

A developmental evaluation of processes and outcomes

Room4Change in the ACT

Jason Payne
March, 2021



02 62 800 900

www.dvcs.org.au

ABN: 54 658 714 235

This report was made possible due to funding from the ACT Government

The Domestic Violence Crisis Service Inc. (DVCS) has been operating in the ACT since 1988, and over time has expanded beyond its crisis intervention response to provide a variety of program offerings designed to support safety for all people impacted by family, sexual and intimate partner violence. In addition to the core business of a 24/7 crisis response, DVCS supports clients via Legal Advocacy programs, Staying@Home case management, a Young People's Outreach Program, Support Groups, and engages in primary prevention work including community education.

While it is essential that services and supports be provided to those persons subjected to men's use of violence, the burden for managing this violence and the responsibility for ongoing safety should not sit with victim-survivors. To that end, in 2016 DVCS commenced the design of its residential men's behaviour change program – Room4Change. At the time of its inception Room4Change was the second residential men's behaviour change program in the Southern Hemisphere, and DVCS was one of only two specialist domestic and family violence (DFV) services in Australia to deliver a men's behaviour change program.

Room4Change operates consistently with DVCS principles of engaging in client-focused, client-directed and child-focused work. Room4Change operates within a framework that prioritises safety, respect and self-determination, in the context of practice informed by feminist and narrative ideas. It combines individual case management, group readiness work, and group work to invite men to take responsibility for and understand the impact of, their use of control and violence in relationships. In addition to work with men, Room4Change works with their partners and ex-partners via our Partner Support Program. Women and children actively resist the violence and control they experience, and find moments of dignity and connection where they can. Our partner support team work alongside women to enhance and support these moments, and bring their voices to the centre of risk assessment and management conversations.

The imbedding of a men's behaviour change program within a specialist DFV organisation is significant and is a great strength of the program. Room4Change has been developed within an organisation that holds deep knowledge about the issue of men's use of violence; coupled with significant skills and experience around partnering with people subjected to violence to bring their voice to the fore, in risk assessment and safety planning conversations. This has meant the priority of our work with men who use violence has been the safety and well-being of the partners, ex-partners and children in their lives. Room4Change has built upon existing DVCS relationships with stakeholders to work towards accountability and visibility of men. In addition, men accessing Room4Change can make use of the 24/7 crisis line as a strategy for managing their own safety and the impact they have on others.

The program has deepened our organisational knowledge of men's use of violence. Our learnings – many of them captured in this evaluation – have contributed to the conversation about violence against women at a sector level, and have impacted on the development of measures of accountability, visibility and responsibility-taking more broadly. The organisational shift of pursuing a men's behaviour change program has allowed DVCS to become a multi-dimensional service, as we continue to strive towards our aim of a world free from violence.

We are deeply proud of Room4Change and the valuable work it undertakes.

Sue Webeck
Chief Executive Officer

- Room4Change in the ACT -

A developmental evaluation of processes and outcomes

Jason Payne

**Final Report
March, 2021**



**Australian
National
University**

CENTRE FOR SOCIAL
RESEARCH & METHODS

Contents

Contents	3
Acronyms	5
Acknowledgements	6
Key findings	7
Introduction and Background	17
1.1. Prior evaluation literature	17
1.2. About this evaluation	18
2. Methodology	20
2.1. Overview	20
2.2. Process	20
2.2.1. R4C Clients and Supported Partner Interviews	20
2.2.2. Quantitative data extraction and analysis	21
3. Client Profile	23
3.1. Demographic and socio-economic profile	23
3.2. Relationship status at referral	25
3.3. Drug and alcohol use	26
3.4. Mental Health	27
3.5. Contact with the Criminal Justice System	27
3.6. Abusive behaviour profile	28
3.6.1. Emotional and financial abuse	30
3.6.2. Physical abuse	30
3.6.3. Sexual abuse	31
3.6.4. Perceived impact of abusive behaviours	32
3.6.5. Justification for abusive behaviours	34
3.6.6. Police involvement	34
3.6.7. Impact and status of children	35
3.7. Reasons for entering Room4Change	36
3.8. Program outcome expectations	37
4. Outcomes	39
4.1. Clients	39
4.1.1. Client assessment of R4C, DVCS and R4C staff	39
4.1.2. Client assessment of accommodation services	40
4.1.3. Evidence supporting mechanisms for change	41
Opportunity for introspection and reflection	41
Building circles of support and accountability	44

Taking responsibility	48
Improving understanding of domestic and family violence	50
Developing tools to mitigate risky situations	51
Building supports and help-seeking potential	53
4.2. Supported partners and families	54
4.2.1. Supported partner assessment of DVCS and R4C	54
4.2.2. Supported partner views of partner support	55
4.2.3. Partner safety	58
4.3. Challenges and Considerations	60
4.3.1. Trust and confidentiality	60
4.3.2. Value for money	61
4.3.3. Benefit and need for R4C accommodation support	61
4.3.4. Diminishing circles of accountability	62
4.3.5. Client motivation and typologies	63
4.3.6. Referral and screening times	64
4.3.7. Weaponising program language and new knowledge of abuse	65
4.3.8. Differential counter-narratives	66
4.3.9. Limited opportunities for redemption rituals	66
4.3.10. Drugs and alcohol	68
4.3.11. Unfinished business	68
5. Program development and changes	70
5.1. Partner support	70
5.2. Program modality	71
6. Conclusion	73
7. References	75

Acronyms

ACT	Australian Capital Territory
ALS	Aboriginal Legal Services
ANU	Australian National University
CSRM	Centre for Social Research and Methods
JACS	Justice and Community Safety Directorate
JRS	Justice Reinvestment Strategy
JRT	Justice Reinvestment Trials
RR25	Recidivism Reduction by 2025
WLS	Women's Legal Service
WNAHCS	Winnunga Nimmityjah Aboriginal Health and Community Services
YB	Yarrabi Bammir
CYPS	Child and Youth Protection Services
AMC	Alexander Maconochie Centre

Acknowledgements

This evaluation report tells the story of the ACT's Domestic Violence Crisis Service's (DVCS) Room4Change (R4C) program. It describes in depth the stories of the men, women and children who are connected to R4C and applauds to DVCS employees who go to such extraordinary lengths to help these men and protect their families. I wish to acknowledge the men and women who gave me their time and experiences – without which this evaluation report could not have been possible.

In addition, I would also like to make a special acknowledgment of Mirjana Wilson, former DVCS CEO, and Nina Birkel, former R4C coordinator, for having the courage to welcome our evaluation team into their DVCS community. Without their unfailing support, this report could never have been written.

Finally, I wish to acknowledge Nadienne Roffey and Cameron Langfield for their assistance in the preparation of this report.

Key findings

Over the past 36 months, the Australian National University (ANU) has sought to understand the impact and efficacy of the Domestic Violence Crisis Service's (DVCS) Room4Change (R4C) program. The data that have been gathered throughout this evaluation have painted a complex picture of a well-implemented and widely praised men's behaviour change program that, as we evidence in this report, has successfully activated a number of key cognitive and behavioural mechanisms that serve as the foundation for change. If sustained into the longer term by those who complete the program, this experience will likely result in fewer and less severe incidents of domestic abuse. Are all men successful in that journey? No. Are all women and children physically and emotionally safer now that their partners have participated? No. But then neither of these conclusions should be interpreted as evidence that R4C does not work. To be sure, there was one profound moment in the conduct of this evaluation that exemplified, above all else, the value of the services provided by DVCS. That moment came when one female partner who was supported by DVCS was asked "what would life would look like now if it weren't for your partner's time in R4C." She replied: *'I think I'd be dead. No, actually, I'm certain of it.'*

Like many of the male and female participants in this evaluation, this woman's story, and her experience as a supported partner of the R4C program, was far more complex than this simple statement implies. In fact, this particular woman felt much safer as a consequence of her connection to R4C, even though, by her own account, her partner's behaviour did not improve. Safety for this woman was not an objective or quantitative test of whether her partner had reformed his behaviour or ended his abusive tactics. Rather, it was the deep sense of security she felt knowing that at least someone was working with him, that someone was watching out for her, and that a community of professionals had knowledge enough to validate her experience.

The aim of this evaluation was to determine whether R4C works, where it doesn't, and what strategies might be implemented to improve its outcomes. The two-year program of this developmental evaluation involved a mixture of methodologies and sought input from a range of client and stakeholder communities. In this final report, we describe the R4C client cohort using administrative and case file data gathered for the first 63 men who had participated (or commenced participation) by 31 December 2019. This profile analysis is then complemented with data from in-depth qualitative interviews conducted with a number of R4C clients and their supported partners.

A developmental evaluation – implications for reading this report

By its very nature, this evaluation represents the culmination of the information and evidence gathered throughout the evaluation period. Many of the things reported here have already been delivered to DVCS and in some cases, significant changes to the R4C program have been implemented in response. This is the objective of a developmental evaluation – to treat the evaluation as an iterative and informative program development strategy.

The consequence is that key issues are reported herein, mostly as a means to document this history of R4C and guide programs like it into the future. *Importantly*, this report does not necessarily reflect the current status or operating practice of the R4C program since procedures have evolved in response to this evaluation. At the conclusion of this report (Section 5) we highlight some of these changes and the likely benefits.

R4C in context

Perhaps the most important observation of this evaluation so far is the complexity within which DVCS and the R4C program operate. The diversity of these men's abusive behaviour, the underlying causes of their violence, and the unique nature of their relationships confirm that there is no single, homogenous population of violent or abusive men who contact or are referred to R4C. This heterogeneity, and the many variables which interact in the cycle of abuse and violence, means that men's behaviour change programming cannot be undertaken effectively through a one-size-fits-all philosophy. It also means that efforts to streamline and systematise programming practices will not necessarily work effectively for every client.

It is essential that this complexity be acknowledged early, since in this evaluation we talk of both success and failure, recognising the latter as a natural outcome of most programs in the social welfare and criminal justice sectors. Further to this, we are compelled to remind the readers of this evaluation that the relative effectiveness of most criminal justice or offender-behaviour interventions is still relatively small. Evaluation researchers call this a program's 'effect size' and in criminal justice programs a 5-10 percent improvement is often celebrated as a major achievement, especially if the result can later be replicated in other implementations of the same program. The other important point to note is that most of what is reported as 'improvement' or 'success' in criminal justice evaluation is often relative, indefinite and never absolute. Reoffending, for example, may be described as 'reduced' even if every participant reoffends, just later and less often than usual. Of course, this is not to suggest that any woman should accept a lower level of persistent abuse, just because elsewhere these modest effect sizes are small and celebrated. It is, however, recognition that no program ought to be held to a standard of absolute improvement when so much of the variability that affects these outcomes is beyond the control of the intervention and the skilled practitioners who run them.

Importantly, this evaluation does not focus on the quantitative measurement of recidivism or the advent of reoffending, because neither of these outcomes is believed to accurately reflect the objective of the R4C program, nor capture the true nature of the intervention mechanisms that underpin its therapeutic model. Put simply, recidivism is a higher-order outcome that measures only those offenders and offences which come to the attention of the police or justice system authorities. Recidivism estimates are, therefore, crude measures of a complex phenomenon and the true behaviour of men (and the true experience of their partners and family) are oftentimes undiscoverable from official records. It was decided, therefore, that this evaluation would first seek to understand whether 'recidivism potential' had been mitigated and whether supported partners and their families are safer, by evidencing the R4C program's success in activating the core mechanisms of behavioural change. Without this evidence, recidivism estimates would reveal very little about the efficacy of R4C.

R4C clients

As at 31 December 2019, 63 men had participated (or were participating) in R4C. At the time of their referral, these men were assessed and screened for their suitability. During this process, detailed case notes were documented about the men, their relationship, and their personal situation. At the same time, the men were asked to complete the European Union Impact Toolkit which is a self-report survey intended to capture information about the extent and nature of their perpetration of domestic abuse. Not all men completed the Impact Toolkit questionnaire, and, as for the case file analysis, this is complicated by the absence of systematic information capture and recording practices (typical in case file data which

prioritises the documentation of critical and important factors, rather than using a checklist of all possible factors). Nevertheless, when combined, these data paint a portrait of the R4C client which is helpful in conceptualising the reach of R4C as well as the challenges it faces. Specifically:

- R4C clients were typically aged between 30 and 40 years. Very few clients were under 25 years or over 55 years of age.
- Most R4C clients were employed, either full or part time, at the time of their referral; however, a sizable proportion were unemployed or not working due to illness, disability, or retirement. Very few R4C clients considered their financial position as 'comfortable' although most reported that they earned enough to be able to occasionally save some money from their income.
- The majority of men were already living separately from their partners at the time of their referral. Only one in four were still living with their partner. The remainder were living separately from their partner, and the majority of these considered themselves as 'separated'.
- Alcohol and drug use was self-reported or noted in R4C case files for two in every three participants. More than half of all R4C clients identified alcohol and drug use as a reason for their perpetration of abuse. Where noted, alcohol and cannabis were the two most regularly identified substances.
- In the case-files of one in three R4C clients, mental health was noted as an important consideration with the potential to affect program participation. The most frequently cited mental health concerns were depression and anxiety. On a number of occasions, a history of trauma and the inference of post-traumatic stress disorder was indicated.
- 15 clients were indicated as directly involved in criminal court or criminal justice proceedings at the time of their referral. This included, most commonly, outstanding criminal court matters, Family Court matters, or matters relating to child protective services.
- While it was difficult to quantify from the data the number of men who had children, more recent estimates paint an important picture of a program with reach far beyond the men and their partners. In 2021, for example, there was roughly 2.5 children for every man participating on the program. These children should not be forgotten as the ultimate beneficiaries of DVCS's activities.

As key component of the EU Impact Toolkit is self-report questionnaire which asks men to indicate their perpetration of a number of emotional, financial, physical and sexual abusive behaviours. Caution should be exercised when interpreting these data, given their self-report nature and, indeed, the men's statements that they were unaware that many of the items listed were, in fact, forms of abuse. This notwithstanding, of the 45 men who completed the Impact Toolkit, the data indicate that:

- 15 percent of men denied perpetrating any form of abuse in the past 12 months.

- Of the 85 percent who affirmed at least one form of abuse, almost all confirmed the perpetration of emotional and physical abuse in the past 12 months. Sexual abuse perpetration was not frequently self-reported (36%).
- Of the emotional abuses listed, the men in R4C most frequently reported making their partner feel afraid (63% in the past 12 months). Only one client reported making threats of harm towards children in the past 12 months, although one in 10 reported doing so at least once in the earlier in their relationship.
- Slapping and physical threats were the most commonly endorsed forms of physical abuse in the past 12 months. Choking and strangulation was the third most commonly reported form of physical abuse – affirmed as having occurred at least once in the past 12 months by one in three of R4C clients.
- Sexual abuse was relatively rarely reported, but when it was, the most common forms in the past 12 months were inappropriate touching (29%) and disrespecting or disregarding their partner’s boundaries (20%).
- Drug and alcohol use, together with feelings of insecurity, were the two most commonly reported reasons for why the abusive behaviour was occurring (53% of men reported one or both).
- Half of the men reported that the police had become involved at least once in the past 12 months.

Men’s Behaviour Change – key outcomes of R4C

This final report describes the outcomes of 23 detailed semi-structured interviews conducted with 14 men and eight supported partners who participated in the DVCS R4C program. Like with any developmental evaluation of this size nature, the findings presented herein document the status and outcomes of the R4C program as they have developed and evolved during implementation. The conclusions drawn in some parts of this report may be outdated, especially where program and procedural changes have already been implemented in response to consultation and interim evaluation outcome discussions.

At the outset of this evaluation, a detailed semi-structured interview with key program officers, coupled with a review of the literature, identified seven core mechanisms or objectives for the R4C program. These seven mechanisms, if achieved, are believed to help mitigate the risk of ongoing violent and controlling behaviour and while not all men need or are expected to experience success on all seven mechanisms, together they sit at the heart of the R4C program’s broader goal of seeding longer term behavioural change and improving safety for women and their families. These results paint an overall positive picture. Although navigating and interpreting the self-reported stories of these men and women is a challenging process, the evidence suggests that the R4C program is successfully activating all seven mechanisms. In summary:

- *Mechanism 1: Creating opportunity for introspection and reflection* – The evidence so far suggests that R4C has afforded its participants new opportunities for introspection and reflection. The men tell stories about their past and current relationships, punctuated with new realisations and deeper understanding. For the first time, many of

the men in R4C have been emotionally engaged in a reflection on their behaviour and its consequences and have begun to understand, often for the first time, the origins of their behaviour and its wider impact. Where this isn't achieved, it seems limited to those men who have selectively entered R4C for reasons other than their quest for behavioural change (typically for family law requirements).

- *Mechanism 2: Motivating for change* – The cognitive and behaviour change literature places significant emphasis on the importance of energising and maintaining the motivation for change. It is here that the heterogeneity of the R4C client population is most apparent. Specifically, the clients of R4C are highly varied in what instigated their first contact with DVCS and what motivated them to reach out for help. Some men are motivated by a mandatory criminal justice requirement. Some are motivated by their partner's final plea for change, while others are motivated by the desire to demonstrate effort, mostly in the context of family law disputes. Almost all made first contact with R4C following a critical incident or event that spurred a realisation of the need for external help. In this evaluation, we found that the initial motivation for engagement with R4C can be an important predictor of success. Men who are seeking to demonstrate to the family court their 'effort' are least motivated for genuine behavioural reform and struggle to engage over the longer term. Men who are motivated by mandatory criminal justice requirements are initially difficult to engage, but often realise the need for change after a few weeks of one-on-one appointments and group-sessions. The men who are motivated by their partner following a critical incident are the most likely to actively engage early and maintain motivation over the longer term. Importantly, a majority of the men who were interviewed in this evaluation reported becoming more engaged and more motivated as the program progressed. The exception appears to be those men who seek to 'perform' change to satisfy external family law obligations.
- *Mechanism 3: Improving accountability for past and future behaviour* – the men who participated in this evaluation often reported no longer being able to hide from the nature and gravity of their past behaviour. Engagement with DVCS and the R4C program has seemingly created a network of relationships that foster strong personal accountability. This is most acutely experienced during the group and one-on-one sessions, and the regularity of this contact with R4C staff reinforces the need for behavioural change and compliance with newly discovered behavioural standards. Unfortunately, but for the limited ongoing contact that R4C practitioners have with clients after completing the program, these newly established networks of accountability are quickly eroded. Most clients report the quick cessation of their R4C peer-relationships and many have not established new lines of accountability within their broader family and community.
- *Mechanism 4: Taking responsibility* – All men wilfully acknowledge their responsibility for past behaviour and their role in preventing violence in the future. At times, this line of discussion appeared performative, as opposed to genuine, and it has been difficult to disentangle which men are truly acknowledging of their responsibility and which are not. To counter this, we examined not what the men would say in response to questions about their responsibility, but signals of that responsibility in other areas of their discussion. More often than not, the men who participated in this evaluation avoided discussion of their partner's contribution and talked of their behaviour in both a remorseful and regretful manner. They might not have said the

words ‘I am responsible’, but they almost always acknowledged that past incidents could have been avoided if only they had responded differently. A small number of men, however, persisted with stories of their partner’s contribution and role in instigating the abusive interactions, even if that discussion would be followed by a quick retraction of statement that attempted to take ownership or responsibility for the eventual outcome. This we interpreted as a mostly performative exercise in impression management, rather than a genuine understanding of responsibility. These men were most often those who were actively engaged in the program for reasons other than a genuine recognition of the need for behavioural change.

