. The group element of programs will have a minimum of 40 hours over a minimum of 20 weeks, held at regular intervals.	No. The program is currently 15 weeks long.	The program would need to be expanded by five weeks to meet the 20-week minimum standard.
	5.5. Perpetrators should be offered relevant referrals pre, during and post-group programs.	Yes	No modifications required.
6. Responses are tailored to meet the individual risk levels and patterns of coercive control by perpetrators, and address their diverse circumstances and backgrounds which may require a unique response.	6.1. Providers should ensure that that they meet their obligations under the Equal Opportunity Act (2010), as set out in the Victorian Equal Opportunity and Human Rights Commission's Guideline: Family violence services and accommodation (2017).	Yes	No modifications required.
	6.2. Providers have formal links to relevant support services for perpetrators from diverse communities, including translating and interpreting services.	Yes	No modifications required.
7. Perpetrators face a range of timely system responses for using family violence.	7.1. People who enquire about programs are contacted within three working days.	No	This would need to be incorporated into procedures and practice.
	7.2. Contact with the perpetrator will take place at least every fortnight prior to the commencement of group work.	Yes. Via the case management model.	No modifications required.
	7.3. There will be a process to work with perpetrators to develop program readiness and to keep them in view prior to program entry. This process will be documented in practice guidance.	Yes	No modifications required.
	7.4. Providers will immediately refer high-risk family violence situations to the police or relevant agencies, and ensure information is shared about program participants, to assist with risk assessment and management, as permitted by	Yes	No modifications required.

	the FV scheme (and related guidelines) and applicable Victorian privacy legislation.		
8. A systems-wide approach collectively creates opportunities for perpetrator accountability, both as a partner and a parent. Actions across the system work together, share information where relevant, and demonstrate understanding of the dynamics of family violence.	8.1 Formal protocols for transparency, accountability and integration will be developed through relationships with relevant agencies in order to ensure that perpetrators are kept in view at all times.	Yes	No modifications required.
9. People working in perpetrator interventions systems are skilled in responding to the dynamics and impacts of domestic, family and sexual violence.	9.1. Facilitators and family safety contact workers have access to supervision sessions at least monthly and undertake at least four relevant professional development activities annually. Supervisors must meet the criteria of a Principle Practitioner and have undertaken recognised training in clinical supervision.	Yes	No modifications required.
	9.2. Groups must be facilitated by either two Principle Facilitators or one Principle Practitioner and one Facilitator. A Principle Facilitator will: <ul style="list-style-type: none"> • hold a relevant tertiary undergraduate degree (in social work, psychology, counselling or a related subject). • hold a graduate diploma or graduate certificate qualification in men’s family violence. • have 100 hours of experience facilitating men’s behaviour change groups. A Facilitator will: <ul style="list-style-type: none"> • hold a relevant tertiary undergraduate degree (in social work, psychology, counselling or a related subject). • have completed Victorian Risk Assessment and Risk Management Framework training. • have observed a minimum of ten group sessions. 	Yes, in part.	This standard is met for core facilitators. However, this is not always met for backup facilitators. This has been a considerable challenge for inLanguage programs.

	9.3. Family safety contact workers will hold a relevant tertiary undergraduate degree (in social work, psychology, counselling or a related subject) and have completed Victorian Risk Assessment and Risk Management Framework training.	Yes	No modifications required.
	9.4. The family safety contact worker will not simultaneously have responsibility for program facilitation, except in exceptional circumstances.	Yes	No modifications required.
	9.5. Family safety contact work is undertaken by a female worker, unless a male worker is requested.	Yes	No modifications required.
	9.6. All staff working in programs are required to sign a code of conduct.	Yes	No modifications required.
	9.7. All staff working in programs have been the subject of a police and working with children check.	Yes	No modifications required.
10. Perpetrator interventions are driven by credible evidence to continuously improve.	10.1. Providers will conduct an operational review every 12 months, drawing on quantitative and qualitative data, including information and feedback collected from perpetrators, partners and children, and other stakeholders.	No	Since the program's development, this is the first review of the MfC program. A regular annual operation review would need to be introduced to meet this standard.
	10.2. Providers should ensure that up to two observers are present on at least four occasions during the delivery of each program.	No	It would only be valuable for observers to observe inLanguage sessions, where they understand the language themselves.

Program Length

The MfC Program has been designed as a 15-week program. In this respect, and as illustrated in Table 1 above, it is shorter than the 20-week minimum program length prescribed in the Victorian minimum standards for MBCPs (FSV, 2018). This is not inherently problematic, given that the program is not badged as a MBCP, but the program length was recognised by several practitioners involved in the delivery of the program as limiting. Specifically, these practitioners commented that 15 weeks was not enough time to work through the content while also meeting participants' needs and allowing the time to answer participant's questions. As one practitioner commented:

It's really hard [...] 15 weeks is not enough. The issues that we discuss now, especially for the Afghan groups, [...] we actually spend one and a half hours sometimes after the session [...] because these men have got questions, they have got concerns [...] So it's [15 weeks] not enough. (Practitioner 8)

This practitioner went on to explain that, based on the current length of sessions, they often extend sessions beyond the prescribed time to ensure there is enough time to answer clients' questions. They explained:

15 weeks is not enough. The issues that we discuss now, especially for the Afghan groups, trust me, like sometimes we actually have to cut them about their questions, and we have to stay an hour after the session to explain some of the things to these men. I remember – at the moment we actually spend one and a half hours sometimes after the session [...] because these men have got questions, they have got concerns and we don't want them to feel like oh okay, so they were just there to tell us you did this wrong, do this, do this, behave this way and be a proper man. Okay, that's done. What about me? Who is hearing my voice? Who is hearing my concern? Just to make them feel like okay, we are there for you, we hear you, we are here to support you. We have to stay these longer hours. Last week we stayed longer until like, you know, it's dark time ... So it's not enough. (Practitioner 8)

When asked whether there were any aspects of the program that they would change, numerous participants identified the length as an opportunity for enhancement, noting that a greater number of sessions would enhance the quality of the offering. On this, one practitioner remarked:

I think the first would be a longer program. I think a longer program. I think 15 weeks is not enough [...] I think we need a minimum of 20 weeks just I think in terms of the pre-work that we have to do to get the men on our side, so we need more time. (Practitioner 7)

A longer program offering may also better meet the needs of program participants who sought further engagement with this specific program or another MBCP upon program completion. At the point of program exit, there were two program participants who completed the survey and nominated that they were either planning to enrol in a MBCP or had already, and there were two program participants who identified that they were planning to re-enrol in the MfC program.

As well as reflecting on the program length and length of sessions, practitioners also reflected on the different starting points and understandings of family violence which impacted on clients' progression through the program. This was discussed above in the context of recognising the individualised nature of program participants' needs, and their varying understandings of DFV when they begin the program. While the length of the program was discussed by all practitioners as limiting, as noted above, this was particularly challenging for practitioners working with the Afghan groups. Due to the varying *starting points* of clients and groups, what will be covered and achieved over the course of the 15-week program will vary.

Program Content

Throughout the focus groups, practitioners reflected on the topics within the program that are particularly challenging to deliver. Challenges in program content were attributed to topics that were either met with hostility among program participants, or topics that facilitators felt were more challenging to translate across languages and cultures. Specifically, for those practitioners who had been involved in the development of the program curriculum, there was an acknowledgement of the challenge of translating some aspects of commonly held models in Australia, such as the Duluth model. The process of adapting content from the Duluth model – to make it culturally relevant and specific – was intensive, as one practitioner explained:

With the Duluth model we had to actually contextualise how each one of those quadrants look in culture. So for example, what coercion – even within the South Asian subcontinent that we are talking about, regionally coercion looks different in all the different language groups and cultural groups so we had to kind of bring some of those examples in. The resources are again very Anglo-centric, the language is very Anglo-centric, that doesn't resonate at all so we had to make modifications. So that's why – I think it took me almost 14 months to go chapter by chapter and adapt it, so we did that, I did that. (Practitioner 7)

From the outset of the program development, practitioners explained that additional introductory content needed to be developed. This is because the starting point for clients involved in the in-language and in-culture program differs to men commonly recruited into MBCPs. As one practitioner reflected:

One of the first things which we had to do is actually dumb down the start of the program because they were basic concept. There was an assumption of existing knowledge and awareness which the initial design just took for granted and started from say four or five and just assumed that the men knew one to three so we actually had to go back quite a bit to start from scratch and build their awareness about some of the things that we're going to be talking about later. (Practitioner 7)

Where program content has been translated into other languages without consideration given to cultural specificity, there is, as practitioners noted, a risk that the program content fails to reflect the culture of the individual using violence. For example, as one practitioner described:

For example – in the Duluth model where you talk about financial violence and economic control, it looks very different for a South Asian family on how economic control might look. Here it might be buying a property in your wife's name and not letting her know. For a South Asian family it might be that she has to ask for permission every time she wants to get her nails done and that is financial control because you're not allowing her to spend \$30 and if you did that in India you couldn't tell your friends hey, I stopped my – my wife has to ask permission because they would look at you strangely as well. So just knowing where to kind of bring them in, reel them in is how you contextualise it in operation. (Practitioner 7)

Furthermore, direct translation of words may fail to encapsulate the intended meaning of the original material, underscoring the need for culturally informed translation practices and program development.

As well as content that requires cultural (re)interpretation, practitioners also recognised the need to develop new curriculum on topics that often aren't covered in MBCPs, but are highly relevant to program participants attending the MfC program. For example, one practitioner spoke about the importance of ensuring that the curriculum covers experiences of migration and the impact of racism and discrimination on the use of violence. They explained:

The initial curriculum also didn't bypass the men's migration experience and the influence or the impact of racism and discrimination on their use of violence, so we had to bring some of that in so

we could work with that and use that as content to build – to empathise with their circumstances while not excusing their behaviour. So that was some of the adaptations we did. (Practitioner 7)

Reflecting on the development of the program curriculum specific to participants from the South Asian community, this practitioner went on to explain:

Adapting the curriculum to that particular cohort has been useful and some of that has intersections with the Afghan cohort but not completely. Again, the migration stories are so important. You can't just unsee or blind that out and expect to make sense with the men. It's not going to. (Practitioner 7)

Additionally, during the small group interviews several facilitators also reflected on the challenge of delivering the content on sexual violence. Building on prior research in Australia (see, most recently, Helps et al., 2023), it was noted that the topic on sexual violence can often lead to higher disengagement among clients and that, in some cases, men may stop attending the program altogether. As one practitioner explained:

I think some of the topics that almost cause universal disengagement with the program is any mention of sexual violence. It's just something that men cannot even comprehend talking about with other men in that space and specifically with a female present. It's just not something that they're able to do. So any time you mention sexual violence it is – there is immediate disengagement for that session and that often – just knowing that we can talk about that also makes some men quite uncomfortable, that they will just stop engaging with the program from that point forward. (Practitioner 7)

Facilitators reflected that while it is tricky to deliver this content, they recognise its importance within the curriculum and the objectives of the program, and the need to support both its inclusion within the curriculum while fostering participant engagement with this content. At the time of the review, practitioners were in the process of testing different strategies to support delivery of the content on sexual violence. As one practitioner described:

[The] current group has been actually the first group where we have decided we have to speak about sexual violence because it comes as a really – it comes as a taboo and like – especially me being present and I'm actually very younger than those men who are attending, I'm almost their daughter's age, they feel so uncomfortable to talk about it. So, we have decided ... I will just talk about the legal side of it and then we will bring it together with the culture, with the traditions of the Afghan group and how – you know, sometimes you have to actually say the hard things that you need to stop doing certain things here. (Practitioner 8)

As captured above, while we acknowledge that men's disengagement during group work on the topic of sexual violence is not unique to the delivery of the MfC program, there were cultural specificities and sensitivities that practitioners perceived as heightening this response among program participants.

In the exit survey, participants were asked to identify whether there were particular topics within the program that they found particularly useful. The responses were extremely varied – however, two common themes emerged among over half of the participants who identified 'respect' and 'smokescreen' as particularly useful concepts to have learnt about. As three program participants commented:

Yes, I learned how to respect people's. (Program participant)

Yes, topics on respect, time out and dangerous thinking. (Program participant)

Smoke screen as I learned I was wrong and always tried to hide it and blame others. (Program participant)

Other program participants identified skills related to anger management and behaviour control as the most useful content in the course. As these participants commented:

Anger management, how to stay away from conflicts. (Program participant)

Time break when both partner angry should take time out will avoid argument. (Program participant)

Identified the types of violence and how to avoid them when the situation escalated. (Program participant)

As part of this review, we are unable to provide insights into actual behaviour change related to these participants' use of these anger management techniques. However, these findings align with other research which reports on improved capacity for conflict interruption as a common outcome (McGinn et al., 2016; Gondolf, 2000). Notably, a number of program participants also identified learning about the number of different forms of violence as most useful within the program's content.

Impact of Online Environment on Practice Delivery

During the COVID-19 pandemic, when public health restrictions were in place for significant periods of time across Victoria, the MfC program was delivered online. A significant portion of the data collected as part of this review was obtained from participants who undertook the program during this period. This aligned with a shift in the mode of delivery for other state-wide family violence programs and service practices throughout 2020 and 2021. During 2022, some of the MfC program groups returned to in-person delivery, and some have remained online.

Throughout the review, practitioners recognised the shift in practice that online delivery required, with one practitioner describing it as 'The biggest change ... such a significant, huge change' (Practitioner 3). For numerous practitioners, the initial period of online program delivery was filled with uncertainty over how the program content would translate online, and the extent to which facilitators would be able to manage the online environment throughout group sessions. As one practitioner reflected:

A lot of what we do is based on discussions with men and men discussing among themselves. So how are you going to do this now when you are sitting in front of Zoom ... what would that look like? So how would the dynamics of facilitation between the two facilitators going to be like, so people just sitting on their screen and trying to facilitate a group, what's that going to look like? It also brought new challenges to the group in terms of the risk factors ... how are you going to monitor who's around this client sitting at home, are there people around, are there children around, what he's going to say in the group, is it going to be heard by the family members and how is it going to affect them, how you're going to manage trauma if something's triggered? So a lot of challenges. (Practitioner 3)

However, the impacts of online program delivery were also reflected upon positively. Several practitioners noted that the delivery of the program online served to enhance program accessibility for participants who would have otherwise had to travel long distances to access the MfC program. Prior to the COVID-19 pandemic, some men were travelling significant distances to attend MfC sessions. For example, there were clients who were living in Shepparton and travelling to Melbourne to participate in weekly group sessions. As two practitioners explained:

One of the good things that's happened out of the pandemic is that we realised that we were able to men from Shepparton, Mildura, another man from Bairnsdale ... there isn't a program for them at all that would satisfy – that would actually meet their needs. They have zero language. They need to do it in their native languages ... Before COVID that [case management] was being done in person but it was very patchy because not all the men can – you know, are available in person during business hours. Again, the good thing about the pandemic is that the men are able to engage over the phone, so often the case managers will say that we call them during their lunch break and we talk to them. (Practitioner 7)

So clients who are not able to attend the program or it was very difficult for them to attend the program because of the distance, it was a good incentive for them, they can now be at any part of Melbourne and join the program. So, it introduced that. (Practitioner 3)

Interestingly, as part of the pivot to online delivery during periods of COVID-19-related public health restrictions over 2020 and 2021, practitioners reported a notable increase in the levels of engagement with the program among these men.

