From Fragmentation to Framework:

Building an Ecosystem of Responses to End Men's Use of Domestic and Family Violence

No to Violence
Growing a movement to end men's family violence in Australia

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Contents

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About No to Violence

No to Violence is Australia's peak body for individuals and organisations committed to ending men's use of domestic and family violence. The safety of women and children is at the centre of everything we do because it is by ending men's violence that families can live happier, safer lives, free from fear.

Our Men's Referral Service has been engaging directly with men who use violence for over 30 years, providing counselling and support to help them change their abusive behaviour. Building on this frontline experience, we now lead workforce and sector development initiatives, and advocate for the systemic changes needed to end men's domestic and family violence.

For questions about this report, please contact: policyandresearch@ntv.org.au

Terminology and definitions

Domestic and family violence (DFV):

An umbrella term encompassing intimate partner violence, as implied by domestic violence, and violence between family members, as indicated by family violence. Family violence can include intimate partner violence and acts of violence between a parent and a child, between siblings, and across extended family and kinship networks. Sexual violence is a distinct form of family violence that often co-occurs with other forms of abuse. It is a high-risk indicator of escalating family violence that signals an increased likelihood of severe injury or death for victim-survivors. This report uses 'domestic and family violence' (or DFV) as the primary term. However, it recognises that in many contexts, particularly those involving Aboriginal and Torres Strait Islander communities and community-controlled organisations, the term 'family violence' is preferred, because it better reflects the broader relational dimensions of DFV across extended family and kinship systems. Where this report quotes or references practitioners of communities using family violence in this way, that usage is preserved.

Family safety advocate and related roles:

This refers to roles that sit within or alongside programs addressing men's use of DFV and that provide advocacy for the safety and needs of affected family members. It is known by a range of jurisdiction-specific terms, including partner contact worker, family safety contact, partner advocate, affected family member worker, and women's and children's advocate, which reflects genuine differences in how the role is defined and resourced across states and territories. In practice, this role can be funded and resourced only to deliver contact work, such as brief check-ins on safety, rather than providing the holistic individual advocacy victim-survivors need and deserve. This role is distinct from a *victim-survivor worker*, who typically provides family violence case management and counselling within a dedicated victim-survivor support service with a broader scope of role.

Men's Behaviour Change Program (MBCP):

A group-based intervention designed to help men who use violent, controlling or abusive behaviours towards family members to change their behaviour.[1] Outside of legal interventions, the dominant service system response for men using violence has been specialist group-based MBCPs. These programs play a central role in supporting the safety of victim-survivors; help participants reduce or end their use of violence; and assess, manage and respond to the risk of violence. MBCPs vary in their theoretical approaches but are united by a shared commitment to operating within a gendered framework of accountability that centres the safety and wellbeing of victim-survivors and affected family members, as well as the accountability and behaviour change of the men participating.[2]

[1] NSW Department of Communities and Justice (2026) Men's Behaviour Change Programs.

[2] Helps et al. (2025) The role of men's behaviour change programs in addressing men's use of domestic, family and sexual violence: An evidence brief (ANROWS Insights, 01/2025), ANROWS.

Men who use violence and gendered language:

This report uses the construction 'men who use domestic and family violence' rather than 'perpetrators' or 'offenders', except when referring to specific data. This reflects a practice-oriented approach to accountability and change that describes the use of violence as behaviour rather than a fixed identity, consistent with contemporary language and understanding in the behaviour change sector. This terminology does not minimise the seriousness of the violence or its impacts on victim-survivors, children and other affected family members.

No to Violence acknowledges that people of all genders and sexualities can use violence and cause harm and recognises the importance of service innovation and accessibility for gender-diverse and non-heteronormative families and relationships where violence is present. However, this report is primarily concerned with the disproportionate harm caused by cisgender, heterosexual men and uses explicitly gendered language to reflect this focus and the gendered nature of domestic and family violence. This framing also reflects the research itself, with most participants reporting that their work predominantly involves men using domestic and family violence against women and children. It is not intended to diminish the experiences or severity of violence experienced by people of other genders and sexualities, including within LGBTIQA+ relationships.

Trauma- and DFV-informed practice:

Refers to an approach grounded in understanding how trauma caused by DFV affects individuals including victim-survivors and men using DFV, while maintaining a clear framework of accountability for behaviour. Trauma- and DFV-informed practices do not excuse violence; rather, they contextualise it in ways that can inform more effective and safer interventions.

A note on acronyms:

Wherever possible, this report avoids the use of acronyms for population groups. Acronyms risk compressing the diversity of people's identities and experiences into technical shorthand, rendering those communities less visible, which is the opposite of the recognition this report seeks to centre. For example, the acronym CARM (culturally and racially marginalised) functions as an administrative category in ways that can obscure the real and varied experiences of people from communities who face racism and racial marginalisation within different systems, including domestic and family violence systems.

Executive summary

The scale of the problem

The scale and impact of domestic and family violence (DFV) in Australia are enormous. More than 15 years after the first National Plan established ending gender-based violence as a national priority, rates of DFV and intimate partner homicides remain a sobering reminder of how much work remains.

Approximately 23% of women have experienced intimate partner violence and 40% of children experience family violence.[3] [4] The social, health and economic impacts reverberating from this violence are devastating: intimate partner violence is the leading preventable contributor to death, disability and illness for Australian women aged 18 to 44, and it costs more than $28 billion each year.[5] [6] Yet none of this human, social and economic cost is inevitable.

The vast majority of DFV is perpetrated by men.[7] [8] Today there is a growing government and society-wide acknowledgement that more must be done to stop DFV at its source – by working with the men perpetrating it. But policymakers are grappling with *how* to do this. To help address that question, this report shares the insights of 150 practitioners working directly with men using DFV on what is needed to prevent, reduce and, ultimately, end it.

Why current responses fall short

Despite this increasing political attention, existing responses to men using DFV are limited in scope and scale and generally come far too late. Government investment overwhelmingly flows to late-stage interventions, predominantly police, courts and prisons, which respond only after DFV has become visible to the system. By the time late-stage interventions are engaged, it is often at a point where adult and child victim-survivors have endured many years of violent and controlling behaviour, with substantial harm accumulating over that time. As a result, what should be the last resort is for far too many victim-survivors the first system response they receive, often after years of having to endure ongoing and often escalating violence without support. There is also limited evidence that the criminal legal system is an effective mechanism to reduce or end violence. The reliance on late-stage responses further exacerbates the inequitable and devastating impacts on First Nations peoples and other marginalised communities.

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[3] Australian Bureau of Statistics (2023) Personal Safety Survey.

[4] Haslem et al. (2023) The prevalence and impact of child maltreatment in Australia: Findings from the Australian Child Maltreatment Study: Brief Report.

[5] Ayre et al. (2016) Examination of the burden of disease of intimate partner violence against women in 2011: Final report; Webster (2016) A preventable burden: Measuring and addressing the prevalence and health impacts of intimate partner violence in Australian women.

[6] KPMG (2016) The Cost of Violence Against Women and Their Children in Australia. $22 billion in 2015–16, adjusted $28.27 billion in 2024–25 to reflect inflation.

[7] The Australian Domestic and Family Violence Death Review Network & Australia's National Research Organisation for Women's Safety (2022) Australian Domestic and Family Violence Death Review Network Data Report: Intimate partner violence homicides 2010–2018 showed that nearly 80% of all intimate partner homicides involve a male perpetrator killing a current or former female partner. See also Australian Institute of Family Studies (2025) The use of intimate partner violence among Australian men.

[8] Australian Institute of Health and Welfare (2025) Family, domestic and sexual violence, Understanding FDSV, Who uses violence? In 2023–24, around four in five (79%) FDV offenders proceeded against by police were male.

Outside of legal responses, there has been little sustained government investment, which is alarming given the scale of the problem. Across Australia, a very small number of programs are funded to work with men to scaffold them to take responsibility for their abusive behaviour and make changes to end their use of DFV, provide support for the safety of victim-survivors, and assess, manage and respond to the risk of DFV. Based on the best available data, No to Violence (NTV) estimates that fewer than 2% of men who use physical and/or sexual intimate partner violence in any given year receive any behaviour change intervention.[9]

Building the scope and scale of responses to end men's use of DFV

Beyond limitations in scale, current responses are also constrained by scope. DFV risk is highly dynamic, and behaviour change is complex and often non-linear. In addition, men using DFV are not a homogenous group; they are diverse in their experiences, circumstances and patterns of violence. Consequently, keeping victim-survivors safe and reducing and, ultimately, ending the use of DFV requires a range of tailored, accessible and effective interventions.

For more than 40 years, practitioners across Australia have been innovating with, expanding and deepening practice knowledge through their work to end men's use of DFV. Over the past decade the range of responses has expanded. This has been largely ushered in through practitioner-led adaptations of group-based MBCPs intended to address service gaps and better respond to underserviced cohorts. However, too often innovations are funded as short-term pilot initiatives, which has constrained the consolidation, evaluation and expansion of promising approaches, resulting in a fragmented and ad-hoc pattern of program development and adaptation.

Furthermore, this work has been stymied by a significant lack of research focus, which has led to an underdeveloped evidence base. Internationally, there is a dearth of research on the use of domestic, family and sexual violence. Research on men who have engaged in behaviour change treatment is rarer still, representing an estimated 0.2% of studies in the DFV literature.[10] This is not only a problem of scale but of relevance. A 2026 NTV national member survey found that while 65% of practitioners access research often or always, 30% say the available research does not reflect the communities or contexts they work in.[11] Much of the existing evidence base tends to describe who uses violence rather than evaluate what helps stop it and focuses on mainstream models designed for men who self-select into behaviour change programs, rather than reflective of the growing number of court-mandated referrals.[12] This leaves many practitioners, particularly those working with First Nations, LGBTQIA+ and culturally and racially marginalised communities, without an evidence base that reflects the men and families they work with.

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[9] No to Violence estimates this figure using data from the Australian Bureau of Statistics' 2021–22 Personal Safety Survey (PSS). The PSS found that 1.5% of women aged 18 and over experienced physical and/or sexual violence by a partner in the 12 months prior to the survey (including cohabiting partners and boyfriends/girlfriends/dates) (ABS, *Personal Safety, Australia, 2021–22,* Table 2.3 Persons aged 18 years and over, Experiences in the last 12 months: Proportion, row 'Intimate partner(f)' Females column: 1.5%). Applied to the ABS estimate of the female population aged 18+ as at 30 June 2022 (10,322,508) (ABS, *National, state and territory population*, June 2022, Table 8 'Estimated resident population, by age and sex – at 30 June 2022' Females, Australia, ages 18 and over), this suggests approximately 155,000 women experienced physical and/or sexual partner violence in that 12-month period. Using this as a proxy for the number of men using this violence in that period, on the assumption of approximately one perpetrator per victim, and comparing this to the approximately 2,900 Men's Behaviour Change Program places funded nationally, gives an estimated 1.9% of men who used physical and/or sexual intimate partner violence in that period accessing a funded behaviour change program. **Limitations**: this estimate converts a victim count to a perpetrator estimate; it is limited to physical and/or sexual partner violence as measured by the PSS and does not include emotional abuse, economic abuse, or the broader range of coercive controlling behaviours addressed by MBCPs; it relies on self-reported disclosure to the ABS survey; and, as a 12-month prevalence measure, it captures all men who used this violence in that period rather than distinguishing new from ongoing use.

[10] Arrigo et al. (2025) Domestic violence, behavior change programs, positive and negative outcomes: A scoping review, Psychology of Violence, 15(2), 164–180, https://doi.org/10.1037/vio0000540.

[11] No to Violence (2026) *The last resort should not be the first response: No to Violence's submission on the Second Action Plan, National Plan to End Violence against Women and Children 2022-2032 (Appendix A, p. 53.*

[12] Wheildon et al. (2026) *Practitioner insights: What's needed to improve responses to men using domestic and family violence in Australia.*

While there have been several key Australian research initiatives recently, their findings are yet to be meaningfully translated into policy and practice advances. Interconnected with this research attention is a rise in political focus on engaging men and boys. Together, these are creating momentum to stop DFV at its source, but policymakers are grappling with *how* to do this.

At this critical political, research and practice juncture, this report shares the findings of a unique 12-month research project exploring the experiences and insights of practitioners working with men perpetrating DFV across Australia. It investigates what is required to enable a pathway to change for such men while ensuring the safety and dignity of victim-survivors.

Priority was given to engaging practitioners working with and for marginalised people and communities, centring their unique insights on the compounding impacts of the structural violence and power dynamics that disproportionately harm marginalised cohorts.

Under the guidance of an expert steering committee, this research involved substantial engagement with practitioners across the country, including through a national survey and extensive consultations and interviews, to produce the findings presented in this report.

Key findings

In reflecting on the limitations of both the scope and scale of current responses to men using DFV, the research participants strongly supported the further expansion of interventions. They spoke of the critical need to identify, strengthen and learn from existing innovative programs, and to continue developing new models where gaps remain. However, the participants also raised concerns about the safety and effectiveness of expansion to date. The research findings illustrated two ways to ensure safety and effectiveness:

1. **Expansion must be built as an interconnected continuum or ecosystem of responses,[13] not discrete, fragmented programs.** DFV risk, safety and behaviour change are dynamic and non-linear. To reduce and end such violence requires a range of responses for men as their situation changes, and it is crucial that those responses are interconnected.
2. **Expansion needs to be guided by a principles-based framework**, so that growth in the sector is safety-focused and effective.

Together, these findings point to the need for a system built on foundational practice principles and pathways that allow different interventions at different points to reduce and end DFV. This research identified seven interconnected principles that are required to underpin an effective response system for men using DFV:

1. Centre child and adult victim-survivors in all work with men using DFV.
2. Support community-led and place-based responses, including First Nations responses grounded in self-determination.
3. Engage men using DFV through relational, non-punitive approaches to strengthen men's accountability and victim-survivor safety.

[13] Throughout this report we use the terms 'continuum' and 'ecosystem' interchangeably. Some feedback we received was that continuum inferred a linearity that does not reflect journeys of change but does reflect the need for an integrated, connected service system. On the use of the word ecosystem, while many felt that this term captures what the research participants were emphasising and that it brings into focus the need for the work with men using DFV to be integrated with broader governance and service sector processes, some felt that it risks confusing the reader, so we have used both to try to best communicate to readers.

4. Respond to the contexts of men's lives, including their family, cultural, faith and other community contexts.
5. Provide long-term and flexible engagement to men using DFV and their families.
6. Embed trauma- and DFV-informed practice grounded in intersectional feminist principles.
7. Strengthen collaborative, integrated practice across services, sectors and systems.

The research participants consistently emphasised that these principles are mutually reinforcing. The principles are intended to work together as the foundation of an interconnected response system, rather than being adopted selectively or in isolation.

Recommendations for action

The findings of this research have been used to develop a principles-based framework for the safe and effective expansion of an interconnected continuum of responses to men using DFV in Australia – expansion that is essential to ensuring that victim-survivors are not further harmed. This report calls on governments and policymakers to:

1. **Develop this research into a shared national framework** for building a continuum of responses to end men's use of DFV, **including a Theory of Change**. No to Violence, in partnership with government, sector representatives and victim-survivor advocates, will build on the evidence base and further develop the seven principles set out herein to articulate how they can be applied together to grow the scope and scale of responses to men using DFV, and ultimately to ensure safer, more sustained outcomes for victim-survivors.

2. **Embed the framework into national and jurisdictional policy architecture, across Commonwealth, states and territories, including through funding that supports its ongoing development and recognition within the National Plan and its Action Plans.** States and territories should be supported and encouraged to incorporate the framework into their own DFV and men's behaviour change strategies over time, adapting it to jurisdictional context while retaining a shared national reference point.

3. **Resource the development of an interconnected ecosystem, not standalone programs, to ensure that responses to DFV can support men through non-linear, often long journeys towards change.** Practitioners, service providers, allied sectors and government systems need to be adept to meet men using DFV and victim-survivors where they are at, alongside identifying and managing risk, through a continuum of appropriate, accessible and available responses. This depends on:
    a. Funding for a continuum at a scale that matches the problem's size.
    b. Policy development to define and build horizontal and vertical integration over time and across jurisdictional borders to enable strong referral processes, safe information sharing and the trusted relationships needed for collaborative, integrated practice across service providers, sectors and systems.

4. **Support the implementation of practice guidance to ensure that service providers safely and effectively operationalise the framework.** Practice guidance would formally connect frontline practice to the framework, ensuring that all responses to men using DFV have a clearly defined purpose.

Practice guidance on each principle and how to interconnect all seven through program design and implementation would also ensure that innovation to expand the ecosystem of responses is done safely and mitigates against risks.

5. **Build the evidence base.** As policy and practice advance to reflect this framework, investment is needed in evaluation, outcome measurement and data infrastructure to test whether it is achieving its intended safety and accountability outcomes, and to refine it as it is applied more broadly. Further research is needed to increase understanding of the drivers of men's use of DFV and to develop indicators of change to better recognise and improve violence reduction and cessation and long-term safety outcomes for victim-survivors. Strengthening this evidence is essential to ensuring that as the ecosystem of responses grows, it is grounded in a clear and shared understanding of what drives behaviour change.

6. **Prioritise equitable workforce capability and capacity uplift.** The critical importance of building and retaining a highly skilled specialised workforce was emphasised repeatedly in this research. Working directly with men using DFV and supporting victim-survivors through safety contact and advocacy is complex and multi-layered work, particularly in contexts where compounding forms of marginalisation shape the lives of people experiencing and using DFV. The safe and effective expansion of an ecosystem of responses requires a highly skilled specialist workforce, with specific investment needed in supporting those who work with and for marginalised people and communities. The expansion of a response ecosystem without a highly capable workforce threatens both worker safety and the safety of the families these services protect.

The principles-based framework set out in this report offers a practical foundation for the policy and practice needed to end men's use of DFV. Grounded in frontline knowledge, this research provides an evidence base for that framework. The task ahead is to translate this evidence into policy and practice to ensure measurably safer outcomes for victim-survivors and help create an Australia free from violence.

Introduction

Each year, domestic and family violence (DFV) devastates the lives of millions of Australians. While ending gender-based violence has been defined as a national priority since the first National Plan to End Violence against Women and Children was launched in 2010, more than 15 years later the progress hoped for has not been realised.

Approximately 23% of women have experienced intimate partner violence and 40% of children experience family violence.[14] [15] The social, health and economic impacts reverberating from this violence are devastating: intimate partner violence is the leading preventable contributor to death, disability and illness for Australian women aged 18 to 44, and it costs more than $28 billion each year.[16] [17] Yet none of this human, social and economic cost is inevitable.

[14] Australian Bureau of Statistics (2023) Personal Safety Survey.

[15] Haslem et al. (2023) The prevalence and impact of child maltreatment in Australia: Findings from the Australian Child Maltreatment Study: Brief Report.

[16] Ayre et al. (2016) Examination of the burden of disease of intimate partner violence against women in 2011: Final report; Webster (2016) A preventable burden: Measuring and addressing the prevalence and health impacts of intimate partner violence in Australian women.

[17] KPMG (2016) The Cost of Violence Against Women and Their Children in Australia. $22 billion in 2015–16, adjusted $28.27 billion in 2024–25 to reflect inflation.

DFV is a highly gendered issue, with men accounting for nearly four in five (78%) offenders proceeded against by police.[18] In addition, recent data from the Ten to Men study revealed that approximately 35% of Australian men aged 18–65 self-reported using intimate partner violence in their lifetime,[19] representing at least 2.8 million men.[20] When violence against other family members, including children and parents and violence used by men over 65 years old is also taken into account, despite the limited availability of comparable national data, the enormous scale and impact of DFV become even more apparent.

The human, social and economic burden of DFV is immense. However, it is not inevitable, it is preventable.

> *… how do we explain after at least the last 20 years of concerted effort, we still get every week one to two people dying from this? We've got to look at different ways of approaching this.*
>
> *—Practitioner working with culturally and racially marginalised men*

Today, there is increasing consensus across the government and community that stopping DFV requires earlier engagement and more tailored responses to men using violence, but policymakers are grappling with *how* to do this. This report contributes to addressing that question by drawing on the expertise of practitioners who work directly with men who use DFV. It brings practitioners' insights into the policy and political debate, highlighting the opportunities, barriers and actions needed to prevent DFV, strengthen accountability and improve safety for victim-survivors.

Current responses to men using DFV are extremely limited in scope and scale and are frequently introduced only after significant harm has occurred. Government investment to end men's use of DFV overwhelmingly flows to late-stage interventions, predominantly police, courts and prisons.[21] As a result, victim-survivors too often encounter law enforcement and the legal system as the first substantive system response, rather than as a last resort. By the time late-stage interventions are engaged, it is often at a point where child and adult victim-survivors have endured many years of violent and controlling behaviour, with substantial harm accumulating over that time. Consequently, the current system too often leaves victim-survivors to endure ongoing and escalating violence without timely or effective intervention.

Given this context, legal and other statutory systems are overwhelmed with DFV cases. At least two in five (40%) police-recorded assaults are related to family and domestic violence.[22] Courts are clogged with cases, with 86% of parenting cases in the Federal Circuit and Family Court involving allegations of DFV. [23]

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[18] Australian Bureau of Statistics (2026) Recorded Crime- Offenders.

[19] O'Donnell et al. (2025) The use of intimate partner violence among Australian men. Insights #3, Chapter 1. Melbourne: Australian Institute of Family Studies – note, based on self-reported emotional, physical or sexual violence towards a partner.

[20] Lifetime use estimated using the Ten to Men study finding that 35% of men aged 18–65 have used intimate partner violence, applied to 8,035,448 Australian men aged 18–65 (ABS, National, state and territory population, Table 8, Estimated resident population by age and sex — at 30 June 2022).

[21] See recent Victorian budget decisions, NSW budget announcements, Queensland's expansion of 'Adult Crime, Adult Time', West Australia's increased investment in police response, and record investment in police and prisons in the Northern Territory.

[22] AIHW (2025), *FDV reported to police*, based on ABS Recorded Crime — Victims 2024. The proportion of police-recorded assaults related to FDV ranged from 41% to 65% across jurisdictions with available data (excluding Victoria).

[23] Federal Circuit and Family Court of Australia (2025) 2024-25 Federal Circuit and Family Court of Australia (Division 1) and (Division 2) Annual Reports.

While in the absence of sufficient community-level capacity to disrupt DFV, criminal legal interventions may offer a brief risk containment to constrain the ability to continue causing harm, they can also escalate risk and there is limited evidence that they are an effective mechanism to reduce or end violence. This containment function carries a real cost: research and practice experience suggest that legal responses used primarily for short-term risk containment can increase medium- to long-term risk by entrenching perpetrator grievance. Research shows that incarceration does not effectively deter future DFV[24] [25] and can reinforce attitudes that excuse, minimise or justify violence.[26] This concern was also highlighted in the participant accounts in this research. One practitioner, describing their work with a mother whose son was in prison and whose misogynistic beliefs were being reinforced there, recalled the mother saying:

> ***…he is in prison for domestic violence offences, and his attitude about women is just getting so much worse by being around other men in prison that also resent and hate women. And so, the way the mum is just watching his attitude become more bitter and resentful and stuff because of what's feeding it, which is this environment.***

Likewise, a NSW study found that short prison sentences (of up to 12 months) are no more effective in deterring DFV offending than suspended sentences, while a Tasmanian study concluded that longer sentences do not reduce recidivism.[27] [28] In addition, recent coronial inquest hearings illustrate how disconnections between policing, courts and prison can enable men to continue using DFV from within a custodial setting.[29] These limitations were summed up by one participant, who said:

> *Putting someone in prison doesn't rehabilitate them and often will result in them getting out and causing the same abuse… Do we actually want a person to change the way that they see themselves and others and all these things, rather than just giving them a slap on the wrist or prison time, which usually puts them into a situation where they're exposed to even more harmful attitudes? … You can't just put one away and expect that's reduced the problem.*
> *No, there's another one that comes up.*
>
> *—Practitioner working in a restorative justice approach*

The reliance on late-stage responses also increases the inequitable and devastating impacts on First Nations peoples and other marginalised communities. Aboriginal and Torres Strait Islander people are 19 times more likely than non–First Nations people to be incarcerated, a reality driven by colonial carceral legacies and racial profiling.[30] [31] [32]

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[24] Travenza and Poynton (2016) Does a prison sentence affect future domestic violence reoffending? NSW Bureau of Crime Statistics and Research.

[25] Sentencing Advisory Council of Tasmania (2015) Sentencing of adult family violence offenders.

[26] Fitzgerald and Douglas (2025) Domestic violence and the role of imprisonment as a response: men's post-conviction talk about strangling women. *Current Issues in Criminal Justice*, 1-21.

[27] Travenza and Poynton (2016) Does a prison sentence affect future domestic violence reoffending? NSW Bureau of Crime Statistics and Research.

[28] Sentencing Advisory Council of Tasmania (2015) Sentencing of adult family violence offenders.

[29] See Australian Broadcasting Commission reporting from 18 November 2024 and 18 December 2024.

[30] Australian Bureau of Statistics (2025) Prisoner characteristics, Australia (Tables 1–14).

[31] Walter (2016) Indigenous peoples, research and ethics. In Engaging with Ethics in International Criminological Research.

[32] O'Brien (2021) Racial Profiling, Surveillance and Over-Policing: The Over-Incarceration of Young First Nations Males in Australia.

Disproportionate incarceration rates also impact many culturally and racially marginalised communities and there is a high proportion of incarcerated people with disabilities[33]. Members of marginalised communities are at greater risk of being misidentified as the person using DFV, in particular First Nations women, culturally and racially marginalised women, women with disabilities, criminalised women and LGBTIQA+ people.[34]

With the impacts of a system that enables the ongoing and escalating use of DFV, a research participant stressed there are few opportunities created to encourage men to *'say hey, I'm feeling this way and I want to do something about it before something happens?'*.

Outside of criminal legal responses, the main service system response available for men using violence has been specialist group-based Men's Behaviour Change Programs (MBCPs). These programs have three key objectives:

1. Assess, manage and respond to the risk of DFV.
2. Provide support to ensure the safety of victim-survivors and affected family members.
3. Scaffold men to take responsibility for their abusive behaviour and make changes to end their use of DFV.