- *Mechanism 5: Improving understanding of family and domestic violence* – A key stage in the cognitive behavioural process is understanding and recognising all forms of coercion and control as abusive and violent behaviour. This is something that many of the men acknowledge as difficult to comprehend at first. Importantly, however, most of the men who have been interviewed report a significant improvement in their understanding of domestic violence and the breadth of actions and activities for which it encompasses.
- *Mechanism 6: Developing tools to manage risky situations* – The majority of men in this evaluation report having developed new at least one new tool or strategy for avoiding conflict or mitigating the risk of escalation in their behaviour. The most often cited tool was ‘walking away’ or leaving a potentially volatile situation. Other tools included ‘changing or lowering expectations’, ‘thinking about how best to approach a discussion’, and ‘taking a moment to plan a difficult conversation’. From an outsider’s standpoint, all men knew (or at least claimed to know) how to extract themselves from an escalating or potentially risky scenario. Fewer had strategies for avoiding these potentially risky situations in the first place.
- *Mechanism 7: Building supports and help-seeking potential* – Perhaps the most significant outcome of the R4C program is that men report a willingness to re-engage with DVCS if their home situation deteriorates. For a number of current participants, stories were told of times when they had called their R4C practitioner or the DVCS crisis line and this exemplifies the potentially critical role of DVCS as a source of support and counselling beyond their weekly group or one-on-one sessions. For men who had completed the program, a number reported having recontacted DVCS in times of crisis, and many of those who had finished the program reported having contemplated returning for a ‘refresher’. From the perspective of supported partners, however, there was less actual engagement in this practice than might have been otherwise needed, and they reported a general reluctance of their partners to reach out when specific issues had arisen. What complicates the mens’ engagement with DVCS outside of the program (or after completion) is the perceived sense that to contact DVCS signals weakness or failure.

Supported Partners – key outcomes of R4C

Only a fraction of female partners wilfully accept and engage in the R4C partner support program. Most of these women were an instrumental and supportive agent in their partners contact and participation in R4C. Women who are no longer in a relationship with their partner are less likely to accept the support of offer, while a smaller, but important, group of

women are newly connected to the R4C client (i.e. a new relationship) and not all see partner support as relevant to them.

We are reminded at this point that this evaluation is limited to a small but diverse group of women who may not accurately represent the full spectrum of supported partners in the R4C program. Nevertheless, for those willing to participate, we approached the interviews with two key objectives. The first was to determine whether, from their perspective and experience, the aforementioned *mechanisms of change* had been activated and evidenced in their partner's behaviour. The second was whether the women (and their children) were ultimately safer as a consequence. In summary:

- *Mechanisms of change* – Every supported partner described some positive change within their relationship (old or new). Most specifically, the women could readily describe the tools their partner was using to avoid escalation, and confirmed that their understanding of abuse, and its consequences, had improved considerably. That said, for those primary partners (i.e. not new partners), in no case was their partners change absolute and each one of them harboured ongoing concerns about the potential for abuse. In some cases, the women reported that their partner's tactics of abuse had changed (or 'morphed') and that the frequency of their abuse had actually increased during their partner's time with R4C. Every women from a pre-existing relationship reported that their partner tried rationalising their behaviour through a newfound understanding of domestic violence and, on occasion, used this greater awareness as a means of diminishing personal responsibility for incidents that escalated.
- *Safety* – There was little consensus among the women in this evaluation about safety. This is partly because safety for these women is both an objective and subjective experience. Objectively, some women agreed that they were safer because the frequency of their partner's abusive behaviour had lessened, or the severity of the incidents had diminished overall. Other women, however, spoke of a 'worsening' in their partner's controlling and abusive behaviour, even if physical and threatening forms of abuse had largely ceased. Subjectively, however, the story was quite different and without a clear pattern or explanation. One woman, for example, confirmed that even though the frequency and severity of abuse had lessened considerably, there were still occasions on which she felt unsafe. Though fewer in number, the potential for escalation was still, in her view, ever present and contributed to an ongoing feeling of being unsafe at home. For another woman, the opposite was true. The abusive behaviour and controlling tactics had not improved, yet she reported feeling much safer than she did prior to R4C. Her reasoning was that simply knowing her story had been documented, that her partner was being held to account, and that her experiences had been validated by experts in this field, was of unimaginable relief. She felt safe in the knowledge that she was no longer alone and that help was nearby if she needed it.

The experience and safety of supported partners is of paramount concern to DVCS and R4C. This was abundantly clear in the women's recollections of their contact with DVCS R4C practitioners, support staff and crisis line workers. But for a number of challenges (see below) the women interviewed in this evaluation were almost universal in their admiration and praise for the R4C program.

Key challenges and considerations

As a developmental evaluation, a key interest is in identifying any threats to the fidelity of the R4C intervention model or service delivery model. In this evaluation, we have identified a number, although it is not the case that each of these issues can (or should) demand a programmatic or procedural response. In summary:

- *Trust and confidentiality* – some men are concerned about the confidentiality of their involvement in R4C. They understand that there is limited confidentiality, largely for legal and ethical reasons, but they worry that what they share with both the group and the R4C staff will have repercussions. This concern is most acutely reported by men who are involved with R4C as a result of legal or family law matters. They report not being able to fully engage in every component of the program because they are unwilling to openly share their thoughts and experiences.
- *Diminishing circles of accountability* – while it appears true that the men in R4C value the sense of accountability that comes with both the group and one-on-one sessions, it is also clear that many become increasingly isolated in their private life. For most men, their involvement with R4C is not widely known among their friendship groups and they actively avoid talking about their situation to key members of their family and in their close friendship circles. The consequence, as we have come to see in several instances, is the gradual disappearance of networks of accountability after the completion of R4C.
- *Weaponising program language and new knowledge of abuse* – a common problem that was almost universally acknowledged in this evaluation was the practice of some men in weaponizing their newfound program knowledge and language. By ‘weaponizing’, we mean the repurposing of knowledge as a form of obfuscation and self-justification, or as a new tactic of abuse. For example, all men reported being better able to identify and classify their partner’s behaviour as a ‘type of abuse’, often situating that apparent abuse as the pretext or explanation for why sometimes there were still issues in the home or relationship. Others reported using that knowledge to point out their partner’s behaviour or diminish the perceived severity and personal responsibility for their own. All women reported that their partner’s newfound knowledge became a new source of tension and conflict, even if temporarily or sporadically. To be clear, this is not a problem that is unique to R4C. It has been a widely reported phenomenon of men’s behaviour change interventions.
- *Differential counter-narratives* – in some cases, the men in this evaluation reported living in or socialising with people who ‘didn’t think they needed to be on the program’ or ‘didn’t think they had a problem’. In two cases, the current social network was actively discouraging of participation. For a program like R4C, which seeks to motivate men to form new identities of themselves and their relationships, this direct counter narrative is potentially very destructive. In one particular case, the participant’s new partner sought to actively undermine and discourage ongoing participation, reinforcing negative views and deactivating any previously held motivation for change.
- *Limited opportunities for redemption rituals* – Celebrating change is an important component of any behavioural change program and acknowledging the potential for redemption is considered key to maintaining motivation. The men in this evaluation often reported (unprompted from the interview) the difficulty of navigating change in

an environment where most people are pessimistic about its potential. The men report feeling as though no one has confidence in their ability to change and thus hesitate to acknowledge significant behavioural milestones. The consequence, according to some supported women, is that the men then seek that affirmation from within the relationship and that request (described as a demand to praise) can be a new form of abuse. We caution against over-interpretation of this finding, since this type of external validation can often be sought prematurely, especially by men looking satisfy legal requirements and who are not genuinely motivated to change. Premature validation and recognition could be just as counterproductive.

- *Drugs and alcohol* – Drug and alcohol use feature as a prominent issue in the lives of many of the men who participated in this evaluation. The continued use of alcohol, or illicit drugs (mainly cannabis) can present as a tertiary treatment need that undermines R4C programming goals. How best to work within the context of multi-systemic causes of domestic and family abuse is an important question for DVCS going forward.
- *Unfinished business* – With only one exception, the men who participated in this study did not feel ‘fixed’ or ‘cured’ as a result of their participation in R4C. For many, there remained an underlying feeling that R4C had opened a window into life that could not be addressed within the programmatic purview of R4C. The supported partners similarly expressed their view that R4C didn’t solve everything, and that their partners would likely need ongoing support. Fortunately, most men had either already reconnected with DVCS or expressed a willingness to do so, although in most cases the feeling was that the need in this case was different from what R4C could reasonably provide.

Conclusions

At the conclusion of the evaluation period, the R4C program had involved 63 men in its behaviour change program. On this relatively small number of participants it would be premature to conclude with certainty that the R4C program is or is not working; however, we do know that men’s behaviour change programs have had mixed results and limited success in other countries and contexts. To be sure, those evaluations have primarily focused on quantitative criminal justice outcomes which, although important, obscure the true complexity of achieving behaviour change in a highly heterogeneous population of men living in unique relationship contexts.

Overall, however, we see very positive outcomes for the activation of seven key behavioural change mechanisms, and confirmation from many supported women that they are either objectively or subjectively safer as a consequence. To be clear, the abusive behaviour of these men did not always cease. It may have lessened in frequency and intensity, but it did not end altogether and the supported partners (from existing relationships) maintained ongoing concern for their physical and psychological wellbeing. Still, every supported partner felt empowered by DVCS, cared for by their DVCS support workers, and validated in the knowledge that, for the first time, someone else was talking to their partner about the abusive behaviour that had come to dominate their relationship. We are encouraged by DVCS’s ongoing commitment to program improvement, including their efforts, in response to this developmental evaluation, to enhance the partner support components of the R4C and the adoption of the Duluth Model. The effectiveness of these new strategies will need to be evaluated.

Introduction and Background

Room4Change is a new residential therapeutic service within DVCS that aims to help men address their violence and controlling behaviours while their families are supported to stay in their own home. It is a six-month program for men who want to develop and maintain strong and safe relationships. Room4Change is committed to helping men make their own lives better by stopping their use of violence and by assisting men to explore what is important for them and their current and future relationships. Participants can choose to live in the DVCS-supported residential accommodation unit or choose to remain in their own home. Men are able to maintain their employment, usual activities and relationships with their family and friends.

Underpinning Room4Change is an eight week counselling program known as 'Emerge' (Adams & Cavouette, 2002; Adams 2003) followed by a core program adapted from the 'Taking Responsibility for Respectful Relationships' program developed in Canada (Augusta-Scott & Dankwort, 2002). In addition, 'Caring Dad's' is a third program available, mostly, but not exclusively, for those men who have children.

1.1. Prior evaluation literature

Perpetrator intervention programs have proliferated in recent years, although still the evidence base is comparatively weak with regard to their effectiveness. Of the group-based therapy methods most akin to Room4Change, the Duluth-model has been the most widely subjected to outcome evaluation (Harrell, 1991; Davis et al., 2000a; Davis et al., 2000b; Feder, 2000; Gordon, 2003; Labriola et al., 2008). Of these, only one study (Davis et al., 2000a) has produced a statistically significant reduction in domestic violence reoffending. Other group-based models exist, including cognitive behavioural therapies (Dunford, 2000), couples therapies (Dunford, 2000; Waldo, 1988) and substance abuse counselling (Easton et al., 2007), but in none of the existing evaluations have these models had there been a statistically significant reduction in domestic violence.

Beyond perpetrator specific programs, there are a set of other allied therapy types which have been shown as having the potential to positively affect domestic and family violence offending. For example, treating an underlying borderline personality disorder (Dutton and Starzomski, 1993; Fruzzetti & Levensky 2000) and post-traumatic stress disorder (Dutton 1995), or engaging the perpetrator in Moral Recognition Therapy (MRT), Interactive Journaling, or even faith based interventions (Nason-Clark, et al., 2003). In many of these intervention types, there is scant evidence of their effectiveness for domestic violence specifically (see WSIPP, 2013).

Emerging from this literature is a number of key findings which point to consistent best-practice principles in perpetrator interventions. For example, the perpetrator interventions most common in Australia can take several months to complete (Babcock et al. 2016; MacKay et al. 2015), during which time the victim may still be at risk. It is essential then that wider-family safety is incorporated into the service delivery model. According to Babcock et al. (2016), however, shorter interventions, specifically those less than 16 weeks, may actually show larger treatment effects reducing recidivism among male perpetrators and this complexity needs to be considered in program delivery. Further, while it is possible that perpetrator programs can influence the extent and incidence of physical violence, this does not necessarily mean that participants desist from other forms of coercive and controlling

behaviours (Kelly & Westmarland, 2015). This, alone, can have significant implications for the program model and its implementations. For this reason, it has been argued that it is essential to develop a better understanding of the process of men's behaviour change in all its facets and contexts, as this will be invaluable when designing more rigorous risk assessments and targeted interventions (Gobbels et al., 2012).

Elsewhere, there has been a specific focus on the underlying programmatic integrity of perpetrator interventions, leading some to conclude that the lack of a coherent model of change in a program will inevitably lead to confusion among both clients and facilitators about the goals of the program and how session content might achieve these (Day et al., 2009a, p. 206). Conversely, Morran (2006) argues that while there might exist some broad concerns about the structural integrity of interventions, those who are charged with the responsibility of evaluating these programs must take into account the program's position within a wider integrated response system and should acknowledge the complexity of the relationships that emerge between perpetrators, program facilitators and other arms of the service sector.

Here in Australia, the 'Taking Responsibility' model underlying Room4Change has been elsewhere examined through independent evaluation. In their review, Gray et al., (2016) note that a key operational difference of the 'Taking Responsibility' program is its focus on the safety of the 'whole family', as opposed to focusing singularly on the behavioural change of the perpetrator. In this study it was revealed that men's change factors are influenced by varying levels of motivation, at both intake and throughout their participation. These motivational scripts, it is said, provide insight into the various relationship dimensions that affect engagement and personal investment in the program. Importantly, interviews with the perpetrator's partner showed a surprising degree of ambivalence to the continuing relationship, but it is unclear how this ambivalence might mediate future risks of re-offending.

We conclude, therefore, that the nascent evidence underpinning domestic violence perpetrator interventions requires ongoing development and detailed qualitative and quantitative methodologies. It appears that the most rigorous of international quantitative evaluations have largely concluded no significant effect and this makes detailed developmental evaluation, of the kind proposed in this evaluation, essential to improve programs for the benefit of victims and their families.

1.2. About this evaluation

This report documents the processes and outcomes of the R4C program in its first 24 months of operation. The evaluation was 'developmental' in the sense that this report presents the compilation of data and findings gathered throughout the evaluation period and aims to document the strengths of the program as well as those areas in need of further refinement and improvement. By design, a developmental evaluation seeks to tell the story of a program, its staff, and its clients, rather than to make any specific or direct conclusions about its efficacy or failures. Importantly, this evaluation has been developed to acknowledge the relatively limited scope (i.e. small number of clients) and the short time frame over which participant follow-up was possible. These are important considerations when interpreting the information that has been gathered.

Driving this evaluation are three overarching questions:

- Was the R4C program, as implemented by DVCS, successful in achieving its goal of promoting safety for women and their children?
- Did R4C impact men's behaviour so that the incidence of future violence (whether physical, emotional or financial) is likely to have been prevented or minimised?
- What factors, if any, limited the capacity of the R4C program to achieve its objectives, or what factors might have mediated the impact of R4C on both the clients and their families?

As suggested, this developmental evaluation is intended as a strength-based review of R4C and, as Patton (2010) describes, our findings will provide some critical insights that should help to 'support innovation' and 'guide adaptation' so that the DVCS can respond to the 'emergent and dynamic realities' of delivering men's behaviour change programs in the ACT.

2. Methodology

2.1. Overview

This developmental evaluation was designed as a two-year multi-stage and multi-method program of research. Its core methodological components include:

- (1) quantitative analysis of DVCS case management data systems;
- (2) semi-structured interviews with Room4Change participants (current and past), including follow-up interviews at six months where possible;
- (3) semi-structured interviews with the supported partners of Room4Change participants (current and past), including follow-up interviews at six months where possible;
- (4) workshops and focus-group discussions with DVCS staff, including executive staff, administration staff, and Room4Change personnel; and
- (5) unstructured interviews with DVCS's External Stakeholders, including the ACT Departments of Justice, Corrections, Health, and Human Services, as well as allied service providers in the domestic violence, social health and welfare sectors.

Underpinning this evaluation is a strong commitment to participant confidentiality and welfare. A detailed three-stage consent procedure afforded participants multiple opportunities to withdraw from the study and protect against the coercive effects of the client-to-case manager relationships. All digitally recorded data, including interview recordings and transcripts, have been allocated a unique identification number and all personally identifying information has been redacted during transcription. Only the Chief Investigator maintains password protected access to the linkage keys capable of re-identifying the research materials.

Projects of this kind pose several ethical and legal risks. To mitigate these, participants were informed (through the provision of an information sheet and in the signing of the consent statement) that the interviewer was obligated to contact the police if there was reason to believe that someone was at risk of harm. To minimize this risk further, participants were not asked to discuss or provide the specific details of any offences committed before, during, or after their engagement with the program.

Finally, the single greatest ethical concern for this evaluation related to the risk that a participant or supported partner would experience psychological or emotional distress as a consequence of their participation. To mitigate this, each participant was provided with the contact details of various support agencies and were required to acknowledge in the consent procedures that they were aware of who to contact in the event that they had become distressed.

2.2. Process

2.2.1. R4C Clients and Supported Partner Interviews

All past and current clients of the Room4Change program, and their supported partners, were eligible for participation in this evaluation. The pool of eligible participants was identified from the administrative records held by the Domestic Violence Crisis Centre (DVCS). Initial

contact with each male client was made by the Room4Change coordinator, while contact with partners was made by DVCS's Partner Support Program coordinator. In both instances, the coordinator was required to formally notify the participant of the ANU's evaluation, to explain its purpose and benefits, and to request their voluntary participation. This request was for consent to provide contact details (mobile telephone number) to the ANU research team. Each client was to be reminded by the relevant coordinator that their participation in the evaluation is voluntary and that they are free to decline or withdraw at any time without consequence. Each client was informed that their participation would be financially compensated in the form of a \$30 gift voucher. The ANU was not informed about those who declined to participate directly to DVCS.

For those clients who agreed to participate, DVCS supplied their name and mobile telephone number to the ANU. At no time was a male participant informed of his partner's involvement in the evaluation, nor was the supported partner informed of their male partner's involvement. The first instance of contact with each participant was an introduction and welcome to the evaluation, conducted via telephone. Each participant was reminded that their participation was not compulsory and that they were free to decline at any time without consequence for their ongoing relationship with DVCS. Clients were specifically reminded that any decision to withdraw from the evaluation would not be reported to DVCS.

Second and subsequent contact with each client was conducted by SMS message, mostly to arrange an interview time and date. At the time of the interview, each participant was provided with a detailed project summary and participant information sheet. They were asked to provide written consent, acknowledging their understanding that participation was voluntary and that they were free to withdraw from the interview and evaluation at any time prior to the publication of the research results.

After the finalisation of the interim report (delivered in 2019), it was decided that for the purposes of this evaluation the male-client perspective had been comprehensively explored and that further interviews were no longer needed. The DVCS and evaluation teams continued in their efforts to recruit supported partners, although very few consented to participate throughout 2019.

2.2.2. Quantitative data extraction and analysis

At the end of the evaluation period (ending December 2019), a finalised list of R4C clients was produced by DVCS for data coding and extraction. This list included the details of 63 men. From this list, a search was performed of the DVCS case file system (otherwise known as SHIP) and a database was created into which the ANU research team coded a number of key variables. Given the nature and structure of the case-file system, the records of five randomly selected clients were used to develop the original coding schema. All remaining case files were then coded accordingly.

Case file analysis is complicated, not least because case files are not created in a manner which ensures comparability and consistency between clients. Instead, case files function as a repository of notable events and issues which pertain to a specific client, but the absence of information about a particular factor or feature is not evidence of its absence. Nevertheless, it was possible to document the incidence of key issues, such as drug and alcohol use and mental health, which are important issues that can affect the implementation and effectiveness of men's behaviour change programming.

Finally, a key source of quantitative data comes from the European Union Impact Toolkit which was developed with support from the DAPHNE program. In all, 45 of the male clients completed the Toolkit at the time of their referral to R4C. This Toolkit survey provides the only comprehensive and comparable data collected from the majority of male R4C clients, despite its limitations as a self-report survey.

All quantitative data extracted as part of this evaluation was strictly de-identified. No digital record of this material retained by the ANU can be re-identified, nor linked with any other re-identifiable data source.

3. Client Profile

As at December 31 2019, 63 men had been referred to, and participated in the DVCS R4C program. For these men, a set of comprehensive data were collected by DVCS staff and program providers, typically in the format of case notes, but also in some cases this included standardised quantitative survey data collected using the European Union Impact Toolkit. For the purposes of this evaluation, we combine these data together, where appropriate, to document the overall R4C client profile.

