

Men Choosing Change Evaluation: Longer term program outcomes

| STAGE THREE REPORT |

February 2022

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Foreword

UnitingCare has been a provider of *Men Choosing Change* – a men’s behaviour change program – in Queensland for over 12 years. Through the commitment of our experienced and passionate staff, we have long believed that we were contributing to the safety of women and children by supporting men to challenge their thinking and deepen their accountability for their actions.

In 2018, we embarked on a journey to test this belief and hold ourselves accountable for our work. Driven by our organisational value of *Leading Through Learning*, we identified the following aims: evaluate the effectiveness of *Men Choosing Change*; identify areas for practice improvement; and, contribute knowledge about what works in an Australian context to the existing (minimal) evidence base.

On this basis, we initiated a research consultancy with the Queensland Centre for Domestic & Family Violence Research (QCDFVR) at CQUniversity. This report presents the results of the longitudinal outcomes evaluation component, which aimed to test the sustainability of any changes achieved through our program.

What we’ve confirmed is that working with men who use violence is complex and difficult. Our evaluation showed that change had become embedded for some men, but for others, long-term desistance from violence had remained challenging. The stories shared by partners and ex-partners show that our program had the best impact when men were able to access individual support to supplement the group program.

We hope that future innovations, such as our *Men Sustaining Change* program (currently being piloted), will enable more men to access ongoing flexible support and build prosocial networks to help deepen their change journeys. We also note that the Advocate role is critical to enhancing safety and recovery, and that expanding support for women and children within the scope of *Men Choosing Change* is an essential area for future development.

Our results suggest that programs like ours need to be situated within a broader system of accountability and support to have the greatest impact. This aligns with the findings of other recent Australian and international studies. Domestic and family violence is a community problem and we need system-wide solutions, that include effective, integrated and responsive men’s behaviour change programs, to have our best chance at creating safety and saving lives.

I would like to thank Dr Sue Carswell and Professor Annabel Taylor at QCDFVR, who have walked alongside us in partnership for the last four years, and our committed staff and stakeholders who shared their expertise

throughout. Above all, I must acknowledge our clients – the men and women who shared their feedback and experiences over the course of the evaluation. Thank you for trusting that your stories can make a difference.



Brent McCracken

Group Executive, Family and Disability Services

Executive Summary

This report presents the findings for the final stage of the evaluation of *Men Choosing Change*, a Men's Behaviour Change Program (MBCP) delivered by UnitingCare. The focus is on longer-term outcomes for the men who participated in *Men Choosing Change* during 2019 and their partners/ex-partners and children. The findings have been contextualised with our findings from the Stage 2 *Men Choosing Change* evaluation (Taylor, Carswell, Cheyne, Honorato, Lowik, 2020) and recent studies of other MBCPs. We also reflect on the implications of these findings for UnitingCare to develop their practice approach within *Men Choosing Change*.

Longer-term outcome findings for men's behaviour

The findings from interviews with 10 former *Men Choosing Change* participants and 14 partners/ex-partners provide mixed evidence regarding the contribution of the program towards longer-term outcomes 6-20 months post-program (note while some couples/ex-couples were included, this information was not triangulated due to the risk of identification from a small sample).

The feedback from partners and ex-partners shows the variability of their experiences of men's behaviour change over a longer timeframe. Some women identified that the program had contributed towards very positive changes for men, while others identified some change to no changes at all.

Women who were original or new partners (and one ex-partner) reported positively about the program and the man's progress and said they and their children felt 'very safe'. However, most ex-partners still felt 'somewhat unsafe' or 'very unsafe'. Their feedback varied about the contribution of the program towards any changes they

observed. They also attributed men's behaviour changes to other factors such as reporting breaches of a Domestic Violence Order (DVO) which had reached a level that if the man breached again this could result in prison and the involvement of child safety services. In a few cases, women reported that men used what they had learnt in the program against them, which has been noted elsewhere as a risk (Chung, Anderson, Green, & Vlasis, 2020a).

The men's self-reported findings were more positive about the extent to which they had changed and the extent that the program had enabled them to do this. They provided many examples of program content and strategies they utilised. Several of the men interviewed appeared to be minimising their need to change, although even these men acknowledged that they had learnt things from the program that they still practised in their daily lives, such as managing their anger and improving their communication skills.

Our findings are similar to the most comprehensive study of longer-term outcomes for MBCPs in Australia conducted by Brown, Flynn, Fernandez-Arias & Clavijo (2016).

Men's journey of change

Many of the men in our study saw themselves on a journey of change (Brown et al., 2016, p.69; Paulin, Mossman, Wehipeihana, Carswell, Kaiwai, Lennan, 2018) and *Men Choosing Change* had provided them with a good starting point. A few men said that the program reinforced the path they were already on.

Motivation and engagement in the program are a fundamental starting point. Our interviews with many of the men and partners/ex-partners confirmed that the pathways to *Men Choosing Change* were externally motivated for most men, whether mandated or non-mandated (O'Leary and Young's 2020). They attended the program for various reasons such as hopes of reconciling with a partner and/or 'lifting' or reducing the conditions of a DVO. Where children were involved, men were motivated to attend the program to gain access to their children.

What is evident is that when most men enter an MBCP, including *Men Choosing Change*, they are externally motivated and it takes time to internalise these motivations and accept responsibility for behaviour. The mixed findings of our longer-term study show that men were at various stages of this journey.

Our findings indicate that *Men Choosing Change* can act as a catalyst to change when men find content relevant to their situation and this is reinforced by other men in the group where they were able to practice new strategies and gain confidence and normalise changes. Indeed, many men interviewed for Stage 3 were very positive about the groups they attended and benefited in important ways from the group process, which some found inspiring, affirming and a safe space to open up and learn.

This incremental process of change aligns with the findings from Kelly and Westmarland's Project Mirabal study which found that men's change "requires layers of new understandings, reflection and translation into behaviour" (Kelly and Westmarland, 2015, p.34).

What supported sustained positive changes in men's behaviour

Some men had sought additional support since attending the program which they found beneficial. About half the men had accessed counselling or help for mental health issues. The issue of perpetrators' mental health, and particularly the influence of their own early exposure to domestic and family violence (DFV), has been described as contributing to men's depression and anxiety (Taylor, MacManus & Howard, 2021). Other studies have shown the link between some men's own experience of childhood abuse and their likelihood of becoming DFV perpetrators (Murrell, Christoff & Henning, 2007). This has implications for ongoing support for men in regard to their own recovery as well as changes in their behaviour over the longer term.

All the men indicated that they would seek support if they needed it, however, some of the men felt that they were not always sure what types of supports to access and some suggested that there needed to be more services for men generally.

Some of the men talked about the support they received from their family, friends and work colleagues. The development of pro-social networks that are non-violent is important for normalising and supporting long-term changes (Vlais, 2014).

The findings suggest that MBCPs are only part of the solution, and they need to be situated within a broader system response that includes a range of services as well as community support.

Supporting the safety and supports for women and children

Our findings support strengthening the *Men Choosing Change* DFV Advocate role to increase the ability of the program to monitor risk and provide women and children with supports to improve their safety and recovery.

It has been acknowledged that in order for MBCPs to maintain safety and wellbeing of women and children, programs need to provide simultaneous support to MBCP partners/ex-partners and their children (Chung et al. 2020; Vall, Sala-Bubare, Hester & Pauncz, 2021).

Our interviews with partners/ex-partners during Stages 2 and 3 of the evaluation found that most women (12 out of 19) were contacted by a *Men Choosing Change* DFV Advocate. Seven of the women contacted by the DFV Advocate found this 'helpful', 'very helpful' or 'extremely helpful' in terms of information, safety planning, support and referrals,

and the Advocate informing them about how their partner/ex-partner was progressing in the program.

Five women found the contact a 'little helpful' or 'not helpful at all' due to a variety of reasons relating to relevance of information, accessibility to contact the Advocate, and lack of promised follow-up. Where women did not find the DFV Advocate to be helpful, this likely reflects the under-resourcing of this role that Chung and colleagues (2020a) identified in their nation-wide review.

For some of the women we interviewed, the contact from the *Men Choosing Change* DFV Advocate was the first time they had connected with a DFV service. This supports other research about the MBCP partner contact being an important pathway for women to access DFV services and supports (Chung et al. 2020a). However, there appears to be some misalignment in the MBCP service model nationally between the primary objective of women and children's safety and providing enough funding to the DFV Advocate role to provide an important opportunity for women and children to access support while the man is attending an MBCP.

In regard to supporting women's longer-term recovery from their experiences of DFV, we identified noted gaps in finding suitable supports as most DFV services focus on crisis responses. This gap in service delivery was identified by the Queensland Government's Special Taskforce on Domestic and Family Violence (the Taskforce, 2015). In 2019, the Queensland Government began funding organisations to provide Women's Health and Wellbeing Support Services (WHWSS) to provide recovery services for survivors of gender-

based violence. An evaluation of WHWSS across 10 sites in Queensland found extremely high demand from women to access WHWSS, which confirmed the need for this type of longer-term recovery service response (Carswell & McDermott, 2020).

Supporting safety and wellbeing of children

Our findings clearly suggest that there are opportunities to increase children's safety and wellbeing through more child-focused content in *Men Choosing Change*, and the role of the DFV Advocate to assess children's risks and needs and refer to appropriate services. There would be potential in longer term program support for men who have exited *Men Choosing Change* to continue to attend parenting programs.

Our interviews with the men 6 to 18 months post-program indicated that many maintained some form of contact with their children. Child custody issues were raised frequently by those we interviewed (men and women). There may be opportunities for UnitingCare to strengthen relationships with a collaborative focus on children and other services such as Child Safety and the Family Court, particularly at sites that do not have a funded integrated response in place.

Some of the women we interviewed struggled to find available counselling for their children and there appeared to be few specialised supports available for children in some areas. Studies on the recovery of children who experience DFV have emphasised the importance of having program providers and counsellors who have a good understanding of the effects of DFV on children (Taylor & Taylor, 2018).

Conceptualising Men Choosing Change as part of a system to address domestic and family violence

It is important to have realistic expectations of what an MBCP can achieve (ANROWS 2020c) and the findings make clear that this type of intervention should be part of a broader system of interventions and supports for men, women and children. Brown and colleagues (2016, p.iii) found that while the MBCP's enable "the men to make changes, the programs were not a silver bullet that stopped all men from being violent or stopped all the violence of the men who made changes. Rather, programs are one of the tools available to directly address male violence to their intimate partner and, for some men, to other family members, including their children."

Integrated response systems endeavour to improve coordination and collaboration between agencies, including MBCP providers, DFV services and government agencies to improve accountability of offenders and enhance safety of women and children. Our process evaluation during Stage 2 found that close working relationships with external agencies and high levels of cooperation were particularly noticeable at those sites where Queensland Government-funded Integrated Response trials had been introduced (Taylor et al. 2020).

Through *Men Choosing Change*, UnitingCare is seeking to strengthen its relationships with a variety of stakeholders to improve the *Men Choosing Change* responses to women, children and diverse groups.

Considerations for continuous improvement of UnitingCare MBCPs

UnitingCare committed to a knowledge translation process of the Stage 2 findings in a series of three workshops with staff and managers during 2021. In a high-risk area such as domestic and family violence, especially where knowledge is increasing, it is essential to identify more effective ways of implementing research findings into practice and policy. We provide an overview of the knowledge translation process and examples of changes to policy and practice as a result of UnitingCare reflecting on the evaluation findings.

For example, the need for a follow-up post program had been recognised for some time, and UnitingCare used the Stage 2 evaluation findings to strengthen a case for internally funding a pilot, *Men Sustaining Change*. This provides a co-facilitated peer group program for men who voluntarily attend after completing *Men Choosing Change*. UnitingCare commenced a two-year pilot of *Men Sustaining Change* in July 2021.

The Stage 3 findings further support the areas for continuous improvement identified in stage 2 along with additional areas of focus emerging from the long-term outcomes. In summary, areas for UnitingCare to consider are:

Strengthening role of DFV advocate to enhance women and children's safety and recovery

Increasing the capacity of the DFV Advocate role to enable more contact with women, including those deemed low risk. This would provide more women and children with a pathway to supports and referrals to improve their safety and recovery.

Enhancing *Men Choosing Change* and integrating complementary services to better tailor intervention

The knowledge translation process identified ways to better tailor supports for men before, during and follow-up after *Men Choosing Change*. Stage 3 findings verify the importance of this more flexible and individualised approach complementing the group program. For example, the ability for more individual sessions would likely be beneficial for many *Men Choosing Change* participants.

Our findings clearly suggest that there are opportunities to increase children's safety and wellbeing through more child-focused content in *Men Choosing Change*. There is potential in longer-term program support for men who have exited *Men Choosing Change* to access, or continue to attend, parenting programs.

Consider developing refresher sessions and resources men can easily access. This will likely align with the work being piloted in *Men Sustaining Change*. Men's suggestions for follow-up supports included:

- Online check-in sessions with facilitators
- Online follow-up support to provide rapid response to current issues where men required advice and support
- Refresher sessions.

Research regarding online delivery of MBCPs for regional and remote populations may hold some promise for longer-term connection between the men exiting a program and program providers.

Integrated responses and strengthening relationships with longer term recovery services

UnitingCare should continue building their relationships with a range of local services to be able to refer men, women, and children onto appropriate services. An important consideration is referring to services and independent practitioners, such as counsellors, who understand the dynamics of DFV.

It is particularly important to strengthen relationships with a collaborative focus on children and other services such as Child Safety and the Family Court.

A limitation of this evaluation is that we had few participants from Aboriginal and Torres Strait Islander, CALD communities, people living with disabilities or members of the LGBTQI community. Strengthening relationships and partnerships with a range of services that specialise in working with diverse communities is vital to ensure people feel welcomed in a program like *Men Choosing Change* and have opportunities to be referred to for individualised supports if required.

Local service mapping and identification of current relationships (formal and informal) that UnitingCare holds may be beneficial to identify gaps and where efforts to strengthen referral pathways are required.

Acknowledgements

This report focuses on the longer-term outcomes for *Men Choosing Change* participants and partners/ex-partners and their children. We would like to sincerely thank the partners and ex-partners who took part in interviews, your feedback is vital for understanding the extent to which this program contributes towards men's behaviour change over time. Your interviews also provided valuable insights about the ways that Men's Behaviour Change Programs (MBCPs) can support the safety of women and children and contribute towards recovery from domestic and family violence (DFV).

We sincerely thank the *Men Choosing Change* participants who participated in the evaluation through surveys and interviews for providing feedback about the program and sharing how it has helped you to make changes in your life. Your reflections on how to continue to make positive behavioural changes provided important insights for UnitingCare MBCP service development and the importance of having longer-term supports in place.

We gratefully acknowledge UnitingCare Family & Disability Services, in particular, Donna Shkalla, General Manager Practice Improvement and Development, and Dr Chez Leggatt-Cook, Principal Advisor, Research & Evaluation who supported this

evaluation over the last four years. A special thank you to Dr Leggatt-Cook, we have really appreciated your dedication to facilitating this evaluation within UnitingCare and enabling a truly collaborative endeavour. This has led to co-design and knowledge exchange throughout the evaluation with UnitingCare managers and *Men Choosing Change* facilitators and DFV Advocates.

The team would also like to thank the *Men Choosing Change* facilitators and DFV Advocates, and the key stakeholders at each program delivery site for their participation and sharing their practice wisdom. We gratefully acknowledge the effort of facilitators to recruit program participants to take part in this

evaluation. Thank you to Anna Gillbard from UnitingCare, who worked tirelessly to assist with recruitment of partners/ex-partners and has made the data collection possible for this final stage of the evaluation.

The team would like to acknowledge the support of Dr Heather Lovatt, the Director of the Queensland Centre for Domestic and Family Violence Research, for her strategic support throughout the project.

Evaluation Team

Dr Sue Carswell and
Professor Annabel Taylor

Acknowledgement of Country

We acknowledge the Traditional Owners of the lands on which we live and work, and recognise that these lands have always been places of learning. We pay respect to their Elders—past, present and emerging—and acknowledge the important role Aboriginal and Torres Strait Islander people continue to play in responding to domestic and family violence.

About the Queensland Centre for Domestic and Family Violence Research

The Queensland Centre for Domestic and Family Violence Research (QCDFVR) contributes to the prevention of domestic and family violence by informing, promoting and supporting the actions of individuals, communities, services and governments through research, evaluation and knowledge creation, sector support, and education and training.

Hosted by Central Queensland University, the Centre's research function is to initiate, undertake and collaborate on innovative and interdisciplinary research and publications to reduce deficits in domestic and family violence knowledge and literature. QCDFVR is also committed to undertaking applied research and evaluation that supports the development of policy and practice in the field

of domestic and family violence (DFV) prevention.

We are a Zero Tolerance organisation and committed to preventing men's violence against women and children. Our vision is: *to influence policy and practice in domestic and family violence prevention through knowledge creation from research; knowledge translation into resources; and*

knowledge exchange through education and training, in the gendered violence field.

QCDFVR has a strong commitment to Aboriginal and Torres Strait Islanders through building capacity of Indigenous researchers, Indigenous DFV sector workforce and working closely with Indigenous owners.



OUR FOCUS



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1 INTRODUCTION

1.1 Purpose

As one of the largest providers of Men’s Behaviour Change Programs (MBCPs) in Queensland, UnitingCare has acknowledged its responsibility to contribute to evidence-building. In 2018, UnitingCare initiated a longitudinal evaluation of their MBCP, *Men Choosing Change*, and commissioned an evaluation from the Queensland Centre for Domestic and Family Violence Research (QCDFVR), CQUniversity.

The evaluation has been conducted in three stages, and this is the final report which examines the longer-term outcomes for the men who participated in *Men Choosing Change* during 2019 and their partners/ex-partners and children. This report builds on the findings identified in Stage 2 of the evaluation which examined early outcomes for men, women, and children at the time men completed *Men Choosing Change* (Taylor, Carswell, Cheyne, Honorato & Lowik, 2020). Stage 2 of the evaluation also examined the implementation of the program from the perspective of UnitingCare staff and managers and external key stakeholders to identify strengths and areas to develop and improve.

MBCPs are well established in Australia and are an important violence prevention activity, alongside broader prevention and service responses to DFV. “MBCPs primarily aim to achieve a change

in perpetrators’ violent behaviour. Other aims include enhancing women and children’s safety, and monitoring participants’ use of violence and the risks they present to their (ex-)partners and/or children” (ANROWS, 2019, p.1).

Longitudinal evaluations of MBCPs follow the same cohort of participants over an extended period of time (Brown, Flynn, Fernandez-Arias & Clavijo, 2016; Kelly & Westmarland, 2015; Mackay, Gibson, Lam and Beecham, 2015). This type of evaluation enables researchers to document changes in participants’ behaviours and attitudes that are associated with the impact of time, context and/or exposure to certain program interventions (Bamattre, Schowengerdt, Nikoi & DeJaeghere, 2019; Lloyd, Calnan, Cameron, Seymour, Smith, & White, 2017; Morrow & Crivello, 2015; Thomson & McLeod, 2015). Longitudinal evaluations of MBCPs can also provide evidenced-based elements of best practice for

the ongoing development and implementation of programs, ensuring the optimal use of resources in a fiscally constrained environment (Day, Vlasis, Chung, Green, 2019; URBIS, 2013).

The longer evaluation period associated with this research design allows for the factoring in of multiple data collection and/or analysis stages (Bamattre et al., 2019). These multiple stages of follow-up can reveal patterns that are less likely to be identified when research is conducted over a shorter period of time (Elliot, Holland & Thomson, 2008). The follow-up stages also provide researchers with opportunities to revise and refine data collection methods, safeguarding the ongoing collection of quality data to determine program effectiveness (Bamattre et al., 2019).

1.2 The UnitingCare MBCP models at the time of the evaluation

The men who participated in this evaluation attended a UnitingCare MBCP during 2019. UnitingCare had for some time implemented *Men Choosing Change* at Moreton Bay (Caboolture and Redcliffe), Sunshine Coast (Maroochydore and Gympie), Fraser Coast (Hervey Bay and Maryborough), Mackay and Ipswich (the program was originally called *Men Stopping Violence* at the Ipswich site).

These programs were guided by a common service manual—*Men’s Domestic Violence Intervention Programs (DVIP) Service Manual: June, 2018*—which provided the broad outline of the common purpose and underpinning practice goals and principles of the two programs. Key principles outlined in the service manual included a focus on the MBCPs as part of a wider service system, a focus on safety (and safety planning), and a list of preclusions such as not providing couples counselling or focussing solely on anger management and avoiding leisure or recreational activities. Risk assessment was an expectation for all clients, as was case management in terms of providing advice and referrals as appropriate. Linking closely with child protection services, as appropriate, was stated as a priority as was compliance with the Domestic and family violence support services 2018-20: Practice standards and guidance¹ (formerly the *Queensland Practice Standards for Working with Women Affected by Domestic and Family Violence and Working with Men who perpetrate Domestic and Family Violence*).

Men were assessed for program suitability in initial individual interviews where program staff focused on the potential for behaviour change and group work suitability. The program was designed to comprise of 16 x two-hour group sessions and to be ‘rolling’, in that men were able

to enter at any point during the year. Sessions were usually held in the evenings; although, some sites also offered daytime options. Staff were recruited mainly from the psychology, counselling and social work professions.

The following list outlines the mix of professional frameworks expected to guide the weekly *Men Choosing Change* group sessions:

- Person-centred Care
- Strengths-based Practice
- Trauma-informed Practice
- Systemic Family Therapy
- Motivational Interviewing
- The Duluth Model
- The Safe and Together Model
- Narrative Therapy
- Cognitive Behaviour Therapy.

In addition to these frameworks, *Men Choosing Change* was informed by theoretical insights from neuro-psychotherapy, notably “how the brain works during the process of change and the unhelpful patterns of behaviour that get in the way of change” (*Men Choosing Change Facilitator Manual* 2016, p.15). *Men Choosing Change* group sessions included a discussion of neuroplasticity to encourage the development of new attitudes and behaviours. In addition, mindfulness breathing was practised at the close of each group session to “provide participants with skills to reduce stress, rise above self-limiting beliefs, improve focus, develop self-awareness, facilitate calmness

and handle difficult emotions” (*Men Choosing Change Facilitator Manual* 2016, p.15).

Men Choosing Change outlined broad expectations of how each session would be conducted, including ‘check-ins’ with the men, challenging negative and disrespectful attitudes, and modelling strategies for individual change. The group process intended to focus on denial, minimisation and blame in relation to abusive attitudes and behaviours, and how to develop the skills for maintaining respectful relationships. Facilitators had the scope to determine the specifics of engagement activity and how to deliver the broad program content in line with adult learning approaches, at the same time as adhering to the designated sequence of program content.

Running parallel to the programs provided for the men was the expectation of support for their partners/ex-partners and children. Domestic and Family Violence Women’s Advocates (DFV Advocates) were required to be appointed to each site delivering a MBCP and to establish contact with the partners and families of the men and to work closely with the facilitators to ensure their safety and wellbeing.

1 https://www.publications.qld.gov.au/dataset/service-providers-resources-for-violence-prevention/resource/01f21ddd-85ba-4923-9975-4f32b89d9bbb?truncate=30&inner_span=True

1.3 Early outcome findings from Stage 2 of the evaluation

Early outcomes in relation to men

Our findings indicated that *Men Choosing Change* appeared to increase men's understanding of the impact of DFV, increase their self-awareness and skills to regulate their emotions, and improve their interpersonal communication skills. The combination of this learning appeared to contribute to a decrease in violent behaviour and to improve men's respectfulness. Changes appeared to be more noticeable during the program and in the weeks and months immediately following the program. However, some partners

and ex-partners reported that these changes were short-lived and that there needed to be a follow-up maintenance or support program to consolidate what the men had learnt.

Early outcomes in relation to partners and ex-partners

Partners and ex-partners reported a decrease in physical violence while the men attended the program, and half (n=5) the women reported that their sense of safety had increased which they attributed to *Men Choosing Change*. Some women reported that the men's aggression had increased after the program and

that legal measures such as the use of Domestic Violence Orders (DVOs) helped to keep them in check with the threat of prison. The majority of partners and ex-partners valued the support of the DFV Advocate in terms of undertaking risk assessment and increasing their safety with information, advice and referral. Ongoing contact was valued and helped the partners and ex-partners to cope with traumatic stress and to continue to take action to protect themselves and their children.

Full details of the Stage 2 evaluation findings can be found in Taylor et al. (2020).

1.4 Outline of this report

Chapter 2 provides an overview of the evaluation methodology used for the three phases of this evaluation.

Chapter 3 begins our examination of longer-term outcomes for participants of *Men Choosing Change* with an analysis of feedback from men who completed the program during 2019. The men were interviewed 6-18 months after they finished the program to explore the extent to which they found the program helpful and whether what they had learnt supported them to make any lasting changes in their lives. We wanted to understand the processes of change from men's perspectives and how this may have led to positive outcomes for their relationships with their partners/ex-partners and children.

Chapter 4 provides an analysis of interviews with 14 women who were partners or ex-partners of men who took part in the evaluation and attended *Men Choosing Change* during 2019. The women were

interviewed 6-20 months after the men completed the program to examine longer-term outcomes for them and their children. Women's accounts of their, and their children's, experiences before, during and after the program, provided evidence about the extent to which men had made behavioural changes and how this impacted their safety and longer-term wellbeing.

Chapter 5 draws together the findings from the experiences of the women and men interviewed to identify key themes about the influence of the program on men's behaviour change over time and other factors identified that enabled sustained changes. We have contextualised our findings with recent literature on MBCPs and the importance of a systems approach incorporating integrated responses with multiple strategies to ensure women and children's safety and recovery.

Chapter 6 reflects on the implications of the longer-

term findings for UnitingCare's development of their MBCPs. The Stage 2 early outcome and process evaluation findings informed a knowledge translation process during 2021, involving the evaluators and UnitingCare managers and staff to identify ways to improve policy and practice. We consider how the longer-term outcome findings can build on this process to inform further operational and workforce development initiatives. This includes new initiatives such as a *Men Sustaining Change* pilot program to provide follow-up support to men who complete *Men Choosing Change*.

Chapter 7 concludes this report with considerations for UnitingCare to continue to develop and improve their MBCP approach.

2 METHODS FOR LONGER-TERM OUTCOME EVALUATION

2.1 Evaluation design

The evaluation design included a scoping and initial co-design phase to develop an evaluation framework that would investigate early and longer-term outcomes for *Men Choosing Change* participants and their partners and ex-partners. To understand how the program was being implemented, what was working well and areas to develop, we conducted a process evaluation during the second stage of the evaluation. The evaluation objectives for the process and early outcome evaluation components of Stage 2 are as follows:

Process evaluation

1. To explore the experiences of UnitingCare *Men Choosing Change* participants to identify facilitators and barriers to their engagement and what they found as the most helpful aspects of the program.
2. To examine the organisational and contextual influences on program delivery such as workforce factors, site-specific differences and local service context.
3. To examine how *Men Choosing Change* manages and responds to risk, and to what extent sites participate in collaborative approaches such as integrated responses or community coordinated responses to DFV.

Early outcome evaluation

4. To determine what effect *Men Choosing Change* has on participants' empathy, attitudes and behaviours in the short term.

5. To investigate the difference that *Men Choosing Change* makes to partners/ex-partners and their children in relation to risk, safety and recovery in the short term.

The objectives of the Stage 3 longer-term outcome evaluation are:

Longer-term evaluation

6. To determine the contribution of *Men Choosing Change* towards participants' changes in empathy, attitudes and behaviours in the medium to longer-term post-program.
7. To investigate the difference that *Men Choosing Change* makes to partners/ex-partners and their children in relation to risk, safety and recovery in the medium to longer-term post-program.

