Australian Government
Australian Institute of Family Studies
AIFS

Relationships AUSTRALIA

Theory of Change

Relationship Australia's
Men's Behaviour Change Program Model

Research report — September 2026

Suggested citation:

Australian Institute of Family Studies (2026) Theory of change: *Relationship Australia's Men's Behaviour Change Program model*, Relationships Australia, Canberra.

Enquiries regarding this report may be directed to:

Relationships Australia National Office on 02 6162 9300 or via email at natoffice@relationships.org.au

Acknowledgements

This report and the associated project were undertaken by Relationships Australia and the Australian Institute of Family Studies in partnership.

The AIFS team included: Stephanie Fisher, Kat Goldsworthy, Sharnee Moore, and Liz Wall.

Dr Genevieve Heard (Relationships Australia Victoria) and Dr Glenn Althor (Relationships Australia New South Wales) co-led the design and management of the project in consultation with the Relationships Australia National Research Network.

How to use this document

As a generalisable theory of change for MBCPs

This document outlines a theory of change for Relationships Australia's Men's Behaviour Change Programs (MBCPs), detailing how our MBCPs aim to address and prevent men's violence, control and abuse towards women and children. It also provides a generalisable framework for interested parties to better understand and articulate how MBCPs are intended to work across diverse service delivery and legislative environments. It is our hope that a generalisable and non-single program-specific theory of change can be used to strengthen efforts to improve these programs with the ultimate aim of ending men's use of violence.

A visual representation of the theory of change is shown at Figure 1.

Supporting evaluation design

This theory of change was also prepared to support and guide the development of MBCP evaluation. While MBCPs are widespread and delivered by a range of providers across Australia, the evidence base for their efficacy as an intervention remains elusive, inconsistently undertaken, and lacking complexity. This theory of change can be used as a guide for developing MBCP evaluation frameworks that are more consistent and robust.

Program outcomes such as men's sustained behaviour change and victim-survivor safety and wellbeing should be a central focus of evaluation.

To understand how these outcomes are achieved, evaluations will need to explore mechanisms of change and the contexts that shape them. Drawing on key program assumptions, and shaped by practitioner expertise and research evidence, variables include:

— program length
— the role and accessibility of post-program supports and wraparound services
— levels of participant engagement and program completion
— the extent to which victim-survivors are willing and able to engage with the program
— the influence of participant motivation and readiness for change, including how these are supported at program entry and throughout men's participation.

Evaluations will need to adopt a mixed-methods approach, using data from men in the programs, victim-survivors, facilitators and administrative sources. This will support a nuanced understanding of how the programs work, for whom and under what conditions.

Overview

Men's Behaviour Change Programs (MBCPs) are a specialist service response to domestic, family and sexual violence in Australia for men who use violence against current or former partners and their children. They are one part of the intervention and response landscape and play a critical role in responding to and reducing domestic, family and sexual violence against women and children (Helps et al., 2025).

MBCPs are generally face-to-face, group-based interventions that engage men who use violence in a process that seeks to address attitudes and behaviour, encourage responsibility and accountability and improve the safety and wellbeing of women, children and affected family members (Helps et al., 2025).

Relationships Australia is a federation of community-based, not-for-profit organisations with no religious affiliations. Its services are for all members of the community, regardless of religious belief, age, gender, sexual orientation, lifestyle choice, cultural background or economic circumstances.

The Relationships Australia Federation has provided family and relationships services for over 75 years, including counselling, dispute resolution, children's services, services for victim-survivors and perpetrators of family violence, services for older people, and relationship and professional education. Relationships Australia member organisations have service outlets in metropolitan, regional, rural and remote areas of Australia, and aim to support all people in Australia to live with positive and respectful relationships.

The core of Relationships Australia's work is relationships. Through their programs, Relationships Australia member organisations work with people to enhance not only family relationships, but also relationships with friends, colleagues, and across communities. Relationships Australia believes that violence, coercion, control and inequality are unacceptable.

Relationships Australia delivers MBCPs across all Australian states but not the Northern Territory or the Australian Capital Territory. While the Relationships Australia Federation offers a diverse range of MBCPs – varying in funding models, program duration and operating within distinct geographic and legislative contexts – there are identifiable commonalities that underpin most, if not all, programs. The theory of change articulated in this document captures these shared characteristics and components.

Consultation

The development of this theory of change was informed by multiple sources, including:

— detailed program-specific information provided by Relationships Australia member organisations

— a desktop review of research literature to identify relevant published research evidence and what is known to work in MBCP contexts and in evaluating them

— two design workshops involving research and practice representatives from Relationships Australia MBCP delivery sites. Relationships Australia staff provided insights about how their programs work, changes they have observed through their programs and assumptions about how changes might be sustained over time

— feedback from Relationships Australia's National Research Network.