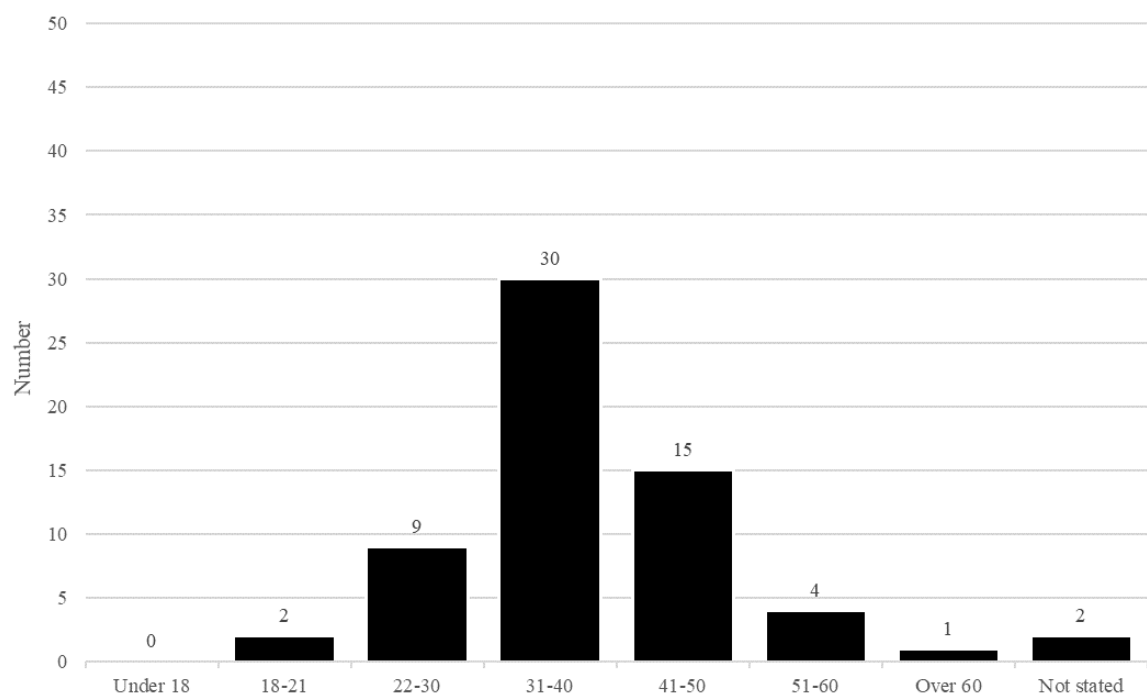
3.1. Demographic and socio-economic profile

The male participants of R4C were typically aged between 31-40 years (N=30) or 41-50 years (N=15) (Figure 1). Only 11 participants were aged 30 or younger and of these only two were aged between 18 and 21 years. Only one participant was aged over 60 years at the time of his participation.

In terms of employment and financial status (Figure 2), 28 men were full-time employed at the time of their referral to R4C (60%). A further five men were part-time employed (8%) while 15 self-identified as unemployed (24%). Of the remaining men, two identified as unable to work, one identified as retired and none identified as studying, training or engaged in the full-time care of children or other family members. For nine men, their employment status was not recorded.

Where the data were available (Figure 3, N=45), the majority of men (49%) self-reported being able to manage their financial affairs with some saving or treat on an irregular basis. Only three men reported their financial situation as 'comfortable' while another three reported that they were 'managing with regular savings'. No R4C client self-assessed themselves as having a 'high-income'. Overall, therefore, the majority of men were managing their financial affairs with some extra money for saving; however, 12 men (27%) reported managing their financial situation without anything left over and five men (11%) reported that they were struggling to meet their financial needs.

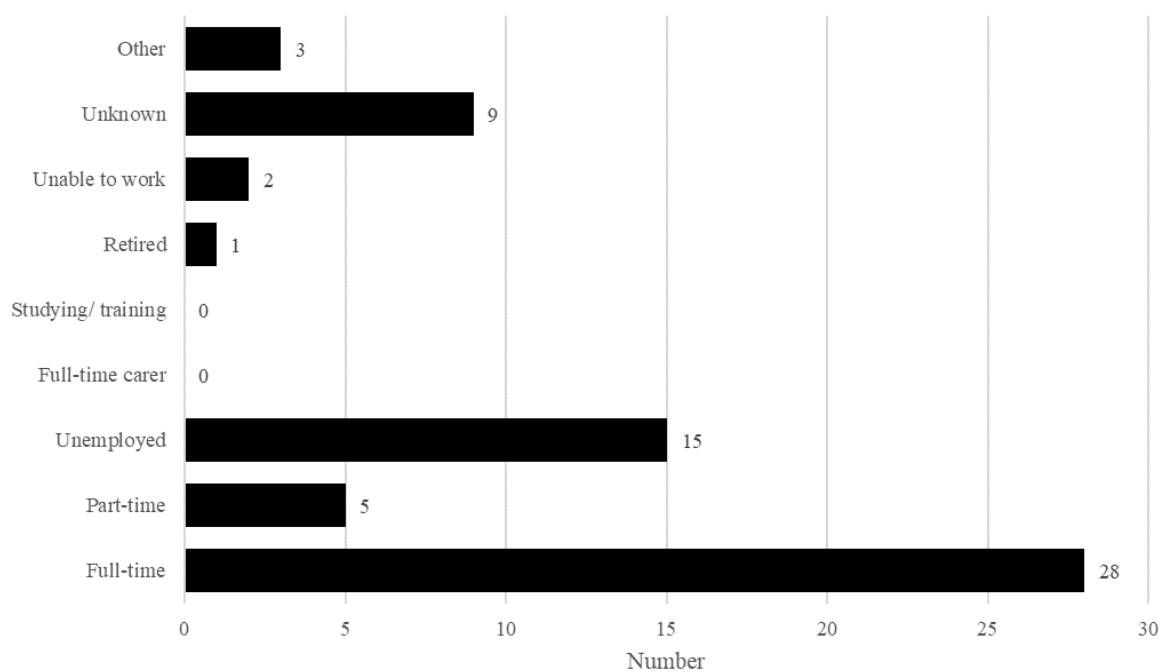
Figure 1: Participant age (self-report + case file)



Notes: Valid responses = 63

Source: DVCS Program files – EU Impact Toolkit Survey

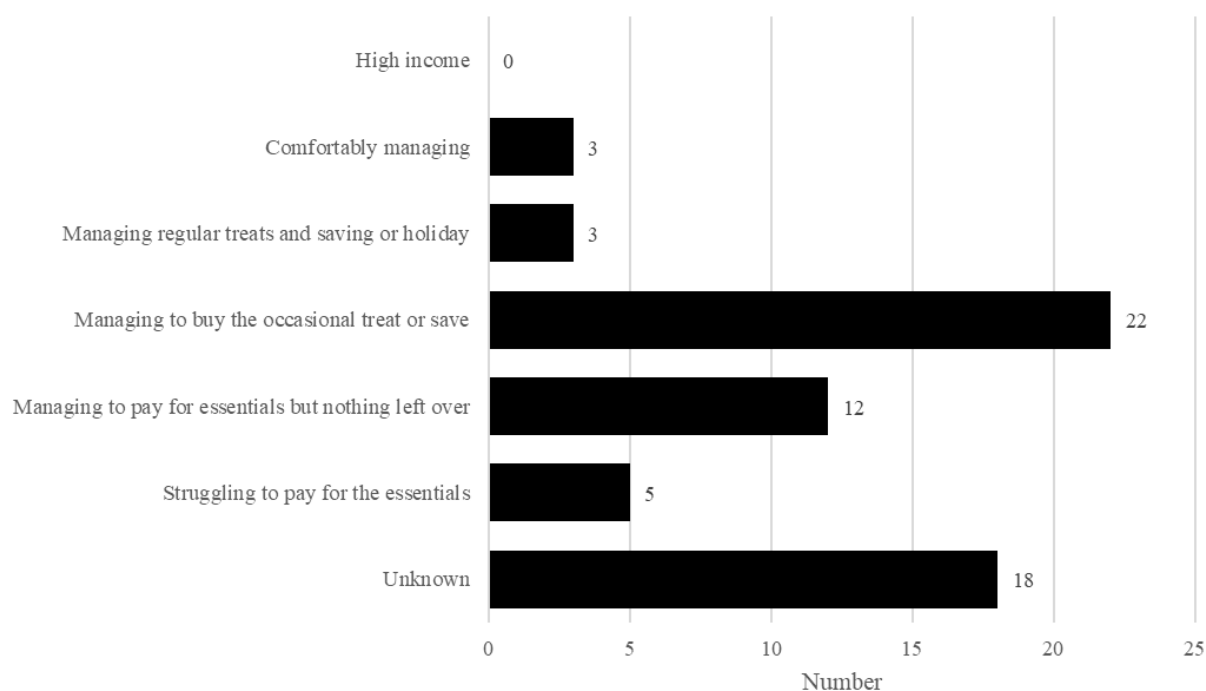
Figure 2: Participant employment status at referral (self-report + case file)



Notes: Valid responses = 63

Source: DVCS Program files – EU Impact Toolkit Survey

Figure 3: Participant employment status at referral (self-report + case file)



Notes: Valid responses = 45

Source: DVCS Program files – EU Impact Toolkit Survey and Case Notes

3.2. Relationship status at referral

One in four R4C clients self-identified as being together and living with their partner at the time of their referral to the program. A further 14 percent identified as still together with their partner, but living apart. The remaining clients were separated and living apart (37%), in the process of separating (2%), or some other form of separation (14%). Three clients were unsure of the status of their relationship.

Table 1: Current relationship status (self-report)

Current relationship status	N	%
Together and living together	11	26
Together but living apart	6	14
In the process of splitting up	1	2
The relationship has ended and we are living apart	16	37
I am not sure	3	7
Other	6	14
'Separated'		
'Trial separation'		
'Relationship ended but shared accommodation'		
'Not together'		
'Under same roof but separate'		
'Together but unsure of future'		

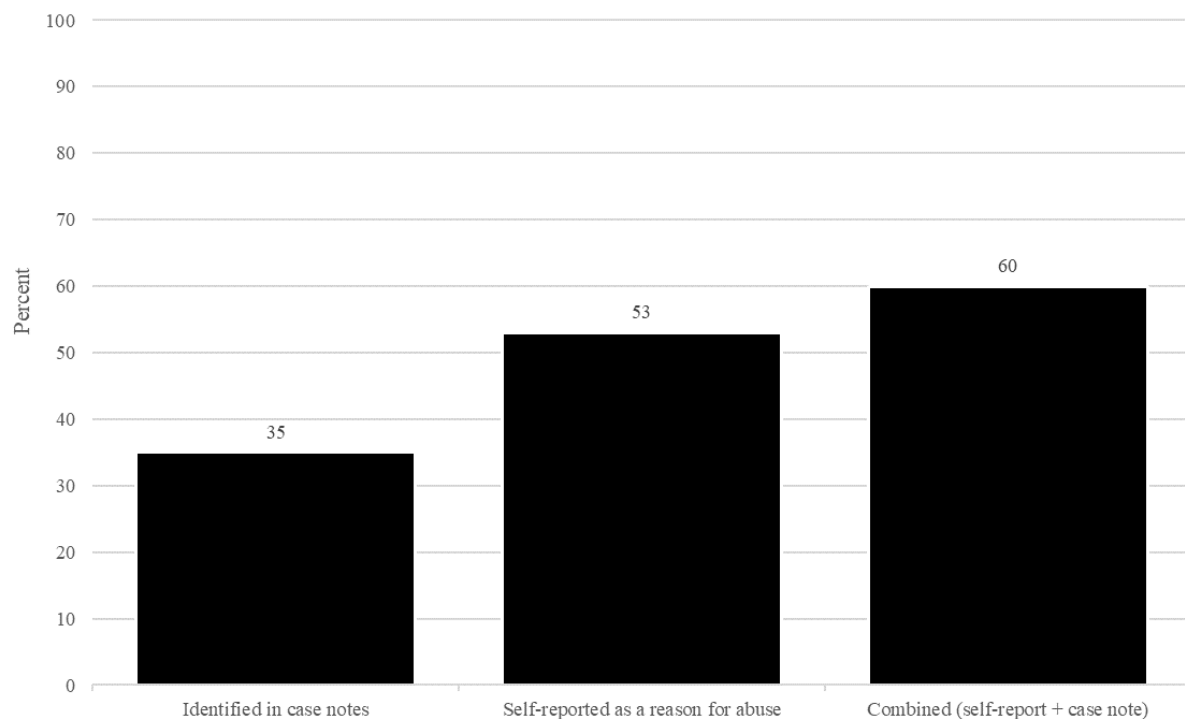
Source: DVCS Program files – EU Impact Toolkit Survey

3.3. Drug and alcohol use

Alcohol or drug use was indicated as an immediate contextual and environmental factor for approximately two in every three R4C clients (Figure 4). This estimate is derived by combining the self-report data in which 53 percent of R4C clients reported alcohol or drug use as a reason for their behaviour, and the case file data in which 35 percent of clients were flagged as having an alcohol or drug problem that could impact their engagement with R4C.

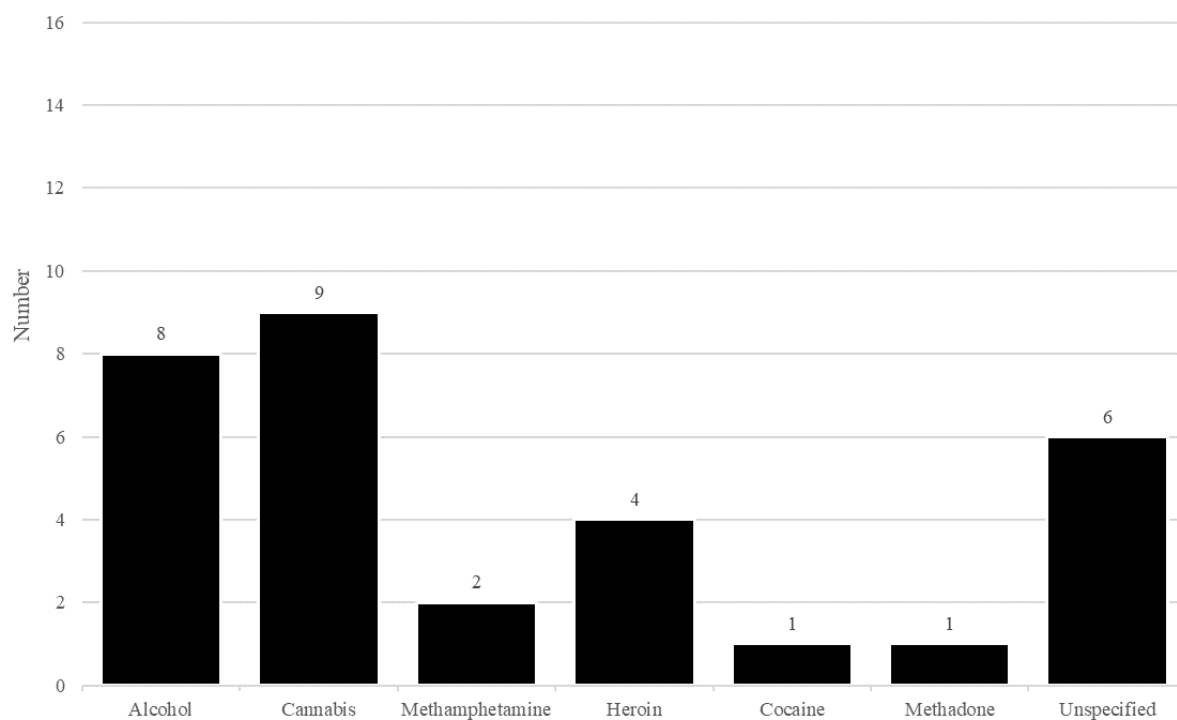
Only in the DVCS case file notes was the specific type of substance recorded. In some cases, this may have referred to a drug of historical use, rather than the use of a particular drug in the immediate past prior to DVCS referral. Nevertheless, where a drug type was recorded (Figure 5), alcohol was flagged for eight men, cannabis was flagged for nine men and heroin was flagged for four men. Methamphetamine (n=2), cocaine (n=1) and methadone (n=1) were also recorded, albeit infrequently.

Figure 4: Participant drug and alcohol use (self-report & case notes)



Source: DVCS Program files – EU Impact Toolkit Survey and Case Notes

Figure 5: Participant drug and alcohol use (case notes)



Notes: Multiple responses permitted; Valid responses = 22
Source: DVCS Program Case Notes

3.4. Mental Health

Reporting on the psychological and mental health of R4C clients is complicated because no specific mental health assessment tools are used to standardise information collection. Instead information about a client's mental health is recorded in the R4C case file notes, either at the time of first assessment or subsequent assessments and meetings. In our search of the relevant case file notes, mental health was flagged as contextual and environmental factor for one in every three R4C participants (N=22). Most commonly, anxiety and depression were noted, although rarely was there evidence that the respondent had been engaged in or seeking treatment for their mental health concerns. Suicidality and suicidal ideation was noted in three cases – two of which were direct references to historical suicide attempts.

Like in other sections of this report, we warn against extrapolating these mental health data to the wider R4C client cohort. Case notes are not expected to record, with precision, the presence or absence of a mental health concern. Rather, we interpret these data to suggest that, at the time of referral and in the early phases of participation, R4C staff were directly told, or inferred, the potential for mental health issues to affect program participation for one in three clients. Whether this status improved for those clients during R4C cannot be assessed. Nor are we able to ascertain the number of clients for whom there were mental health concerns during or after their participation.

3.5. Contact with the Criminal Justice System

In the referral and case note files, legal and criminal justice system contact was noted for 15 R4C clients. In the majority of these cases, the notes referred to either criminal court proceedings, family court proceedings, or child-protective services proceedings. However, given the nature of these records, it is difficult to further qualify the nature of these criminal

justice proceedings and no specific criminal history information is directly recorded by DVCS in the R4C files. This notwithstanding, it is evident that for a number for a number of R4C clients, referral occurs when other criminal or judicial proceedings are in train. This has potential implications for a client's motivation for treatment as well as their capacity to be fully engaged in the R4C program while entangled in other legal proceedings.

3.6. Abusive behaviour profile

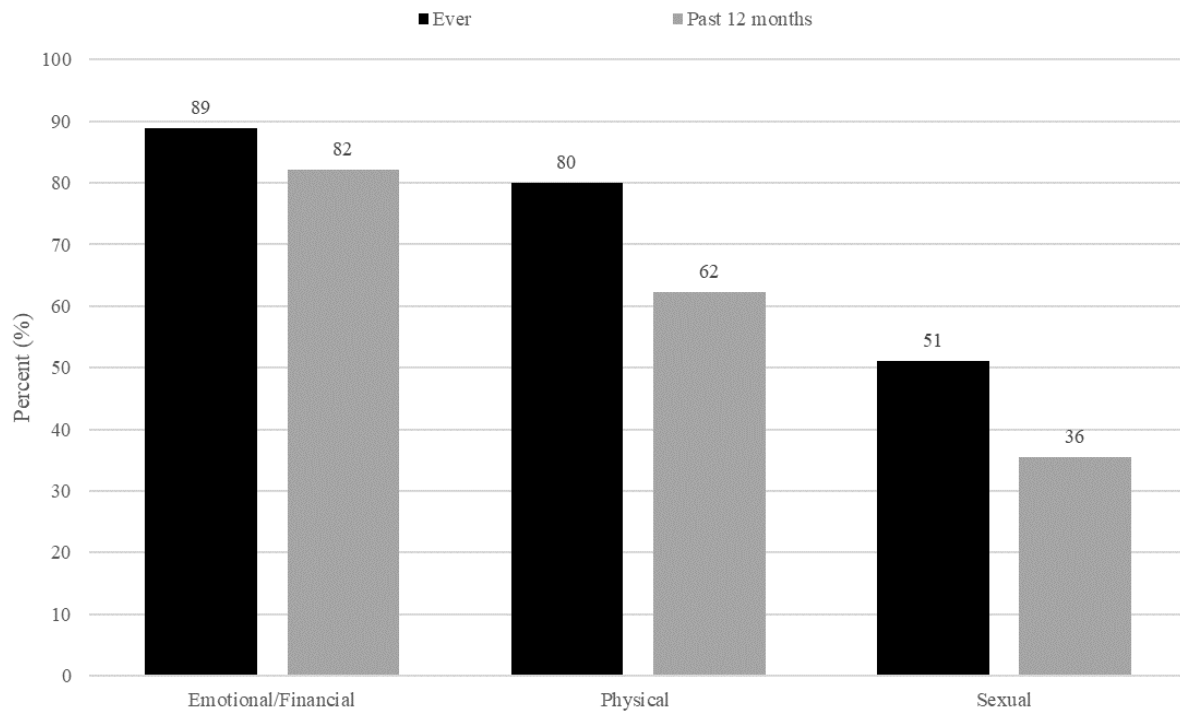
At the time of entry into the R4C program, participating men are asked to complete the European Union TOOLKIT survey in which they are asked to self-report their engagement in a range of emotional, financial, physical and sexual abuse behaviours. Of the 63 men who participated in R4C before 31 December 2019, the TOOLKIT survey data was available for 45 men. In reporting on these data, it is important to note that they are sourced from a self-report survey conducted prior to any formal group work or programming. There is a credible risk that these self-report data under-reported the true prevalence of these abuses, either because they are wilfully denied or because some of these behaviours are not understood as forms of abuse.