Incorporation of partners/ex-partners experiences into design

Our design from the outset included incorporating interviews with partners and ex-partners which have been invaluable for obtaining a balanced view of the extent that *Men Choosing Change* contributed towards men's behavioural changes. Other authors have described the value of including the accounts of both men and their partners/ex-partners in studies of MBCPs to assess outcomes (Brown et. al. 2016; Kelly & Westmarland 2015; Vall, Sala-Bubare, Hester & Pauncz, 2021). Indeed, this aligns with the fundamental intention of the MBCP design to include DFV Advocates to connect with partners and ex-partners and work with Facilitators to manage risk, enhance safety and monitor progress.

Figure 1: Overview of design and methods for the Evaluation of *Men Choosing Change*



2.2 Evaluation sample of *Men Choosing Change* participants and their partners/ex-partners

A total of 52 individuals, 33 *Men Choosing Change* participants and 19 partners/ex-partners, contributed towards Stage 2 and Stage 3 of the evaluation.

Table 1: Summary of sample interviewed at different stages

Sample group	Sample pre-program	At completion of <i>Men Choosing Change</i>	6-20 months post-program
<i>Men Choosing Change</i> participants	15	30 (15 original participants plus 15 Group 2 participants)	10 (includes 5 of the Group 1 participants)
Partners/ex-partners	Due to safety reasons women were not interviewed pre-program	10	14 (includes 5 of the original participants)

Recruitment strategy and sample groups

Men who participated in *Men Choosing Change* during 2019 were invited by UnitingCare to take part in the evaluation (see recruitment methods for Groups 1, 2 and 3 below).

The partners or ex-partners of men who consented to take part from Groups 1, 2 and 3 were also invited by UnitingCare to take part in a confidential telephone interview.

To boost the small sample of Stage 2 evaluation participants (called Group 1), with the assistance of UnitingCare, we recruited two further groups of *Men Choosing Change* participants and their partners/ex-partners.

The original time series design was difficult to implement due to the attrition of program participants and the difficulties contacting people.

A *Men Choosing Change* participant had to consent to be part of the evaluation before his partner/ex-partner was invited to participate. Neither party was informed whether the other had been interviewed—this was particularly for the safety of the women. It was not a condition that both parties be interviewed to participate in this study as this would further limit the sample size. Rather than a matched sample that triangulated couples' and ex-couples' responses, data were aggregated and interviews were thematically analysed

to identify findings from *Men Choosing Change* participants and from partners/ex-partners.

Group 1 sample: Men who consented to take part in the evaluation prior to starting *Men Choosing Change* in 2019 and completed the pre- and post-program survey. Partners/ex-partners of these men were invited by UnitingCare to take part in a telephone interview with an evaluation team member after the man exited the program. The findings from Group 1 pre- and post-program soon after exit were analysed for the Stage 2 Report. A proportion of the Group 1 sample was able to be contacted and took part in interviews for Stage 3.

Figure 2: Group 1 interview sample with *Men Choosing Change* participants and partners/ex-partners

Stage 2 Early outcomes

15
Men Choosing Change participants
Completed pre- and post-program survey

10
partners/ex-partners
interviewed shortly after man finished program

Stage 3 longer-term outcomes

5
men interviewed
12-15 months post-program

5
women interviewed
6-20 months post-program

Group 2 sample

Men who completed the program during October to December 2019 were asked if they would like to take part in the evaluation when they completed the program, and this included completing a post-program survey. Partners/ex-partners of men who consented

were invited by UnitingCare to take part in a telephone interview with an evaluation team member after the men exited the program.

- **An additional 15 Men Choosing Change** participants completed the post-program survey as part of Group 2. Five of these men were able

to be contacted and took part in interviews 6-18 months post-program for the Stage 3 longer-term outcomes component.

- **4 Partners/ex-partners** of Group 2 *Men Choosing Change* participants were interviewed six months after the man completed the program.

Group 3 sample

All men who completed *Men Choosing Change* in 2019 who had not previously opted into the evaluation were contacted via email, letter or phone by a UnitingCare *Men Choosing Change* Facilitator to invite them to take part in the evaluation. This involved a phone interview with an evaluation team member approximately 12-20 months post-program. Partners/ex-partners of the men who consented were invited by UnitingCare to take part in a telephone interview with an evaluation team member.

- **5 Men Choosing Change participants** were interviewed 6-18 months post-program.
- **5 Partners/ex-partners** of Group 3 *Men Choosing Change* participants were interviewed 8-19 months after the man completed the program.

Recruitment challenges

The recruitment of the sample of women was challenging and required a considered and flexible approach to ensure safety and that they were well informed prior to consenting to take part. UnitingCare greatly assisted in this process, making the initial contact to gain permission for an evaluator to ring a potential participant and to inform them about the study prior to consent.

Five of the 14 women interviewed for Stage 3 were from the original cohort (Group 1). They were interviewed shortly after the man completed the program and then interviewed a second time one year later for the longer-term study. Additional cohorts of program participants and their partners/ex-partners were recruited to boost the sample size as discussed above.

Recruitment challenges are not uncommon in these types of studies (Kelly and Westmarland 2015; Brown et al. 2016). For example, both the Project Mirabal study and Brown and colleagues' Australian study had difficulty recruiting partners/ex-partners of the male cohort and ended up recruiting women of other male program participants. Their sample numbers were also small for partners/ex-partners which further demonstrates recruitment challenges and the difficulties of obtaining a representative sample (Brown et al. 2016).

2.3 Evaluation stages

This evaluation was conducted in three stages which are illustrated in Figure 3. Our evaluation approach throughout has been based on a collaboration with UnitingCare to co-design the evaluation and reflect together on the findings identified at each stage to inform the development of the next.

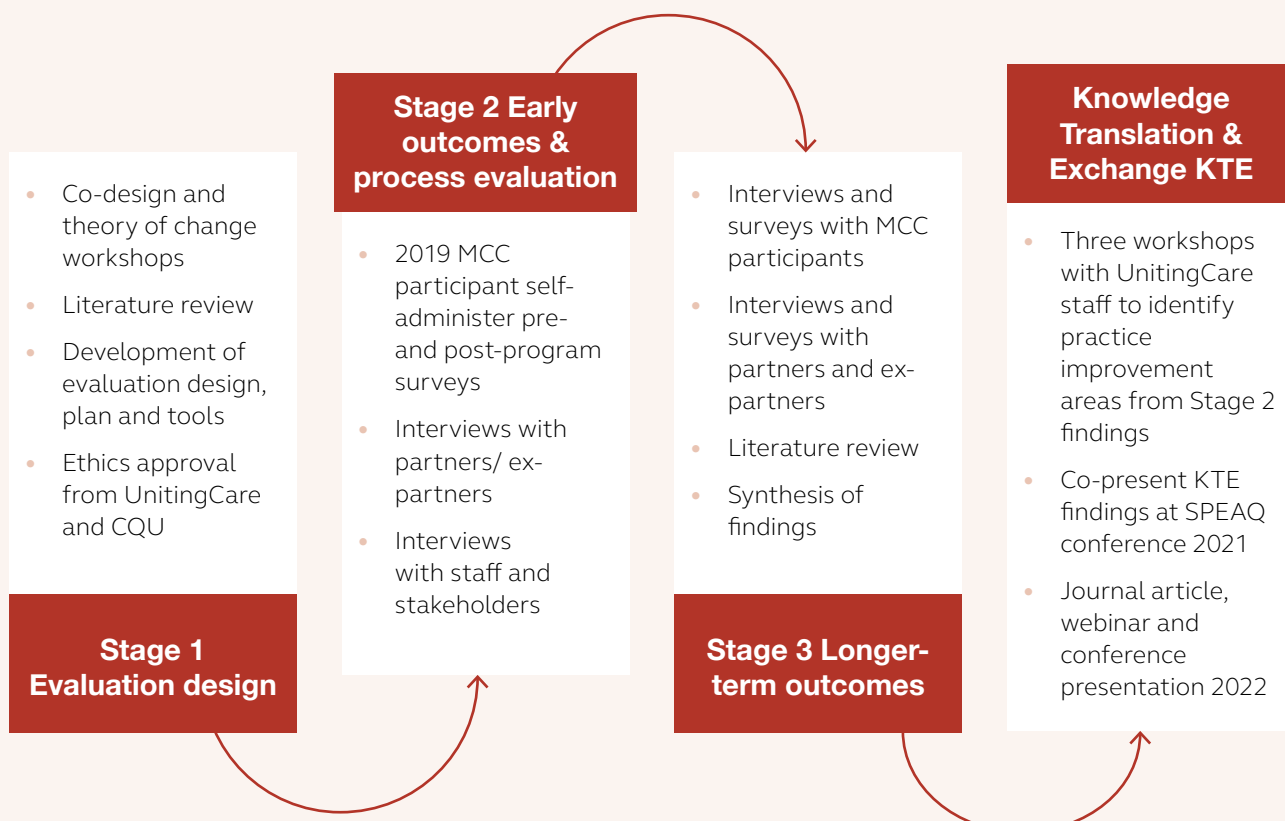
This approach not only ensures the evaluation is informed by the practice wisdom and experience of the staff and managers implementing the program, but it also encourages engagement with the evaluation findings which are more likely to have relevance and resonate with their work. This is important for utilisation of the evaluation findings to develop and improve the provision of this program.

As well as the co-design and consultation process, we have worked with UnitingCare to conduct a series of three knowledge translation workshops throughout 2021 with managers and staff to consider the findings from Stage 2 and identify solutions within the current resource base. This process is detailed in Chapter 6. UnitingCare is to be commended for their focus on utilising evaluation findings with the aim of

continuous improvement and the time and careful planning to undertake this process with their managers and staff.

Figure 3 provides an overview of the evaluation stages which are outlined in more detail below.

Figure 3: Overview of iterative stages for the Evaluation of *Men Choosing Change* and knowledge translation and exchange activities



Stage 1 Developing the evaluation design and methods

During Stage 1 of the evaluation, we developed an intervention logic and theory of change with UnitingCare managers and staff responsible for delivering *Men Choosing Change*. External key stakeholder agencies also participated in this co-design process which identified expected short-, medium- and longer-term outcomes and mechanisms that support change (theory of change). The following program-related factors were identified as enabling changes for *Men Choosing Change* participants including:

- Level of engagement with the program and motivation of the men to change attitudes and behaviours

- Increase in knowledge about DFV and its impact on partners and ex-partners and their children
- Potential increase in sense of empathy
- Changes in level of self-awareness and motivations for the men's behaviour towards others
- Development of new skills, tools, strategies and behaviours by the men to reduce violence against their partners and ex-partners
- The role of facilitator engagement, knowledge and skills in creating group dynamics where men are supported to make positive changes.

The following factors were identified to investigate the impact of *Men Choosing Change* on partners and ex-partners and their children and guided our development of interview guides:

- Changes the partners and ex-partners observed in the men's attitudes and behaviours while the men attended the program and immediately after
- Changes in the men's attitudes and behaviours towards their children
- Increased safety and reduction in risk for partners and ex-partners and their children
- How the DFV Advocate role assisted and supported the partners and ex-partners and their children.

Survey tools selected for Men Choosing Change participants and partners/ex-partners

Toronto Empathy Questionnaire used for Men Choosing Change participants

The rationale for applying the Toronto Empathy Questionnaire (TEQ) (Spreng, McKinnon, Mar & Levine, 2009), a well-established tool for measuring empathy, was based on the assumption that a key purpose of the MBCP is to increase respectful attitudes and behaviours towards victims/survivors, and to achieve this, men needed to be able to empathise with their partner/ex-partner and their children. To this end, the TEQ was adopted as one of the key measures of emotional and attitudinal change. A limitation of using the TEQ for this study is that it measures empathy towards all people rather than to partners or ex-partners specifically.

Victim Blaming-Intimate Partner Violence Against Women for Men Choosing Change participants

Martin-Fernandez, Garcia & Lila (2018) developed and tested a victim-blaming scale and found it to be reliable in measuring attitudes of DFV offenders. Victim Blaming-Intimate Partner Violence Against Women (VB-IPVAW) comprises a 12-item scale that we incorporated into pre- and post-program surveys and the longer-term interviews we conducted with men (Martin-Fernandez, Gracia & Lila, 2018).

Project Mirabal based tools used for Men Choosing Change participants and partners/ex-partners

Project Mirabal has a strong focus on the safety and wellbeing of partners/ex-partners and their children, and also on changes in attitudes and behaviour in relation to parenting (Kelly & Westmarland, 2015). We adapted a selection of scales based on

Project Mirabal tools for both *Men Choosing Change* participants and for partner/ex-partners:

- Respectful communication
- Shared parenting
- Safety of partner/ex-partner and children (Kelly & Westmarland, 2015).

In addition, for partners and ex-partners we used the following tools from Project Mirabal:

- Space for Action
- Physical and sexual violence
- Harassment and other abusive acts.

A literature review was conducted at Stage 1 to inform our design.

Stage 2 Process and early outcome evaluation

Stage 2 provided evidence about early outcomes for participants and their partners/ex-partners and children and confirmed that the elements identified in the theory of change were important for supporting men's engagement and positive behavioural changes.

To examine how *Men Choosing Change* was being implemented (process evaluation), we conducted interviews with program managers, *Men Choosing Change* Facilitators, external stakeholders and DFV Advocates.

A literature review was conducted to contextualise the findings from our process and early outcome evaluation.

Stage 3 Longer-term outcome evaluation

Stage 3 of the evaluation sought to understand the medium- to longer-term outcomes for men and their partners/ex-partners and children with in-depth interviews with 14 partners/ex-partners and 10 men who participated in *Men Choosing Change* in 2019. The follow-up period ranged from 6-20 months post-program.

Interviews were conducted by telephone and, where appropriate, the survey tools used during Stage 2 were also administered by the researcher at the end of the telephone interview.

The findings from the interviews with men and women have been presented in separate chapters in this report and then synthesised together with recent literature to contextualise the key findings. We examined how the findings from our interviews related to similar studies to identify common threads, new themes and implications for policy and practices for MBCPs. This included a focus on how MBCPs support the safety and needs of MBCP participants' partners/ex-partners and their children.

Stage 3 interview tool design

To assess longer-term outcomes for men in Stage 3, we chose to focus on more in-depth qualitative interviews to gain a deeper understanding of men's experiences and the enablers and challenges to behaviour change.

A consultation workshop was undertaken with UnitingCare *Men Choosing Change* staff and managers in October 2019 to inform the development of our interview guide to inquire about longer-term changes for men and also for their partners/ex-partners and children. Specific question areas included asking about men's longer-term behaviour change and what supported any positive changes. This included asking men about their constructs of masculinity and femininity and their understanding of DFV, including the more subtle versions of coercion and control. Other areas included whether men had changed how they perceived their role as a father and whether their relationships with their children had changed. Practitioners were also interested to know what men remembered from the program

and what tools and strategies they were using.

For partners and ex-partners, areas identified to explore included their and their children's feelings of safety and to what extent they noted any changes in the man's behaviour and what they identified as influencing these changes. We examined the area of parenting and whether the man had changed in terms of parenting practices and the relationship with their children.

We also discussed with men and women what types of supports they had accessed and what they had found helpful. We asked women about the wellbeing of their children and if they had accessed any service supports for them.

The qualitative component of the interviews with men yielded rich information regarding their experiences and reflections on sustaining changes they had made during the program and building on what they had learnt. This is described in Chapter 3, and many of the men acknowledged that this was still an ongoing journey.

Use of survey tools for Stage 3

Where appropriate, we also administered four of the scales that the Group 1 and 2 cohorts had completed when the men exited the program.

There were a number of limitations in administering the scales for Stage 3 which highlighted the challenges in this type of research. It was evident during Stage 2 that our final sample would be small despite our endeavours to boost the sample size. Therefore, any statistical analysis using the scales could only provide an indication at best of men sustaining any changes in their attitudes and self-reported behaviours over time. The strength of our design was triangulating the mixed-methods findings from the qualitative

interviews, scales and interviews with partners/ex-partners (Kelly and Westmarland 2015; Brown et al. 2016).

Of the sample of 10 men, seven answered the survey tool questions. Below are some of the key challenges and observations on using these scales which were administered after the qualitative interview:

- The interviews with men were conducted over the telephone. The researcher read out each scale question followed by the scale which for some men could be more difficult to process and understand and required repeating questions and scales. The intended nuances of the scales could get 'lost'. For example, there was a tendency with some participants to just say 'agree' or 'disagree' rather than 'strongly agree' or 'strongly disagree'. Some participants reported that they had already completed the surveys and had nothing further to add. The researcher had to sometimes repeat the scale to confirm their answer. However, this process in itself had the risk of 'leading' the participant to say, for example, they 'strongly agree' rather than 'agree', or in another scale example, 'always' rather than 'often'. This could make comparisons with previous responses to the tools difficult, as pre- and post-program the participants had time to read the question and circle the answer.
- Ideally, the scales would have been administered in the same way throughout the study. However, it was not feasible to conduct the survey in person with men given travel budget constraints, nor was a postal survey considered feasible given the expected challenges for men in completing the survey and potential low response rate. Looking back over 2020 and 2021, the travel

and contact restrictions due to the Covid-19 pandemic would have severely disrupted any in-person interviews with men or partners/ex-partners.

- Some of the participants had difficulty understanding the Toronto Empathy Questions that are framed as double negatives.
- An interesting aspect of verbally administering the scales was that participants discussed some of their answers which added context and further qualitative information. This of course was not the intended way to administer the scale, however, we had to acknowledge when men found the question and/or scale options too limiting or simplistic and they wanted to explain more nuanced answers. As one participant said, *"I think there are all deeper answers to those questions than selecting the words (scale options)."*
- Three of the men were not asked to answer the survey tools due to their time restraints for the phone interview.

These challenges and the small sample size meant that it was not considered viable to do a comparison of the responses for Group 1 (over the three surveys) or Group 2 (for the two surveys). Rather, we have made some general observations about the findings where possible.

Of the 14 women, 12 answered the survey tools and we found the administration of the Mirabal inspired tools over the phone more straightforward to apply than the men's TEQ or VB-IPVAW.

2.4 Limitations of evaluation

The main limitation of our evaluation is the small sample of program participants and their partners and ex-partners. This is a common limitation in other studies of MBCPs, which is acknowledged as a difficult area to conduct research within (Brown et al. 2016).

Our sample also lacks diversity with most participants identifying as 'Australian' of European descent and heterosexual.

Further research would have to be undertaken to see how culturally appropriate and relevant *Men Choosing Change* is for Aboriginal and Torres Strait Islander and CALD participants and their partners/ex-partners.

Like all research and evaluation studies, this evaluation was conducted within a budget which

limited the amount of personnel and time that could be utilised.

UnitingCare greatly assisted with the initial contact to recruit participants (men and women) and the administration of the men's pre- and post-surveys.

The evaluation would not have been possible without this support and skilled practitioners making the initial approach to potential participants.

3 LONGER-TERM OUTCOMES FOR *MEN CHOOSING CHANGE* PARTICIPANTS

3.1 Introduction

This chapter provides an analysis of interviews with 10 men who completed *Men Choosing Change* during 2019. The men were interviewed 6-18 months post completion of the program to examine the longer-term outcomes for them, their partners/ex-partners and their children.

The interviews aimed to explore with men the extent to which they found the program helpful, and whether what they had learnt supported them to make any lasting changes in their lives. This included identifying what they recalled from the program and how they may have utilised new knowledge and skills after the program. We wanted to understand the processes of change from men's perspectives and how

this may have led to positive outcomes for their relationships with their partners/ex-partners and children. Interestingly, the findings highlighted that where benefits were identified, they extended more broadly to other relationships with family members, friends and work colleagues.

We asked men what had supported them to maintain changes and what were some of the challenges they faced.

This provided insights into the broader health and psycho-social supports that are required to support behaviour change which has implications for local service systems as well as supporting families and communities to address gender-based violence. This sample of men also provided feedback and suggestions for UnitingCare on follow-up support after completing *Men Choosing Change*.

Table 2 provides demographic information about this sample of men and shows that nearly all identified as Australian (of European descent) from a range of age groups from their 20s to 50s.

Table 2: Men’s demographic information and their life situation at the time of interview

Static and dynamic variables	Information about the sample of 10 men at time of longitudinal interview	
Ethnicity	9 identified as Australian (European descent) 1 identified as part Australian and New Zealand Māori No one identified as an Aboriginal and/or Torres Strait Islander person or from Culturally and Linguistically Diverse (CALD) ethnic groups	
Age range	22 – 52 years: 3 men in their 20s 4 men in their 30s 1 man in his 40s 2 men in their 50s	
Relationship status with original partner	2 men remained married/de facto relationship with original partner 8 men were no longer with the original partner and were in various stages of the separation process at the time of interview: <ul style="list-style-type: none"> • 4 men separated and in process of a divorce • 2 men were divorced • 2 men no longer in de facto relationship with original partner 	
Living situation	2 men were living with their partner and children 1 man was living with their children full time 4 men were living alone 1 man was living with other family members 2 men were living with a new partner	
Children under 18 years	9 men had children under the age of 18 years	
Children’s care arrangements	2 men were living with their partner and children under 18 years 1 man had his children under 18 years living with him full time 2 men had shared parenting of their children (50/50) 4 men had various levels of access to their children, some with conditions	
Post-program timeframe when interview took place ranged from 6–18 months	6 months - 2 men 9 months - 1 man 12 months - 1 man 13 months - 1 man	14 months - 2 men 15 months - 1 man 18 months - 2 men

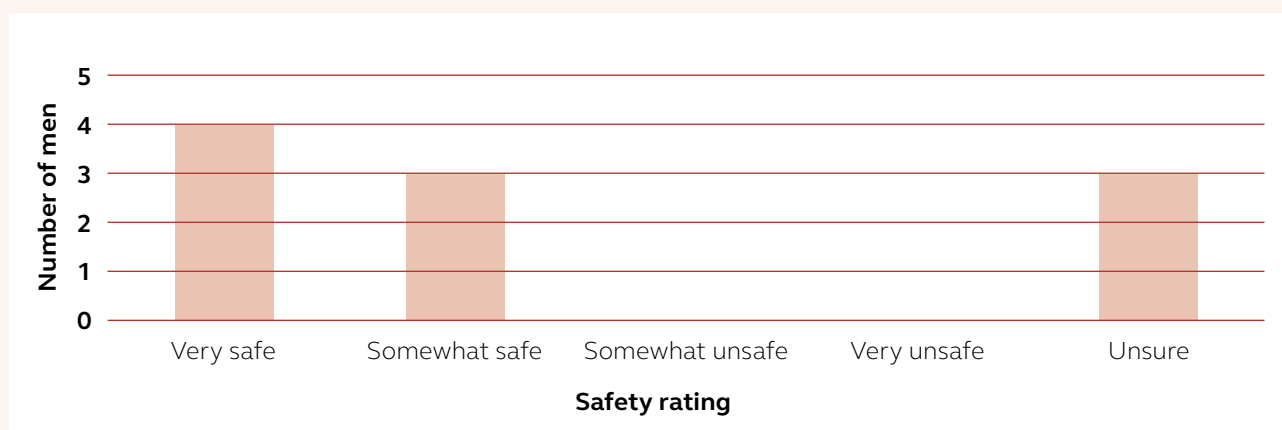
3.2 Men’s perceptions of how safe their partners/ex-partners and children feel based on their current behaviour

Eight of the 10 men interviewed had separated or divorced from their ex-partners and two remained in a relationship with their original partner.

The men were asked how safe they thought their partner/ex-partner felt based on their current behaviour using a four-point scale from ‘very unsafe’ to ‘very safe’. Several were uncertain how their partner/ex-partner would feel due to limited or only relatively recent contact. Several men still had a DVO in place which specified certain conditions of contact.

While the other men reported mixed perceptions of safety from ‘somewhat safe’ to ‘very safe’, the two men who remained in a relationship with their original partner thought they would feel ‘very safe’ and ‘extremely safe’. None of the men thought that their partner/ex-partner would feel ‘unsafe’ or ‘very unsafe’.

Figure 4: Men’s rating of how safe they thought their partners/ex-partners felt based on current behaviour (n=10)



One man reflected it was a revelation to him that while he had changed his behaviour significantly, which his ex-partner acknowledged, it was still difficult for her to stop feeling scared. He thought she would feel only ‘somewhat safe’.

I don’t know. We are slowly getting back, slowly building up trust. I still feel quite uncomfortable around her and I guess she is still the same with me. But yeah, the trust is slowly getting there. I was talking to her the other day. She said she understood where I was coming from, from a logical point of view, but her scared feelings

were still there. So that was a bit of a bogus for me because I did change. It is a revelation that I can’t do anything about feelings. (Men Choosing Change participant)

This suggests a shift in perspective and a deepening understanding of the lasting impact of his behaviour on his ex-partner. This also highlights the long journey of recovery for victims of domestic violence and that building back trust takes time.

Except for one man, all the men interviewed had children with their ex-partner and most of these children were under

18 years old. Therefore, access to their children and shared parenting arrangements were important issues for the men, ex-partners and their children.

The men reported a range of child contact situations from very limited access, shared parenting arrangements, through to living with men full time. The longer timeframe post-program allowed for some of the court matters to be settled, and over half of the men reported recent court orders that allowed them more access to their children.

All the men thought their children would feel ‘very safe’.

3.3 Knowledge into action – what the participants learnt and how they applied it

3.3.1 Learning about the effect of DFV on children

The program sessions on the impact of DFV on children were particularly noted by many of the participants. They found the sessions on children both informative and ‘very emotional’, and some suggested that they would have liked more sessions about children. One participant described these sessions,

It was about the impact on children. There were a couple where they showed videos and you had to work out what was happening and what everyone was doing type of thing. Sort of almost empathy training. It was I suppose talking to the other blokes about your kids really. (Men Choosing Change participant)

A participant said that he and his partner had experienced violence growing up and that they actively try and pursue different ways of parenting than what they experienced.

We actively pursue different ways of doing stuff compared to what we experienced, or what we were subject to when we were kids, so yeah, we do everything we can for them to never have to go through the same, or anything close to what we went through as kids sort of thing. (Men Choosing Change participant)

The knowledge that he learnt in the program reinforced the path they were on and the importance of breaking that intergenerational cycle of violence: “the stuff that they covered in regard to children and stuff in relationships, that sort of really hit home”.

Another participant was enrolled to do the program again because he had missed the sessions on children which he really wanted to do. He was also considering doing a parenting program to increase his knowledge.

3.3.2 Learning about what constitutes domestic and family violence and unpacking gender constructs

Some participants described learning about what DFV is, including moving beyond a narrow understanding that it was only physical violence. Several participants emphasised that they had never been physically violent, however, they acknowledged that what they had been doing was psychological violence. For example, one participant reflected he was trying to control the situation rather than his ex-partner. However, now he realises that was not how it came across.

I am not physically violent. Mine was more a mental control type of thing. A definition that they put up in there, you know using fear or something to control the people. Like I was never trying to control but that is the way that it came across. I never tried to control her. I was trying to control the situation. But yeah, I don't know. That was a little bit different. On those nights when we were talking about physical violence and things like that, I sort of tuned out and tried to get the most I could out of it from a mental point of view in trying to pull out you know. That is why I liked the days on communication and things like that. They were really useful to me. (Men Choosing Change participant)

Another participant reflected on “learning what actually constitutes DV and stuff like that, now knowing like ... even stuff that you still see, which might be minor, but you go “no that's DV,” you know, “you can't do that shit like that.”

A participant said the program had made him more aware of the cycle of violence, language of love, what you are doing and why you are doing it, and the importance of taking responsibility for your actions.

Part of having a deeper understanding of what DFV is requires unpacking gender constructs, as well as expectations of gender roles within a relationship. One participant described how the program had taught him the importance of independence within a relationship and that being ‘in’ a relationship did not have to be at the exclusion of everyone else which can lead to controlling behaviour.