While the estimated return on investment for MBCPs is positive overall,[35] current investment remains extremely minimal compared to the size of the problem with best available data indicating that fewer than 2% of men who have used DFV across Australia receive any behaviour change intervention in any given year[36] and to the billions spent on late-stage criminal legal responses.[37]

Beyond limitations in scale, the current response system is also constrained in scope. Men who use DFV are not a homogenous group, and the diversity of their needs, circumstances and patterns of violence requires a range of tailored responses at different points in time. Crucially, meaningful behaviour change is complex and often non-linear and requires varying responses to facilitate a man's journey away from using violence. For example, men with complex needs, such as those misusing alcohol and/or drugs, those facing significant mental health problems and those with acquired brain injuries or other cognitive impairments may need additional or tailored supports. A growing body of evidence also indicates that culturally specific responses are more effective for men from marginalised communities when programs recognise and respond to diverse identities, experiences and circumstances of participants.[38]

Over the past decade, Australia's responses to men who use DFV have expanded significantly, largely through practitioner-led adaptations of MBCPs intended to address service gaps and better respond to underserved cohorts.[39] Mapping undertaken in 2015 depicted a fledgling sector, in contrast to the broader and more diverse range of responses now emerging.[40]

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[33] Hopkins, T., & Popovic, G. (2025). Do Australian police engage in racial profiling? A method for identifying racial profiling in the absence of police data. Current Issues in Criminal Justice, 37(1), 19–40; AIHW (2023) The health of people in Australia's prisons 2022, Web Report; Dodd et al. (2024) The forgotten prisoners: Exploring the impact of imprisonment on people with disability in Australia. Criminology & Criminal Justice, 24(2), 395-412.

[34] Family Violence Reform Implementation Monitor (2021) Monitoring Victoria's family violence reforms: Accurate identification of the predominant aggressor.

[35] See Table 9.4, Chapter 9 of Chung et al. (2020) Improved accountability: The role of perpetrator intervention systems, Sydney: ANROWS, Research report number 20/2020.

[36] NTV estimate based on ABS Personal Safety Survey data; see footnote 9 for full methodology.

[37] Bell and Coates (2022) The effectiveness of interventions for perpetrators of domestic and family violence: An overview of findings from reviews (WW.22.02/1) ANROWS; Helps et al. (2025) The role of men's behaviour change programs in addressing men's use of domestic, family and sexual violence: An evidence brief (ANROWS Insights, 01/2025) ANROWS; Campbell et al. (2024) Unlocking the prevention potential: Accelerating action to end domestic, family, and sexual violence. Canberra, ACT: Australian Government Department of Prime Minister and Cabinet.

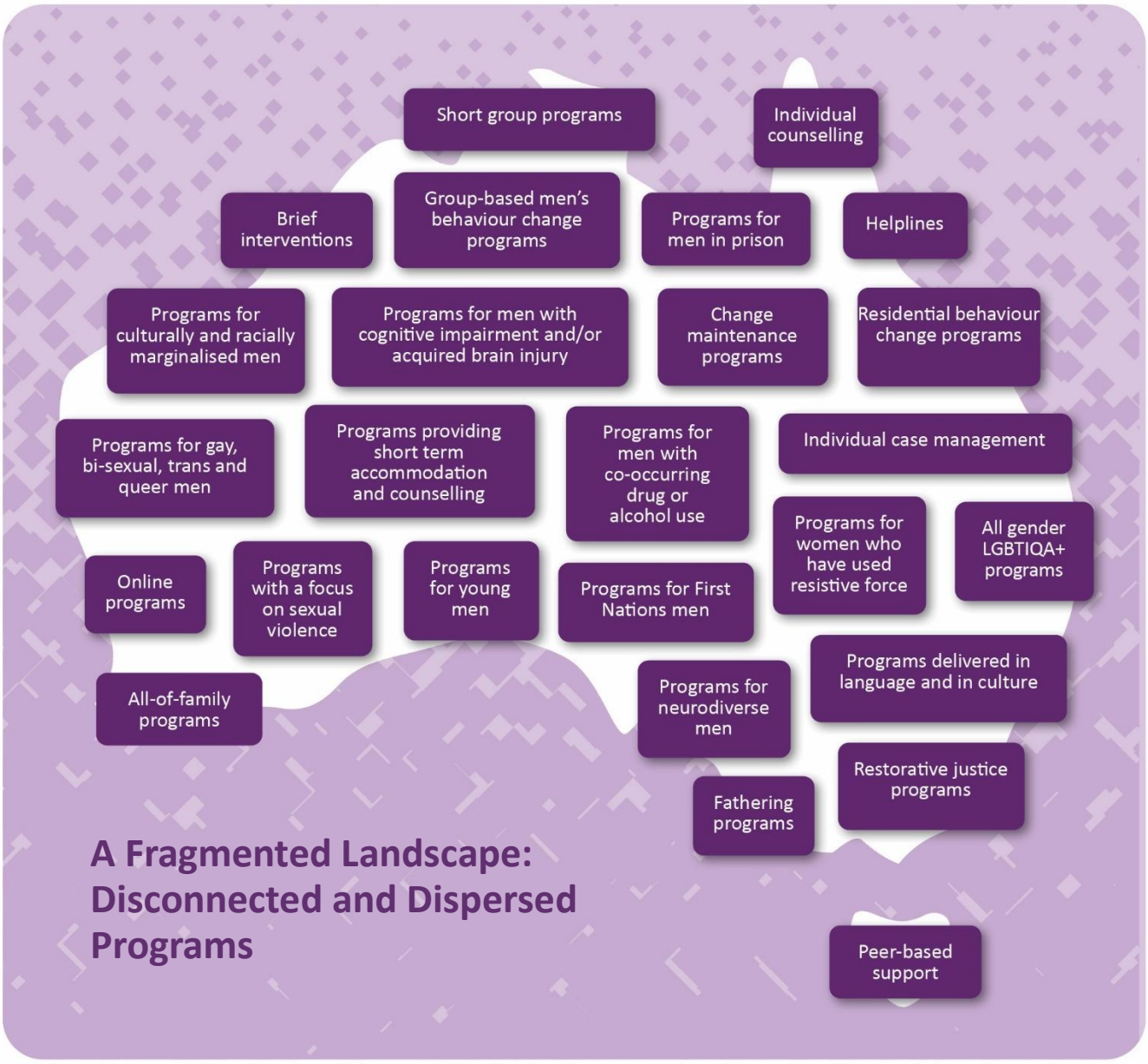
[38] Atiénzar-Prieto et al. (2024) Literature review: Domestic and family violence (DFV) perpetrator typologies and interventions, Department of Communities and Justice, New South Wales Government.

[39] During the life course of this research project, Australia's first comprehensive National Directory of Services for people who use violence was developed, which in the longer term will enable tracking of practice changes.

[40] Mackay et al. (2015) Perpetrator interventions in Australia: Perpetrator pathways and mapping.

Ten years ago, and today still, programs were primarily delivered by large non-government organisations, corrections staff and small Aboriginal and Torres Strait Islander-led organisations. Outside of Aboriginal Community-Controlled Organisations (ACCOs), there is an ongoing need for governments to work with smaller organisations, which have a deeper understanding of their communities' needs.

In the intervening 10 years, there has been a significant increase in the diversity of responses to men using DFV and a range of adaptations to group-based MBCPs. [41] [42] This expansion has included but is not limited to the programs and services listed in the following diagram.



[41] A recent sector mapping by Family and Relationship Services Australia of a small sample of programs focused mostly on general family violence programs for men found services blending three or more major men's family violence practice frameworks. The report illustrated the effort required within general family violence programs at intake and assessment, which highlights the benefit of tailored programs to reduce barriers to readiness for generalised men's family violence programs. To read more see: Family and Relationship Services Australia (2025) FRSA Member Mapping: Targeted intervention programs for people who use violence in intimate/family relationships.

[42] Atiénzar-Prieto et al. (2024) Literature review: Domestic and family violence (DFV) perpetrator typologies and interventions, Department of Communities and Justice, New South Wales Government.

There is a growing recognition that the diversification of responses to men using DFV is essential to reduce and ultimately end the perpetration of violence.[43] [44] This increasing impetus towards expansion and innovation comes at a time of unprecedented political and policy attention on stopping violence at its source. This impetus has been both advanced and enabled by the perspectives of victim-survivor advocates, who have emphasised that 'violence is a problem for victims, but it is not a victim's problem'.[45] This is powerfully articulated in an official statement from the Victorian government Victim Survivors' Advisory Council (VSAC):

> *To truly eliminate family violence, we need to place those who are at the root of the problem in the centre of the frame – those who choose to use violence, not the ones experiencing violence. People don't just experience family violence. It doesn't just happen.*[46]

As a result, there has been an increased focus at both the Commonwealth and state/territory levels on funding and expanding efforts to end men's use of DFV, as governments have grappled with the question of *how* to respond to this issue. Initiatives in this area have ranged from state-based government inquiries and strategic initiatives through to federal initiatives like the Innovative Perpetrator Response initiative and the development of the Second Action Plan to the National Plan to End Violence against Women and Children (2022–2032).

However, this expansion has been highly fragmented. The small funding increases in this area have almost always been centred on short-term pilot initiatives that are never taken to scale and are often funded for only brief periods of time. In addition, alongside government-funded services, there has been an expansion of philanthropically funded and fee-for-service models. The result is a 'postcode lottery', in which access to appropriate responses depends heavily on geographic location. Although innovative services exist across Australia, they remain unevenly distributed, with limited transparency about what programs are available, where they operate and under what conditions. A reliance on short-term pilot funding has further constrained the consolidation, evaluation and expansion of promising approaches, resulting in a fragmented, ad-hoc pattern of policy design, and program development and adaptation.

Critically, Australia lacks the overarching framework needed to guide efforts to end men's use of DFV and support the safe, coordinated expansion of responses. Consequently, growing political attention and an increasingly diverse range of interventions present both significant opportunities and substantial risks.

At this crucial juncture, this report shares the findings of a unique 12-month research project exploring the insights of practitioners who work day in and day out with men perpetrating violence. It focuses on practitioners' experiences and insights in relation to working across a range of different interventions.

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[43] Commonwealth of Australia (2022) The National Plan to End Violence Against Women and Children 2022–2032; Expert Advisory Committee on Perpetrator Interventions (2018) Final report, Melbourne, State of Victoria; State of Victoria (2016) Royal Commission into Family Violence: Report and recommendations, Parliamentary Paper No 132 (2014–16), Volume IV.

[44] Bell and Coates (2022) The effectiveness of interventions for perpetrators of domestic and family violence: An overview of findings from reviews (WW.22.02/1) ANROWS; Helps et al. (2025) The role of men's behaviour change programs in addressing men's use of domestic, family and sexual violence: An evidence brief (ANROWS Insights, 01/2025) ANROWS; Campbell et al. (2024) Unlocking the prevention potential: Accelerating action to end domestic, family and sexual violence, Commonwealth of Australia.

[45] Lula Dembele cited in Lloyd et al. (2023) The Australian National Research Agenda to End Violence against Women and Children (ANRA) 2023–2028. ANROWS (p. 7).

[46] The VSAC statement in the consultation documents to the development of the Third Action Plan for Victoria's current 10-year strategy to end family violence – available at Strong foundations: building on Victoria's work to end family violence.

It examines their reflections on how these responses could sit together in an interconnected ecosystem[47] to enable a pathway to change for men using family violence while also ensuring the safety and dignity of victim-survivors. This research centres the perspectives and insights of practitioners working with and for marginalised people and communities. So often, the most meaningful and nuanced responses to ending violence are developed by those most impacted by compounding forms of structural violence. Yet the critical solutions they offer are invariably excluded from political and policy decision-making.

In exploring the insights of practitioners from across the continent, particularly those who work with and for marginalised people and communities, this report offers guidance on realising the promise of an expanding response to men using DFV, while also identifying how to address the cautions and fears surrounding this growth. Under the guidance of an expert steering committee, the research drew on extensive engagement with practitioners working with men who use DFV across Australia, including through a nationwide survey and extensive consultations and interviews with practitioners.

Key Findings:

The expansion of responses to men using DFV is crucial. To improve outcomes for victim-survivors, the research participants were strongly supportive of a further expansion of responses to men using DFV. Practitioners identified key areas for program development, including all-of-family work, First Nations healing and change programs, long-term case management, post-program responses, individual counselling and residential-based responses.

The research participants noted that the shared learning between programs and jurisdictions is currently very limited. Too often a government or provider in one jurisdiction develops an innovative response without drawing on the insights and learnings from similar initiatives in another jurisdiction. As a result, the participants emphasised the importance of identifying, strengthening and learning from innovative programs that may not be widely recognised, improving the exchange of practice knowledge across jurisdictions, and developing new models where service gaps exist.

However, the participants raised three key concerns about the safety, quality and pace of expansion. First, safeguards must be embedded to ensure that emerging practice is safe for victim-survivors and grounded in a strong DFV-informed framework. Second, some emerging approaches may not adequately support men to take responsibility for their abusive behaviour and make sustained changes, or adequately focus on risk assessment, risk containment and response in relation to men using serious-risk harm and highly resistant to change. Third, the expansion of responses to address men's use of violence over the past decade has been highly fragmented, characterised by short-term pilot funding, limited nation-wide collaborative learning and coordinated practice, and a lack of systemic accountability – all of which depends on the development of the capacity and capability of a national workforce of practitioners to work directly with men to end their use of DFV.

The expansion of responses must be developed as an interconnected continuum of responses, reflecting the non-linear, dynamic nature of risk and behaviour change. Expansion requires programs to be conceptualised as interconnected pathways enabling men to access different interventions at different stages of the change process, while strengthening the safety and dignity of victim-survivors.

[47] Burn and Needham (2023, June 8) What does it mean to describe social care as an ecosystem? [Commentary] Centre for Care United Kingdom.

Within the current fragmented service landscape, the research participants cautioned against relying on a simple map or list of program types. Instead, they stressed the need to focus on *how* practitioners work with men using violence, rather than *what* a program is called or the specific cohort of men it is tailored for. By articulating what needs to be included in a principles-based framework to guide the ongoing safe and effective expansion of a continuum of responses, this research also serves as an outline of what the principles should include. In doing so, the research participants' insights offer a pathway forward at a political, policy and practice level. From the findings, seven key principles were developed to underpin an interconnected continuum of responses:

1. Centre child and adult victim-survivors in all work with men using domestic and family violence.
2. Support community-led and place-based responses, including First Nations responses grounded in self-determination.
3. Engage men using DFV through relational, non-punitive approaches to strengthen accountability and victim-survivor safety.
4. Respond to the contexts of men's lives, including their family, cultural, faith and other community contexts.
5. Provide long-term and flexible engagement to men using DFV and their families.
6. Embed trauma- and DFV-informed practice grounded in intersectional feminist principles.
7. Strengthen collaborative, integrated practice between services, sectors and systems.

The findings of this research have been used to develop a principles-based framework for the safe and effective expansion of programs for men using DFV. These principles can be used to aid both service providers and political and policy decision-makers in building a robust, integrated and well-resourced DFV system where individuals and families have access to the right responses at the right time, preventing further harm. The principles are also intended to support continued dialogue and collaboration across the DFV and allied sectors as part of the broader effort to end men's use of violence.

Methodology

This research engaged specialist practitioners working with adult men (18 years of age and above) using DFV across Australia. This included:

- a survey of 69 DFV professionals
- 47 consultations with a broad range of practitioners and service providers
- 22 in-depth interviews with 34 participants.

The participants were experienced in a range of specialist programs working with men using DFV. This included group-based MBCPs, long-term case management for serious-risk individuals, fathering programs, First Nations healing and change programs, LGBTIQA+ programs, programs for culturally and racially marginalised men, programs for men with cognitive impairment, individual therapeutic approaches, integrated MBCP and alcohol and other drug (AOD) responses, residential and accommodation-based programs, specialist family violence roles within non-government child protection services, and restorative programs for people responsible for sexual harm.

Notably, most participants worked in programs that integrated diverse and nuanced practice approaches to engaging men using DFV and could not be classified as a single program type. For example, one research participant worked in a program for First Nations fathers that combined an eight-week group program with long-term case management, cultural mentoring and an all-of-family model involving women and children. Another participant worked within a program for men with cognitive impairment that integrated long-term case management with one-on-one behaviour change work and counselling within an all-of-family framework.

In addition to their expertise in working with people who use violence, a significant number of the interview participants were experienced at working with victim-survivors (four current or former family safety advocates, seven practitioners working in all-of-family models, and four former victim-survivor workers). Several practitioners also shared their own lived experience of DFV as part of the research process.

This report was guided by a sustained commitment to intersectionality and feminist principles. It recognises that those most marginalised by the compounding impacts of sexist, racist, ableist, homophobic, transphobic and faith-based violence hold critical knowledge about the structural conditions that produce and compound harm. However, these perspectives are not prioritised and actioned in political and policy decision-making. Priority was therefore given to engaging practitioners working with marginalised people and communities and centring their insights in the analysis. This included practitioners from ACCOs, LGBTIQA+ services and culturally specific programs, as well as those working with men with cognitive impairment or neurodivergence and men experiencing intersecting issues related to AOD use and mental health.

The interviews explored participants' views on expanding the range of responses for men using DFV, including their concerns and practice insights, and the challenges and priorities they identified. The participants were recruited through snowball sampling, beginning with recommendations from the steering committee, followed by suggestions from the research participants. Interviews were recorded, transcribed and de-identified. The data was then analysed inductively to identify and organise key themes.

From inception, this research was guided by an expert steering group, consisting of Sareena Saunders, Rodney Vlais, Biljana Milosevic, Hala Abdelnour, Dr Brodie Evans, Damian Green and Tony Johannsen. While the steering committee did not author the findings, it played a significant role in shaping the project's conceptual framework and methodology, and in testing the research team's analysis. The proposed principles were also reviewed and refined with input from the Steering Committee.

Limitations

A key limitation of this research is that it did not directly and comprehensively incorporate the perspectives of victim-survivors. This is the first next step after the release of this research. While several of the research participants had lived experience of DFV and spoke to that, these contributions do not constitute adequate representation of the broader diversity of victim-survivor experiences. Robust consultation with victim-survivors is a central component of the next phase of work that NTV will undertake to develop and refine the proposed principles.

Furthermore, while the research team engaged participants working across a broad range of interventions, numerous program types were out of scope.

This included behaviour change programs delivered in prisons, co-responder models (where DFV practitioners attend callouts with police),[48] programs specifically designed for young men, adolescent violence in the home programs, programs for women who use resistive force, bystander programs and other primary prevention efforts. Nor was there the opportunity to explore specific aspects of DFV use, including sexual violence, as this was not a key theme to emerge from the research participants' accounts.

Engaging with workforces, including universal and statutory workforces, with limited specialisation in DFV was also out of scope, although we recognise that allied sectors such as AOD services, child protection and the mental health sector engage with men who use DFV in the context of their daily work and play a crucial role within the broader ecosystem of responses. While we hope that the insights from this report will be beneficial to all individuals and organisations working to end men's use of DFV, further practice-based research is warranted in these areas.

> *… it's all the different doors that people who use violence are going in. And should they be part of our ecosystem or not?*
>
> *—LGBTIQA+ practitioner*

Key Findings: From expansion to ecosystem: Frontline insights on reducing and ending men's use of DFV

This project explored practitioners' perspectives on what is required to reduce and end men's use of DFV. The participants strongly supported the further expansion of responses to men using DFV but raised significant concerns about whether emerging responses are being developed safely, effectively and with appropriate safeguards in place. To address these cautions and concerns, two priorities emerged: developing interventions as an interconnected continuum to ensure a joined-up response; and establishing a shared framework to guide safe and effective expansion. The analysis identified seven interconnected principles that underpin this framework, which are examined in the sections that follow.

Strong support for the expansion of responses to men using DFV

To improve outcomes for victim-survivors, the research participants were strongly supportive of a further expansion of responses to men using DFV.

Furthermore, many of the participants were working in response types that had emerged over the past 10 years, from MBCP adaptations to additional models, such as all-of-family models.

[48] See, for example, Rodgers et al. (2022) Evaluation of a specialist domestic violence worker embedded in a police station, University of Tasmania, journal contribution; Northern Territory Government (2025) Domestic and Family Violence Co-Responder Program strengthens support for Territory families, Media Release, NT Department of Police, Fire & Emergency Services.

This gave them substantial insight into the potential of a broader and more diverse range of responses and a strong understanding of how limitations in the current response system undermine efforts to improve the safety of victim-survivors and reduce men's use of violence. The participants identified several key constraints, including:

- insufficient and often highly restrictive short-term funding
- unreasonable expectations from funders on timeframes to set up programs for diverse communities, especially when there is no pre-existing workforce
- devaluation and stigma of the work with men using DFV among service providers
- the absence of a shared family violence lens, gendered analysis of DFV and/or understanding of patterns of coercive control across allied sectors (especially mental health)
- limited understanding of how to meaningfully measure change, leading to a limited focus on compliance.

Developing and operationalising an expanded continuum of responses requires a highly skilled, experienced workforce. Yet practitioners working with men using DFV reported experiencing stigma both from the broader community and from within the DFV sector itself. This stems, in part, from a lack of understanding of the purpose and methods of this specialist work. It is often mischaracterised as colluding with men using DFV, rather than being understood as a legitimate safety, accountability and behaviour change practice. Many practitioners described feeling judged, misunderstood or professionally marginalised, even within their own organisations. This dynamic reduces the pool of practitioners willing to work in this field, reinforces isolation among those who do, and undermines recruitment, retention and the professional legitimacy of interventions with men using DFV.

These constraints create significant challenges for the integration and expansion of responses to men using DFV, particularly as the work that is needed to reduce and end men's use of DFV, manage risk and help ensure the safety and dignity of victim-survivors becomes increasingly complex and complicated. This work must be guided and enacted by highly skilled, experienced practitioners; yet current workforce limitations pose a constant challenge to the ability of providers to safely innovate.

Concerns over expansion and proposed mitigations

Despite their overall support, the participants shared concerns about the fragmented, short-term and siloed nature of expansion and service provision over the past decade and cautioned against continuing this dis-connected approach. Alongside government-funded services, philanthropically funded and fee-for-service models have recently expanded, contributing to the relatively ad-hoc development and adaptation of programs. As a result, there is limited visibility regarding the types of programs being utilised nationally, and their conditions of operation.

Consequently, concerns were raised by the research participants that these problems hamper the capacity to embed and expand learnings.

They also communicated a need to identify, strengthen and learn from existing innovative programs that may fly under the radar, improve the sharing of practice knowledge across jurisdictions, and continue developing new models where gaps remain. There were specific practice areas that many of the participants identified a particular need for or expressed a strong desire to learn from. These included all-of-family work, First Nations healing and change programs, long-term case management, post-program responses, individual counselling and residential-based responses.

These practitioner-identified priorities are explored throughout the report in relation to the aligned key principles. For example, within the section on the centrality of community-led and place-based responses, there is a subsection focused on First Nations healing and behaviour change programs. By highlighting these promising practices, the research participants sign posted areas that they believe are ripe for program development within an expanded continuum of responses.

But, most significantly, the research participants shared their worry that some emerging practices were neither safe nor effective. On safety, there was an overarching concern that without appropriate guardrails, there is a danger of losing sight of the fundamentals of risk and safety and to incorporate a gendered analysis in all work with men using DFV. This led the participants to raise questions about *how* victim-survivors are being centred and supported by new practice intervention types, *what* safeguards are in place, and *how* the gendered DFV lens is applied within new interventions. The number one priority was thus identified as the need for guardrails to ensure that new and expanded interventions are as safe as possible for victim-survivors.

The need to ensure that child and adult victim-survivors are at the centre of all work with men using violence is explored in more depth in the section on Principle 1 below. Practitioners emphasised the importance of integrating and appropriately funding dedicated support for adult and child victim-survivors within all responses for men using DFV. This included recognition of the diverse ways that programs for men can act in solidarity with victim-survivors and improve outcomes for women and children – not only by facilitating men's behaviour change but also by sharing information about risk and other changes and limiting men's ability to cause further harm. This was particularly important for work with men with complex presentations, including those with low motivation to change their abusive behaviour.

However, the participants did not view these concerns as a reason to limit further expansion. They emphasised that if men using DFV are not able to access an appropriate, effective service response, women and children will continue to bear the impacts of ongoing, often escalating violence. As summarised by a skilled practice lead working in an all-of-family model:

> *if a man's told that men's behaviour change groups is not right for them, or they're not ready for it … the impact of that decision, the system's response to that, it is actually women and children [who] are copping the consequences of that. Because the service wasn't available for him.*

Overall, the participants strongly supported further expansion, while emphasising that its safety and effectiveness would depend on how it was designed, implemented and governed. The absence of guidance on adapting guardrails outside the context of jurisdictional MBCP minimum standards or professional practice standards makes it more difficult for providers to innovate safely.

The expansion of responses must be developed as an interconnected continuum

The research participants emphasised that, in moving away from fragmentation, the expansion of responses needs to be constructed as an interconnected continuum. Supporting men to take responsibility for their abusive behaviour, change their use of violence and manage ongoing risk is neither a linear nor a short-term process.

Nor are the processes involved in risk containment, risk management and maintaining visibility in relation to men who are not open to change and who appear intent on continuing their control, entrapment and punishment of victim-survivors at almost any cost. Responses must therefore be designed as an interconnected continuum, rather than a collection of standalone programs. Programs should be conceptualised as interconnected pathways that enable men to engage with different interventions at different points in a journey towards change, in order to respond to the threats they pose to the safety and dignity of victim-survivors and limit the ongoing harms caused by their behaviour.