Given that there is a dearth of other non-English speaking programs, and culturally specific programs, across Victoria, local program offerings are not accessible for participants who live outside of metropolitan Melbourne. As some of the program groups returned to face-to-face delivery in 2022, there is a need to consider how engagement among men living outside of metropolitan Melbourne for whom a suitable, culturally specific program – and/or a program in a language other than English – can best be supported.

Case Management and Risk Assessment

The Role of Case Management

Case management is a key component of the MfC program. The vision for the role of case management at the outset of the program's development was to provide program participants with, on average, six months of one-to-one case management sessions. The intention was to utilise the individualised nature of case management to ensure visibility, allow for dynamic risk assessment and management, and to bolster engagement with content from group sessions. As described by one case manager, the role and purpose of case managers is:

Basically, to hold the men through the 15 weeks and do some assessment before and continue to do work up to 12 weeks after the program is finished to hold them in a therapeutic space for up to six months. (Practitioner 7)

Prior to a client's entry into the program, case managers conduct an intake assessment to ascertain the client's needs, their level of risk and the support they require from inTouch. Throughout the program, clients also meet regularly with their respective case managers for ongoing support. Typically, case managers call their clients every week and spend 30 minutes to one hour with them, helping with day-to-day matters such as explaining Australian social structures, getting referrals to other programs and arranging brokerage for rent for clients living outside the family home. As one case manager explained, their relationship with clients involves 'coaching' or 'counselling', with two goals to the case management process:

So, part of the goal was to help this man with the usual, other issues or concerns or problems that they were facing at the time as some of these men might have other things happening at the same time while they are addressing their behaviour and their use of violence. So, we – part of the case management or the goal of the case management was to discuss and see how we can support the man with this. So, say, for example, a man might be sleeping in his car, he might have some issues

with mental health, he might have some issues with drinking alcohol, so how can we support him? The idea behind it was that if we are supporting him with the issues that he's facing at the moment, it will help him to engage a bit more within the group and within this program. (Practitioner 3)

The breadth of work undertaken to support clients is also highlighted through client case notes. For example, case managers supported clients through alcohol and other drug (AOD) referrals and supports; attended AOD assessments with clients; filled out forms for VicRoads and other agencies; provided information about the COVID-19 pandemic and filled out DHHS forms with/for clients if they tested positive to COVID-19; supported clients to understand other systems, including explaining FVIO terms; and child protection requirements. The nature and extent of case management work with clients varied significantly, but it was apparent through the analysis of case notes that some clients relied heavily on their case managers, and that support often extended beyond simply that of providing referrals to actively reaching out to other services, acting as a conduit to facilitate connections. While such support is beyond the scope of the program, this support is especially significant for migrant and refugee communities who continue to face unique difficulties in accessing appropriate program and support services (Kelly & Westmarland, 2015).

The role of a case manager also includes working with men to reflect on their actions and, in particular, their use of violence. For example, describing one of his cases, one case manager said:

There was a man who wanted to quit his cigarette, but he wants his partner to control the finances so that he doesn't go and buy cigarettes. But then when he wants the money, he goes to the partner, and if she doesn't give the money then he would be physically and verbally abusive. That's what he was discussing with me during the case management, and I asked him to reflect what he's saying. I asked him to say it three times, so he can hear exactly what he said. Then there was a lightbulb moment. So finally, he was able to then reflect what exactly was the problem. (Practitioner 6)

As well as supporting program participant and getting them to actively reflect on their use of violence, case managers also closely monitor their client's progress in the group sessions. To support this, case managers work closely with the program facilitators who are running the group sessions (and family safety contact workers, in cases where the affected family member has agreed to be contacted). As one case manager explained, the collaboration between case managers and facilitators is very important because it allows everyone on the team to be on the same page about what is really happening with men in group sessions. Some of the things that case managers and program facilitators exchange notes on include:

[Facilitators] telling the case manager what's really happening, how is he feeling, what's he saying, what's he doing, what's his body language, how is he externalising his use of violence, how do we support him? And the case manager does the same, providing some feedback to the facilitators in terms of, 'this is what he's saying in the case management sessions.' The meetings are – these conversations between facilitators and case managers are not confidential from the client. So they know that we do this. (Practitioner 3)

The information exchanged between case managers and facilitators is then used in case management sessions to start conversations with clients around various topics, including preparing them for group sessions and exploring issues of accountability. In some cases, case managers might assign homework to their clients to ensure that they remain motivated and engaged throughout the duration of the MfC program. As one practitioner described:

So, I think sometimes men would be there like, just sitting there, killing the time. But I think if you keep on pushing them during the case management, I think there can be a shift. So, I ask them, 'So, what was the session about? What did you think today?' I kind of give them a little homework to do and reflect on when I have a catch up with them. So, if it's going to affect their engagement as well,

they have to work on it. 'While I'm here, why not make the most of it?' I mean, naturally, the motivation fluctuates and you have to push it. (Practitioner 6)

For group sessions, facilitators may then take the feedback and explore what is happening with clients within the group context in terms of, 'What can be done to support men to open up?' The challenge with getting men to 'open up', especially in group sessions, was highlighted several times in different conversations with case managers and program facilitators. As one practitioner explained:

Sometimes in groups, they may or may not come out and ask questions, depending how new they are. So, a lot of it was follow-up around the content and some intensive extra work around that. (Practitioner 4)

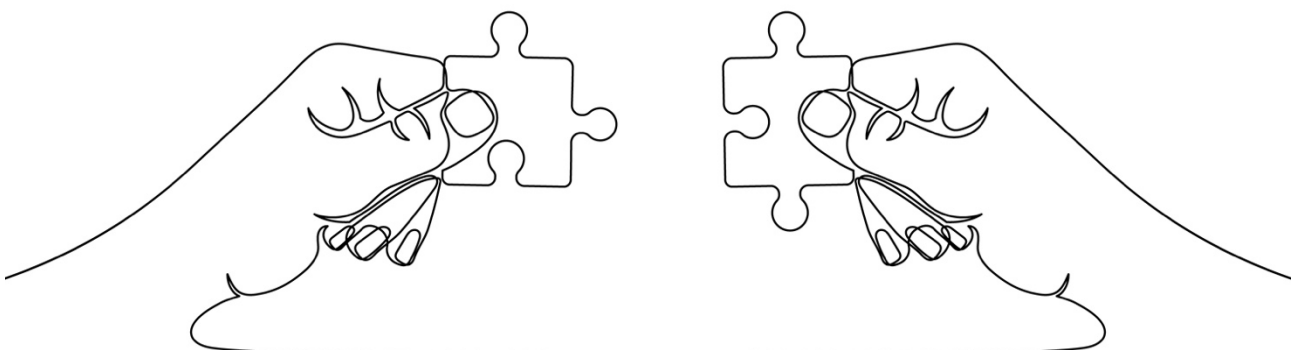
The reluctance to actively engage or share in group sessions was identified as one of the key issues that case managers had to work through with clients early on in their case management sessions. For some men, this reluctance was associated with feelings of shame or embarrassment, which may be cultural or societal barriers. As noted by one case manager:

Because of cultural and societal and some of the other barriers, men feel a lot more uncomfortable within a group where there are eight to 10 men sitting with him, and two facilitators. One of whom is a female, the other, a male facilitator from the same community. So, that's why I think the case management session becomes a bit more smoother in terms of the man opening up, and a lot quicker than in the group session. And that's where the case managers try to help this client, to support him, not help – but support him to do the same within the group work and to address the barriers that's stopping him from doing it. (Practitioner 3)

In this way, one-on-one case management sessions play an important role in easing men into group sessions and creating a safer environment, making it easier for men to openly share their use of violence – something which they would otherwise not be comfortable sharing in a group setting. As one practitioner noted:

The case management sessions make the group facilitation sessions a lot more easier and smoother for a lot of these men. So, the men, when they are sitting in front of a case manager, one to one, and they know that it's confidential, will come to some of the barriers of why they would not open up very soon. If it's in an environment where they feel a bit safe, that there's the sense that 'no one else to hear us, it's confidential, I can trust this case manager to tell him my story, my narrative, and some – the violence that I've used,' it becomes a lot easier. (Practitioner 3)

The sentiment captured above is an important first step. Case managers noted that in some cases, they would begin with one-on-one case management for several sessions, or have several conversations with men, to put them at ease before starting them on group sessions. This highlights that even though the emphasis of behaviour change work is on the content in group sessions, the success of these group sessions also hinges upon case management sessions and, in particular, the trust and relationship between case managers and clients.



The Role of Risk Assessment

Risk assessment and management is an ongoing process that is done by case managers, facilitators and family safety contact workers throughout the program. Practitioners reflected on the importance of the 'invitational manner' with which intake assessments are conducted, as that is often the very first conversation with a prospective client. These assessments provide an opportunity to assess 'His willingness, his resistance, what he actually thinks about this whole process, and how he sees himself fit into this'. As one case manager noted:

It's getting a better understanding of who he is and what he wants, what his goals are for this program. And that process actually gives us a very good understanding of where the client is at the moment, his resistance, the barriers to his resistance and engagement, and how we should be working with him there. (Practitioner 3)

The risk assessment process was modified during the COVID-19 pandemic, specifically when metropolitan Melbourne went into periods of extended lockdown. Specifically, case managers had to assess and gauge a client's eligibility and whether a participant was suitable for Zoom sessions. Practitioners explained that they had a checklist of items. As one practitioner described, some of the things that they would consider included:

Does he have a safe space to sit? Is he living with his partner because if he's living with his partner and children, that makes things a bit more tricky. So how can you have a discussion with him where you make sure that he's not there? Does he consider things like does he have headphones and is he using headphones? There was questions that we would ask from the client to make sure that we minimise the risk, although there would always be the risk, given especially if he's living at home, there would always be that risk, but to minimise it to the level where we feel as a service to feel a bit comfortable that he can come to the program and it is safe for him to come to the program. (Practitioner 3)

Challenges in adapting to the online context reflect a broader adaptation to online occurring across the sector during COVID-19-related lockdowns and restrictions (Vlais & Campbell, 2020; Family Safety Victoria, 2020). Central to ongoing assessments of risk was the risk to affected family members. As one program facilitator explained:

We are being mindful of like, you know, the activities that we will be doing that might trigger risk or that might increase the risk towards the family members which happens and it has happened a couple of times especially when we are talking mainly about women's rights. (Practitioner 8)

The above facilitator explained that the difference in laws and regulations, and the prioritisation of women's rights in Australia, can be triggering for some men who are not accustomed to having their power challenged in relation to familial matters. This, in turn, can increase risk for their partners and other family members. As the practitioner explained:

Because they're like well, where do I exist here? I have had so much power back home, now I'm – I have to compromise and I have to lose so much power just because I'm living in Australia and – so we were being mindful of like, you know, the level of risk or what they are actually communicating or how they are engaging in the program. For example, we had a participant a couple of weeks ago who became so upset and he's living with the family, with the partner. And we were being mindful, because if he was becoming really irritated and frustrated with us, we were mindful of how he is going to react or communicate with the partner. And you could see the facial expression and the frustration in his words and in his face, then we had to debrief and talk about how we can engage him safely. We have to be constantly managing and assessing their level of risk throughout the program in the sessions. (Practitioner 8)

In cases where the affected family member has agreed to be contacted, the team would also work with the family safety contact to gauge the level of risk to ensure the safety of the partner and other family members. One program facilitator explained that it is not just about immediate risk to the physical safety of women and children, but also longer-term risks determined by a client's behaviour and actions outside of group or case management sessions – at home and in front of their family members:

The other layer of the risk is where a woman says, 'well, he comes home and he still displays a bit of a behaviour – those emotional behaviour, he still has the privileged thinking. He always asks me to cook food for him because it's not his job' and all those kinds of things. So, that's another level of risk and that is for me a risk. The risk in terms of the man not making any progress. If after eight to 10 sessions, if he's still thinking, if he's still behaving that way at home, then what's happening here, what's going wrong, and what more can we do? So that information comes to us in the program. (Practitioner 3)

Concerns related to progress – or lack thereof – are discussed in more detail later in this review. Here, this highlights the importance of ongoing assessment that might signal the need for further intervention.

Practitioners also spoke about the importance of managing risk to their own safety. This was particularly highlighted among female practitioners. One program facilitator shared that they had a high-risk client who had made threats and damaged a child protection worker's car, which left the practitioner feeling unsafe when she was leaving the program facility site. She described:

Basically, he was saying women are like this, women are all bad, there is no good woman, and he was actually coming after me, so [the other facilitator] had to make sure that he is at least following me so that the participant is not after me. We have had those types of risks and we had to communicate that with the on-call partner contact to make sure that they actually call the partner saying what has happened in the session and how he's going to react at home, so she had to be mindful of her own safety and have the safety plan in place, including giving the Safe Steps number and other services and child protection too. (Practitioner 8)

Risk assessment and management is a continuous process that requires support and communication from the entire team, from case managers to program facilitators and family safety contact workers. As established in earlier sections, female practitioners of MBCPs often face more risks to their safety. This was also made clear from practitioners' narratives and discussions on risk management throughout the program. Yet, the wellbeing and safety of practitioners has not often been at the forefront of consideration. These concerns also extend beyond the *program space* to the community and beyond the life of the participants attendance in the program.