Even if you are in a relationship, you are still allowed to go and do what you want to do as such. But within reason obviously, but yeah like, even me personally like, I thought when I'm in a relationship, you know, I was more just about the relationship, I wouldn't go out and do stuff with mates anymore, I was more just focused on the family sort of thing... Yeah, so more of that fact that, you know, you can still go and live your own life and, you know like, you do not always necessarily have to agree with their decisions but you've got to support it regardless. (Men Choosing Change participant)

Another example of rebalancing expectations about gender roles and developing a healthy relationship was provided by another participant. He worked long hours and thought this was his role as provider, therefore he felt entitled to relaxation time with his friends, which resulted in him not spending much time with the family. He also realised he was not valuing the contribution of his partner. He attributed the program as helping to make changes to his relationship with his partner and children and spending more time with them,

To be there for them. Be there for them. Right now, it's like, I'm hanging out the washing, I'm cooking, I'm still doing work in the house, I'm respecting, you know what I mean. You think when you go to work, and it was like that every day for me, you go to work and back and you think you've done your job. You don't really realise how much the women put in, the effort, taking care of the kids, doing the dishes, everything, you don't see it because you are doing 12-hour days thing... it's not like I was shirking my chores, but I thought that was the end all, be all, playing [_____] on Saturdays because I deserve [it]... But the thing is if you can consult... take that back to who you are with, learn some insights and bring that back to the people who you are with and help them as well.

My daughter said to me three days ago, "Dad you've never given us the time of day, you know, you weren't there for us, you were there when you needed us, but you weren't there for us." You know what you mean, what you don't see, you're at work, you're there for them, you are trying to work for them because you are thinking that you are working for the house and home, it's not enough. It's just that you don't realise that it's not enough, you don't see it.

3.3.3 Increased self-awareness and learning skills to manage self and deal with conflict

Several of the men described how the program had made them more self-aware of their emotions and taught them strategies to regulate their emotions.

As we went through in the class, you have warning signs of your anger levels, like one to 10, and keeping below that three. By doing that, being able to, so I haven't really snapped like I used to, with on the program learning the signs of ... scale and the tipping point and all that. (Men Choosing Change participant).

A participant found the 'volcano'² analogy helpful to understand how his emotions escalate quickly, how to recognise that and walk away before he 'blows'.

I am usually able to judge and feel my emotions now. I avoid conflict completely. I hate it. (Men Choosing Change participant)

Other participants also described how they used the tools they learnt to control themselves,

That was another thing that when going into the program, I didn't have a very good grasp on my anger and that. Since the program there have been a few hissy fits and just recognising signs and all of that. It has helped me to maintain a calmer persona around everyone in all those situations as well. (Men Choosing Change participant)

So it's always trying to find that understanding and sit down and talk about it... And yeah, the biggest thing was you don't have to sort of fight, conflict is always going to happen, but fighting doesn't have to happen. (Men Choosing Change participant)

3.3.4 Learning better communication skills and being more open

Many of the participants reflected on what they had learnt about communication and how they were applying their new communication skills to improve the way they relate to partners, ex-partners, family and work colleagues.

One of our biggest issues was that we didn't communicate. When things got tough, then we would both go into our little worlds and we wouldn't talk about it until a couple of days later and then we would just go on with life type of thing. So nothing ever really got resolved. Then the anger after that building up for many years, then we sort of came up with bigger issues. So giving you some skills to begin that communication and how to do it were handy things. (Men Choosing Change participant)

Discussing and practising communication skills in the group program helped some men be more confident and to overcome their fear of looking vulnerable by sharing what they were feeling,

The biggest thing that I had help with was vulnerability with my partner, and [being able to open up is] worthwhile with everyone in general. That is something that I have been trying to continue on with... That was one of the big parts of the ladies and gents that ran the course said to me was yeah, my vulnerability and opening up to other people. So I will continue to do that and it has made it a lot easier. Even communicating with my family and all that. (Men Choosing Change participant)

2 This analogy has now been adapted to the 'soft drink bottle or balloon' analogy to better explain the risks of letting pressure build and to highlight the importance of self-care.

Just with basically not being scared of showing my emotions or talking about stuff that I generally wouldn't talk about prior to the program. Prior to the program I would basically use drugs and alcohol as a way to deal with my feelings. Now after the program I have got a bit more confidence with actually talking to people about how I am feeling directly, rather than beating around the bush and all that. (Men Choosing Change participant)

Both these participants also stated how they used alcohol and drugs to deal with their feelings and how this had aggravated the situation. The program helped them to understand the underlying causes of why they used alcohol and drugs and gave them strategies and confidence to deal with those issues. However, these participants along with other men, talked about the difficulties of this journey and how they had accessed ongoing support from counsellors and psychologists.

It all comes back to that negative self-image still. It gave me the starting point type of thing, but it is an issue I have had since my teenage years. I was for years and years and years using drugs and alcohol, illegal drugs and alcohol to cover it. So it is still an ongoing process. I am still using the tools that they have given us, all that communication type of thing with talking, learnt some tools. But there is still that history there, so it is quite hard. (Men Choosing Change participant)

3.3.5 Benefits of talking to and hearing other men's stories in group sessions

An unexpected benefit of the program for many of the men was hearing other men's stories and realising they were going

through similar experiences. One participant said it gave him hope hearing how other men had eventually regained a relationship with their children.

A big part of that was just talking with the other men in the program. So the fact that they were going through similar things that I was going through type of thing. At the time I hadn't seen my kids... So talking to other men, you can sort of get past it and you can sort of move through and eventually have a relationship with your kids, was a good thing. Just that you were able to do it... It gave me hope... that it was possible to get through. They had gone through different stuff... And knowing someone else was going through the same thing as well. (Men Choosing Change participant)

Another participant found communicating with other men in the group beneficial as "you find out you are not alone", and that the group session also allowed men to practise communicating more openly. This made it easier to "take that on then to the outside world".

With the program with us being in the class and talking to each other and then the other blokes were doing the same thing back and realising that everyone has got these sort of feelings, and goes through these stages and what not. They made it a lot easier to communicate exactly what I am feeling and how I am dealing with stuff... By practising it in the group and with everyone participating, it made it a lot easier to take that on then to the outside world outside of the group. Because blokes of all shapes and sizes and backgrounds and that we're in there doing the same thing. It was proof in a way that everyone, it doesn't matter how big and tough you are or how

small and scared or however you are, yeah it made it a lot easier. (Men Choosing Change participant)

The group exercise of men participating and practising their communication³ helped breakdown negative stereotypes of tough men,

Trying to break that mould of looking back at blokes don't cry and shit like that. After doing the course I don't mask my emotions as much as I used to. I am a lot more open with everything. (Men Choosing Change participant)

Another participant said he felt safe enough in the Men Choosing Change group to open up, which was a first for him due to his experiences of family violence as a child.

So I don't really like males but in that group I feel like I can be open and honest. (Men Choosing Change participant)

3.3.6 Ripple out effect to improve other relationships

Some of the participants spoke about how their improved self-awareness, emotional regulation, communication skills and openness had improved their broader relationships with family, friends and work colleagues.

Because especially with my family and that I had never really spoken to them about anything about how I was feeling. I would just go in yup, I am all good, happy days, smile on my face. Whereas now days if I am going through something I do actually explain to them a lot more what is going on. I will get there and get their help, like the back and forth conversation about what is going on and everything. So that part of the program really helped me out. (Men Choosing Change participant)

³ Men Choosing Change facilitators use the SOLER communication technique developed by Gerald Egan to encourage group participants to actively listen and deepen their interaction with the person they are listening to.

But even with my work colleagues and everything I have been a bit more vulnerable with them and it has actually made it a lot easier to talk to people... Well just with everything that was going on with my ex-partner and I instead of keeping it all to myself and just letting people know little bits and not much of the story, I went and

spoke with my [work colleagues] actually pretty much told them everything, how it was making me feel, how I was feeling, this is how I feel and this is how I am going about it. It has made it a lot easier for them to understand where I was coming from and everything. (Men Choosing Change participant)

In a sense of my everyday life yes, I do believe the course has helped me in things. I guess in my work environment it has helped me deal with people better. I guess it is the stop and think before you act and all that sort of stuff. (Men Choosing Change participant)

3.4 Men's overall assessment of Men Choosing Change

The men provided their overall assessment of *Men Choosing Change*, sometimes completely unprompted before we could ask them how helpful they found the program.

Their feedback was very positive with comments such as it was a “really good course” and “very helpful”. Many also complimented the Facilitators and the way they ran the group where these men felt supported and safe to share their thoughts and feelings. As highlighted, a benefit of the group program for men was hearing from other men which provided insights, hope and a rare opportunity to open up. As one participant said, “*look working in the psycho-social group situation where we can all feed off each other and inspire each other, I think that's gold, I really do*”.

While all of the men said they had gained knowledge and skills from the program, they expressed varying levels of insight and responsibility for their behaviour. There were a few men who either blamed their ex-partner's behaviour and/or blamed the ‘toxic’ relationship dynamic as the cause of the relationship breakdown. This tended to shift the responsibility away from their own behaviours.

We have grouped the men's overall feedback into key themes which show that men are in different situations and at different stages of their

journey. For most of the men we interviewed, the program appeared to be a ‘starting point’ for change, while for a few it strengthened and reinforced what they were already doing.

3.4.1 The program changed perceptions about relationships and helped to develop more compassion and empathy for some men

A participant explains how *Men Choosing Change* has changed his views about women as partners,

I honestly thought it was excellent, it was really good, it totally changed my mind in the way you perceive things and things like that and like it must have had some impact for people around me to have sort of realised that I was actually making a change and stuff too. And then I think the biggest thing you've got to realise, too, is that at the end of the day, if you make changes, you can't sort of, it's got to be a two-way street. (Men Choosing Change participant)

He goes on to say that this has made him more compassionate and empathetic which has

changed how he interacts with people, and he hopes will help him in any future relationships with a partner.

I believe it was helpful, you know, that support, it was good to go and have a chat and what not. Yeah I believe it was helpful... I do truly believe it is going to help me in another relationship, you know, if that happens. But even mates, relationships with mates, other people and stuff now, it's all changed. Like I can, I'm sorta a bit more compassionate and empathetic with people and trying to understand how they are and where they are coming from. (Men Choosing Change participant)

3.4.2 For most men the program was a helpful starting point and catalyst to their journey of change

Some participants said they found the program very helpful and regarded what they learnt as a starting point in an ongoing process of self-development.

So it is still an ongoing process. I am still using the tools that they have given us, all that

communication type of thing with talking, learnt some tools. But there is still that history there, so it is quite hard. (Men Choosing Change participant)

Well recovery, it's never straight uphill sort of thing, it's an up and down thing, there are loads of lows and highs. (Men Choosing Change participant)

A participant described a continuous process of learning and practising throughout the program. He reflected that it was not just one thing he learnt, rather it was taking what was relevant from each session, applying it and taking it on board.

So to me, was to identify why I did that, you know, if I could find out what that was, and again it's that you take something away each week, and if you can take something small, and if you can use that each week, what you take away that helps you. It's not one thing, I think it a continuous thing over that term when I was there. I grabbed that and I used it during that week, you know what I mean, so it was that week there ah ok, maybe that makes a little bit more sense, because it cannot be one thing. (Men Choosing Change participant)

Another participant expressed that while he had forgotten a lot of the information covered in the program, given there was so much, he still found it helpful.

... basically, a crash course ... but with what I do remember and that is very helpful with me making better progress with myself and with my relationship with each and every person that I come in contact with.

The responses from the men revealed several things about their different circumstances including their readiness to engage in this program and their motivations to attend. Interestingly, some men raised that they had been mandated to go on the program and were therefore quite resistant

or felt like it was a 'box ticking' exercise so they met requirements for child custody and/or DVOs. Yet, they ended up enjoying the program and learning from it as this participant describes,

I did find that the people that ran it they were good, and they were very supportive. And going through that thing at that time where I was going through, it was good to have that sort of support with that. But in saying that, yes there is points where it made me realise and all that sort of stuff. It was a good course. I did actually enjoy it by the end. However, the way I was made to go there, I just feel like how the system works. So, I literally had to go there to tick that box to be able to see my kids. Like I said at the end of the day I did enjoy doing the course but. (Men Choosing Change participant)

Many had accessed or wanted to access further follow-up support which is discussed in the following sections.

3.4.3 For a few men, the program reinforced the path they were already on with their partner

One participant said that he and his partner had already started on a journey of change and had been to a counsellor prior to the program. The program helped to reinforce the path they were on, and he also observed the positive changes for other men in his group.

I didn't take anything really out of the program, except the fact that it really reinforced that what my wife and I were already doing, for our kids and for ourselves, seemed to be on the right track, and the whole program was really good in regards to just reinforcing that, the avenues that we were taking and had chosen for ourselves, we can get through any rough patch and go on to bigger and better things for ourselves. I had sort of been backed up

by the Men Choosing Change program...

The Men Choosing Change program, the whole program, it was really good, but it was brilliant from what I saw from other people, who had either recently become single or hadn't had sort of the hard talks with their partner. We also did counselling prior to it, which really helped us understand where each other was coming from, what we thought was going to benefit both of us within the relationship. The whole program, it really just drove home, reinforced that we had chosen the right path. (Men Choosing Change participant)

3.5 Men building and sustaining changes after the program

3.5.1 Seeking support after the program

All the men indicated that they would seek support if they needed it. However, some of the men felt that they were not always sure what types of supports to access or where to access them. The men's suggestions for follow-up services in the next section reflects the need for a range of supports that are accessible, affordable and visible so men know where to go; for example, suggestions such as free counselling, follow-up men's group, online support, and broader advertising of *Men Choosing Change*.

Some of the men interviewed talked about the follow-up phone calls they received from the *Men Choosing Change* Facilitators which they valued.

Half of the men interviewed had accessed a counsellor, psychologist or psychiatrist after the program. Some of the men would have liked more counselling but found the cost prohibitive.

Some of the men talked about their family and friends supporting them. For one man, this support improved when he opened up to them.

Mainly just family and friends for support. Like I said actually opening up to them about everything properly about how it is. I haven't sought out any other help or nothing. My dad has helped out a lot. It has been a bit of a rough year last year but I have tried to stick to my guns and stick to continuing to improve myself and not fall back into bad habits which I used to have. Even with anger as well. (Men Choosing Change participant)

Many of the men spoke of the challenges during 2020/2021 regarding the impact of the Covid-19 pandemic and resulting redundancies and lockdowns. As the previous quote from a participant indicated, there were challenges in not falling back into bad habits when things got tough. The men described different challenges regarding their personal situations (such as divorce, child custody court cases, child safety involvement, mental health issues and addictions). Job loss and lockdowns were additional factors creating more stress and potentially more risk for women and children. Further study would be required to understand how the knowledge and skills some men learnt from *Men Choosing Change* contributed towards how they reacted and coped with the additional stressors of the pandemic, and crucially if this reduced potential harm to women and children. There is mounting evidence in Australia about increased DFV during the Covid-19 pandemic and the substantially heightened risks to women and children during lockdowns (Carrington, Morley, Warren, Ryan, Ball, Clarke, Vitis 2021).

Interestingly, for several of the men who were still with their original partner, their experience of Covid lockdowns and job loss, while stressful, became an opportunity for positive changes by forcing a rethink of life's priorities and spending more time with their families.

3.5.2 Men's suggestions for UnitingCare to provide follow-up support

The men provided different responses to whether they would have liked any follow-up support or program from UnitingCare after finishing *Men Choosing Change*.

Several men felt there was an emotional void after *Men Choosing Change* finished and they felt very much on their own when it ended.

After 16 weeks of doing that, there is a lot you take in and there is a lot you do. But then after that it is just like boom, you are left out... You are out on your own. My personal instance is a bad time. I had a lot going on. I think that course it did sort of help me get through a lot of the stuff that I was going through. (Men Choosing Change participant)

Another participant said that by the end of the program he had had enough of the group sessions. This was exacerbated by the 3-hour round trip to go to the program after a full day at work. However, he would have really appreciated the offer of free counselling sessions.

Probably not really. Unless they were going to offer me free counselling sessions. If they were going to do that then that would probably have been alright, but that initial after I finished the group I had had enough for a little while type of thing. (Men Choosing Change participant)

A participant recommended an online support group that could be responsive when you needed advice and support.

The program was good but I reckon there needs to be like a support ... Like if there was a support group like on Facebook or something that could be created so that if people may be worried about something and they are just wanting to get a little bit of advice after this program they can go into that group, message and find out what is going on. By asking hey look I am feeling this, this and this. What do I do? (Men Choosing Change participant)

Another participant noted that during the course there was a lot of information to absorb each week. He remembered some parts that really stood out and suggested a refresher in six months would be good to reinforce everything.

Well at the time with it all fresh in my mind and at the end it was pretty good. It probably wouldn't have been a bad idea to sort out a bit of help after like six months, just to refresh everything. Like come in for a refresher or something. But obviously I am not very good at making plans and stuff like that. That is my bad there. But that would probably be something that I would have went to if he had rung up and gone, "right oh it has been six months and we are just wondering if you

wanted to come in and do a quick refresher for a couple of weeks"...

On course there was a lot of information they get thrown at you each week. For me, myself, it was yes, I am learning this, and then I would forget that part but I will remember this part and what not. Yeah pretty much take out from the course the parts that really stand out for me at the time. But a little refresher course or something it would have been good to just reinforce everything that we went over. (Men Choosing Change participant)

Another participant suggested that *Men Choosing Change* needed to be more widely advertised as they had trouble finding it, and they thought the program could be beneficial for other men.

It was hard to come across, it was only through a suggestion that I had ever heard of it. You see ads for these other programs and that, um but this is a program that a lot of people could benefit from. (Men Choosing Change participant)

Some men reflected on how they put the new knowledge they learnt into action, which included reminders, for example, a ping pong ball given by the Facilitator

to act as a physical reminder.

I think that you learn to respect yourself and everyone else around you. If you can respect yourself, you know, in the daily things that you do, you know, if it's work or whatever and you enjoy it, you take that home. I think there was a ping pong ball they gave me, and written on it, and I've still got it in my car, I let people know about it. I can't remember what was written on it, but I kept it in my car and they said anytime you've got an issue or a bad day at work, look at the ball and it helps you out. (Men Choosing Change participant)

Several men talked about focusing on what was relevant and practising that in your daily life as it was difficult to take in all the information.

Everything was different, the main thing I learnt was not to take everything in too much, take a little bit in and use that at home or wherever you were to help you out with daily, the ins and outs of the world, look it's hard to say until you do it.

3.6 Conclusion

All the men we interviewed retained some knowledge of the program, describing strategies, sessions and skills they had learnt, and importantly, said they used strategies they had learnt to improve the relationships in their lives.

The men's accounts of their relationships with their partners and ex-partners varied considerably, from building positive partnerships, to trying to repair and regain trust with ex-partners where they shared children, through to anger and blame towards their ex-partner. This has implications for the safety of women and children. While all the men thought their children were 'very safe', there were several men who acknowledged their ex-partner would only feel 'somewhat safe'.

Men's feedback provides insights into the complex interplay of their individual histories and situations with broader structural

constructs of gender roles and expected 'norms'. The program gave these men an opportunity to understand themselves better, to be more self-aware and reflective, to be more vulnerable and open-up, and in the process, challenge perceptions about being a 'man' (tough, strong, always in control and not 'emotional').

Some of the men we interviewed shared that they had mental health challenges that included low self-esteem, alcohol and drug abuse, and diagnosed mental health conditions. Some reflected on their own experiences growing up, and witnessing and being subject to DFV. Some of these men sought to build on the

benefits they got from attending *Men Choosing Change* with other supports they received from family, their work colleagues, counsellors, psychologists and psychiatrists. This highlighted how *Men Choosing Change* was only part of the process of change for these men and that they required additional supports.

The group program provided a rare space for men to open up which was professionally facilitated so that many of these men felt encouraged and safe enough to share. Some men highlighted that an unexpected benefit of the group program was hearing other men's stories and the bonds that developed.

4 LONGER-TERM OUTCOMES FOR PARTNERS/EX-PARTNERS OF FORMER *MEN CHOOSING CHANGE* PARTICIPANTS

4.1 Introduction

This chapter provides an analysis of interviews with 14 women who were partners or ex-partners of men who completed *Men Choosing Change* during 2019. The women were interviewed 6-20 months after the men completed the program to examine longer-term outcomes for them and their children. Women's accounts of their, and their children's, experiences before, during and after the program, provided evidence about the extent to which men had made any behavioural changes and how this impacted their safety and longer-term wellbeing.

We asked women to reflect on the types of changes men had made from *Men Choosing Change* and what other factors they thought had supported men to make and maintain changes over time. Women provided feedback about the support they received from the UnitingCare DFV Advocate

and what other supports they and their children accessed that they found helpful.

Table 3 describes the sample of 14 women providing demographic information and their relational and living situation at the time of the interview. Most of the women (n=11) identified as 'white'

Australian. The women ranged in age from 23 years to 49 years with most (n=9) being in their 30s. Eleven women had children under the age of 18 years.

Ten of the 14 women were no longer in a relationship with the man who attended *Men Choosing Change*.

Table 3: Partners/ex-partners' demographic information and their life situation at the time of interview

Static and dynamic variables	Information about the sample of 14 women at time of longitudinal interview	
Ethnicity	1 woman identified as First Nations Australian 1 woman identified as Muslim 1 woman identified as Australian/New Zealander 11 women identified as 'white' Australian	
Age range	23 – 49 years: 2 women in their 20s 9 women in their 30s 3 women in their 40s	
Relationship status with man who attended <i>Men Choosing Change</i>	4 women remained in a relationship with the partner who attended <i>Men Choosing Change</i> 10 women are no longer in a relationship with the man who attended <i>Men Choosing Change</i>	
Living situation	3 women were living with their partner (1 with children at home) 9 women were living with their children only 2 women were living with friends/family	
Children under 18 years	11 women had children under 18 years of age (total 32 children) 2 women had no children 1 woman's children were over 18 years and had left home	
Children's care arrangements	8 women with children under 18 years were separated or divorced from the former <i>Men Choosing Change</i> participant and had some type of contact or shared parenting arrangement in place	
Post-program timeframe ranged from 6–20 months	6 months - 4 women 8 months - 1 woman 13 months - 1 woman 15 months - 2 women	16 months - 3 women 18 months - 1 woman 19 months - 1 woman 20 months - 1 woman

4.2 Women's rating of current safety for themselves and their children

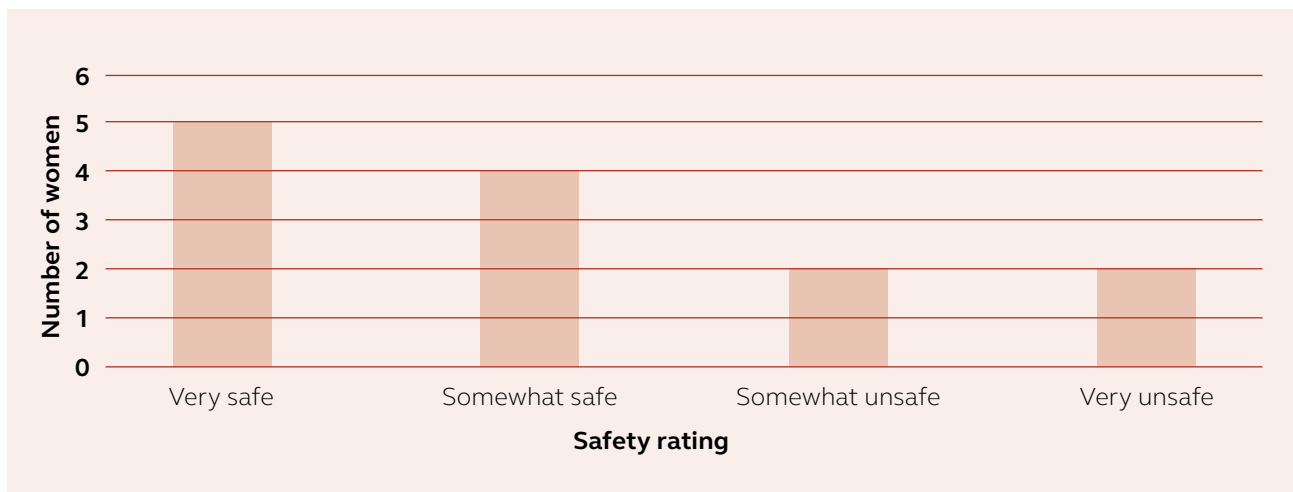
The women rated how safe they currently felt based on their partner/ex-partner's behaviour.

Their responses varied from 'very safe' to 'very unsafe', which underscores the variability of men's behaviour changes over the long term (see Figure 5).

Four of the five women who reported feeling 'very safe' were in a relationship with the former *Men Choosing Change* participant.

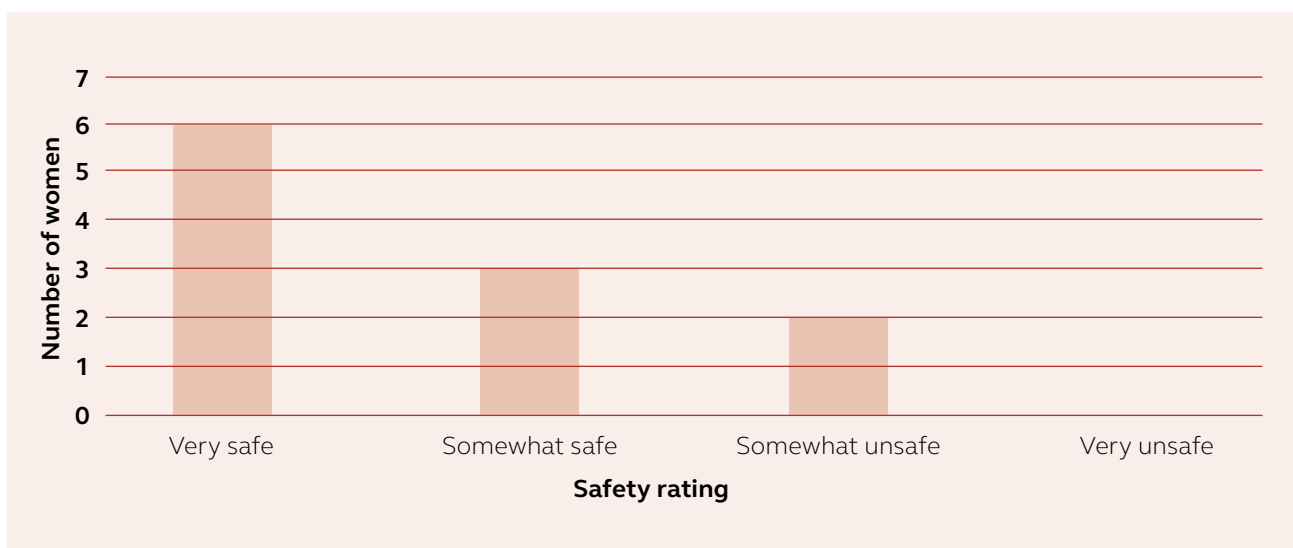
The women who rated their safety as 'somewhat safe', 'somewhat unsafe', and 'very unsafe' were no longer in a relationship. They described varying changes in their ex-partner's behaviour from some changes through to no changes, which will be discussed in the following sections.

Figure 5: Women's rating of their safety based on their partner/ex-partner's current behaviour (n=13)



For the 11 women who had children under 18 years, we asked how safe they thought their children felt based on their partner/ex-partner's behaviour. Slightly more women thought that their children were 'very safe' and two women felt their children were 'somewhat unsafe'. None of the women said that their children were 'very unsafe'.

Figure 6: Women's rating of their children's safety based on their partner/ex-partner's current behaviour (n=11)



Eight of the women who had children under 18 years were no longer in a relationship with the father and had some type of contact or shared parenting arrangement in place. This required ongoing contact and only one of these women reported that they felt 'very safe'. The other women in this situation said they felt 'somewhat safe' to 'very unsafe'. For nearly all of these women, contact with their ex-partner via shared parenting of children was an ongoing source of tension. While some women thought their children were 'very safe' with their ex-partner, others were concerned.