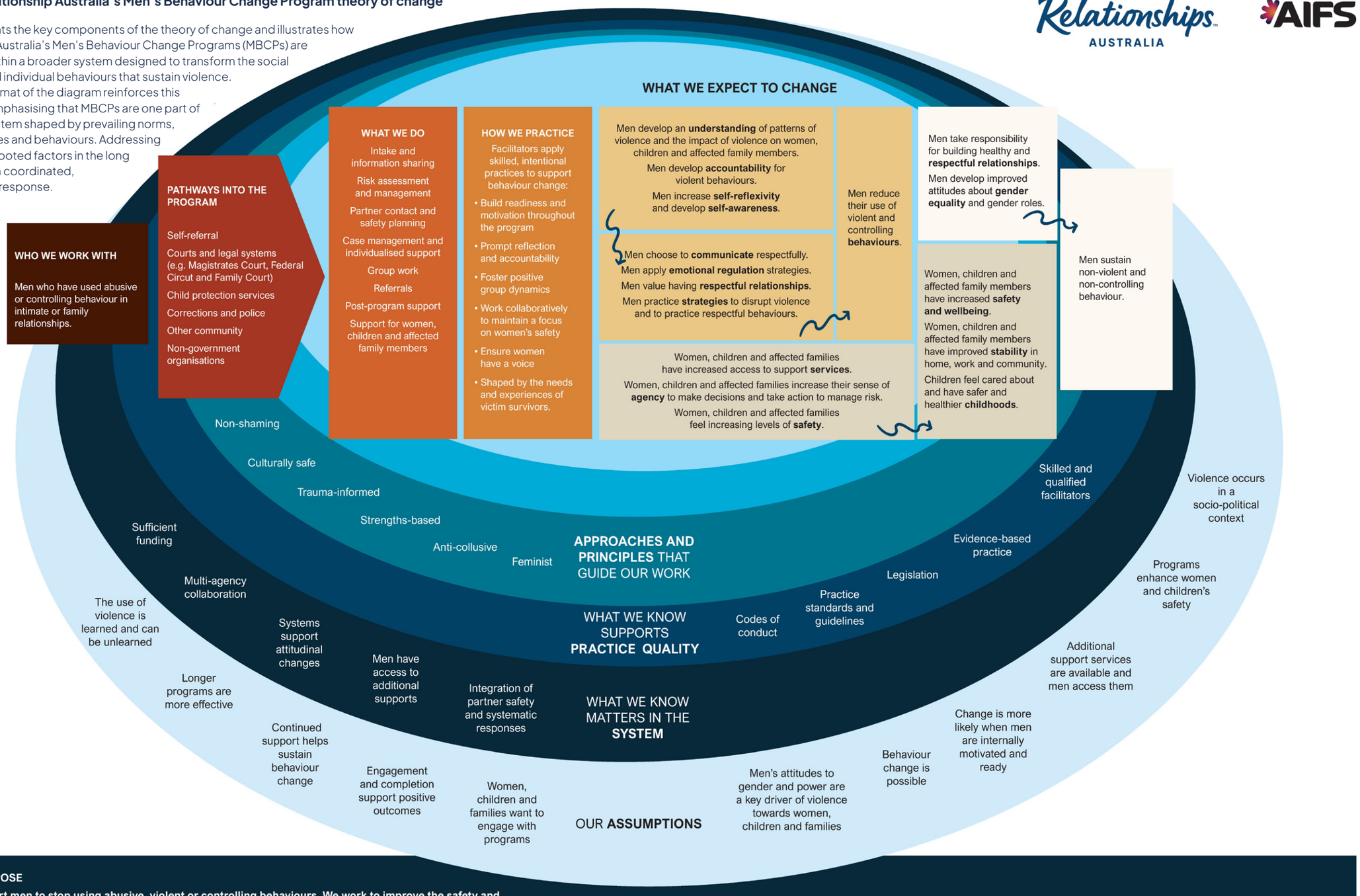
Terminology

The terminology to describe people who use domestic and family violence and people who experience domestic and family violence is nuanced and evolving, and there is no single descriptor used by practitioners and programs across the Relationships Australia Federation. In this paper, and in the corresponding visual representation of the theory of change, we have used the term 'victim-survivor' along with the phrase 'women, children and affected family members' to describe the people who have lived experience of domestic and family violence.

We acknowledge these people are usually women and children. In the visual, we also use the phrase 'men who use violence' to describe perpetrators of domestic and family violence, noting MBCPs reflect ongoing efforts to respond to gendered violence perpetrated by men. This paper refers to perpetrators as men who use violence or program participants, depending on the context.

Figure 1. Relationship Australia's Men's Behaviour Change Program theory of change

Figure 1 presents the key components of the theory of change and illustrates how Relationships Australia's Men's Behaviour Change Programs (MBCPs) are embedded within a broader system designed to transform the social conditions and individual behaviours that sustain violence. The circular format of the diagram reinforces this complexity, emphasising that MBCPs are one part of a wider ecosystem shaped by prevailing norms, values, attitudes and behaviours. Addressing these deeply rooted factors in the long term requires a coordinated, systems-level response.



OUR PURPOSE

We support men to stop using abusive, violent or controlling behaviours. We work to improve the safety and wellbeing of women, children and families affected by domestic and family violence (DFV). We do this by:

- **challenging men's harmful beliefs, entitlement, and gendered attitudes**
- **supporting men to reflect on their choice to use violent or controlling behaviours and to take responsibility for their actions.**

To further support the safety and wellbeing of women and children, we facilitate access to victim–survivor support programs and counselling, and conduct regular check-ins. We also perform safety monitoring and risk assessments to ensure a responsive and coordinated approach.

Underpinning evidence and assumptions

The theory of change is grounded in research and practice evidence, along with foundational assumptions about how and why Relationships Australia's MBCPs are expected to work.

Current state of the evidence base

The theory of change outlined in this document is informed by a limited desktop review to elicit the current research evidence about MBCPs. Throughout the document we describe how each program component aligns with available evidence – however, it is important to note that the evidence base remains narrow in both scope and quality. Most studies rely on non-experimental or quasi-experimental designs, with short follow-up periods, small or unrepresentative samples and inconsistent outcome measures. There is no clear consensus on a single effective model, and few studies isolate the impact of specific program elements or account for diverse participant contexts.

It is important to note that the desktop review did not unearth evidence relating to all the key program components delivered across the Relationships Australia Federation. This does not mean those components are ineffective but that the evidence was not identified as part of the review – either because it was out of scope or wasn't available.

Systemic challenges, such as limited independent evaluations and a lack of rigorous methodologies, further constrain the ability to draw strong conclusions about program efficacy or long-term outcomes. As such, this theory of change should be understood as a **working model**: grounded in the best available evidence, while also shaped by practical experience and subject to refinement as the evidence base evolves.