Safety considerations were notably raised by Afghan facilitators, who identified the small community as an issue for anonymity. This was raised both in relation to program participants, who may be reluctant to attend the Afghan group for fear of being known, and facilitators, who are identifiable within their community. For the small number of the facilitators that we spoke with for this review, this posed a challenge in terms of impacting their reputation in the community, particularly among men. As one practitioner explained:

There is very real backlash and impact for people within the community. The South Asian community is huge so you are [hidden] in the numbers but within the Afghan community there is not that many workers or people will know [the worker] so there's a general risk to her and that needs to be acknowledged as well and she needs to be supported for that too. (Practitioner 7)

This view was not unique to this one practitioner. Indeed, safety concerns, and perceptions of risk in conducting this risk, were paramount for several others. As another practitioner described:

I have been put at risk. There was a man who was looking for my address from the Afghan group because apparently, I'm called a bad cop, that I'm actually promoting women's rights and I shouldn't do this because I'm enabling women to destroy their families. That wasn't very much recognised and I wasn't happy with the way it was handled ... I would like some policies and procedures in place in case some similar situation arises in the future. (Practitioner 8)

Furthermore, as noted in an earlier section of this report, the risks of familiarity among the community also came up as a challenge for program participants and for engaging affected family members. In relation to program participants, in case notes and among practitioner focus groups, it was noted that participant familiarity with other group members from their community may pose risks for ensuring privacy and confidentiality within the group setting. Here, there is a sense that anonymity cannot be guaranteed in the same way that is possible in other programs where participants do not readily belong to the same small(er) community group. The above examples and practices undertaken within the MfC program reveal that there is a need for more evidence-based support and measures on how to best support practitioners delivering programs for perpetrators.

Referral Pathways

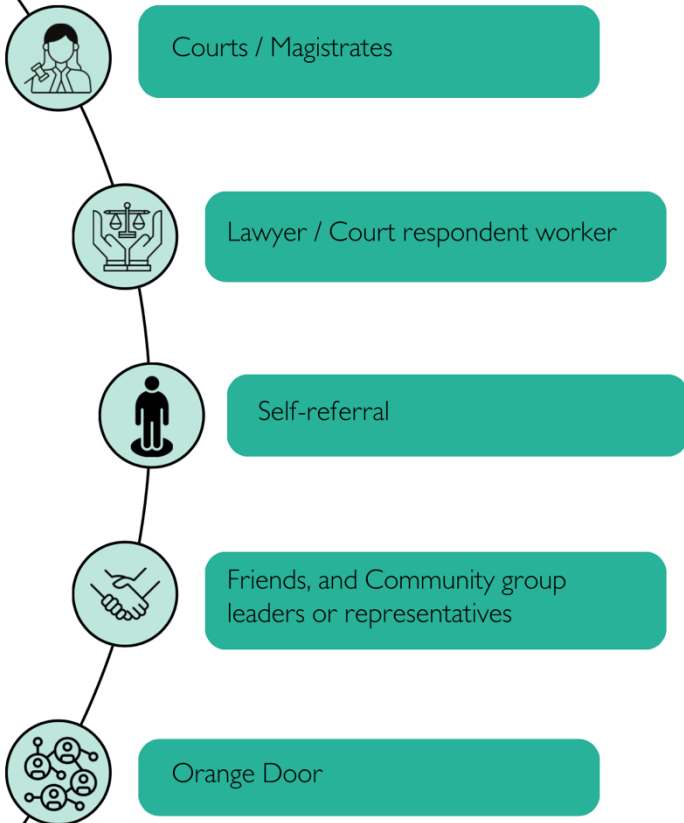
MfC participants are referred from a variety of different pathways, including referrals from other programs, self-referrals and repeat clients. The considered focus on referring program participants to other programs to meet their broader needs is a notable component of the wider supports provided to program participants.

Among the program participants who completed an exit survey and responded to the question of how they were referred into the program, 12 identified that they had been referred into the program by the court and/or magistrate, three nominated that they had been referred by a lawyer, and one indicated that they were referred by a court respondent worker. As indicated, court-related referrals were the most frequently cited source of referral into the program among survey respondents. Other sources of referrals identified through the survey included self-referral (n=5), friends (n=3), community group leaders or representatives (n=3) and the Orange Door (n=2).

Notably, practitioners indicated that, because of the lack of appropriate programs in the sector for culturally and linguistically diverse men, the MfC

program is also being used by some referring agencies as a substitute for a MBCP. As one of the practitioners explained:

The intent was that they would not be mandated men [...] we definitely find that from some of the courts we are getting overwhelming number of multicultural men and the Magistrate actually think of this as equal and to a mandated program. What we are doing to address that is making sure that we are adhering to the minimum standards required by and covering all the key curriculum aspects



of a mandated program but doing it in language and in culture [...] Some of the other Magistrates do feel that rather than leave the men without any support it's good for them to do the program and this in addition to perhaps some work afterwards with either alcohol or gambling if that's required. There's enough for them to satisfy the terms of their intervention orders but not all Magistrates. There's very little awareness across some of the courts even about the availability of – in language programs, not that there's many in Victoria to start with. (Practitioner 7)

Indeed, as noted in the introduction of this report, the vision of the MfC program at the point of design and implementation was one that serves as an early intervention program to complete prior to a MBCP for people who use violence. However, given the paucity of other relevant and culturally suitable programs, the MfC program has acted as a MBCP in many ways, including having moved to a response model receiving participant referrals for men who are engaged in court, child protection and other services.

Practitioners noted that as the 15-week program had not been developed specifically in-line with MBCP minimum standards, there is a need to consider expanding the program to 20 weeks to meet the Victorian minimum standards for MBCPs. It is clear that the MfC program does not only operate as a motivational program prior to MBCP attendance, but also often operates as the only suitable program. As clients are attending the MfC program instead of alternative 20-weeks programs, consideration should be given to extending the program to align with the minimum standards, including running for a minimum of 20 weeks. Critically, the above quote from Practitioner 7 also highlights the inconsistency with which magistrates accept the MfC program in place of a MBCP. A consequence of such a variation will be a form of *postcode justice*, in which program requirements and referrals may be influenced by the court jurisdiction and presiding magistrate.

As well as clients who were referred or had self-referred to the MfC program, a smaller cohort of clients repeated the program, as practitioners explained. That is, a client completes the 15-week program, feels that it was beneficial then decides to participate in another round of the same program. As one case manager described:

We have had the odd occasion for a man who actually repeated the program. We had space and we allowed him to sit in. So that's essentially 30 sessions. We don't do it at the cost of other men, but we do look for practitioners where he could be referred to if he needed help. (Practitioner 4)

And in cases of some clients, where we think that he would require support even when he has finished the 15 sessions of the program, our case managers will still work with him, to provide that support and we have quite a few cases where we have worked at least between one to three months with them after he has finished. Part of it is linking him with other programs, seeing what other supports he might require and if we think that if he requires a bit more work, shall make the change journey a bit more smoother for him, I think. He can either come back to our program or that he can go to another men's behaviour change program to do that, but also addressing some of the other issues like housing, homelessness, employment, finances, mental health – interlink with those services. (Practitioner 3)

Practitioners explained that this was a rare occurrence, and, therefore, they try to accommodate such requests for repeat program participation when they arise. However, they also spoke about the practical limitations of the program, which meant that there was frustratingly little they could do when it came to ensuring proper follow-up with the men after the conclusion of the MfC program. While they would refer men to other programs – such as parenting groups – access and suitability would be subject to similar language and cultural barriers, and lack of funding meant that they could not have proper follow-up procedures with clients even though it is well-established that the process and journey of change does not end there.

Family Safety Contact Work and Engaging Affected Family Members

The Role and Benefits inLanguage, inCulture Family Safety Contact Work

Family safety contact work (sometimes referred to as partner contact work) is increasingly recognised as a critical component of MBCPs (Chung et al., 2020). Through this review, we found that family safety contact work is particularly important in the context of culturally and linguistically appropriate perpetrator interventions, where the affected family member may not have access to any other supports, and where the perpetration of systems abuse is compounded by language barriers. As two practitioners explained:

The more dependent they are on their partners, the less likely they are to seek support as well. If they're not working, they don't have the basic knowledge or they cannot speak English at all, that will prevent them to seek help as well and to just kind of explain their situation. There has been incidences where the partner got an IVO against the wife. So because they know the language, they're able to kind of use the situation against their partners, so the wife. So the clients can be put as the perpetrators rather than the victim. (Practitioner 1)

Most of our client cohort do not have any social supports or do not have any family members, for example. So when we speak to them in their own language, it kind of gives them that emotional support and just knowing that we understand their culture and it's okay because most of our clients don't really report it, like the first incident of family violence. (Practitioner 2)

As captured above, the provision of this contact work in the affected family member's language is not insignificant and has important benefits not only in terms of rapport-building between the worker and affected family member, but also in terms of offering support. Practitioner 2 further explained:

And then just giving them that emotional support and also having that in language helps a lot because clients tend to open up a lot when they are speaking to a worker from the same country and they're speaking the same language because they feel that they understand what – like where they're coming from. And we've got incidences where clients did not wish to engage with the more mainstream organisation or they just don't want to – they never did like a risk assessment with them. But then when they came to our service, they kind of opened up, so I think it helps a lot for them to kind of talk to someone from a similar culture. (Practitioner 2)

The provision of family safety contact work in-language and by workers from within the community was not without recognised limitations. While for some affected family members the provision of cultural and language-specific support facilitated higher rapport and levels of trust, the opposite occurred in some interactions with affected family members, as practitioners further noted. As one practitioner explained:

I mean, there are some clients that do reject once they find out that I speak – I am from a certain community ... So there are clients where when they find out that I'm from the same community as she is, she just don't want to engage anymore just because of there's, as I said, the lack of trust, there's no trust. She thinks that I might go tell somebody else and it goes around the community and – you know, that happens as well. (Practitioner 1)

In many ways, this is not unexpected. A one-size model in any culture or language is unlikely to meet the needs of all clients. One of the reasons for this sense of distrust or unease may relate to past experiences within the community. As one practitioner commented:

Because sometimes some communities are very small and everybody knows each other and they might have had previous experiences where the information got spread within the community and it

brings – like for them it's embarrassing and sometimes it's shameful for them to talk about family violence and to involve police. So, I think that's when the client just straight away tells us that 'No, I don't want a same community – like a case manager from the same community.' And but we do know that she requires that family violence support or the visa issues are something that we see quite commonly, like within the clients that we have. So that's when we can refer the client to another case manager. (Practitioner 2)

According to this practitioner, seeking to overcome engagement barriers where there is limited trust to engage with a worker from the same community, a contact worker from outside of the affected family member's community can be allocated. As the practitioner explained:

The focus is to provide in language, in culture. But if the client has any distrust within the community or she feels like the information that she shares won't be kept confidential, then we can allocate another case manager from a different background to them. (Practitioner 2)

Importantly, because inTouch also delivers a range of family violence services for victim-survivors beyond the work undertaken in the MfC program, some affected family members may transfer to receive support services through inTouch beyond the life of the program. To this end, the family safety contact work is not restricted to the lifespan of the program. During the review, for example, one family safety contact worker reflected on her experience supporting an affected family member for eight months through the provision of a range of external agency referrals, including housing services and legal supports. Raising awareness of the external supports available was seen as a critical component of the role, particularly when working with affected family members on temporary visas. As one practitioner explained:

The priority for us would be to manage client risk and to manage her safety of herself and if there are any children involved. And us trying to kind of educate her that even if she wants to engage with the case management support and through the partner contact and it doesn't necessarily always mean that she was to leave the relationship, which is trying to like manage her level of risk so that she's safe and she is aware of her rights. Even if later at one stage she wants to go back to him and want to work on the relationship, we try to make them understand that's their decision to make and that's okay, but they just should be aware of what resources are out there and what supports she can access because sometimes if clients are on a partner visa, they think that they don't have any supports in place, like they can't do anything and they have to be in the relationship until the visa gets sorted. (Practitioner 2)

This service provision extends well beyond what is traditionally envisioned in the role of a family safety contact worker. It also illustrates the potential blending of role and responsibilities at this point of the program, whereby the role of the family safety contact worker may transfer into active case management for the victim-survivor.

Risk Assessment and Management

As captured in the previous section, as part of the family safety contact work undertaken within the MfC program, family safety contact workers interviewed for this review described engaging in case management, including risk assessment and management practices with affected family members. Employing the Victorian-specific Multi-Agency Risk Assessment and Management (MARAM) framework, practitioners reflected on how they utilised their engagement with affected family members to identify whether additional supports can be offered and undertake safety planning. As one practitioner described:

After the initial MARAM comprehensive assessments are done, we also do a comprehensive safety plan with her, giving her the important contact details, for example, Safe Steps or encouraging her to call 000 in case of an emergency and also like sharing the few other things, depending on what the situation is, if she is with the partner, if she has left the relationship or if she's planning to leave, so there will be different safety plans for different situations. And after doing a safety plan, her case gets allocated to a case manager if the client consents that yes, I do need some ongoing support. And the case manager kind of reviews during every conversation what the level of risk is, what her needs are, and they also make like case management plan. (Practitioner 2)

The practitioner went on to explain:

So what we do is at case management level, we want to ensure that each time we contact the client, you want to ensure that she's safe and also there hasn't been any breaches of IVO or there hasn't been any contact from perpetrator or threats. And based on the client's needs and concerns, we make a case plan and but sometimes most of the client need accommodation or they need to – if there is any breach of IVO risk, they need to be reallocated to another house. (Practitioner 2)

Throughout their engagement in the risk assessment and management practice, family safety contact workers within the program utilise family safety contact work to further support help-seeking among affected family members and to provide information on any legal matters that may also be underway, including intervention orders.