In line with this, the participants expressed the view that the expansion of interventions should *not* be conceptualised as the development of an increased menu of options. Instead, they encouraged the research team to consider that *how* practitioners and programs work with men using DFV can be more important than *what* a program is called or the specific cohort of men it is tailored for. That is, shift away from a siloed, 'tick-box' approach to program development towards a more nuanced conceptualisation of an interconnected ecosystem of responses. A skilled LGBTIQA+ practitioner outlined this key concern:

> *…the whole typology conversation … I just think we're getting too focused on the wrong thing. I think we're focusing on who the guy is in the room versus how we work with him. And I get nervous about that, because I don't think we'll actually come up with a solution. Even if you have a group that is a solely homogenised group – which it isn't, right? Men aren't homogenisable.*

The research participants thus emphasised the importance of moving from fragmentation to an interconnected framework. The notion of a continuum of responses is reflective of international work on vertical integration, wherein interconnected engagement can be scaffolded from low-intensity interventions (typically designed for low-risk men) to highly intensive responses (typically designed for high-risk men using violence). This scaffolding aims to build the foundations for potential interventions that follow. Such integration requires services to remain mindful of continuity over time, retrieving and sharing information with providers of past and future interventions as appropriate.[49] They also shared a desire for horizontal collaboration and integration[50] with other service providers and sectors through information sharing and a joint orientation towards common objectives and ways of working, as well as through more vertical forms of collaboration and integration.

Articulating the 'how': The need for a framework to guide the expansion of work with men using DFV

The analysis of the survey results, consultations and interviews revealed the need for a framework that not only guides the expansion of this work but also details the principles that guide action.

They stressed that responses need to be connected through a shared approach to practice. When talking to practitioners about the programs they work in, many of the principles that grounded their practice were resonant with one another. Despite working across different types of programs, different communities and, frequently, different theories of change, at a practice level, there were remarkably consistent ways of working with men.

[49] Vlais et al. (2019) Foundations for Family and Domestic Violence Perpetrator Intervention Systems.
[50] Vlais et al. (2019) Foundations for Family and Domestic Violence Perpetrator Intervention Systems.

Thus, the research participants' insights drew attention to what aspects of practice are most needed to guarantee the safety and dignity of victim-survivors; identify, manage and reduce risk; and work towards a meaningful reduction in men's use of DFV and, where feasible, the cessation of violent and controlling behaviours. Together, the participants argued, these elements of practice provide the safeguards and guiding parameters needed for the safe expansion of responses.

Formal MBCP practice standards emerged first in Victoria in 1995 and then in Queensland in 1997, and they have since been developed, iteratively and independently, in most other states and territories, although Tasmania and South Australia currently have none.[51] This has produced a genuinely uneven national picture. Some of the most developed standards are also among the most recent, such as the Australian Capital Territory (2021) and Central Australia (2020) standards, while others (like Victoria's and Western Australia's) have had comparatively limited updates since first being introduced but are in the process of being reviewed or have been recently revised.

These standards are used by government and funders to assess and monitor the quality and delivery of group-based MBCPs, with NSW alone currently supported by a dedicated Compliance Framework (2018). The 2015 National Outcome Standards for Perpetrator Interventions (NOSPI) represented the first attempt at national guidance. However, the NOSPI do not establish practice standards and has been largely uninfluential. Consequently, there remains no current national standards for work with men who use DFV. While existing standards provide important safeguards where they apply, the participants questioned whether they remain fit for purpose as the range of responses continues to expand.

In comparison, a principles-based framework offers overarching guidance for the expansion of responses to men using DFV, which can inform the evolving development of specific standards at the national, state and territory levels. Such a framework can both enable advancement and expansion and clearly define the purpose of program offerings, while simultaneously creating a benchmark for quality and safety. There is political and policy precedent for this, as a principles approach has been used in other key areas to end DFV, such as the National Principles to Address Coercive Control in Family and Domestic Violence and the National Risk Assessment Principles for Domestic and Family Violence.[52]

Against this backdrop, when responses to men using DFV are continuing to expand, the findings of this research – specifically, the need to focus on *how* practitioners work with men using violence, rather than *what* a program is called or the specific cohort of men it is tailored for – offer a pathway forward at a political, policy and practice level. By articulating what needs to be included in a principles-based framework to guide the ongoing safe and effective expansion of a continuum of responses for men using DFV, this report also proposes a draft outline of what the principles should include. The following seven principles emerged through this research as a foundation for this framework:

1. Centre child and adult victim-survivors in all work with men using domestic and family violence.
2. Support community-led and place-based responses, including First Nations responses grounded in self-determination.
3. Engage men using DFV through relational, non-punitive approaches to strengthen accountability and victim-survivor safety.

[51] Work was conducted both in the early 1990s and mid to late 2010s to develop standards in South Australia, but in neither case were the standards formalised.

[52] To learn more on the National Principles to Address Coercive Control in Family and Domestic Violence, visit The National Principles to Address Coercive Control in Family and Domestic Violence | Attorney-General's Department, and for the National Risk Assessment Principles for domestic and family violence, visit National risk assessment principles- ANROWS- Australia's National Research Organisation for Women's Safety.

4. Respond to the contexts of men's lives, including their family, cultural, faith and other community contexts.
5. Provide long-term and flexible engagement for men using DFV and their families.
6. Embed trauma and DFV-informed practice grounded in intersectional feminist principles.
7. Strengthen collaborative, integrated practice between services, sectors and systems.

Importantly, the research participants expressed an overarching concern about the need for clear guidance to support the safe innovation and expansion of responses to men using DFV. Some of the participants observed that emerging approaches are being developed without sufficiently robust safeguards to ensure that practice remains grounded in the core principles of risk assessment, victim-survivor safety and gendered analysis. A critical next step identified through this research is therefore the development of program and practice guidance that establishes clear parameters for innovation and expansion while preserving these foundational principles.

The following section outlines the practitioner perspectives on each of the seven principles. While considered individually for the purposes of analysis, the principles are closely interconnected and frequently overlap in their scope and application. Each section therefore concludes by illustrating how the principle under discussion interacts with, and is reinforced by, several or often all of the other principles. Together, the principles provide an interconnected framework for strengthening victim-survivor safety and supporting the reduction and cessation of DFV.

Principle 1: Centre child and adult victim-survivors in all work with men using DFV

> *Lots of survivors don't want to leave their partners. They just want the violence to stop. And so when we talk to them about what it is they need … [they say,] 'I'd like somebody to talk to him.' … The conversation would then be about, 'Well, what would you like us to talk to him about? And what would be important not to talk to him about?'*
>
> *— Victim-survivor practitioner*

The first principle articulates the centrality of child and adult victim-survivors and their safety in all work with men perpetrating violence. The research participants were united in their concern about work with men using DFV that did not have embedded capacity to meaningfully engage, support and be led by victim-survivors.

The most important principle to guide the expansion of such work, according to the research participants, is to ensure that child and adult victim-survivors' safety and dignity are the primary focus in all work with men using DFV.

It is important to note that while this framework's principles are oriented towards enabling men's behaviour change, the research participants also argued that safety-enhancing work with victim-survivors can and should continue even where a man does not engage or is not ready to change.[53] This includes maintaining the man's visibility, gathering and safely sharing information, and risk responses designed limit the man's capacity to continue to cause harm.

[53] See Safe and Equal et al. (Nd) Supporting Victim Survivors Who Do Not View Police as a Safe Option for Managing Family Violence Risk: Reflective practice tool.

This work increases victim-survivor safety and agency regardless of whether behaviour change is achieved, and it is discussed further in Principle 5. One practitioner working in an innovative program designed for serious-risk adults using DFV contended:

> *…in the [program] guidance it talks about the fact that you may never get to have a conversation about family violence with this man at this point and that's OK. And, in actual fact, even if we stop working with him, [the practitioner] can still be secondary consultation when it comes to the health services. Then, [the family safety contact worker] can still do her work because we don't need to ask about consent for contacting family members.*

Thus, acting in solidarity with victim-survivors can contain and reduce a man's opportunities to continue causing harm, in addition to supporting him to change.

Currently, within best-practice MBCP models, there is a family safety advocate to support the safety of children, current and former partners, and other affected family members by proactively seeking contact with them, sharing information about the program, and providing risk assessments, safety planning and referrals.[54] The participants strongly emphasised the central role of this work with victim-survivors to ensure their safety while also reducing or ending violence, as the ecosystem of responses to men using DFV expands.

In relation to this first principle, four key insights emerged from the research:

1. Support for victim-survivors should be an integrated and appropriately funded component of all responses to men using DFV.
2. Family safety contact work should be flexible to best meet the needs of victim-survivors. This includes all-of-family approaches (involving all family members – mothers, fathers, children and other family members within kinship groups) designed to address experiences of harm, intervene to reduce and end violence, and implement safety planning, where appropriate.
3. There needs to be a significant increase in focus on the perspectives and needs of children and young people victim-survivors across all forms of work with men using DFV.
4. Partnering with victim-survivors needs to enable their agency in shaping responses to men using DFV.

Support for victim-survivors should be an integrated and appropriately funded component of all responses to men using DFV.

The vision for family safety contact and advocacy work shared by the research participants was as an embedded, central and non-negotiable feature of work with men using DFV. The participants saw the role of family safety advocates as encompassing more than collecting and safely sharing critical risk-related information; rather, they are also intended to be champions for victim-survivors navigating the complexity of ongoing DFV. Information collected builds more complete pictures of current and past violence; how many victim-survivors have been impacted; and the risk the man using DFV poses to himself, those already impacted and everyone else he is in contact with, including system and service staff.

[54] This role is known by a range of jurisdiction-specific terms, including family safety contact, partner advocate, affected family member worker, and women's and children's advocate.

Without this critical information from the victim-survivor's advocate, response options may remain limited, avenues for change unexplored and the safety risks elevated as the burden for responding to the man's violence may continue to sit on the victim-survivor's shoulders.

To date, family safety advocacy work has been chronically underfunded despite being a fundamental aspect of interventions with men using DFV.[55] These funding limitations 'restrict the provision of direct services due to limited capacity compared to demand and weaken the collaborative infrastructure essential for integrated responses'.[56] As a result, neither of the two most critical mechanisms for ensuring the accountability of men using DFV has been prioritised. Family safety advocacy and the integrated system needed to keep men using family violence 'in view' of key systems have not been embedded across the DFV service and broader system landscape. Consequently, there is a lack of visibility of common tactics used by men using DFV, insufficient risk profiling and too many lost opportunities to support recovery and healing for victim-survivors. Without visibility of men using DFV, the opportunities for ensuring their accountability are diminished and victim-survivors' safety cannot be managed appropriately.

All the research participants strongly advocated for appropriately funded support for women and children that is tailored to their needs, circumstances and dynamic risk. While family safety advocacy (or a similar role) is embedded in all existing MBCP standards across Australian states and territories, the research participants emphasised that it must be embedded in an expanding ecosystem of responses. For example, family safety advocacy needs to be incorporated within programmatic offerings, such as brief interventions or individual counselling. In short, family safety contact work or advocacy should not be optional; rather, it is essential to meet program aims, regardless of the program composition.

Family safety contact work should be flexible to best meet the needs of victim-survivors, including all-of-family approaches where appropriate.

The practitioners interviewed strongly encouraged the provision of proactive, flexible and in-person support for victim-survivors wherever possible. In particular, the capacity to provide face-to-face support (such as outreach to homes and community spaces) was emphasised. This was seen to more effectively build trust and rapport and enable effective risk assessment and safety planning than phone-based contact alone. Research participants viewed the capacity to go out into the community to meet victim-survivors in their homes, playgrounds, cafes or other public places was seen as very helpful in building meaningful relationships with women and children:

> *we're very fortunate that we do have the ability to do the work on the ground, because it does create the relationships… Did you sit on her lounge room floor for three hours? … Did you get the washing off the line? … it's that relational work. And that's a huge part of it. Because it builds trust and it builds rapport quite quickly.*

[55] Chung et al. (2020) Prioritising women's safety in Australian perpetrator interventions: The purpose and practices of partner contact (Research report, 08/2020), Sydney, ANROWS.

[56] No to Violence & Safe & Equal (2025) Exploring the interface between Family Safety Advocates and Victim-Survivor Practitioners: Discussion Paper.

Notably, the research participants in non-MBCP programs who worked directly with victim-survivors described greater capacity, scope and flexibility in their roles compared to family safety contact work within most mainstream MBCPs, which is often limited to phone-based engagement with current and former partners of the men involved in a group program.

The participants also highlighted the importance of continuing to provide family safety advocacy following a man's completion of or disengagement from a program if there are still active concerns around risk. [57] For example, one practitioner described her frustration with family safety advocacy being ended if a man in a behaviour change program becomes incarcerated, despite this being a time of elevated risk for victim-survivors. Evidence shows that incarceration and system involvement can escalate risk, which further highlights the critical nature of family safety advocacy and contact work.[58] While the research participants noted the very real limitations often impacting program and practitioner capacity, they emphasised the importance of maintaining sufficient flexibility to ensure that support for women and children is not wholly contingent on the man's ongoing engagement in the program.

Furthermore, some participants involved in this research worked directly with victim-survivors in ways that differed sharply from common MBCP practice standards that require the separation of workers, that is, ensuring different practitioners for men using family violence and those working with victim-survivors. These service providers had assessed that a single worker engaging with both the man using violence and the victim-survivor(s) was the most effective way to work with some families, while still ensuring appropriate protocols for safety and confidentiality. In this regard, it is to be noted that significant practitioner skill and experience, as well as clear guidelines and strong organisational risk and practice supports, are needed to ensure that this practice is enacted safely and effectively. This is especially the case for smaller, community-based, place-based and First Nations programs working in all-of-family models, which highlights the importance of the interaction of the principles, and is discussed at greater length on throughout this report.

There needs to be a significantly increased focus on the perspectives and needs of children and young people victim-survivors across all forms of work with men using DFV.

A critical gap in the current system is the failure to recognise and support children and young people as victim-survivors in their own right, including through dedicated family safety advocacy or contact.

Children and young people report feeling 'invisible and unheard' in DFV responses.[59] The research participants highlighted the need for individualised, trauma-informed and age-appropriate engagement with children and young people affected by the abusive behaviour of men participating in behaviour change programs or other specialist responses to fill a critical gap in the current ecosystem of responses.[60]

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[57] Aligns with Quality Practice Elements – see this for guidance on best practice.

[58] See, for example, Fitzgerald and Douglas (2025) Domestic Violence and the Role of Imprisonment as a Response: men's post-conviction talk about strangling women. See also reports on homicides where system involvement was used as a justification for family violence: Coroners Court of South Australia (2026) Inquest into the Deaths of Kobi Anastasia Isobel Shepherdson and Henry David Shepherdson; Simonis (2026) Jessie James Tumaliuan jailed for murdering ex-wife Czarina Gatbonton Tumaliuan in brutal 15-second knife attack.

[59] Fitz-Gibbon et al. (2023) I believe you: Children and young people's experiences of seeking help, securing help and navigating the family violence system, Monash University; Campbell et al. (2024) Unlocking the Prevention Potential: Accelerating action to end domestic, family and sexual violence Report of the Rapid Review of Prevention Approaches, Australian Government, p. 148; Fitz-Gibbon (2025) Silence and inaction: Children and young people's experiences of violence and systemic failure in South Australia, figshare, online resource, https://doi.org/10.6084/m9.figshare.29067608.v1; Fitz-Gibbon (2025) Seeking help in their own right: Young victim-survivors' experiences of family violence crisis responses in Victoria, Final Report, Sequre Consulting and Safe Steps Family Violence Response Centre; Gillfeather-Spetere and Watson (2024) In their own right: Actions to improve children and young people's safety from domestic, family and sexual violence (ANROWS Insights, 01/2024), ANROWS.

[60] Gillfeather-Spetere and Watson (2024) In their own right: Actions to improve children and young people's safety from domestic, family and sexual violence (ANROWS Insights, 01/2024), ANROWS.

Practitioners are finding creative ways to centre children and young people, recognising the significant early intervention and recovery and healing potential of doing so.

One research participant working in an all-of-family model described finding creative ways to centre the experiences and needs of children, guided by their engagement with the protective parent:

> *… there were different ways that we tried to bring children's voices into the work that we were doing... Sometimes it was direct conversations with the children. It was always based on how mum felt about that in terms of safety.*

The participants stressed that in every family impacted by DFV each child has a unique experience of harm and safety. Support must therefore be tailored to children and young people's individual needs and circumstances and prioritise their safety.

One highly experienced DFV practitioner working with child and adult victim-survivors, as well as fathers using violence, within a non-government child protection service stressed that one of the most significant problems he saw with current responses was that they 'lump[ed] all the kids together' and failed to provide individualised risk assessment, safety planning and support for children, irrespective of whether or not the service works directly with children. To realise this requires significant funding increases and workforce development and better collaboration and integration between the DFV sector, service providers, allied sectors and key government systems (Principle 7).

Partnering with victim-survivors needs to enable their agency in shaping responses to men using DFV.

The agency of victim-survivors in shaping program responses to men who have or are perpetrating DFV against them was raised as a key component to be incorporated in all expanded responses. The research participants stressed the importance of engaging in nuanced conversations with adult victim-survivors to support informed decision-making around safety and risk. These conversations, the participants believed, must be premised on respect for victim-survivor autonomy and must provide them with accurate information and explore and address any concerns they might have about the purpose, scope and risks of the program's engagement with the person perpetrating violence.

One family safety advocate who supported the current or former partners of men engaged in a DFV counselling program described how women are often understandably sceptical about the man's engagement in the program, particularly early in the process:

> *A lot of women will say, 'What about me? I'm on a wait list for three months and he's got a counselling service straight away. How's that fair?' But I'm able to sort of help them to understand that at the core of everything we do, … it's about helping you and it's about helping the kids. … And when they hear it like that, they're like, 'Oh, that's great. I'm so glad you're there. Someone's actually doing something about it.*

Where an adult victim-survivor assesses that providing a man with a behaviour change response would increase the risk posed to her and her children, the research participants advocated for reaching out to an alternative service that may be able engage him more safely. This underscores the urgent need to move beyond the reliance on MBCPs alone and build an integrated continuum of responses that keeps men who use violence visible to key systems, supports their accountability and behaviour change, and centres the safety of victim-survivors. For example, a highly skilled practitioner who works with fathers using DFV in an all-of-family model described how they *'centr[e] women and children. And so, if they don't want us to engage him, then we don't … so we'll try and get someone else to do it'*. This practitioner stressed the importance of ensuring that men who use DFV remain visible to relevant systems and services, as disengagement can increase the risks for victim-survivors, practitioners and the men themselves. Rather than allowing men to fall out of view, the broader response system should maintain oversight and identify the service best placed to ensure accountability, manage risk and sustain engagement at that point in time. As a result, the participants highlighted the critical importance of ensuring that victim-survivors can guide decision-making on what is and is not safe to discuss with a man who has perpetrated or is perpetrating violence.

The participants consistently emphasised that engaging with men using DFV in ways that are victim-survivor led is essential, albeit involving complex and nuanced work. One practitioner working in an all-of-family approach described the balancing act required to centre victim-survivors in his work with fathers to minimise the potential for systems abuse while also playing a critical information-sharing and collation role:

> *… the ways that we engage men in that space, but also monitoring safety and risk, and doing that at the same time so that mum's not held accountable for someone else's behaviours, but also is the driver of what's going to be safe for her and the children as well. It's a bit of a balance. It's a dance.*

In this way, Principle 1 is woven together with Principles 5 and 7. On Principle 5, realising the involvement of another service can be difficult. A certain level of ability and skill is required to enable the necessary adaptability. The research participants' accounts spoke clearly to Principle 7, which posits the need for an integrated system and a continuum of interventions where 'someone else' – another service provider or government agency – can step in.

This point brings attention to the need for collaborative and integrated practice. But, as the example above illustrates, realising Principle 1 hinges on the capacity of other organisations, sectors and systems to also take on this role of engaging the man using DFV or keeping him in view. Currently, the willingness, capability and capacity to do this varies substantially, and if an MBCP provider is unable to engage him, too often there is no other service or system to engage him.

Principle 1 in conclusion:

In conclusion, this first principle establishes the centrality of child and adult victim-survivors across all responses to men who use DFV. This requires properly resourced family safety advocacy to be embedded in new and existing interventions, with practice strengthened to ensure that the knowledge, safety and dignity of victim-survivors meaningfully inform responses. A key next step based on the findings of this research is the development of a national policy and practice guidance to frame and embed best-practice family safety advocacy.

In relation to this, a key finding to emerge from this research is that there is a critical need to determine how to do this safely with child victim-survivors, which is currently the most underdeveloped aspect of this work, and that current practice in this area is divergent.

While centring child and adult victim-survivors was raised as a priority by the research participants, an analysis of their accounts illustrate the interdependence of the seven principles: fully actualising Principle 1 is not possible without realising other principles. Specifically, realising Principle 1 requires long-term flexible engagement (Principle 5); and the ability of service providers and practitioners to adapt to the needs of victim-survivors, which relies on collaborative integrated practice (Principle 7). In fact, without collaborative, integrated practice, it is difficult to truly centre child and adult victim-survivors in an intervention with a man using DFV.

Research and policy insights on Principle 1:

Australian victim-survivors are urging support services to adopt a proactive approach, emphasising the need for early intervention and compassionate assistance rather than reactive, often retraumatising, responses. The Independent Collective of Survivors' statement in the *National Plan to End Violence against Women and Children 2022–2032* calls for services to 'stand with us, do not look away when we show you our pain', and names systems that are 'meant to "protect" us' but instead 'perpetuate the same dynamics of power and control as our abusers', waiting 'until the worst has happened before they respond'.[61] Yuin woman and Indigenous scholar Dr Marlene Longbottom (2026) frames this as a matter of self-determination: efforts must be 'led by the voices and lived experiences of Indigenous women – not simply informed by' them, and non-Indigenous allies must learn to 'amplify not speak over or for'.[62] Others have extended this call specifically in relation to children and young people, who are too often 'blamed and stigmatised for our own abuse' rather than recognised as victim-survivors in their own right,[63] and recommended the creation of a dedicated Youth Taskforce under the National Plan to embed children's distinct experiences in policy and practice.[64]

Consistent with this, recent consultation on national behaviour change standards found that partner contact work is seen as critical to safe intervention but remains underfunded and often overlooked. Additionally, the consultation revealed that most practitioners lack the necessary training and resources to effectively support children as victim-survivors, underscoring the importance of developing new practice guidance that centre both practitioner expertise and the lived experiences of victim-survivors.[65]

At the heart of this first principle lies the concept of victim-survivors' 'space for action'—the social and structural freedom to exercise choice and autonomy over their own lives.[66] Applied to work with men who use DFV, space for action describes what practice needs to enable, not a responsibility placed on victim-survivors.

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[61] Commonwealth of Australia, Department of Social Services (2022) National Plan to End Violence against Women and Children 2022-2032 (p. 143).

[62] Longbottom (2026) Defiant Resistance: Shattering the silence on violence against Indigenous women, Aboriginal Studies Press.

[63] Campbell et al. (2024) Unlocking the Prevention Potential: Accelerating action to end domestic, family and sexual violence [Report of the Rapid Review of Prevention Approaches], Australian Government (p. 148) https://www.pmc.gov.au/resources/unlocking-the-prevention-potential.

[64] Campbell et al. (2024). Unlocking the Prevention Potential: Accelerating action to end domestic, family and sexual violence [Report of the Rapid Review of Prevention Approaches], Australian Government (p. 148) https://www.pmc.gov.au/resources/unlocking-the-prevention-potential.

[65] Domestic Family and Sexual Violence Commission Men's Behaviour Change Online Forum 2025. Australian Government.

[66] Lundgren (1998) The hand that strikes and comforts: Gender construction and the tension between body and symbol, in Dobash and Dobash (Eds.), Rethinking violence against women, pp. 169-196; Jeffner (2000) Different space for action: The everyday meaning of young people's perception of rape; Kelly (2003) Fertile fields Trafficking of People in Central Asia: A report, International Migration Organisation; Kelly et al. (2014) Finding the costs of freedom: How women and children rebuild their lives after domestic violence, Project Report, Solace Women's Aid, London.

The concept refers to the social and structural contexts that situate human action, how these are narrowed by men who use violence, and how interventions need to focus on expanding them for victim-survivors—a framing that places the obligation to act on the intervention, not the victim-survivor.[67] Violence operates by narrowing the social and structural contexts within which a victim-survivor can act; the measure of effective men's behaviour change work, correspondingly, is whether that work expands this space back out—not whether a victim-survivor is seen to act within it. Practitioners consulted for the United Kingdom (UK) *Standards for Stalking and Domestic Abuse Perpetrator Interventions (2nd edition)* raised this same risk directly, cautioning that imposing a service's expectations on a victim-survivor, rather than letting her lead the pace and shape of any support offered, risks 'treating them in a way that a perpetrator might treat them.'[68] Correctly applied, it orients men's behaviour change work around a single, consistent test: does this response to a man who uses violence—irrespective of what it does with or for him—measurably enhance the safety and autonomy of those he has harmed?

67 Vera-Gray et al (2026) Standards for Stalking and Domestic Abuse Perpetrator Interventions (2nd edition), p14.
68 Vera-Gray et al. (2026) Standards for Stalking and Domestic Abuse Perpetrator Interventions (2nd edition), p.15

Practitioner-identified priority: All-of-family work

> *'I've been saying for years, we've got the men's sector, the women's sector, children's services, but they're in a family. We're the ones who divided the family. … And it doesn't mean that you always put the family in the room together… It doesn't mean we throw out all things about risk and safety, but it's how we conceptualise it. It's the fact that we're so siloed and segregated.'*
>
> *—Practitioner working with culturally and racially marginalised men*

For several decades, the DFV sector has operated on the assumption that separation will increase safety for the family. Many of the research participants observed that some mainstream DFV services still require victim-survivors to separate from an abusive partner to gain access to support, despite the known barriers to separation for many women and their children. This can leave adult and children victim-survivors who do not want or are unable to leave without access to appropriate support.