4.3 Women’s feedback about how *Men Choosing Change* has contributed to men’s behavioural change

This section discusses women’s feedback about the extent of behavioural change; types of changes men made over the longer term; and women’s reflections on how *Men Choosing Change* contributed to those changes. They described how these changes affected themselves and their children. This section then examines other factors women identified as contributing to men’s behavioural changes.

As stated, women reported very different situations regarding their and their children’s safety. In recognition of this, our analysis of their feedback about men’s behavioural changes grouped their responses according to their rating of safety at the time of the interview. This provided important context to the degree and effect of men’s behavioural changes.

4.3.1 Women who felt very safe

Five women said they felt ‘very safe’ based on their partner/ex-partner’s current behaviour, and two of these women said they had always felt ‘very safe’. None of these women reported any incidents of domestic violence post-program.

Four of the five women were in a relationship with the former *Men Choosing Change* participant, of which three were the original partners. One of the women was separated and shared parenting of their children with her former partner in an informal arrangement which she said had worked well for over a year.

Two of the women had previously been interviewed after their partner completed *Men Choosing Change*. At that time, both were contemplating leaving their partner. In their second interview,

they reported significant positive changes over the last year. As one woman said,

I would say it’s only got better, with each day that goes by that he’s doing well it solidifies that trust and foundation again... My perspective is that he is much more settled, much more relaxed, he just seems less stressed. (Partner)

The women identified a change in their partner’s expectations of them and more acceptance and understanding of who the women are.

Yeah, I think that he was expecting me to be like him. Um, and he’s stopped expecting that, there are times when, still times when he doesn’t understand why I don’t do things, like I am a tidy person, I’m just not a tidy immediately person . . . And he has realised that if he doesn’t want to be married to himself that that wouldn’t work either, so he has stopped expecting me to be like him, he has started accepting me for me, and not trying to control how I act. (Partner)

One woman spoke about her partner developing expectations that are more reasonable and compassionate which she attributed to what he learnt in the group program.

I think in general his expectations are more reasonable and compassionate, and I think I could probably reflect for you, that was something that he specifically talked about. He came home and talked about from the group, which I think a lot about what he talked to me about, because he is not a big talker but when he talked about that stuff I listened because it really impacted me, and he would talk about compassion, and it was a big deal because I didn’t see him as a compassionate person before that and now, I would say that he is. (Partner)

One woman observed the benefit of the group program was hearing from other men and learning from the content in the program about the psychological processes and the impacts on others and self. Having this confirmed in a group discussion changed her partner’s view about recognising emotions and that it was not “all in your head”.

It’s not made up, it’s not all in your head. I think he had a very different view before this. (Partner)

Another two women said they always felt ‘very safe’, however, they also observed changes in their partners since attending the program. They thought

their partners had changed their perception and ability to process issues differently. For one woman, this meant her partner was calmer and did not feel he had to 'stand his ground' and 'rant and rave',

I think he has definitely improved. He's learnt a lot to calm down, not to just rant and rave sort of thing, especially at work he is very different. His son has even noticed it ... I think his ex even noticed... we all got along really well, and they noticed the change in him as well. Even his eldest son called him a softie, he goes "what's wrong with you dad, you've gone soft." But it's definitely a good thing. (Partner)

I think he has just learnt to process stuff differently and thinks about stuff differently, so yeah, it's like instead of standing his ground, arguing about something, he just walks away from a situation now, takes a breather sort of thing. (Partner)

The other woman was a subsequent partner of a program participant and his domestic violence behaviour had been with a previous partner. She had never experienced domestic violence from him and said she found him to be the same person as before the program. She was in a relationship with him while he was doing the program and thought it had given him more understanding about why things had happened with his ex-partner.

I think he just kind of accepted his past and stuff. I don't know. I just remember he used to come home [from the program] and I think just a certain way of seeing things, a different way of seeing things. Like understanding why things happen... He enjoyed going to it. I think he learnt a bit from it. But me and him have never had problems in that way. So I can't really say that it has changed him because he was the same person to me before. (Partner)

The following themes emerged from interviews with this group of women about the knowledge and skills men learnt from attending *Men Choosing Change*.

Deeper understanding of self and opening up to new ways of thinking about self and others

I had a conversation recently ... about how I think this program might have been the catalyst actually ... he was going for a chunk of the year, of 2019. I think before that he was really closed minded about anything psychological, anything to do with the brain, anything emotional. And now it's like a complete turn around, and I think that is from experience of seeing himself or seeing other people, ... And yeah, I think, going through that lowest of lows is possibly what propelled him into all of the changes, in the way that he is thinking fundamentally. (Partner)

Men gained knowledge about what constitutes domestic violence and self-awareness that their behaviour was inappropriate

Recognised that the things he was doing were inappropriate and were domestic violence, which he wouldn't have come to terms with without that program. (Partner)

*I do believe he took from the *Uniting Care* program was that when, and I think when we last spoke he wasn't doing this, but now he is recognising when he is being an arse. So when he's tired and he's taking it out on me, he's like picking fights about the stupidest things and I call him out on it, and I yell at him about it and say "stop taking it out on me, this is ridiculous," he does take a step back, it takes him you know, five or 10 mins but he does take a step back and says "sorry I don't mean to be treating you like that, I'm just really tired and really stressed". (Partner)*

Challenging their own sense of

self and negative notions of masculinity

I think too, permission to look at how hard his situation was. Like yeah, men in general can sort of shut down that, "I just have to be ok," and they've done it and I think it really gave permission for him to look at things in a different way, because it wasn't just me saying it. (Partner)

Men implementing strategies they learnt to control their emotions and prevent their behaviour escalating into aggression

Stepping away when he gets really frustrated, so when it's building and when everyone is on his nerves, he does go into his room and locks the door and listens to his meditation, I think that is something that has really stuck with him, it's a very positive thing. (Partner)

Learnt how to communicate better

Yeah, he's a lot calmer towards [children] he doesn't get so aggro I guess, even the way he sort of speaks isn't so aggressive ... but since being on this course, I think he's learnt to sort of how to explain stuff better, the way he speaks is a bit calmer, not so short and sharp, I guess abrupt or aggressive sounding, that's what some people have called it. But yeah, he's still learning, and he's definitely getting there, he's definitely improved in the last year. It's probably been nearly a year since he has been on it to be honest. (Partner)

The woman who was no longer in a relationship said that her ex-partner had learnt from the program how to control his anger and communicate in a respectful way with her,

First of all, he had an anger issue. He is a very good man, but with his anger he was very bad, he just snaps right away. And so after the program he was so calm and then because

of that I was not staying with him, I wouldn't allow him to stay because of his anger. Because of that program he talks to me nicely, he is better now ... Before he didn't like to talk, he would talk with anger, and he was ready to fight. And then now he communicates nicely. (Ex-partner)

Encouraged to make lifestyle changes to improve family life and wellbeing

One thing is he never even would enter into a discussion about going back to work until someone from Uniting Care actually suggested it ... it wasn't until then that he started to think about a new scenario, so that was good too. (Partner)

4.3.2 Women who felt somewhat safe

Four women said they felt 'somewhat safe' based on their ex-partner's current behaviour. They said there was currently no physical violence towards them, and some reported a reduction in controlling behaviours. However, they were still experiencing varying degrees of emotional and psychological abuse including manipulation, stalking and harassment. While they did not fear for their physical safety, they could feel tense and sometimes quite anxious around their ex-partner.

Of the three women who had children under 18 years, two said their children were 'very safe' with their ex-partner. One woman said their children were safer as her ex-partner had definitely improved his behaviour towards the children and no longer hits or verbally abused them. While the program had encouraged him to look at his behaviour and he was less aggravated, she mainly attributed his positive behaviour changes to the DVO and fear of prison and losing access to his children.

Another woman noted her ex-partner had made some behavioural changes and was more considerate and prepared to negotiate. She thought this was likely due to a variety of factors such as wanting to see his child and the DVO that was in place.

One woman said that her ex-partner had made no changes, and she felt less safe while he was doing the program as he used what he learnt against her, turning it around that she was abusing him, turning the children against him, and he was the victim, so that became the focus.

It actually felt worse at the time as it gave him new ammunition ... I've been thinking about this a lot as he was going through the course it was not helping. I don't know if it was the Facilitator's fault, or people there, but it almost felt like he had comrade-in-arms you know ... You know, "these people really understand me, they really get me". (Ex-partner)

She reflected that motivation to attend the program was key to good outcomes,

So, no matter how good the course is, the Facilitators are, or the counsellors ... if your heart isn't in it for the right reasons, you don't necessarily come out with anything good in the end ... I was hoping he would get something out of it. To be honest he probably could have but it wasn't going to happen because he wasn't there for the right reasons. (Ex-partner)

Another woman also indicated that her ex-partner did not really engage with the program because he was not motivated to change. She thought he only did the program to look good for child custody, and he did not identify that he was the same as the other men on the program.

4.3.3 Women who felt unsafe

Four women felt 'somewhat unsafe' or 'very unsafe', and several noted that this shifted depending on how their ex-partner was.

One woman thought that the program had definitely helped her ex-partner to open up his mind to different ways of thinking and to acknowledge his abusive behaviour. He seemed to have more understanding about how his violence impacted the children. However, he still "picks and chooses when he relates to the kids". His communication with her also improved, however, his behaviour varied, and she thought at times that he had used what he had learnt, for example, 'better words' from the program to get back at her.

The other women who felt unsafe did not identify any changes to their ex-partner's behaviour from attending *Men Choosing Change* and they thought their children were also unsafe. They recounted continuing physical, sexual, psychological, and emotional abuse including rape, strangulation, technological surveillance and ongoing manipulation. While none of these women were in a relationship with these men, the shared custody arrangements meant they had to have ongoing contact. We encouraged women to seek police support and continue their connection with DV services and with their permission called them back to check how they were.

4.4 Women’s feedback about other factors that supported men to sustain positive behavioural changes

4.4.1 Women who felt very safe

Women who felt ‘very safe’ identified some other factors that supported men to sustain changes. This included men’s motivation to continue their changes and desire to remain in a relationship with their partner and/or children. This was enabled by what the men had learnt on the program, including the use of strategies, as well as seeking other supports from counsellors and friends and making lifestyle changes. Some women in this group identified various factors that motivated and enabled men to make and sustain changes over the longer term which highlights that this is an ongoing journey for many men that requires a range of supports:

- **Counselling** - one woman said couples counselling was useful
- **Addressing alcohol and drug addiction** - one woman identified the importance of her partner giving up alcohol
- **Supportive friends and family** - one woman said her partner was developing new friendships and she encouraged this
- **Other programs** - Circles of Security⁴ was very useful for engaging one of the men in positive parenting
- **Lifestyle changes and utilising more self-care strategies** - being open to and implementing changes to work/life balance and self-care such as exercising and meditating.

4.4.2 Women who felt somewhat safe

Three of the four women who said they were ‘somewhat safe’ noted changes which they attributed to a combination of factors. For one woman, the main contributor to changes in his behaviour towards her was that he had a new partner so the focus was off her. She also thought time was a factor—with over a year and a half on, they were able to conduct child custody arrangements fairly amicably.

Oh, it’s gotten better, you know ... he’s re-partnered and he lives with her now, I guess his focus is off me now. But yeah, it really was, until he did kind of meet her there was a little thing ... [now] it’s just not directed at me ... and time. I don’t know if he has changed as a person ... well you know there’s no controlling now, that he’s got her, and it’s what do you call it, very amicable. (Ex-partner)

This woman noted that if things were not going well for her ex-partner, she would likely bear the brunt of this as they shared custody of their children.

I guess I’m always going to be a punching bag for him in some sense because I can’t escape because of the kids. So sometimes I think if things aren’t going right in his life, then am I going to bear that as well, but if he is happy with her then that’s good. (Ex-partner)

Two of the women thought having a DVO in place and their ex-partner’s access to their children

were drivers of them maintaining positive behavioural changes. One woman thought a combination of factors contributed to the changes he made, including her being more assertive and reporting DVO breaches,

I think that jail contributed. I think that the program contributed. I think the way in which I handle things with him has contributed. I think that his daughter and his relationship with her has contributed ... I can see that he has had some sense of reflection, but he is also very comfortable in his old lifestyle, so he just reverts back to that, but his daughter is important to him so I can see him making an effort for her. (Ex-partner)

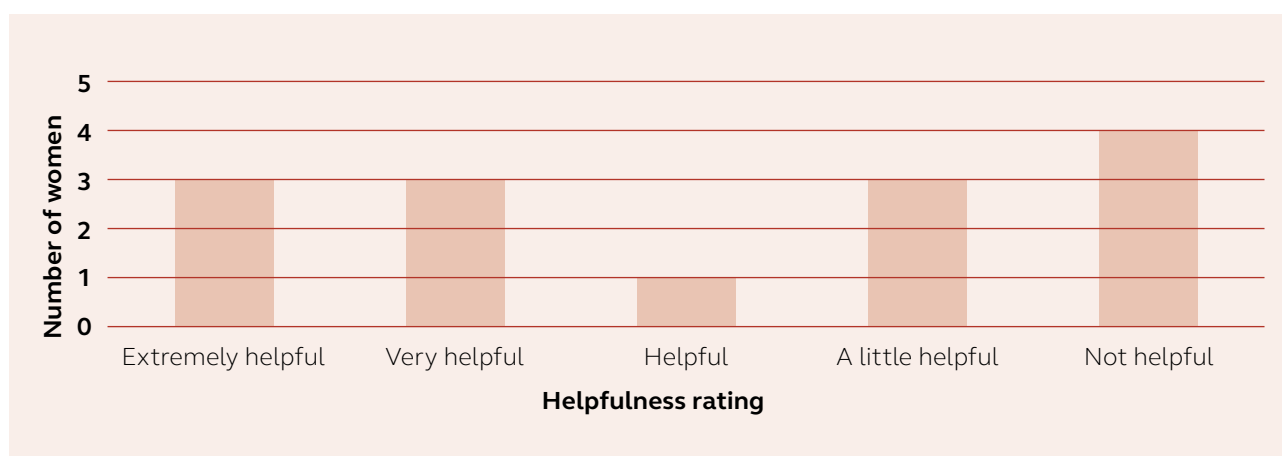
4.4.3 Women who felt unsafe

Some of these women also emphasised the importance of using a DVO to help keep them and their children safe. Several had received support from DV services which had been very helpful. Others were in the process of engaging with these services which they sometimes found difficult to do given their situations and fear of aggravating their ex-partners.

4.5 Women’s overall assessment of Men Choosing Change

When asked “Overall, how helpful do you think *Men Choosing Change* has been for supporting your partner/ex-partner to change his behaviour”, the women interviewed provided the following ratings. Half the women (n=7) thought the program was ‘extremely helpful’, ‘very helpful’ or ‘helpful’. Four women did not think the program was ‘helpful’ at all and three women rated the program as only ‘a little helpful’.

Figure 7: Women’s rating of how helpful *Men Choosing Change* had been for supporting men’s behavioural changes (n=14)



The following sections provide insights into why the women thought the program contributed to men’s behavioural changes.

4.5.1 Women who felt very safe

The women who said they felt ‘very safe’, thought the program had contributed to their partner or ex-partner’s behavioural changes, often along with other factors. These changes began while on the program and were sustained over time. Some women stated that their partner/ex-partner had built on the changes from the program with other supports and lifestyle changes.

I would say extremely helpful. I would say we wouldn’t be in this position without it ... I think we wouldn’t have got past that first hurdle unless he attended the program, and I think that the ongoing lessons that he

learnt have really helped our relationship ... (Partner)

4.5.2 Women who felt somewhat safe

Most of these women thought the program had helped, however, most of them noted that their ex-partner attended the program for appearance’s sake (child custody, legal and relationship reasons) rather than intending to actually address their behaviours. One woman suggested a mandatory second program as she could see her ex-partner had started to make some changes and thought he would benefit from doing it again.

For one woman, the biggest benefit of the program was her contact with the DFV Advocate.

I really liked how they touched base with the women. I think that’s really great. Because it would be easy to think that they are doing this program and

they’re going to change, but to actually go “yeah, they’re in it but we don’t really know.” It’s good to keep you a bit more grounded in reality. (Ex-partner)

4.5.3 Women who felt unsafe

While one woman thought the program had helped a little as she could see some changes in his behaviour towards herself and the children, this was variable depending on how he felt. She suggested there be a follow-up to the 16-week course as there were not enough follow-up services for men. The other three women experienced no changes in behaviour and did not think the program had made any difference to their ex-partner’s violent and manipulative behaviours.

4.6 Longer-term supports and outcomes for women and children

Each site delivering *Men Choosing Change* has a DFV Advocate working with the team to provide support to the partners and ex-partners of program participants. The DFV Advocates provide women with information about the program, risk and needs assessment, safety planning and referrals to other services.

Particularly for high-risk cases, they may provide ongoing support and check-in with women to see how they are and to update them about the men's progress on the program. Much of this work is done via phone contact and only some UnitingCare sites have the ability to offer face-to-face consults. Findings from our Stage 2 early outcome and process evaluation found that this position is usually part-time and is under-resourced compared with the number of partners and ex-partners to contact (Taylor et al. 2020, p. 46). In our Stage 2 process evaluation, DFV Advocates reported average caseloads of 70 plus which resulted in them having to prioritise high-risk cases.

An important part of the DFV Advocate role is to provide a confidential link between the program Facilitators and partners/ex-partners to highlight any risks and provide the women's perspective. For example, if a man disclosed anything in a group session that could be a potential risk for their partner/ex-partner, then the Facilitators could let the DFV Advocate know so they could check in with the woman. The DFV Advocate could also inform Facilitators about whether there was ongoing DFV and other issues which enabled Facilitators to assess how men were progressing.

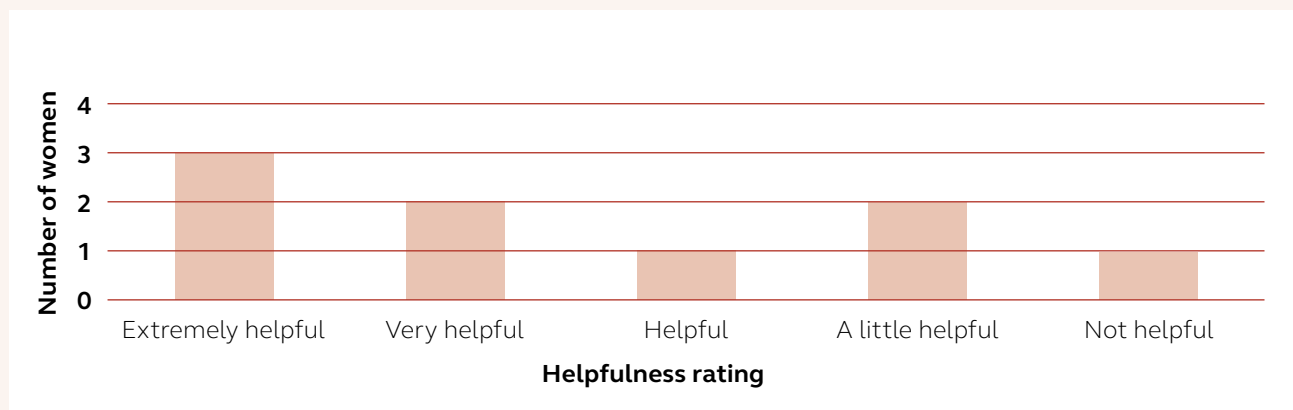
To examine longer-term outcomes for women and children, we asked women to provide feedback about

the support they received from the DFV Advocate and what other supports they have found helpful.

4.6.1 UnitingCare DFV Advocate supports

Of the 14 women interviewed, nine had been contacted by the UnitingCare DFV Advocate when their partner/ex-partner was doing the program. These women were asked to reflect on how helpful they found the support provided by the DFV Advocate during the program. Most of the women (n=6) found the DFV Advocate 'extremely helpful', 'very helpful' or 'helpful'. One woman did not think the DFV Advocate was 'helpful' at all and two women rated their experience as only 'a little helpful'.

Figure 8: Women's feedback about how helpful the UnitingCare DFV Advocate service had been (n=9)



The women who found the DFV Advocate helpful provided examples of the information and support they received,

I was offered support in going to like a refuge or a house, and then setting up a house for me, and I had solicitor appointments with DV to talk about options and an accountant to talk about my finances, but other than that nothing for the kids, maybe they were too young. (Partner)

Some of the women contacted by the DFV Advocate really appreciated the accessibility and regular check-ins. One woman said she was told she could call anytime and reported relating to the Advocate who she found to be very encouraging, supportive and non-judgemental.

One woman said the DFV Advocate used to check on her all the time which she found very supportive, particularly as she had no other supports,

Since I had no one here, no family, no friends, and she was the only one who used to call on me and check on me ... I felt safe, comfortable talking with her. (Ex-partner)

Another woman also appreciated the regular check-ins by the DFV Advocate,

I really loved the program though. When it was all happening, I would get that call ... the lady I used to talk to, so I thought it was great, the first bit they link in with the partner ... Yeah, really good. And I loved talking to her because she would say to me, "oh look, the Facilitators say that he really can't, you know, take on that responsibility type thing," ... you get him trying to convince you of something, and like getting a phone call from her would be "no, no this is what it's like", you know ... So, I thought it was great that they checked in with the women, you know. (Ex-partner)

What helped her immensely was the DFV Advocate reassuring her that the *Men Choosing Change* Facilitators could see that her ex-partner was only doing the course for custody issues, as it confirmed what she was feeling.

She just kind of reinforced that yes, the Facilitators have noted that like he's not [accepting any responsibility], like she said unfortunately, basically he's going to get this stage completed, it doesn't matter whether we think things have changed or anything, he was just doing it so if I was to say in the legal proceedings that he did this and that type of thing, then he could say "oh I've done this course" you know. It was just good to know, because sometimes you feel like, "was it that bad?" you know. So it was good to hear that no, no, that they see it too, they can see that he said "it's her fault because she did this". (Ex-partner)

One woman who found the DFV Advocate only 'a little helpful' said, when she was contacted, the Advocate gave her some information about the program and said she would regularly check in with her, but unfortunately this did not happen. She felt that the focus was on her ex-partner in the program rather than support for her and her children.

Everything she said was really directed at why he is in this program, let us know how he's going and if there's any changes, you know, "you can let me know, I can let the Facilitators know and they can check in with him and ask him how he is going with stuff," you know, blah blah blah, and that didn't happen. And it was mostly around the program, not anything surrounding that continuity of care or linking to the other services that need to wrap around. (Ex-partner)

Due to the high-risk nature of her case, she had previously accessed

DFV crisis services and telephone support services. For her situation, she was interested in accessing counselling and other support services which are not offered by crisis services. She suggested it would have been helpful if the UnitingCare DFV Advocate could provide navigational services during the time that her ex-partner was doing the program. This would support women who had been through trauma to navigate and link with services they and their children needed, as well as having that support around their partner's behaviour change. She noted that women do not have the same access to psycho-social group support.

I don't know what the capacity of that role, what the job description was, but it would be remiss of me not to say that I think there is a role for people, like with mental health peer work for DV work, which might be the advocate role to sit there and hold the space with those people and help them through those bits, you know, navigating family, navigating housing, people have been through trauma, that part of their brain shuts down, it is so difficult to do, for me it was. I really feel like, if I can get it in there in the comments, there's a role for domestic violence lived experience workers that helps women navigate their partners and their behaviour change. It's the perfect time to have someone sit with her in that space, after everything she can't get to a group or whatever. (Ex-partner)

A further observation was that additional help from the DFV Advocate to assist women to navigate services and access supports would enable women to get to a space where they can start focusing on healing rather than the "nuts and bolts".

It needs to be looking at ways, the Advocates should really be, what they call like the nurse

navigators where they are linking with services, to make it easier. That's what we need to be doing when women and children are going through this, the easier we can make it, the more helpful, the more time they can spend on healing and doing that, rather than the nuts and bolts. (Ex-partner)

4.6.2 Women's journey of healing and taking back control

Decision points

One woman described that she had reached rock bottom and realised she was very unhappy with the relationship,

He wasn't adding value to my life at that point. His alcohol abuse was a significant issue, so she gave him an ultimatum. I just said to him, "you've got to make a choice, the [alcohol] or me," and I don't know, he just changed yeah. I didn't expect it to go that way because you can't control someone else. (Partner)

This was an important point in her journey which enabled her to set a firm boundary which she attributed to being prepared to let him go if things did not change.

It was absolutely an ultimatum, and I guess I was only comfortable making it because I was ready to let him go. I know that sounds awful, but yes it was an ultimatum. Because I knew I wasn't happy, I just knew, so it was me setting a very firm boundary, and it has only been upwards from there, as I find myself of having moments of "I'm doing everything wrong" then I realise and I say, "stop it." Sometimes we get in arguments and stuff, but I don't know, he listens yeah. (Partner)

This happened prior to the program and her ultimatum likely provided her partner with the external motivation to attend *Men Choosing Change*.

Finding the right therapeutic supports

Some of the women described their difficulties in finding the right therapeutic supports for longer-term recovery, particularly counsellors who had an in-depth understanding of domestic violence.

One woman described her search for the right counsellor at the right time to meet her needs. She found a counsellor that she related well to and felt more in control. This woman subsequently utilised her DVO much more and reported breaches. She reflected how it was the changes she had made within herself (supported by the counsellor), that had made the difference in how she felt, rather than the separation as he continued to try and control her after they separated.

Because the separation didn't, I would still be controlled and restricted, because he was hacking into my stuff ... and made threats ... So I would have to say it's not the separation it would have to be the changes in me.... (Ex-partner)

Another woman asked the DFV Advocate for recommendations for a counsellor and found that the local services mainly dealt with crisis situations and immediate needs such as housing. The DFV Advocate was able to refer her to another advocate who helped her understand how she tended to minimise the psychological abuse. Fortunately, this woman was able to afford to pay for a psychologist, but she reported being surprised at the lack of specialist DFV services for longer-term recovery. Other women also noted that there were difficulties finding counsellors with an understanding of the complexities of DFV, particularly in more regional areas.

This was also the experience of another woman whose ex-partner presented as a nice, considerate person but was extremely

manipulative, and for a long time she did not recognise it as abuse. This made seeking help difficult: "if you don't know what you are dealing with it is hard to ring someone up and ask for help – I wouldn't even know to call it abuse at the time". She found it "very hard to find someone who I felt would be able to understand what is going on. If there were outward signs, if he did scream and yell, if he did throw things that is easy to explain to people". Having eventually found an online counselling service who understood DFV, she then realised the abuse is real, it is not okay or normal, and as she felt freer, consequently so did her adult children. "They realised, "oh we don't have to do that, we don't have to play that game." They are all still in a relationship with him, they are all pretty guarded and learning to put in appropriate boundaries." This woman was never contacted by the UnitingCare DFV Advocate.

4.7 Key findings from analysis of partners and ex-partners survey tools comparing pre-program and longer-term outcomes

To complement the qualitative feedback provided by women during interviews, we asked them to answer five survey tools based on the tools Kelly and Westmarland (2015) used in Project Mirabal.

The tools asked about any changes to men's behaviour pre- and post-program over the longer-term regarding respectful communication; shared parenting; space for women's action; physical and sexual violence; and harassment and other abusive acts. This continues our evaluation design from Stage 2 and a more detailed account of the findings with graphs is in Appendix A.

Twelve of the 14 women we interviewed answered the five survey tools. We did not ask the other two women as they both indicated they felt 'very unsafe' and their feedback described ongoing abuse. The researcher felt it was not appropriate to administer the survey tools during that time.