Engaging Affected Family Members in Family Safety Contact Work

Within this review, practitioners reflected on the challenges of family safety contact work. They noted that, oftentimes, uptake is low, and also that there are unique challenges to conducting family safety contact work within an inLanguage, inCulture program. As already noted in this section, practitioners observed that for some affected family members, being contacted by a member of their community raised concerns and created a level of distrust that impacted involvement. Additionally, practitioners noted a perceived impact on temporary visa status and relationship status on affected family member engagement, within family safety contact work. As one practitioner commented:

When we call them, and do the initial introductory call, they kind of just dismiss the family violence and they just say that they don't want to talk about the family violence because they're working on the relationship. Part of this could be because their visa is dependent on their partners and they don't want to take any risks. But yeah, like I would say majority of them during the first initial conversation, they either don't want to engage because they still want to work on their marriage or relationship or they've already moved on and they're like 'We've got nothing to do with that person anymore, so we don't want any support.' (Practitioner 2)

Raising similar points, another practitioner reflected:

They [the affected family members] like to cooperate with the perpetrator and just pick – be on his side rather than – even if there is a violence, even if they did breach a violence, they'd rather not get deported or whatever. Yeah, they'd rather stay in a violent relationship than get like immigration issues or get deported back ... maybe that's something that the men tend to reinforce, that if you do this obviously you're going to go back home. Yeah, that's quite common. (Practitioner 1)

These observations build on a growing body of research into merits and limits of MBCPs which increasingly recognises the challenges of engaging affected family members in family safety contact work. In particular, research demonstrates the generally low uptake of family safety contact work by victim-survivors (Chung et al., 2020).

Participant Engagement and Disengagement

Understanding Participant Engagement and Disengagement

Practitioners described varied levels of engagement among participants over the course of programs. This engagement was discussed in terms of program completion or drop-off, and in terms of active participation in group work. Engagement was, at times, linked to program topics or content which participants might be more receptive or resistant to, as described in the above findings on program content. Engagement levels also reflected participants' own motivation and individual circumstances. As the following practitioners explained:

For every 10 men there are probably two who are really – it's life changing. It's their first brush with the law. They sometimes quite genuinely did not know what they had done was so wrong is what they tell us and they definitely want to change. [...] About [half] of the men in between don't want to – may not change their attitude but will not probably go that far because they don't want to come into contact with police again, and there is two or three men who are like you guys know nothing, you don't live in the real world and they tell us like you don't live in the real world. Like, don't tell me that you've never – your partner's never shouted at you, don't tell us this, and that kind of stuff. And we know we're not going to shift them and they're probably the repeat customers, like in any mainstream program. (Practitioner 7)

It's not linear, it's up and down the motivation. So, very motivated in week one to five, then it dips and they're questioning and then back to motivation week eight or nine where they see the end in sight [...] I found my experience is that it's a wave. [...] It is about the timing and where they're at. Also, it's individual. Some of the topics might resonate with them more. Sometimes there's a lot of resistance and they can't see themselves as the perpetrator at all. They're still in victim stance. I think it is more like a motivational pattern, just how it fluctuates in terms of the time scale. (Practitioner 5)

There have also been occasions from memory, at least one where I can think where the man disengaged where they come and something switched off after the first session, he decided the program was not for him and he's not going to engage, but that man again interestingly came back again six months later and said, 'Can I come?'. (Practitioner 3)

The attitude that program facilitators 'don't live in the real world' and that abuse is common in relationships, as described by Practitioner 7, may reflect evidence that DFV perpetrators overestimate the proportion of men who engage in DFV (see, for example, Neighbors et al., 2010). Problematically, such attitudes may be linked to further abuse perpetration (Neighbors et al., 2010). All of the examples above highlight the fluid nature of motivation to attend and participate, and, relatedly, the varied nature of engagement. This highlights the importance of undertaking motivational and support work to encourage greater participation in behaviour change work.

As discussed above, in relation to the role of case management, practitioners also spoke about the importance of meeting program participants where they are at, and accommodating the priority of addressing other needs to ensure participants are best able to engage in the program when they are attending it. As one practitioner explained:

There have been occasions [...] we have said, 'Well, take a break. Let's do some other work and then we'll bring you back into the program.' (Practitioner 3)

This reflects the role of individual case management in identifying support needs, as discussed earlier in this report. It also reflects the significance of this work in addressing barriers to engaging in group work. As

Practitioner 3 further explained, case management also provides an opportunity to support engagement in group work by reinforcing learnings and unpacking challenges related to participating in group work:

In the group work, there are 12 – 10, 12, 15 men, however, sometimes eight. In the individual case management, it's just one to one, so we don't want it to be more clinical but just for him to reflect on his behaviour – what's been happening, what has he learned so far from the group, how is he trying to benefit from experiences of the other men within the group, what are the issues, has he been open enough about his use of violence and if not, what's stopping him? 'Why not, how can we support you to do things.' And we found that [...] that initially men were a bit more comfortable disclosing some forms of violence used in the individual case management sessions before going into the group session and acknowledging his use or accepting his use of violence in front of the other men within the group. So we would encourage him – if we see something like that, we could encourage him, 'Okay, let's – why can't you do it in the group? What's stopping you?'. (Practitioner 3)

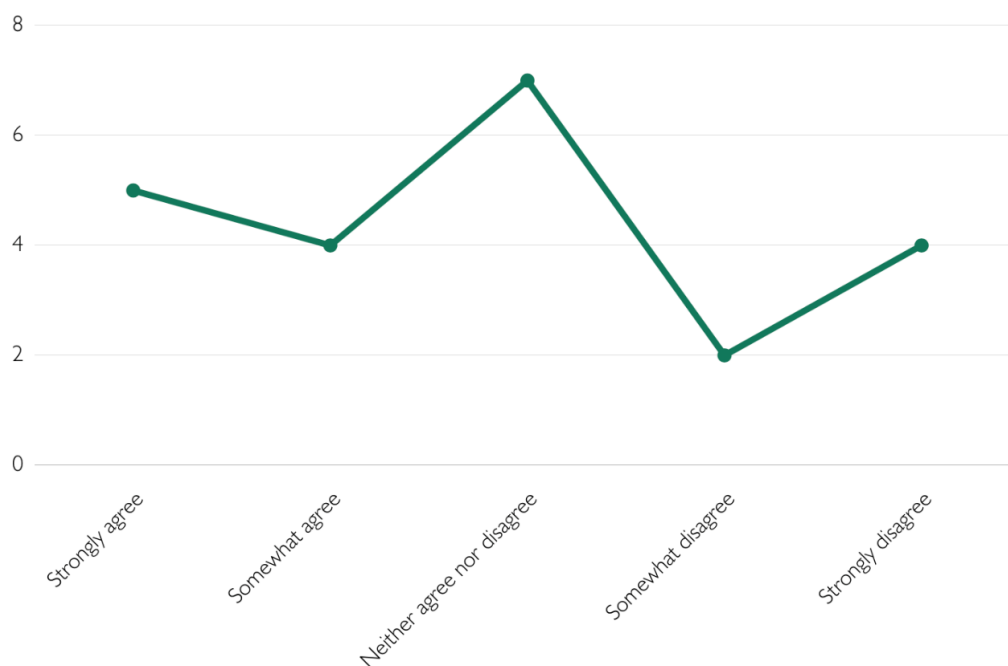
The above comment highlights the importance of individual work alongside and in conjunction with group work for supporting program participants' engagement in group sessions.

The Role of Shame

Stigma can impact a person's willingness to engage in an intervention (Fisher et al., 2020) and can impede upon their help-seeking. This is notable where people fear ostracisation and further removal from their cultural/community relationships (Zannettino et al., 2013). As part of the intake survey, several scaled questions were asked of program participants which reveal the role of shame at the point of program commencement. For example, program participants were asked how strongly they agreed or disagreed with the statement: 'I do not want people to know that I am going to the men's behaviour change program'. As shown in Figure 2 (below), of the 22 program participants that responded to this question, five strongly agreed with this statement and four somewhat agreed with it.

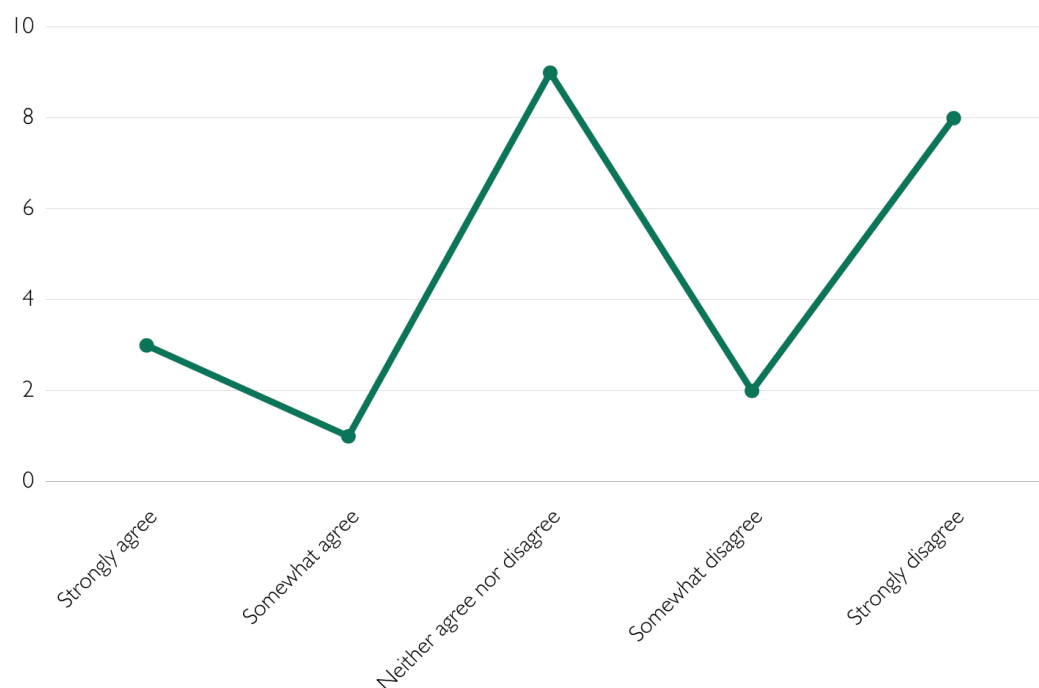


Figure 2: Intake Responses to the Statement: 'I do not want people to know that I am going to the men's behaviour change program' (total n=22)



The potential role of shame among program participants enrolled in the MfC program also emerged in responses to the question: 'Going to the group program can be embarrassing for me'. As shown in Figure 3 below, there were only four participants in this cohort – among the 22 program participants who responded to this question – who anticipated embarrassment from attending a group program.

Figure 3: Intake Responses to the Statement: 'Going to the group program can be embarrassing for me' (total n=22)



The impact of shame on program participants was commonly reported by practitioners:

The fact that the police is being called and they have been removed is a massive [source of] shame. (Practitioner 8)

The challenge is that because sometimes people don't want other community members to know. They don't want to join the group because there are others of the community in the group. (Practitioner 6)

As Practitioner 6 explained, shame and stigma can be a barrier to participating in group sessions. This was particularly the case where program participants felt they may be recognised by other members of their community when participating in an in-culture group program. As one practitioner explained:

One of the clients absolutely refused to be in an Afghan group because he's very well respected and he didn't want anyone to find out about it, so he's gone into the South Asian group. [...] he was like, 'No one can know.' (Practitioner 5)

Stigma was also discussed by practitioners in terms of program participants' feelings of shame associated with being *in trouble* with systems, and in particular the law'. As two practitioners explained:

One of the things about South Asian generally is that they're quite respectful of the law and quite respectful, quite fearful of the law. So, when you're there and it's quite common that they might say things like, 'Oh, I've never had a parking ticket.' So, they're really keen to engage. So, they see you more as a guide, if you like. So, the engagement tends to be quite straightforward in that they're open to engaging with you because they want to work through the process, whether it's to get back to the family or not get into more trouble as they see it. (Practitioner 5)

With many of the South Asian men the key motivation to engage in the program is the stigma of being entangled with the law and the key motivation is – especially if they're outside the house, outside the family home, is finish the program, reconcile, get back into the family home and also recover lost respect from the community because for many of them it's their first brush with the law in any form, so most of the men would describe having the police come home [...] the flashing lights outside their house, being handcuffed is the most embarrassing and shameful events of their life and they would – some of them obviously do blame the partner but for them that itself is more life changing than anything else, so to shift their focus from that to the actions that got them there is part of the challenge in the program. So the motivation to engage meaningfully is quite high [...] For many of the South Asian men they have actually chosen to come here for work or they have come as international students. They haven't come as refugees or asylum seekers. It is slightly different so they've come here with a specific economic and social goal and they see that their engagement with the law as being detrimental to the children's future, so that motivation is still there. (Practitioner 7)

As practitioners 5 and 7 explained, the stigma of being entangled with the law may have a positive impact in terms of motivating men to attend the program in order to disentangle from the law and/or to reconcile with their families. Awareness of the stigma that may be associated with attending a family violence perpetrator intervention is important. Community stigma as a barrier to engaging in intervention has also been raised in other studies, particularly in the context of engaging men from refugee backgrounds (Fisher et al., 2020). Stigma as a barrier to engaging with DFV perpetrators is not unique to culturally specific programs. Indeed, stigma associated with attending perpetrator interventions has been raised as an issue in a range of perpetrator intervention research (Bagshaw et al., 2000; Meyer et al., 2021). However, the above examples highlight the unique ways that stigma and shame manifest among South Asian and Afghan MfC clients, and the impact this has on program engagement. Efforts to minimise the stigma associated with family violence are critical to supporting help-seeking for both victim-survivors and perpetrators.

Motivation, the Influence of Children and Reconciliation

Fatherhood can be an important motivator for perpetrators to examine their use of violence and help them work towards behaviour change (see, inter alia, Stanley, Fell et al., 2012; Stanley, Graham-Kevan et al., 2012; Fox et al., 2001). Practitioners in this study discussed children as a key motivator for program attendance:

Children definitely are the key motivators, they definitely want to, unless there's some men who just don't care about the – like they don't care. But that's really like a one or two. Like hardly anyone would be like that. But mainly they do it because they want to go back to the family, they miss the family. (Practitioner 6)

It's a key motivator, their desire to be a better father, have a household that's calm and where there's no arguments. That's the way they see it. It's a key motivator. Also having an environment for them not to model – how they can be a good role model but also what the future is for their children and what kind of relationships they'd like to have. It is for people that are resistant, that's the key motivator. (Practitioner 5)

Another factor would be the children. They are being really considerate of the children. They're like if I – if anything happens to me, if I go to prison for example, or if the community finds out, what's going to have – how that's going to have an impact on my children, on my family, how the people are going to look at me here in – back in home whether it's Afghanistan or Pakistan, and how – a lot of motivation is family reunification basically. [...] We do go through really thoroughly the impact of family violence on children [...] their future and even school performance they – it's mind blowing for them. (Practitioner 8)

As the above comments highlight, fatherhood can be a strong motivator not only to attend a group program, but also to recognise the impact of their use of violence and the harms caused. The presence, impact and role of children is highly relevant in the context of this review, as the vast majority of program participants who participated in the survey components of the review identified that they had children at the time of their participation in the program. Indeed, of the 30 participants that completed an exit interview, 26 had children. The number of children who program participants had ranged from one child up to six children. 13 program participants were living with their children at the time they completed the program, while seven program participants reported that they have no contact with their children.