All-of-family approaches are an alternative model of specialist family violence intervention that aim to work with all members of the family to encourage perpetrator accountability and behaviour change, while improving child and adult victim-survivor safety.[69] This model considers each family member's needs and behaviours in the context of the family, with a particular emphasis on addressing the use of violence as a parenting choice.[70]

There is a small but growing body of research into the effectiveness of all-of-family approaches for families living with DFV in Australia and internationally.[71] While the delivery and evaluation of all-of-family work in Australia remains limited, the available findings show promising results.[72] [73] As a result, there are growing calls for more investment into DFV-informed all-of-family approaches. The research participants highlighted the need for this work to centre the autonomy of victim-survivors, including when women are unable or do not wish to leave an abusive relationship.

However, this research identified key practice differences among the all-of-family models employed across Australia. For example, some all-of-family models have dedicated workers for different members of the family, who work together in close collaboration. As an Aboriginal practitioner working in an ACCO described, *'we've got those models that have a women's practitioner and men's practitioner and a children's practitioner, and they'll go out and work directly with the family as a wraparound service.'*

In contrast, other programs have one worker that engages with all family members. A practitioner working in an all-of-family model with men with cognitive impairment described the benefits of having *'one person that knows everybody in the family, that has their finger on the pulse of what's happening'*. A First Nations practitioner in a regional community emphasised that many of the families he worked with preferred to engage with a single worker, because *'if you have too many people involved with the one family … they're telling the story all the time. It's so exhausting [for the family]'.* Other participants working in this way similarly reported that it enabled a more nuanced understanding of abusive tactics and patterns, allowing responses to be tailored to the needs of the family.

In connection with the need for long-term and flexible engagement to meet the needs of the family (Principle 5) in ways that are culturally appropriate and tailored to that family's context (Principle 4), significant skill is required to appropriately address concerns around safety, collusion and confidentiality. Therefore, while all-of-family work was identified as a key practice area to expand that holds much promise, but more research and related training and practice guidance are needed to ensure the safety and effectiveness of these programs.

Principle 2: Support community-led and place-based responses, including First Nations responses grounded in self-determination

> *It can't be the same program. And apart from anything else, you've got geographical differences, you've got community differences. What you're running up here isn't going to work down in the city. It's a different setup.*
>
> *—Practitioner in regional community-based program*

The power of community-led and place-based responses was a key theme to emerge from this research. The research participants clearly called for marginalised communities to be supported and resourced to develop and deliver programs for their communities. In particular, the importance of First Nations programs, programs for racially and culturally marginalised men, LGBTIQA+ programs and programs in regional areas were highlighted.

The participants expressed strong support for place-based and community-led programs, rather than large-scale rollouts of identical programs across different regions and communities. In the words of one First Nations practitioner, 'that cookie cutter approach … it never works'. In relation to this principle, three key themes emerged from the research:

1. Programs should be community-led and place-based wherever possible.
2. Where it is not possible for programs to be community-led, they must be genuinely co-developed with communities. These types of programs should also be staffed – and wherever possible, managed – by community members.

[69] Diemer et al. (2026) Keeping Safe Together: A Brief Report on Children's Experiences of One 'All of Family' Domestic Violence Intervention Program in Melbourne, Australia, *Journal of Family Violence* 41, 457–464.

[70] Kertesz et al. (2022) All-of-family responses to children, mothers and fathers accessing services for domestic and family violence in Victoria, Australia: Policy and Practice Brief, Safer Families Centre, University of Melbourne.

[71] See, for example, the above two articles and Stanley and Humphreys (2017) Identifying the key components of a 'whole family' intervention for families experiencing domestic violence and abuse, *Journal of Gender-Based Violence 1*(1), 99–115; Humphreys et al. (2020) Safe & Together Addressing Complexity for Children (STACY for Children) (Research report, 22/20), Sydney, ANROWS; Kertesz et al. (2022) KODY, an all-of-family response to co-occurring substance use and domestic violence: protocol for a quasi-experimental intervention trial. *BMC Public Health*, 22, 291; Domoney et al. (2019) For Baby's Sake: Intervention Development and Evaluation Design of a Whole-Family Perinatal Intervention to Break the Cycle of Domestic Abuse, *Journal of Family Violence* 34, 539–551.

[72] Diemer et al. (2026) Keeping Safe Together: A Brief Report on Children's Experiences of One 'All-of-family' Domestic Violence Intervention Program in Melbourne, *Australian Journal of Family Violence* 41, 457-464.

[73] Humphreys et al. (2020) Safe & Together Addressing ComplexitY for Children (STACY for Children) (Research report, 22/20), Sydney, ANROWS.

3. Whether delivered by community-led or mainstream organisations, programs should be tailored to the needs and circumstances of marginalised communities, with the safety of victim-survivors and the accountability of men who use violence at their core.

Success in implementing Principle 2 requires alignment with the other principles, including Principle 1 on centring child and adult victim-survivors and Principle 4 to enable deep engagement with the context of men's lives, including their family, culture, faith and community, to meaningfully reduce the use of DFV.

Community-led and place-based programs

The research found that practitioners preferred programs to be community-led and place-based, and, in doing so, wove the need for community-led responses for men using DFV (Principle 2) with centring child and adult victim-survivors' voices (Principle 1). A practitioner within a community organisation working with and for culturally and racially marginalised communities contended:

> *women of the community have actually very specific ideas of the outcomes that they want to see. And that's not always the same as what the services think the outcome should be. So, I think there needs to be really a regular, robust asking and listening to the women in the community ...*

In doing so, she held firmly that community-led approaches need to be attentive to power imbalances within communities to ensure that the voices and safety of those with less power are centred.

The research participants felt programs for marginalised communities need to be delivered by community-led organisations wherever possible. It was a strongly held perspective that community-led organisations generally have well-established relationships with the people they serve and are well placed to deeply understand and respond to community-identified needs.

The research participants believed community-led organisations are situated well to design and deliver programs for men using DFV in their communities. Illustrating not just the need for, but also the power of community-led responses, one research participant working in a service for culturally and racially marginalised men highlighted how her deep understanding of cultural, historical and linguistic subtleties made a significant difference to her capacity to effectively engage the men using DFV she works with:

> *...the familiarity that comes with language and the cultural connection ... the impact of the connection is almost impossible to articulate.*

Community-led programs should be developed by and for specific groups or communities, such as First Nations people, LGBTIQA+ people, culturally and racially marginalised people, people with a disability or people living in a certain regional area.

Many of the research participants delivered programs led by the populations they served, either through specialist organisations or within mainstream services, including within programs for culturally and racially marginalised men, for First Nations men and for those in the LGBTIQA+ community. This gave them a unique vantage of the opportunities and challenges of a community-led approaches.

The research participants stressed that mainstream models cannot simply be adapted for marginalised communities. Responses need to be built around communities' realities rather than retrofitted onto them. LGBTIQA+ research participants raised the impact of cis-heteronormative and mono-normative systems compounding and shaping both the use and experience of DFV within the queer community. Practitioners working with and for culturally and racially marginalised communities emphasised the impacts of racism, migration, war and dispossession in defining communities' experiences. Aboriginal research participants directly linked levels of violence to colonisation; with one participant emphasising that most of the violence Aboriginal and Torres Strait Islander women experience[74] was perpetrated by non-Aboriginal men. He said '*we only have to look at the data*' to comprehend why ACCOs must be funded to do this work.

As a result, there was a strong view government must take responsibility for how the ongoing impacts of colonisation and enable self-determined solutions:

> *… when ACCOs get the money in that [DFV] space, they're able to train staff to be able to work in the way that needs to be worked, and they're able to address those concerns themselves. You know, self-determination, those sorts of things. And understanding and having faith that actually we can do that work.*

Peer support emerged as a distinctive feature of community-led practice, disproportionately offered by Aboriginal and LGBTIQA+ services compared to mainstream providers – reflecting a shared emphasis on accountability and support built through community relationships rather than clinical or institutional models alone[75].

A key challenge facing community-led responses many research participants raised was a lack of adequate funding or resourcing. Several participants raised concerns that competitive tendering processes disadvantage smaller specialist organisations, with larger and better-resourced mainstream providers often better positioned to secure funding to design and deliver programs for marginalised populations. The participants highlighted where they witnessed small community-led organisations struggle to get and maintain funding in comparison to large mainstream organisations. For example, a First Nations practitioner talked about how a mainstream DFV organisation got significant funding to deliver programs for men in a regional town with a high population of Aboriginal people, yet the organisation was unable to provide culturally responsive services. As a result, most Aboriginal men in this town preferred to engage with the unfunded program the practitioner ran at an ACCO.

Similarly, a non-Indigenous practitioner working with First Nations men observed that Aboriginal community-controlled programs, especially in regional and remote areas, are often '*underfunded, unfunded or defunded, or never funded in the first place… They've got to stop giving millions of dollars to white organisations*'.

[74] Aboriginal and Torres Strait Islander women are nearly 11 times more likely to die due to assault than other women and 32 times more likely to be hospitalised as a result of family violence.

[75] Wheildon et al. (2026) *Practitioner insights: What's needed to improve responses to men using domestic and family violence in Australia*, No to Violence.

Together these insights provide a clear directive to institute community-led and place-based interventions where possible.

Genuine co-development

In circumstances where community-led programs are not possible, the research participants contended that programs for men using DFV should be created with and for communities, such as in regional areas where there may not be a community-led organisation to deliver programs for the LGBTIQA+ community or culturally and racially marginalised people. In these situations, the research participants were supportive of mainstream organisations partnering with community to deliver programs that are genuinely co-developed and ideally led by practitioners from those communities in response to community-identified needs.

Where programs are co-developed, the participants emphasised the importance of engaging affected communities and representative organisations before the design stage begins and then testing proposed approaches against identified needs. For example, a practitioner working with culturally and racially marginalised men expressed his frustration with the common practice of mainstream organisations or government policymakers only seeking review and sign-off after program materials have been developed and finalised without any prior consultation, let alone co-design or development. Instead, he discussed wanting to see communities brought into genuine conversation at the start of the co-development process.

The research participants also highlighted the importance of community education around DFV, building trust and relationships with community leaders and local community members, and creating space for nuanced conversations about DFV. These approaches support communities to identify their needs and build on their strengths in creating and implementing programs. There was broad concern that this type of community and stakeholder engagement, which takes significant time and resources, is often not factored into program budgets, although it is such an essential part of impactful design and implementation that many community programs must do it unfunded or underfunded.

The participants emphasised that programs for men from marginalised communities should, wherever possible, be designed, delivered and ideally managed by staff members who are themselves members of that community. This sentiment was echoed by almost all of the practitioners working with marginalised communities who were themselves members of those communities. However, practitioners explored how having staff members drawn from the impacted community also comes with certain challenges, such as the inability to '*clock off*'. Others discussed the time and resourcing required to recruit, train and support members of marginalised communities to undertake specialist work with men using DFV, which is often not accounted for in funding agreements, placing unfair pressure on community organisations. A practitioner working in an ACCO stressed:

> *… we don't need someone gatekeeping those skills. We need to be able to actually share those skills and train staff [from the community] to do that work.*

These concerns add important layers to ensuring that the expansion of responses to men using DFV are safe and effective – in this case, emphasising cultural safety and ensuring that spaces are free from discrimination to enable the best possible outcomes for victim-survivors.

Flexibility to respond to community needs

The participants emphasised that tailored programs for marginalised populations require sufficient flexibility to respond to the needs of victim-survivors and men who use violence. While clear safeguards remain essential, some practitioners reported that existing guidelines can constrain locally responsive and innovative practice. These concerns were particularly pronounced in relation to smaller specialist services. One practitioner working with men with cognitive impairment described this tension:

> *…if we don't start looking or moving outside of the flag posts… If we don't start … accepting there's other forms of men's behaviour change. There're other forms … can we just agree to accept that and treat it with the same respect? Treat my program with the same respect as you would treat an MBC mainstream program.*

As suggested by this practitioner, while MBCP standards have provided essential 'safety flags' for a growing sector, like several other research participants, she queried whether those standards are always the most helpful guide for what makes a safe and effective program as intervention types evolve. Relatedly, community-led programs should not necessarily be penalised for 'swimming outside the flags' by not being based on or adapted from traditional MBCPs.

In addition, despite the barriers many community-led organisations face, some research participants highlighted their success in innovating: *'there's a lot of creativity and a lot of thinking and a lot of trial and error that goes into creating these programs and that's not necessarily supported in the way it needs to be'* (LGBTIQA+ practitioner). Thus, there is a missed opportunity for mainstream organisations to learn from the highly responsive ways of effectively and safely reducing and ending violence that programs working with and for marginalised communities have adopted and are honing. Some examples of creativity shared by the participants working in community-led programs included:

- Running a First Nations behaviour change group in a park
- Taking First Nations men out on Country
- Engaging in one-on-one work while driving men to appointments
- Doing outreach at LGBTIQA+ community events
- Using visual resources for men with cognitive impairment
- Diverse ways of implementing all-of-family approaches

These examples may seem like modest adjustments, but, according to practitioners, they can have a significant impact on their chances of building the relational connections that enable engagement with men from diverse communities (Principle 3), thus reducing harm and increasing safety for victim-survivors. This was felt broadly by practitioners working with and for marginalised communities, who described how one-size-fits-all approaches frequently undermine the nuanced and urgently needed community-led and place-based work to reduce and end violence.

Principle 2 in conclusion:

Principle 2 recognises that community-led and place-based responses are critical to ensuring that programs can respond flexibly and effectively to the needs of marginalised communities. These approaches are best placed to draw on local knowledge, relationships and cultural expertise to address the needs of both victim-survivors and men using DFV. Where community-led delivery is not possible, the participants emphasised the importance of genuine co-development with the communities a response is intended to serve.

Principle 2 reinforces Principle 1 by ensuring that the diverse experiences and community-specific needs of child and adult victim-survivors are embedded in the design and delivery of responses. This connection is particularly important in community-led approaches, which must remain attentive to the power imbalances within communities and ensure that the voices, safety and needs of those with less power, particularly victim-survivors, remain central. Enacting Principle 1 is therefore critical to the full realisation of Principle 2.

Principle 2 is also crucial to ensuring that responses to men using DFV consider the broader context of their lives, families and communities. Community-led approaches are better positioned to understand and respond to these social, cultural and familial contexts, particularly where effective practice depends on knowledge and relationships that are specific to a community. Such approaches also support Principle 3 by strengthening the relational foundations necessary for meaningful engagement with men from marginalised communities. The effective implementation of Principles 3 and 4 therefore depends, in part, on the extent to which responses are informed by and embedded within the communities they serve, as articulated in Principle 2.

Community-led and place-based responses are also vital to enabling collaborative and integrated practice across organisations, sectors and systems (Principle 7). These types of responses may help facilitate connections between formal DFV response and other service systems touchpoints with possibly helpful informal community responses, for example, with a man's extended family, faith leader or sports coach. In doing so, Principle 2 makes it easier to enact collaborative and integrated practice (Principle 7) in ways that support a range of possible responses to or at least help synergistic engagement, rather than approaches that are at odds with each other.

Research and policy insights on Principle 2:

The value of community-led and culturally grounded practice is strongly supported by Australian evidence. NTV's 2025 member survey found that the most urgent service expansion need participants identified was investment in '*community-led responses developed by and accountable to communities*'[76] with practitioners working with Aboriginal men describing cultural healing and connection to Country – not individual accountability frameworks – as the core focus of their practice, with accountability instead occurring through community processes.[77] This is echoed directly by men and practitioners themselves, including a strong preference for on-Country, in-person delivery over remote models,[76] and evidence that Indigenous-led programs improve outcomes more effectively than top-down or non-Indigenous-led alternatives.[78]

[76] Wheildon et al. (2026) Practitioner insights: What's needed to improve responses to men using domestic and family violence in Australia, No to Violence.

[77] Wheildon et al. (2026) Practitioner insights: What's needed to improve responses to men using domestic and family violence in Australia, No to Violence.

[78] Gamarada Universal Indigenous Resources Pty Ltd (2023) Aboriginal-led early support programs for Aboriginal children, young people, families, and communities: A Review of the Evidence Base, prepared for the NSW Department of Communities and Justice.

Despite this, Aboriginal community-controlled and culturally specific services remain funded at a fraction of mainstream service levels[79] (see Practitioner-identified priority: First Nations healing and change programs, below, for practitioner perspectives on what this looks like in practice). This is also echoed for culturally and racially marginalised communities, though the Australian evidence base here remains emergent. A review of the inTouch Motivation for Change program, one of the few in-language, in-culture intervention programs currently operating in Australia, found that case managers were routinely stepping beyond standard case management to interpret, help clients complete paperwork and navigate other services, compensating for gaps in mainstream service accessibility that a standard program model does not address. The review recommended the Victorian Government fund development of a dedicated in-language, in-culture MBCP, noting that no such program currently exists.[80] A systematic review similarly found that culturally specific intervention programs for men who use violence improves behaviour-change and mental health outcomes relative to mainstream models.[81] Likewise, a broader qualitative study of migrant and refugee men, women and service providers across Victoria, NSW and Queensland similarly found that culturally adapted delivery, in-language facilitators and individual case management supported engagement — but cautioned that accountability for violence was often limited even where engagement improved, and that post-program family reconciliation could create risks for women and children.[82]

First Nations researchers contend that this is not a marginal funding gap but inherently structural: chronic underfunding of Indigenous-led responses constitutes *'structural violence that enables interpersonal violence by preventing adequate responses'*.[83] There are practical consequence of this, with one service provider noting the loss involved when government dictates program design rather than communities themselves: *'imagine what these programs would be if it weren't guided by the immense amount of knowledge ... brought by Aboriginal community-led perspective'*.[84] This is consistent with national policy recommendations to '*strongly embed and build on culturally-informed and place-based*' responses for First Nations communities, recognising the ongoing work towards a First Nations National Plan;[85] while national behaviour change standards consultations found that ACCOs are 'the leaders' in whole-of-family, whole-of-community approaches from which the mainstream sector should learn.[86] [87]

[79] Carlson, B. (2021, September 14). We need a national plan to address family violence against Aboriginal and Torres Strait Islander people. *The Conversation*. https://doi.org/10.64628/AA.kapudwq4r

[80] Fitz-Gibbon et al. (2023) 'When you speak the language you've already actually crossed that first hurdle': A review of the inTouch Motivation for Change Program, Monash Gender and Family Violence Prevention Centre, Monash University, https://doi.org/10.26180/23118308.

[81] Satyen et al. (2022) The effectiveness of culturally specific male domestic violence offender intervention programs on behavior changes and mental health: A systematic review, International Journal of Environmental Research and Public Health 19(22), Article 15180, https://doi.org/10.3390/ijerph192215180.

[82] Block et al. (2026) Interventions for migrant and refugee men who use domestic, family and sexual violence: Experiences and perspectives of migrant and refugee men and women, service providers and other stakeholders (Research report, 01/2026), ANROWS, https://doi.org/10.71940/P8BR-NB78.

[83] Allen + Clarke Consulting for the Department of Social Services (September 2025), *Evaluation of Family and Relationship Services and Specialised Family Violence Services*.

[84] Allen + Clarke Consulting for the Department of Social Services (September 2025), Evaluation of Family and Relationship Services and Specialised Family Violence Services.

[85] Campbell et al. (2024) Unlocking the Prevention Potential: Accelerating action to end domestic, family and sexual violence [Report of the Rapid Review of Prevention Approaches], Australian Government (p. 148) https://www.pmc.gov.au/resources/unlocking-the-prevention-potential.

[86] Domestic Family and Sexual Violence Commission Men's Behaviour Change Online Forum 2025, Australian Government.

[87] Domestic Family and Sexual Violence Commission Men and Boys Roundtable Summary Report 2024.

At the same time, international standards work offers a complementary, though more limited, evidence base. Interventions embedded within a local community, with enduring local ties, are better placed to identify abuse and meet the varied needs of both victim-survivors and men using DFV.[88] [89] This international evidence speaks usefully to the value of local rootedness in perpetrator work generally. However, it does not extend to questions of self-determination, community control or Indigenous governance of services, and it should therefore not be read as equivalent to the Australian evidence base outlined above.

[88] Cantos et al. (2014) One size does not fit all in treatment of intimate partner violence, *Partner Abuse*, *5*(2), pp. 204–236.

[89] Vera-Gray et al. (2026) Standards for stalking and domestic abuse perpetrator interventions (2nd edition), Home Office https://www.gov.uk/government/publications/standards-for-stalking-and-domestic-abuse-perpetrator-interventions/standards-for-stalking-and-domestic-abuse-perpetrator-interventions-accessible.

Practitioner-identified priority: First Nations healing and change programs

Research participants emphasised the need for First Nations men to receive culturally safe, community-led responses wherever possible. They also expressed a strong interest in learning from Aboriginal community-led practice to strengthen responses to Aboriginal men and to men who use DFV more broadly.

Culturally safe responses for Aboriginal men can address the impacts of colonisation, dispossession, intergenerational trauma and systemic racism, which continue to shape First Nations people's lives and relationships, while also supporting accountability and healing through culture, connection and community. The need for culturally safe responses has been emphasised by Aboriginal practice leaders in a range of forums.[90] Recently, Clinton Bennell proposed what needs to change in the ecosystem of responses, specifically through the inclusion of:

- Aboriginal-led design, governance and delivery of men's programs
- long-term funding for community-controlled men's healing and behaviour change work
- strong integration with Aboriginal women's services and family safety responses
- recognition that culture is protective
- workforce investment that values cultural knowledge alongside clinical skill.[91]

Despite a strong evidence base, healing responses for First Nations men continue to be inadequately funded.[92] This research further reinforced the need to include First Nations healing and change programs within a continuum of responses; a practitioner working in an ACCO called it an essential '*next step*' for First Nations men who have participated in a behaviour change program. He described the broader focus of healing and change programs as follows:

> *…we have discussions around domestic violence … but it's also talking about 'What does healing look like?' and 'How do we move away [from using violence]?' So, it's addressing some of those traumas as well, that we know are sometimes a driver behind some of that violence, you know? That trauma that has come through years or been passed [down] – generational trauma. [Whereas] in the [mainstream] men's behavioural space, that trauma is not there to be addressed.*

Importantly, women's and children's voices, experiences and needs must remain centred – including through ongoing family safety advocacy and integration with Aboriginal women's services. Working with men in culturally safe ways meant never losing sight of the impacts on women and children.

A practitioner working in an ACCO also spoke of the importance of working with a deep understanding of the impact of the Stolen Generations and the ongoing removal of First Nations children from their families and communities:

'*…we've got a very high rate of Aboriginal children in care. We don't want families going down that path, you know? So if we can assist families to stay together and come outside the other end and still be a family*

and still be respectful to each other … it's a space that we really need to work in as well.' He specified that his organisation would only ever work to keep families together '*if it's safe to do so'* but that this was an important consideration for culturally safe practice.

There was also strong support among all of the research participants working at ACCOs for the need for men's camps on Country – creating '*space[s] for men to come together and be able to share cultural experiences, share information, share stories*'. For example, a First Nations practitioner working in a fathering program proposed:

> *I'd like to do a lot more with the men … Have a week out somewhere on Country, just to bring them back and connect. How would that be spiritually? It'd be amazing…*

The participants believed a range of responses was important. For example, a First Nations man who is court mandated might initially be offered a culturally safe MBCP, then transition into a healing and change program, and then later attend the men's camps for deeper cultural connection and healing. But this journeying is often non-linear. One participant working in an ACCO's healing and change program explained that if the organisation became aware that a man was continuing to use DFV, it might ask that man to do the MBCP again. As this practitioner emphasised, this is about '*valuing the voices of the women and children'*, ensuring that men are accountable for their behaviour and to their culture, and supporting them across a longer-term journey of change.

[90] Carlson et al. (2024) What works? A qualitative exploration of Aboriginal and Torres Strait Islander healing programs that respond to family violence (Research report, 02/2024) ANROWS; Carlson et al. (2021) What works? Exploring the literature on Aboriginal and Torres Strait Islander healing programs that respond to family violence (Research report, 01/2021) ANROWS.; Morgan et al. (2022) New Ways for Our Families: Designing an Aboriginal and Torres Strait Islander cultural practice framework and system responses to address the impacts of domestic and family violence on children and young people (Research report, 06/2022), ANROWS; Commonwealth of Australia, Department of Social Services (2026) Our Ways – Strong Ways – Our Voices: National Aboriginal and Torres Strait Islander Plan to End Family, Domestic and Sexual Violence; Blagg et al. (2020) Understanding the role of Law and Culture in Aboriginal and/or Torres Strait Islander communities in responding to and preventing family violence, (Research report, 19/2020), Sydney, ANROWS.

[91] Bennell (2026, March) Men's domestic and family violence programs are not a 'nice to have.' They are necessary to end violence…, [Post]. LinkedIn.

[92] Carlson et al. (2021) What works? Exploring the literature on Aboriginal and Torres Strait Islander healing programs that respond to family violence (Research report, 01/2021) ANROWS; Cripps and Davis (2012) Communities Working to Reduce Indigenous Family Violence, Indigenous Justice Clearing House; Morgan et al. (2022) New Ways for Our Families: Designing an Aboriginal and Torres Strait Islander cultural practice framework and system responses to address the impacts of domestic and family violence on children and young people (Research report, 06/2022) ANROWS.

Principle 3: Engage men using DFV through relational, non-punitive approaches to strengthen accountability and victim-survivor safety

> *…by being able to work with them [men using DFV] relationally at first and getting that engagement from them, it displays to them what safety and respect looks like … what I always aim to do, and really reinforce to them [the men I work with], is that my goal is safety for themselves and everyone else. It's not a punitive or authoritarian response. It's very humanistic. I think that we start to build that trust both ways …. And from that they actually feel, 'I am also being supported as a person.' And then, when we start to look at the behaviour change, it kind of gives them some building blocks around looking at what they're responsible for and what they can do to make changes.*
>
> *—A practitioner working with men perpetrating serious risk violence at the complex intersection of mental health and AOD*

The importance of relational, non-punitive approaches was central in the research findings. The research participants all emphasised the relationship between a practitioner and client as fundamentally important to the effectiveness of interventions with men using DFV. Without meaningful engagement, many affirmed that it was nearly impossible to scaffold men to take responsibility for their abusive behaviour and make changes to end their use of DFV; enable conversations with men wherein practitioners could identify, assess and work to minimise risk; or provide support the safety of victim-survivors. By building a trusting relationship, practitioners contend they are better able to understand the man using DFV's beliefs about the victim-survivor and his motives in using power and control and to gain insights into possible accelerants. Even for hard-to-change men this approach can provide opportunities to limit his ability to enact further violence, interrupt an aspect of his current violence or deter him from a pathway towards intensified harm.