Underlying assumptions for change

The theory of change is built on a set of key assumptions about how the program will achieve its aims. These assumptions are informed by research evidence and practitioner expertise, as well as reflecting necessary beliefs about how people and systems will behave. While grounded in evidence, these assumptions acknowledge that evidence itself relies on certain conditions being met, and that real-world implementation is complex and variable. Being explicit about the assumptions underpinning this theory of change supports transparency, reflection and ongoing learning.

- **Men's attitudes to gender and power are a key driver of violence towards women, children and families**: Gender-based violence is rooted in inequality and patriarchal norms and is linked to dominant patterns of masculinity, sexist attitudes and behaviours towards women and girls, and male control and privilege.
- **The use of violence is learned and can be unlearned**: Violent behaviour is often learned through early exposure, societal norms and family dynamics, for example, but can be changed through education and therapeutic approaches.
- **Longer programs are more effective**: Longer-term interventions provide more opportunities for reflection, skill-building and sustained behaviour change.

- **Continued support helps sustain behaviour change**: Consistent attendance and active participation increase the likelihood of behaviour change, while voluntary involvement in follow-up programs fosters sustained progress, empathy and improved communication in participants.
- **Engagement and completion support positive outcomes**: Consistent participation and program completion increase the likelihood that men will achieve the desired program outcomes.
- **Women, children and families want to engage in programs**: Victim-survivors will access support offered through MBCPs because they prioritise women's voices and agency, and focus on safety, strength, resilience and healing.
- **Behaviour change is possible**: With the right support, men who use violence can develop insight, take responsibility and practice non-violent behaviours.
- **Change is more likely when men are internally motivated and ready**: Readiness to change is not fixed – it can be built and sustained over time through engagement, support and reflection to foster internal motivation. The program supports men to want to change for themselves and for those affected by their violence and abusive behaviours.
- **Additional support services are available and men access them**: Men who are motivated to change will access additional supports to help address co-occurring or underlying issues that contribute to violent and abusive behaviours – such as drug and alcohol treatment or mental health supports.
- **Programs enhance women's and children's safety**: Information sharing and engaging with victim-survivors throughout the program supports risk assessment, strengthens program delivery and prioritises safety.
- **Violence occurs within a socio-political context**: Men's use of violence is influenced by broader social and political structures – including gender inequality, cultural norms and systemic power imbalances – that reinforce male dominance and entitlement. These conditions shape attitudes and behaviours and must be addressed alongside individual change.

Men's Behaviour Change Programs delivered by Relationships Australia

The remainder of this document outlines the common aims, outcomes, activities and mechanisms for change that define Relationships Australia's approach to men's behaviour change. Specifically, it clarifies:

- the intended outcomes for men, women and children
- the activities and mechanisms through which behavioural and attitudinal change is expected
- the contextual and individual factors that influence program effectiveness
- the evidence base that underpins program components.

Key program inputs

In each jurisdiction where Relationships Australia member organisations operate MBCPs, the programs are supported by a range of materials, processes, standards and evidence-based frameworks. These include:

— **Program manuals**: These provide essential information about each program's structure and detailed instructions for facilitators on how to deliver weekly sessions and activities. Manuals support consistency, safety, and fidelity to the program model.

— **Evidence-based models and underpinnings**: Programs are grounded in research and theory, drawing on feminist analyses of gendered violence, psycho-education, therapeutic approaches and practice principles such as strengths-based, trauma-informed, and culturally safe frameworks.

— **Skilled and qualified staff**: Facilitators are trained professionals with qualifications in fields such as social work, psychology, and counselling. They bring expertise in family violence dynamics, trauma-informed practice, group facilitation, and risk assessment. Programs require facilitators to model respectful, non-violent behaviour, and foster peer accountability.

— **Relationships with other services and information-sharing protocols**: Programs collaborate with key services including child protection, police, housing, corrections, and family courts. These partnerships are guided by state-specific legislation and protocols to ensure coordinated and safe responses.

— **Codes of conducts, standards, legal frameworks**: Programs operate within jurisdictional legislation and comply with practice standards such as the Men's Behaviour Change Minimum Standards, Queensland Perpetrator Intervention Standards, and the National Outcomes Standards for Perpetrator Interventions.

Key program features and aims

Relationships Australia MBCPs aim to support men to stop using abusive, violent or controlling behaviours, and improve the safety and wellbeing of women, children and families affected by domestic and family violence. Key program features include:

— Programs are designed for men who use violent, abusive and/or controlling behaviours in relationships.

— Programs are primarily group-based, using a combination of therapeutic and psycho-education approaches to change attitudes and behaviour.

— Programs aim to support men to reflect on their use of violence, take responsibility for their actions, and consider the impact of their violence on others.

— Programs include strategies at intake, during and after the program to encourage accountability and sustain change.

— Risk and safety are monitored throughout the program, including regular risk assessments and safety planning, to protect the wellbeing of women, children and affected family members.

— Programs facilitate access to victim-survivors support services, including counselling and regular check-ins.