When considering the quantitative findings, it is important to remember the diverse situations and experiences of the women we interviewed as described in the sections above. What was evident was that the degree of change in men's behaviour towards women and their children was motivated by different factors and often a combination of factors. Fundamental to behaviour change was men's willingness to change, their motivations for doing so, and the skills and knowledge they may have gained to enable this. Women's experiences and feedback identified that, for some men, the contribution of *Men Choosing Change* was

instrumental in supporting changes in attitude and behaviour. This was further supported in some cases by other services, along with changes in lifestyle and living situations. However, some women thought the legal protection of DVOs and protection orders (POs), the threat of prison, and men's concerns about accessing children were the primary drivers for men's improved behaviour.

Some women also described changes in terms of feeling more supported and empowered which they said improved how they felt about their situation.

Respectful communication

The behaviours highlighted in the Respectful Communication tool are important measures as "an improved relationship between men on programs and their (ex)partners is underpinned by respect and effective communication" (Kelly and Westmarland, 2015, p.11). Kelly and Westmarland's (2015, p.12) explanation of how women and children experience abusive men's communication tactics resonates with our findings.

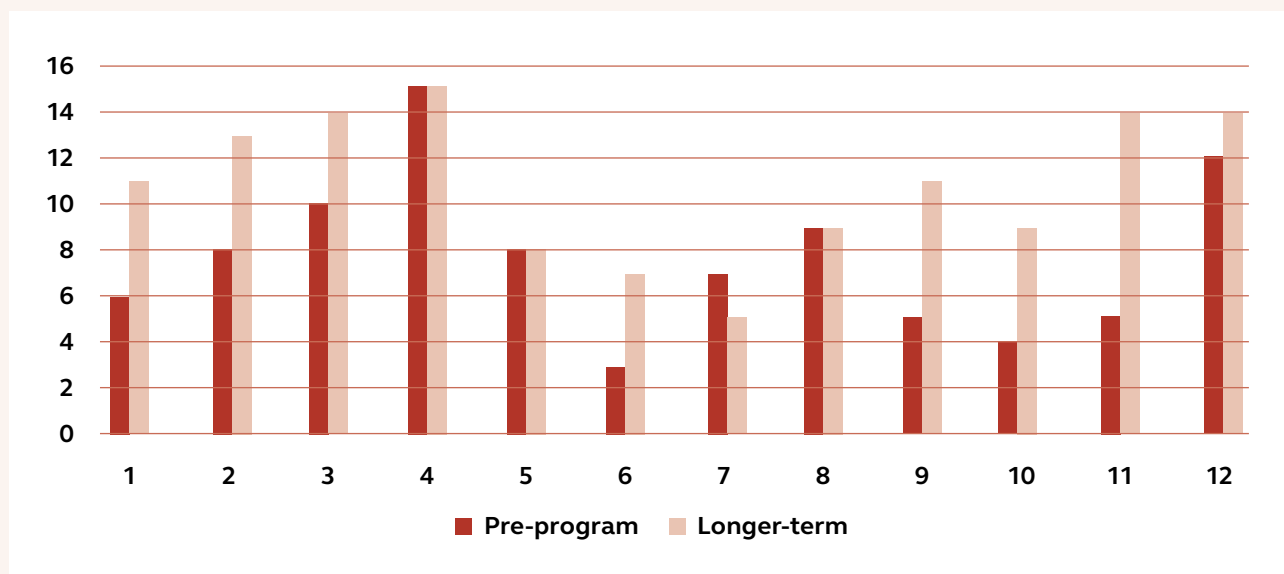
Abusive men attempt to enforce acceptance of their views, opinions, standards, emotions and needs, creating what women and children experience as disrespectful one-way communication. This can take a number of forms: presumption of automatic

respect; speaking to women as if they were children; issuing orders and demands; refusal to countenance criticism; presumption of entitlement to make all the decisions in the relationship/family; needing to win an argument; interrupting, listening and/or a disinterest in the views of others. The principle of this style of communication is that women and children should recognise and adhere to the man's perspectives.

Each item in the Project Mirabal Respectful Communication tool is a positive statement of ways to communicate, and partners/ex-partners were asked how often the man demonstrated these behaviours before *Men Choosing Change*, and currently at the time of interview which was 6-20 months post-program.

To obtain a comparative score we only scored three items where we have answers for both preprogram and longer-term outcomes for each woman and across the items that all women answered. The findings indicate the variability of women's experiences as both the pre-program and longer-term scores vary considerably. Generally, there was a shift towards more respectful communication except for one woman where things worsened over time.

Figure 9: Respectful communication scores pre-program and longer-term (n=12 partners/ex-partners)



See Appendix A for analysis of each of the respectful communication items.

Shared parenting

The survey measures for safe, positive and shared parenting based on the Project Mirabal Shared Parenting tool ask women five questions framed as negative behaviours. Therefore, the Likert scale we used is reversed (compared to the previous section) where ‘never’ is the most positive answer (see Appendix A for analysis of each of the shared parenting items).

Our findings for longer-term outcomes for shared parenting are based on responses from seven ex-partners who shared parenting, either as an informal arrangement or court ordered child custody arrangement.⁵

Overall, the findings for this small sample showed a range of behaviours men used to control women and children’s behaviour, and while some men ‘never’ or ‘rarely’ engaged in these behaviours, others do and continued to do so. Similar to our Stage 2 findings, some women

reported that these behaviours became less frequent. Some of this was due to genuine changes while other women attributed the changes such as living separately and limited contact between ex-partners. A few women said that their ex-partners were concerned about additional breaches of DVOs leading to prison so had modified their behaviour.

Space for action

The measures for ‘Space for action’ draw explicitly on the understanding that safety is insufficient to undo the harms of abuse; therefore, women need to have the freedom restored that abuse restricts (Kelly and Westmarland, 2015, p. 4). The measures selected reflect the monitoring, restrictions and ‘micro-regulations’ of performing ‘proper’ femininity as expected by the man (Stark, 2007, cited in Kelly and Westmarland, 2015, p.15).

Our sample for this tool is based on interviews with 12 partners/ex-partners. The indicators are framed as statements about how a man restricts and controls a woman’s behaviour, relationships, finances and movement, with a

yes/no response. We first asked women to respond on how he currently behaves to identify longer-term outcomes, and then asked how he behaved before he went to the program (pre-program).

Figure 10 shows the number of partners/ex-partners who said ‘yes’ they experienced these behaviours currently, indicating their longer-term experiences compared with his behaviours pre-program. This methodology also applied to the tools used for comparing physical and sexual violence (Figure 11) and harassment and other abuse (Figure 12) below.

The findings for Space for Action need to be interpreted within the context of the longer-term living situation of the sample of 12 women. Four of the women were partners of the men that attended *Men Choosing Change* and reported feeling ‘very safe’ at the time of the Stage 3 interview. Where their partner had previously done some of these behaviours, they all reported that he no longer did these things, or in several instances, that he rarely

⁵ Eleven women from our sample of 14 women have children with a Men Choosing Change program participant. Two of these women are partners and nine are ex-partners, of whom eight ex-partners have children under the age of 18 years with the Men Choosing Change participant. Two of the nine ex-partners did not answer the scale questions.

did and had “gotten a lot better”.

For the eight women who were no longer in a relationship with the *Men Choosing Change* participant, most still had contact due to shared parenting arrangements. Their experiences of men’s behaviour change over the long-term were diverse as described in the sections above. Because they were no longer living with the man, this meant that many of the Space for Action items were not applicable. For example, separation limited opportunities to restrict movement, dictate who visited the house and prescribe the way housework is done. Similarly, where women were now separated and financially independent, this limited a man’s ability to use finances to control. However, this did not

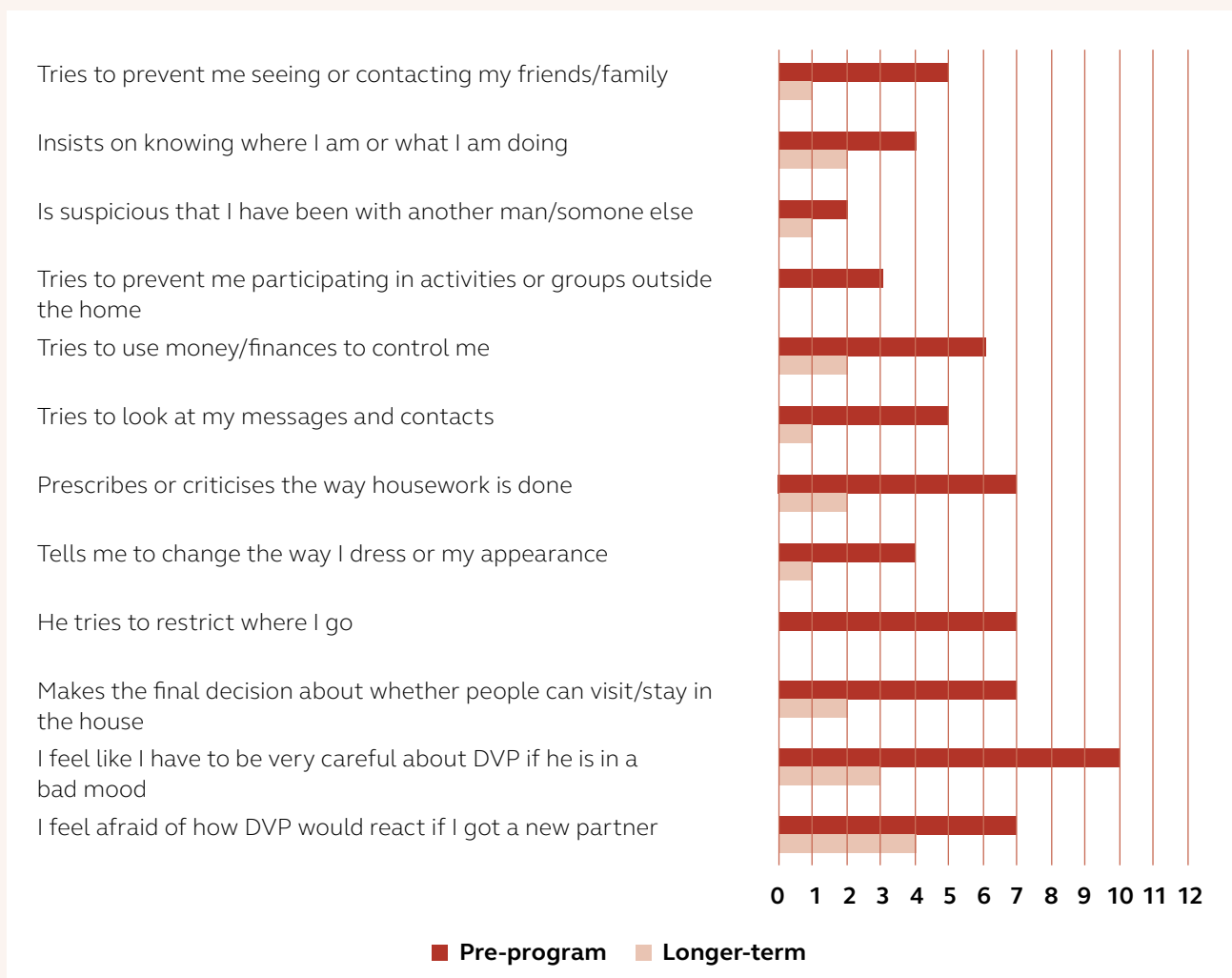
stop some men from trying to control and restrict, as can be seen by the women who were still experiencing some of these behaviours in the longer term. We did not examine financial arrangements regarding children, and other studies have shown that this can be a source of tension (Fischel-Wolovick, 2018).

The most prevalent restriction women (n=10) felt was “*I feel like I have to be very careful around the DVP (domestic violence perpetrator) if he is in a bad mood*”. This reduced to three women over the longer term, two of whom said: “*I have to tiptoe on eggshells*” and “*I have to be careful if he is in a bad mood*”. One woman said she felt like she did not have to be as careful as her own capacity had shifted. For the seven women

who reported they no longer experienced this, it was either due to changes in the man’s behaviour: “*He has changed a lot so can now say*” or they had limited or no contact with the man, and some thought their DVOs helped to keep him in check.

The findings are similar to Stage 2 early outcomes post-program which showed an overall reduction in most of these types of behaviours, and again, some of these reductions were influenced by changes in living situation and contact with the man. However, as we noted in the Stage 2 report, not all the behaviours had disappeared, and there was still some anxiety about certain areas, which is similar to the findings from Project Mirabal (Kelly & Westmarland, 2015, p.14-17).

Figure 10: Space for action: number of partners/ex-partners who said ‘yes’ to experiencing each of these behaviours pre-program and over the longer-term (n=12 partners/ex-partners)



Physical and sexual violence

The measures for physical and sexual violence are framed as statements of different violent behaviours towards victims with a yes/no response and our sample for this tool was interviews with 12 partners/ex-partners.

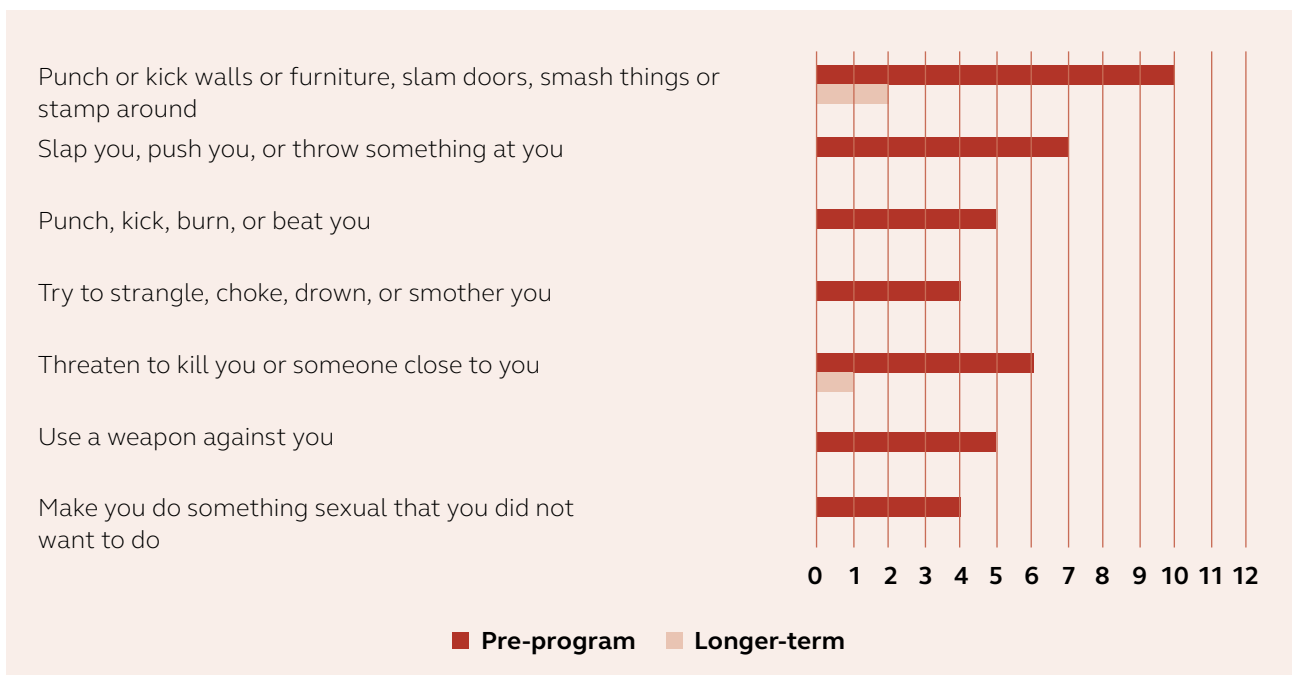
There is a substantial reduction in physical and sexual violence across all seven items with five items showing none of these behaviours in the longer term.

Some women thought the changes were due to the program, while a least three women said that men were aware of the consequences of breaches of DVOs, including prison, which acted as a deterrent.

The findings are similar to Stage 2 where the most prevalent behaviour pre- and post-program was *“punch or kick walls or furniture, slam doors, smash things or stamp around”*.

Our Stage 3 sample reported a further reduction for this item, with only 2 women reporting this in the longer-term compared to 10 pre-program. This is similar to the findings from Project Mirabal, where damage to property was the most common behaviour post-program (Kelly and Westmarland, 2015, p.18).

Figure 11: Physical and sexual violence: number of partners/ex-partners who said ‘yes’ to experiencing each behaviour pre-program and over the longer term (n=12 partners/ex-partners)



Harassment and other abusive acts

The measures for harassment and other abusive acts are framed as statements of different abusive behaviours towards victims with a yes/no response and are based on the Mirabal Project scale (Kelly and Westmarland, 2015).

Our sample for this tool was interviews with 12 partners/ex-partners.

Our findings indicated a reduction in harassment and other abusive behaviours across all seven items, with a cessation across four items. Again, three women commented that due to the consequences in

breaches of DVOs this kept their ex-partner in check. Two women noted that their ex-partner had modified their behaviour so they were not doing it in front of other people and/or ensuring they were not overt in their comments, but nonetheless, still insulting.

Figure 12: Harassment and other abusive acts: number of partners/ex-partners who said ‘yes’ to experiencing each behaviour pre-program and over the longer term (n=12 partners/ex-partners)



4.8 Conclusion

The findings from interviews with partners and ex-partners of *Men Choosing Change* participants highlighted the importance of including them in men’s behaviour change studies to obtain a balanced view of how these programs contribute towards change.

How the program supported some men to make changes

Seven of the 14 women we interviewed thought the program was ‘extremely helpful’ (n=3), ‘very helpful’ (n=3) or ‘helpful’ (n=1) in supporting their partner or ex-partner to make positive changes in their attitudes and behaviours. It was notable, although unsurprising, that the women who felt the safest reported the most significant behaviour changes in their partners or ex-partners. Even the two women who had always felt ‘very safe’ noted some positive changes that they attributed to the program.

The changes the women who felt safer identified included their partner/ex-partner being calmer, less aggressive and able

to manage their anger, as well as improved communication in terms of being able to articulate their feelings and communicating in a positive way with them and their children. Some women said their partner had developed more understanding, empathy and more reasonable expectations of their behaviour and acceptance of them as women. Specific changes to men’s attitudes and behaviours are reflected in the women’s responses to the pre-program and longer-term survey questions.

Key changes they attributed to the program included

- Men gained a deeper understanding of self and opened up to new ways of thinking about self and others

- Men gained knowledge about what constitutes domestic violence and self-awareness that their behaviour was inappropriate
- Challenging their own sense of self and negative notions of masculinity
- Men implementing strategies they had learnt to control their emotions and prevent their behaviour escalating into aggression
- Men learnt how to communicate better.

Some women identified factors about *Men Choosing Change* that they thought enabled men to engage, such as the skill of the Facilitators and the benefits of a

group program where they could listen to other men.

Some women identified other factors that motivated and enabled men to make and sustain changes they had made during the program over the longer term. This included follow-up counselling, lifestyle changes, addressing addiction, and benefiting from other programs.

Men who made little or no changes

Seven of the 14 women we interviewed thought the program was a 'little helpful' (n=3) or 'not helpful' (n=4) for supporting their ex-partner's behavioural changes.

Most of these women noted that their ex-partner did the program for appearance's sake (child custody, legal and relationship reasons) rather than intending to actually address their behaviours. It is important to note the difference between intention and the original motivations for doing the program and then the extent which men engaged with the program content and began to reflect on their own behaviours. It appears that men who made no changes did not engage or acknowledge their own behaviours, and in a few cases, women reported that the program actually gave them the words and concepts to twist around and blame women for being at fault and even "the abuser".

Several women noted that their partner/ex-partner's behaviour changes were not consistent and that having a DVO gave these women a valuable tool to protect themselves and their children, as their ex-partners feared losing access to their children and/or going to prison. Some women suggested more follow-up services after the program were needed to encourage and build on the small changes that were made.

Supports for children

There appeared to be few specialised supports available for children, and while some women said their children were seeing a psychologist, others highlighted the struggle to find free or affordable counselling for their children.

Eight of the women who had children under 18 years were no longer in a relationship with the father and had some type of contact or custody arrangement in place. For nearly all of these women, contact with their ex-partner via child custody was an ongoing source of tension, and some women were concerned for the safety of their children.

Support for women's recovery from DFV trauma

Nine of the 14 women we interviewed had been contacted by the UnitingCare DFV Advocate

when their partner/ex-partner was doing the program. Most of these women found the DFV Advocate 'extremely or very helpful' and their experiences demonstrate the importance of this role for providing support, information and safety planning. The ability of the DFV Advocate to understand their situation and provide useful information, including about how their partner/ex-partner was progressing on the program was reassuring for them.

Some of the women were not contacted and would have appreciated the contact. Others who were contacted did not find the approach and information very useful and did not receive the follow-up promised. This relates to our previous findings about the under-resourcing of the DFV Advocates where they work part-time and have high caseloads.

Women noted that there were difficulties finding suitable counsellors with an understanding of the complexities of DFV. Most of the DV specialist services were focused on crisis intervention and not longer-term recovery from domestic violence. This challenge was even more pronounced in regional areas.

5 THE CONTRIBUTION OF MEN CHOOSING CHANGE TOWARDS LONGER-TERM OUTCOMES FOR WOMEN, CHILDREN AND MEN

5.1 Introduction

This chapter reflects on the findings from the interviews with former *Men Choosing Change* participants and partners/ex-partners to assess the contribution of *Men Choosing Change* towards positive longer-term outcomes. In light of the findings, we reconsider the original intervention logic and theory of change co-designed with UnitingCare and external key stakeholders. We consider how our findings align with other studies and contribute toward this growing body of literature.

5.2 The extent of men’s attitudinal and behaviour change and factors that support change

5.2.1 Men’s longer-term behavioural change outcomes

Early outcome findings for men’s behaviour change

The early outcome findings reported in Stage 2 (Taylor et al. 2020) found that *Men Choosing Change* appeared to support an overall positive shift in changes for men. All the women we interviewed at that time noted varying degrees of positive changes including men’s increased awareness of the impact of DFV on women and children, and that the men were more self-aware of their behaviours and utilising practical tools and strategies

they had learnt to manage their emotions and anger. They also noted the program had taught men better communication skills including listening more and accepting other perspectives. However, three of the 10 women we interviewed said that the man had used what they learnt in the program against them.

Just over half the women interviewed said their sense of safety increased and they thought the program had contributed towards this. Several women said they initially felt safer, particularly while the man was participating in the program, but after the program was completed some men became more aggressive. In

these cases, a DVO was helpful to “keep these in men in check with the threat of prison”.

Most of the women suggested that further follow-up in the form of a program or counselling would be helpful for men, and this was also supported by interviews with program Facilitators, DFV Advocates and a review of the literature.

The pre- and post-survey findings showed positive early outcomes for the 15 men who participated in this phase of the evaluation including increased understanding of the impact of DFV and insights this gave them into their behaviours. There were increases in men’s self-awareness

and use of skills to regulate their emotions and improve their interpersonal communication skills. The combination of this learning appeared to contribute to a decrease in more violent behaviour and to improve men's respectfulness.

Longer-term outcome findings for men's behaviour

The longer-term findings from interviews with 10 former *Men Choosing Change* participants and 14 partners/ex-partners provide mixed findings on the contribution of the program towards longer-term outcomes. The partners' and ex-partners' feedback, in particular, showed the variability of their experiences of men's behaviour change over a longer timeframe which related to how safe these women felt and the degree of concern they had for their children. As we have discussed, some women identified the program contributed towards very positive changes for men, while others identified some changes to no changes at all. Again, in a few cases, women reported that men used what they had learnt in the program against them, which has been noted elsewhere as a risk (Chung et al. 2020a).

The men's self-reported findings about the extent to which they had changed and the extent that the program had enabled them to do this were more positive. Several of the men interviewed appeared to be minimising their need to change; although, even these men acknowledged that they had learnt things from the program that they still practised in their daily lives, such as managing their anger and improving their communication skills.

To contextualise these mixed findings from our relatively small sample of participants we have included findings from two other longitudinal studies.

The most comprehensive study of longer-term outcomes in Australia was conducted by Brown and colleagues (2016) with 300 men over three years and follow-up over two years after they completed a MBCP program. The study was conducted across three States (VIC, NSW and WA), and involved a number of organisations at urban, regional and rural sites. The methodological approach used a longitudinal panel design that included four data collection points over the three years. This involved surveys with men before they began the program when they exited the program, and at one-year and two-year intervals post-program. A sample of men was also invited to take part in a telephone interview. The final survey was completed by 71 of the original sample of 300 men which was an impressive achievement given the well-documented difficulties of recruiting and sustaining retention in MBCP studies. The men self-reported their use of different types of violence (physical, sexual, psychological) and controlling behaviours. Brown et al. (2016, p.i) summarised the longitudinal findings regarding violent behaviours,

The trajectory of violence was an initial sharp fall immediately on program completion, followed by further reductions one year later and reductions yet again two years later. In summary, some 65% of the men who completed the program and stage 2 of the study were either violence free or almost violence free two years after they completed their program.

Brown and colleagues interviewed 11 former partners of MBCP participants. The researchers obtained the views of 10 original partners and nine new partners via their detailed comments on men's surveys. They reported mixed findings from the partners, new partners and former partners,

Original partners who had stayed with the man and new partners who had joined the man during or after the program were very positive about the program and the men's progress two years after program completion. Former partners who had left were negative seeing either that it had not protected them or that it was too late to matter to them. (Brown et al. 2016, p.iii)

Our findings are similar. The women we interviewed who were original or new partners reported positively about the program and the man's progress and said they and their children felt 'very safe'. Even one ex-partner who reported feeling 'very safe' was very positive about the program in terms of the support she received from the DFV Advocate and the changes in the way her former partner behaved towards her since he attended the program.

However, most ex-partners still felt 'somewhat unsafe' or 'very unsafe'. Their feedback varied about the contribution of the program towards any changes they observed. They also attributed men's behaviour changes to other factors such as reporting breaches of a DVO, which had reached a level that if the man breached again this could result in prison, and the involvement of child safety services. One woman attributed her partner's more positive behaviour towards her to him getting a new partner, so the focus was now off her.

A national evaluation of non-violence programs in Aotearoa/New Zealand included qualitative information from interviews with participants, program providers and key stakeholders. Quantitative analysis of a matched sample of non-mandated DFV offenders was conducted 12 months post-program and found there was "reasonably strong evidence that Ministry-funded non-violence programs⁶ are effective for those

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The non-violence programs are government funded and similar to Australia's MBCPs. The term 'family violence' in New Zealand is used broadly and is inclusive of gender-based violence such as domestic violence or intimate partner violence.

who attend a program following a non-mandated referral through the criminal court” (Paulin, Mossman, Wehipeihana, Carswell, Kaiwai, Lennan, 2018).

This study matched a sample of “434 family violence offenders who attended a non-violence program following a non-mandated referral through the criminal court (‘active treatment’ group) with 434 comparable controls who did not attend such a program (‘control’ group) ... The key findings of this study are that those in the ‘active treatment’ group (compared with matched ‘controls’):

1. *were significantly less likely to commit a further family violence offence or a non-family violence offence in the following 12 months*
2. *committed up to 46% fewer family violence offences and 49% fewer non-family violence offences in the following 12 months.* (Paulin et al. 2018, p.vii)

Qualitative feedback from interviews with 40 participants of the non-violence program and from 488 clients who provided feedback through their providers in 2017 lends further support for the results of the re-offending study (Paulin, et al. 2018, p.vii).

5.2.2 Men’s journey of change

Many of the men in our study saw themselves on a journey of change (Brown et al., 2016, p.69; Paulin et al. 2018) and *Men Choosing Change* had provided them with a good starting point. A few men said that the program reinforced the path they were on.

Stage 2 findings confirmed that the program-related factors identified in the theory of change are important for facilitating men’s behaviour change (see Table 4). We have added other enabling factors that have emerged from the longitudinal interviews (in bold).