Throughout the review, practitioners recognised the ways in which the influence of children as a motivator is often intertwined with a broader desire for reconciliation. One practitioner described that, particularly as it relates to men from South Asian countries, the desire to reconcile with their (ex)partner and return to the family is driven, in part, by a desire to maintain contact with their children. They explained:

The role of child protection is quite strange because it's not something that men are innately familiar with because they don't – there isn't a similar body attached to any authority in any of the South Asian countries and the way separation works is also quite different. So in India under the Marriage Act all minor children will automatically be sent to the mother and there is absolutely very, very limited scope for visitation if there has been a separation due to family violence in Indian courts, it's very rare, and there's usually no visitation for children under the age of 13. [...] men genuinely believe that they'll never have any contact with children if they separate, so that's one of the primary motivations not to separate. (Practitioner 7)

Practitioners described *reconciliation* as a common outcome, particularly among couples with children. As one practitioner stated:

I think there is a strong, I'd say about 80% reconciled. And particularly if they have children. I think in my experience, only two people that had children didn't reconcile. So, that's about 100 men, that didn't really – yeah, about 80% of women want to reconcile and they want the behaviour to stop.

That is one of the key things from my experience in case management with women is they didn't want the relationship to end, but they wanted the violence to end. That's what I've seen [...] there might be other factors as well, which is the husband might be the only income earner, they might be on a specific visa which will impact on one of the reasons why they reconcile. But yeah, there is a tendency for reconciliation. (Practitioner 5)

As the above examples highlight, there are various factors at play in decisions around reconciliation, including but not limited to community perceptions, desire to maintain contact with children and financial dependence on a partner. Reconciliation is a key goal among program participants, and practitioners are predominantly working with men at a time when they are separated from their (ex)partner/other family members and children. This speaks to the importance of ensuring men are connected to services and are visible and accountable if, or when, they do return to their families to ensure the violence does not continue. As one practitioner explained:

It absolutely depends on at what stage of – whether they're mandated or not, and not to go into the pre-contemplative/contemplative change process, whether we don't want to sort of – I think for me, and this is why it's so important to actually have that close – that contact all the time is small shifts, there's really small shifts and if – even we try to do a bit of a follow-up, [...] particularly with Child Protection when they have been reunited and to me, that's not necessarily an indication of him changing. And we know that from other studies that potentially he's returned home and he might not be using, say, physical violence or verbal, but is he doing passive aggressive tactics. (Practitioner 4)

When considering the role of children and family in motivating men to attend the program, it is also important to consider the nature of this motivation. Some program participants attend MfC following referrals from child protection. For some program participants, a referral from child protection can manifest as an external, compliance-based motivation where there is a desire to no longer be *in trouble* with systems. As Practitioner 8 explained:

They have got a lot of fear. Afghan men have got a lot of fear from child protection. [...] And that really impacts on their engagement on their motivation and on their – even the sentences that they say. They ask us if we would report what they say in the sessions to child protection. [...] They're like I hope you're not going to tell child protection that I said this but this is what I think. So guarding themselves. Child protection plays an important role on their motivation for changing and their participation in the session. (Practitioner 8)

Practitioner 8 further explained that concerns related to child protection make up the majority of client questions and concerns:

That makes a big difference because they think that they – if they engage well then the child protection is going to allow them to go back to their family and they're not going to be any risk towards these children, but if not they – that's going to put them in trouble. And they – the questions that we get in the sessions is all about child protection. Like, 90% of the questions and concerns that they have is about child protection. Can you please give me a certificate for child protection? Can you please call child protection? Can you please ask child protection to let me talk to my wife? Can you please ask child protection to let me go back home? (Practitioner 8)

Practitioners described varying levels of motivation, engagement and resistance among participants who were referred through child protection or courts and those who self-referred into the program:

Some of these men do come from court or child protection. So sometimes the motivation's external, so they have to come in and engage with us. We have also had clients who either self-refer or who are willing to come regardless of whether court wanted them to come or not. So their resistance – or the level of resistance among these men vary from client to client. Some are more resistant than

the others. [...] It's also the clients who feel that they have been pressurised to come by court are more resistant. So they feel a bit more – so they require a bit more work. (Practitioner 3)

While external pressures from child protection may encourage men to show up to the program – as the above practitioners describe – this can impact a client's engagement once they are in the group. These participants may require additional group readiness and/or motivational work to further encourage them to actively and meaningfully participate in the program.

Participant Feelings of Victimization and Ongoing Denial of Violence

One of the challenges impacting engagement raised by practitioners was that program participants position themselves as victims. This was notably discussed as an issue early in the program when men were beginning their behaviour-change journey, but also persisted as an ongoing issue among some men. As two practitioners explained

We start off by listening to their story, so there's no judgement with what we're hearing, I just try and find out then their version of events, their narrative. Which is always there very much, tends to be that they're the victim, it was a one-off incident, they just lost control for five minutes, it was because they were drunk. So, those things always come through. (Practitioner 5)

The kinds of men who generally disengage – and we've had a few over the last three plus years, [I've worked with] about 180 and 200 men, I think we've had about 10% disengage from the start – because they feel that the reason they're in the program is because their partners have used them for visa and that's a massive issue with South Asian men who believe that genuinely many women come here, get married to them and then accuse them of family violence just to get a quicker route to residency. Now, it does happen. It's not like it doesn't happen. It does happen but it definitely does not happen on the scale that the men think it does. A lot of them feel quite victimised. They also feel that women use them as a way of getting out of their circumstances in India and coming into a western country so they feel that's why they have been victimised. So those men basically sit through the program because they have to get it done, they'll be mandated, they have to get it done. Some of them aren't even interested in reconciling with their children. Most of them will not be reconciling with their partners and that would be because the partners don't want to reconcile and those men will just simply not engage at all. For them – from start to finish it's them who are the victim. (Practitioner 7)

Ongoing reports of victim-stance by program participants was also frequently reported in client case notes documented by case managers, and frequently intertwined with victim-blaming and/or denial. For example:

He stated that it never happened and it is just the system who created all these chaotic situation for his family, he has mentioned that he is actually the victim of the system, and the Afghan women including his wife doesn't have much capability to understand the system. [...] He stated that this country and its institutions are just making small things bigger. (Client 19 case notes)

During the assessment the client blamed his wife and the child protection, he was blaming his wife that she has mental health issues and get angry quickly [...] He has also blamed child protection that they have exaggerated in their reports. (Client 20 case notes)

This viewpoint also emerged among the small number of qualitative responses received in this report's exit survey. It is captured in the response of three participants who, when asked what they found least helpful/useful about the program, commented:

Assumption that you are here because you did wrong thing, making and forcing them do you did wrong. It is same with Men's Behaviour program. Only way these program can work when you bring in the partner at least silent listener so all gets the same perspective. (Program participant)

Yes, wrong assumption that all men in the course has done family violence. (Program participant)

باید به خانم ها تذکر شود این پروگرام.

Women should be aware about this program. (Program participant, English translation)

Program participants' views that their victim-survivors and/or the systems are to blame for their involvement with family violence perpetrator services impacts their engagement in the program, as described above by Practitioner 7. While some participants' motivation may shift over the course of the program, for others this position remains unchanged. Practitioner 7 further explained that where changes are observed, this is sometimes limited to behavioural changes that are driven by a program participant's desire to not have contact with systems, including perpetrator intervention programs. For example:

The motivation shifts through the program once they realise that we are using a woman-centred framework [...] they feel that all of their power is being handed to the woman, now she basically holds their life, honour, respect, everything in her hands [...] towards the end many of them will kind of be like yep, I understand. I'm here, things are different, I have to behave differently. [...] many of them will leave the program like what I have understood from 15 weeks of attending this program that in Australia you just can't say anything to women. You can't get angry, you can't have a conflict, you basically just have to say yes to whatever she says because she's holding all the power and she can just call three simple numbers and that's it, I am stuffed. [...] that did it, I'm moving on. Don't worry, I'll never see you guys again because I'm never doing anything to get me back here again. And sometimes that's the only win you can take. (Practitioner 7)

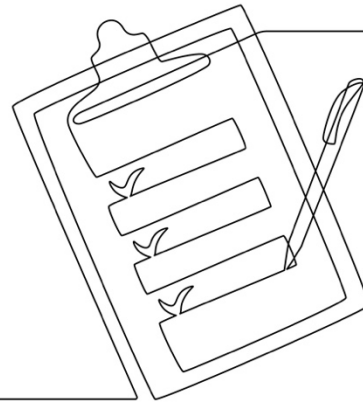
While in some instances shame and stigma associated with being *in trouble* with the law and having contact with family violence perpetrator programs can be a positive motivator – as discussed earlier in this report – the above example highlights that for some participants' contact with family violence men's services results in a desire to complete the program in a *tick-box* way, rather than genuinely engaging in the program. As Practitioner 7 explains, this results in limited changes to participants' behaviour at the end of the 15-week program.

Practitioners also spoke about issues of ongoing denial and minimisation of abusive behaviours by some program participants. These themes are similarly reported among various program participants in other studies (Meyer et al., 2021; Helps et al., 2023). Among MfC clients, such denial was often linked to men's attitudes that the 'issue' was not one of family violence, but rather it relates to their culture not being understood:

We have had a couple of clients who were actually – their partners were Aussie, not Afghan [...] and they were not engaging. They were like, well, I haven't done anything. My culture is different from my partner's culture and she was trying to control me and blah blah blah and I shouldn't be here. That was one very rare scenario but a couple of them are like that. [...] At this current group that we are running on Saturday's we have got three men, three Afghan men, who are – whose partners are not Afghan, and they say the same thing that, like [...] I don't understand her culture, she doesn't understand my culture. (Practitioner 8)

This issue was also evident in practitioner's case notes. For example:

In one point he cried and stated that he did not do family violence and the problem with court and child protection is they don't know his culture. (Client 26 case notes)



Client said he can prove that the system is weakening the Muslim family system. The client stated that the women has limited knowledge and they are not capable to understand things, so it is man to take responsibility in their hands, but in here things has changed and women are trying to do everything men used to do. [...] Client stated that back home men go out work and women used to look after the children and the house, there was no problem everything was fine but in here everything is opposite to that. (Client 19 case notes)

Similar viewpoints were evident from qualitative survey responses that were provided by some program participants at the point of program completion. This is captured in the response of one program participant, responding to a question on how participating in the program has improved their relationship with their partner, family members and/or children:

Adults even, physiologist thinks children are better off with separated parents than living in with parents who dislike each other. In reality, when parents live separately, child feels disappointed, hurt. This is based on my interaction with my own daughter and from real life adults whose parents separated when they were little. All people who grow up with separated feel hurt by their parents divorce. All systems in Australia do their best to kill families, destroy them forever instead of attempting to make people understand better and live together and bring family together. (Program participant)

These examples demonstrate the ways in which denial of perpetrating family violence, and of personal responsibility in using violence as well as distrust in system responses, persist throughout attendance at the program, highlighting the need for further behaviour change work and the challenges of achieving substantive behaviour change within the confines of a 15-week program.

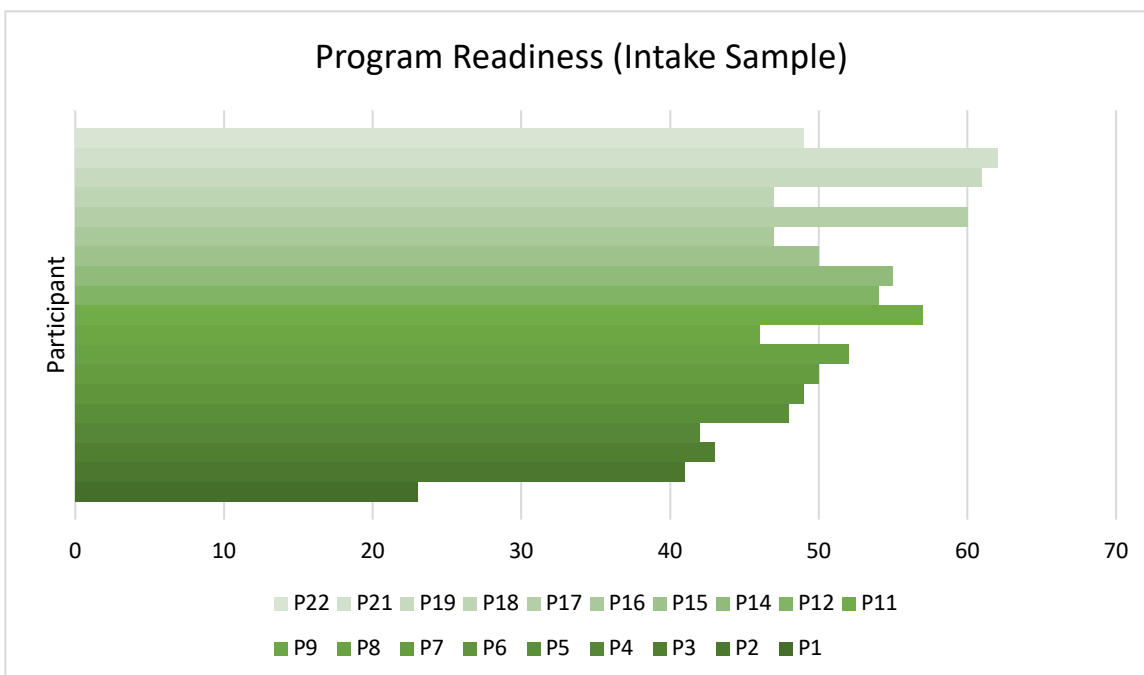
Behaviour Change as a Process

Program and Group Readiness

The program readiness scale, developed for use with Alcoholics Anonymous groups (Kingree et al., 2006), provides insights into participants' feelings towards attending the group. There are 15 items in the scale, based on a five-point scale from *strongly agree* to *strongly disagree*. Scores were reverse coded where appropriate, so higher scores indicate greater self-reported readiness. Scores were computed to create an overall score (minimum = 15; maximum = 75).

As shown in Figure 4 below, among the intake sample, program participant scores ranged from 23 to 62, with a mean of 49.26 (n=19).