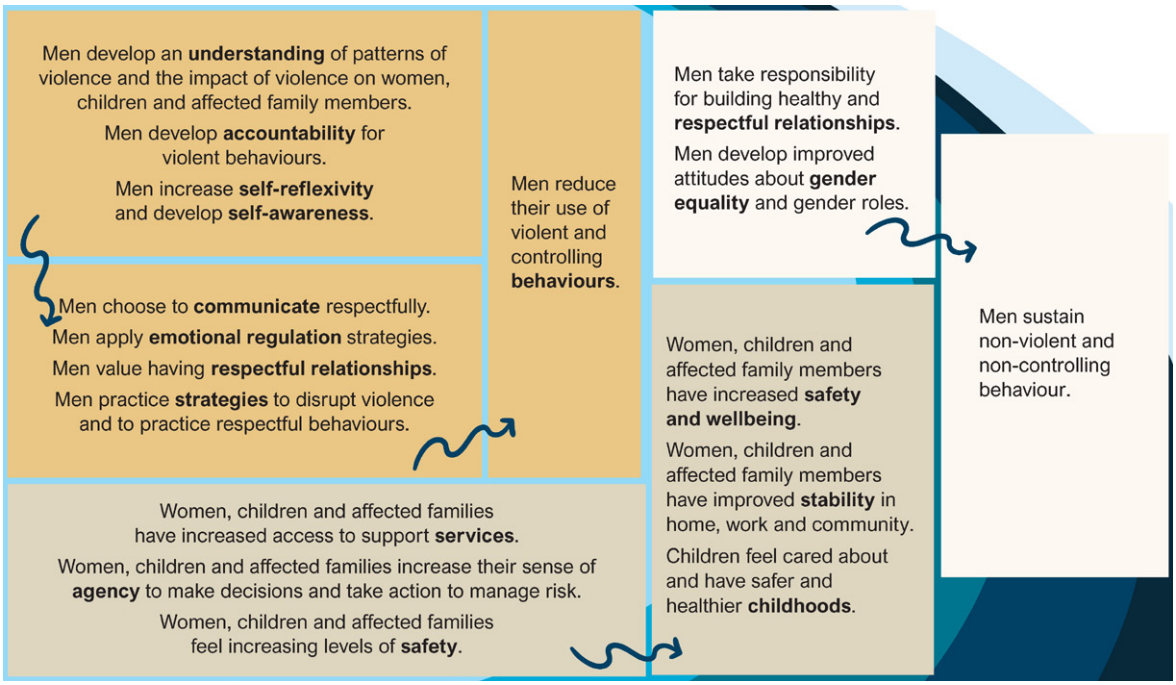
— Referral processes can connect men with additional support for issues (e.g. for alcohol and drug use, mental health, housing) that may contribute to or compound violent behaviours.

— Program duration ranges from 12 to 24 weeks.[1]

Intended program outcomes

The overarching aims of MBCPs are supported by more immediate and measurable outcomes that help to define what Relationships Australia expects to change over the course of a program and into the future. These program outcomes are illustrated in Figure 2.

Figure 2: Intended outcomes for Relationships Australia MBCPs



The outcomes presented in the theory of change diagram reflect the changes MBCPs are intended to generate **during** the program, when the program is **complete,** and in the **longer term**. While these outcomes are shown in a staged sequence, complex behaviour change is rarely linear. The pace and extent of change will vary significantly between individuals and is influenced by factors such as readiness to engage, motivation to change, and the social norms and systems that surround individuals, families, and communities (Helps et al., 2025, p. 6).

In Figure 2, the use of squiggly lines between outcomes is a deliberate visual cue to reflect this complexity. Many men may require multiple attempts and diverse forms of support to meaningfully shift their behaviours and ultimately sustain change (Helps et al., 2025).

1 Research suggests that programs of at least 16 weeks – and ideally 40 hours over 20 weeks – are associated with improved outcomes, including behaviour change and reduced domestic and family violence (Bell & Coates, 2022; Boxhall & Birch, 2022).

Research and practice evidence suggests that MBCPs can lead to a range of short-medium term outcomes, especially when programs run for more than 16 weeks and participants are well supported before, during, and after the program. These outcomes include increased self-awareness, accountability, respectful communication, and reductions in violent and controlling behaviours. Programs also contribute to improved safety, agency, and access to support services for women, children, and affected family members.

However, the longer-term outcomes in the theory of change are more **aspirational** and depend on a range of factors that are often **beyond** the program's direct control. These include the resolution of co-occurring issues (such as substance use or mental health challenges), sustained motivation and the presence of systems and communities that reinforce non-violence and gender equality. The current evidence base offers limited insight into whether and how these longer-term outcomes are achieved, due in part to a lack of longitudinal data and the methodological limitations discussed earlier.

Despite these challenges, it is important to articulate the longer-term outcomes as part of the broader vision that MBCPs contribute to alongside other services, systems, and community efforts. Ongoing evaluation is essential to better understand what outcomes are achievable, under what conditions and how programs can continue to evolve in response to emerging evidence and practice insights.

Key program activities

Intake

The intake process is a foundational component of Relationships Australia MBCPs. Typically conducted over 2–4 individual sessions, it serves as a critical entry point where facilitators begin to build rapport, gather information about risk and safety, support men's readiness to engage with the program and provide referrals. This program phase is designed to ensure that participants are both suitable for the program and adequately supported to engage meaningfully.

Pathways into the program

Men enter programs through a range of referral pathways, including self-referral, legal and justice systems (e.g. Magistrates Court, Family Court), child protection services, police, corrections and other community or non-government organisations. Programs across the Relationships Australia Federation accept both voluntary and mandated participants, with mandates commonly arising from intervention orders, community correction orders, bail conditions or court assessments.

While most jurisdictions accept both voluntary and mandated referrals, SA's Reset2Respect (R2R) program is unique in that entry is exclusively via court-mandated processes. In R2R, participants may transition to voluntary status if legal conditions change, such as the withdrawal of charges or intervention orders.

Information sharing and risk management

Risk assessment and management underpins all other activities, guiding decisions about participant suitability, safety planning, and interagency coordination. This activity is a dynamic and continuous process that begins at intake and is revisited throughout the program.

Most sites use structured **risk and safety assessment tools** such as RSSF (NSW Risk, Safety and Support Framework) and DVSAT (Domestic Violence Safety Assessment Tool) (NSW), DOORS (Detection of Overall Risk Screen) (SA), and MARAM (Multi-Agency Risk Assessment and Management Framework) (Victoria). These tools help standardise the identification of risk factors and ensure that practitioners are alert to both immediate and emerging risks.

A defining feature of risk management in these programs is their collaborative, multi-agency approach, with **information sharing** playing a central role in building and maintaining a comprehensive risk profile. Programs routinely exchange information with external services where legally permissible, including child protection, police, corrections and partner contact workers. This enables more coordinated responses and helps to ensure that practitioners have access to a broader picture of risk. Formal systems and provisions support this process by facilitating access to external data on incidents and concerns.