Table 4: Men Choosing Change Theory of Change – program-related factors identified as enabling men’s positive behaviour changes

<ul style="list-style-type: none"> Engaging and motivating men to change attitudes and behaviours
<ul style="list-style-type: none"> Engagement with the program is enhanced with content that men find relevant to their situation
<ul style="list-style-type: none"> Increase men’s knowledge about what DFV is and its impact on partners/ex-partners and children
<ul style="list-style-type: none"> Some men are very motivated by their relationship with their children and having substantial content related to children and young people and positive fathering would likely engage men in changes and be beneficial for children’s safety and wellbeing
<ul style="list-style-type: none"> Increase their sense of empathy
<ul style="list-style-type: none"> Increase their understanding about themselves, why they act in certain ways and to develop more self-awareness
<ul style="list-style-type: none"> Provide men with skills, tools and strategies to enable behaviour changes
<ul style="list-style-type: none"> Recognition of importance of MBCP Facilitators’ knowledge and skills in engaging men in change and facilitating group dynamics so that men are supporting each other to make positive changes.

How do these factors relate to sustaining longer-term behaviour changes for men?

Men’s descriptions of what they recall from the program 6-18 months later and how they utilise this knowledge provides an insight into the dynamics of how different men engaged with the program and how this enabled them to make changes, as does the feedback from partners/ex-partners.

Motivation and engagement in the program is a fundamental starting point. Our interviews with many of the men and partners/

ex-partners confirmed that the pathways to *Men Choosing Change* were externally motivated for most men, whether mandated or non-mandated. They attended the program for various reasons such as hopes of reconciling with a partner and/or ‘lifting’ or reducing the conditions of a DVO. Where children were involved, men were motivated to attend the program to gain access to their children. O’Leary and Young’s (2020) study also noted most men are externally motivated by these factors to attend an MBCP.

In these situations, men’s motivation and readiness for

change are often linked to seeking desired outcomes from others, rather than a primary goal to change attitudes and behaviours within themselves. Therefore, change is often quite slow and progress might be limited or not occur at all, meaning that systemic expectations of internalised perpetrator accountability are unlikely to be realised. (O’Leary and Young, 2020, p.189)

Vlais and Campbell’s (2019) study includes an examination of pathways to desist from family violence which emphasises the importance of men’s readiness to

change and engage in MBCPs, and situational factors such as stable life situations, in order for men to benefit from the intervention.

The development of internal motivations to change can be a long-term and evolving process. This is in part because perpetrators (or at least those on a pathway towards change) are grappling with the question of readiness to change ... what? Perpetrator understandings of the depth and breadth of their use of violent and controlling behaviours evolves through the course of MBCP work. While in the beginning or middle stages of the program they might develop a readiness to change those aspects of their behaviour that they recognise as violent – what they see as ‘one-off episodes’ of outwardly visible violence. Only later might they develop readiness to address their whole patterns of coercive control, or to become truly accountable to the needs of family members for emotional and psychological safety. (Vlais & Campbell, 2019, p.12)

What is evident is that when most men enter an MBCP, including *Men Choosing Change*, they are externally motivated, and internalising these motivations and accepting that responsibility takes time. The mixed findings of our longer-term study show men at various stages of this journey, and perhaps for some, they will never begin this journey. The ex-partners who reported minimal or no changes to men’s behaviour from the program attributed this to a lack of desire and motivation to make changes.

Men Choosing Change can act as a catalyst to change when men find content relevant to their situation and this is reinforced by other men in the group, and there is confidence to practise and normalise changes

The findings clearly show that for some men what they learnt in the program, reinforced by

the group program experience, was life-changing and supported them on a pathway of changes. Some important themes emerged as men described engaging and remembering parts of the program that were relevant to their situation. Many mentioned there was a lot of information to absorb each session and they could not remember all of it, and some content they did not think related to them. Several talked about their strategy of focusing on small things each week that they could then practise during the week. This aligns with the intentions of the program to enable ongoing changes.

The challenge of a generic program is that it is more difficult to tailor content to the group’s needs, and other studies have identified that the ability to complement the group work with individual sessions would likely be beneficial for many participants (Vlais & Campbell 2019). This has funding implications for MBCPs generally.

This incremental process of change aligns with the findings from Kelly and Westmarland’s Project Mirabal study which found that men’s change “requires layers of new understandings, reflection and translation into behaviour. Change is better understood as a series of sparks, different for each man, and not all of which are activated” (Kelly and Westmarland, 2015, p.34).

The facilitation of the group and the interaction with the other men were also identified as key to engaging and gaining insights from the program. They related to some men’s experiences and gained inspiration and connection identifying with men who had been through similar experiences. Developing their skills and confidence in the group setting also allowed them to take this to the “outside world”. Practising within the group helps to embed new behaviours and is part of the approach of *Men Choosing Change* to encourage the development

of new attitudes and behaviours. Several of the men particularly valued the program as it provided them with emotional support during a difficult time.

Some men reported they were already making changes with their partner, or personal changes such as addressing mental health and addiction issues, before they undertook *Men Choosing Change*, and that the program confirmed for them what they needed to do and gave them the skills and knowledge to put this into practice.

What supported sustained positive changes in men’s behaviour

Findings from the longitudinal phase show that some men have sought additional support since attending the program and this has been beneficial. About half the men had accessed counselling or help for mental health issues. It has been acknowledged widely that the men attending MBCPs frequently present with complex emotional and psychological needs (Butters, Droubay, Seawright, Tollefson, Lundahl, & Whitaker, 2020). The issue of perpetrators’ mental health, and particularly the influence of their own early exposure to DFV, has been described as contributing to men’s depression and anxiety (Taylor, MacManus & Howard, 2021). Other studies have shown the link between some men’s own experience of childhood abuse and their likelihood of becoming DFV perpetrators (Murrell, Christoff & Henning, 2007). This has implications for ongoing support for men in regard to their own recovery as well as changes in their behaviour over the longer term.

All the men indicated that they would seek support if they needed it, however, some of the men felt that they were not always sure what types of support to access and some suggested that there needed to be more services for men generally.

Some of the men talked about the support they received from their family, friends and work colleagues. The development of pro-social networks that are non-violent is important for normalising and supporting long-term changes. Vlasis (2014) describes the substantial changes men had to make to their worldview and social world to sustain positive changes,

Some had also made significant changes to their lives, interests and networks to immerse themselves in a social milieu supportive of non-violence,

and to express the still newly forming identities based on a different sense of what it means to be a man, partner, and in some cases, a parent. In stories compiled of men committed to sustainable change journeys in the U.S., Acker (2013) found common themes of the need for continual vigilance, and deep explorations of what it means to be a man, and the desire to be a better man. (Vlasis, 2014, p. 11)

The findings suggest that MBCPs are only part of the solution and they need to be part of a broader system response that

includes a range of services as well as community support. The last section in this chapter will discuss the perpetrator intervention system involving other interventions and measures including justice sector and human services. The following sections examine how women and children's safety and wellbeing can be strengthened via the MBCP process as part of an integrated system of supports.

5.3 Strengthening safety and supports for women and children

Our evaluation findings strongly support other research conducted on the importance of partner/ex-partner contact services of MBCPs (Chung et al. 2020a; Vall et al. 2021).

It has been acknowledged that in order for MBCPs to maintain the safety and wellbeing of women and children, programs need to provide simultaneous support to MBCP partners/ex-partners and their children (Chung et al. 2020a; Vall et al. 2021).

The Australian National Outcome Standards for Perpetrator Interventions (2015) first standard is: "Women and their children's safety is the core priority of all perpetrator interventions." Furthermore, "Effective programs for perpetrators must also have in place mechanisms that provide opportunities for victim/survivors to access ongoing partner contact, family or other support services where appropriate" (Commonwealth of Australia, 2015, p.5)

Chung et al.'s (2020a) study of partner contact practice in

Australia MBCPs provides a comprehensive assessment of the current operational strengths and challenges facing MBCPs to deliver their partner contact services. Their study included a review of MBCP-related literature; interviews and surveys with partners/ex-partners of MBCP participants, DFV Advocates and other key stakeholders.

Their review of the MBCP Australian literature found that despite partner contact being recognised as a critical element of MBCPs, there has been little documented about safety practices in this context (Chung et al., 2020a, p.8). Overall, they found partner contact support is labour intensive, under-resourced and inconsistently applied throughout Australia. They strongly recommended that it should be offered to all women (either directly or through organisational partnerships) through all MBCPs and that

national minimum practice standards for partner support as a component of MBCPs should be developed (Chung, 2020a, p.11). Further, they argued that partner contact services within MBCPs be "resourced and funded in ways that enable those national minimum practice standards to be met, and that ensure women have ongoing access to support irrespective of a perpetrator's MBCP attendance" (Chung et al. 2020a, p.11).

Our Stage 2 process evaluation findings identified the high caseloads of DFV Advocates who often worked part-time. This led them to mainly focus on high-risk cases and reliance on telephone contact (Taylor et al. 2020, p.5). Our interviews with partners/ex-partners during Stages 2 and 3 of the evaluation found that most women (12 out of 19) were contacted by a UnitingCare DFV Advocate. Seven of the women contacted by the DFV Advocate

found this ‘helpful’, ‘very helpful’ or ‘extremely helpful’ in terms of information, safety planning, support and referrals, and the Advocate informing them about how their partner/ex-partner was progressing in the program.

The other five women only found the contact ‘a little helpful’ or ‘not helpful at all’ due to a variety of reasons relating to the relevance of information, accessibility to contact the Advocate, and lack of promised follow-up. Several women did not find the approach of the DFV Advocate helpful for different reasons. One woman thought the service being offered by the DFV Advocate was more focused on the progress of her ex-partner on the program than on supporting her and her children’s needs. She suggested that a DFV Advocate service that provided more support for her and her children to access services, such as a navigator role, would be more beneficial. Another woman from our Stage 2 evaluation found the DFV Advocate approach not very engaging and felt like she was “being grilled” rather than supported (Taylor et al. 2020, p.26). The initial engagement with victims of DFV over the phone takes a skilled trauma-informed approach and this feedback suggests that more capability building and supervision is required.

These mixed results are also reflected in Chung’s study that included feedback from 18 women about their experiences of MBCP partner contact by an Advocate (Chung et al. 2020a). Chung and colleagues found that partner contact was considered “valuable when workers were centred on women’s and children’s needs, and when women could ask questions about the MBCPs and what to expect from those involved in them” (Chung et al. 2020a, p.9). They also found that partner contact could still have a “positive impact on the lives of victims/survivors, even when the MBCP did not lead to any change

in the perpetrator’s violent and controlling behaviour” (Chung et al. 2020a, p.9).

Where women did not find the DFV Advocate as helpful, this likely reflects the under-resourcing of this role that Chung and colleagues (2020a) identified in their nationwide review. For example, funding constraints limited the time DFV Advocates had to contact and work with women and prioritising working with partners/ex-partners of men identified as high risk. At some sites, DFV Advocates caseload and capacity meant they only did telephone contact with partners and ex-partners and no visits or face-to-face work. There were also limitations on the amount of follow-up work DFV Advocates had time to do after the initial contact to provide information, assessment and safety planning. DFV Advocates may refer women to other services for the more intensive case management work that many women and children require to recover from DFV. However, the DFV Advocate role is also established to monitor risk and liaise with Facilitators which requires ongoing contact with the partner/ex-partner.

For some of the women we interviewed, the contact from the UnitingCare DFV Advocate was the first time they had connected with a DFV service. This supports other research about the MBCP partner contact being an important pathway for women to access DFV services and supports (Chung et al. 2020a).

Of our sample of 19 women (interviewed across Stages 2 and 3), seven women were not contacted by the UnitingCare Advocate. A few women did not think it was necessary or desirable (at least one was concerned that the DFV Advocate was associated with the same organisation delivering the MBCP). The others would have appreciated this contact if it had been made available. We note that while some of these cases may not

have been regarded as high-risk, these women would still have benefited from contact from the DFV Advocate to provide both a pathway to access supports as well as providing information to counter how some men were attempting to use the program content against women. Other studies have identified that non-contact or very limited contact is a risk for women and children, for example,

This included perpetrators blaming women for having to attend an MBCP, denying their violence altogether or minimising it to such an extent that they did not see any need to attend the program ... some victims/survivors were subject to further abuse, such as being told by the perpetrator that the MBCP practitioner thought the problem was with the victim/survivor. (Chung et al. 2020a, p.9)

There appears to be some misalignment in the MBCP service model nationally between the primary objective of women and children’s safety and providing enough funding to the DFV Advocate role to provide an important opportunity for women and children to access support while the man is on the MBCP.

Supporting women’s longer-term recovery

Supporting women’s longer-term recovery from their experiences of DFV was identified as a gap in service delivery by the Queensland Government’s Special Taskforce on Domestic and Family Violence (the Taskforce, 2015). In 2019, the Queensland Government began funding organisations to provide Women’s Health and Wellbeing Support Services (WHWSS) to provide recovery services for survivors of gender-based violence. An evaluation of WHWSS across 10 sites in Queensland found extremely high demand from women to access WHWSS, which confirmed the need for this type of longer-term recovery

service response (Carswell & McDermott, 2020). The findings from the WHWSS evaluation highlighted that women require a range of supports at different times to meet their and their children's needs, for example, safety concerns, practical needs, advocacy and support navigating services, and addressing a complex range of psychological and somatic needs resulting from trauma (Carswell & McDermott, 2020, p.5).

The need for a variety of services that took a longer-term approach was echoed in interviews with partners/ex-partners in our evaluation who required a range of services and supports for longer-term recovery. However they often found it difficult to find suitable services as many DFV services were focused on crisis response and short-term needs.

Some of the partners and ex-partners had accessed counselling and said they found it difficult to find a counsellor or psychologist who really understood their experiences of domestic violence. The evaluation of WHWSS included interviews with counsellors and clients who identified the importance of counsellors having additional training to understand the complex dynamics of DFV and its impacts.

[This] is important for relating to clients' experiences; understanding risks and working with clients in an empowering way to develop safety plans; and to identify with them appropriate supports and treatment options. Achieving long-term health and wellbeing for survivors of DFV is dependent upon treatment options that consider the pathway between DFV and the development of mental health conditions, as compared to standardised treatment options

that have a more general mental health focus. (Carswell & McDermott, 2020, p.6-7)

Counsellors who do not understand domestic and family violence tended not to be as relatable for DFV clients or as effective as counsellors who understood the effects of DFV trauma and how it manifested as different mental health, somatic health issues, and for some women and children, complex post-traumatic stress disorder⁷ (Carswell & McDermott, 2020, p.25). This relatability enhances engagement with the therapeutic process and some women in our study spoke about their search for the right counsellor, who they could relate to, who understood them, and who they could work with effectively in the therapeutic process.

There is also a danger that counsellors who do not appreciate the dynamics and nuances of domestic and family violence can miss cues regarding risk and focus primarily on a woman's psychological problems without fully appreciating/acknowledging how they have been caused by the abuser (Roddy, 2013; Roddy & Gabriel, 2019). These findings have implications for this study in considering which services and counsellors DFV Advocates can refer partners/ex-partners to meet their longer-term recovery needs.

An ANROWS (2020b) research synthesis report provides evidence on violence against women and mental health. The review of literature examined the intersections between mental health, trauma, complex trauma, disability, coercive control, access to justice, and parenting. The findings support the importance of trauma-informed approaches where counsellors and other mental health professionals

receive training about the complex intersection of DFV and mental health,

Research highlights the ways that trauma, disability and mental health concerns can intersect and add complexity to both appropriate diagnosis and treatment. This complexity points to the need to take a broader view that encompasses experiences and environments that might be contributing to the behaviours the person is exhibiting, and have led to particular mental health diagnoses (Campbell, Richter, Howard, & Cockburn, 2020 in ANROWS 2020b, p.4)

Some survivors reject the 'mental illness' label as it implies they are sick, rather than the condition being a result of the trauma (ANROWS, 2020b). Survivors of DFV may reject the "mental illness" label as "pathologising and individualising (as deficit) reasonable responses to overwhelming situations". A participant in the Salter and colleagues study explained how this made her feel,

[My therapist] talks about mental illness, and I say to him all the time, "Don't ever use that." And he goes, "Why? It's what it is." And I said, "No, it's not." I said, "When you use the word illness, you're saying that I'm sick. I'm not sick. I have a set of symptoms as a result of what was done to me. I'm not sick." (Quoted in Salter et al., 2020, p. 55 cited in ANROWS 2020b, p.4)

Local service provider context

The consideration of where to refer women and children to support longer-term recovery is constrained by the local service provider context where the UnitingCare Men Choosing Change programs are located. The availability of appropriate

7 Complex post-traumatic stress disorder (C-PTSD; also known as complex trauma disorder) is a psychological disorder that can develop in response to prolonged, repeated experience of interpersonal trauma in a context in which the individual has little or no chance of escape. For further explanation see: <https://www.healthline.com/health/cptsd#diagnosis>

services and the accessibility of services can be major barriers (e.g., long wait lists, cost and distance of travel, available and affordable child-care, and hours of operation fitting with work and other commitments). These have been well documented in studies for women and men trying to seek support for DFV-related issues (Carswell & McDermott, 2020; Chung et al. 2020a; O’Leary & Young, 2020).

Chung and colleagues’ study of MBCP partner contact recommended that in those locations where there are gaps in services for women, particularly in regional and remote areas, that MBCP services extend their

support to women beyond the time that the man is attending the program,

The support provided to victims/survivors through partner contact should be determined by the broader constellation of available services within the local area or region in which a partner contact service sits. When neither partner contact services nor specialist local/regional women’s and other victim/survivor services have the capacity to provide this kind of support, important victim/survivor needs can remain unmet. The research points to the importance of partner contact support being a service

for victims/survivors that is not tied to a perpetrator’s participation in the MBCP. Partner contact work requires adequate levels of funding to enable sufficiently intense and lengthy responses when no other local option exists. (Chung et al. 2020a, p10)

Funding for regional and remote DFV services needs to reflect the particular challenges for victims/survivors accessing appropriate supports in these locations. Building on existing DFV services where there is capacity and capability in order to maximise effectiveness makes fiscal sense.

5.4 Supporting safety and wellbeing of children

Our findings clearly suggest that there are opportunities to increase children’s safety and wellbeing through more child-focused *Men Choosing Change* program content, and the role of the DFV Advocate to assess children’s risks and needs and refer them to appropriate services.

Recent studies have focused specifically on fathering (Scott, 2021) and have called for the strengthening of focus in MBCPs towards the role that fathers play in the context of the abuse inflicted on mothers. Scott (2021) reinforces the ongoing calls for care and protection and legal systems to focus more on the situation of children and to strengthen collaborative community initiatives in order for this to occur.

Our interviews with the men 6-18 months after their program completion indicated that many maintained some form of contact with their children. Child custody issues were raised frequently by those we interviewed (men

and women), and there may be opportunities to strengthen relationships with a collaborative focus on children and other services such as Child Safety and the Family Court, particularly at sites that do not have a funded integrated response in place. There would be potential in longer-term program support for men who have exited *Men Choosing Change* to continue to attend parenting programs.

Some of the men we interviewed identified how important the program content about children was for them, and that they would have liked more focus on children. This aligns with other studies that recommend the strengthening of program material related to

fathering and behaviour change (Chung, Humphreys, Campbell, Diemer, Gallant, Spiteri-Staines, 2020b). Men’s fathering and their relationship with their children have been observed as providing motivation to change their parenting behaviour (Chung et al., 2020b).

Some of the women we interviewed struggled to find available counselling for their children and there appeared to be few specialised supports available for children in some areas. Studies on the recovery of children who experienced DFV have emphasised the importance of having program providers and counsellors who have a good understanding of the effects of

DFV on children (Taylor & Taylor, 2018). Most of the women we interviewed who had contact with a UnitingCare DFV Advocate did not recall any specific supports or referrals for their children. However, further work would have to be undertaken with UnitingCare to examine referrals (internally and externally) for children at the different locations to see if there are opportunities to increase referrals and strengthen referral pathways and stakeholder relationships. This could also include services that specialise in working with children who have disabilities, Aboriginal and Torres Strait Islander children, and children from Culturally and Linguistically Diverse (CALD) backgrounds.

Chung and colleagues' (2020a) review of MBCP partner contact services nationwide identified a lack of direct supports for children.

Very few partner contact workers in the survey reported providing any form of direct support to children based on the partner contact model. Some partner contact workers provide intra- and inter-agency referrals to children's services, but the provision of support services to children has not been a key component of MBCP and partner contact services in any jurisdictions. Services for children whose fathers are undertaking MBCPs have been patchy and it has not been a major policy priority with perpetrator interventions. However, there is increasing acknowledgement of the importance of providing direct

support to children and young people. This is an area requiring further consideration, especially given that partner contact is predominantly delivered via telephone, and the age range and developmental stages of children will require differential interventions. (Chung et al. 2020a, p.10)

Our interviews with ex-partners illustrated how, for some of them, coercion and control can continue well after program completion and have an effect on children's relationships and progress. A few women reported the difficulty they encountered in managing their older children where they exhibited similar efforts to exert control over their own relationships. Other research has shown the relative neglect of the impact that MBCPs may have in relation to the perpetrator's ongoing coercion and control on children's wellbeing (James-Hanman & Holt, 2021; Kertesz, Fogden & Humphreys, 2021).

We know from longitudinal studies that the adverse effects of children's exposure to domestic and family violence include detrimental long-term impacts on their physical and mental health and future relationships. For example, the New Zealand 2019 Family Violence Survey examined the relationship between childhood exposure to adverse childhood events⁸ (ACEs), including abuse and witnessing intimate partner violence (IPV), and exposure to IPV and non-partner family violence in adulthood (Fanslow, Hashemi, Gulliver, McIntosh, 2021). The survey was conducted with 2,888

adults (1,464 females and 1,423 males) and was representative of the general population (Fanslow et al. 2021, p.4-5). The findings showed children exposed to more ACEs had a significantly increased risk of experiencing IPV and non-partner violence in adulthood,

Among those who reported ACE exposure, psychological and physical violence were the most common types of IPV experienced, followed by controlling behaviours.

As the number of ACEs increased, the risk (adjusted odds ratio) of reporting all types of partner and non-partner violence during adulthood increased.

Compared to those with no ACE exposure, those with exposure to four or more ACEs were:

- **4.3 times more likely to report experience of controlling behaviour** from an intimate partner (95 %CI; 3.27-5.76);
- **5.8 times more likely to report physical IPV** (95 %CI; 4.42-7.60);
- **6.2 times more likely to report physical non-partner violence** (95 % CI; 4.61-8.39); and
- **9.5 times more likely to report exposure to non-partner sexual violence** (95 %CI; 5.77- 15.72). (Fanslow et al. 2021, p.11)⁹ (formatting changed for emphasis)

A person experiencing emotional abuse at home as a

8 Adverse childhood experiences include:

- Emotional, physical or sexual abuse
- Witnessing intimate partner violence
- Household substance abuse
- Household mental illness
- Parental separation or divorce
- An incarcerated household member <https://nzfvc.org.nz/news/new-research-explores-impacts-adverse-childhood-experiences-new-zealand>

9 Denominator for IPV analyses was limited to ever partnered respondents (1,431 female, 1,355 male, 2,787 all). b Denominator for non-partner violence analyses was the whole sample regardless of their partnership status (1,464 female, 1,423 male, 2,888 all) (Fanslow et al. 2021, p.11).

10 <https://nzfvc.org.nz/news/new-research-explores-impacts-adverse-childhood-experiences-new-zealand>

child is nearly three times more likely to experience violence from an intimate partner in later life. (Fanslow et al. 2021)

The lead author, Janet Fanslow states,

It's crucial to intervene in childhood adversity, since the effects can be multiplied over a lifetime, exacerbating social and economic inequalities ... We need to invest in strategies

that support and sustain the development of safe, stable, nurturing relationships and environments for all children and families to help all children reach their full potential.¹⁰

5.5 Conceptualising Men Choosing Change as part of a system to address domestic and family violence

It is important to have realistic expectations of what an MBCP can achieve (ANROWS 2020c) and the findings make clear that this type of intervention should be part of a broader system of interventions and supports for men, women and children.

Brown and colleagues (2016, p.iii) found that while the MBCP's enable "the men to make changes, the programs were not a silver bullet that stopped all men from being violent or stopped all the violence of the men who made changes. Rather, programs are one of the tools available to directly address male violence to their intimate partner and, for some men, to other family members, including their children."

Vlais and Campbell also make the point that no one intervention can completely eradicate the patterns of coercive control,

Many people who cause family violence harm will move only part of the way towards sustained risk reduction, despite the best efforts of the service system. This is further evident when we understand men's violence against women and children as patterns of coercive control and entrapment, rather than isolated incidents. The constellation of tactics that perpetrators use can be tightly interwoven, but can also shift over time in nature and intensity. Interventions can help

to change patterns, hopefully in positive directions. Complete eradication of patterns of coercive control, however, is often beyond any single intervention. (Vlais & Campbell, 2019, p.10)

An ANROWS report investigating perpetrator accountability identified a systemic assumption that a perpetrator,

had been held to account by the court simply through being a respondent to a court order and referred to an MBCP, and that the MBCP would, in turn, "make him accountable". MBCP practitioners noted that this was not always realistic, given that MBCPs only had a relatively short period in which to address what might be highly entrenched attitudes and behaviour, in the context of societal acceptance of a level of gender inequality. (ANROWS, 2020c, p.7)

They identified that the MBCP's role in monitoring risk and providing partner support is undervalued and his attendance can be beneficial even if he makes minimal changes,

Even if a man has no desire to change (that is, to take responsibility for his violence), his mandated attendance at a MBCP can make some difference:

- *The man is kept in view, his level of risk is monitored, and information can be shared across agencies.*
- *A partner contact service will allow his partner to be supported (even if the man drops out of the program), and may possibly provide her the opportunity to attempt separation in safety.*
- *Through his partner's engagement, it will be possible to triangulate the level of risk the man poses. (ANROWS, 2020c, p.7)*

These findings support strengthening the DFV Advocate role to increase the ability of the program to monitor risk and provide women and children with supports to improve their safety and recovery.

Integrated response systems endeavour to improve coordination and collaboration

between agencies, including MBCP providers, DFV services and government agencies to improve accountability of offenders and enhance the safety of women and children. Our process evaluation during Stage 2 found that close working relationships with external agencies and high levels of cooperation were particularly noticeable at those sites where Queensland Government-funded Integrated Response trials had been introduced (Taylor et al. 2020, p.5).

Men Choosing Change program sites are seeking to strengthen their relationships with a variety of stakeholders to improve *Men Choosing Change* responses to women, children and diverse groups. This will be discussed further in the next chapter.

Many of the men and women we interviewed for the longer-term evaluation found there was a

lack of specialist services for men to provide follow-up after the program, which resonates with our Stage 2 findings. UnitingCare has identified this need and is piloting a maintenance peer support group, *Men Sustaining Change*, that men who have completed *Men Choosing Change* can attend.

One of the younger *Men Choosing Change* participants suggested online follow-up support would be beneficial, especially as this would be more accessible and potentially provide a rapid response to current issues men where required advice and support. Recent research has investigated the potential of online delivery of MBCPs in order to reach regional and remote populations (Bellini & Westmarland, 2021). Whilst this type of program delivery was not the focus of this evaluation, it may hold some promise for a longer-term connection between

the men exiting a program and program providers. The men in the *Men Choosing Change* study spoke warmly of their relationships with the Facilitators, and a common theme expressed was the desire to keep in contact with them. Ongoing online checking-in as a minimum may provide the added motivation for men to maintain the changes they made post-program and in the longer term.

Several men said that advertising *Men Choosing Change* more broadly would be useful as other men would benefit from the program. The Queensland specialist domestic violence helpline services for men, DVConnect MensLine, was also identified as an important source of support and information as some men did find out about *Men Choosing Change* via the helpline.