In reflecting on relational approaches, the research participants outlined what defined relational, non-punitive practice for them, as well as the benefits of building relationships to facilitate engagement. They also addressed what they felt are the critiques of this approach.

Defining relational, non-punitive practice

Several key themes emerged as to what defines relational, non-punitive practice, including the importance of modelling non-violent, respectful relationships and building trust over time. In seeking to define this approach, a practitioner with extensive experience working with men using DFV shared the following insights to guide this work:

- treat someone with humanity
- believe in their ability to change
- treat people as not the worst thing that they've ever done
- see a whole person who has their own history and needs
- create a connection with that person to enable then to be vulnerable and explore why they are making the choice to use violence.

Key to relational, non-punitive approaches is modelling non-violent, respectful behaviour for men using DFV. As the lead quote in this section emphasises, practitioners using this approach model '*what safety and respect looks like'* for these men and providing a clear example of what a respectful relationship looks like.

The central role of trust also emerged from the research participants' accounts of relational, non-punitive approaches. They contended that relationships of trust help to ensure that men using DFV engage, and engage genuinely, with programs. The participants argued that trusting relationships enable genuine, individually motivated accountability, rather than performative claims of behaviour change motivated by external forces, such as complying with court orders. As noted in the quote above, it '*kind of gives them [men using DFV] some building blocks around looking at what they're responsible for and what they can do to make changes'*. In turn, this type of engagement is crucial to better enable risk management, safety for victim-survivors and the man's journey towards behaviour change.

Some of the participants believed that the presence of trust increases men's tolerance of their own shame, which enables men to engage in meaningful conversations about the use of abusive behaviour and to start taking responsibility. For example, one practitioner working with men with complex needs observed:

> *…when I do say to them, now we're going to have to start addressing your use of violence … because there's that trust there, perhaps the shame is mitigated a little bit as well.*

Another highly experienced practitioner described how trust enables her to ensure that '*they [men using DFV] understand that it's their behaviour that we're judging, not necessarily them'*. This focus on the behaviour rather than the individual reduces men's defensiveness and fosters constructive dialogue. Research participants contended this is vital for encouraging men who perpetrate DFV to both take responsibility for the harm they have caused and understand that their behaviour is a choice, and they can choose not to use violence. A trusting relationship also better enables practitioners to understand a man's behavioural patterns of power and control, which improves risk assessment and risk containment and allows the practitioner to identify opportunities for sowing the seeds of longer-term behaviour change.

However, building these types of relationships safely and non-collusively in the context of such complex, complicated situations can be time intensive. Consequently, the importance of having enough time to build relationships safely and effectively was echoed throughout the research participants' accounts, described as necessary to working in relational, non-punitive ways. Some spoke about the persistence, patience and creativity required to establish this level of engagement, especially with men who are unmotivated to engage with services or are experiencing a high degree of instability and complexity in their life. In addition, a practitioner working in a dedicated program for culturally and racially marginalised men noted that *'for some cultures, it might take longer to kind of build-up that rapport with you'*. Therefore, allowing enough time to build trust and rapport is key to enabling culturally responsive practice and was emphasised by all of the research participants working with marginalised communities. The need to ensure there is sufficient time to successfully do relational, non-punitive work mirrors the need for long-term, flexible engagement articulated in Principle 5.

Benefits of building relationships to facilitate engagement

Signifying the importance of Principle 3, almost all the research participants talked about the need for a non-punitive approach when working with men using violence as a means of more effectively scaffolding accountability, better managing risk and contributing to safety. In reflecting on the impact of relationship building, rapport was mentioned by many research participants as key to realising the objective of work with men using DFV. One practitioner with extensive experience insisted:

> *…we can't overlook the importance of that worker–client relationship. That if you're going to challenge a man, if there's no rapport, they won't listen. They won't take it on. You need to have a relationship with someone where they actually care what you think. … We have to be willing to actually build a relationship.*

Another practitioner working with men whose use of violence intersected with experiences of homelessness, drug and alcohol use and mental health challenges named building a relationship as her first priority, describing it as the foundation for all subsequent work to strengthen safety and accountability:

> *First of all, it's looking at the stabilisation, so building that rapport, getting engagement, it's very relational and flexible. It's a lot about meeting the man where he's at.*

Relationship building based on trust was seen as central to ensuring that risk assessment and responses to risk to secure victim-survivor safety are based on the best possible information. The understanding made possible through relational approaches gives practitioners the best chance of disrupting the way a man perpetrating DFV is harming his family, diverting potential risk or countering the development or escalation of any fixated grievance towards victim-survivors. The research participants also brought attention to the importance of relational approaches for victim-survivor safety. For example, some raised the risk of 'confronting' men about their perpetration of DFV before trust has been established, as this could have potentially dangerous consequences for his family if his abusive behaviour escalated or he disengaged from the program. A practitioner with extensive therapeutic and behaviour change experience emphasised that taking sufficient time to establish respect, safety and trust was essential because *'if we get that timing wrong, it's not us who has to deal with it, it's his family of origin or his wife or his kids'*. A relational practice should therefore be understood not as ancillary to intervention, but as a core mechanism through which accountability can be developed, risk can be managed, and victim-survivor safety can be increased.

Addressing critiques of the relational, non-punitive approach

It was clear in the research analysis that critiques of relational, non-punitive approaches weighed heavy on the research participants' and practitioners' shoulders. Two critiques of relational approaches were highlighted.

The first about such approaches being too lenient, increasing the risk of collusion and of their work being at odds with holding men to account for their use of DFV. The second was in response to widely held beliefs in the effectiveness of punitive responses to reduce and end DFV, with which there was an emphasis placed on centring victim-survivors' safety and agency in navigating these critiques (further reinforcing Principle 1). On each, the participants outlined both the reasoning behind the approach and the safeguards needed to address such concerns.

First, on being too lenient, many of the research participants stressed that prioritising relationship building to facilitate engagement is not about being '*soft*' on men using DFV or avoiding having challenging conversations. They highlighted that enabling respectful spaces is not the same as '*being nice*' or endorsing violence-supportive or victim-blaming narratives. Relational, non-punitive approaches, they contended, do not excuse, minimise or justify abusive behaviour; rather, they are about inviting greater honesty and accountability than is generally possible within more punitive settings, such as the criminal legal system. As outlined by a practitioner working in a restorative justice program:

> *For people to be fully able to understand the harm they've caused, why they caused it, and the feelings around that – fully, openly and honestly – it's such a distinction from the criminal system…*

The participants believed that it is possible to develop trusting relationships in ways that minimise collusion. But, as a practitioner working within a restorative framework emphasised, '*practitioners just need to be so skilled and trained*' as adopting a relational approach without colluding is complex and nuanced work. The issue of workforce capability often emerged throughout this research, and the participants pointed to the urgent need to recognise and invest in building and retaining a specialised workforce to safeguard against collusion and other risks.

Second, in response to widely held beliefs in the effectiveness of punitive responses, the research participants spoke about how dominant social norms and attitudes constrain the advancement of non-punitive responses, as the '*lock him up, put him in jail, get rid of this person'* type of response predominates. While criminal legal response may act as a short-term containment option, many of the participants, especially those working with marginalised communities, highlighted the paradox of responding to violence with violence and what is modelled when this happens. A highly experienced practitioner working with over-policed communities noted this contradiction:

> *…we're sort of talking about choice and consent and power, and then we're using a really carceral response.*

Further questioning the impact of punitive responses, many of the participants emphasised these tend to entrench violence-supportive beliefs among men who use DFV. As a result, it was felt that punitive approaches threaten to undermine the long-term reduction or cessation of violence.

The participants also shared how they too were impacted by societal misconceptions of relational, non-punitive approaches and had at various points questioned the integrity of their own practice. For example, a First Nations practitioner told of how it took him many years before he felt comfortable using humour in the groups he facilitated with First Nations fathers for fear that it would be perceived by his colleagues as collusive. However, he explained how he has now come to feel that being more open with the men he works with has enabled him to build strong and respectful relationships that are a more effective basis for accountability work.

Furthermore, thirdly, the perspectives of victim-survivors on punitive responses were raised; that is, whether punitive responses necessarily reflect victim-survivors' want or needs. For example, a research participant asked:

> *… [in] the family and sexual violence mainstream space, is that there's an assumption that someone who's been harmed, that they have this uniformity of what their needs are, and that that is a criminal justice approach. When really, when you ask most people that have been harmed, a lot of people, they want acknowledgement and apology and validation and things like that.*

Understanding victim-survivor perspectives is an area that requires further research. While 91% of Australians agree that support should be available to victim-survivors whether they choose to remain in a relationship with someone using violence or not [93] and a significant proportion of men using violence who engage with programs remain in a relationship with their intimate partner victim-survivor and have ongoing relationships with their children, we still have limited insight about what victim-survivors want and need. This is a crucial next step from this research.

While Australian-specific evidence remains limited, a small but growing body of research supports the research participant's observation above that victim-survivors' needs are rarely reducible to a single legal system response. A study of 251 victim-survivors across the UK found that perceptions of justice were multi-dimensional—spanning accountability, fairness, protection from future harm, recognition, agency, empowerment, and reparation—and argued that a narrower, criminal legal centred conception of justice risk reproducing a 'justice gap' between what systems offer and what victim-survivors actually seek.[94] Similarly, the concept of 'kaleidoscopic justice' describes justice as a shifting, lived experience—encompassing consequences, recognition, voice, prevention and connectedness—rather than a fixed legal outcome.[95]

Australian research specific to criminalising coercive control offers a further, more targeted insight. A national survey of 1,261 victim-survivors found that while a large majority supported the criminalisation of coercive control in principle, victim-survivors were consistently *least* likely to believe that criminalisation would improve their safety—ranked below community awareness, sending a clear message, and improving police response.

Even among those who supported criminalisation, many were explicit that it would not have helped in their own experience. Among First Nations participants, confidence criminalisation would improve safety dropped to 31 per cent.[96]

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[93] Coumarelos et al. (2023) Attitudes Matter: The 2021 National Community Attitudes towards Violence against Women Survey (NCAS), Findings for Australia.

[94] Hester, et al. (2025). What Is Justice? Perspectives of Victims-Survivors of Gender-Based Violence. *Violence Against Women*.

[95] McGlynn, C., & Westmarland, N. (2019). Kaleidoscopic Justice: Sexual Violence and Victim-Survivors' Perceptions of Justice.

[96] Fitz-Gibbon, et al. (2023) Victim-survivors' views on and expectations for the criminalisation of coercive control in Australia: Findings from a national survey https://doi.org/10.26180/22309345

This lack of confidence sits alongside a wider research situating criminal-justice-centred responses to gender-based violence within a longer history of racial injustice at the intersection of interpersonal and state violence—that shifts away from what has been termed 'carceral feminism' (a reliance on law enforcement as the primary intervention strategy) towards restorative and transformative justice alternatives, largely developed and led by culturally and racially marginalised people.[97] This suggests that support for stronger legal responses and confidence that those responses will deliver safety are not the same thing—reinforcing the need identified above for research that centres what victim-survivors themselves define as safety and accountability, rather than assuming these are synonymous with criminal justice outcomes.

Principle 3 in conclusion:

Ensuring that an expanded ecosystem of responses includes relational, non-punitive approaches was a key finding of this research. In reflecting on relation-centred approaches, the research participants explained what relational, non-punitive practice means for them, as well as the benefits of building relationships to facilitate engagement. They also addressed what they felt are some of the common critiques of this approach. The participants stressed that a trusting relationship between a practitioner and a man using DFV is fundamental to achieving the objective of reducing and, ultimately, ending DFV. Despite the criticisms, it was understood to be almost impossible to engage men using DFV and work safely and effectively with them without establishing rapport. If you cannot engage these men, the risk to the safety of women and children mounts and the opportunities for sowing the seeds for behaviour change dwindles. While work to keep victim-survivors safe can be done without engaging men, it is far more difficult and less effective without meaningful engagement with the person causing the harm. Even for hard-to-change men, the relational approach can constrain their ability to cause ongoing or escalating harm.

The participants' accounts highlight that the ability to practise relationally in safe ways depends upon the service providers' and practitioners' ability to implement Principles 1, 2, 4, 5 and 6. Safe and effective relational, non-punitive practice relies on centring child and adult victim-survivors and having deep knowledge of the communities and contexts of the men, women and children you are working with (Principles 2 and 4); in this way, practitioners are better placed to engage with the complexity of people's lives. The success of relational, non-punitive responses is further enhanced by trauma- and DFV-informed practice (Principle 6) and the ability to do long-term, flexible engagement with men and their families (Principle 5).

Research and policy insights on Principle 3:

Foundational approaches to working with men using DFV centre the importance of relational practices to build men's capacity to confront their own justifications for violence and to encourage men to take responsibility for causing harm.[98] Much practice-based evidence and emerging research support this approach by illustrating the importance of practice that enables engagement[99] and the positive impact of relationship-based approaches.

Research also shows for men who engage with services in a pre-contemplative stage (wherein they are not yet ready to contemplate change, often externalising blame onto their partner and resisting accountability) stigma and shame can be significant early barriers to engagement.

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[97] Kim, M. E. (2018). From carceral feminism to transformative justice: Women-of-color feminism and alternatives to incarceration.

[98] See Alan Jenkins's body of work on invitations to responsibility, e.g. Jenkins (1990) Invitations to Responsibility and Jenkins (2009) Becoming Ethical: Parallel political journeys with men who have abused. See also Wendt et al. (2019) Engaging Men Who Use Violence: Invitational narrative approaches.

[99] Fitz-Gibbon et al. (2024) Engaging in change: A Victorian study of perpetrator program attrition and participant

For example, not wanting to '*believe I was an abuser*' or '*be shamed*', relational approaches can help build accountability without becoming stuck in shame.[100] Furthermore, men who have been through programs have described the relationship itself, not the content, as the mechanism of change.[101] Practitioner-focused research echoes this: that men will only go deeper if *'they trust you enough for you to work with them*'.[102] International evidence reinforces this picture. Grounded in a broad-based evidence review, the UK's *Standards for Stalking and Domestic Abuse Perpetrator Interventions* require that 'interventions should hold perpetrators to account, whilst treating them with respect, and offering opportunities to choose to change'.[103] The emphasis on allowing sufficient time to build trusting relationships also reflects international evidence, specifically, that the duration and depth of programs allow change beyond surface-level behaviour disruption, with many men initially expecting simply to 'tick a few boxes' sufficient time enables deeper reflection.[104] In addition, research on youth intimate partner violence shows that punitive responses that lack rehabilitative components have not improved victim-survivor safety and may actively undermine the developmental conditions needed for change.[105]

[100] WhereTo Research for the Department of Social Services (2024) Evaluation of telephone and online domestic violence perpetrator intervention services.

[101] WhereTo Research for the Department of Social Services (2024) Evaluation of telephone and online domestic violence perpetrator intervention services.

[102] Taylor al. (2020) Evaluation of UnitingCare Men's Behaviour Change Programs: Stage Two Report, UnitingCare, https://noviolence.org.au/wp-content/uploads/2021/07/590293590-UC-FS-Evaluation-of-UnitingCare-Mens...

[103] Vera-Gray et al. (2026) Standards for stalking and domestic abuse perpetrator interventions (2nd edition), Home Office https://www.gov.uk/government/publications/standards-for-stalking-and-domestic-abuse-perpetrator-interventions/standards-for-stalking-and-domestic-abuse-perpetrator-interventions-accessible.

[104] Kelly and Westmarland (2015) *Domestic Violence Perpetrator Programmes: Steps Towards Change – Project Mirabal Final Report*, London Metropolitan University and Durham University, https://repository.londonmet.ac.uk/1458/1/ProjectMirabalfinalreport.pdf.

[105] No to Violence (2026) Evidence review: Addressing Young Men's use of Intimate Partner Violence, No to Violence.

Innovation in practice: Jai's case

When 18-year-old Jai's case was formally closed in June, it looked like a routine completion of a corrections order. But three weeks later, when he called his men's family violence practitioner, in crisis, the team's response demonstrated the kind of flexibility that formal program structures rarely allow. Rather than instigating a fresh referral process, the practitioner treated Jai's call as a pivot point requiring an immediate, coordinated sprint: emergency motel accommodation, a brokered referral for short-term funding, admission to detox and ultimately a placement in a 16-week youth inpatient rehabilitation program three and a half hours away in Gippsland. This was only possible because the same worker who had built the relationship with Jai during the program was still available to respond in real time when he reached out.

That flexibility did not stop once Jai left the region. The practitioner maintained individual online sessions with him throughout the 16 weeks of rehabilitation. This was an adaptation of the program's usual one-to-one model for a client who was now hours away. This continuity meant that Jai kept practising the accountability work he had learned and texting the practitioner unprompted to work through moments from rehab, like the time he unpacked a peer's objectifying comment about a woman in a paragraph-long message. The practitioner also drove to the Melbourne transfer point to bring Jai back and attended his rehabilitation graduation virtually. These small but deliberate acts kept the relationship, and therefore the accountability, intact across space and time.

Finally, this case demonstrates creative cross-worker collaboration to build a fuller picture of harm and change. Because Jai's mother was engaged as an affected family member by a Safety Contact Worker, her account of incidents that he raised in case management or group sessions provided the team with two perspectives on the same events. Careful and ethical information sharing between both practitioners deepened the intervention beyond what either worker could have achieved alone, allowing the team to hold accountability, a gendered analysis of the violence and trauma-informed engagement with Jai's history all at once.[106]

Principle 4: Respond to the contexts of men's lives, including their family, cultural, faith and other community contexts

> *Context is everything. We're in the business of accountability, that's going to supersede everything. But we're never going to land at accountability if we don't acknowledge, respect and understand a man's context as well.*
>
> *— Practitioner working with fathers using violence in all-of-family model*

[106] No to Violence (2026) Meli Young Men's Behaviour Change Group.

The ability to work holistically with families and their cultural, faith and other communities was a core theme across most of the research participants' accounts. To have the best chance of supporting victim-survivor safety and helping men to stop using violence, a deep contextual understanding of a man's life and the ability to respond to community needs are needed. The research participants stressed the importance of this in enabling them to maximise their impact in helping a man to change his behaviour, identify and manage risk, and ensure victim-survivor safety.

The current dominant practice frameworks inherit Western logics that centre individualism rather than collectivist ways of knowing, which can create barriers to working more holistically. For example, a practitioner working with culturally and racially marginalised men felt it was a problem that too many programs are:

> *… developed from a very white Western secular perspective which centres individualism … What does a behaviour change program look like for somebody who comes out of a communal structure and has to go back into a communal structure?*

This issue emerged throughout the interviews, with the research participants highlighting the limitations of these practice models – ostensibly designed for white, heteronormative men – being universalised. For example, a practitioner working with culturally and racially marginalised men stressed:

> *The person in front of me … come[s] from a family, they come from a community. And so … any intervention for any reason that only addresses a person as an individual is going to have massive gaps in it…. All this work we're doing together, how's it translating in their life? Who's in their community? Is this the full story? It's never the full story.*

Consequently, there were significant calls for expanding the continuum of responses to include approaches appropriate for all people and communities. In doing so, many of the participants highlighted the importance of working with other key elements of a man's context, such as the presence of compounding factors like AOD misuse, mental health issues and problematic gambling, to effectively increase victim-survivor safety and support men to take responsibility for causing harm and develop positive behaviour change. We explore the latter in more detail in Principle 7 on the need for collaborative, integrated responses.

In arguing for responses that reflect and engage with a man in his full context, several key focus areas were highlighted by the participants. These included ensuring that interventions are:

- responsive to the social and political context of the men using violence and their families
- appropriate for the cultural and faith context of these men and their families
- able to accommodate men using DFV who live with a cognitive disability or are neurodivergent.

In addition, while work with men under 18 years of age was out of this research project's scope, it is important to note that several participants touched on the need for dedicated responses for young men using DFV that are structured around the factors shaping young people's lives. These participants highlighted how young men have specific needs, observing that '*[t]hey're a different kettle of fish altogether*' and this is *'where we have to invest in that early intervention ... early intervention with the young fellows, that are perpetrating violence'.*

Responsive to the social and political context of men using DFV and their families

The perpetration of DFV happens in the context of broader violence-enabling structural forces, as gendered violence is compounded at its intersections with colonisation, racism, homophobia, transphobia and ableism. The research participants over and again pointed out that their work with men using DFV exists within a social and political context that routinely legitimises the use of violence and coercion. A practitioner working in a place-based, community-led program powerfully articulated this sentiment in saying:

> *…men who are committing domestic violence, they haven't got it wrong. They've got it 'right'. And that's the problem. They totally understand the inequity of power and how that operates in our society.*

In doing so, this research participant brings searing attention to the structural and systemic violence that influences and shapes individual beliefs and attitudes about power and control, which are then operationalised in intimate and familial relationships. Some research participants shared specific examples of the factors they believed enables and encourages the perpetration of DFV. These included:

- the normalisation of misogyny, for example, within the Australian Football League
- colonial violence, discrimination and oppression of First Nations people, including the ongoing removal of First Nations children by child protection agencies and the over-incarceration of First Nations men
- Islamophobia and the over-policing of Muslim communities
- the Australian Government's failure to condemn the ongoing genocide of Palestinian people.

In consultations concerns about the impact of transphobia and homophobia, as well as racism and ableism for encouraging, enabling and escalating violence were raised.

Systemic violence not only normalises and legitimises the behaviour of men who use violence; it was also identified by the research participants as a key driver of DFV. Additionally, systemic violence disproportionately shapes marginalised victim-survivors' experiences of DFV. In linking systemic violence to DFV, practitioners working with marginalised men provided several poignant examples in the interviews, including the forced removal of Aboriginal children from their families and kinship groups. A culturally and racially marginalised practitioner working in his community described the ethical contradiction of trying to encourage individual men to take responsibility for their use of DFV while governments are not held responsible for their use of violence. Somewhat ironically, he highlighted how many men in behaviour change programs have attitudes along the lines of:

> *…You want to tell me to stop violence? Well, hang on a minute. Our government has stood by while literally hundreds of thousands of people have been killed, and … the perpetrators of violence are being rewarded. So why shouldn't I take what I can through violence? That's what everybody's doing…*

This is practitioner stressed that striving to understand the impact of systemic and state-sponsored violence '*for both people who perpetrate [DFV], but also for people who practise within the space*' is, in his view, '*the biggest challenge for us as a sector*'.

Together, these insights call attention to the interconnectedness of systemic and individual violence. In doing so, they amplify the need for programs that are responsive to the complexity of marginalised people's lives, which are shaped by compounding forms of violence, especially the impact of this on marginalised victim-survivors, and for broader systemic reform and social change to build a world free from violence.

Responses appropriate for the cultural and faith context of men using DFV and their families

All of the research participants working with culturally and racially marginalised people emphasised the need for mainstream services to be more culturally safe and responsive. For example, marginalised victim-survivors may be reluctant to engage with support services '*because they feel their faith and community is being judged*'. This signals the need for the development of appropriate cultural and faith-based responses that adhere to this report's first principle to ensure that the needs of child and adult victim-survivors are at the centre of all work with men using DFV, acknowledging that particular attention and care is required in attending to the more complex needs of marginalised women and children.

On developing cultural and faith-based responses, the research participants highlighted the need for more programs dedicated to working with men from diverse cultural contexts, including the provision of programs delivered in language. These highly skilled practitioners repeatedly stressed the value of speaking the same language and sharing cultural and/or religious backgrounds with the men they are working with – thus linking with Principles 2 and 3 on the need for community-led responses and practice that prioritises relationality and trust to support engagement. One culturally and racially marginalised practitioner shared that the relevance of cultural familiarity cannot be overstated:

> *…the familiarity that comes with language and the cultural connection … the impact of the connection is almost impossible to articulate, because it makes the men feel very heard and respected in a way that they might not have experienced outside in the service system.*

The research participants also highlighted the importance of faith-based responses. In doing so, they again drew attention to the significance of Principles 2 and 3 by expressing the ways in which faith-based responses best enable engagement with men of faith, which is vital for violence reduction and cessation.

One practitioner working with a culturally tailored and faith-centred program described how, for some men of faith, *'there is immediate cultural resistance when you approach them from a secular lens'* and felt that faith-based approaches prevent this pushback. Not shying away from the complexity of faith-informed approaches, a practitioner highlighted how some men *'find both solace in faith and might also be using faith as a means to control'*. He continued by outlining how this nuanced understanding of the role of faith in the use and experience of violence is key to unpacking the ways in which faith may be weaponised against victim-survivors while also being an important protective factor for many individuals, families and communities.

Furthermore, a research participant with extensive experience working with diverse Muslim communities shared their concerns about problematic understandings of cultural competence in the broader DFV sector. He described this as being *'very much a tick box. It's about visibility and numbers'*. As a result, he strongly encouraged deeper interrogation of the white, individualist and secular underpinnings of the dominant men's behaviour change model. This places an onus on all programs in an expanded continuum of interventions to ensure that they respond appropriately to culturally and racially marginalised men and men of faith who are using DFV to optimise the potential for violence reduction. Together, these participant insights articulate the reasons for ensuring an expanded continuum of responses is culturally safe and respectful of faith for both victim-survivors and the men from these communities using DFV.

Able to accommodate men using DFV who live with a cognitive disability or are neurodivergent

In recognising the ways that systemic violence shapes people's lives, the research participants drew attention to how ableism impacts how men living with cognitive impairment and neurodivergent men and shapes how their use of violence is understood and responded to. These men are currently left behind by most responses for men using DFV. The ability to appropriately accommodate men who have a disability and neurodivergent men was a key theme that emerged from the survey, consultations and interviews. Practitioners working with men with cognitive impairment highlighted the importance of flexibility in program structure and delivery, including the innovative use of visual and tactile resources and tailored small group work or one-on-one work.