Another important observation/qualification is that the TOOLKIT asks men to self-report the occurrence of each abuse in the past 12 months and then again for any time prior to the last 12 months. With only a few exceptions, the prevalence of each abuse type is higher in the period prior to the last 12 months and this outcome reflects, in part, the much longer period of time in which that abuse has occurred. However, it also likely reflects some under-reporting.

An aggregation of these data are provided in Figure 6. Here, the prevalence of each category of abuse is calculated as an estimate for the past 12 months and as an estimate for the entire period of the relationship (indicated here as 'ever'). The latter combines the 'last 12 months' and 'before the last 12 months' into a single estimate. Overall, 89 percent of the R4C men affirmed the use of at least one form of emotional or financial abuse in their relationship. Physical abuse was affirmed by 80 percent, and sexual abuse by 51 percent. In all cases the prevalence of each form of abuse was lower in the most recent 12 month period prior to R4C referral, with 82 percent confirming at least one form of emotional abuse, 62 percent confirming at least one form of physical abuse and 36 percent confirming sexual abuse.

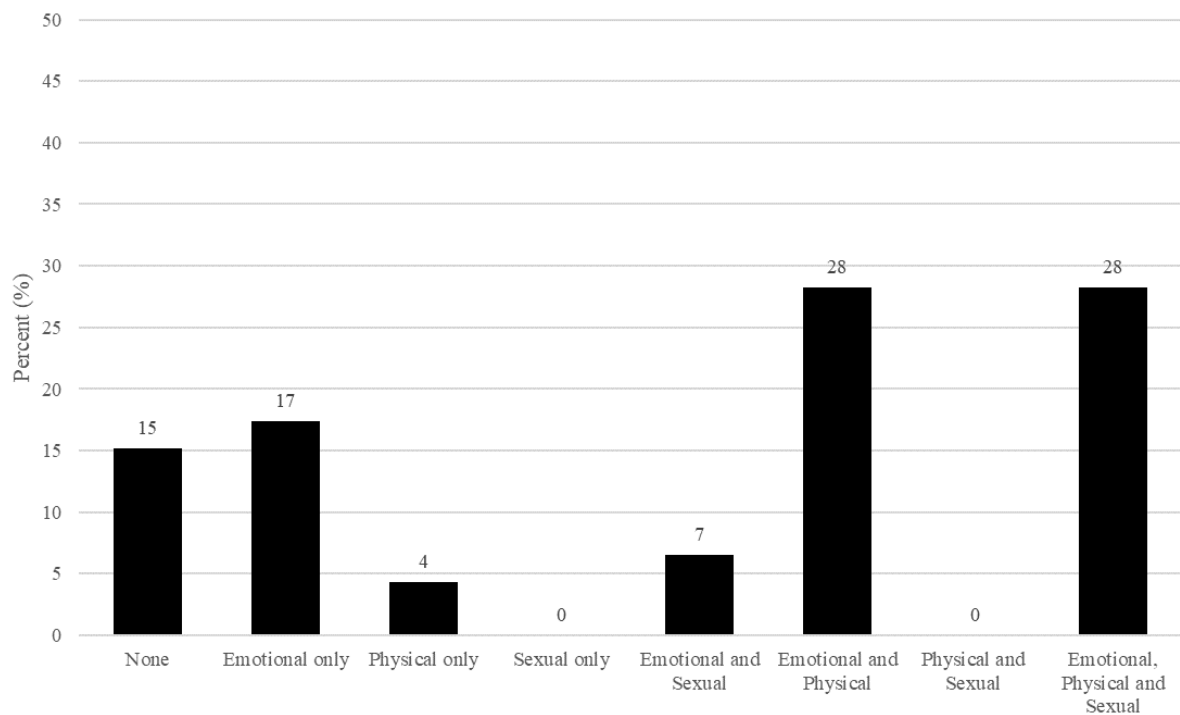
Focussing on the past 12 months the joint prevalence of each of the three forms of abuse are presented in Figure 7. The two most prevalent combinations were 'emotional and physical' (28%) and 'emotional, physical and sexual' (28%). Together they accounted for just over half of the R4C client group. The next largest category (17%) were those men who only confirmed emotional abuse, but no physical or sexual abuse. Finally, we note that 15 percent of the men denied having engaged in any form of emotional, physical or sexual abuse in the past 12 months.

Figure 6: Recent (last 12 months) and past Emotional Abuse towards partner (self-report)



Notes: Question Wording: ‘How often have you done the following to your partner/ most recent ex?’; Responses presented as a combination of ‘sometimes’ and ‘often’. Multiple responses permitted. Valid responses vary by abuse type.
Source: DVCS Program files – EU Impact Toolkit Survey

Figure 7: Recent (last 12 months) and past Emotional Abuse towards partner (self-report)



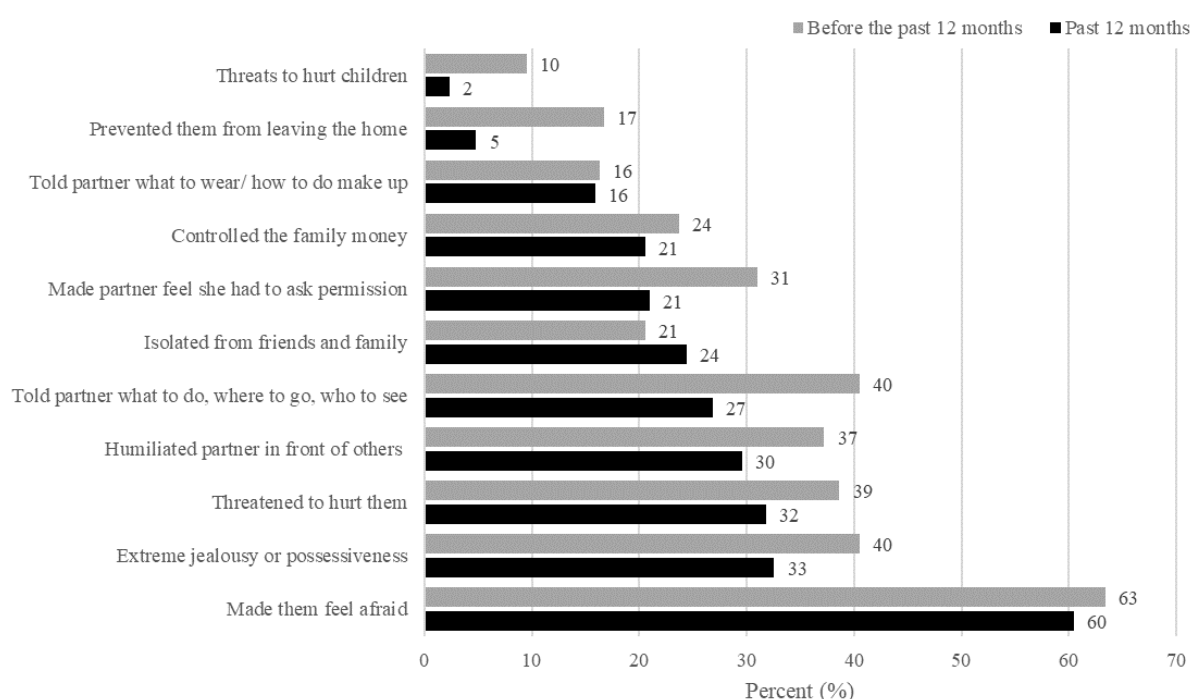
Notes: Question Wording: ‘How often have you done the following to your partner/ most recent ex?’; Responses presented as a combination of ‘sometimes’ and ‘often’. Multiple responses permitted. Valid responses vary by abuse type.

3.6.1. Emotional and financial abuse

Two in every three of the R4C men reported making their partner feel afraid in the past 12 months (60%, Figure 8). This was the most prevalent form of emotional abuse, both in the past 12 months and before (63%). This was followed by acting out in extreme jealousy or possessiveness (33%), threatening harm (32%) and humiliating their partner in front of other people (30%). The least prevalent form of emotional abuse was making threats to harm children, reported by just one of the R4C participants in the past 12 months. For only one form of abuse (i.e. isolating a partner from others) was the self-reported prevalence higher in the past 12 months than for the period prior.

Financial abuse in the past 12 months – i.e. controlling of the family finances – was reported by one in five (21%) of the men in R4C.

Figure 8: Recent (last 12 months) and past Emotional Abuse towards partner (self-report)



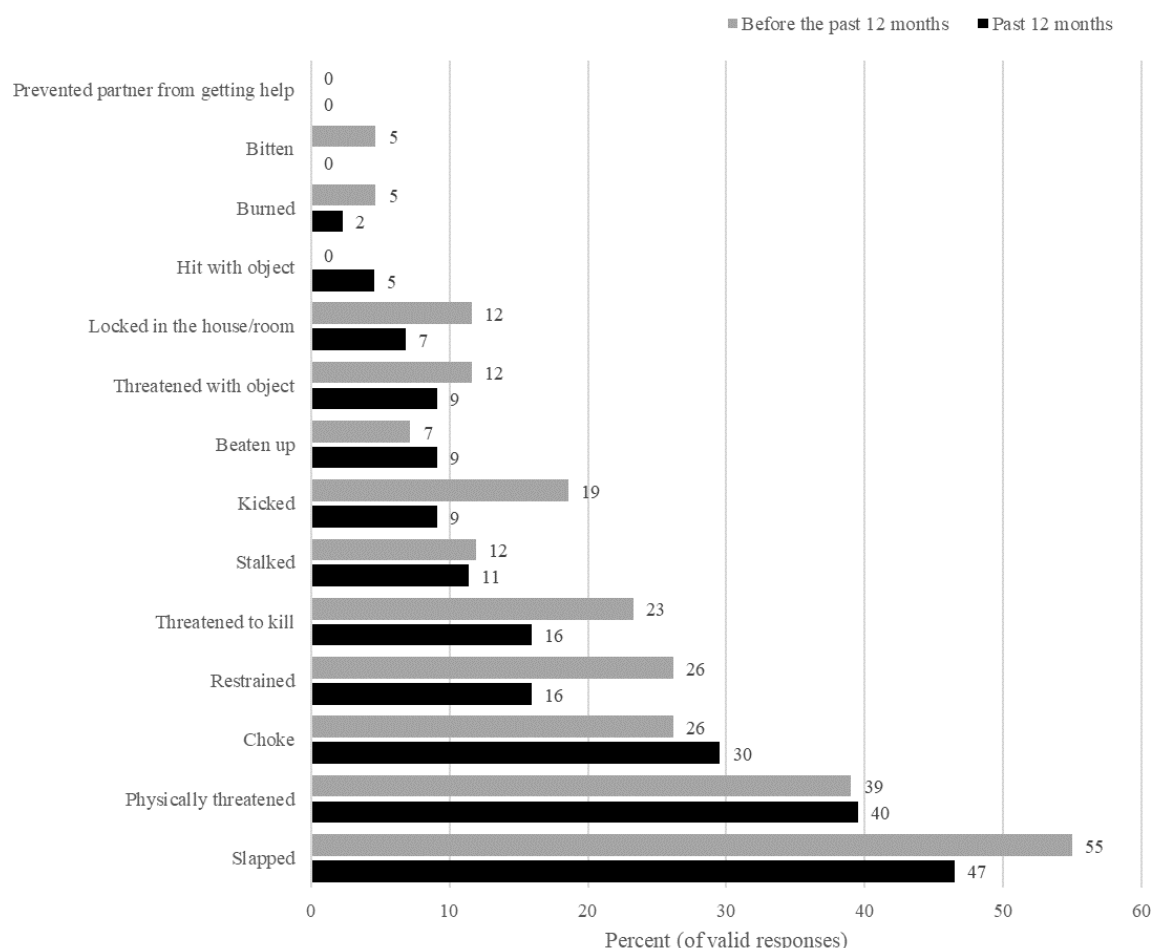
Notes: Question Wording: ‘How often have you done the following to your partner/ most recent ex?’; Responses presented as a combination of ‘sometimes’ and ‘often’. Multiple responses permitted. Valid responses vary by abuse type.
Source: DVCS Program files – EU Impact Toolkit Survey

3.6.2. Physical abuse

The most prevalent form of self-reported physical abuse in the past 12 months was slapping (47%) followed by physical threats (40%) and choking or strangulation (30%). In no case did a male participant report ever preventing his partner from seeking medical attention and burning or biting were relatively uncommon. In three categories of physical abuse the prevalence was higher for the past 12 months that it was for the period prior. These were choking or strangling, beating up, and hitting with an object. This trend is consistent with the

expectation that the men's violence had generally escalated in the months prior to their referral to the R4C program.

Figure 9: Recent (last 12 months) and past Physical Abuse towards partner (self-report)



Notes: Question Wording: 'How often have you done the following to your partner/ most recent ex?'; Responses presented as a combination of 'sometimes' and 'often'. Multiple responses permitted. Valid responses vary by abuse type.

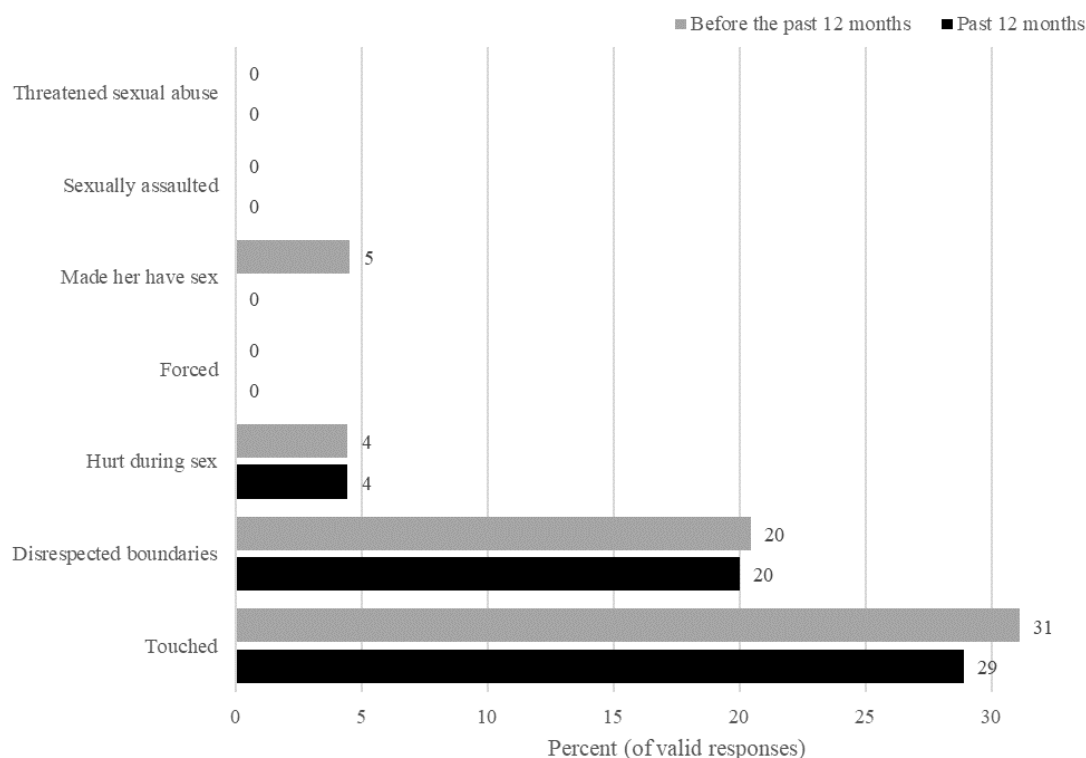
Source: DVCS Program files – EU Impact Toolkit Survey

3.6.3. Sexual abuse

Self-reported sexual abuse was relatively uncommon in this sample of men. In no case did a participant report threatening sexual abuse or sexually assaulting his partner. Forced sexual contact of any kind was rare, and none was reported to have occurred in the past 12 months.

Only three types of sexual abuse were confirmed to have occurred in the past 12 months. These were unwanted touching (29%), disrespecting sexual boundaries (20%) and engaging in conduct that led to injury during sex (4%). We are reminded here that these data are self-reported by the male participants of R4C and the outcomes may be considerably different if they were measured through the perspectives of female partners.

Figure 10: Recent (last 12 months) and past Sexual Abuse towards partner (self-report)



Notes: Question Wording: ‘How often have you done the following to your partner/ most recent ex?’; Responses presented as a combination of ‘sometimes’ and ‘often’. Multiple responses permitted. Valid responses vary by abuse type. Source: DVCS Program files – EU Impact Toolkit Survey

3.6.4. Perceived impact of abusive behaviours

The majority of men participating in R4C recognised that their behaviour caused their partner to be afraid. In all, three in every four men acknowledge that this occurred, although only 24 percent reported that it was ‘not often’ and 45 percent considered it as having occurred ‘sometimes’. Only seven percent of R4C participants acknowledge their behaviour as causing their partner to be afraid ‘often’ (2%) or ‘always’ (5%).

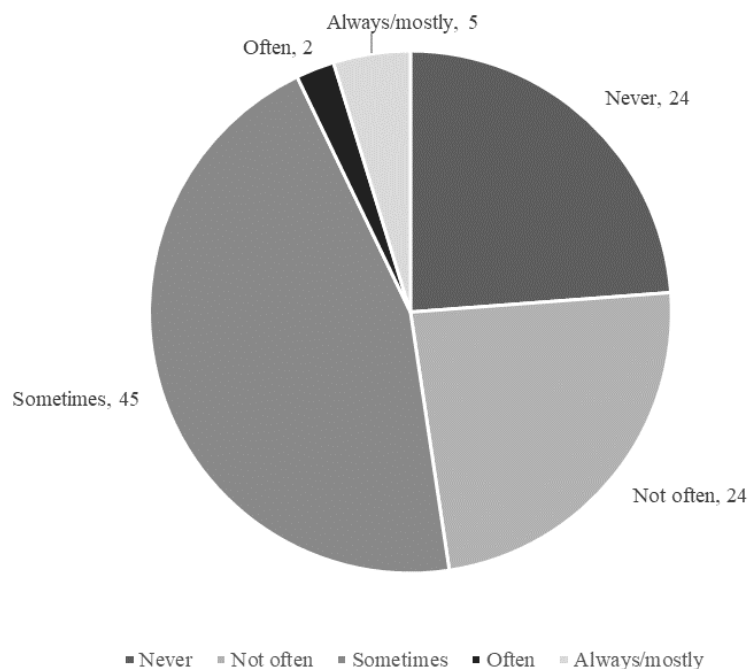
In terms of other, more specific impacts, there was a greater recognition. For example, given a list of possible impacts (see Figure 12) only one participant said that his behaviour had no impact on his partner (2%). The impact most acknowledged by R4C clients was a recognition that his behaviour had caused his partner to feel sad (75%), followed by a loss of respect (71%), and anger towards him (67%). In many respects, these most frequently acknowledged ‘impacts’ reflect how male perpetrators of family and domestic violence interpret consequences through the prism of his partner’s emotional response – things that she is responsible for.

In terms of physical impacts, 47 percent of the men acknowledged that their partner had sustained some physical injuries, such as bruises and scratches, while one in ten confirmed that their partner had received injuries requiring medical attention or hospitalisation.