At the same time, programs prioritise maintaining **contact with partners or ex-partners**, whose insights are critical to understanding current risk levels and informing safety planning. These conversations often begin during intake and continue throughout the program, ensuring that victim-survivor perspectives remain central to risk assessment.

Program participants are informed early in the process about the limits of **confidentiality**, particularly where safety concerns may require disclosure. Several jurisdictions explicitly communicate these boundaries during intake, promoting transparency and trust while enabling practitioners to act swiftly when risk escalates.

Risk is also managed through ongoing **monitoring and review.** Many programs conduct repeated screenings and hold regular risk management meetings to reassess and respond to changes in risk. This iterative approach ensures that risk is not only identified but actively managed throughout the participant's engagement.

The practices employed in Relationships Australia MBCPs are consistent with minimum standards for MBCPs, which require programs to assess, monitor, and respond to perpetrator risk and to develop tailored safety plans for victim-survivors and children.

Motivation and readiness

The intake process also involves motivational and readiness assessments, which explore men's willingness to acknowledge abusive behaviours and take responsibility. Practitioners use approaches such as Motivational Interviewing, shame awareness, and invitational practices (e.g., Alan Jenkins' ethical strivings) to support reflection and build internal motivation. These conversations often include values exploration, incident mapping, and goal setting, and help prepare participants for meaningful engagement.

Suitability screenings and referrals

Eligibility criteria vary across jurisdictions but generally require some level of acknowledgment of abusive behaviour and a willingness to change. **Motivation and readiness** are key eligibility factors in most programs. SA's Reset2Respect (R2R) program is an exception: while it conducts a pre-intake interview to determine suitability, most participants are considered pre-contemplative. Early sessions in R2R focus on building a 'commitment to change.'

As part of intake, programs also conduct suitability screening to identify factors that may affect a participant's capacity to engage safely and effectively in group work. This includes screening for mental health concerns, substance use (alcohol and other drugs), cognitive capacity, and other personal circumstances. Tools such as MARAM, DOORS and ABI (Abuse Behaviour Inventory) are commonly used to support this process.

Participants with significant mental health or alcohol and drug issues must be addressing these concerns before or alongside program participation in multiple jurisdictions. Where barriers to participation are identified—such as trauma, shame, language needs, or work schedules—participants may be referred to other internal or external services for additional support.

Tasmania has the most structured eligibility framework, including a Spousal Assault Risk Assessment (SARA) score under 20, restrictions based on legal orders and partner violence history, exclusion for non-fatal strangulation, and mandatory consent for partner contact.

Most programs across the Relationships Australia Federation refer men to counselling for issues such as mental health, substance use, trauma, or childhood abuse, either before, during, or after their participation in group work. While some programs integrate counselling techniques into individual sessions, others offer structured, manualised counselling streams, or provide dedicated one-to-one counselling alongside group work. In some jurisdictions, counselling is often recommended as a preparatory or follow-up step to group participation. These varied approaches ensure that men are matched with appropriate supports and that group work is reserved for those who are ready to engage meaningfully.

Risk screening processes involve the use of evidence-based tools to assess a range of factors that may influence the safety and suitability of participants. These practices are consistent with minimum standards for MBCPs, which require programs to assess, monitor, and respond to perpetrator risk and to develop tailored safety plans for victim-survivors and children.

Summary of research evidence

Below is a summary of research evidence related to the program activities outlined above. For a list of the research articles referenced, see Table 1.

- **Referrals to the program**: While voluntary referrals are associated with higher levels of readiness and engagement, mandated attendance is linked with reduced readiness to change and lower levels of participation (Fitz-Gibbon et al., 2024). This highlights the importance of strategies that build **internal motivation** and support men to engage meaningfully, regardless of referral pathway.
- **Readiness assessments and motivational strategies**, including motivational interviewing (MI) and invitational approaches, are associated with increased engagement and accountability and reductions in risk factors for intimate partner violence. MI, in particular, has been shown to sustain motivation, reduce dropouts, promote attitudinal change and reduce perpetration or risk of recidivism (Capinha et al., 2025; Helps et al., 2025; Lila et al., 2025; Roldán-Pardo et al., 2024). Readiness assessments are also linked to improved application of skills and increased program participation (Bell & Coates, 2022; Fitz-Gibbon et al., 2024; Helps et al., 2025; Nicholas et al., 2020; Roldán-Pardo et al., 2024). Emerging evidence suggests that invitational and narrative approaches support improvements in stress management, understanding the impact of violence and developing repair skills (O'Connor et al., 2022).
- **Pre-program screening and referrals** to wraparound services include counselling, housing, mental health and substance use support. These assessments and referrals are associated with improved program engagement and completion and enable tailored program delivery that meets individual needs. Embedding screening and service linkage within pre-coursework is seen as essential to enhancing readiness for change and improving outcomes for men who use violence, their partners and children (Bell & Coates, 2022; Fitz-Gibbon et al., 2024; Helps et al., 2025; Sousa et al., 2024).
- **Interagency information** sharing is widely viewed as critical in both literature and practice standards; however, the desktop review did not examine the effects of these activities on behaviour change outcomes.
- Evidence related to **partner contact** is discussed in the next section.