Principle 4 in conclusion:

Safely and effectively reducing and ending men's violence is reliant on the ability of systems, service providers and practitioners to respond to men using DFV and their families in ways cognisant of their cultural, faith and other community contexts. For the best chance of success, the research participants stressed the need for an expanded ecosystem of interventions that acknowledge and accommodate these broader cultural, faith and other community contexts. In relation to this, an Aboriginal practitioner shared the following:

> *…the example I give for this white man … when we talked about what's … important to you about culture? I don't have any [culture]. I was like, well, I think you do. Have you ever played footy? He said, yeah, of course. Like, well, that's a culture. You've got a footy culture. You know, what did it mean for you to be a part of the club? … You know, after the game, having a drink, all that sort of stuff. That's a culture … once he understood that, those elements, then he could understand the importance and the parallels between … Aboriginal culture has another, a different thing. And there's obligations within this. Obligation to footy. You've got to show up and train, otherwise you don't play. You know, for Aboriginal culture, you've got to be connected. You've got to learn. You've got to learn your stories, your place, your belonging. That's non-negotiable. And then he could start to see all that sort of stuff.*

This report recognises the multiple identities that men using DFV may have and the need for practitioners to consider the complexities of these in engaging with men in context, such as by not assuming that one aspect of a man's identity is the most central one in understanding his context.

For example, a young man's engagement in gaming communities might be a more important context than his cultural background in terms of understanding and assessing him.

Like with the previous principles, realising the objective of Principle 4 is enmeshed with the other six, particularly Principles 1 and 2. Reflecting on and engaging with the context of men's lives must include a focus on their familial relationships; and this can only be done by centring the safety and dignity of child and adult victim-survivors and enabling their agency and actively engaging with them. Furthermore, community-led and place-based responses (Principle 2) are crucial to enable responses that truly reflect and engage with the context of men's lives.

Research and policy Insights on Principle 4:

The Australian evidence base supports responding to men's family, cultural, faith and community contexts as foundational to ensuring the best outcomes from interventions. There is strong practice support for integrated frameworks that can work with and address complexity.[107] Yet funding for specialist services for marginalised people and communities is among the most insecure and evaluation findings calling for permanent funding have gone unheeded. [108] Critically, the insights shared by practitioners working with First Nations communities, LGBTIQA+ people and other marginalised groups reveal the centrality of addressing the impact of structural violence on men's use of DFV, which current mainstream research has yet to properly reckon with.[109] [110] In the literature, cultural and faith context repeatedly emerges as key to effective practice.

First Nations research insights consistently emphasise the need for cultural holistic healing models of practice, grounded in healing and connection to Country, to address collective and intergenerational trauma.[111] [112] [113] [114] [115] In addition, the inappropriateness of Western approaches has been stressed.[116]

This also holds for culturally and racially marginalised communities, where work with men should be done in language,[117] [118] delivered by practitioners with similar migration experiences, and one-on-one case management should be offered to address mental health issues and settlement-related issues, as well as the provision of significantly more time and dedicated resources for women's engagement with family safety advocates. [119] [120] [121]

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[107] Wheildon et al. (2026) Practitioner insights: What's needed to improve responses to men using domestic and family violence in Australia, No to Violence.

[108] Deloitte (2019) Evaluation of New Community-Based Perpetrator Interventions and Case Management Trials; Stopping Family Violence (2017) Family and Domestic Violence Perpetrator Programs: Issues paper of current and emerging trends, developments and expectations.

[109] Domestic Family and Sexual Violence Commission Men and Boys Roundtable Summary Report 2024.

[110] Helps et al. (2025) The role of men's behaviour change programs in addressing men's use of domestic, family and sexual violence: An evidence brief (ANROWS Insights, 01/2025), ANROWS.

[111] Wheildon et al. (2026) *Practitioner insights: What's needed to improve responses to men using domestic and family violence in Australia*, No to Violence.

[112] Carlson et al. (2024) What works? A qualitative exploration of Aboriginal and Torres Strait Islander healing programs that respond to family violence (Research report, 02/2024), ANROWS.

[113] Carlson et al. (2021). What works? Exploring the literature on Aboriginal and Torres Strait Islander healing programs that respond to family violence;

[114] Cripps and Davis (2012) Communities Working to Reduce Indigenous Family Violence;

[115] Morgan et al. (2022) New Ways for Our Families: Designing an Aboriginal and Torres Strait Islander cultural practice framework and system responses to address the impacts of domestic and family violence on children and young people.

[116] Domestic Family and Sexual Violence Commission Men's Behaviour Change Online Forum 2025. Australian Government.

[117] Fitz-Gibbon et al. (2023) 'When you speak the language you've already actually crossed that first hurdle': A review of the inTouch Motivation for Change Program, Monash Gender and Family Violence Prevention Centre, Monash University, https://doi.org/10.26180/23118308.

[118] Block et al. (2026) Interventions for migrant and refugee men who use domestic, family and sexual violence: Experiences and perspectives of migrant and refugee men and women, service providers and other stakeholders (Research report, 01/2026), ANROWS, https://doi.org/10.71940/P8BR-NB78.

[119] Allen + Clarke Consulting for the Department of Social Services (September 2025) Evaluation of Family and Relationship Services and Specialised Family Violence Services.

[120] Block et al. (2026) Interventions for migrant and refugee men who use domestic, family and sexual violence: Experiences and perspectives of migrant and refugee men and women, service providers and other stakeholders (Research report, 01/2026), ANROWS, https://doi.org/10.71940/P8BR-NB78.

[121] Wheildon et al. (2026) *Practitioner insights: What's needed to improve responses to men using domestic and family violence in Australia*, No to Violence.

[122] The barriers facing LGBTIQA+ communities have also been identified, where there is a need for approaches that account for how heteronormative systems shape the use and experience of DFV.[123] [124]

Responding to context also means recognising cognitive, developmental and identity-based diversity that standard group models are not designed to accommodate. In the literature practitioners and family members alike describe an acute knowledge and service gap for men with cognitive impairment, intellectual disability or complex communication needs, though there are promising programmatic green shoots.[125] [126] [127] Insights from programs with men with cognitive impairment illustrate the need for smaller group size, run at a modified pace and should include pre-group literacy and comprehension assessments for participants to identify their specific needs.[128] For neurodivergent men using DFV, while there is growing interest in creating programs better suited to this cohort, there is a dearth of both national and international research.[129] Similarly, there is an increasing awareness of the unique needs of younger men using violence and the need for adaptive responses to best enable engagement, risk management, victim-survivor safety and scaffolding to support long-term behaviour change.[130] [131]

[122] Satyen et al. (2022) The effectiveness of culturally specific male domestic violence offender intervention programs on behavior changes and mental health: A systematic review, *International Journal of Environmental Research and Public Health* 19(22), Article 15180, https://doi.org/10.3390/ijerph192215180.

[123] Wheildon et al. (2026) *Practitioner insights: What's needed to improve responses to men using domestic and family violence in Australia*, No to Violence.

[124] Allen + Clarke Consulting for the Department of Social Services (September 2025) Evaluation of Family and Relationship Services and Specialised Family Violence Services.

[125] Wheildon et al. (2026) *Practitioner insights: What's needed to improve responses to men using domestic and family violence in Australia*, No to Violence.

[126] Gabbe et al. (2018). The prevalence of acquired brain injury among victims and perpetrators of family violence. Brain Injury Australia

[127] Australian Psychological Society (2020) Family violence and brain impairment: Information for health professionals.

[128] Helps et al. (2025). The role of men's behaviour change programs in addressing men's use of domestic, family and sexual violence: An evidence brief (ANROWS Insights, 01/2025). ANROWS. https://doi.org/10.71940/snn3-m344

[129] Renehan and Fitz-Gibbon (2022) Domestic violence perpetrator programmes and neurodiversity: Final report, Monash University, https://doi.org/10.26180/21045286.v1.

[130] No to Violence (2026) Evidence review: Addressing Young Men's use of Intimate Partner Violence, No to Violence.

[131] Meli & No to Violence (2026) MELI: Young Men's Behaviour Change Group.

Practitioner-identified priority: Residential-based responses

> *'…if all our men could be housed, particularly at the beginning, I'm sure we'd have much more success. Because how do you even work with someone whose primary focus is where am I going to sleep tonight?'*
>
> *—Practitioner working with adults using serious-risk violence*

DFV is the main cause of homelessness for women and children.[132] In the current system, victim-survivors are frequently compelled to leave their homes in search of safety. Residential-based responses for men using DFV may offer victim-survivors the choice to remain in their homes, and connected to their community, schools, workplaces and support networks. These responses can decrease risk to victim-survivors and supports their space for action and freedom[133]. These types of responses may also support behaviour change as men who lack secure housing and other basic needs are less able to engage with behaviour change programs.[134] Despite these potential benefits, there are few residential-based responses to men's use of DFV in most jurisdictions,[135] with dedicated First Nations residential responses only existing in Victoria.[136]

The research findings for this project and No to Violence's 2026 national survey data illustrate a keen interest in expanding residential-based responses. While not all men using DFV require housing support, many research participants shared that they found a lack of housing options a significant challenge in their work to reduce and end violence. The research participants emphasised the need for residential-based options for men using DFV who are homeless, excluded from the home by a protection order or whose return home would significantly increase risk for victim-survivors.

Despite this keen interest, program development and practice guidance is urgently needed to ensure residential-based programs are designed and implemented safely and effectively. In a consultation with a practitioner highly experienced in residential-based approaches, he stressed, while being an advocate of these programs, they are very difficult to set-up and run safely. He cautioned against developing these programs without guidance: as 'it is actually very nuanced, complex work that done badly is potentially highly dangerous'.

He contended residential-based responses need to be highly targeted to specific cohorts of men, incorporate DFV-informed case management and other program supports, as well as being staffed 24/7 by highly skilled practitioners. Instead, too often, residential-based responses are often conceptualised as 'drop-in or cool down spaces', which he said in practice they risk becoming a 'meeting place for dangerous and aggrieved men, left with minimal specialist support to escalate and victim-blame'; a 'breeding ground for violence enabling attitudes'.

Furthermore, both the findings from this research and the 2026 No to Violence national survey data illustrated a desire to strengthen collaboration with the housing and homelessness sector in developing residential-based approaches, and integrating with a broad array of services supports, including AOD and mental health. Through partnerships there are opportunities to meet the varied and complex needs of

men using DFV without each service needing to be a specialist provider in each area of practice, however these too need rigorous practice guidance to ensure safety and effectiveness.

Principle 5: Provide long-term and flexible engagement to meet men using DFV and their families where they are

> *How can we expect long-term change to be embedded if people just are not journeying alongside these guys to help them stay on track, right, and to help keep prioritising the needs of their kids and their ex-partner?*
>
> *—Practitioner working with fathers using violence in all-of-family model*

Change is a long-term and often non-linear journey. Thus, responses need the capacity to journey alongside men to mitigate risk, direct them towards long-term change and continue to support victim-survivor safety. This was strongly emphasised by the research participants as central to an expanded ecosystem of responses to men's violence. In this regard, the participants drew attention to two elements they saw as crucial to the success of such an ecosystem: longer-term engagement with men using DFV; and flexible practice to adapt in response to dynamic needs. Together, it was argued, these would enable practitioners to leverage every opportunity to reduce and end violence.

It was stressed that doing this complex and difficult work flexibly over a long period of time requires a high level of practitioner skill. As men using DFV often have many internal barriers and complex needs, long-term and flexible engagement requires nuanced risk management and adequate support for men to achieve behaviour change over time, to ensure safe and effective practice. For some harder-to-change men, much of the point of longer-term and flexible engagement is to continue to look for opportunities to reduce their capacity to harm. This sometimes requires years of commitment.

Longer-term engagement to reduce risk and harm

The research participants shared a core belief that supporting pathways away from using DFV is usually a long-term, non-linear process of incremental change.

[132] AIHW (2015) Specialist homelessness services annual report 2024–25.

[133] EY (2022) Evaluation of Medium-term Perpetrator Accommodation Service (MPAS), Report 1, Family Safety Victoria.

[134] Fitzgibbon et al. (2024) Engaging in Change: A Victorian study of perpetrator program attrition and participant engagement in men's behaviour change programs.

[135] Perry (2025) If not here, then where? 2023 Department of Communities WA, Churchill Fellowship, to investigate best practice models of residential domestic violence men's behaviour change programs, Winston Churchill Trust.

[136] Dardi Munwurro (2024) Men's Healing and Behaviour Change Program; Department of Justice & Regulation, Corrections Victoria (2017) Wulgunggo Ngalu Learning Place.

While standard MBCPs usually run for approximately 20 weeks, based on their experience of working with men using violence, the participants argued for the need for much longer periods of time. In some cases, the participants reported men completing MBCPs two or more times and working with men for more than 12 months, or even years. A practitioner working in an ACCO told:

> *I've worked with fellas and I'll get a phone call, you know, a year later … [saying,] 'I think I need to come back and see you. I need to come back to the program…*

Consequently, some practitioners described having an '*open door policy*' to ensure that the men they have worked with know they can reach out if they felt they needed further support around their behaviour, even years down the track.

Others used metaphors of walking, standing or journeying alongside men using DFV over time as they take steps towards accountability and scaffolding towards positive change. One First Nations practitioner discussed the importance of this in his work with First Nations men:

> *I can hold their hand, or they can put their hand on my shoulder for a little while, but I'll start stepping back and letting them take over, and [take] ownership, and then at the end of it, self-determination, which we've never had, so we've got to get it on our own.*

This observation illustrates the process of men scaffolding towards being able to stop using violence by themselves. Similarly, an LGBTIQA+ practitioner described:

> *…it's always a big thing when somebody says, 'I'll stand up beside you while you make this change.' I think that's huge. And I think from where we come from, in the queer space, it's very underrated.*

This practitioner went on to say that this approach was more powerful than telling men using DFV, '*[t]his is what you need to do*'. Significant change depends upon the right supports, and building sustainable change may take a long time. Emphasising the value of the long-term case management program they worked in, one research participant said:

> *…we keep showing up. That's the feedback we get. A lot of other services might engage a couple of times and then that's it, they're gone. But we're there. We're not just fly-by-nighters. We're there for the 12 months and the men seem to know that…*

Thus, developing an expanding continuum of interventions across Australia requires a policy and funding framework that enables longer-term engagement. There are currently a number of pre- and post-program supports, as well as briefer interventions, emerging, all of which offer a better chance at realising longer-term engagement; but it is crucial that these additions do not happen in isolation. As outlined above, the research participants emphasised the need to move away from a fragmented practice landscape towards an interconnected ecosystem of responses that can work with both victim-survivors and men using DFV. Defining and building interconnectivity over time, including across state borders, while working within a federal political system is a key next step from this research project. This will not only require ensuring strong referral processes and safe information sharing to enable pathways for ongoing connection and visibility but also, crucially, trust practitioners, service providers, allied sectors and with government systems, in order to realise collaborative practice across services, sectors and systems.

Flexibility to respond to non-linear journeys of change

Combined with the time it takes to build relationships and the difficult process of behaviour change, the research participants emphasised the importance of flexible engagement with men using DFV. High levels of service provider and practitioner flexibility are required to meet the dynamic changes in a man's use of violence and related risk, especially in contexts involving additional complexity, such as homelessness, incarceration or AOD misuse. To do this safely also requires a high level of workforce capacity and capability.

The research participants – especially those working with men with complex needs – recognised that disengaging and re-engaging from services is a normal part of an individual's journey towards change. One practitioner working with men using serious risk violence explained how '*a lot of them, we're just about to close [their case files] and they're back again*'. She described a man she had been working with for more than 12 months who started using drugs again:

> *We lost contact. But because I'd done intensive work with him, once he was re-incarcerated – even though we'd had quite a period of time whereby we hadn't engaged – I hadn't closed off... I would send him, like, texts all the time saying, 'Hey, still here. Don't be scared to ring.' And then while he was incarcerated, he actually asked for me... I was able to get back in touch, so we started working [together] again.*

The participants did not argue for the need to stay open indefinitely, though; rather, they emphasised the importance of assessing whether ongoing engagement is required to support victim-survivor safety. A practitioner described how, in consultation with the family safety advocate, they would decide when they could *'take a step back'*, but also '*...if in the future he wants to start addressing behaviour, we can open [the service to him] again'*. This ability to flexibly re-engage was seen as key to program success by many of the research participants.

In elaborating on the need for flexible engagement, the participants shared diverse examples of the ways adaptability could be embedded in program design and delivery. These included:

- Providing outreach
  - For example, driving men to corrections or medical appointments. This was seen as reducing barriers to engagement, as well as providing valuable opportunities to gather information and have preliminary conversations with men about behaviour change.
- Adapting program content in response to identified participant needs
  - For example, incorporating discussions with men about cultural and religious norms.
- Altering the pace and intensity of the work as needed
  - For example, reducing the duration but increasing the frequency of group meetings for men with cognitive impairment.
- Changing the form of service delivery
  - For example, supporting the ongoing engagement of a man who decides to attend detox for his alcohol use by shifting from group-based work to individual counselling.

In considering the need to adapt practice to reflect the often-dynamic needs of victim-survivors and men perpetrating DFV, the research participants' accounts were deeply interconnected with Principle 4, on the need for responses to reflect and engage the contexts of men's lives. The most effective ways of working to reduce and end violence require responses that reflect and engage the complex realities of the lives of the men and victim-survivors. Read together, these examples of flexible practice bring attention to the importance of leveraging every opportunity to engage with men to ensure that they take the next step in their journey, in turn to increase the safety of their families and others affected by their use of violence.

Exploring the role of brief and briefer interventions: Ensuring a continuum of responses

In relation to leveraging every opportunity to engage with men perpetrating DFV, brief and briefer interventions – a growing practice modality across Australia – emerged as a key topic in many of the interviews and consultations. There are at least four distinct 'brief' categories: DFV perpetrator helplines, proactive crisis response, brief perpetrator interventions proper (typically 6 to 12 hours of engagement over six to eight weeks), and brief 'lower-risk' programs (a reduced-hours version of an MBCP, typically 10–16 weeks). Distinguishing the purposes of these types of brief interventions along a spectrum from risk assessment, mapping and visibility, through to readiness-building, motivation, safety planning and, in some cases, preliminary or substantive behaviour change is important for clarity, including around expectations.[137]

The research participants broadly supported brief intervention services proper such as DV Connect's START program and No to Violence's Brief Intervention Service that offer in-depth, multi-session, one-on-one counselling services for men using DFV who show willingness to engage in respectful conversations and reflect on their use of violence and its impact on affected family members. These brief interventions, when done well, were seen to strengthen motivation and readiness for subsequent interventions as part of a long-term journey. Those who actively bridge men into subsequent programs were seen by the participants as particularly valuable in bringing to life a dynamic continuum of responses. It was also noted that brief interventions could possibly offer a valuable form of post-program support.

[137] Vlais (2025) 15 types of specialist interventions within a continuum of responses to adult users of domestic, family and sexual violence.

Some of the research participants had experience designing programs that were intentionally shorter than the usual length of a behaviour change program. This included examples of evidence-informed program design for integrated AOD and DFV interventions delivered in residential rehabilitation settings. However, these practitioners ensured that their engagement with men extended far beyond the duration of the short group program, whether through long-term case management, counselling or cultural mentorship – in the case of one First Nations practitioner working with First Nations men, often for many years.

Yet some of the participants expressed concern about the growing reliance on shortened group programs across several jurisdictions, particularly where these interventions appeared to substitute for MBCPs. The role they can play in strengthening motivation and readiness for subsequent interventions and bridging men into longer programs is crucial, but this breaks down when brief interventions are funded or perceived as freestanding alternatives rather than stepping stones.

One practitioner with experience facilitating such programs expressed their concern:

> *…the participants [in the short group program] got the message that that's all they needed. Even if you tell them otherwise, they got the message that they'd completed and that they're on their way. So yeah, it definitely felt … ineffective.*

Furthermore, this practitioner emphasised the negative flow-on effect for victim-survivors:

> *[it] has a flow-on effect, particularly for the women, if they only get a shorter amount of support from a [partner] advocate.*

This concern was echoed by other research participants, including family safety advocates, who spoke of the importance of embedding family safety advocacy within brief intervention program design and delivery.

Both the hopes and concerns of the participants surrounding brief interventions underscore the need for such interventions to be deeply embedded within a continuum of responses, which is reflected in evaluations.[138] They need to be designed as scaffolded steps within an ecosystem. Brief interventions should provide active referral and supported pathways into longer-term programs, while preventing participation in a brief intervention from being misconstrued as evidence of sustained change.

[138] Vlais (2025) 15 types of specialist interventions within a continuum of responses to adult users of domestic, family and sexual violence.

Principle 5 in conclusion:

In conclusion, the research participants contended that longer-term engagement with men using DFV and the flexibility to adapt practice to meet the often-dynamic needs of victim-survivors and men perpetrating DFV are crucial. They argued that these types of interventions enable the responses necessary to leverage every opportunity to engage men. While at first glance brief interventions might seem at odds with this objective, when conceptualised clearly and deeply embedded within a continuum of responses, they are understood to play a valuable role.

The participants' insights on long-term and flexible engagements were deeply connected with the previous principles. For example, the success of long-term and flexible responses is reliant on victim-survivors being able to receive support from family safety advocates who are empowered to collaborate with other specialist DFV services, enabling women to be supported over a long period of time (Principle 1). This success is also enmeshed with centring community-led, place-based interventions that provide the necessary connectivity needed to realise meaningful long-term, flexible engagement (Principle 2). A strong community-led, place-based approach makes it more likely that different services engaging with a man using DFV over time work together collaboratively. These approaches also help protect against losing visibility of men who use DFV when they disengage from programs. In this way, Principle 5 also highlights the importance of collaborative and integrated local-level system, sector, service provider and practitioner relationships (Principle 7). Flexible engagement also facilitates adaptive responses to the often-complex context of the men's lives (Principle 4).

By adding a temporal dimension, this principle brings critical attention to what it means practically to work in collaboration across an ecosystem of responses over time. What the findings clearly point to is the need for both horizontal and vertical safe information sharing, referral pathways, and a collaborative service, sector and system landscape. Defining and building interconnectivity over time, especially across state borders while working within a federal political system, is a key next step from this research project. This requires not only ensuring strong referral processes enabling pathways for ongoing connection and visibility, but also safe information sharing and the trust needed to realise collaborative, integrated practice across organisations, sectors and systems.

Research and policy Insights on Principle 5:

Australian evidence makes a strong case that standalone, fixed-length interventions are insufficient to meet men where they are. Many practitioners call for more flexible, longer-term trauma- and DFV-informed approaches that 'deal with the whole person', with individual therapeutic work and long-term, flexible case management the most frequently identified program needs.[139] [140] Service users describe this insufficiency starkly: 'my problems generated through decades worth of suffering ... these are long-term scars … I need a long-term solution'.[141] Flexibility matters too, for example, around outreach, visits with other services, and integration with mental health, substance use and housing services.[142] [143]

[139] Wheildon et al. (2026) *Practitioner insights: What's needed to improve responses to men using domestic and family violence in Australia*, No to Violence.
[140] Clarke et al. (2025) Evaluation of a pilot intervention for serious-risk adults using family violence: 'Changing Ways', RMIT University, Melbourne.
[141] WhereTo Research for the Department of Social Services (2024) Evaluation of telephone and online domestic violence perpetrator intervention services.
[142] Wheildon et al. (2026) *Practitioner insights: What's needed to improve responses to men using domestic and family violence in Australia*, No to Violence.
[143] Clarke et al. (2025) Evaluation of a pilot intervention for serious-risk adults using family violence: 'Changing Ways', RMIT University, Melbourne.

Practical program flexibility around access, mode of delivery and pacing also emerge consistently in service user and provider accounts, such as in relation to long travel times to rigid appointment structures that do not accommodate experiences of disability or times of crisis.[144]

New evaluation research shows long-term and flexible engagement is also key to reach serious-risk men using violence. Innovative new approaches to flexible, long-term community-based work with serious-risk men have been highly successful.[145] For this cohort, long-term clinical case management, focused on stabilising potential escalation pathways, such as substance use and mental health problems, addressing fixated grievance and identity loss, and building emotional regulation, is crucial. As is practice flexibility which enables dynamic response to changing needs and risk, mitigation of serious risks and disruption of potential pathways towards severe outcomes, including homicide. Key components of this new approach to serious-risk men include centring direct support to victim-survivors, with their safety and needs informing interventions; tailoring interventions to directly or indirectly engage the man using DFV based on building trusting relationships, stabilisation and behaviour change; and integrating systems to ensure that serious risk becomes and remains visible and is collaboratively monitored and managed by services and relevant justice and statutory agencies. Much can be learned from this going forward.[146]

[144] Allen + Clarke Consulting for the Department of Social Services (September 2025) *Evaluation of Family and Relationship Services and Specialised Family Violence Services*.

[145] Clarke et al. (2025) Evaluation of a pilot intervention for serious-risk adults using family violence: 'Changing Ways', RMIT University, Melbourne.

[146] Clarke et al. (2025) Evaluation of a pilot intervention for serious-risk adults using family violence: 'Changing Ways', RMIT University, Melbourne.

Practitioner-identified priority: Long-term case management

> *...therapeutic case management … would be really powerful, because I just think that gap there is quite a dangerous gap.*
>
> *—Highly experienced practitioner*

The research participants called for an increase in the availability of long-term case management as a dedicated intervention for men using DFV. This was described by one practitioner as 'the missing piece of the puzzle' in the ecosystem of responses. Long-term case management was identified as especially important for men who are unable to participate in a group-based behaviour change program, for example, due to complex needs, the use of serious risk violence, repeated incarceration or variable employment, such as those working fly-in, fly-out jobs.

Some of the research participants also emphasised that long-term case management has value even where a man is using high-risk violence and shows little willingness to engage or change. In these cases, practitioners described the ongoing value of maintaining contact and visibility, gathering information over time, and coordinating closely with family safety advocates. This work can reduce risk and increase victim-survivor safety and agency, independent of whether or when meaningful behaviour change occurs.