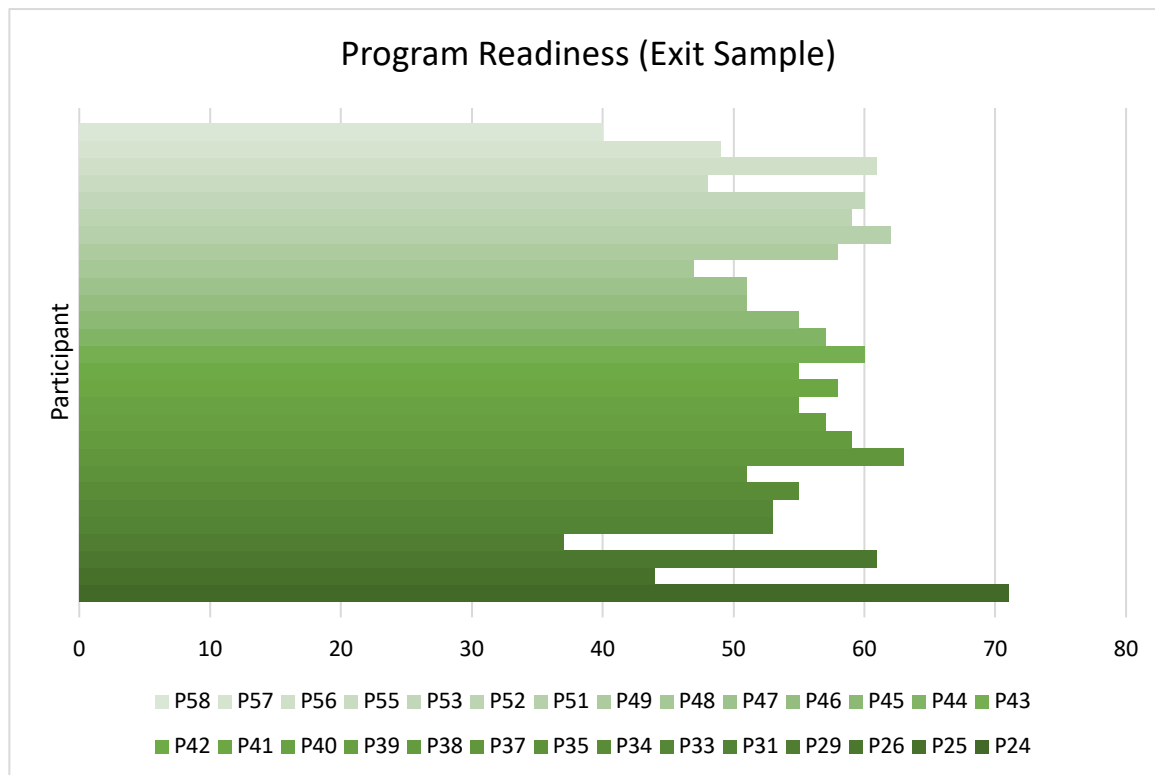
Figure 4: Program Readiness Scores for Intake Sample (n=19)



Note: Missing =3.

Among the exit sample, program participant scores ranged from 37 to 71, with a mean of 54.64 (n=28), as shown below in Figure 5. As discussed in the method, this is not a paired sample (i.e. different participants completed the intake and exit surveys), and, therefore, we are unable to provide a comparative analysis of changes in individual participant's attitudes over time.

Figure 5: Program Readiness Scores for Exit Sample (n=28)



Note: Missing =9.

This review found a notable variation in the knowledge and understanding of family violence among men when they enter the program. For example, as two practitioners commented:

Even just defining what power is [...] the definition of power is very different in different cultures so you need to be able to define that to actually start talking about coercive control. And like 'coercion' is not even a term that exists in some of the languages that we are speaking in, so again, like how can you explain something to a person when they don't have a word for it. There is actually some of the words that we use in English in the power and control wheel they don't exist in our languages at all. There is no concept of marital rape, so you can't call that a form of violence if it doesn't even exist. (Practitioner 7)

There are some stuff that does not exist in our culture or in our law. In fact, like there is no family violence law in Afghanistan, so we are talking to men who have no clue, have not lived, have not had family violence at all. So it's really challenging for us to actually break down what family violence is in our culture. [...] Our groups are much harder [...] because there is no context [...] we're talking to men who have never been exposed to these words. (Practitioner 8)

As these practitioners' responses highlight, having participants who may not be familiar with concepts such as *power*, *coercive control*, *marital rape* or *family violence* impedes the capacity of practitioners and program participants to discuss these behaviours. While this challenge was raised across different groups, it was amplified for practitioners working with the Afghan group. As noted in the earlier analysis of program content and the development of the curriculum, as a result, there is a significant amount of preliminary work to undertake to build understanding and recognition of family violence generally, before being able to work on individual clients' behaviours and attitudes. Therefore, this is scope to scale up the pre-program/program-readiness work, to ensure this work is well supported and resourced.

Reflections on What Program Success Looks Like

In reflecting on what program success looks like, practitioners spoke about engagement and behaviour change. For example, one practitioner described the quality of engagement as essential. They commented:

The department here, they're always after our attendance rate [...] our attendance rates are in the 80 or 90%, which I think is great. But as we were saying earlier, [name], about active engagement and that for me, [...] are they genuinely telling us just what they want to hear at the end of the program, have they stayed because they want to tick a box. They need the letter for the magistrate. [...] The success for me [...] is about the internal motivations, have they genuinely thought about making their life better, making their home life safer and being a better father, being a better partner. Has there been some insight with that? (Practitioner 4)

This highlights the need to better understand and assess engagement and learnings beyond attendance. Exploring ways to enhance engagement, moving forward, is critical to improving practice. Similarly, reflecting on change, practitioners spoke about participants for whom the program was most impactful as being central to the program's success. For example, two practitioners commented:

We have had several men who actually came to us and – in tears saying like, 'I swear, if I had not come to this program and this program didn't open my eyes I would have been in jail on probably lifetime jail. This is life changing.' (Practitioner 8)

When you get even one or two people [...] for whom it's been life changing they do talk to others and that I think is success as well. (Practitioner 7)

Among the program participant survey responses provided at the point of program completion, there were examples of participants expressing such impacts. For example:

The education and knowledge provided in the program are life changing. I come out a better person after joining the program. (Program participant)

It feels like a blessing in disguise, the program, and information provided is life changing. (Program participant)

این پروگرام یک فرصت خوبیست که از طریق این پروگرام بتوانیم ارتباط و نحوه زندگی خود را با همسر و اولاد هایم تغییر دهیم، تا در جهت رشد بهتر تربیه سالم تر برای اولاد هایم در آینده باشیم و با همسر و بچه هایم مهربان تر برخورد داشته باشیم.

This program is a good opportunity, through this program we can change our relationship and way of life with my wife and children, in order to be better and healthier for my children in the future and to be kinder with my wife and children. (Program participant, English translation)

Echoing the variation in levels of engagement and outcomes for men already examined earlier in this report, conceptualisations of program success were also framed in terms of shifting behaviours and attitudes from where individual men 'were at' from program commencement to completion. What each person defines as success over the course of the 15-week program will, therefore, vary. As the following practitioners commented:

The other thing also quite contrarily, even for men who don't believe in the work, just letting other people know, you know what, if you do that to your partner, she can call the police. They may not change their attitude but if they can change their behaviour that I think is a win that I'm happy to live with because it means that another family may not see violence escalate. (Practitioner 7)

The other part of [success] is around [where they are at] when they come into the program, so as facilitators for each individual and based on some of the feedback from partner contact and the case

manager, we try to make [...] our baseline for some target behaviours. So these are some of the baseline for some of the target behaviours that we want to address with these men and that's really important then because then that's the thing that we can measure him when he finishes the 15 weeks program. (Practitioner 3)

Success for individual participants may equate to very small changes. As Practitioner 7 described, there is still significant behaviour change work for the participants to do at the end of the program, but what is achieved is a shift in the manifestation of violence, where it may not escalate to the severity it was prior to the program.

Success in MBCPs is often measured through program attendance/completion and recidivism data (Westmarland & Kelly, 2013). Yet, some scholars (Vlais & Green, 2018) argue that measuring incremental changes may be a more realistic assessment of success. It is important to keep in mind the limits of what can be achieved over 15 weeks, and to highlight that any behaviour change work undertaken during the program is a starting point rather than an end point. While it is not the intention of this review to equate program completion with any measure of behaviour change or success, this report notes that of the 30 program participants who completed an exit survey during the review period, 28 identified that they had completed all 15 sessions within the program.

Affected Family Members' Perceptions of Behaviour Change

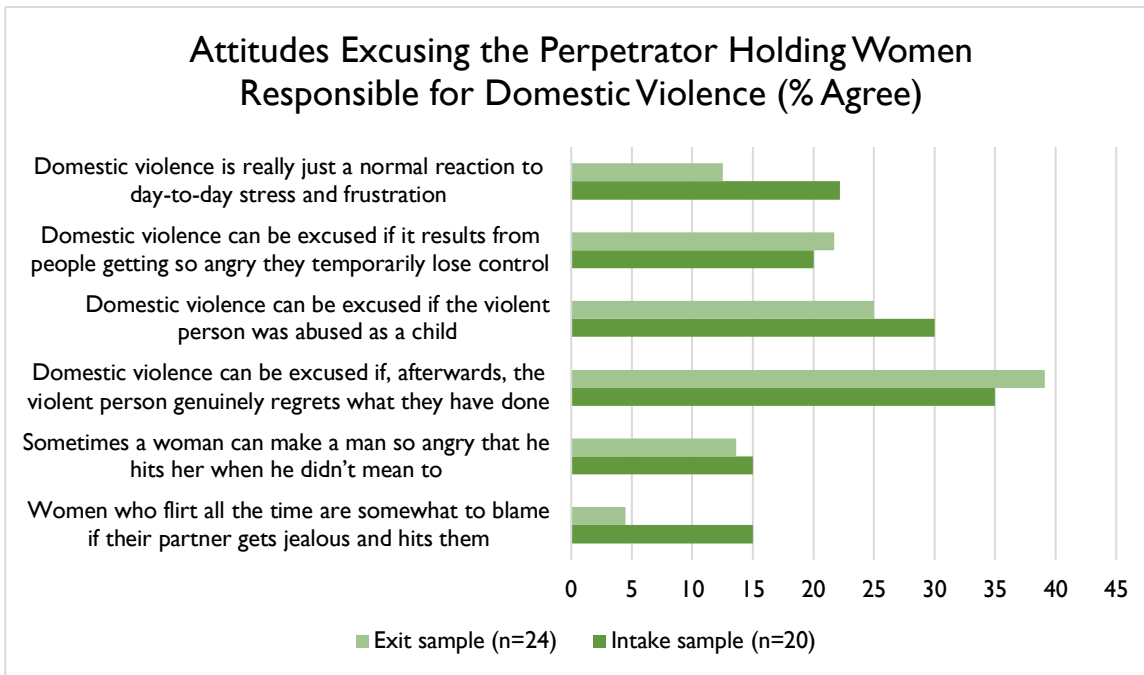
This review is limited in what it can conclude on the program's ability to shift abusive behaviours, or in the ability to provide improved safety outcomes for family members of the program participants. This is due, in part, to the limited engagement of affected family members throughout the review. We also recognise that the program is not intended as a MBCP, so measuring behaviour change in such a way may not be wholly appropriate.

As part of the review, we received two completed surveys from affected family members at the correlating program participant's point of program exit. When asked whether the program participants' use of abusive behaviours has changed, one affected family member explained: 'Yes, overall interaction has changed', and selected that they felt *very safe* within their relationship. In the second survey, which was completed by the contact worker on behalf of the affected family member, it was reported that 'All forms of abusive behaviour towards her and her children' had stopped, and likewise that they felt *very safe* within their relationship. Interestingly, in this second response the affected family member selected that, over the month immediately prior to the survey completion, they *almost always* felt they needed to be very careful around the program participant when the latter was in a bad mood, demonstrating that while changes in the use of abusive behaviours may be noted at the point of program completion, the underlying dynamics of an abusive relationship may be harder to shift.

Attitudes to Violence against Women

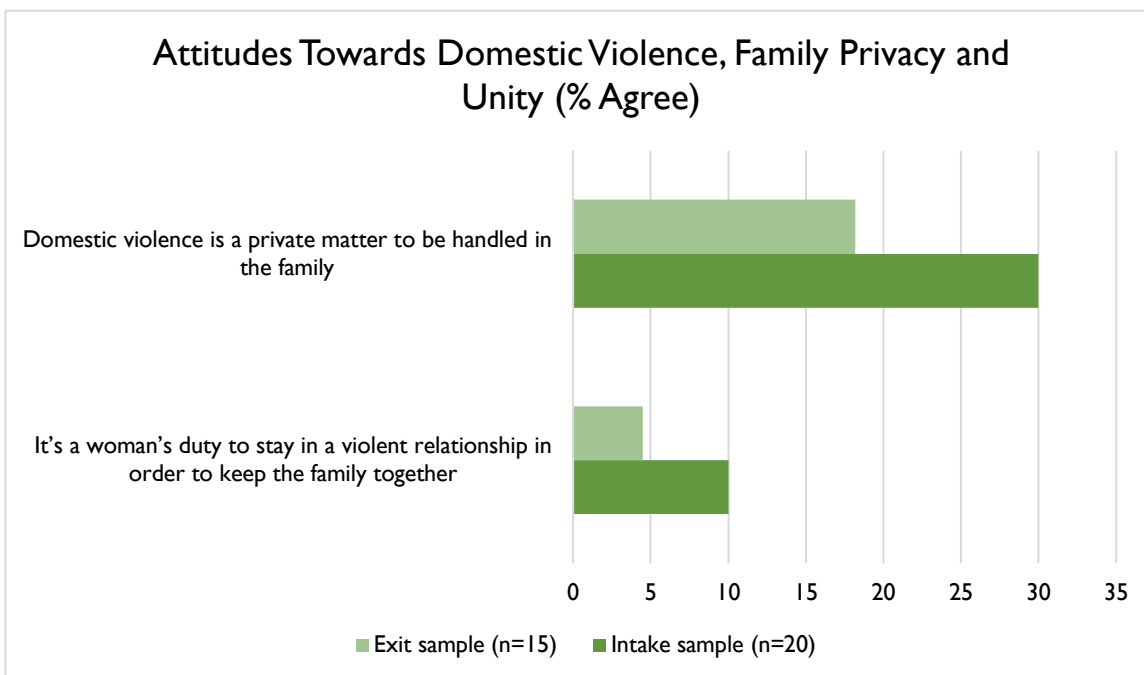
Attitudes to violence against women were measured across four sub-themes: attitudes excusing the perpetrator and holding women responsible for domestic violence; attitudes towards domestic violence, family privacy and unity; attitudes minimising the impacts and consequences of recurring domestic violence; and attitudes minimising violence against women by making it a problem for women to bear. The results are presented below in figures 6-9. Results are presented for both the intake participant sample (n=20) and the exit participant sample (n=24). It must be noted that as this is not a paired sample, we are unable to analyse and assess changes in participant attitudes between program intake and exit.