6 KNOWLEDGE TRANSLATION AND CONTINUOUS IMPROVEMENT OF MEN CHOOSING CHANGE

6.1 Introduction

This chapter reflects on the implications of the Stage 3 findings for UnitingCare’s development of their MBCP. First, we outline the knowledge translation and exchange process conducted for the Stage 2 early outcome and process evaluation findings during 2021. We then consider how the Stage 3 findings can build on this process to further inform operational and workforce development initiatives.

An ANROWS review of the evidence on knowledge translation and exchange (KTE) in the DFV sector reports that research in education, health, and welfare services, including domestic and family violence consistently finds a “failure to adopt and effectively implement research into practice and policy” (ANROWS, 2015, p.6¹¹). In a high-risk area such as domestic and family violence, especially where knowledge is increasing, it is essential to identify more effective ways of implementing research findings into practice and policy.

The field of KTE is attracting increasing attention as “a developing field of research that attempts to build the science of how to more effectively promote and support the use of evidence, thereby bridging the research to policy and practice gap” (ANROWS, 2015, p. 6). However,

“there remains a dearth of studies evaluating knowledge translation activities” (Cameron et al. 2019, p. 1898) resulting in limited evidence that could inform effective KTE. From the start of the *Men Choosing Change* evaluation, UnitingCare was committed to undertaking some form of knowledge translation that was informed by current evidence (as it stands) and UnitingCare’s unique context.

Current evidence suggests that KTE functions best in the form of “interactive strategies, rather than on passive dissemination of knowledge alone” (Grimshaw et al., 2001; Lavis et al., 2003 cited in ANROWS, 2015, p. 6). Further, Wathen’s¹² presentation to the ANROWS conference in 2021 stressed the importance of different types of knowledge that recognise lived experience and practitioner expertise as well

as research-based evidence. Our research with UnitingCare had reflected both of these ideas, in the emphasis on co-design and stakeholder engagement to inform evaluation design and analysis, and the value placed on practitioner expertise alongside other sources of evidence. Our regular consultation with staff and managers, the involvement of practitioners in supporting data collection in Stage 2, and the inclusion of multiple perspectives in interviews had helped to establish a sense that we were co-creating knowledge with UnitingCare. This provided a constructive foundation on which to engage staff in KTE.

Our approach to knowledge translation with UnitingCare was similar to the capacity building (outcome) model proposed by Cameron, Humphreys, Kothari and Hegarty (2019) in their literature

11 ANROWS is citing Grimshaw, Eccles, Lavis, Hill and Squires, 2012; Mildon, Dickinson and Shlonsky, 2014; Morris, Wooding and Grant, 2011

12 Nadine Wathen presentation to ANROWS Conference 2021 – *Mobilizing Knowledge for Wicked Problems: Lessons Learned from Gender-Based Violence Research*

review of knowledge translation of domestic violence research. In this model “[p]ractitioner knowledge provides an essential context for successful knowledge translation” (Cameron et al. 2019, p.1907). This type of knowledge translation is enabled by shared understandings

of the DFV context and shared understanding of practice strengths and challenges to provide a platform for developing solutions. The process of moving knowledge into practice can occur within practitioner networks and communities of practice as

well as between researchers and practitioners. The remainder of this chapter outlines how these ideas were used to inform UnitingCare’s knowledge translation process.

6.2 Knowledge into action – reflecting on engaging with evaluation findings to inform implementation of *Men Choosing Change*

UnitingCare committed to a knowledge translation process of the Stage 2 findings in a series of three workshops with staff and managers during 2021.

The aim of any evaluation is that the findings are utilised, and this example of a knowledge translation process demonstrates how this is being realised.

This process built on the collaborative approach between UnitingCare and the QCDFVR researchers where staff and managers were engaged in co-design processes and findings at each stage of the evaluation.

All three workshops were conducted online and were well attended by Regional Managers, Local Service Managers, and *Men Choosing Change* Facilitators and DFV Advocates from all five UnitingCare sites—North Coast, Moreton Bay, Ipswich, Mackay and Fraser Coast. The workshops were developed and led by the members of the Practice Improvement and Development team including the Principal Advisor, Research & Evaluation; Practice Improvement Advisor; Research Officers; and a social work student on placement. Members of the QCDFVR evaluation team participated in each workshop.

The first two workshops examined the findings from the evaluation

and encouraged reflection on practice implications. The third workshop sought to encourage action by collectively identifying practice solutions underpinned by the findings. UnitingCare is to be commended for their commitment to this process of continual learning and ensuring the evaluation findings are contributing towards strengthened policy and practice.

Drawing on the capacity-building model of knowledge translation identified by Cameron et. al (2019 p. 1907), the Practice Improvement and Development team designed the series of workshops to achieve the following three aims:

1. **Support staff engagement with the evaluation findings:** UnitingCare recognised how busy their frontline staff are and that they were unlikely to have time to read the Stage 2 evaluation report in its entirety. The workshops were planned around sections of the report,

and staff were encouraged to review the relevant section prior to each workshop. The researchers also provided an overview of relevant findings at the beginning of the first two workshops to set the scene and inform those who had not had time to complete the suggested reading.

2. **Strengthen staff ownership of the findings:** The knowledge translation sessions included plenty of time for discussion, break-out rooms and reporting back, which aimed to encourage staff to consider how the findings were relevant to their practice and service delivery. Hearing staff reactions to the findings also provided an opportunity for researchers to identify what had changed since the data were collected, and for all to identify key areas where implementation of the program could be improved.

3. **Support the identification of practical and achievable actions:** Some of the evaluation findings identified complex issues that required sustained advocacy, sector development, and improved community awareness to change. While these findings were discussed at length in the first two workshops, the third workshop aimed to focus on continuous improvement actions, or 'first steps' that could be achieved within the current program capacity.

Workshop 1 theme: Engagement and reflection on the early outcome findings

The first workshop aimed to set the scene for the process by affirming the value of staff input into the evaluation from the beginning, introducing the notion of knowledge translation and inviting staff to freely share their views. Participants had been requested to read Chapter 3 of the Stage 2: Early Outcome

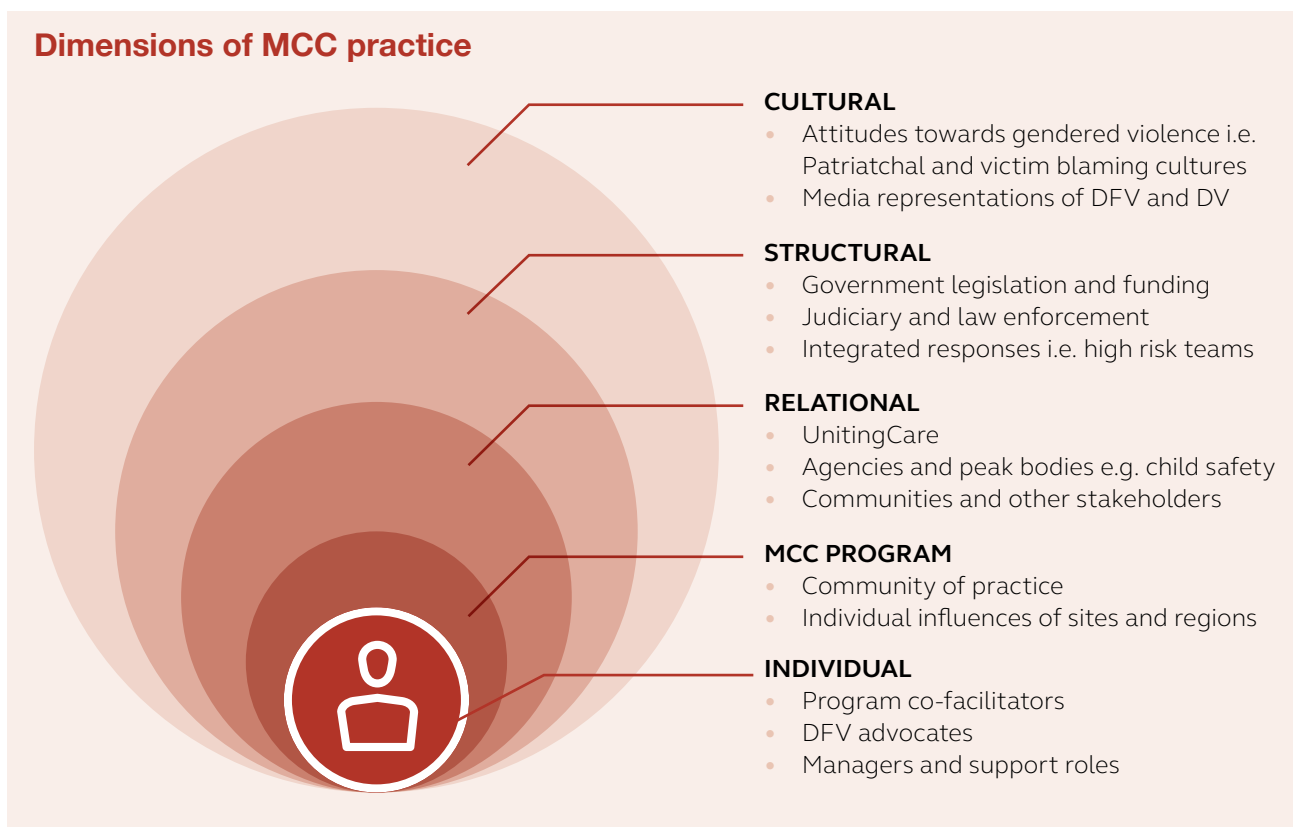
Findings from Men's and Partner/ Ex-partner Surveys report prior to the workshop and a 15-minute presentation from the researchers pulled out the key early outcome findings for men and partners and ex-partners. Discussions were guided by questions that invited participants to reflect on how the findings related to their expectations of program outcomes and identify areas where they could use the findings to inform program development. The specific questions discussed were:

- What surprised you about the outcome findings for men and partners/ex-partners?
- What didn't surprise you?
- Is there anything in the findings that we could use or apply?
- How might this information influence a journey of change in your program?

Workshop 2 theme: Engagement and reflection on the process evaluation findings

The second workshop focused on the process outcome findings about the implementation of the program at the different sites. Participants were primed with a request to read Chapter 4 from the Stage 2 report: *Voices from the Field: Implementation of the UnitingCare Men Choosing Change* and the workshop again included a 15-minute presentation of key findings from the researchers. This workshop examined more closely areas that were working well and areas that could be improved and encouraged participants to consider how their practices interrelated with broader system components that influenced the program. The workshop presenters introduced a socio-ecological model to conceptualise the different dimensions of *Men Choosing Change* practice (Figure 13) and help staff understand their immediate sphere of influence.

Figure 13: Socio-ecological model conceptualising the dimensions of *Men Choosing Change* practice.



The questions that guided the discussion were:

- The findings in section 4 are based on information collected in mid-late 2019. Since that time, what changes have we already initiated in *Men Choosing Change*?

- Thinking about the layers in our visual model (Figure 13), what stands out for you as the priority areas where change or development is most urgent?
- Thinking about these priority areas, which could we directly influence within our current resources, and how?

Workshop participants identified seven key areas to address (Table 5) and began discussing suggestions for improvements. We note that many of these issues are common to MBCP implementation as discussed in previous sections of this report.

Table 5: Key areas to address in the implementation of *Men Choosing Change*

<p>Improving retention of men in program:</p> <p>What more could we do to engage men; help them problem solve barriers to attendance and remain connected to the program for longer?</p>
<p>Improving 1-1 support for men:</p> <ul style="list-style-type: none"> • Some men need more support to prepare for group work, to support their integration and reduce disruption for others. • Some men have a need for 1-1 therapeutic support alongside or following group to help address concerns that can't be covered at group.
<p>Reinforcing knowledge outside group:</p> <p>What strategies would help prompt men to remember/recall what they've learned between groups and after program exit?</p>
<p>Strengthening DFV Advocate role:</p> <p>This role is critical for the safety of women and children and the need for more evaluation and integration of this role whether delivered internally or externally.</p>
<p>Support for children:</p> <p>Very limited options currently available.</p>
<p>Culturally sensitive practices for diverse groups:</p> <ul style="list-style-type: none"> • Culturally and Linguistically Diverse • Women and men who have a disability • Aboriginal and Torres Strait Islander men (and women) • Men who identify as a member of the LGBTIQ+ community • Young people
<p>Strengthening practice and supporting our staff:</p> <p>Our team and practices are multidisciplinary, but we need a shared bottom line about best practice in <i>Men Choosing Change</i>.</p>

Workshop 3 theme: Actions for continuous improvement – solution-focused discussions to address seven areas identified in workshop 2

The third workshop discussed the seven key areas with the aim of finding solutions that could be implemented now—the ‘first step’ actions. Everyone appreciated that some areas were difficult as they required systemic change and more resourcing. Participants were asked to focus on what could be done within current resources and workforce capacity to make a start on addressing these issues. The rich discussions between workshop participants resulted in a variety of solutions to start the change process, and below we have identified two examples.

Example 1: Strengthening role of DFV Advocate

Stage 2 process evaluation findings examined the role of the DFV Advocates, including their role with *Men Choosing Change* Facilitators to work together to identify risks, and confidentially convey information to increase the safety of women and children.

Key evaluation findings:

- Overwhelming support for DFV Advocate role from *Men Choosing Change* Facilitators and Managers: “It’s a critical role informing us about the situation of women and children and their safety and wellbeing and keeping these front and centre.”
- DFV Advocate role inadequately funded which

limits capacity and means predominant focus on high risk/high need cases.

- DFV Advocate offer of support was sometimes the first offer that women and their children had experienced and vital for connections to DFV and support services.
- Importance of trust between DFV Advocates and Facilitators and shared understanding of the level of information disclosure and how this would be confidentially and sensitively incorporated into work with men.
- Nearly all Facilitators were able to meet regularly with DFV Advocates to discuss cases. This was enabled by co-location of DFV Advocates with UnitingCare.

The ‘First Steps’ solutions identified by UnitingCare staff

Figure 14: How could we improve the safety of women and children by strengthening the DFV Advocate role in *Men Choosing Change*?



Actions and ideas to strengthen the DFV Advocate role to improve safety of women and children

Increase our focus on DFV Advocates role in Men Choosing Change:

- Ensure that the DFV Advocate role is a standard item on the agenda for UnitingCare Community of Practice meetings for shared learning about what’s working and what remains difficult.

- Facilitate regular contact between DFV Advocates across UnitingCare sites to support each other and share experiences and practices.
- Development and ongoing review of documentation to support DFV Advocates’ practice.

Supporting DFV Advocates’ knowledge of referral options:

- Learning more about what services are available in

- different locations to refer women and children.
- Clearer sharing of information between services/referrers.
- Strengthening relationships with support services.

Delivery of support to women:

- Where possible conduct face-to-face contact with their clients—difficult with current funding levels.

Example 2: Improving individual support for men from engagement to post program follow-up

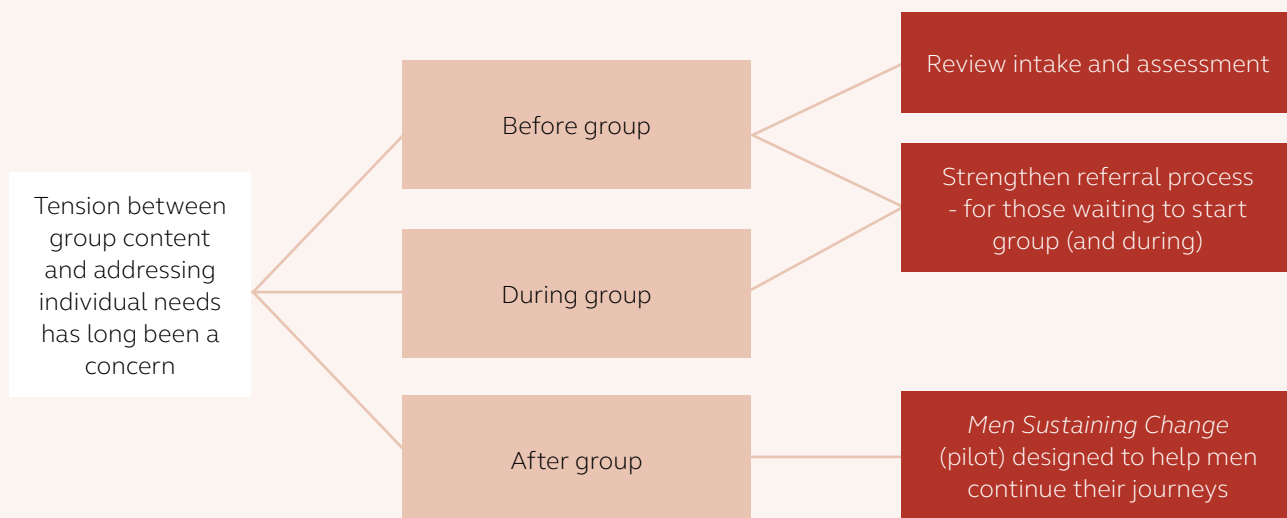
The evaluation identified areas where support for men to engage in the group program could be strengthened and more tailored support provided alongside *Men Choosing Change*. A key finding from men, partners and ex-partners was the need for follow-up support after *Men Choosing Change*.

Key evaluation findings:

- Some men need more individual support to prepare for group work and to support their integration into the group.
- Barriers to engaging in the group include:
 - Motivation and their perceived need to attend MBCP
 - Their perception of group programs – sharing ‘feelings’
 - Men’s personal situations e.g., employment, access to transport, substance dependency, homelessness
- Strong need for more individual sessions and tailored approaches to facilitate their engagement in the program. Includes therapeutic counselling to address trauma and other needs alongside the group sessions.
- Strong suggestion that the program should be longer, and a follow-up program is required to consolidate learning, achieve deeper insight and sustain changes.

The ‘First Steps’ solutions identified by UnitingCare staff

Figure 15: How can we improve individual supports for men before, during and after attending *Men Choosing Change*?



Actions and ideas to engage men in group work

UnitingCare managers and staff agreed to review their intake and assessment processes to strengthen their ability to identify additional needs. The ideas generated from the workshop included:

- Expanding our intake and assessment process to identify men who would benefit from more 1-1 to prepare for group.
- Create more opportunities for 1-1 with men to address anxiety about entering into the group, e.g., linking in with them in between sessions.
- Show men the environment that the group will be held in to help them get more confidence in where they will be.

- Provide men with more information about the assessment process and what they may need prior to starting group.
- Spending more time on cultural needs and understanding what this could look like and what support men may need to participate in the group.

Strengthen referral process – particularly for men who have completed assessment and are waiting for the group to start.

- Develop a clearer process for referral for those who need individualised support outside the group.
- Understanding the time needed for 1-1 sessions and how this might work.

Follow-up after Men Choosing Change to Men Sustaining Change

The need for follow-up post-program had been recognised for some time, and UnitingCare used the Stage 2 evaluation findings to strengthen a case for internally funding a pilot, *Men Sustaining Change*. This provides a co-facilitated peer group program for men who voluntarily attend after completing *Men Choosing Change*. UnitingCare commenced a two-year pilot of *Men Sustaining Change* in July 2021. The pilot includes a developmental evaluation, conducted by QCDFVR, which will run alongside the pilot for the full two-year period.

7 CONSIDERATIONS FOR CONTINUOUS IMPROVEMENT

The Stage 3 evaluation findings strongly support the process evaluation findings from Stage 2 and the key areas identified during the knowledge translation workshops. Additional areas have emerged because of the focus on longer-term outcomes for program participants and their partners/ex-partners and children.

Our findings agree with other authors that it is important to have realistic expectations about what a MBCP can achieve (ANROWS 2020c; Brown et al. 2016; Kelly and Westmarland, 2015). The requirement for other types of tailored supports, and where necessary, legal protections such as DVOs, make clear that this type of intervention should be part of a broader system of interventions and supports for men, women and children. This has long been recognised and examples of system approaches to address DFV have been trialled over many decades since the development of the Duluth Community Coordinated Response model in 1980. The Integrated Response trials funded by the Queensland Government are local examples of this.

Stage 2 found that close working relationships with external agencies and high levels of cooperation were particularly noticeable at those *Men Choosing Change* sites where Integrated Response trials were in operation (Taylor et al. 2020, p.5). The knowledge translation process identified the need to further strengthen referral pathways and relationships with other services that cater to the needs of men, women and children. This may require more effort in locations without the Integrated Response model, however, other factors such as UnitingCare's existing local relationships and knowledge of services play a key role.

The Stage 3 findings highlight the importance of continuing this work on connecting and strengthening relationships with a

range of local services to be able to refer men, women and children to appropriate services. Insights into what types of services are beneficial for longer-term recovery for women and children and the ongoing journey of change for men emerged from the findings. An important consideration is referring to services and independent practitioners, such as counsellors, who understand the dynamics of DFV.

Our interviews with the men 6-18 months post-program found many maintained some form of contact with their children and tensions around child custody were raised frequently by the women and men we interviewed. This suggests the importance of strengthening relationships with a collaborative focus on children and other services such as Child Safety and

the Family Court. There would be potential in longer-term program support for men who have exited *Men Choosing Change* to access, or continue to attend, parenting programs.

Addressing diversity was raised in Stage 2, and a limitation of this evaluation is that we had few participants from Aboriginal and Torres Strait Islander, CALD communities, people living with disabilities or members of the LGBTQI community. Strengthening relationships and partnerships with a range of services that specialise in working with diverse communities is vital to ensure people feel welcomed in a program like *Men Choosing Change* and have opportunities to be referred to individualised supports if required.

Local service mapping and identification of current relationships (formal and informal) that UnitingCare holds may be beneficial to identify gaps and where efforts to strengthen referral pathways are required.

Our Stage 3 findings support strengthening the DFV Advocate role to increase the ability of these staff to monitor risk and provide women and children with supports and referrals to improve their safety and recovery. This has funding implications, and as noted previously in the report, there appears to be a misalignment nationally about the aim of MBCPs to support the safety of women and children and the underfunding of the DFV Advocate role.

Our findings clearly suggest that there are opportunities to increase children's safety and wellbeing through more child-focused *Men Choosing Change* program content. Men identified how important the program content about children was for them, and that they would have liked more focus on children. This aligns with other studies that recommend the strengthening of program material related to fathering and behaviour change.

The challenge of a generic program is that it is more difficult to tailor group content to the needs of individuals, and other studies have identified that the ability to complement the group work with individual sessions would likely be beneficial for many participants (Vlais & Campbell 2019). This has funding implications for MBCPs generally.

Many of the men in our study saw themselves on a journey of change and *Men Choosing Change* had provided them with a good starting point. What is evident is that when most men enter a MBCP, including *Men Choosing Change*, they are externally motivated, and internalising these motivations and accepting responsibility for behaviour takes time. The mixed findings of our longer-term study show men at various stages of this journey. The ex-partners who reported minimal or no changes to men's behaviour from the program attributed this to a lack of desire and motivation to make changes.

The knowledge translation process identified ways to better tailor supports for men before, during and follow-up after *Men Choosing Change*. Stage 3 findings verify the importance of this more flexible and individualised approach complementing the group program. Indeed, many men interviewed for Stage 3 were very positive about the groups they attended and benefited in important ways from the group process, which some found inspiring, affirming and a safe space to open up and learn.

Some men said they would appreciate a refresher program given there was a lot of information to take in and they could only absorb what was relevant to them at the time and that they had forgotten so much. A successful tool for one man was the provision of an object provided by the program he kept in his car as a reminder of things he learnt. The feedback from men, however, was generally encouraging about

how much they remembered and utilised from the program. There are opportunities to investigate whether there can be resources developed to support men in the long term. The *Men Sustaining Change* program pilot may be a valuable source of insight and space to test some of these ideas and will likely assist in knowledge about the types of resources and ideas to reinforce learnings.

Men we interviewed provided suggestions for follow-up supports and increasing the accessibility of supports including:

- Online check-in sessions with Facilitators
- Online follow-up support to provide rapid response to current issues where men required advice and support
- Refresher sessions.

Research regarding online delivery of MBCPs for regional and remote populations may hold some promise for longer-term connection between the men exiting a program and program providers.

Our next steps for this evaluation are broader dissemination of the findings, and members of QCDFVR and UnitingCare plan to co-author publications based on the evaluation which will contribute towards the academic body of knowledge in this area.

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APPENDIX A: ADDITIONAL ANALYSIS OF SURVEY TOOL DATA

1 Partners and ex-partners

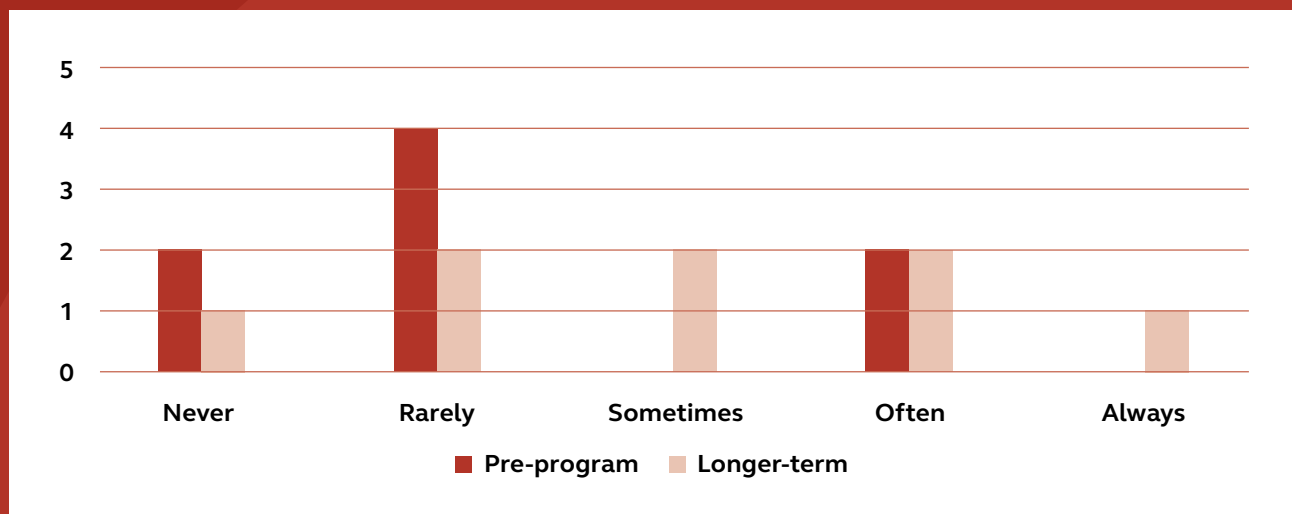
Respectful communication tool – individual item analysis

The following examines each item on the respectful communication tool to investigate areas of change. The first statement was asked to women who were

separated or divorced: “*Your ex-partner respects how you want to be in contact with him.*” We obtained answers from eight ex-partners which shows a moderate improvement in men respecting how women would like to be contacted from pre-program to

longer-term outcomes. There was a reduction in the number of women saying ‘never’ or ‘rarely’ respects how I want to be contacted and increases in ‘sometimes’ and ‘always’ (Figure A1).