The participants stressed the importance of providing flexible, individualised support for a minimum of 12 months, with the capacity to extend as needed. Practitioners working in long-term case management programs for adults using serious-risk violence stressed that these programs are effective family violence interventions in themselves, not only a corollary to a group program:

> *'To me, [MBCP is] not my primary [goal]. To me, it's addressing all the other stuff. If MBCP comes along, fantastic – but what I need to remember is every time he's in the car or we're talking, I'm doing the work with him anyway. We're talking about his use of violence'.*

These practitioners focused on building rapport and addressing material and psychosocial needs that may impede behaviour change and increase risk to victim-survivors, while progressively strengthening accountability and engagement in behaviour change.

As observed by a practitioner working with men perpetrating serious-risk violence at the complex intersection of mental health and AOD: *'…eventually if a man is going to stay engaged, we need to then move into that behaviour change space. Yeah, we can't just be [doing] case management the whole time. … But each man is different and I assess it on where they're at'*.

The research participants also identified that this approach could support flexible, long-term engagement between family safety advocates and victim-survivors. One practitioner working with women and children explained:

> *'Depending on the level of risk and where she is at, we'll have a conversation about how they want this to look, so it could be as something as little as ... regular check-ins, or it could be full-blown identifying family violence goals, as well as other goals, that we can work on [for] up to 12 months and even longer if needed'.*

Although research on standalone case management responses for men using DFV remains minimal, Victorian evaluations suggest that tailored approaches to case management can address complex needs, reduce barriers to behaviour change and support more effective management of serious family violence risk.[147] Standalone case management is also understood to facilitate meaningful, long-term support for victim-survivors.

[147] Deloitte Access Economics (2019) Evaluation of new community-based perpetrator interventions and case management trials, prepared for Family Safety Victoria.

Practitioner-identified priority: Post-program responses

> *I would imagine that there would be a real resistance to offering social programs [referring to actively facilitating peer-to-peer and social connections between men who had attended a group] … [but] if we're not doing something as a service system … they will find it elsewhere and they will often find it in dangerous spaces or where there's no critical eye or accountability.*
>
> *—Practitioner with long-term experience in the behaviour change sector*

Many of the research participants raised a central question: where do men who use DFV go after completing a behaviour change program? For example, one practitioner working with fathers using DFV observed that after the program, men are often '*left swinging in the breeze*' with minimal support to maintain the changes needed to move away from using harmful behaviours. Given that behaviour change is often non-linear, sustained engagement with men who use DFV is critical to consolidating and maintaining change over time.

Accordingly, this research demonstrated strong support for post-program responses that help men sustain behaviour change and accountability to women and children, while facilitating non-collusive social connection and peer learning. The research participants viewed supporting men to navigate changes in identity, relationships and social connection as critical to developing and embedding non-violent attitudes and prioritising victim-survivor safety, particularly where experiences of loss and isolation may increase family violence risk. As described by one practitioner working with men using serious-risk violence:

> *'The grief and loss process through all of that [change in their relationships]. And if you don't really manage that, then you're really holding a lot more risk. You know, then it can be quite dangerous.'*

Examples of post-program initiatives participants were involved in included:

- post-group change maintenance programs
- inviting former group participants to return as 'guest speakers'
- creating pathways for group participants to be trained as facilitators
- hosting a social BBQ for all men completing a program
- establishing drop-in spaces.

Wherein it is not about rewarding men, but about creating spaces for healthy relating to increase their ability to do have respectful relationships in all areas of their lives, importantly including at home.

Concern was raised by many research participants about the need to ensure that community-based men's groups – especially non-family-violence-informed groups focused on men's mental health and wellbeing – have appropriate safeguards in place to protect against collusion with men's narratives of victimisation and blame. As described by an all-of-family practitioner:

> *'We know that those men's groups hold a really important place in our communities … but we've got a lot of men's groups that are causing harm. Especially when facilitators contact me [saying], 'Oh we don't have those men [using DFV] attend our programs.' … Definitely you have those men attend your programs! You're just not doing a good enough assessment to understand that's actually occurring.'*

Taken together, the findings of this research point to an opportunity for the broader response ecosystem to address the post-program gap by ensuring that men have access to safe, DFV prevention–focused spaces that reinforce accountability, support non-violent identities and reduce risk to victim-survivors.

Principle 6: Embed trauma- and DFV-informed practice grounded in intersectional feminist principles

> *We really need to think about experience of harm as well as use of harm if we're looking into how to work with accountability … without acknowledging that, how can that person step towards accountability? … So those pieces fit together like a jigsaw, they're not counterposed in any way. And they're woven together.*
>
> *— LGBTIQA+ practitioner*

Many of the research participants observed that debates about the drivers of DFV are often polarised. At one end are practitioners and policymakers who emphasise its social, structural and gendered determinants; at the other are those who adopt a more individualised lens, focusing on how men's personal histories and life experiences shape their use of violence. However, while this debate was referred to in this research, we found little evidence of such a polarity in the related approaches to working directly with men in practice. Rather, the participants considered it both possible and necessary to integrate trauma- and DFV-informed practice, and importantly to be guided by intersectionality, across all interventions with men who use DFV.

A plurality of views on the role of trauma

There was a wide range of views expressed by the research participants on the prevalence and impact of trauma among the men they work with. Some practitioners said that most men in their programs had experienced traumatic events (often referring to the experience of family violence or sexual abuse as children), whereas others said that trauma was not always present. Furthermore, practitioners working with marginalised communities encouraged a wider understanding of trauma, encompassing experiences of colonisation, dispossession, war, torture, natural disasters, systemic racism and daily forms of discrimination. The research participants working with marginalised communities were adept at working within an expanded trauma-informed framework that accounts for systemic violence:

> *We don't avoid talking about these topics [racism, displacement, war]. We'll invite them to share with us. What was your experience in the past and how did you feel?*

One practitioner discussed how some men '*try to justify their actions*' and link their use of DFV to their '*experience [of] persecution or displacement*'. She echoed other practitioners in emphasising the importance of understanding the broader context of men's lives, as articulated in Principle 4, and to include how their experiences have shaped their beliefs and attitudes, while still maintaining a strong focus on safety and accountability.

Regardless of the different vantages, many practitioners affirmed that an emphasis on trauma alone risks obscuring the patterns, dynamics and tactics of power, control and coercion. This was understood as '*dangerous*'. These practitioners expressed strong concern with the tendency to decentre gender and entitlement as central drivers of men's use of DFV when trauma is emphasised. One highly experienced practitioner suggested that degendered trauma-centred approaches to working with men using DFV '*are more likely than not to be unsafe*' as they can trigger '*experiences of shame and humiliation, which can harm others*'.

Importance of trauma- and DFV-informed practice for increasing the safety of interventions

Without losing sight of the influence of gender, the need for trauma- and DFV-informed practice across an ecosystem of responses was understood by many of the research participants as a means of increasing safety and accountability. A First Nations practitioner described how she adapts her practice with men using DFV based on her detailed understanding of trauma responses:

> *Anyone can be [trauma] informed […] but actually, do I know enough about this individual to know exactly what's happening for him right now? I can see that he's shaking… I can see he's gone red. I've noticed – his body is telling me that he is having a reaction. So I'm not going to push him too hard…*

Responding in this way helps her to avoid escalating DFV risk by triggering or exacerbating traumatic symptoms or distress. This requires firmly keeping sight of the patterns, dynamics and tactics of power, control and coercion shaping a man's behaviour; the risk and harm posed to his family; and his responsibility for changing his behaviour to increase safety.

Importantly, as articulated by an experienced practitioner, trauma- and DFV-informed practice is a crucial component of behaviour change intervention '*but it doesn't mean we're saying, we have to do psychotherapeutic healing to heal the trauma*'. Thus, while being able to safely work with a man experiencing trauma is important to move them towards desistance, it should not be incumbent on programs to undertake therapeutic work with him around addressing his previous traumatic experiences. Where there is a need for such work, linking to other services within an ecosystem of responses can enable recovery from the impact of those experiences.

Acknowledging a man's experiences of trauma can enable greater accountability

Central to enabling greater accountability, some of the research participants contended, is creating a space where men feel respected and their own experiences of trauma or violence are acknowledged. This was understood as an effective pathway to building trust and inviting men to take responsibility for the harm they have caused. One practitioner with a strong understanding of both men's behaviour change work and therapeutic practice commented:

> *…my experience has always been that when you can actually sit with the experience of the person causing harm… Once you allow them that … space, their willingness to then accept the magnitude of the impact of their behaviour on other people is expedited…*

Furthermore, several participants spoke about how acknowledging experiences of trauma can enable a deeper engagement with the concept of power. One practitioner noted:

> *…part of [MBCP] is, you're challenging some of the fundamental views and beliefs. If you can do that in a way which allows them to see how similar behaviour has happened to them, intuitively, it seems to me you might have a better chance of them accepting that they are then replicating similar behaviours with those around them, who are in subordinate positions because of those power dynamics.*

This brings attention to how a deeper accountability can be realised through trauma- and DFV-informed responses, especially those grounded in intersectionality. For example, a First Nations LGBTIQA+ practitioner said:

> *…what is really strong in our program that … that we really take a very intersectional approach. And we really think about where people are coming from and invite that into the discussion and into the conversation. When we're talking about power, we're not just talking about one axis of power, we're talking about all of the different ways that power impacts people and all of the different ways that people can use power.*

First Nations approaches to working with men using DFV demonstrate the most nuanced integration of healing with accountability work, holding the impact of intersectional violence. One First Nations practitioner described their experience doing behaviour change work with Aboriginal men:

> *So, one of the things that we were doing first off was working with healing. So, looking at trauma … how it came to be and all that sort of stuff. And then being able to say to the guys, 'Okay, so it's time to look at changing behaviours. We get that some of this stuff may not have been initiated by you, may not have been created by you, but it's still your responsibility to look at your own actions and how to work with that.'*

Several non-Aboriginal research participants expressed a desire to learn from the expertise of First Nations organisations and practitioners regarding the integration of healing and accountability work, while also respecting the specificity of First Nations programs responding to the ongoing intergenerational impacts of colonisation and the Stolen Generations.

Principle 6 in conclusion:

Taken as a whole, these accounts suggest that acknowledging men's experiences of trauma need not dilute accountability; when held within DFV-informed, intersectional and culturally responsive practice, it can instead create the conditions for deeper recognition of power, responsibility and the harm caused to others. Despite some tendencies towards polarity between these trauma-informed and DFV-informed practice, when diving deeper into practitioners' insights and practical experience, in many ways this division dissolved. Instead, what emerged was the need for clarity and guardrails around how trauma- and DFV-informed practices should be conceptualised and operationalised. Related practice guidance would also go a long way towards advancing sector collaboration on this issue.

In addition, realising the potential of a clearly defined trauma- and DFV-informed practice for the work with men using violence is also crucial for fully realising the intent of the other principles. Particularly aligned is the need for relational, non-punitive engagement (Principle 3); successful relationship building needs to be attuned to the factors shaping a man's understanding of their use of violence. Furthermore, the ability of a service provider or practitioner to enact this principle relies on their ability to ensure that responses reflect and engage the context of men's lives, based on an in-depth and nuanced understanding of the impact of compounding forms of violence on a community's experiences (Principle 4). Relatedly, effective engagement with the traumatic impacts of experiences of dispossession, colonisation and war relies on the critical role of community-led and place-based responses (Principle 2).

When we consider all the principles together, the significance of Principle 1 is yet again emphasised: none of the other principles can operate safely and effectively without child and adult victim-survivors at the centre of all work with men using violence. Defining how that should be done requires much more concentrated effort.

Principle 6 Research and Policy Insights:

The experience of complex trauma, often beginning in childhood and for some reinforced through ongoing structural and systemic violence, can complicate behaviour change efforts in a number of ways.[148] [149] [150] Collective trauma can impact entire communities, while intergenerational trauma occurs when the psychological effects of trauma are passed down through families, for example, due to the lasting impacts of colonisation and racism.[151] Trauma- and DFV-informed practice requires examining a person's individual behaviour as well as considering the structural and systemic factors that influence their choices.[152]

Emerging evidence suggests the benefits of trauma- and DFV-informed practice in working with men using DFV.[153] For example, understanding the complexity of a person's trauma can help practitioners to understand their decision to use violence, identify the supports needed for behaviour change and improve the ability to recognise elevations of risk for abusive behaviour.[154]

Practitioners describe deliberately working a feminist analysis into frameworks that also draw on trauma – not as competing models, but as an integrated practice.[155] What trauma- and DFV-informed responses can enable are well evidenced, particularly within First Nations communities.[156] Research captures the potential impact of this; for example, one man using DFV described unexpectedly processing childhood experiences of witnessing his mother's abuse, recognising his own behaviour as partly 'learned behaviours' from what had felt 'normal' as a child.[157] Similarly, research has found that alternative, less clinical settings – such as gardening-based practice – can help to surface conversations from men who might otherwise remain guarded or hypervigilant due to negative childhood experiences.[158]

Together, this emerging evidence base highlights the importance of applying a gendered lens when working with men using DFV: that trauma-informed practice strengthens intervention only when it is held together with, rather than allowed to dilute, a gendered and intersectional analysis of power.

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Practitioner-identified priority: Individual one-to-one work

> *…the most ideal scenario for me… I would run the group and pull all the guys for one-on-one[s] at different points. Because you can actually, in that one-on-one space, have a chat, get a reflection, find out [and] talk about things, really targeted to them.*
>
> *—Practitioner with experience providing behaviour change programs and individual counselling for men using violence*

Individual counselling promises to provide a dedicated space where men can critically reflect on and unpack how their individual experiences have shaped their learned values, beliefs and patterns of behaviour in a way that may not be appropriate within a group environment. In this setting, the purpose is building greater clarity rather than seeking to heal a man's trauma. While often experienced as therapeutic, it is still fundamentally a behaviour change intervention. Similarly, while the response should be deeply trauma and violence informed and may touch on traumatic experience in an individual's life that has impacted their behaviours and beliefs, it is not itself trauma counselling. As one participant described, '*there's … room for us to do biographical work. To help a user of violence focus on their life, focus on where they developed particular beliefs.*'

The research participants were clear that individual work is not a replacement for group-based behaviour change programs, and many expressed their preference for counselling alongside group work. One practitioner described how the power of the group is '*look[ing] at how you relate with others, because it's about relational behaviours*'; and another noted that '*…there's always going to be a benefit of a group intervention to realise that it's not being pathologised. That it's not just this individual man's choice to use violence. There's something larger here, a bigger picture, that you lose in a one-on-one conversation.*'

However, the participants recognised that not all men perpetrating DFV will engage in a group program. As a result, some cautiously suggested that DFV-informed counselling could be an appropriate pathway for men who are unwilling or unable to accept a referral to a behaviour change program. There was broad agreement that individual counselling would ideally be provided by a counsellor situated within a DFV service or a counsellor or psychologist with experience in DFV behaviour change. Numerous practitioners stressed that, at present, there are few private counsellors, psychologists or psychotherapists competent to provide non-collusive, DFV-informed therapeutic support for men using this type of violence. The research participants cautioned that, without integration with the broader DFV system, particularly family safety advocacy, individual counselling may undermine the central objective of strengthening victim-survivor safety.

However, some research participants with extensive experience in providing counselling pointed out that psychotherapists, AOD counsellors and mental health workers will inevitably engage with men using DFV during their practice. Given that not all such men will accept a referral to a specialist DFV intervention, some research participants suggested that growing the ecosystem of responses should include the development of guidelines for individual counselling with these men for non-DFV specialist practitioners.

Principle 7: Strengthen collaborative, integrated practice between services, sectors and systems

From its inception, work to reduce and end men's use of DFV was conceptualised as a coordinated, collaborative project between services and systems. MBCPs were never designed to act in isolation from other service and system responses – integration is a key plank of their theoretical framing.[159] For example, the Duluth model, which much of the work in Australia has been shaped by, is intended to be a community-based model, not a standalone intervention.[160] It prioritises a coordinated response between community services; civil, family and criminal law; health services and beyond. It centres the value of community-led and place-based responses alongside relational, non-punitive practice in not only improving assessment of and responses to risk but also providing a coordinated community response to support a man's journey of change. For example, if a man presents to an MBCP homeless, a coordinated community response means that information about his situation is shared across services, allied sectors and government systems with the aim of addressing the risk of disengagement housing insecurity poses.

However, in Australia the vision of an interconnected ecosystem is yet to be fully realised, and, over time, this original intention has been largely lost. Recently there has been renewed national attention to address this. The Domestic, Family and Sexual Violence Commission's 2024 report stated that too often the work across the DFV and sexual violence sectors:

> *remains siloed and is not shared with other practitioners [… there are] important opportunities to learn from specific community groups, such as First Nations communities and the LGBTIQA+SB community, and from other organisations already doing this work. However, the necessary structures for fostering collaboration and knowledge exchange do not yet exist.*[161]

So, while Australia's primary practice model includes important features specific to its communities and conditions, it lacks the connection mechanisms needed to activate a collaborative, integrated system. Instead, what has emerged are highly fragmented responses and chronically underfunded services unable to meet the scope and scale of men's use of DFV.

The desire to address this issue was reflected strongly by the research participants. When asked about the most important safeguards for working safely and effectively with men using DFV, a family safety advocate captured the sentiment of many by saying, '*First and foremost, […practitioners and organisations] need to be engaged with the services in the landscape in which they work*'. Three key themes were specifically emphasised in this research, comprising the need for:

- better integration with the victim-survivor sector
- closer collaboration with interrelated sectors
- a commitment to integrated ways of working with and across government systems.

[159] See, for example, Chung et al. (2020) Improved Accountability: The role of perpetrator intervention systems.

[160] Helps et al. (2025) The Role of Men's Behaviour Change Programs in Addressing Men's Use of Domestic, Family and Sexual Violence: An evidence brief; Phillips et al. (2013) Domestic Violence Perpetrator Programmes: An historical overview.

[161] Domestic, Family and Sexual Violence Commission (2024) Yearly Report to Parliament, Domestic, Family and Sexual Violence Commission, Australian Government, p. 3.

Together, these themes highlight the urgent need for collaborative, integrated practice across services, sectors and systems.

Better integration with the victim-survivor sector

Reinforcing Principle 1, the research participants spoke of the importance of effective collaboration between behaviour change practitioners or other workers engaging directly with men using DFV and those working with victim-survivors as key for improved outcomes. Without the perspectives of victim-survivors, practitioners' work towards minimising risk and scaffolding behaviour change is jeopardised – critical risk-related information that cannot be sourced elsewhere.

It was argued that the success of interventions with men using DFV can be maximised through co-location and working together with victim-survivor practitioners. Regular in-person formal and informal collaboration was understood by the research participants to facilitate positive outcomes as it allows better-quality information sharing and risk assessments to respond in real time. Where this is not possible, the participants emphasised the need to ensure regular connection between workers across the DFV sector via other means.

Despite these options, the research participants highlighted the challenges in realising collaborative practice with other victim-survivor practitioners and services. A practitioner working in a program for culturally and racially marginalised men described the difficulties in building trust and understanding with key stakeholders, including victim-survivor services:

> *I've been speaking with a lot of support services for victim-survivors … and when I introduce this program to them, they initially have a misunderstanding that we are picking sides, like we are taking men's perspective in this area… They more see it as a separate thing from what they do.*

This comment captures a shared concern among the participants that their work is broadly stigmatised and misunderstood. This includes a lack of understanding about the common shared goal between the victim-survivor sector and the sector engaging with men using DFV to improve safety for women and children. Relatedly, the participants raised their concern about how misunderstandings can block collaboration opportunities, with potentially devastating impacts if mistrust delays critical risk-related information sharing and/or creates information and action siloes.

When the research participants spoke about the need to address this misunderstanding, they highlighted a range of barriers. They stressed that the time it takes to develop and maintain strong cross-service provider, sector and government systems relationships; local referral pathways; and partnerships is generally not factored into program capacity or adequately resourced. An all-of-family practitioner observed that, while there is an '*appetite*' for greater collaboration and integration, existing funding frameworks are '*really not set up for that*'. This finding is supported by recent research into collaboration between behaviour change programs and victim-survivor services, which found that '*funding limitations … weaken the collaborative infrastructure essential for integrated responses*'.[162]

[162] No to Violence & Safe & Equal (2025) Exploring the interface between Family Safety Advocates and Victim-Survivor Practitioners: Discussion Paper.

In practice, the commissioning processes around program funding often compound this problem. Competitive or selective procurement often results in poorly integrated service models where local partnerships are left fragmented as a result. For example, high-quality collaboration between men, women and children's services within communities requires integrated all-of-family funding to support the work within and between these systems. Instead, these systems are largely funded for specific and siloed responses, with very little, if any, capacity for integration and collaboration. Added to this is the limited understanding of the purpose of the work with men highlighted by the research participants, which too often leaves the system with limited scope to develop collaborative pathways.

To move forward it is essential that government systems play a central role in increasing the transparency and purpose of funding outcomes and service provision. When funding is announced it is critical that the system partners are informed about what has been funded and for what purpose. It is also vital that implementation planning occurs, especially where new interventions are funded, which must include transparency around how these programs will integrate into the existing system and how they will centre the experiences of child and adult victim-survivors in their practice (Principle 1). Without this step, misunderstandings and mistrust around the purpose of the work with men will continue to undermine collaboration and partnerships and ultimately limit the extent to which this principle 7 can be realised.

Closer collaboration with interrelated sectors

Almost all of the research participants discussed the importance of increased collaboration and integration with interrelated sectors, with particular emphasis given to developing close working relationships with the AOD, mental health and housing sectors. They noted that these workforces engage with men who use DFV in the context of their daily work and play a crucial role within the broader ecosystem of responses by supporting the work of specialist DFV services. As noted by a family safety advocate who worked in a program for men using high-risk violence:

> *…it's also extremely important to have the care team meetings and the collaboration with other supports because [for] many of these men, we're not their only support, they've got many different supports in place. Many of them have come through acute mental health, acute AOD…*

The participants stressed that collaborating effectively with other services was key to reducing and managing risk. For example, one practitioner working with serious risk men described how they:

> *…work very closely and collaborate with other support systems where they are experts in things like mental health to navigate that, because once their mental health is somewhat stabilised and they're managing and they're compliant with their medication and linked in with recovery services, you tend to find they may come back down [to a reduced level of risk].*

There were also encouraging examples of collaboration shared. A research participant gave the following example of the possibilities of good integrated, cross-sectoral work: when a man engaged in a group-based MBCP was struggling to attend the sessions due to his escalating alcohol use, his DFV and AOD workers were able to work flexibly together (reflecting Principle 5) and collaborate closely to support the man and arrange for him to attend a residential rehabilitation facility while continuing online one-on-one counselling sessions to address his use of abusive behaviour.

The research participants also expressed their respect for the practices in other sectors and what could be learnt from them; for example, noting the AOD sector's understanding of the need for different service provision at different times to support non-linear journeys of behaviour change. One participant viewed the AOD sector as '*much more holistic*' than the DFV sector and open to cross-sector learning. Another asked, '*what can we learn from them and what they can learn from us … [but the AOD sector are] more open to learning from us because they're like, yes, please give me the family violence training*'.

This sentiment about the relative rigidity of the DFV sector was identified by other research participants as well. For example, an experienced men's behaviour change practitioner working within an AOD organisation hoped that the DFV sector would '*stop gatekeeping and actually be able to work with other organisations, so that other organisations who are poised and primed to do the work [with men using DFV] can do the work*'. Like several other research participants, she emphasised the role that the AOD workforce could play in engaging with men who would not necessarily consent to a referral to an MBCP. She insisted that AOD workers '*need to have the skills to be able to work with them because it's not separate – their AOD and their [DFV] offending is not separate. It's all linked together*'.

At the same time, this practitioner recognised that there is a '*lack [of] DFV lens and gender lens*' across much of the AOD and mental health workforce, although these lenses are foundational to safely and effectively working with. Another research participant working in a men's family violence case management program talked about how the '*mental health practitioners [she collaborates with] have no idea around family violence*', and how she was therefore building a closer partnership with the local mental health service to increase their DFV capability and establish mutual support around practice. In this way, she highlighted a key theme emerging from this research – that collaboration needs to be thought of as a two-way street to benefit everyone. This includes the importance of DFV practitioners being open to learning from colleagues in other sectors as well.

Together, the research participants did not shy away from the challenges of cross-sectoral work and reflected on the responsibility of the DFV sector to do its part in enabling better partnerships. They highlighted the importance of strengthening shared DFV frameworks across interrelated sectors to improve others' capabilities to have safe, effective and non-collusive conversations with men using DFV. While AOD and mental health services were front of mind in many of the research participants' accounts, there are other sectors that could also be considered in relation to developing closer collaboration, such as family support services, youth services, the disability sector, community health and aged care.

As the interconnections between the principles make clear, the powerful role of collaborative, integrated practice in reducing and ending men's use of DFV was reiterated over and over again by the research participants. But underfunding, enormous need and the resulting overwhelmed services make realising the promise of collaboration and integration almost impossible without the policy, legislative and funding limitations being addressed. Closer collaboration with interrelated sectors requires resourcing. Relationship building, developing understanding of response offerings, cross-service and cross-sectoral support, safely sharing information and making warm referrals are all crucial yet time consuming.

This highlights the need for more government accountability around supporting the development of these ways of working, both through funding that enables it, but also working as an active partner to realise these objectives.

A commitment to integrated ways of working with and across government systems

As outlined in the introduction, government responses to men using DFV often occur too late and are too small in scope and scale to meet the magnitude of the problem. Government investment to address DFV overwhelmingly flows to late-stage interventions – predominantly police, civil and criminal courts, including the Family Court, and prisons as well as child protection services – all of which only respond after DFV has become systemically visible. This is despite the well-established evidence – reinforced by the practitioners in this research – that earlier intervention is much more impactful and effective than interventions implemented once the behaviours are already deeply entrenched, and the motivation for change is significantly reduced. As a result of limited earlier intervention, responding to DFV spills into every adjacent government system that comes into contact with children and families (i.e. health, education, housing, child protection, disability and aged care services), none of which were designed to respond to this need, yet all of which are now absorbing it by default. Police, schools, hospitals – indeed, all public services – are having absorb a problem without the capacity or specialist capability to address it.