Figure 6: Attitudes Excusing the Perpetrator and Holding Women Responsible for Domestic Violence



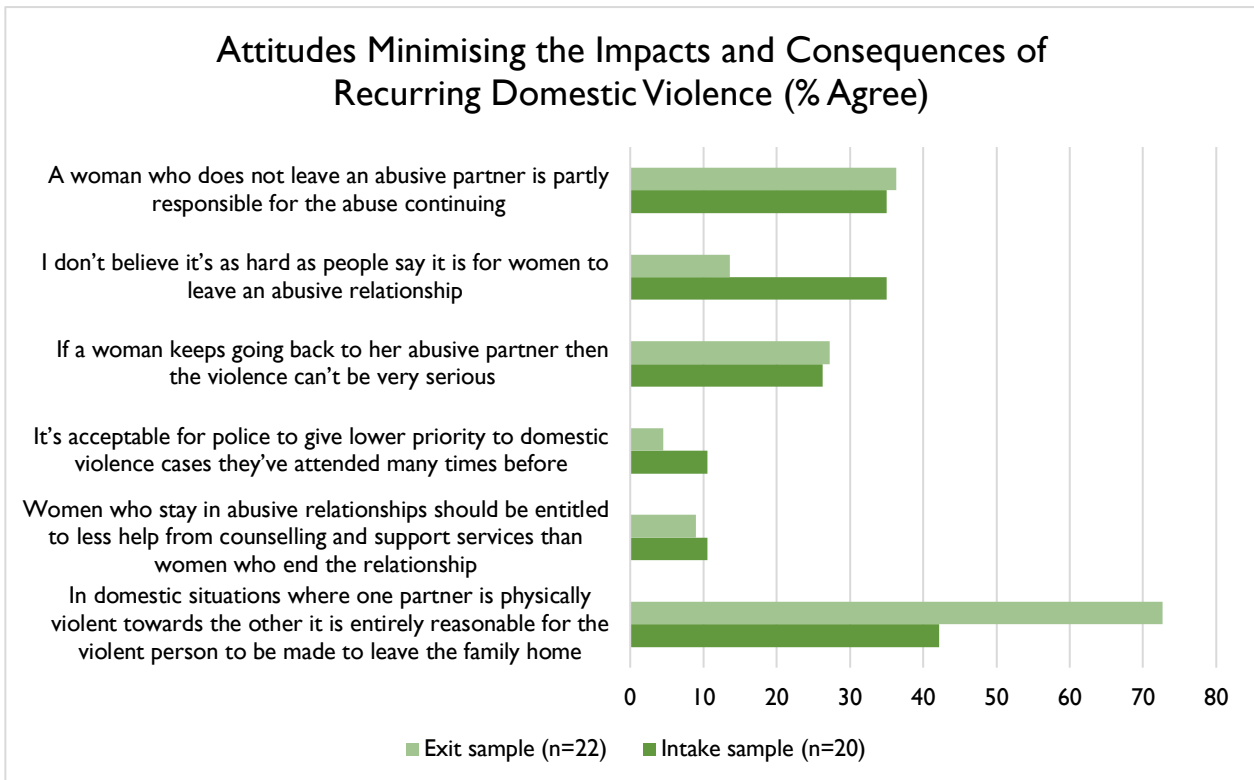
Note: % agree includes those who strongly or somewhat agreed with the statement. For item 1, n=18 at intake. For items 2 and 4, n=23 at exit. For items 5-6, n=22 at exit.

Figure 7: Attitudes Towards Domestic Violence, Family Privacy and Unity



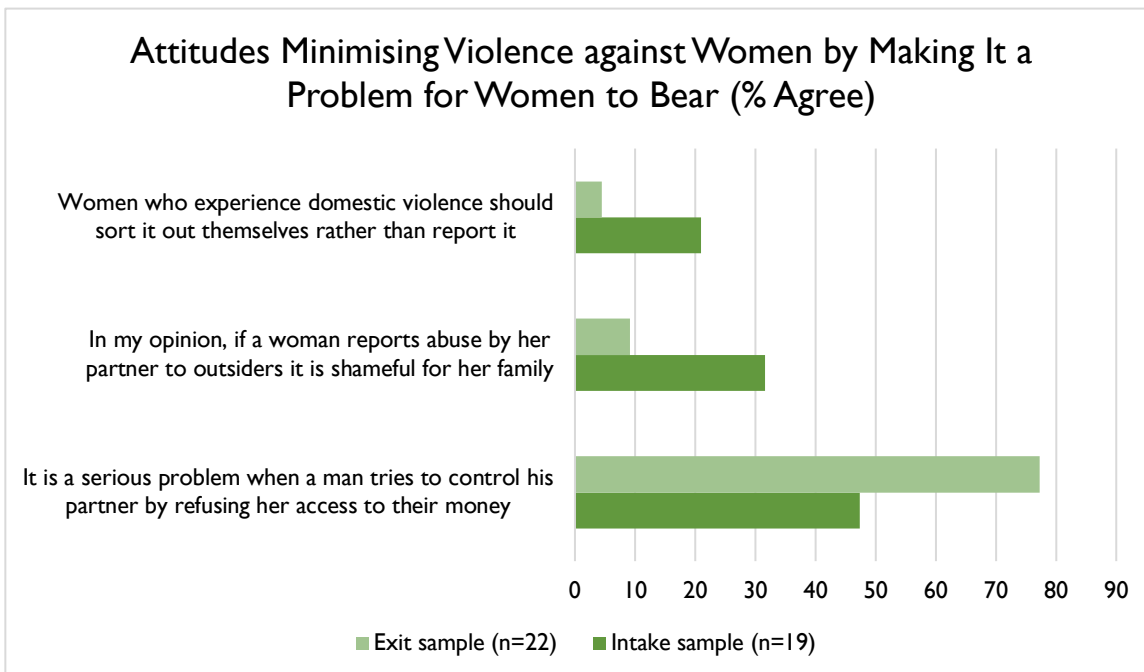
Note: % agree includes those who strongly or somewhat agreed with the statement.

Figure 8: Attitudes Minimising the Impacts and Consequences of Recurring Domestic Violence



Note: % agree includes those who strongly or somewhat agreed with the statement. For items 3-6, n=19 at intake.

Figure 9: Attitudes Minimising Violence against Women by Making It a Problem for Women to Bear



Note: % agree includes those who strongly or somewhat agreed with the statement. The item: women who experience domestic violence should sort it out themselves rather than report it has been adapted, the original NCAS item asked about sexual harassment.

As figures 6-9 illustrate, most participants did not express violence supporting attitudes at the exit stage. However, results also show that for some participants there remains work to do in shifting attitudes to violence against women. While unable to compare intake to exit results, at exit some participants hold violence-supporting attitudes. For example, 39.1 per cent (n=9) either strongly or somewhat agreed that

'Domestic violence can be excused if afterwards, the violent person genuinely regrets what they have done' (see, Figure 6). Interestingly, fewer participants agreed with statements supporting physical violence. For example, at exit 13.6 per cent (n=3) strongly or somewhat agreed that 'Sometimes a woman can make a man so angry that he hits her when he didn't mean to', and only 4.5 per cent (n=1) strongly or somewhat agreed that 'Women who flirt all the time are somewhat to blame if their partner gets jealous and hits them' (see, Figure 6). Some participants continued to express attitudes minimising the impacts and consequences of recurring domestic violence. For example, at exit, 36.4 per cent (n=8) of participants strongly or somewhat agreed that 'A woman who does not leave an abusive partner is partly responsible for the abuse continuing' and 27.3 per cent (n=6) strongly or somewhat agreed that 'If a woman keeps going back to her abusive partner then the violence can't be very serious' (see, Figure 8). Similar results – with most participants not expressing violence-supporting attitudes at exit – can be seen across the remaining items – for example, attitudes towards domestic violence, family privacy and unity (Figure 7) and attitudes minimising violence against women by making it a problem for women to bear (Figure 9).

These results are subject to limitations, and caution in interpretation is required. These measures did not include, for example, adjustment for social desirability in responses, which may influence results. These results are further unable to be confirmed via cross-referencing with qualitative interview data or affected family member accounts. This is a significant limitation, as research consistently shows the unreliability of men's self-report data related to behaviour change, and that, when cross-referenced with other source of data, outcomes are typically less positive (Day et al., 2019; McGinn et al., 2016).

Acknowledging and Supporting Co-occurring Needs

Throughout the review, practitioners spoke about the co-occurring needs – in particular, as they relate to homelessness and/or problematic alcohol use present among some program participants. This highlights the need for greater supports for some program participants. For example, as two practitioners commented:

It's not really other substances, but alcohol definitely presents itself as an issue for some of the men. From the cohort I've worked with, it's a coping strategy if they've had a lot of trauma particularly Sri-Lankan refugees. So, I've had men that say, 'I can't sleep so I drink wine to fall asleep,' and it's become a habitual drinking pattern. [...] I think a lot of them, because again they're the primary income earner are time-poor, so they'll do what they have to. So, that is an issue. Also, a lot of the alcohol counselling is during the workday and engaging with that. They might engage with the GP to get some sort of anti-craving drug. The time factor is an issue for them engaging with other services. What I notice is that victim-survivors will have multiple support services. But the perpetrators really only have one service involved which is usually us or child protection. (Practitioner 5)

Men, when they move out, I think it does contribute towards that housing homelessness issue. There are a couple of reasons for it: (1) around is that sometimes we're really – we find that the man's generally struggling to find housing and sometimes they do sleep in their cars. But we – other times, there can also be issues like where he chooses to do that. He can't go because he doesn't want others to know in the community – and I'm purely speaking in terms of Afghan group first, he doesn't want the other community members to know about what has happened and that he has been asked to move out and that his wife's still at home. [...] sometimes, very rarely, that men try to punish their wife while staying in the car and saying, 'This is what you have done to me.' But that's very rare. [...] Mainly it's about shame, not letting others know, trying to keep it private and secret and sometimes also finding housing homelessness is – because there is just no other option. (Practitioner 3)

The intersection of problematic alcohol and other drug (AOD) use and DFV perpetration is well-established (Foran & O'Leary, 2008; Gilchrist et al., 2019; Langenderfer, 2013), and there are programs tailored towards

DFV perpetrators with comorbid problematic AOD use operating in Victoria (see, Meyer et al., 2021). However, they do not currently operate embedding culture and language within the programs. As Practitioner 5 explains, problematic AOD use by their clients is often linked to trauma that is associated with a migration journey. Existing research argues that experiences of torture and trauma are associated with – but not causal of – men’s use of violence (see, inter alia, Flood, 2013; Flory, 2012; Pittaway, 2005; Rees & Pease, 2006). Existing research also demonstrates that unresolved trauma and the incorporation of trauma-informed care principles into work with DFV perpetrators is an area that requires further examination (Voith et al., 2020). Housing instability and homelessness were also raised as issues for a small number of MfC clients. Notably, this was linked to shame and stigma – particularly for Afghan clients – reiterating the need to address stigma associated with DFV that impedes upon help-seeking for both DFV victim-survivors and perpetrators. These examples highlight a clear need for more holistic, accessible supports to better address co-occurring needs, as well as the importance of working with communities to address barriers to help-seeking for both DFV and co-occurring issues.

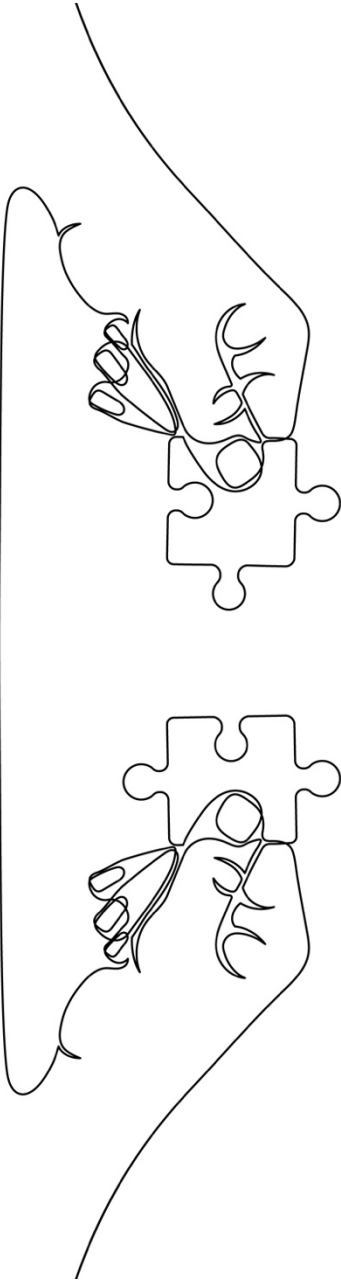
The Need for Longer-term Visibility

One of the challenges described by practitioners during focus groups was an inability to assess behaviour change in the long-term, post-program. Programs are not funded to provide long-term support to program participants, and there is often no visibility of participants once they complete the program. For example, as two practitioners remarked:

That’s [assessing change] very tricky because we can only see that’s fresh in his mind and during this time, most of the time he’s away from the home or even if he is at home, he’s very mindful that there’s other things that, ‘I should not be doing.’ But what actually happens when he leaves the program and there’s six months a year and the conflicts, they start coming back and that cycle of violence has started [...] does he remember, does he practice, does he demonstrate those behaviours that he has learned or that he has said that he learned or he showed in the group, is it still happening in his relationship? And because we have no idea of what happens a year after that, that’s really difficult to talk about. But in the short term, I think, the target behaviours that we plan for is one way to measure of his progress. (Practitioner 3)

I’ve been doing this for about 18 months-two years, I have contacted the first set of clients to see how they’re going, what’s happening, what’s changed, and there has been a shift in their thinking and how they’re behaving. They’re like, ‘I’ll take a breather, I’ll go outside’, and this is from them, we don’t know exactly, but they feel that their relationship is better and they can handle things a lot more and that it doesn’t lead to violence. [...] it was just an informal [...] we had an auditing process and one of the men who was my client had said that he really wanted to re-engage, have some refresher work. So, I just worked as a fact-finding mission really, to see where the men were at really, afterwards and seeing what they could benefit with. [...] a refresher would be good I think once a year, once every six months just get back together and just talk about what’s happening and strategies that they could use. (Practitioner 5)

The MfC program works with perpetrators over the course of the 15-week program and for up to six months through case management, with limited capacity for long-term follow-ups with clients post-program. Similarly, this review was not funded for post-program follow-ups with program participants. These limitations impede upon assessment of the maintenance of behaviour change – or lack thereof – beyond the life of the intervention. This challenge is not unique to the MfC program (RCFV, 2016). As the above example from Practitioner 3 highlights, this results in short-term visibility of perpetrators. As Practitioner 3 outlines, a key challenge is that practitioners often work with men at a time when those men may not be living in the home. If program participants reconcile with their families and return to the family home late in the program, or



post-program, this may coincide with support through the group program and individual case management ending and the system losing visibility of the perpetrator.