Finally, although self-reported data from male participants sheds only modest light on the true nature of abuse that preceded participation in R4C, it is worth highlighting that one in five

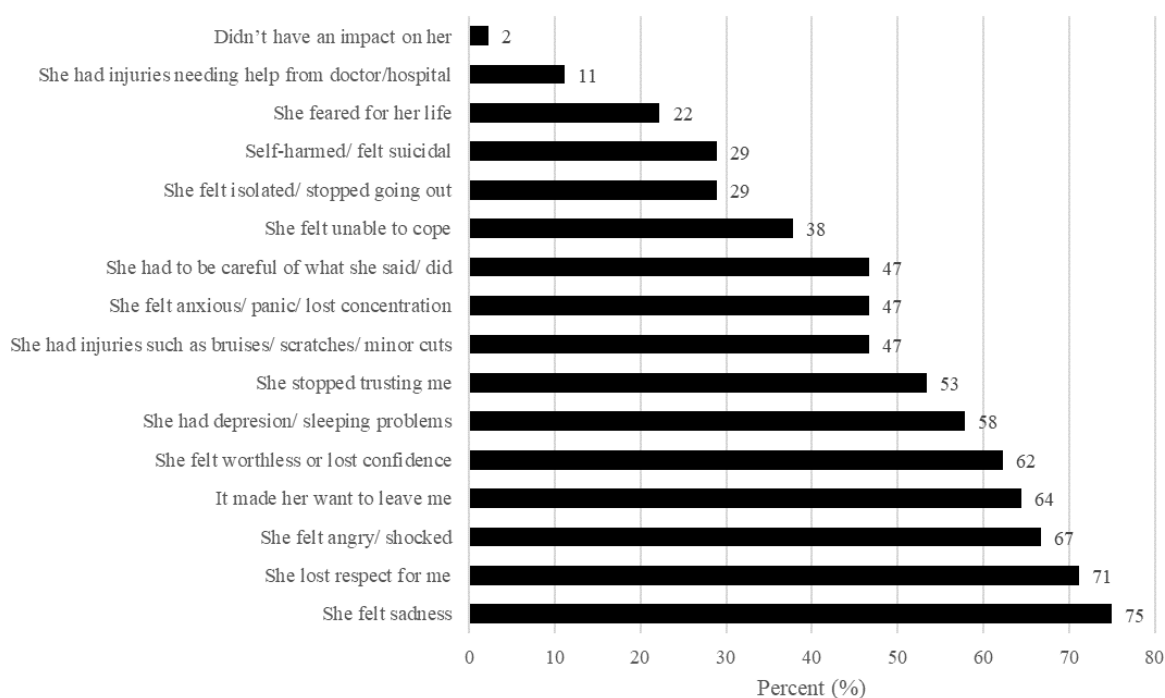
men acknowledged that their behaviour resulted in their partner having fears for their life (21%) and one in three noted that their partner was suicidal or self-harming as a result (29%).

Figure 11: Perception of partner concern/worry (self-report)



Notes: Question Wording: ‘At the moment, how often do you think your partner is afraid of you?’; Responses presented as a combination of ‘sometimes’ and ‘often’. Multiple responses permitted. Valid responses vary by abuse type.
Source: DVCS Program files – EU Impact Toolkit Survey

Figure 12: Perceived impact of actions/abuse on partner (self-report)

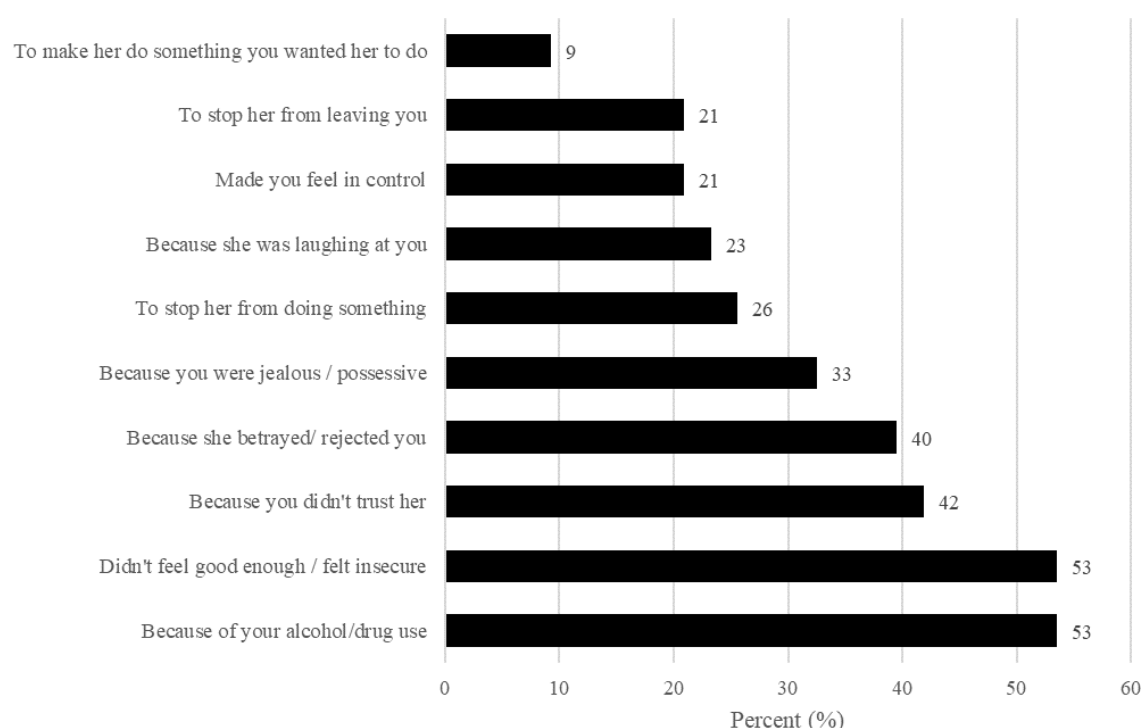


Notes: Question Wording: ‘How often have you done the following to your partner/ most recent ex?’; Responses presented as a combination of ‘sometimes’ and ‘often’. Multiple responses permitted. Valid responses vary by abuse type. Source: DVCS Program files – EU Impact Toolkit Survey

3.6.5. Justification for abusive behaviours

More often than not, the men participating in R4C cited drug and alcohol use as a reason for their abusive behaviour (53%). At the same rate, however, the men also acknowledged that their abuse occurred because they were insecure or didn’t feel good enough (53%). Of 10 possible reasons (Figure 13), these two were the most frequently endorsed by men who were engaged in R4C. This was followed by a perceived lack of trust in their partner (42%) or that the abuse was a response to being betrayed or rejected (40%). Jealousy and possessiveness was noted by one in three of the men in R4C, and for one in five the abuse ‘made them feel in control’ (21%). The least common reason given by men engaged in R4C was to make their partner do something they wanted her to do (9%).

Figure 13: Reasons underpinning abuse towards partner (self-report)

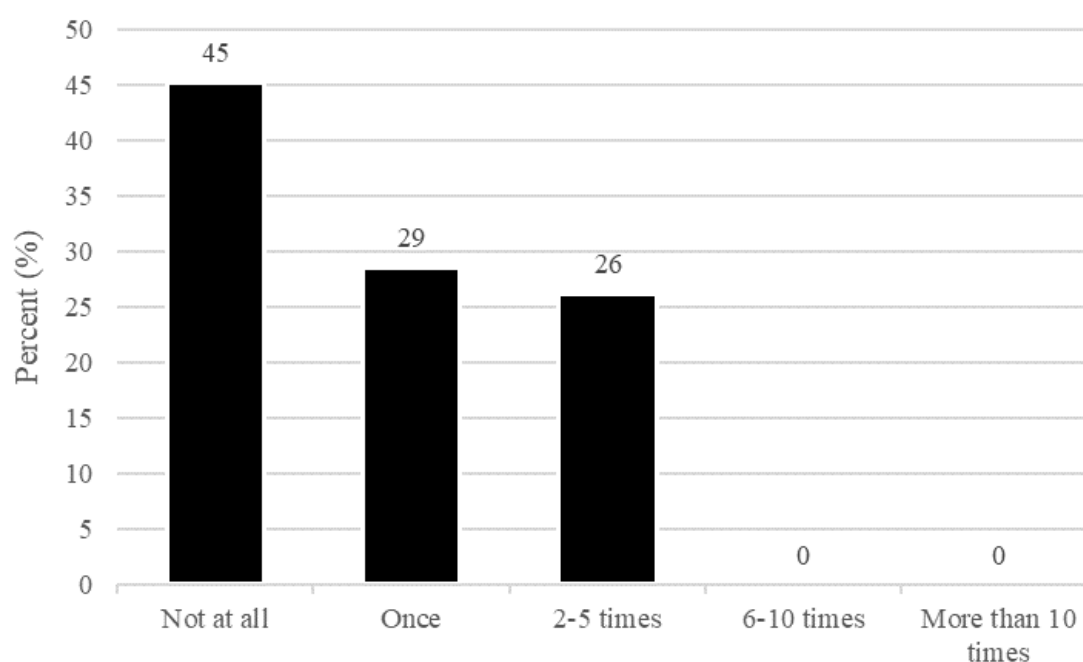


Notes: Question Wording: ‘How often have you done the following to your partner/ most recent ex?’; Responses presented as a combination of ‘sometimes’ and ‘often’. Multiple responses permitted. Valid responses vary by abuse type. Source: DVCS Program files – EU Impact Toolkit Survey

3.6.6. Police involvement

In an effort to gauge the potential severity of the violence, the R4C men were asked how often, in the past 12 months, the police had been called to their house because of the violence. Of the valid responses received, 29 percent reported one police visit in the past 12 months, while a further 26 percent reported between 2 and five visits from the police. Overall, this means that 55 percent of all R4C men had received a visit from the police at least once in the past 12 months.

Figure 14: Frequency of police involvement (self-report)



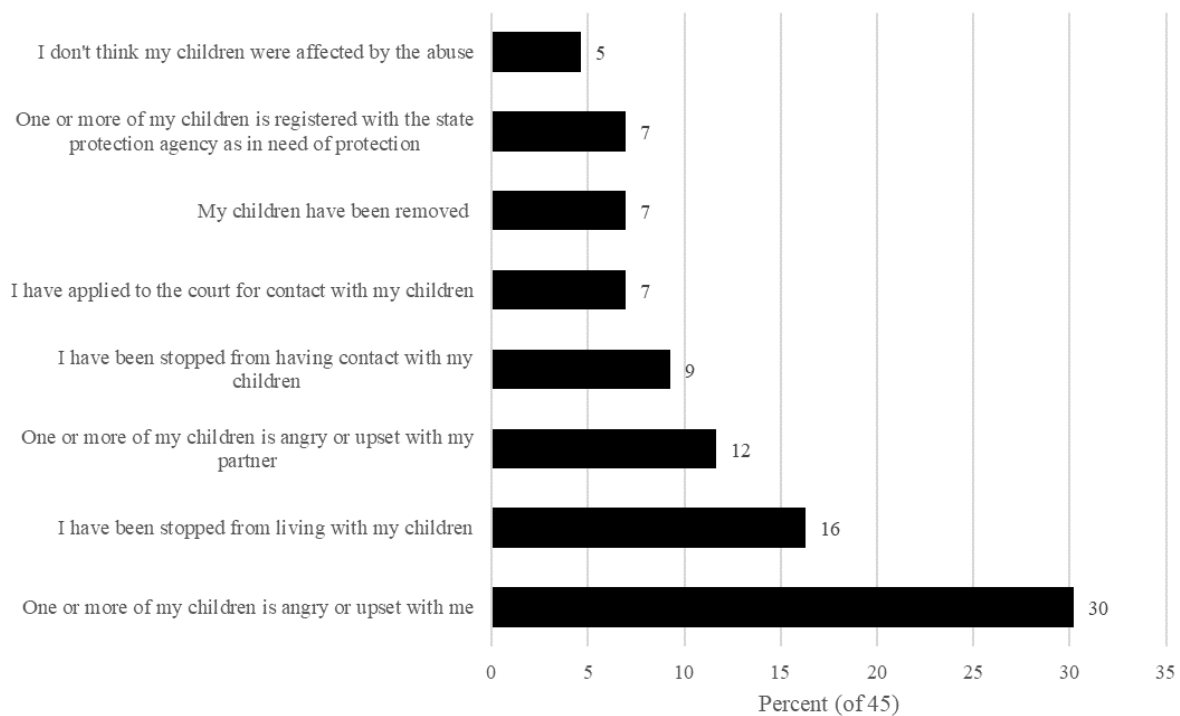
Notes: Question Wording: 'How often have you done the following to your partner/ most recent ex?'; Responses presented as a combination of 'sometimes' and 'often'. Multiple responses permitted. Valid responses vary by abuse type.

Source: DVCS Program files – EU Impact Toolkit Survey

3.6.7. Impact and status of children

The men who participated in R4C were asked what impact their behaviour had on children in their family (Figure 15). Only five percent reported that their children were unaffected by the situation at home. Of the remaining men, the majority reported that their children were angry at them (30%) or their partner (12%) for what had been happening. One in ten (9%) of the men had been stopped from having contact with their children, and seven percent reported that their child or children had been removed from their care.

Figure 15: Impact on children (self-report)

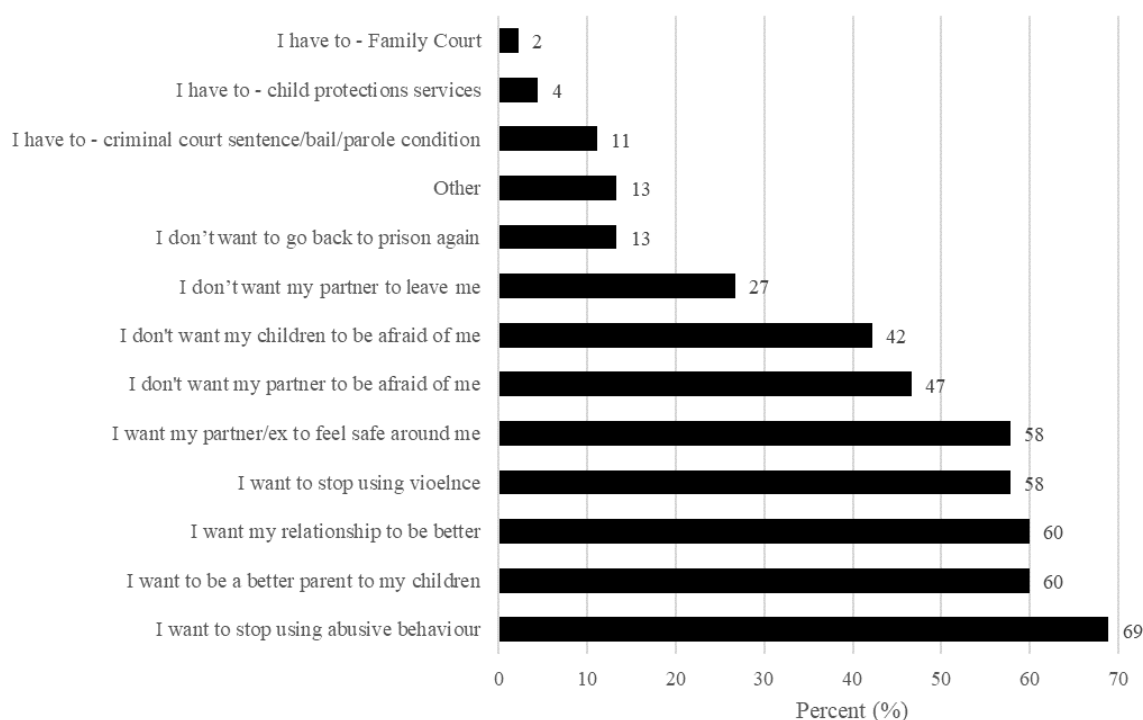


Notes: Question Wording: 'Which of the following current applies to you?'; Responses presented as a combination of 'sometimes' and 'often'. Multiple responses permitted. Valid responses vary by abuse type.
Source: DVCS Program files – EU Impact Toolkit Survey

3.7. Reasons for entering Room4Change

At the time of entry into R4C, the male participants were asked indicate what motivated their decision to seek help. A total of 12 response options were provided (see Figure 16). The most commonly endorsed reason for entering R4C was that the client 'wanted to stop using abusive behaviour' (69%). This was followed by 'wanting to be a better parent to my children' (60%) and 'wanting the relationship to be better' (60%). Only a small number of clients reported that their participation in R4C was the consequence of a criminal (11%), child protection (4%) or Family Court order/requirement (2%). A little over one in ten of the men (13%) reported entering R4C with a desire to avoid going to or returning to prison.

Figure 16: Reasons for entering R4C program



Notes: Question Wording: 'What are your reasons for coming to the program?'; Multiple responses permitted; Valid responses = 45

Source: DVCS Program files – EU Impact Toolkit Survey

3.8. Program outcome expectations

Finally, the R4C clients were asked what they hoped for their relationship by the time they completed the R4C program. Just over half (54%) reported a desire to be together and living together with their partner, while 7 percent reported wanting the relationship to end or indicated that they were already in a new relationship (4%). One in five men were unsure what to expect of the R4C program, while seven men provided other qualitative answers, most of which focused on the need to reach an amicable and optimal arrangement for their children.

Table 2: Desired post-program relationship status (self-report)

Desired relationship status at program completion	N	%
That we will be together, living together	25	54
That this relationship will end	3	7
I am not sure	9	20
I am in another relationship already	2	4
Other	7	15
<i>'Co-parenting amicably'</i>		
<i>'At least be friends/civil for the children'</i>		
<i>'To be able to be there for my children when needed'</i>		
<i>'That we can co-parent respectfully of one another'</i>		
<i>'Friendship'</i>		

Source: DVCS Program files – EU Impact Toolkit Survey

4. Outcomes

Throughout the life of this evaluation, the ANU team has conducted interviews with R4C clients, supported partners, staff and external stakeholders. This section reports on the findings from these interviews, especially as they relate to the processes and procedures of R4C and the impact of the program in its participants. As a developmental evaluation, this report systematically reports on all key issues which were discovered throughout the evaluation, recognising that a number of these may have already been addressed through new policy and procedures. Consistent with the intent of the developmental nature of this evaluation, the findings reported herein have been regularly discussed with DVCS staff and executive personnel and it is expected that elements of the R4C program will have been modified iteratively in response.

4.1. Clients

4.1.1. Client assessment of R4C, DVCS and R4C staff

The clients interviewed in this evaluation had an almost universal admiration and appreciation for the work undertaken by DVCS staff. This included both the R4C practitioners and program facilitators.

[Client P1]: “I think the facilitators are very – very good. I mean, I was really impressed the way they handled some pretty tricky situations”

[Client L1]: [My practitioner] was great. The right mix of being willing to listen and not judge. Not hammering suggestions down your throat, just offering little bits of advice here and there. And also, being fairly relaxed, ‘Life’s hard, we’re all going to fuck up sometimes.’”

For all of the men, their first interaction with DVCS was a difficult personal experience. There was an endless number of emotions described by the men, including apprehension, nervousness, guilt, shame, frustration, defeat. The transition to R4C was, however, aided significantly by the non-judgemental approach of the DVCS phone staff and R4C practitioners.

*[Client D1]: “I think Men’s Helpline was the first point of call and they gave me the two different programs. [I called DVCS] ... and they basically talked to me a little bit on the phone, made sure I was okay and coping with things at the time and that my wife was okay, and then talked about what their program was that offered, and they said a program had just started so there would be a bit of a wait, but there was an interview process and that sort of thing. I think they asked me to think about it and call back, but I was pretty sure I needed to go through something ... **The phone operators were really good. They were pretty good at making me comfortable talking to them.**”*

For some of the men, they had already experienced rejection from other programs and so their contact with DVCS was made with great apprehension and low expectation. In all these cases, the men report that DVCS was one of the only services that showed an active interest in working with them on issues other than just anger management.