By the time many of these interventions are engaged, it is often at a point where child and adult victim-survivors have endured many years of violent and controlling behaviour. As a result, what should be the last resort is, for far too many victim-survivors, the first system response they receive, leaving them to endure ongoing and often escalating violence without support. Furthermore, current systems have few effective mechanisms to constrain the space for action of men who cause sustained harm, particularly in post-separation contexts, where criminal legal thresholds are not met or are not the appropriate response. In these cases, men with greater social, financial, legal or institutional privilege are often best placed to exploit these gaps: by using family law, parenting arrangements, financial control and other systemic 'levers' to continue punishing a former partner for leaving or for asserting boundaries, sometimes for years after separation, all while remaining largely invisible.[163]

Without an early and earlier intervention system to meet the scope and scale of the problem, these late-stage system responses will continue to have a critical and broad role to play. In the absence of sufficient community-level capacity to interrupt men's use of violence earlier, legal system responses can provide a necessary risk-management mechanism – constraining a perpetrator's space for action to continue causing harm, even where this operates alongside, rather than instead of, relational and rehabilitative work. However, this containment function carries a real and significant cost: research and practice experience suggests that the late-stage orientation of government responses allows men's violence to become more entrenched and resistant to change. In this regard, some of the research participants observed that interventions often occur when risk is already elevated, thereby potentially escalating the risk facing victim-survivors at these junctures.

Therefore, system contact is not simply the point at which years of violence are finally addressed – it is itself a new event, capable of making things better or worse for victim-survivors and for the man using DFV alike, depending on how well the systems around that contact are coordinated.

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[163] McCormack, M. (2025). Endless litigation in family court as a method of post-separation coercive control and Safe & Together Institute, *Season 2 Episode 19: Using the Concepts of Collaborative Co-Parenting to Hold Perpetrators More Accountable in Family Court.*

The system can administer a consequence for the harm a man using violence has caused, but research suggests that consequences do not often result in behaviour change when it comes to DFV. Consequence for harm is important but without a continuum of response to reduce and end the use of violence, it can often result in increased rather than decreased risk. For example, practitioners' perspectives describe how men exiting custody or criminal proceedings frequently emerge more convinced that their use of violence was justified. For example, a practitioner working with men using violence with complex needs observed that '*the ones that have had contact with the justice system and police responses, they feel quite wrongly persecuted*'. Thus, important safeguards are needed throughout these interactions.

When contact points are well integrated, the opportunities for safe and effective responses that de-escalate and reduce DFV are more likely to occur. Where such integration is absent, system involvement can compound the harm it was meant to interrupt. Critically, the negative impacts of this reliance on late-stage responses do not fall evenly; they are particularly devastating for First Nations peoples and other marginalised communities, who are already disproportionately failed by policing, courts and child protection systems that are built around crisis management rather than prevention.

Furthermore, a lack of government responsiveness and willingness to engage with men using DFV also emerged through the research participants' accounts. This was illustrated by one First Nations participant's account of trying to engage government departments to take responsibility for supporting men to access services:

> *… [I] knocked on corrections door, I knocked on the child safety door, I knocked on every door … on every service that our men come across on a daily basis and I said here's a program, it's culturally safe, it's culturally aware and culturally appropriate. If you've got men, send them over.*

Likewise, another research participant observed how '*the most high-risk families were the ones that had the least amount of intervention*' because child protection and other services were reluctant to engage directly with men who use DFV.

Evident from the research for this project, and from adjacent consultations with practitioners and service providers, the sector strongly emphasises the urgent need to address issues within the family court, legal and child protection systems, as well as problems related to housing. Significant issues were raised about the practice intersections with policing, intervention orders and courts. While several research participants talked about building good relationships with DFV specialist police units, many talked about the challenges of working with police. These included poor police responses, feeling that police were not taking DFV seriously, challenges with information sharing, racial profiling and victim-blaming perspectives.

What came through strongly was a desire for greater post-police responses to ensure support for victim-survivors and that men using DFV were engaged with services. As one participant described:

> *at moments where there is police intervention, exclusionary AVOs – moments of the system, it's a beautiful point to step in … because you're not stepping in at some random time where he thinks it's all sorted and then all of a sudden we're going, 'Hey, we're around!' And he is like, who the hell are you? … [and at these] moments … kids are really scared… So you need to show them the system response.*

Further capturing this sentiment, practitioners working with victim-survivors and men using DFV through these transition points said:

> *I kind of wish that my role just existed across the country. And that every victim-survivor would have someone like me calling them immediately after police have attended, to talk through all of their thoughts and feelings and what they need…*
>
> *…the intensive case management or the therapeutic case management and post-police intervention would be really powerful. Because I just think that gap there is quite a dangerous gap…*

This was also raised as important for the period immediately following a man's release from prison, when a victim-survivor's risk is often heightened. All of these points of engagement and transition increase risk, but not enough is done to support victim-survivors through these intersections.

On the issues with court systems, concerns were predominantly shared by First Nations practitioners about their communities' experiences of court, which they linked to the over-representation of First Nations people in the criminal legal system. Embedding restorative approaches in DFV cases where victim-survivor voices could be meaningfully centred was raised as an area of potential court reform, with one First Nations practitioner reflecting: '*Imagine if you had a court sitting and you could do that type of real restorative work? How innovative would that be*?'

Together, the research participants' reflections on police, courts, child protection and other government systems highlighted the need for more integrated ways of working with and across these systems. In doing so, many drew attention to the inherent risks posed to victim-survivor safety by a fragmented system skewed towards late-stage responses, and enabling violence escalation. This emphasises the need to implement earlier interventions for men at risk of or beginning to use DFV and to provide more responses to men wanting to voluntarily enter behaviour change programs earlier, regardless of whether they are systems involved or not.

Principle 7 in conclusion:

In conclusion, Principle 7 highlights the need for an interconnected ecosystem of responses by illustrating how the current highly fragmented system too often fails to support victim-survivors and struggles to engage men using DFV at critical junctures. The research participants' reflections brought attention to the need for better integration with the victim-survivor sector; closer collaboration with inter-related sectors; and integrated, collaborative ways of working with government systems. Their perspectives highlight how the successful realisation of collaborative, integrated practice between services, sectors and systems (Principle 7) benefits from joined-up services through community-led and place-based responses (Principle 2) as well as a systemic enabling of long-term flexible engagement (Principle 5) that centres the needs and perspectives of child and adult victim-survivors (Principle 1).

As a result, the systematic embedding of a principles-based framework – whether responses are happening at late or earlier stages – would be best placed to meet men using DFV and their families where they are at.

It would increase engagement at key transition points, crisis windows and openings to actively engage men in a service and ensure that victim-survivors have the support they need.

Achieving this requires increased collaboration both horizontally and vertically between and among services, sectors and systems and adequate time and resourcing. However, the potential for such a framework is undermined by the predominance of short-term pilot initiatives in the sector working directly with men using DFV, which has led to a fragmented, ad-hoc pattern of program development and adaptation.

Dedicated policy and programmatic mapping are needed to build this framework across all services, sectors and systems. On this front, there are green shoots emerging in Australia and globally to learn from and systemically embed. These include emergent programs on adolescent violence in the home and youth intimate partner violence; programs designed at key life junctures, such as gender transformative partnering programs; and touchpoints before and during pregnancy and adjacent to early childhood programs. Broader systems attentiveness at times of rapid change or insecurity is needed, for example, at the onset of an acquired brain injury, unemployment or retirement.

Changes to government policy and funding are key to enabling earlier interventions and the development of an integrated, collaborative system. However, what is lacking is the policy, cross-jurisdictional integration and funding to do it at the scale the evidence now shows is needed. Enabling a collaborative, integrated framework requires significant government investment and engagement, including governments acting cross-jurisdictionally, since no single state or territory can build the necessary relationships, trust, shared understandings, integrated information sharing and risk assessment tools, and accountability that this ecosystem requires in isolation.

Principle 7 Research and policy insights:

From its inception, internationally, work with men using DFV was conceptualised as an integrated, collaborative project between systems and services designed to motivate accountability and behaviour change for men who use violence.[164] It was never designed to act in isolation from other service and system responses but was instead intended to be an integrated, holistic community-based model.[165] [166]

Evidence from similar jurisdictions internationally that have attempted to build integrated systems to respond to men using DFV illustrates the need for interventions to be part of coordinated community response. In these examples, research has found that all agencies must share responsibility for identifying men using DFV, assessing and monitoring risk, and working to restrict, reduce and end the perpetration, to ensure the safety and freedom (space for action) of victim-survivors.[167] [168] This applies for serious-risk men using DFV as well.[169] Research suggests that this model can encourage victim-survivors to report abuse[170] and may enable earlier intervention.[171]

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[164] See, for example, Chung et al. (2020) Improved Accountability: The role of perpetrator intervention systems.

[165] Helps et al. (2025) The Role of Men's Behaviour Change Programs in Addressing Men's Use of Domestic, Family and Sexual Violence: An evidence brief; Phillips et al. (2013) Domestic Violence Perpetrator Programmes: An historical overview.

[166] Pence and Paymar (1993) Education Groups for Men who Batter: The Duluth Model, New York: Springer Publishing Company.

[167] Kelly and Westmarland (2015) Domestic Violence Perpetrator Programmes: Steps Towards Change (Project Mirabal Final Report).

[168] Pattabhiraman et al. (2021) State Innovation to Prevent the Recurrence of Intimate Partner Violence, California, California Initiative for Health Equity and Action.

[169] Hester et al. (2025) Evaluation of the Drive Intervention for High-Harm Domestic Abuse Perpetrators in England and Wales Using a Quasi-Experimental Approach.

[170] Harvie and Manzi (2011) Interpreting multi-agency partnerships: Ideology, discourse and domestic violence. *Social & Legal Studies*, *20*(1), 79-95.

[171] Cleaver et al. (2019) A review of UK based multi-agency approaches to early intervention in domestic abuse: Lessons to be learnt from existing evaluation studies. *Aggression and Violent Behavior*, *46*, 140-155.

Australian research and practice, too, make a clear case for collaborative, integrated responses as critical to ending men's use of DFV.[172] However, current responses to men using DFV are frequently siloed from the broader health and community services sector, undermining efficacy, and the necessary structures for cross-sector collaboration and knowledge exchange 'do not yet exist'.[173] In the rare case when men are engaged, their engagement is frequently jeopardised by a fragmented system that too often leaves them 'bouncing from service to service'.[174]

This lack of integration and collaboration increases risk; that 'important developments that aren't of the serious and imminent risk kind don't get fed back to other agencies', which leaves services without 'the same pertinent information to assist with planning'.[175] Time and resourcing pressures compound this: collaboration across services, sectors and systems takes time and a commitment to develop trusting partnerships. Yet this work too often gets 'pushed to the bottom of the list' as client numbers rise, while services providers sometimes face resistance from women's services wary of information-sharing risk.[176] Substantial national policymaking initiatives reflect this evidence, with some agencies recommending that governments work together to strengthen multi-agency approaches to risk management for victim-survivors, including risk of homicide and suicide.[177]

In contrast to the current status of the sector, integrated, collaborative responses would enable a genuine 'no wrong door' approach, wherein no matter where DFV is identified in a service, sector or government system, safe and effective responses could be activated.[178] The partnership required to realise this is crucial:

> *You're only as good as your partnerships when it comes to case management. I don't care what anyone says … if we're not all working together for the same client, for the same goals and you know, that long-term stuff, it just doesn't work. You can't do everything by yourself.*[179]

The principles-based framework that has emerged from this research is intended to enable the cross-service, cross-sector and system-level partnership required to help ensure the safe and effective provision of services to both victim-survivors and men who use violence, where and when they are needed.

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[172] Wheildon et al. (2026) *Practitioner insights: What's needed to improve responses to men using domestic and family violence in Australia*, No to Violence.

[173] Domestic, Family and Sexual Violence Commission (2025, August) Men's Behaviour Change Online Forum consultation summary, p. 3; Domestic, Family and Sexual Violence Commission (2024, November) Men and Boys Roundtable Summary Report 2024, p. 3.

[174] WhereTo Research for the Department of Social Services (2024) Evaluation of telephone and online domestic violence perpetrator intervention services.

[175] Day et al. (2019) Evaluation readiness, program quality and outcomes in men's behaviour change programs (Research report, 01/2019), Sydney, NSW, ANROWS.

[176] Allen + Clarke Consulting (2025, September) Evaluation of Family and Relationship Services and Specialised Family Violence Services, Department of Social Services, Australian Government, pp. 205–206.

[177] Campbell et al. (2024) Unlocking the Prevention Potential: Accelerating action to end domestic, family and sexual violence, Report of the Rapid Review of Prevention Approaches, Australian Government, p. 148 https://www.pmc.gov.au/resources/unlocking-the-prevention-potential.

[178] Allen + Clarke Consulting (2025, September) Evaluation of Family and Relationship Services and Specialised Family Violence Services, Department of Social Services, Australian Government, pp. 195-196.

[179] Carlson et al. (2024) What works? A qualitative exploration of Aboriginal and Torres Strait Islander healing programs that respond to family violence (Research report, 02/2024), ANROWS.

Conclusion

After more than 15 years of dedicated national focus in Australia, the scale and impact of DFV remain enormous, reverberating out across families, communities, government and the economy. Due to under-reporting and lack of national data coordination, the figures available understate the true scale of the problem in this country. Yet, despite the size of the problem, none of this human, social and economic cost is inevitable.

With fewer than 2% of men who use physical and/or sexual intimate partner violence in any given year actively engaged in programs to reduce and end their use of violence, neither the scale nor the scope of this response is adequate.[180] It is not simply an under-resourced system but, as this research shows, a highly fragmented one. What exists is a series of disconnected touchpoints, most concentrated in late-stage legal system responses, rather than a continuum where men using DFV can be identified and engaged with through tailored, effective and accessible responses to disrupt violence, and in which support for victim-survivors is embedded.

In looking for a new way forward, there is growing government and society-wide recognition that much more can be done to stop DFV at its source; that is, with the men using it. This means increasing the scope and scale of responses. But with a limited national and international research base and a service system characterised by fragmented program provision, short-term pilotism and siloed funding, policymakers are grappling with *how* to do this.

This research not only documents the issues but also charts a course to move beyond the current fragmented landscape towards building an integrated framework. It found widespread support among the 150 research participants for the expansion in scope and scale of responses to men using DFV – expansion that is essential to ensuring that victim-survivors are not further harmed. However, serious concerns were raised that unfettered growth risks jeopardising the fundamentals of risk, safety and gendered analysis, which are essential to ensuring safe and effective responses.

The increasing focus on the scale of unmet need in this area has resulted in widespread messaging that everybody has a role to play in responding to DFV in the community. While this is true at a whole-of-community level, especially in terms of primary prevention, the work of responding to men causing harm is difficult and challenging. Often these men present with highly complex needs that require specific and specialised roles to assess and address. While many systems have an important role to play in establishing and maintaining the web of accountability, the work of with men using DFV outlined in this framework must be supported as a specialist area of work that requires a dedicated response appropriate to the scale and complexity of the problem. The research participants stressed the need for safeguards, particularly that expansion must be developed as an integrated ecosystem of responses, not an increase in disconnected program offerings, and that a shared principles-based framework must govern it.

This research generated a principles-based framework based on seven interconnected principles:

1. Centre child and adult victim-survivors in all work with men using domestic and family violence.
2. Support community-led and place-based responses, including First Nations responses grounded in self-determination.
3. Engage men using DFV through relational, non-punitive approaches to strengthen accountability and victim-survivor safety.

[180] NTV estimate based on ABS Personal Safety Survey data; see footnote 9 for full methodology.

4. Respond to the contexts of men's lives, including their family, cultural, faith and other community contexts.
5. Provide long-term and flexible engagement to meet men using DFV and their families where they are.
6. Embed trauma- and DFV-informed practice grounded in intersectional feminist principles.
7. Strengthen collaborative, integrated practice between services, sectors and systems.

The research participants consistently emphasised that these principles are mutually reinforcing, intended to work together as the foundation of an interconnected response system, rather than being adopted selectively or in isolation. The emergent principles-based framework offers practical guidance for governments, funders, policymakers and service providers seeking to develop a broader range of interventions safely and effectively.

Without collaborative, integrated action, expansion risks reproducing the limitations of the current system: fragmented services, geographic inequity, duplicated or competing programs, unsupported transitions between interventions, an ongoing reliance on late-stage responses after harm, and ultimately a lack of safety and freedom for child and adult victim-survivors. Poorly integrated interventions may also create false assurances of change, allow men to avoid accountability and leave risk management dependent on the willingness of those perpetrating DFV to engage in programs. These risks are borne most heavily by victim-survivors, First Nations communities and others already experiencing structural disadvantage.

The principles-based framework developed through this research offers a blueprint to inform policy development, commissioning, program design and evaluation, and to identify key areas for practice advancement and increasing workforce capability and capacity. But the findings also point to certain challenges. To both do the work better and ensure that the scope and scale of responses grow safely, these research findings also indicate that service providers, sectors and government systems need to work in new ways. System infrastructure needs to enable working collaboratively over longer periods based on deeper relational ways of working, and investment needs to strengthen service provider and workforce capability and capacity, cross-sectoral work and the increased involvement of broader government systems.

This research is released at a moment of genuine opportunity. There is growing recognition, across government, the sector working directly with men and the community, that the current fragmented approach is inadequate, and appetite is building for a more coordinated, principles-led response. In September 2024, an Australian National Cabinet meeting committed to new measures to identify high-risk perpetrators earlier, share information across jurisdictions, and intervene before violence escalates or even occurs. This builds on existing national commitments, including the National Plan to End Violence against Women and Children 2022–2032, Closing the Gap Target 13, and the Federation Funding Agreement on Family, Domestic and Sexual Violence Responses 2021–2030, under which states and territories carry responsibility for holding people who use violence to account and for meeting agreed service quality standards. Together, these commitments point to a shared national intent: to move beyond ad-hoc responses towards a more consistent, evidence-based systemic approach to men's use of DFV. The time for national leadership and action is now.

Recommendations for action

The findings of this research have been used to develop a principles-based framework for the safe and effective expansion of an interconnected continuum of responses to men using DFV in Australia – expansion that is essential to ensuring that victim-survivors are not further harmed. This report calls on governments and policymakers to:

1. **Develop this research into a shared national framework** for building a continuum of responses to end men's use of DFV, **including a Theory of Change**. No to Violence, in partnership with government, sector representatives and victim-survivor advocates, will build on the evidence base and further develop the seven principles set out herein to articulate how they can be applied together to grow the scope and scale of responses to men using DFV, and ultimately to ensure safer, more sustained outcomes for victim-survivors.

2. **Embed the framework into national and jurisdictional policy architecture, across Commonwealth, states and territories, including through funding that supports its ongoing development and recognition within the National Plan and its Action Plans.** States and territories should be supported and encouraged to incorporate the framework into their own DFV and men's behaviour change strategies over time, adapting it to jurisdictional context while retaining a shared national reference point.

3. **Resource the development of an interconnected ecosystem, not standalone programs, to ensure that responses to DFV can support men through non-linear, often long journeys towards change.** Practitioners, service providers, allied sectors and government systems need to be adept to meet men using DFV and victim-survivors where they are at, alongside identifying and managing risk, through a continuum of appropriate, accessible and available responses. This depends on:

    a. Funding for a continuum at a scale that matches the problem's size.

    b. Policy development to define and build horizontal and vertical integration over time and across jurisdictional borders to enable strong referral processes, safe information sharing and the trust relationships needed for collaborative, integrated practice across service providers, sectors and systems.

4. **Support the implementation of practice guidance to ensure that service providers safely and effectively operationalise the framework.** Practice guidance would formally connect frontline practice to the framework, ensuring that all responses to men using DFV have a clearly defined purpose. Practice guidance on each principle and how to interconnect all seven through program design and implementation would also ensure that innovation to expand the ecosystem of responses is done safely and mitigates against risks. Priority areas identified for practice guidance include:

    a. **Guidance on centring child and adult victim-survivors,** including family safety advocacy and family safety contact practice guidance broadly, but also specifically for newer practices, such as brief interventions, individual behaviour change work and all-of-family work. This guidance must be informed by victim-survivor insights in trauma-informed and culturally responsive ways. Crucially, guidance is needed on how to do this safely with child victim-survivors, an area this research found to be as highly under-developed.

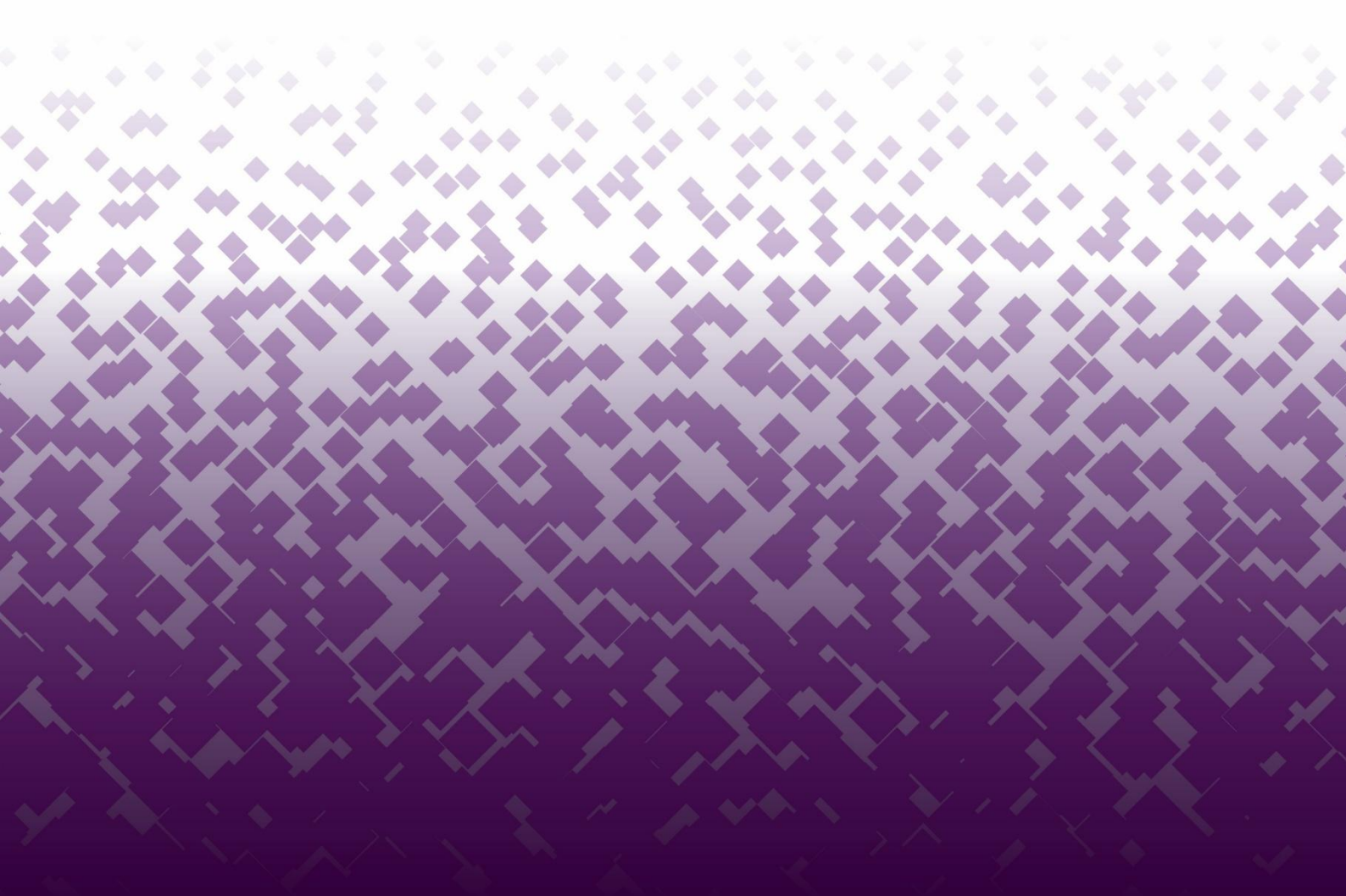
    b. **Guidance on how trauma- and DFV-informed** practices should be conceptualised and operationalised, including considerations around implementation planning and system integration. Related practice guidance would also go a long way towards advancing sector-wide collaboration on trauma- and DFV-informed practice through shared understandings, improved transparency and clearer outcomes.

c. **Guidance for the development key program areas highlighted as key to an expanded ecosystem of responses;** including all-of-family work, long-term case management, post-program responses, individual counselling and residential-based responses.

5. **Build the evidence base.** As policy and practice advance to reflect this framework, investment is needed in evaluation, outcome measurement and data infrastructure to test whether it is achieving its intended safety and accountability outcomes, and to refine it as it is applied more broadly. Further research is needed to increase understanding of the drivers of men's use of DFV and to develop indicators of change to better recognise and improve violence reduction and cessation and long-term safety outcomes for victim-survivors. Strengthening this evidence is essential to ensuring that as the ecosystem of responses grows, it is grounded in a clear and shared understanding of what drives behaviour change.

6. **Prioritise equitable workforce capability and capacity uplift.** The critical importance of building and retaining a highly skilled specialised workforce was emphasised repeatedly in this research. Working directly with men using DFV and supporting victim-survivors through safety contact and advocacy is complex and multi-layered work, particularly in contexts where compounding forms of marginalisation shape the lives of people experiencing and using DFV. The safe and effective expansion of an ecosystem of responses requires a highly skilled specialist workforce, with specific investment needed in supporting those who work with and for marginalised people and communities. The expansion of a response ecosystem without a highly capable workforce threatens both worker safety and the safety of the families these services protect.

The principles-based framework set out in this report offers a practical foundation for the policy and practice needed to end men's use of DFV. Grounded in frontline knowledge, this research provides an evidence base for that framework. The task ahead is to translate this evidence into policy and practice to ensure measurably safer outcomes for victim-survivors and help create an Australia free from violence.



No to Violence

Growing a movement to end men's family violence in Australia