Table 1: Research articles related to program intake activities

Program component	Related program outcomes	Source of evidence
Voluntary referrals in	Improved readiness, program engagement, and completion	– Fitzgibbon et al., 2024
Mandatory referrals in	Reduced levels of readiness to change, program participation, and engagement Facilitates attendance and completion	– Fitzgibbon et al., 2024
Readiness assessments and support	Improved application of skills Increased accountability Increased program participation and engagement	– Bell & Coates, 2022 – Helps et al., 2025 – Fitz-Gibbon et al., 2024 – Nicholas et al., 2020 – Roldán-Pardo et al., 2024
Motivational interviewing (part of readiness)	Improved attitudes towards change, responsibility, and accountability Reduced program disengagement Reduced perpetration and risk of recidivism Reduced risk factors for intimate partner violence Sustained motivation	– Capinha et al., 2025 – Helps et al., 2025 – Lila et al., 2025 – Roldán-Pardo et al., 2024
Invitational approach (part of readiness)	Improvements in stress management Improved knowledge of impact of violence Improved repair skills	– O'Connor et al., 2022
Pre-program screening and referrals	Increased program engagement and completion Enhanced program effectiveness when participants receive treatment for co-occurring issues such as mental health, substance use, or housing or financial stress Improved program readiness	– Bell & Coates, 2022 – Fitz-Gibbon et al., 2024 – Helps et al., 2025 – Sousa et al., 2024

Partner/ex-partner contact and safety planning

Partner contact is a core component of MBCPs, reflecting the program's commitment to prioritising the safety and wellbeing of women and children. Structured contact processes are used to support risk assessment and safety planning and to monitor behavioural change during the time men who use violence participate in the program.

Contact with partners or ex-partners is typically initiated during intake and maintained across the program, with many jurisdictions explicitly embedding family safety contact services in their risk protocols. This ongoing engagement provides critical insights on current risk levels, observed changes in behaviour and any emerging safety concerns. Feedback from partners informs both individual case management and broader program responsiveness.

This activity complements the program's broader risk management framework by ensuring that victim-survivor perspectives are actively integrated into safety planning and interagency coordination. Where appropriate, information gathered through partner contact may be shared with services such as child protection, police, corrections and partner contact workers to support a coordinated response.

Summary of research evidence

Although research on the effectiveness of partner contact remains limited, existing evidence suggests it can play a valuable role in enhancing the safety of affected family members and improving the accuracy of risk assessments. Partner contact can also support victim-survivors by facilitating access to services, providing emotional support and deepening understanding of the risk of harm. For services, it can contribute to improved program design and delivery, and enable collaborative safety planning (Chung et al., 2020).

Table 2: Research articles related to partner contact activities

Program component	Related program outcomes	Evidence
Partner/ ex-partner contact	– Increased women's sense of safety – Increased emotional support for women – Improved access to services – Improved understanding of risk – Improved program design and delivery due to partner information	– Limited evidence – Chung et al., 2020

Additional support for women, children and affected family members

In addition to structured partner contact, MBCPs provide a range of supports for women, children and other affected family members. Varying across jurisdictions, these supports are designed to promote safety, wellbeing and recovery, and are delivered either directly by the program or through integrated partnerships with specialist services.

Support varies across jurisdictions and can include individual counselling, referrals to external services (such as housing, legal assistance, alcohol and other drug (AOD) treatment, and mental health care), and advocacy to help victim-survivors navigate systems such as child protection, Centrelink, and police.

Some jurisdictions mentioned specific arrangements they have in place to support women and children victim-survivors. These include:

— dedicated family advocates or victim-survivor workers offering casework and attending interagency meetings to ensure safety needs are addressed holistically
— group programs for women
— services and programs for children.

Additionally, in some jurisdictions, programs continue to offer support even if a participant disengages, acknowledging that safety and recovery are ongoing needs.

Case management and casework

Case management and casework are important components of many MBCPs delivered in the Relationships Australia Federation, though their structure and intensity vary across jurisdictions. In some programs, participants are assigned a dedicated case manager who provides ongoing individual support throughout the program. In others, casework may be offered as needed, or case coordination may be used to scaffold engagement and support behaviour change goals.

Common elements include goal setting, safety planning, referrals to external services, and support for issues such as housing and legal matters. This element of the program can be offered alongside group work or initiated in response to disengagement or emerging needs. In some sites, case planning is embedded in early assessment processes and revisited at key points during the program.

While terminology and delivery differ – ranging from structured case management plans to informal check-ins – the underlying intent is consistent: to ensure participants are supported in addressing barriers to engagement and sustaining behaviour change beyond the group context.

Summary of research evidence

Below is a summary of research evidence, related to the program activities outlined above. For a list of the research articles referenced, see Table 3.

While case management and case coordination were not explicitly examined, related practices – such as individual support, goal setting, referrals, and counselling – are discussed in the broader literature.

Evidence suggests that facilitating access to wraparound services (e.g. housing, mental health, substance use) through case management or brokerage is associated with improved program engagement and completion (Caetano et al., 2005; Fitz-Gibbon et al., 2024; Helps et al., 2025; Lila et al., 2020). These referrals are not limited to the intake phase; they also occur throughout the program via ongoing case management and support. Although some of the cited evidence is the same as that referenced in the intake section, its inclusion here highlights the distinct role of continued service linkage in sustaining engagement and supporting program completion beyond initial screening.

Pre-program supports, including individual case management and counselling, have also been linked to increased engagement and retention (Fitz-Gibbon et al., 2024). These early interventions help tailor program delivery to individual needs and enhance readiness for change.

Additionally, goal setting – as a component of case management/casework – is also associated with reduced dropout rates and improved participant engagement (Expósito-Álvarez, Gilchrist et al., 2024; Expósito-Álvarez, Roldán-Pardo et al., 2024).

Table 3: Research articles related to case management and casework activities

Program component	Related program outcomes	Evidence
Goal setting	Reduced drop-out rates Improved program engagement	– Expósito-Álvarez, Gilchrist et al., 2024 – Expósito-Álvarez, Roldán-Pardo et al., 2024
Referrals	Increased program engagement and completion	– Caetano et al., 2005 – Fitz-Gibbon et al. 2024 – Helps et al., 2025 – Lila et al., 2020
Pre-program supports	Increased engagement and retention	– Fitz-Gibbon et al., 2024

Structured group work

Structured group sessions are the core delivery model of MBCPs. These sessions follow a manualised or curriculum-based format combining therapeutic and educational approaches to support participants in reflecting on their use of violence, understanding its impacts, and developing the skills required to engage in respectful, non-violent relationships.