Figure A1: Respectful communication responses to “Your ex-partner respects how you want to be in contact with him” (n=8 ex-partners)



The second item asked partners/ex-partners: “*He supports the decisions and choices that you make.*” (Figure A2). Twelve women answered this question, and for five of these women, there was a positive shift from pre-program to longer-term outcomes. Pre-program only three women said he ‘often’ or ‘always’ supported their decisions and choices and this increased to seven women over the long-term. Of the six women who said he ‘never’ or

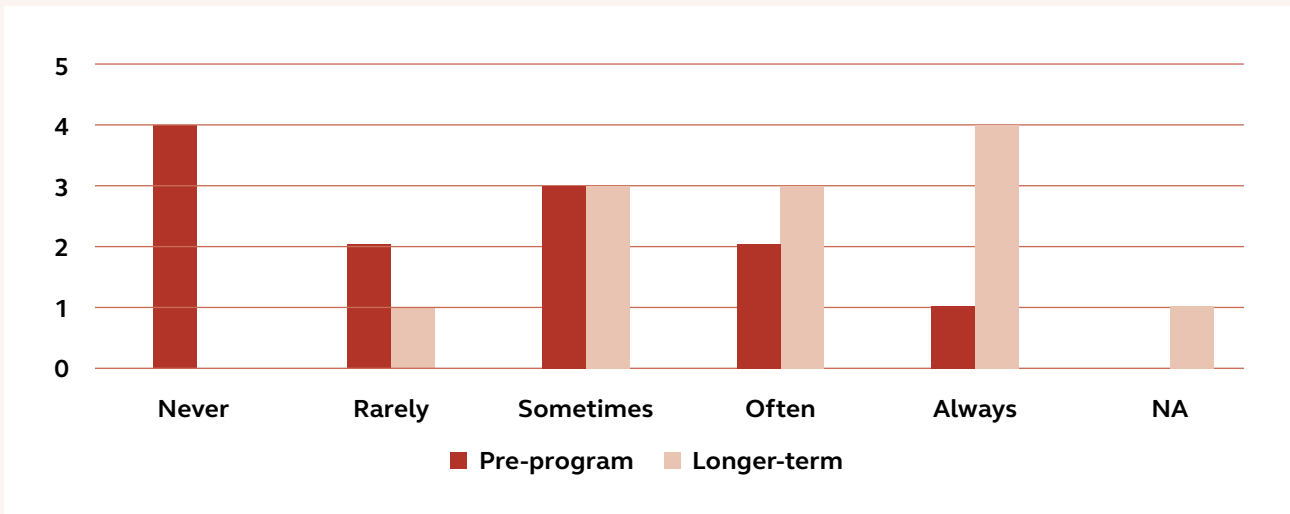
‘rarely’ supported their decisions, only one woman said ‘rarely’ over the longer term.

Two women, who were ex-partners with shared parenting arrangements explained this was due more to their actions. One said her ex-partner ‘often’ now supported her decision, with the caveat that she did not tell him much, and the other said the question was non-applicable for the same reason. Their responses

indicate that they gave their ex-partner very limited opportunities to oppose their decisions.

While the early outcomes post-program in Stage 2 were positive for more women (nearly all the 11 women indicated improvements post-program), the longer-term findings indicated improvements for just over half (n=7) of the women answered this question.

Figure A2: Respectful communication responses to “He supports the decisions and choices you make” (n=12 partners/ex-partners)

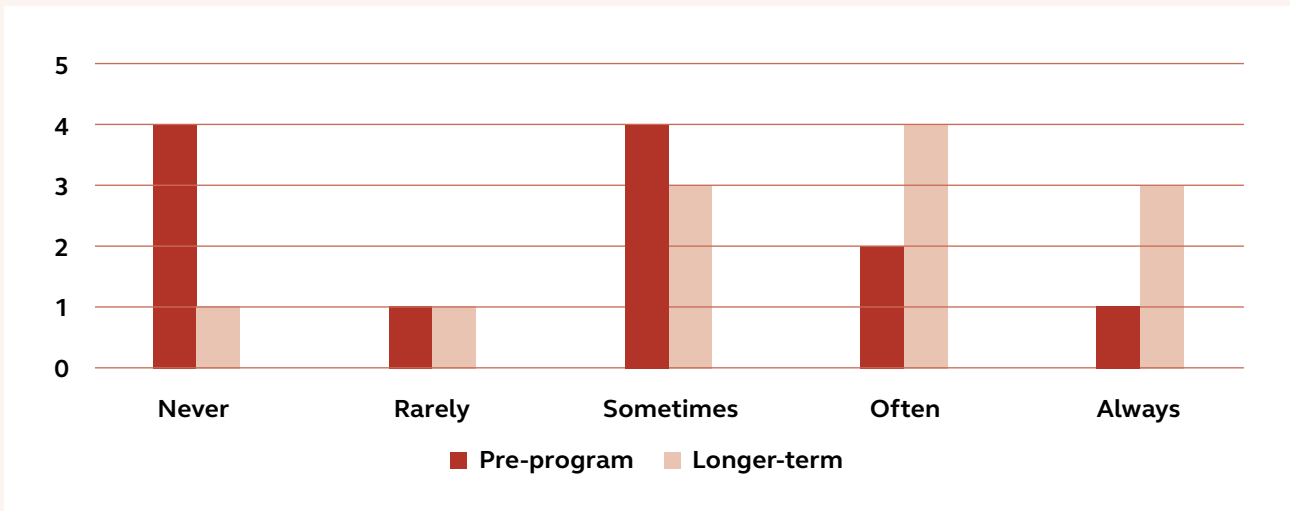


The third statement asked partners/ex-partners: “He acts in a considerate manner towards you.” (Figure A3). Twelve women answered this question, and there is a positive shift for seven of

the women. Overall, there were increases in ‘often’ and ‘always’ (n=3 to n=7) and decreases in ‘never’ and ‘rarely’ (n=5 to n=2) compared to pre-program.

The Stage 2 early outcomes post-program findings were positive for more women, with 10 out of 11 women indicating an improvement post-program.

Figure A3: Respectful communication responses to “He acts in a considerate manner towards you” (n=12 partners/ex-partners)



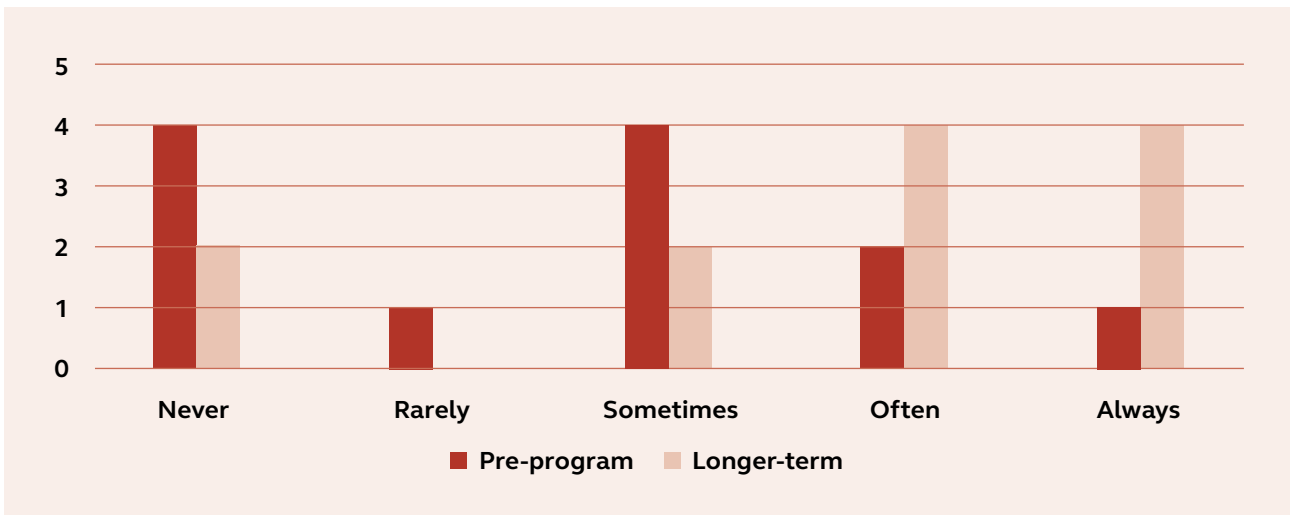
The fourth statement asked partners/ex-partners: “He negotiates with you when you have disagreements.” Twelve women answered this question with seven indicating a positive shift

and one saying things had gotten worse compared to pre-program. Overall, there were increases in ‘often’ and ‘always’ (n=3 to n=8) and decreases in ‘never’ and ‘rarely’ (n=5 to n=2) compared to

pre-program (Figure A4).

The Stage 2 early outcomes post-program findings showed positive shifts for many of the 11 women who responded to this question.

Figure A4: Respectful communication responses to “He negotiates with you when you have disagreements” (n=12 partners/ex-partners)



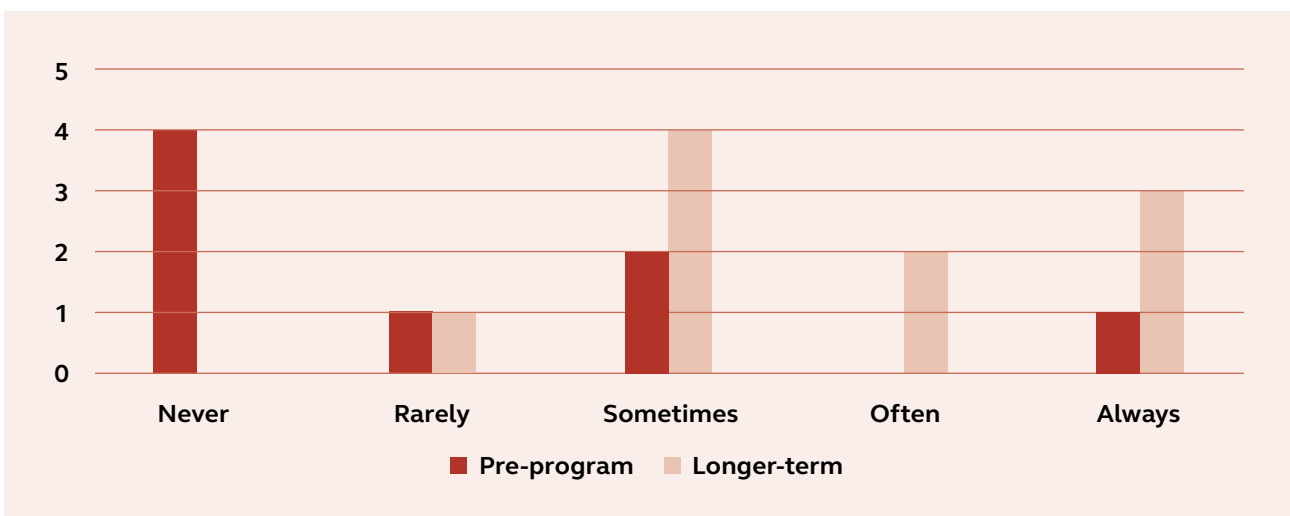
An additional item taken from the Mirabal Project was added to the respectful communication survey: “He listens to what you have to say”. Eight women answered

this pre-program and 10 women answered this question for the longer-term findings (Figure A5).

Of the eight women, five indicated improvements, and there was an

overall positive shift with only one woman indicating that he ‘rarely’ listens to what she has to say.

Figure A5: Respectful communication responses to “He listens to what you have to say” (n=8 partners/ex-partners pre-program) and (n=10 partners/ex-partners in the longer term)



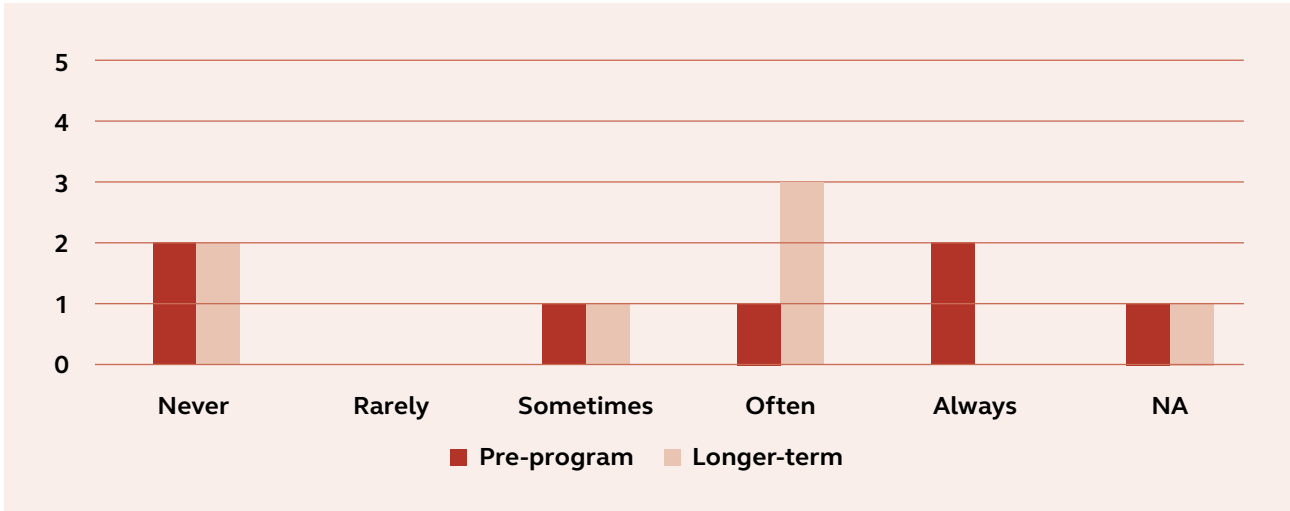
Shared parenting tool – individual item analysis

Below is more detailed analysis of women’s responses for each of the items in the Shared parenting tool. The first question asked:

“Does your partner/ex-partner ask the children to report on what you are doing and where you have been?” The findings (Figure A6) show there was a minimal positive shift for two women and another woman responded that he more

frequently asked the children now they were separated. For one woman this question was not applicable due to the young age of the children.

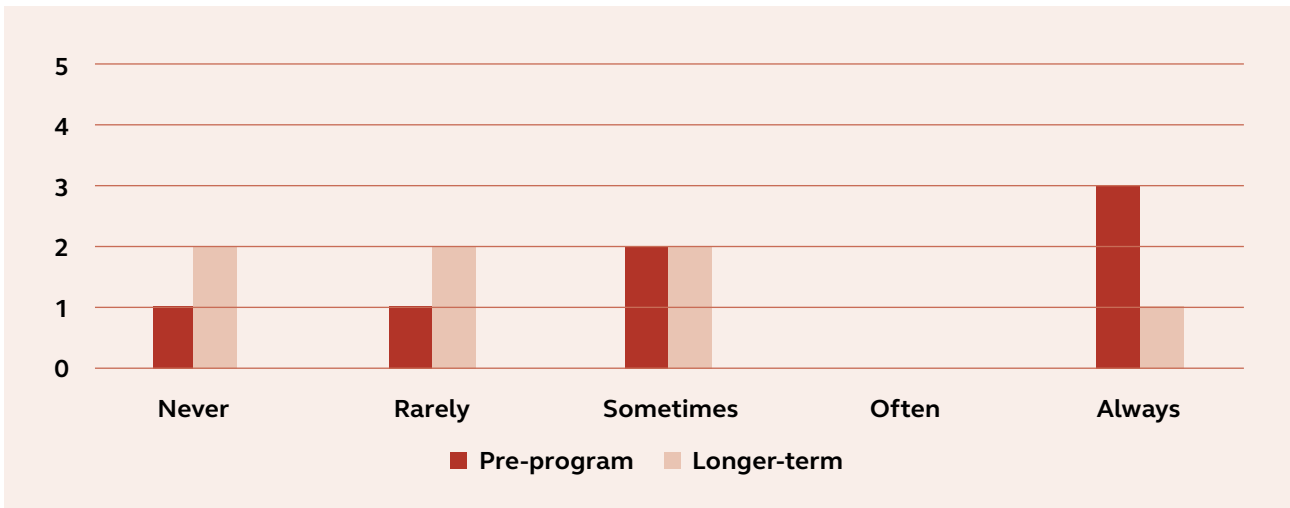
Figure A6: Shared parenting responses to “Does your ex-partner ask the children to report on what you are doing and where you have been?” (n=7 ex-partners)



The second question asked: *“Does he criticise you as a mother either to the children or in front of them?”* Of the seven ex-partners

who answered this question, two reported a slight improvement, one of whom said this was due to the DVO.

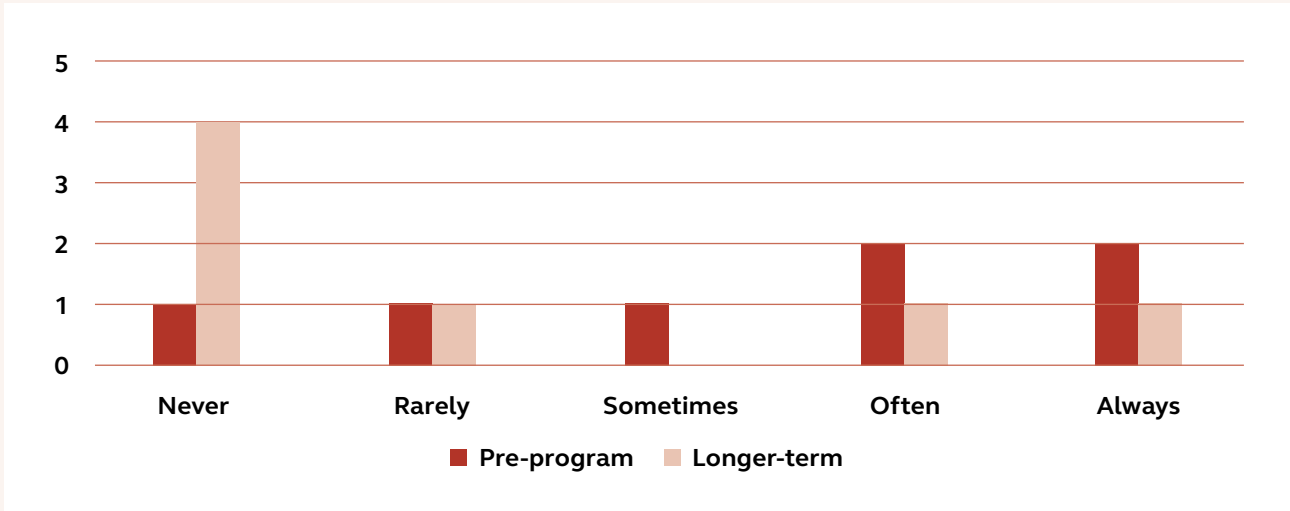
Figure A7: Shared parenting responses to “Does he criticise you as a mother either to the children or in front of them?” (n=7 ex-partners)



The third question asked: “Does he blame you for the children’s behaviour?” There were positive changes for four women. One woman said it was not a matter

of him improving his behaviour, rather it was her limiting opportunities and using the DVO.

Figure A8: Shared parenting responses to “Does he blame you for the children’s behaviour?” (n=7 ex-partners)



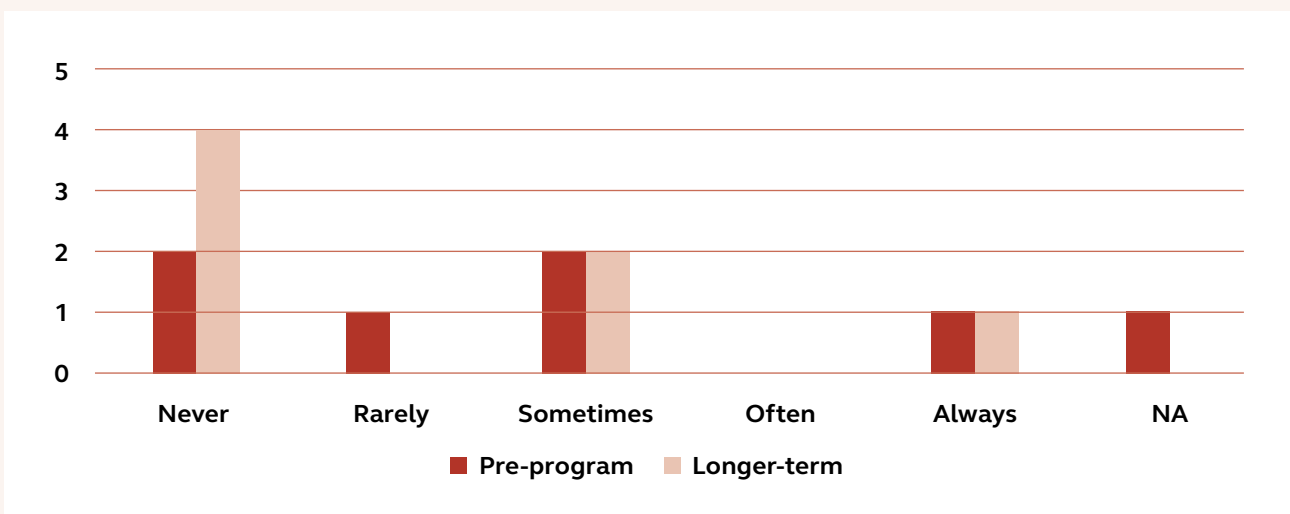
The fourth question related to the safety of the children: “Do you worry about leaving the children alone with your partner/ex-partner?” It was positive that four of the seven women said “never” in the longer term, and some made comments about how much their ex-partner loved their

children. Another woman noted that since doing the program her ex-partner had not hit the children. However, for one woman there was an increase in safety concerns.

One woman said leaving the children with the man

pre-program was not applicable as they were in a relationship then, and she never left the children. Now they are separated and have shared care of their children, she has no concerns due to the substantial changes he made over the last year.

Figure A9: Shared parenting responses to “Do you worry about leaving the children alone with your partner/ex-partner?” (n=7 ex-partners)

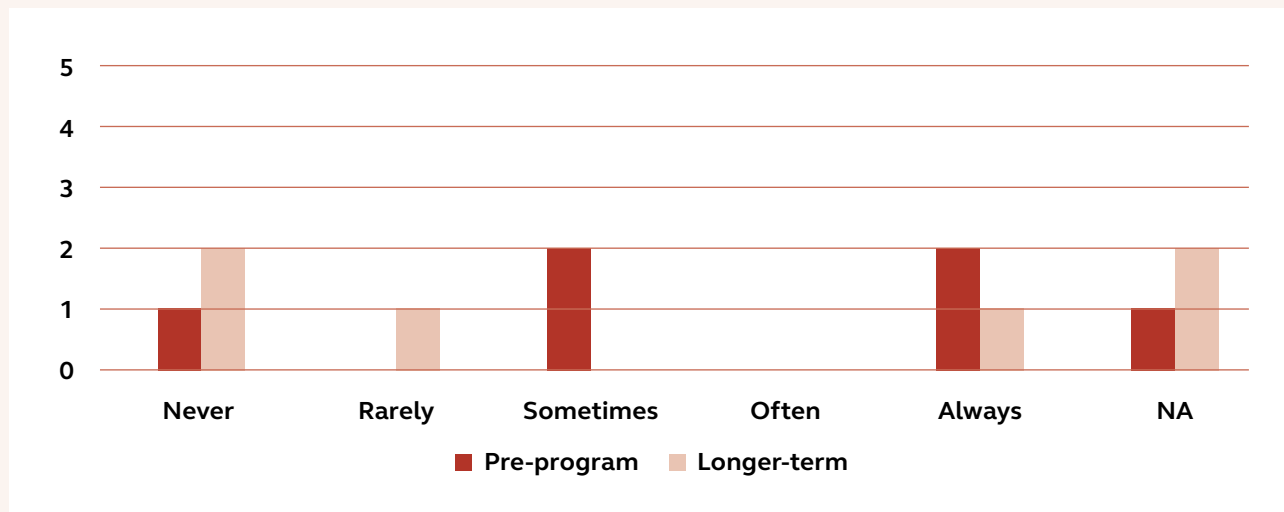


An additional question based on the Project Mirabal tool was asked for Stage 3: “Does he try to get the children to ‘take his side’ when you have disagreements?” Six ex-partners were asked this question and two women indicated this

happened less frequently. One woman said this was due to her limiting her contact with him, and therefore there were fewer opportunities for him to do this. Another woman said this question was not applicable

due to the young age of their children. Another woman said that while this sometimes happened pre-program, she did not know if he was asking their children to take his side now that they were separated.

Figure A10: Shared parenting responses to “Does he try to get the children to ‘take his side’ when you have disagreements?” (n=6 ex-partners)



2 Men Choosing Change program participants

Victim Blaming-Intimate Partner Violence Against Women (VB-IPAW)

The 12-item IPVAV-VB scale measured general attitudes towards violence against women, with each question using a 4-point Likert scale (1 – strongly disagree, 2 – disagree, 3 – agree, and 4 – strongly agree).

Six of the 10 men answered the VB-IPAW: four men from Group 1 answered the tool three times, pre- and post-program and during the longer-term interview; and two men from Group 3 answered the questions during their interview. This is a small sample and as explained in the methodology there were difficulties administering this tool over the phone.

The findings for the Group 1 men showed nearly all ‘disagreed’ or ‘strongly disagreed’ with the victim-blaming statements pre-survey, post-survey and in the longer-term. The individual answers of the Group 1 men in the longer-term survey showed some shifts in thinking about different types of IPV. Due to the challenges of some men not responding to the nuances in the scales, such as the difference between ‘strongly disagree’ and ‘disagree’, we have focused on changes between generally agreeing or disagreeing with a statement:

- One man had shifted from agreeing that “men are violent towards their partners because they make them jealous” in the pre- and post-survey to disagreeing with this in the longer-term survey.

- Another man shifted from agreeing that “women file false complaints to obtain economic benefits and hurt their partners” in the pre- and post-survey to strongly disagreeing with this in the longer-term survey.

Two men from Group 3 answered the IPAW-VB questions and while they ‘disagreed’ or ‘strongly disagreed’ with most statements, there were several exceptions which they caveated with saying these types of behaviours happened in some instances.

Toronto Empathy Questionnaire (TEQ)

As discussed previously some of the men found the questions in the TEQ framed as double negatives confusing to answer over the phone. It may have helped them to read these questions written down. The

four Group 1 men who answered the TEQ showed a good level of empathy, and the findings mirrored their responses post-program. In several instances, it appeared their empathy to some situations had increased.

Respectful communication (based on Project Mirabal survey)

Six men completed the 5-item Respectful Communication scale based on the Mirabal survey, which was specifically in relation to how they communicated with their partner/ex-partner. They noted how often they respectfully communicated with their partner/ex-partner (respected how their partner/ex-partner wanted to be in contact; supported their partner/ex-partner's decisions; acted in a considerate manner towards their partner/ex-partner; and negotiated with their partner/ex-partner's when they had disagreements; and listened to their partner/ex-partner).

The rating was on a 5-point Likert scale (1 – never, 2 – rarely, 3 – sometimes, 4 – often, 5 – always). The responses to each question were summed to create an overall score on the scale. To obtain a comparative score we only scored four items where we have answers for both pre-program and longer-term outcomes for four men.

We excluded the item regarding listening which we added later to the survey tool. The lowest possible score was 4, and the highest possible score was 20. Higher scores on the respectful communication scale indicated more frequent respectful communication.

The findings are variable with slight increases and decreases in self-rated respectful communication across the three time points with all the men scoring 15 and above in the longer-term. The qualitative feedback from men in the longer-term interviews do not always compare with the self-rated score highlighting the limitations of only relying on scales and particularly from such a small sample.

Stage 2 of the evaluation found that men scored higher post-program indicating a higher level of respectful communication following the program compared with scores on the pre-survey prior to the program.

Shared parenting (based on Project Mirabal survey)

A very small sample of four men completed the 5-item Shared parenting scale based on the Mirabal survey for the longer-term outcomes and the findings are similar to Stage 2 in that for most

questions men indicated they were good fathers. That is, they were not involving the children in monitoring the mother or asking them to take sides. The rating was on a 5-point Likert scale (1 – never, 2 – rarely, 3 – sometimes, 4 – often, 5 – always). Lower scores on this scale represented better parenting.

The four men were all separated and three had shared care of their children with their ex-partner and one had full care of their children. They answered 'never' to asking the children what their ex-partner was doing; asking the children to take sides; and criticising their ex-partner to the children (one man answered 'rarely' to this item).

Three of the men said they 'rarely' (n=2) or 'sometimes' (n=1) blamed their ex-partner for their children's behaviour.

Three men answered 'rarely', 'sometimes' or 'often' for how often they thought their ex-partner worried about leaving the children alone with them.

Two of these men were from Group 1 and their responses were very similar to their pre and post survey answers that were quite positive.

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