Uniquely, Practitioner 5 discussed checking in with some program participants 18-months to two years post-program completion. This is not standard practice. This was viewed by the practitioner as a valuable process that would be useful more broadly, and has been similarly identified by practitioners in other MBCPs (see, for example, Helps et al., 2023). In addition to enhancing visibility of perpetrators and providing an opportunity to assess the risk of ongoing or further violence, post-program check-ins provide an opportunity to offer further support to program participants. Notably, the audit process described by Practitioner 5 resulted in one participant expressing a desire to re-engage, demonstrating the potential for post-program check-ins to facilitate men's help-seeking. This is an area in need of further research.

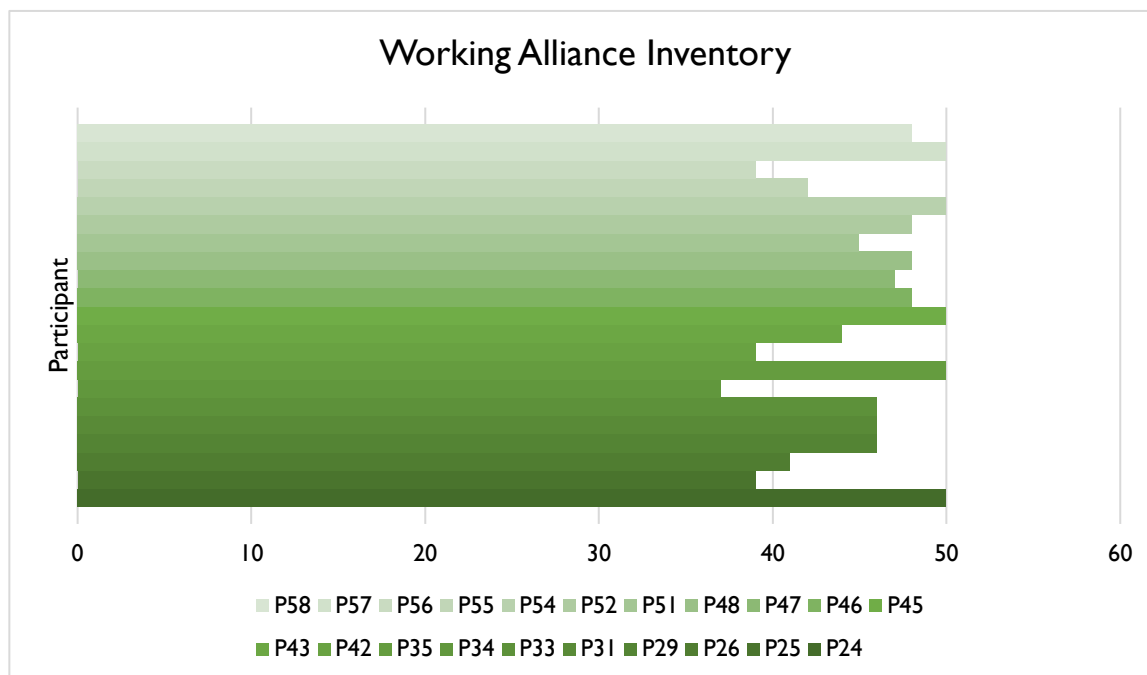
Of the program participants who completed the exit survey, 29 participants responded to a question about what supports they would seek following the program's completion. The vast majority (n=24) identified that they had completed their behaviour change work, while one participant identified that they planned to enrol in an MBCP. Another participant identified that they had already enrolled in an MBCP, and two participants identified that they planned to complete the MfC program again. This data points to a trend whereby, for the majority of participants involved in the MfC program, this may be the end of their support journey and engagement with men's services and/or the family violence system. Given the substantial amount of work that remains for program participants at the point of program completion, the limited plans for further service engagement are a concern.

Workforce Opportunities and Challenges

Working Alliance Inventory

The Working Alliance Inventory (WAI) seeks to provide insights into the working relationship between program participants and facilitators. For this review, this scale was only included in the exit survey. Higher scores indicate stronger feelings of working alliance among program participants (minimum 15, maximum 60). Among the exit sample, scores ranged from 37 to 50, with a mean of 45.38 (n=21), as shown below in Figure 10.

Figure 10: Working Alliance Inventory (n=21)



Acknowledging Workforce Challenges

As well as recognising the importance of the program’s unique offering, practitioners involved in this review also described the unique practitioner roles within the program which require workers to speak at least one of the languages that the program is being delivered in, and hold specialist expertise in working with men and/or family violence. The breadth of skills required and challenge of undertaking this work are well-captured in the reflections provided by one practitioner:

There is an assumption within mainstream services that just because we provide services in language somehow, you’re colluding or providing a lesser service. It’s not. I can tell you that we have to work twice as hard to actually get across the point and I think that – that recognition needs to be there, that this work does – it’s grinding leaving full work and there isn’t enough people doing it so there needs to be more support for encouraging people to come into this space and workforce. (Practitioner 7)

As Practitioner 7 recognised, there was a shared view that there are not enough practitioners working in this space who can deliver bilingual and bicultural programs, and there is a need to cultivate a larger workforce within these skills. Since the Victorian RCFV (2016), the challenges of industry planning and skills have been well-documented, particularly in relation to the rapid expansion of perpetrator interventions (see, inter alia,

EACPI, 2018). Adding to this recognition of the need for a larger workforce that can deliver bilingual and bicultural programs, practitioners also noted the breadth of duties and time required as part of the role which often involves out-of-work-hour commitments. As one practitioner explained:

Well, we do try and be flexible and I think that's one of the really key things about the program is it is not in general working hours. So, it's after work and on a Saturday. In terms of how we as case managers work, we have been very flexible with them. If the guy's a truck driver and he can't, we'll do it in their lunch break or we'll do it on Zoom, or we'll meet early in the morning. I've done a session at seven in the morning. We are working with them as much as possible. We can't make them suit everybody at every time and this is a really important group for them to be a part of to reconcile with their families. They have to prioritise it as well. (Practitioner 5)

In addition to recognising the specificity and requirements of the role, practitioners also described throughout the review the workforce challenges associated with short-term contracts and under resourcing of this work. Limitations related to worker retention were also raised during the review, with, for example, the Tamil group ceasing to run during the course of this review. Several interviewed practitioners described filling in for various program roles at different times to ensure the continuity of the program's delivery.



Discussion and Recommendations

It is now well-accepted that a suite of perpetrator interventions is a necessary component of a whole-of-system response to family violence. Building evidence points to the need to develop inLanguage, inCulture perpetrator intervention programs to address the specialised needs of diverse communities, especially as the lack of linguistically and culturally tailored programs have negatively impacted on the access, recruitment, retention and engagement of culturally and linguistically diverse perpetrators. To date, there have also been little, if any, evaluations of the operations and effectiveness of programs that are delivered both in languages other than English and designed to meet the specific cultural needs/contexts of perpetrators.

A central outcome of this review is the need to recognise the diversity of multilingual and multicultural programs. The focus of this review is the MfC program, and, in particular, manifestations of the MfC program developed and delivered to South Asian and Afghan cohorts. While there may be some similarities in the challenges faced by other culturally diverse programs, homogenous representations of culturally diverse work can be problematic and counterproductive, especially as each program is tailored to the specificities and needs of each program cohort. The nuances of this work and the challenges faced by practitioners are highlighted through the parallel consideration of the South Asian and Afghan groups. It is worth noting, however, that even these groupings suggest a linguistic and cultural homogenisation that misrepresent the diversity within these cohorts, as described by practitioners in this review.

The MfC program plays a key role in ensuring service availability to culturally and linguistically diverse clients who may be assessed as not suitable for other programs due to program limitations (predominantly delivery in English only). Consequently, in many ways MfC operates as an MBCP. That is, while MfC was intended as an early intervention with anticipated referrals from internal victim-survivor services and community, in practice MfC receives most referrals from courts, police and child protection. As a result, MfC, while not an MBCP, is treated by referring agencies as a substitute for a MBCP. Further, due to the paucity of existing MBCP offerings for these clients post-program participation, men are often unable to complete a standard MBCP (due to ineligibility related predominantly to language limitations of programs), further entrenching the place of the MfC program as a substitute rather than a precursor to MBCP attendance. Yet the MfC program is only a 15-week program and has not been developed to meet all requirements of the Victorian Minimum Standards for MBCPs (FSV, 2018).

As this review has highlighted, the current 15-week model is limiting. While the length of the program was raised as a challenge by all practitioners, this was emphasised among practitioners working with the Afghan groups. The review findings highlight not only the need to allow greater time to work with clients (beyond the current 15-week format), but also the need for flexibility in program design and delivery, recognising that not all groups begin at the same *starting point* and some groups may require additional time and tailoring.

Since, in practice, MfC has operated as an alternative to MBCPs, there is scope for MfC to be expanded to a 20-week program to align with the Victorian minimum standards. Further consideration could be given to flexibility in weeks to allow programs to add additional time as required. This may be particularly valuable as practitioners reflected on staying back in certain weeks where they found there was insufficient time. The additional weeks would allow more time to work with clients and would begin to address limitations associated with the current 15-week model. Critically, it should be recognised that simply changing from a 15-week to 20-week model without additional funding may result in other restrictions – for example, being able to deliver fewer groups. Any changes to program length should be supported by appropriate increases in funding.

This review also highlights the varying starting points at which men individually, and groups collectively, begin their behaviour-change journey. For example, the review highlights the significant breadth of understanding of DFV with which men enter the program. The substantial amount of additional work that may be required to build a base level of understanding, motivation and readiness to engage further reiterates the limitations of the 15-week model. Further, this speaks to the value of the extensive individual case management that is required to unpack and consolidate learnings from group, as well as to provide additional supports. Individual case management operates in tandem with group work, and investing in the provision of individual support has the potential to enhance engagement in group components. This is an area in need of further research. This review highlights the significant amount of work undertaken by case managers with some clients to address their support needs. This practice also illustrates limitations of wider services, that necessitate this additional support.

This review raised important questions about the steps that are put in place to best ensure the safety of practitioners involved in the delivery of MBCPs and mitigate risks to personal safety. Relatively little attention has been paid to the safety of MBCP practitioners in prior research, with this review pointing to the need for further consideration of this aspect of program delivery. Practitioner safety is an important consideration across the perpetrator intervention space but, as highlighted by this review, is amplified in the context of small communities where identifiability and backlash are intensified.

While the available data for this review is limited, the findings also illustrate ongoing use of violence, minimisation and denial by some program participants. This is common in perpetrator interventions, and while not unique to the MfC program, it does highlight that such programs represent the beginning of a perpetrator's behaviour change journey and should not be treated as an endpoint.

The MfC program represents one – among very few – readily identifiable bilingual, bicultural programs for men who use family violence in Australia. There is a need for greater investment in the workforce required to consistently service all components of this program for a diverse range of communities. Likewise, consideration should be given to funding the expansion of the program into an MBCP, which meets the Victorian minimum standards. Within the rapidly growing constellation of perpetration interventions in Victoria, it serves a unique and important role.



Review Recommendations

Based on the findings outlined throughout this report, this review makes the following five recommendations:

1. **Expand the Motivation for Change program**

Findings from this review illustrate the limitations of the current 15-week model. Consideration should be given by inTouch to expand the program to a 20-week model and adapt the program to cater to additional languages and cultures. Expanding the programs length and offering will have resource implications. The Victorian Government should, therefore, consider further funding to allow the program to be delivered across 20 weeks, while also considering allowing for greater flexibility so programs can be tailored to the needs of individual groups.

2. **Develop an inLanguage, inCulture MBCP**

The MfC program is operating, and receiving referrals, like a MBCP, given there is no inLanguage, inCulture full program option developed and presently operating in Victoria. It is recommended that the Victorian Government fund the development and delivery of an inLanguage, InCulture MBCP.

3. **Expand funding for inCulture and inLanguage early intervention programs**

Due to the predominance of referrals from courts, police and child protection, the MfC program has operated largely as a substitute to an MBCP. The MfC program was not intended to operate as a substitute to MBCPs. While there is a clear need for inCulture, inLanguage MBCPs, it is also recommended that the Victorian Government consider funding additional MfC programs that align with the initial vision for this program – to work with perpetrators as a *true* early intervention. Funding specific inLanguage, inCulture programs will allow the Motivation for Change program to return to this original objective and reach people who use violence with a lower risk profile.

4. **Further funding of individual case management**

The review highlights the work undertaken by individual case managers to unpack learnings from group sessions and to facilitate additional supports. While case management is common in behaviour change work with perpetrators, the inTouch case managers appear to be providing additional support – often addressing limitations in wider service accessibility – through, for example, contacting services, assisting clients to fill out forms and acting as interpreters. This is a critical component of work for this program to operate effectively, and funding is required to support the delivery of these additional case management supports.

5. **Workforce investment**

The Victorian Government should invest in workforce development. While this is necessary across the perpetrator intervention system more broadly, there is a particular need to support and upskill practitioners to deliver a range of inCulture, inLanguage programs for people who use violence. Recognising the unique expertise required to undertake this work is essential.

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