Core topics include accountability and responsibility, the impacts of violence on partners, children and self, emotional regulation, power and control dynamics, gender roles and entitlement, respectful communication, and parenting in the context of domestic and family violence. These themes are explored through a gendered lens, with most programs grounded in a feminist framework that recognises domestic and family violence as a gendered issue.

Facilitators draw on a range of therapeutic modalities, including cognitive behavioural therapy (CBT) and acceptance and commitment therapy (ACT). These methods support participants to challenge distorted thinking, take responsibility for their actions, and align their behaviour with personal values.

The quality of facilitation and group dynamics plays a critical role in the change process. Skilled facilitators use non-shaming, anti-collusive approaches, model respectful behaviour, and offer respectful challenges to support accountability. Group settings foster peer learning and mutual accountability, creating opportunities for participants to reflect on their behaviour in relation to others, and to be held to account in a supportive but firm environment.

Throughout the program, readiness and motivation are monitored to ensure that group work remains responsive to each participant's stage of change and capacity to engage.

Summary of research evidence

Below is a summary of research evidence, drawn from the accompanying desktop review, related to the program activities outlined above. For a list of the research articles referenced, see Table 4.

- Research highlights the importance of **facilitation quality and group dynamics** in improving engagement and accountability and reducing recidivism (Reimer, 2020; Roldán-Pardo et al., 2024).
- Topics such as **fathering** have been shown to increase motivation and improve parenting practices when the topic forms a key part of the program (Diemer, 2020; Nguyen et al., 2023).
- Evidence for psycho-educational approaches that incorporate **Duluth and CBT** is contested (Arce et al., 2020; Bell & Coates, 2022). For example, CBT is associated with reduced reoffending but also increased drop-out rates and inconsistent outcomes in reducing domestic and family violence (DFV).
- **ACT** shows emerging promise in reducing DFV behaviours (Zarling et al., 2025) though more Australian research is needed.
- The desktop review did not explicitly examine the effectiveness of **psycho-education** models or **specific topics** beyond 'fathering'.

Table 4: Research articles related to group work activities

Program component	Related program outcomes	Evidence
Facilitation quality – constructive and supportive group dynamics	Increased program participation Reduced recidivism Improved attitudes towards change and responsibility Improved relationships with participants and facilitators	– Reimer, 2020 – Roldán-Pardo et al., 2024
Facilitation quality – promoting safe, respectful environments through trust building and role modelling	Increased ability for participants to confront denial, minimisation and justification of violence	– Reimer, 2020
Inclusion of fathering topic	Increased motivation and engagement Improved parenting practices in programs with an intensive parenting element	– Diemer, 2020 – Nguyen et al., 2023
CBT	Mixed effectiveness Reduced reoffending Increased drop-out rates Inconsistent outcomes in reducing DFV	– Arce et al., 2020 – Bell & Coates, 2022
ACT (Acceptance and Commitment Therapy)	Reduced DFV behaviours (emerging evidence)	– Zarling et al., 2025
Integration of Duluth and CBT models	Some reviews report positive effects on reducing violence and recidivism, while others highlight insufficient or inconclusive findings. Evidence of effectiveness is contested.	– Bell & Coates, 2022

Post-program support

Post-program support is designed to help participants consolidate learning, maintain behavioural change and plan for future safety and wellbeing. While the structure and intensity of supports vary, most programs offer some form of follow-up after group completion.

Common practices across the Relationships Australia Federation include individual follow-up sessions with facilitators or case managers focused on reinforcing program content, supporting behavioural maintenance and future planning. Partner contact may also continue post-program to monitor risk and ensure victim-survivor safety.

Programs often conduct exit reviews to confirm progress towards goals, make final referrals, and support transitions to other services. Participants may be referred to external supports such as AOD services, housing, mental health care, or parenting programs.

While specific models differ across jurisdictions, the shared intent is to provide participants with continued scaffolding as they move beyond the formal program structure, supporting long-term change and reducing the risk of relapse.

Summary of research evidence

Below is a summary of research evidence related to the program activities outlined above. For a list of the research articles referenced, see Table 5.

— **Structured follow-up and psycho-educational groups** have been associated with deeper self-awareness, improved empathy and communication and maintained motivation (Carswell, 2023; Meyer & Atienzar-Prieto, 2024; Nguyen et al., 2023).

— Evaluation findings suggest that **voluntary engagement** in post-program support is linked to stronger commitment to change and improved long-term outcomes (Carswell, 2023).

— The desktop review did not explicitly examine the effectiveness of **exit interviews** or the efficacy of **individual follow-up sessions** compared to structured **group work**.

Table 5. Research articles related to post-program supports

Program component	Related program outcomes	Evidence
Structured follow-up and psycho-educational groups	– Sustained embedded skills and strategies – Deepened self-awareness – Improved empathy and communication – Maintained motivation	– Carswell, 2023 – Meyer & Atienzar-Prieto, 2024 – Nguyen et al., 2023

References

Arce, R., Arias, E., Novo, M., & Fariña, F. (2020). Are interventions with batterers effective? A meta-analytical review. *Psychosocial Intervention*, *29*(3), 153–164. https://doi.org/10.5093/pi2020a11

Bell, C., & Coates, D. (2022). *The effectiveness of interventions for perpetrators of domestic and family violence: An overview of findings from reviews* (What works: Overviews of Reviews). ANROWS. https://www.anrows.org.au/publication/what-works-to-reduce-and-respond-to-violence-against-women-overview-of-reviews-serieshttps://apo.org.au/node/316299

Boxhall, E., & Birch, P. (2022). *Assessing the efficacy of domestic and family violence behaviour change programs: a rapid evidence assessment*. https://opus.cloud1.lib.uts.edu.au/handle/10453/165339