[Client L1]: “I guess the wall we encountered was that there were a lot of places which were actually just not interested. It essentially boiled down to the fact that I wasn’t a father, and that there hadn’t been a police report filed. They were like, ‘Not serious enough. Don’t care.’ Which put me off it a lot as well, because I was like if they don’t care about stopping it beforehand, what’s the point. **So R4C was one of the only places that showed an interest in actually helping us.**

The thing that worried me the most was that - I mean, [the other programs] wouldn’t say it in so many words, but you would get the impression that they were looking for people who had police reports filed, were out of jail, on parole, whatever. **My concern was that at the time, I felt like I was a hare’s breath away from that. I was like, I don’t want that. I want to avoid it. It was very difficult because it felt like I was going to people being like, ‘Please, I’m so close to the point of no return. I need help.’ And so many places were like, ‘Come and see us once you’ve seen inside a jail cell.’** Again, it’s not what they said in so many words, but there was definitely a feeling of ‘there are other people who are more dangerous and therefore, they are our priority. Q: So what was DVCS’s response when you approached them. A: If I recall correctly, I think it was [my partner] that contacted them first. I think my first direct contact with DVCS was when I actually went in for the preliminary interview. **I don’t recall them ever giving me the idea that I wasn’t dangerous enough therefore they weren’t going to give me time.”**

The group facilitators were highly praised for their professional approach to the group sessions. This was as much about the professionalism of the group facilitators as it was about the secure and non-judgemental environment that they were able to foster.

[Client L1 – two weeks post-completion]: “I think it was in the second or third session [when] one of the men there [said], I forget the exact wording, but it was essentially ‘you don’t want to be the worst person in a room of bad people, which is why it was hard to share.’ There were definitely times guys told stories or anecdotes and I was really taken aback. But equally, there were times when I spoke about something that I did and I looked around, and you could see people going, ‘Wow, I’ve done something similar’ or ‘That’s rough.’ **I don’t ever think there was any judgements from anyone in the group to each other of ‘this person’s worse than that person.’ There was no hierarchy created of who was the worst ...** My take of it was that everyone in the group was aware that it didn’t really matter what level the violence was at, it was still all very serious. And the fact that the violence could escalate and deescalate so quickly meant that you could jump from something reasonably not serious to something very serious, very quickly.”

4.1.2. Client assessment of accommodation services

The availability and R4C accommodation services is also considered highly valuable by those women whose partners are currently living in the home, but may need accommodation support for their partner if the home situation deteriorates. For one client, there were a number of reasons why leaving the family home was a difficult proposition, so simply knowing that the accommodation was an option was a considerable emotional relief.

[Supported Partner F1]: “I learned from [Staff] that [my partner] does have a place that he can go if we’re not coping together, and that has been really important for me, because as much as [my partner] doesn’t want to do that, I know that if I turn around and say “You need to do that” he would begrudgingly do it. I think that has been really important for me, because I know that at some point I might just need some space for myself... For a long time it has felt like I couldn’t get that, because we have pets, and leaving them behind is always really difficult, so it can’t really be me that goes. So it has been good to know that we have that option. That’s been a really big thing.”

4.1.3. Evidence supporting mechanisms for change

Opportunity for introspection and reflection

A core objective of the R4C program is to offer a safe and supportive environment for participants to engage with and partake in both introspection and self-reflection. This is facilitated through two principal activities, namely through group work sessions and one-on-one counselling. For a number of clients interviewed, this contact with DVCS was reported as the first occasion on which they have been ‘encouraged’ and ‘required’ to engage in this kind of introspective and self-reflective activity. For a small number of other clients, contact with DVCS had occurred after a long history of interpersonal and other family violence and engagement in other services, principally anger management counselling. Still, even for these clients with a long history of service engagement, the DVCS program was reported as ‘unique’ and a ‘one of a kind’ opportunity that required a much deeper and comprehensive engagement in their feelings about, attitudes towards, and recognition of the consequences of their violent and controlling behaviour. Such is the apparent comprehensiveness of the R4C program that every client reported this process of introspection and self-reflection as a ‘difficult’, ‘confronting’ and ‘eye opening’ experience.

[Client B1]: “Q: What did the program give you that you didn’t get through other anger management programs? A: Just all of it I suppose. The talking and the awareness of the consequences to others around you and how just knowing that now my actions have such an effect on others... that’s why I really need to maybe go back and just get some help because just knowing that.”

Introspective and reflexive processes aren’t simply a retrospective reflection on past behaviour and actions, but must require a degree of prospective analysis if the lessons learned are to be translated into prospective behavioural change. For some clients, this deeply personal contemplation about the future, and their responsibility for and agency in future outcomes, emerges as a key outcome for the R4C program. One client with an extensive history of engagement in anger management programs reported that the R4C program unlike any other program, had prompted thinking about current actions and their future consequences:

[Client B1]: “Well it’s kind of like looking into the future whereas before I didn’t. I think [R4C] made me look into the future and realise what I do today can have a consequence on tomorrow.”

Much like this example, another client spoke about the need to develop a plan of action to prevent regressing into the same volatile situations that had come to represent his relationship with his partner. Here, the client situates himself as the having central responsibility for the broader relationship dysfunction and appears to recognise the need to plan for and take active steps to avoid its escalation. Situating the ‘self’ as responsible for violent behavioural outcomes is an important step to initiating behavioural change. This, coupled with a recognition of the need to actively plan for and avoid confronting situations is an important outcome for the R4C program.

*[Client B1]: “A lot of the time I just go there, put her down, we argue and I walk out in a bad mood so I’ve got to stop doing that.... **So I need to set a plan for myself.** I think someone can help me. Because I’ve got to change my life. It’s pretty much what it is.”*

Though not all clients appeared to have developed a deep appreciation and understanding of their behaviour, they did wilfully situate themselves as responsible for past indiscretions. Importantly, this act of acknowledging one’s own responsibility was something that was reported as a consequence of participation in the R4C program. One client, for example, conceptualised his behaviour as the result of his own selfishness, something he had come to realise was not easily managed but needed to be controlled. On the one hand, this client conveyed a sense of powerlessness in the face of long standing behavioural repertoires. At the same time, this recognition appears as evidence of the deep cognitive transformation, ignited by the R4C program and which is an important step towards behavioural reformation.

*[Client B1]: “I suppose I’m selfish in a lot of ways, that’s how I feel that I am being. And just not thinking about others and it’s almost like your brain’s just getting tired and you’re just not thinking straight. And in my case I get angry and got no way – but I’m really realising that. **I always thought it was something that I could get a grip of and but it’s always there.**”*

On occasion, the men in this evaluation reported needing something else—something more than was currently provided by the R4C program. Later in this report we describe the overwhelming sense the men had of their trajectory as unfinished business. Here, we reflect on the recognition these men had of the need for something more or different; be that more time with the program, more counselling, or simply a different kind of (new) program. To become cognisant of the inherent challenges of behaviour change, and to recognise the need for more engagement, suggests not that R4C was insufficient in meeting the men’s needs, but rather that it afforded an opportunity for these men to think deeply about the origins of their behaviour and the situations and circumstances which trigger their aggression and controlling behaviours. In other words, to recognise that one has more to learn or more to do is itself a solid and positive outcome of the R4C program and to the extent that its clients acknowledge the difficult and lifelong need for behavioural modification strategies should be celebrated as a success.

*[Client B1]: “**Maybe with the course it could have dug deeper into what really people are angry about and how they can change their lives to avoid or to change that anger in their lives especially if it’s stuck there....** Because I know it’s hard with some people and everyone’s different and – but yeah. So with me I was – I’m stuck with my mother of my children but I’m annoyed about all this shit that’s happened in the past. I haven’t moved on at all. I’m*

still stuck there and I'm still dealing with all these emotions. I need to remove myself and change the situation"

[Client B – 6 months post-completion]: "I do know that I still need help with my anger, definitely. I've still got some issues."

[Client B – 6 months post-completion]: "... that's why I really need to maybe go back and just get some [more] help."

Another key theme to emerge from these interviews was the comprehensiveness of the R4C program and its interest in prompting men to consider the far-reaching consequences (and contexts) of their behaviour. In some cases, this was described as a direct comparison to other programs, typically anger management programs, in which some men had been previously engaged. The key message from these men was that R4C was significantly more in-depth and comprehensive, and engaged them in a much deeper analysis of their behaviour and relationships.

[Client A1]: "Before I go to the R4C I went to anger management with [redacted]. But they said they were only for the anger management, that they're talking only about the anger management and how we can control our anger. But the R4C is totally different, is a lot of programs in one, including anger management [but also] what is the violence, why is it happening?"

[Client L1 – two weeks post-completion]: "Well, I did go to [other program - name redacted]. I went to two of three one-on-one sessions, and I just don't feel like it was really geared to dealing with my particular situation. There was a lot of literature. I'd go into one of the meetings and just get handed a booklet. A lot of it felt very much like ticking a checklist for people to make sure they didn't go back to jail or violate their parole, I guess there's a certain value to that, but it wasn't helpful for me at all. So I pulled the plug.... I think the irony of it all for me was that I was more interested in doing the one-on-one counselling sessions because I'd done that in the past, so initially I was more interested in [other program]. But, in the end, the reason I pulled the plug [on the other program] was because the [R4C] group sessions were more engaging. I got more out of it and I didn't really gel with the person I was working with at [other program]"

[Client L1 – two weeks post-completion]: "The tone of [the sessions] when I walked in [to the other program], it felt like they expected me to run out the door any second as soon as the opportunity came up. It very much felt like, 'I know I'm never going to get through to this person, so I'm just going to make sure I give them all the documentation and then I can say, hand on my heart, I've tried.' There wasn't that sort of feeling with Room for Change."

[Client C1]: "I could never think about my own thoughts and we weren't allowed to cry or anything as kids so being able to do that now. I'm getting there slowly like sometimes I'll say something and I'll think to myself I shouldn't have said that or whatever, or I could have gone a different way about it. So I am picking things up, I just wish that I was picking it up a lot quicker."

[Client C1]: “what I know now is life for me wasn’t as good as I thought it would be. I thought I was the best dad in the world and I thought I was doing everything right but clearly I wasn’t.”

[Client B1 – 6 months post completion]: “I do know that I still need help with my anger, definitely. I’ve got some issues.” I downgrade them but they’re a lot worse than they are especially in my children’s eyes.”

[Client M1]: “There was two exercises we did. The first one was when we had to basically sit there and say – and go through in detail an example of when you’d been abusive. So that was really – I wouldn’t say it was hard for me. I wasn’t afraid to say, “This is what happened.” It came quite easily. But like almost every word that came out of my mouth I was just more regretful and more sad about it, and it really kind of took something that was just – something in the past into something that was very, very real, three-dimensional, there. I’m like, “Oh, my goodness. What did I do?” So that was pretty hard. But I knew I had to do it, to get some value out of the course.

The second one was when they got us to put ourselves in our wife’s shoes and talk about your relationship. They talk to you, they ask you your wife’s name, and they address you with her name. There was a few people on the course that had done the course before, and they’d seen people doing that. They’d said to us, “Look, this -” One of them said to me, “Look, I’ve seen this before. Everyone I’ve seen [someone] do it [they have] burst into tears. It’s that difficult.” So I said to them, “Look, I’ll have a crack at it. I’m here to try and –”. Anyway, that was really, really hard. I think of everything in the course, although that was difficult, it made the most difference to me, because until I went on that course empathy wasn’t anything I could ever even imagine. I was just terrible with it. I was very hard-nosed. I can’t put myself in anyone else’s shoes”

Building circles of support and accountability

An important and distinctive feature of the R4C program is its use of weekly psychoeducational group work sessions. Here, the men meet once a week. The sessions are approximately two-hours in length and involve both new content and opportunities for reflective practice. Each group session is run by two trained facilitators and the topic of each week varies according to the program that is currently in session. The objective of group-work is to offer a safe, supportive and peer-based learning environment, in which the diverse experience of all participants can provide a framework for cognitive behavioural change.

Many of the men participating in this evaluation reported some initial apprehension about the group-based nature of R4C, as well as some ongoing fear that at some point a friend or acquaintance might become connected to DVCS and discover their situation. Although in this evaluation we have only spoken to men who have subsequently started or completed the R4C program, we think that it is likely that some men do not initiate contact with DVCS, or withdraw prematurely because of their fear or apprehension towards the group-based nature of R4C.

[Client M1]: “The only apprehension I had was if there was going to be someone on that course that I knew. That was the only thing – because I’m

very private about my private life... If there was someone there that I knew, say from work, I think I would have just walked straight back out."

[Client M1]: "I had somebody I was working with at the time. He was going through the same sort of stuff, including a divorce. I was terrified just to think, "If I turn up and even see his car parked outside: its going to be really really difficult."

Despite some initial uncertainty and apprehension, almost all men reported positively about their experience of the group-work sessions. The reasoning in each case was different, indicating that different clients draw from the environment different experiences and lessons. Nevertheless, it was the overwhelming opinion of the men in this evaluation that the group sessions were an important and (on reflection of their own situation) necessary part of R4C. For example, the group-session became an important source of accountability not only to the group facilitators, but also to the other men in the program.

[Client L1]: "Well, every week you have to go back and sit with these guys. If you screw something up, if you do the wrong thing, if you have a bad day and something gets out of control, you can sit there and not say anything. But if you're sitting there for two hours and not saying anything, everyone knows really something happened. There's a level of accountability that if you've done the wrong thing, you're going back to a group of people who are going to listen to it if you want to talk about it, if you don't talk about it, they're still going to know you've done the wrong thing. So there's a level of 'I don't want to have that moment where I have to sit down with all these guys.' And be like 'I've taken a step back'. I don't want to have to do that. So you're kind of motivated ... Because after something had happened, you would then have to go, 'I've got to talk about this. How do I want to talk about this. What do I want to say, what do I think.' So you would start to self-analyse and reflect on it in a different way than you would if you didn't have to go and talk to anyone. And the fact that it's a group of guys that are all in similar circumstances, I think eases you in to actually talking about it, once you get comfortable with it. You're not talking to people who are necessarily squeaky clean, I guess, you're talking to people who have been through the same sort of stuff."

[Client L1 – two weeks post-completion]: "Yeah, but [thinking about the group] was definitely a factor. It was useful both in stopping yourself, thinking before acting, but it was also useful after the fact as well. Because after something had happened, you would then have to go, 'I've got to talk about this. How do I want to talk about this. What do I want to say, what do I think.' So you would start to self-analyse and reflect on it in a different way than you would if you didn't have to go and talk to anyone. And the fact that it's a group of guys that are all in similar circumstances, I think eases you in to actually talking about it, once you get comfortable with it. You're not talking to people who are necessarily squeaky clean, I guess, you're talking to people who have been through the same sort of stuff."

The group sessions also helped to facilitate a group mentality, described by one participant as a kind of 'camaraderie' which helped to reduce the sense of social isolation and mitigated the feeling of 'going it alone'. Specifically, for many of the men who participated in this evaluation, the process of acknowledging oneself as a person in a violent and abusive person

is an emotionally and socially isolating experience. For some men, the group-based sessions offered by R4C provided an emotional comfort and reinforced the fact that they were not alone in their desire to change.

*[Client L1 – two weeks post-completion]: “Yeah, **I think there’s almost a feeling of camaraderie.** I’m not even sure that’s the right word that fits the feeling, but it’s the only one I can think of. There’s almost a feeling of camaraderie and group cohesion, particularly towards - probably after the halfway point. Because by the halfway point you’ve lost a few people, and everyone that remains at that point is, I would say, genuinely committed to finishing the program, getting better. **So, there’s a feeling of you moving forward as a group, and people are there to support and help you.** And it’s no longer just - in the first half, more of that is the feeling that comes from the counsellors, you feel like they’re there to help you and everyone else is just kind of there. **But by the halfway point it feels like you have ten counsellors who are there to help you.**”*

*[Client C1]: “The benefit of having the other guys in the room I think for myself is once you get to know them a little bit you find you’re not the only person in the situation. You mention the DVCS to anyone and they frown at you. And people don’t realise that DVCS isn’t just about women, it’s about the children, it’s about men, trying to get people better in the community not just one-on-one sort of thing. **I think the biggest thing for me, like I said, is having the other guys here in a way they sort of encourage you more. For myself I try and encourage people as much as I can because I know how much it is helping me.** Yes it’s not a fast and a quick fix; it’s a slow and hopefully a permanent fix, that’s the thing.”*

Further, some men reported a feeling of empowerment – empowered by the group’s recognition of their individual change, but also by their ability to contribute to the change of others. In a number of cases, the men we interviewed reported ‘helping others’ with examples or advice based on personal experience. In essence, the group sessions developed into a process of social/differential reinforcement – the contribution to which is also experienced as a degree of person empowerment and affirmation of change and progress.

[Client M1] “There were a few times when people could come back to the group and, either in the session or during the break, say “I tried what you said last week and it worked really well”. Hearing that other people had success using your strategies is a good reminder that you are also on the right track”

Not all clients, however, had a positive group experience, even if their overall assessment of the DVCS program was positive. One client, in particular, raised concerns about the group composition and structure, suggesting that the diversity of participants and their varying degrees of participation limited the utility of these sessions overall. For this client, there was a strong feeling that they were ‘giving more’ than they were ultimately getting back, and so the group-sessions became dominated by the contribution of just a few (including himself).

[Client M1 – two weeks post-completion]: “I think there was 12 people on the program. To me – and I don’t know if this is right, or whether I’m correct or not – it seemed to me that there was a very clear divide, as far as participation went, between the people that chose to be there, and the people

that were told to be there. I don't know if there were people there that needed to be there for their parole, or whatever else. But I suspect it was. And – because quite a few of them told us stories that they'd been in jail, and whatever else, and they tended to be people that just sat there on their hands, and either never said a thing, or never – appeared not to be listening, or barely turned up, especially towards the end. I think when we finished there was only seven or eight people left.

To me, I'm a talker. I wear my heart on my sleeve. And I'm quite happy to talk about my experience or things that aren't working, or things that I can help people with – my experience – and I very much felt there was, on almost every session, that people would look at me [to start the conversation] ... I felt there was a bit of an imbalance in there, and again, I don't know how you fix that."

[Client M1]: "I felt that I was giving a lot, and [while] I was learning a lot from the facilitators, I didn't feel that I was learning a lot from the other participants, bar one, who was quite active, the way I was. But I felt that I was giving more than I was getting ... It feels good to give, but at the same time, I'm not getting as much as I think I could. If there was 12 of me in the room, or 12 of the other guy in the room, it would have been a lot more – I would have got a lot more from it – from people's life experience or whatever else."

As evaluators, we interpret this statement with caution because this kind of self-aggrandizing is a common cognitive strategy for men who participate in these programs. Also, it can be loosely read as a justification for why the respondent's behaviour has not changed as much as might be expected, situating the responsibility for their lack of change in external rather than internal or personal factors. Nevertheless, we consider the substantive issue of the group dynamic (and the potential for imbalance) as an important struggle for all group-based therapeutic interventions and this client, for better or worse, has perceived an imbalance which he feels has negatively affected his experience of the R4C program.

It is important to note, however, that elsewhere this perceived imbalance was celebrated as an important feature of the group sessions. In fact, having one or two group members 'lead' with the discussion was often seen as a helpful way of 'loosening the mood' and encouraging broader participation from the group.

[Client L1]: It was one of the earlier sessions I think, we talked about - I'll say triggering, but I don't think that was the word that was used - but things that would trigger you. And we went around saying what's something that someone might say which will just set you off, things like that. That was probably pretty useful. I had a reasonable idea going into it, as soon as the question was asked, "What are things that make you mad?" I'm like, "I'm pretty sure I know what they are." But it was also useful to hear how frequently the same things were mentioned around the group. And it sort of gives you pause, I guess, to think about it. I don't know. I feel like you'd have to be a total moron if there are six people in a room who are all getting angry at the same thing, to not think about why. Why is this such a common theme to get angry at. So that was very useful, just to think about it, and not even necessarily to reach a conclusion or a reason, but just to think about of the

ten guys in the group, eight of us have said that something that really makes us mad is when people falsely apologise or pretend to be sorry when they're really not, or something like that. That's just an example I've just pulled out.

Taking responsibility

As a feminist-informed behavioural change program, a principal goal of R4C is to encourage men to acknowledge and take responsibility for their past and future behaviour. This is not intended to hold male partners singularly and wholly responsible for the broader relationship dysfunction in which they interact, but to situate the male partner as having the agency and responsibility to avoid using physical, emotional and financial means of exerting power, control and influence over their partner. At the foundation of R4C is an 18-week group work program known as *Taking Responsibility*. Its objective is twofold: to ensure that men understand their role in, and responsibility for, past behaviour, and to empower men with the cognitive and behavioural skills needed to avoid interpersonal violence in the future. A key question for this evaluation was whether R4C men accepted responsibility for their violence and recognised the agency they have for avoiding violence in the future.

It was not uncommon for the clients in this evaluation to express some early frustration about the apparent one-sided nature of the behavioural change process. Contact with DVCS and engagement with the R4C program was often the consequence of some legal action or relationship breakdown and the men in this evaluation often reported a degree of resentment towards their partner and for the situation that they have now found themselves. A consistent theme, reported by the men in this evaluation, was a deep uncomfortableness with being held responsible, and a sense of injustice about the unilateral nature of that the R4C objective.

*[Client C1]: "When I first started in this group there was a bit of annoyance against [my partner], like I was a bit annoyed with [my partner] and I was a bit pissed off that I don't get to see my kids. **But just coming to these groups has turned it around for me completely, I have no hate towards [my partner] now whatsoever.**"*

That said, having openly acknowledged that early frustration, many of the men interviewed in this evaluation have also described a pattern of cognitive change which is considerably more understanding and accepting of their partner's actions. Most openly accept that they are responsible for their own actions, both past and present, and that the path to an improved relationship with their partner and family is something that they must take responsibility for.

*[Client C1]: "The way I see it now is my kids are my number one priority and I guess she's doing what she feels is best for the kids. **She may see it that way and I don't, well that's just the way we look at things differently and there's not much I can do about that and all I can do is keep doing what I want to do to make myself better for my children.** And what's going to be better for my children is coming to these groups and learning more and trying to take the time to let it process and sink into my head."*

For one particular client there was a clear distinction between taking responsibility for past behaviour and breaking the habit of 'excuse making'.

*[Client M1]: "In the past I would have said it was my wife's fault, but now I identify that it's my fault. **Every time it's happened it's been my responsibility.** In fact, just last week, me and my wife had a bit of a – I wouldn't say a shouting match, but whatever. Within minutes I said to her,*

*“Look, that’s my fault. That’s my responsibility. I shouldn’t have done that.”
That’s one of the things I’ve learnt from the program.*

Q: Would you have ever done that before? Acknowledged that it was your responsibility?

A: No. Never.

Q: And why not?

A: Because I was always looking for an excuse. For me, it’s not about responsibility. I know my responsibilities. But it’s just about looking for an excuse, looking for some sort of, “Why did I do this? Because of somebody else.”

[Client M1]: “I never would have admitted responsibility to it in the past. Instead, I’d say, “Yes, I’ve just punched a hole in the wall,” or whatever it might be. But I’d say, “That’s her fault. She led me to that.” Now I realise that we’re responsible for the way we react to it.”

On many occasions, the men who were interviewed could give detailed accounts of their relationships and the dynamics underpinning their prior volatility, aggression and control. These stories were rich of information and demonstrated clear understanding of the personal responsibility they felt. In the interests of privacy, the details of these stories cannot be published here, however, when asked, almost all men openly agreed that prior to R4C, they would never have understood nor had the capacity to describe their actions and behaviours with such a strong sense of personal responsibility.

[Client L1]: “Q: Thanks so much for telling me that story. Would you have been able to give the same answer, in all that detail, before you started with the DVCS program? A: Certainly not. Q: Why not? A: I think it was probably because of the focus on anger being the symptom not the cause. I’d always read things about how when people are really angry it’s because they are scared; they’re not generally angry. But it was really having the opportunity to hear that spoken out loud by, I guess, people who were experienced in the area. And that kind of forced me to start to questioning myself, to be like, ‘when I get angry, am I actually angry at the person, or am I angry at something else and they’re just kind of there’. And the big revelation for me that fell out of that was the fact that I don’t tend to lose my temper at work, I don’t tend to lose my temper with my friends. So I was like, well, what’s different at home. There were a few things that fell out of that. I think as far as what R4C did to help me there, I think, was just hearing those ideas that I’d read about, what’s beneath the anger, what’s causing it. And hearing that reverberated in a group of people, I think was very helpful. And hearing examples from other people was very helpful. It put me in a position where I felt the need to look back on my own behaviour more.”

One step towards taking responsibility for family and domestic violence is the process of seeing one’s personal contribution to and agency for change. Another important step is avoiding the denial of personal responsibility and subsequent blaming of others. In this regard, there have been mixed results for R4C. On the one hand, a number of clients acknowledged that they only the ability to change their own thoughts and behaviours, and couldn’t expect to influence or change the behaviour of their partner.

[Client C1]: “And it's like well no it's a form of abuse, as much as joking is joking it's a form of abuse in a way. It's like it's not about her this is about me, it's about how you can change yourself and how you can't actually make somebody else change.”

[Client C1]: “The biggest thing they've taught me is just to realise that you can't change anyone else, but in me changing myself it could potentially cause a ripple effect and people might pick up on it and start going maybe I want to change myself a bit too.”

On the other, some clients also spoke at length about their partner's behaviour as if to suggest that relationship and behavioural change was only possible if there was an effort to change on both sides. This mindset is, as reported by R4C staff, not unexpected for men early in their engagement with the R4C program; however, as a feminist-informed behaviour change program, it is expected that the degree to which men ascribe responsibility to a third party is to be diminished over time. For even some of the earliest clients, this does not seem to have been achieved.

[Client C1]: “A lot of people probably would have walked away from it. And the reason why I'm not walking away from it is because I want for myself to be a better father and a better person in general”

Improving understanding of domestic and family violence

Without doubt, the men who have been interviewed for this evaluation have a better and more nuanced understanding of family and domestic violence. Without promoting, almost all men conceded that prior to their involvement in R4C, their personal understanding of domestic violence was limited. Most men did not actively identify their own behaviour as violent, either because it wasn't often physical, or if it was, it wasn't serious enough to cause physical harm or injury. They also did not conceptualise their non-violent behaviour as forms of domestic abuse, having never understood emotional or financial control as forms of violence.

[Client C1]: “Like I said, I never knew about all these abuses and stuff, the only thing I knew about was hitting somebody as an abuse, which I'd never do.”

One client retells his experience during the first phases of the intake process, where he was first confronted with information about the different forms of domestic abuse.

[Client M1]: “In fact, the things that me and my wife had been through, from my actions, I'd never even considered they were abuse. It was only when I was on one of those four visits, where they asked me to fill a form in that said, “Have you ever done this abuse? This abuse? This abuse?”

I went through the page and I just shook my head and they said, “What's the problem?” I said, “Look, I didn't even know – I've never done any of these things, but I never even knew financial abuse existed.” I said, “I can't believe people can even do these things.” Almost every item was “no” for me. They said, “Well, that's why you need to be on the course, because you need to understand that these things are all abusive behaviours.”

It's worth noting that later in the interview, after the client relaxed, he began to discuss his situation in more detail. He revealed that there had been verbal, financial and emotional abuse, as well as socially controlling behaviours which he has only since come to recognise as

abusive. In one example, he offers an unprompted description of his behaviour and qualifies the verbal arguments as ‘abusive’.

*[Client M1 – two weeks post-completion]: “For me, I haven’t done anything physical for the last nine months or so. Yes, me and my wife still shout at each other, say things we shouldn’t say, **which is abuse as well**. That’s still happening, but nowhere near as much as it was. So, once we can sort that out then it would have made a difference.”*

Perhaps the most compelling evidence comes from those few occasions when former R4C clients would open up about their current relationship. As earlier noted, no client reported the complete resolution of their relationship problems, but when the current situation was explored in more detail, the men were able and willing to describe their contribution in terms consistent with the narratives delivered during the R4C program. The heated verbal interactions were not downplayed as simple disagreements or arguments, but as ‘abuse’. The men, it seems, had a much deeper appreciation for the nature of their behaviour and its implications, even if that behaviour had not ceased completely. Further, with a few exceptions there was also no active or overt attempt to diminish the nature or severity of their current behaviour, showing that these R4C clients had indeed come to understand their conduct through a new lens.

[Client B]: “And now I’m just – I’ve pretty much just put myself straight back into the situation but luckily I’m controlling myself and I’m not getting physical. But there’s a lot of verbal abuse going on. I’m really bad at that at the moment. I’m thinking well because it’s not physical it’s okay and I’ve slipped right down there.

[Client C1]: “I’d never ever hit anyone like that, it’s just not right. I think if you’ve got to hit a female in my perspective how does that make you any stronger. If you feel the need that you have to hit a female, I’ve seen enough of it in my life from other people that I believe it’s completely wrong and if anything it makes you - I see it as you being a pussy really.”

Developing tools to mitigate risky situations

The cognitive-behavioural science underpinning the R4C program is key to its success. When implemented with fidelity, cognitive behavioural therapy (CBT) has been universally recognised in various meta-analyses as one of the most effective criminal justice interventions. By effective, this means that CBT is capable of producing statistically significant behavioural change in criminal justice populations across a wide variety of contexts. The effect size of CBT is not necessarily large, only that it’s positive effects are reproducible and replicable when the CBT model is implemented consistently.

A core element of CBT is a process of cognitive reframing, where situation-specific events and responses (both past and present) can be evaluated, understood, and modified through alternative behavioural contingencies. Put simply, CBT seeks to train individuals to identify risky situations (those which have historically triggered the unfavourable behaviour) and, through this recognition, respond differently. In the family and domestic violence context, CBT seeks to educate offenders about the situations and circumstances that typically result in violence, to understand why those situations are high risk and how to avoid them, and to equip offenders with alternative behavioural strategies that limit the probability of escalation and violence. These strategies are often referred to as ‘tools’.

A key question for this current evaluation was whether the participating men have developed new 'tools' for avoiding (in the first instance) or managing high-risk situations. Has the R4C program better equipped men with the capacity to identify risky situations before violence occurs and do they have strategies for deescalating or mitigating the risk of violence?

To be sure, the men interviewed in this evaluation have universally reported having learned new ways of coping in difficult situations. Some men conveniently describe these new strategies as 'tools', while others articulated specific strategies. All men confidently confirmed that these behavioural responses were 'new' and often attributed this newfound skill to their time in the R4C program.

[Client B]: "Well they've given me the tools and to realise – look deep into myself and try and find my emotions before I explode ... with me it has a lot to do with work and money and things like that. If I realise I'll just try not to get angry and the course was really good though at the time."

[Client A1]: "Q: Do you think you are better equipped to deal with your frustration now? A: Yes. Yeah, I can deal with the frustration myself by going out and [getting] some exercise, I'm going to the movies or walking, whatever. Yes, getting out of the situation."

*[Client M1]: "So if I feel like [things are escalating] – I know what signs to look for if that's about to happen. So, when I know those signs, my coping mechanism is to go and just disappear for five minutes. **Those are all things that they've told me about on the course that I'd never even thought about.** So, yes, the reason that's not happening is because from the course, they've given me the tools to say, "This is what you need to do when you think that's going to happen."*

[Client L1]: "Q: So what do you now know that you didn't know before that will help you to manage or mitigate the risk that it escalates again? A: I'm not sure there's anything as far as strategies or facts, I guess, for lack of a better word, I'm not sure that there's anything that I didn't know before which I know now, but there are definitely things that have been said to me in a different way, and because of that have resonated a little more, or helped me to understand it a little bit more. I guess the major overriding thing of everything that's been helpful, the overriding principle is to control yourself. You can't, at all, control anyone else, you can only control yourself. And I think part of the reason - I think this is for a lot of people as well - I think part of the reason we get angry is a feeling of lack of control, so you start to lash out. But that's a very simple, constant reminder. And for me personally, being able to just quickly fire something off in my head and say to myself, 'You can't control this, but you can control yourself', that's a very helpful reminder."

[Client L1]: "Prior to any of the group sessions, trying to reflect on incidents myself, it would be very hard to try and pick where it went wrong, pick the point where - even with all the personal research and reading I did, it would still be very hard. Whereas now, it's still difficult, but it's, I guess easier, even if it's gone the full length, we've had a nasty argument, it's easier to look back on that and pick the points where I could have walked away, I could have said something different, I could have chosen a different way of saying that."

Building supports and help-seeking potential

CBT strategies are oftentimes focused on the immediate situation – preventing risk and mitigating the probability of escalation in high-risk situations. However, an equally important goal of CBT is to create opportunities for early intervention and prevention – specifically through the building of supports and help-seeking behaviours which may mitigate, in the longer term, the escalation of dysfunction within relationships. More specifically, family and domestic violence is often mis-conceptualised as a single event or incident that requires prevention. In reality, however, incidents of violence often emerge as a consequence of longer-term emotional and cognitive processes which translate into a deterioration of interpersonal relationships. While it is true that CBT rightly focuses on the prevention of high-risk situations and the reframing of situation-specific behavioural triggers, it also seeks to equip participants with longer-term avoidance strategies – a critical feature of which is the development of help-seeking behaviour and the recognition of longer-term de-escalation opportunities.

R4C is just a relatively brief moment in the lifelong trajectories of the men who participate. For many of them, violence and interpersonal conflict has been a lifelong journey within which the counselling and group work activities of the R4C program are but a brief intervention. A key outcome, therefore, of the R4C program is that men who participate are confident in their ability to avoid future violence, are willing to seek help when the need arises, and know where to turn when their relationship or personal circumstances deteriorate.

On this criteria, the R4C has had a significant impact. For the men who had finished the program some months earlier, each reported having encountered difficult situations within their relationship. Each respondent also reported having been able to ‘see it coming’ and wilfully identified DVCS as an appropriate source of help.

[Client G1]: “And I just only noticed in the last few days that I’ve just – it’s like I’m getting really tired and I’m losing my concentration and I can take it out on my loved ones and I’m noticing I’m doing that a lot lately and hate being sorry. So yeah I’m thinking it’s time to go back and see if the course [is still running]”

[Client B1]: “Yeah, I feel fine about that, yeah. If anything no, I’m not afraid at all especially that department. I don’t like to get help off [other helplines]”

[Client A1]: Yeah if you contact them and let them know, so I let them know that I’m doing this Room4Change and they actually forwarded it onto XXX or whoever and then they will actually contact me the next day or as soon as they get in and they get the message they contact you, which is really good. I remember one day here I had a really bad day and I was really upset for quite a while afterwards just because things had hit me like a ton of bricks, XXX wasn’t in the next day but XXX contacted me and spoke with me on the phone, I was at a friend’s place. It was really good that she checked in on me because I was still feeling a bit shitty about it, so yeah it really helped that they checked in on me and made sure I was okay. Q: Was that something that happened here at group one night and then -? A: Yeah I just felt overwhelmed with everything and it just got to me and I just wasn’t feeling real great. Even doing this group you learn, a lot of the things you’ve done to your partner or your ex-partner like for myself I’ve learnt it wasn’t just going one way it was abuse going both ways, but when a male does it to a female it’s a completely

different thing I guess. And a lot of males like myself I just shrug it off. So I think it was just a big wake up call. I can remember times where I was over here and her carrying on so I'd go have a bath and stick my whole head under the water except for my nose and my mouth for a couple of hours on end just so I didn't have to worry about it. And it was because I was just stressed and I wasn't coping with I suppose. Yeah it's definitely hard.

4.2. Supported partners and families

The seven women interviewed in this evaluation have shown unimaginable courage and strength in their willingness to participate in this evaluation. Though few in number, their unique stories paint a vivid portrait of the experience of women, before, during and after their partner's participation in the R4C program. It was surprising, in fact, just how unique and individualised this experience was, making the task of drawing out some aggregate conclusions a challenging prospect for this evaluation.

Methodologically, we note that most of the women who participated in this evaluation were willing participants in the partner support program offered by DVCS in conjunction with the R4C program. This sample of women was unintentionally selective but nevertheless biased towards those who continued their relationship with their partner and actively sought assistance from DVCS. What is missing from these data are the women who were already distanced from their partners, or those who actively chose not to receive ongoing support. Naturally, these women could not speak to the success or otherwise of DVCS in supporting women, but they are likely to hold important information about the success of R4C in shaping their ex-partners attitudes and behaviours. This important story remains untold and should be a foremost consideration as we interpret the experiences of the women who have participated below.

4.2.1. Supported partner assessment of DVCS and R4C

*[Supported Partner F1]: "I got bumped around from place to place, not getting any help, until I hit up DVCS and I didn't think I was going to get any help from them either because of [our situation]. **But they have been absolutely fantastic. I couldn't ask for anything better. They've been wonderful, because I don't know what I would have done if they weren't there** ... It's easy for people to say "Oh, just leave and don't worry", but is just not as simple as leaving, but I also knew I couldn't do this alone anymore."*

[Supported Partner F1]: "DVCS were the first people that felt helpful. I had spent half a day calling around to different people and different programs, trying to find anybody that would help, and they were the first people that I called that I actually felt any relief because my anxiety was building more and more by that point. I was sitting there being like 'What am I going to do? He's going to end up in jail. What am I going to do?' and they were the first people that I got onto the phone with and within the first five seconds felt relief".

[Supported Partner H1]: "He was deciding between [other program] and R4C. In the end, he decided to go with R4C regardless of the court outcome because it was more specific to his issue, because he has been in trouble with

the police before and its violence that's his problem. So this was the more appropriate program."

*[Supported Partner F2]: "The incident was honestly terrifying and it was sort of a peak of his anger... He'd always say he'd do something about it, but every option we talked about, like seeing a psychologist, he said it was "to expensive". And so I called a couple of places because I'm like 'Well there has to be somewhere that's free in Canberra, or cheap at least, that he can get help'. I must have called six places before I got to DVCS and I called them and I was almost defeated because they were the last place on the list...I didn't expect anyone to help me but the woman, to her credit, went away and found all of the information I needed. **Without her help, I'm not sure where I'd be.**"*

4.2.2. Supported partner views of partner support

The women we interviewed were of the universal opinion that DVCS provided a wonderful service and that DVCS staff conducted themselves with compassion, understanding and professionalism at all times. Although the frequency of contact was different for each of the women, with only a few exceptions the level of contact and support was described as 'just right'. The picture that these women painted was of an individually tailored experience that was responsive to their emergent (and sometimes urgent) needs, but respectful of their privacy and individual agency to make personal decisions about their relationship.

[Supported Partner F2]: "Well, I think it has been difficult because I've only really got one close friend, and even they struggle to understand what I'm doing and why... I think a lot of people, if you say something to them about this sort of thing, they have a very strong reaction... It's difficult for them to understand and not have a bias on what you should be doing... So yeah, [DVCS] have been fantastic. There has been no pressure from them about what they think I should be doing or not doing. Their interaction with me is very non-judgemental."

For a number of the women, the single most significant benefit of the partner support program within R4C was the validation it provided for their experiences which had for many years been denied, both within the relationship and outside of it.

[Supported Partner P1]: "Since I have taken [those steps], I've had some really negative reactions from friends, family and generally the community. Mind you, I'm not going around shouting it because I've got a huge amount of shame, but people would say things like, "Why don't you just go to marriage counselling", or, "Poor him, he's got nowhere to live now", or, "Only trailer trash get involved in the courts", and then will not have anything to do with you. With DVCS, it was the feeling that somebody had finally said, "I will stand behind you even when everybody else is saying [his behaviour] is okay or it's your business and get on with it." Because that pushing under the carpet keeps it simmering away behind closed doors, so to bring it out in to the open, in to the community, was so powerful to me to have happen. Whether he changed was irrelevant."

[Supported Partner P1]: "It was someone finally saying, "I believe you and you don't have to live like this."

Further, simply knowing that someone at DVCS had seen and heard his behaviour first hand, and knowing that this had been recorded and documented, was of great emotional relief.

[Supported Partner F2]: “So not having that judgment and actually having someone that I can turn around and I can be like - they’ve got a record of what has gone on if I choose to use it. Having it somewhere so it’s not just reliant on me but if I ever did decide [to make things formal] within the Court system, I know [the DVCS records] would be there to help me.”

Sometimes, though, some women felt that the contact was less than desirable, or the content of that contact was insufficient to meet their needs. This was a rare statement, but worth noting because it speaks to the highly variable needs of women and the difficulty for a service like DVCS in meeting those expectations all of the time. One woman, for example, said that sometimes the weekly contact did not happen, although she understood that the service was stretched and there were probably more women in need of greater help than herself. The lack of contact in this case was not a big issue for this women. Rather it was the feeling that followed, a feeling that the case workers are too busy to be disturbed. From an evaluation standpoint, we see this as natural consequence of the desire to deliver individualised case management from within a broader service delivery framework and this will always result in some missed opportunities. What is important here is the impact this can have on women who are already feeling vulnerable and isolated and alternative contact options might be possible to help manage client expectations within a context of increasing workloads.