Capinha, M., Pereira, M., Sousa, M. d. N., & Rijo, D. (2025). Intimate partner violence: A new cognitive, interpersonal and motivational framework for the rehabilitation of perpetrators in Portugal. *International Journal of Offender Therapy and Comparative Criminology*, *69*(2–3), 184–199. https://doi.org/10.1177/0306624X221148125

Carswell, S. (2023). *Evaluation of 'Men Sustaining Change' pilot 2021–2023: Phase 2 (final) evaluation report*. https://noviolence.org.au/2022/03/22/evaluation-of-unitingcare-men-sustaining-change-pilot-program/https://apo.org.au/node/328784

Chung, D., Anderson, S., Green, D., & Vlais, R. (2020). *Prioritising women's safety in Australian perpetrator interventions: The purpose and practices of partner contact* (Research report). ANROWS. https://www.anrows.org.au/publication/prioritising-womens-safety-in-australian-perpetrator-interventions-mapping-the-purpose-and-practices-of-partner-contact-key-findings-and-future-directions/

Department of Social Services (DSS). (2022). *National Plan to End Violence against Women and Children 2022–2032*. Australian Government DSS. https://www.dss.gov.au/system/files/resources/national-plan-end-violence-against-women-and-children-2022–2032.pdf

Diemer, K. (2020). *Caring Dads program – helping fathers value their children: Three site independent evaluation 2017–2020. Final report*. Kids First Australia. https://www.kidsfirstaustralia.org.au/page/209/caringdadshttps://engonetcps.blob.core.windows.net/assets/pages/2020%20Caring%20Dads%20Final%20Report%203–3–2020.pdf

Expósito-Álvarez, C., Gilchrist, G., Gracia, E., & Lila, M. (2024). Evaluating the role of goal setting in reducing dropout for men with and without substance use problems attending a court-mandated intimate partner violence perpetrator program. *Victims & Offenders*, *19*(6), 1175–1207. https://doi.org/10.1080/15564886.2024.2322960

Expósito-Álvarez, C., Roldán-Pardo, M., Gilchrist, G., & Lila, M. (2024). Integrated motivational strategies for intimate partner violence perpetrators with substance use: A randomized controlled trial. *Psychosocial Intervention*, *33*(3), 187–200. https://doi.org/10.5093/pi2024a13

Fitz-Gibbon, K., McGowan, J., Helps, N., & Ralph, B. (2024). *Engaging in change: A Victorian study of perpetrator program attrition and participant engagement in men's behaviour change programs*. https://bridges.monash.edu/articles/report/Engaging_in_Change_A_Victorian_study_of_perpetrator_program_attrition_and_participant_engagement_in_men_s_behaviour_change_programs/26046856

Helps, N., Bell, C., Schulze, C., Clark, O., Seamer, J., Buys, R., & Vlais, R. (2025). *The role of men's behaviour change programs in addressing men's use of domestic, family and sexual violence: An evidence brief* (Vol. 1). ANROWS. https://www.anrows.org.au/publication/the-role-of-mens-behaviour-change-programs-dfsv/https://apo.org.au/node/329710

Lila, M., Expósito-Álvarez, C., & Roldán-Pardo, M. (2025). Motivational strategies reduce recidivism and enhance treatment adherence in intimate partner violence perpetrators with substance use problems [article]. *Frontiers in Psychiatry*, *16*. https://doi.org/10.3389/fpsyt.2025.1538050

Meyer, S., & Atienzar-Prieto, M. (2024). *Evaluation of the YFS Responsible Men program: Current service delivery and future directions. Summary report*. https://research-repository.griffith.edu.au/items/d81b902e-d79e-4c3b-ab56–1eff8fbfbbed

Nguyen, V., Kertesz, M., Davidson, J., Humphreys, C., & Laslett, A.-M. (2023). Programme responses for men who perpetrate intimate partner violence in the context of alcohol or other drugs: A scoping review. *Advances in Dual Diagnosis*, *16*(1), 24–53. https://www.emerald.com/insight/content/doi/10.1108/add-07-2022-0021/full/html

Nicholas, A., Ovenden, G., & Vlais, R. (2020). *Developing a practical evaluation guide for behaviour change programs involving perpetrators of domestic and family violence* (Research report). ANROWS. https://www.anrows.org.au/publication/developing-a-practical-evaluation-guide-for-behaviour-change-programs-involving-perpetrators-of-domestic-and-family-violence/

O'Connor, A., Panayiotidis, A., Bickerdike, A., Opoku, S., & Skouteris, H. (2022). Men's Behaviour Change Program: Participants' and facilitators' perceptions. *Australian and New Zealand Journal of Family Therapy*, *43*(4), 412–422. https://doi.org/10.1002/anzf.1516

Reimer, E. (2020). *The client-worker relationship in men's behaviour change programs: Key findings and future directions* (Vol. 15). ANROWS. https://www.anrows.org.au/publication/growing-to-be-a-better-person-exploring-the-client-worker-relationship-in-mens-behaviour-change-group-work-programs/

Roldán-Pardo, M., Lila, M., Santirso, F. A., & Gracia, E. (2024). Group-related variables in intervention programs for intimate partner violence perpetrators: A systematic review. *Trauma, Violence & Abuse*, *25*(4), 2752–2767. https://doi.org/10.1177/15248380241226655

Sousa, M., Andrade, J., de Castro Rodrigues, A., Caridade, S., & Cunha, O. (2024). The effectiveness of intervention programs for perpetrators of intimate partner violence with substance abuse and/or mental disorders: A Systematic review. *Trauma, Violence & Abuse*, *25*(5), 4188–4203. https://doi.org/10.1177/15248380241270063

Zarling, A., Berta, M., & Miller, A. (2025). Changes in psychological inflexibility and intimate partner violence among men in an acceptance and commitment therapy-based intervention program. *Behavioral Sciences (2076–328X)*, *15*(3), 317. https://doi.org/10.3390/bs15030317

Australian Government
Australian Institute of
Family Studies

AIFS

Relationships
AUSTRALIA