*[Supported Partner F2]: “I understand that it has been difficult for DVCS, but sometimes [Staff member] has said a couple of times that she’ll contact me about what the group session topics are about and that call hasn’t always come through. I do know that there has been a lot of pressure, and there hasn’t been enough people working at certain times and there has been change outs and all that. So I can understand why that’s slipped through. But for me and [my partner] it has always been a talking point and sometimes I was able to prepare [my partner] a little, which helped. **However, when the call didn’t come through I was worried, but mostly because I felt like if I called them, they wouldn’t be there...** I think people like me are especially reliant on having a routine and when I didn’t know what the group-session was going to be about, I couldn’t have that preparatory talk with [my partner]. Trying to ask when he came home was much more difficult.”*

Another concern for some supported partners was that the weekly update was insufficiently detailed or individualised to their partner’s issues and their relationship experiences. The supported partners became very aware that DVCS was learning a lot about their partners but were unable to share much of that information for confidentiality reasons. In legal workplaces, this is called the ‘Chinese Wall’ and is an internal mechanism designed to protect the rights and confidentiality of two conflicting parties in a legal dispute. In the R4C context, this ‘Chinese Wall’ was perceptible to the supported partners and while they understood the need for confidentiality, they also felt that much of what was being learned by DVCS could not be actioned in the relationship because it was unable to be shared.

[Supported Partner H1]: “I only had a couple of phone calls with them because it was a little bit difficult in the sense that they couldn’t talk to me about what they were actually doing with [my partner]. They could talk to me about the common things he was doing in the program but it wasn’t

specific enough for me, in a sense, so it was great that they gave feedback on what they were learning in general, but in terms of the problems I was having, they couldn't specifically talk about... I think that without being able to talk directly about the person, it's not as useful. So I think that in our situation, the assistance provided to partners could be a little more useful if they had [my partner's] consent to talk with me about what he was going through so that we could also work on it together at home."

Consistent with this, there were a number of supported partners who wanted to take an active role in their partner's R4C program, or at least help to reinforce the key messages and lessons at home. There was a distinct sense that these women understood the feminist-informed philosophy of DVCS and the R4C program, but didn't think it was helpful to ignore their shared responsibility for change. These women wanted to help their partner and felt limited in their capacity to do so because it was actively discouraged.

[Supported Partner F2]: "But I think that as much as the men need to change, I know that I've needed to change my approach a lot as well because there were a lot of things that I was doing that wasn't helpful and it was really destructive. And I think that a lot of people see what the men are doing and they know they need to fix it, but it's not just the men. I think that especially if you want to stay in the relationship that you have, it's got to come from both parties. Q: Did you ever get the impression from DVCS that you didn't have to do anything? A: Unfortunately, yes... I don't think they would every say it like that. I'm sure they would have supported whatever decision I came to, but I think the men probably don't talk about it much because it's so focussed on them, that it's their issue and that they've got to deal with it and I don't think that this is necessarily the whole story."

In a somewhat humorous moment during one interview, a supported partner likened the abuse she experienced at home to getting raw chicken in her favourite restaurant. The analogy proved to have a deeper meaning and evidenced in its own unique way the cognitive-behavioural value of the DVCS partner support program.

[Supported Partner P1]: [Not long after my partner started on the program] he began treating me like a princess. And so I'd go 'Well, now I don't deserve to say that he's hurting me, because he's given me this and that', you know what I mean? It's kind of like when you get chummy with somebody at your favourite restaurant. You go to the restaurant and you really like the food and you get chummy with the chef. Then one time your chicken comes out raw, but you don't want to say anything because you think, 'Oh this is so awkward because we've got this connection, and you know, I don't want to not come back.' So you begin to think 'maybe it's not as raw as I think it is' With DVCS and Room for Change, I'd tell them about my chicken dinner and they'd go, 'Yeah you shouldn't be getting raw chicken. It's going to make you sick'. And believe me, it will."

To clarify, this was not the view of all of the women we spoke to. In fact, this desire for mutual-action was expressed only by those women who had remained in the relationship and were committed, at least for now, to maintaining their relationship. The women who no longer had contact with their partners did not express the same sentiment and did not agree that they needed to enable their former partner's change. Further, we recognise that this desire to participate can sometimes emerge through the mentality of victimisation, which is actively

discouraged by feminist-informed services like DVCS. Finally, we also recognise that for some women, the perceived need to contribute to their partners change can be the result of their partner's emotionally abusive tactics. For others, the attempt to engage with their partner about their change could create further situations of conflict.

A particularly cogent theme to emerge from these interviews was that in every case, the women described a significant degree of social isolation and, through that, a feeling of helplessness in their relationship. This was almost universally the experience of women in the months and weeks leading up to their first contact with DVCS, but also a common feeling that many of these women reported as continuing both during and after their partner's involvement in R4C. It was surprising, in fact, just how many of these women had been literally isolated from family and friends who physically distanced themselves because they 'couldn't understand' their decision to maintain the relationship. It was equally surprising how many of the women also experienced a deep sense of emotional isolation from those who didn't want to acknowledge or no longer wanted to talk about their day to day experiences. What is particularly notable here is that these women described DVCS, not as a substitute for the quality family and social relations that they continued to crave, but as a source of great comfort in the knowledge that someone understood their story, validated their experiences, and empathised with their situation.

4.2.3. Partner safety

Perhaps the single most important question for this evaluation was whether women (and their families) are safer as a consequence of their partner's involvement in R4C. Again, as earlier indicated, the somewhat selective sample we have here in this evaluation makes it difficult to assess this as an aggregate outcome of R4C, because we simply cannot confirm the experiences of those who did not engage the support, or those who had already ended their relationships. Nevertheless, the stories told by the women who did participate in this evaluation raise a number of important considerations for which DVCS and future programs should be cognisant.

The first lesson of this evaluation is that safety is both an objective and subjective experience, and highly individualised to each person's own situation and circumstance. Objectively, all women reported that their partners had developed a keen awareness of their behaviour and a deeper understanding of abuse. More often than before, their partners would defuse rather than escalate situations and the frequency with which conflict arose was less than prior to their partner's involvement with R4C. Objectively, these women understood that they were less at risk of violence, at least not as often as was the case before. Some women commented that their partners had, indeed, been equipped with tools and strategies for minimising the frequency of conflict and control within the home and this, from an outsider's perspective, was a clear improvement in their objective safety.

Subjectively, however, many of these women maintained an ongoing fear that had not yet been ameliorated by their partner's apparent reformation. The potential for violence was always a background concern, and although fewer in number, the instances of conflict that did occur were enough for these women to question whether their partners had, in fact, changed. In one example, a supported partner wholeheartedly confirmed that she was safer as a consequence of R4C, but not because her partner's behaviour had changed, but rather that DVCS had equipped her with the confidence that she had the capacity and support to change her own situation if she wanted to. Her partner's behaviour, as she describes it, actually worsened while he was participating R4C. However, despite this, she wholeheartedly agreed

that even if his efforts to ‘gaslight’ conflict in the home had increased, she felt safer in the knowledge that DVCS were having regular contact with him, were documenting his behaviour, and were always there on the crisis line if ever she needed them. For this particular woman, what mattered most was not that her partner was a changed man, but that his actions and behaviours were no longer hidden behind the veil of pretence. By simply being in R4C, this woman had been empowered with the affirmation of her experience and the knowledge that her partner’s behaviour was unhealthy and abusive.

For another of the supported partners, safety was subjectively understood as the likelihood of recurrence and she was conflicted about whether R4C had actually improved her safety. To be sure, this woman could clearly identify instances and situations where escalation was highly probable, but didn’t occur, or where previously conversations and discussions (about money and finances) were had in a productive and calm manner. Objectively, she could clearly quantify the improvement in her safety, as measured by the frequency with which conflict occurred. However, subjectively she felt that still there was the chance that a situation might escalate and that R4C had not mitigated that risk entirely.

[Supported partner H1]: “I only had a couple of phone calls with them because it was - the support was a little bit difficult in the sense that they couldn’t talk to me about what they were doing with [my partner]. So they could talk about common things that he was doing in the program. However, it wasn’t specific enough for me, in a sense, so it was great that they gave feedback on what they were learning in the week and what they were supposed to be getting out of it, but in terms of any problems that I was having, they couldn’t specifically talk about [my partner]. So that’s where it probably would be more helpful, I guess, because I’m assuming that a lot of people don’t end up staying with each other after that kind of experience. So to have more involvement in that to try and sort of drill down on specific issues and specific triggers and things like that as to how that situation occurred I think would be a better support.”

[Supported partner H1]: “I think without being able to talk directly about the person, that’s where the assistance is not as useful as it could be. So I think that in this situation, if they had consent from [my partner] to talk directly about his situation with me, then the assistance provided to a partner could be a little bit more useful... So it would’ve been good to get support specifically around why the issues were happening and maybe some techniques and management of that. So I know that the program is really just to assist [my partner] and they’ve got to be careful about not becoming relationships counsellors, but I think the program could be a little bit more tailored. [This would help] to make [partners] a little bit more accountable while they’re going through the program, too. So if they’re looking at ways to identify and change their behaviour and then they’re getting a call from that person’s partner to say, “Hey, this is what’s going on, I’m not happy with this,” then it’s directly in that supportive environment going, “Hey, you need to be accountable for this. It’s going to take some time, but these things are not okay.” And then I think it would probably be a little bit more effective in terms of managing behaviours.”

[Supported partner H1]: “So he obviously feels really guilty that I’m in that position in the first place. So he feels really, really horrible about the fact

that that's there anyway. He also has a lot of shame about what he's done. So he's really upset because he knows that they will never forgive him, they will never want to speak to him, they will never want to do anything, which makes it really hard because if we want to have kids or anything like that, it's like how do you get this involvement? And that they don't come and visit. And they're not going to let it go, do you know what I mean? So it's just sort of like oh - so in a sense, I'm not really sure if my family understands."

[Supported partner P1]: "I felt safer because somebody had acknowledged what I had been previously told by him was in my mind. An overt, open, and direct confirmation of what I had believed was happening to me. That was an external and neutral person. So yes, I absolutely believe the course had validated for me, that this was wrong, it wasn't in my mind."

[Supported partner J1]: "I was even more safer and mentally, felt safer knowing that there was some parties here trying to support the both of us in a very neutral and confidential way."

Safety, of course, is not only measured as the aggregate or absolute improvement in men's behaviour, but also the support given to women to improve their own safety. There were a number of examples given by several women about help and advice they had received from DVCS in order to ensure their safety. This one-on-one crisis counselling and advice was highly praised by the women and undoubtedly improved their safety, even if only in specific situations.

[Supported partner H1]: "I think the big one that I can talk about was an occasion when I was able to call DVCS because I knew that I was going to have to talk about something with [my partner] that he was not going to like. And I was able to call the crisis line up and be like "Look I'm going to be speaking to him tonight about this, what do I need to do to prepare and sort myself out if it goes badly?"... They told me exactly what to pack. They told me exactly who to tell. They were like "Go to your neighbours" because I'm relatively close with my neighbours, they were like "Go to your neighbours and tell them if they hear screaming, call the police." All of these sorts of things. And sort of exactly the steps that would need to be taken if I did need to call them... These are the sorts of things that when you're trying to deal with a difficult situation on your own and you don't necessarily feel like you have somewhere to go. It's very difficult to put a plan in place if you feel like something is not going to go well. Q: And having the capacity to call them and, in effect, resource yourself, in anticipation of that difficult conversation. A: Yes. Q: You felt like you were safer in your ability to have that conversation with him because you had a strategy now that, in a sense, had the approval of a DVCS person? A: Yes."

4.3. Challenges and Considerations

4.3.1. Trust and confidentiality

Some men were concerned about the confidentiality of their involvement in R4C. They understand that there is limited confidentiality, largely for legal and ethical reasons, but they worry that what they share with both the group and the R4C staff will have repercussions. This concern is most acutely reported by men who are involved with R4C as a result of legal

or family law matters. They report not being able to fully engage in every component of the program because they are unwilling to openly share their thoughts and experiences.

Staff reported that the benefits afforded by the close relationship with other justice department agencies actually improved the capacity to help clients and improve the safety of their partners. Though the mandatory and statutory reporting and sharing of information is seen as a challenge for some clients, the benefits to partners and the broader DVCS service ought to be prioritised.

4.3.2. Value for money

This evaluation does not attempt to adjudicate the cost-benefit of the R4C program. To do so would be a difficult task given the multiplicity of objectives and benefits achieved on behalf of both the men and women who are involved. Further, the wider community benefits would be difficult to enumerate in terms of financial savings.

An alternative way of considering the cost effectiveness of R4C is to ask whether the service should be government funded and free for clients to attend. The answer to this question will vary from person to person, and is not absent of personal and political prejudice. However, at a number of points in this evaluation, the men and the women confirmed that the cost-free nature of the R4C program was essential to their involvement. In one case a supported partner described a long history of attempts to get her husband into counselling. Often, the excuse for not engaging was financial and there was a history of financial control and abuse in the relationship. The only reason she managed to encourage her partner to undertake R4C was the fact that it was free. The potential financial burden of treatment was ‘make or break’ for her partner and without a cost-free service his involvement would have never occurred.

[Supported Partner F1]: “[My partner] really didn’t want to go through with contacting DVCS so I wanted to get all the information before I went to him. He is very worried about money, which I understand. I get that. So it needed to be a free service, so I went and I got all the information before I went to him.”

4.3.3. Benefit and need for R4C accommodation support

A number of the men interviewed in this evaluation had lived or were living at the R4C residential complex. All men were positive about the experience and reported only a few interpersonal conflicts with other residents. Most men had at least one occasion of infraction against the house rules, although all men reported the rules as fair and understandable. The alcohol restriction, and the restriction on visitors were two rules most commonly mentioned as a frustration. Still, these men understood the need for those rules and agreed that they were important given the context of R4C.

Even though the majority of the men who use this residential service are separated or unable to live in the family home, the true value of the residential option is, perhaps, best understood through the eyes of supported partners. In one case, the mere availability of the accommodation option was a significant relief in that it made available an option if things within the home were to deteriorate. The discussion implied that the availability of accommodation for her partner made continuation with the program more likely because of the comfort it provided knowing that she wasn’t stuck with the consequences of its failure.

[Supported Partner F1]: “I learned from [DVCS] that [my partner] does have a place that he can go if we are not coping together, and that has been really important for me. As much as he doesn’t want to do that, I know that if I turn around and said “You need to do that” he would, begrudgingly... For a long time, it has felt like I couldn’t get away from it all and there are reasons why I cannot leave the house. So it’s a really big thing to know that we have that option”

4.3.4. Diminishing circles of accountability

Earlier in this report, we noted that a significant benefit of the group and one-on-one sessions was the development of a network of accountability. The men often described the cognitive and behavioural consequences of weekly ‘reporting’ to a group of people who shared an interest in their success and progress. In many respects, the R4C community is one that develops as a circle of responsibility and accountability and this sense of ‘being accountable’ was foremost in the minds of the men who were actively engaged in change.

Interestingly, however, most of the men interviewed in this evaluation described a closed social network of family and friends in which only a small number (if any) were aware of their involvement in R4C. Few of these friends and relatives knew the full extent of their violent and controlling behaviour, and those that did were oftentimes described as having ‘similar issues’ with their partners or ex-partners. Throughout the interviews it became apparent that beyond R4C, these men had not extended their networks of accountability and few reported maintaining contact with any of their peers from the R4C program. In fact, some men reported further isolation from their peer groups, especially those from whom they perceive a lack of understanding or support.

*[Client L1]: Q: “You said earlier that you didn’t tell many people that you were going through the program, and that you’ve only just recently told your parents. Why was that? A: **There’s a lot of shame, and a lot of guilt. It was hard enough to sit in front [my partner] and acknowledge the things that I’d done wrong and how that had hurt her.** Trying to do it with my parents, I was terrified of. So the fear of judgement, particularly from my father, was very, very real for me. I actually even now, haven’t spoken [to him] about it. I’ve only spoken to my mum about it.”*

*[Client L1]: “I’ve since distanced myself from a couple of my friends. **From a couple of them I did get the impression that I would talk to them a little bit about it and they would kind of stand back from you a little bit, they’d be like, ‘Well, who the hell are you. I thought I knew you and you go and do stuff like this.’** So there was a level of judgement there from a few people. And I’ve distanced myself from those people, not because it pissed me off that they were judging me, but just from, ‘Look, this is who I am. I put it out there, you obviously aren’t comfortable with that, so that’s fine.’ **Then there are a couple of friends, the two people that I have shared the most with out of my friendship circle are both people who I know also struggle with anger, so there was a lot of understanding between them.**”*

What is clear from the men interviewed in this evaluation is that there remains a deep anxiety about how to engage with the ‘outside’ world and with those who in their social circle are not aware of the journey they are undertaking. For many, the response to this anxiety manifests as

social withdrawal or even denial, which means that after R4C, the level of support and the mechanisms of accountability are diminished.

By not establishing clear networks of support and accountability outside the R4C program, some men experience great emotional distress, especially when confronted with the need to introduce someone new to the details of their situation and the nature of their past behaviour. This need to ‘re-live’ the past is potentially regressive, described by one client as having a significant emotional toll that “put them back by 20 weeks”.

[Client L1]: Q: Was there any sense at any point that speaking to your mum about this put you back a step? A: It definitely has. [It] almost feels like I’ve taken a step back 20 weeks emotionally, because where once I dealt with all of these feelings, all of a sudden I’ve got to re-deal with them to help this other person catch up.

The challenge for the R4C program is in how best to support post-program behavioural change through mechanisms of accountability that extend beyond the group and one-on-one sessions. With so many of the men in this evaluation reporting the value of the within-program accountability structures, there remains an ongoing question about whether some effort is needed to build these communities beyond the program so that these men, many of whom recognise their behavioural goals as life-long, can be sustained. One client suggested a monthly newsletter as a potential method for keeping in touch with past clients.

[Client M1]: If they were just sending out something like a newsletter every couple of weeks, and it doesn’t need to be a lot, maybe just a paragraph or so, and – even if the real content of the newsletter is, “There’s this new technique for this,” or, “Have you thought about this?” or, “Don’t forget this,” or just a reminder or something. Something that’s really not very intrusive, but just enough. Even – for me, even if that just came up in my inbox and I saw that it was from them, and the subject line, and I never even read it - that would be enough. Something that’s not too personal – not like a text message, because that’s how they normally communicate with you, which you feel is a bit more intrusive – I don’t know.

4.3.5. Client motivation and typologies

It would be premature to conclude in this evaluation that there are particular types of men who are more likely than others to be successful in R4C; after all, success is likely best measured at the individual level and intersects with partner and relationship goals more generally. However, evidence from this evaluation provides an opportunity to reflect on what has been discovered and provides some early insights into the client characteristics which are likely linked to longer term success. Reflecting on the interviews conducted, we make the following observations:

- Men who have been mandated to attend R4C may be difficult to engage at the outset, although the mandatory nature of their involvement will likely prevent early or premature withdrawal. As is the case in drug court programs, mandatory participants can be successful if the initial motivation to engage with DVCS can be converted into genuine motivation for change.

- Men who have wilfully contacted DVCS and commenced room for change, mostly to satisfy family law requirements are likely, in our view, to be the least successful in R4C. These men struggle to see the need for behavioural change. They are also more likely to ‘perform’ the process of change as a means of satisfying the expectations of R4C, but not genuinely engage with the program and the cognitive behavioural components that are likely to seed longer term behavioural reformation. These men will also be more likely to demand premature acknowledgement for their involvement in R4C and soon become disappointed and disgruntled when program staff disagree. Above all, these men are more likely than others to talk with confidence about their change and are certain that they have succeeded on the program even though the behavioural signals suggest otherwise.
- Men who enter R4C with the motivation to discover the underlying reason for their interpersonal conflict will likely benefit the most from R4C. These men have likely contemplated change for some time and will be more receptive to the cognitive behavioural components of the program. They are also the least likely to describe themselves as ‘finished’ in their journey of change, and more often than not acknowledge their need for long term or life-long reminders to stay ‘on-track’. These men will, as is evidenced in the interviews, may not stop their abusive tactics altogether, but they are genuine in their attempts to change and are the most likely to be able to evidence their ‘tools’ for avoiding conflict and violence in the home.

4.3.6. Referral and screening times

A number of the men interviewed for this evaluation reported some mild frustration at the referral and screening processes. For many, the lengthy process of screening seemed excessive and many would have preferred to start on the program as soon as possible. Given the nature of the men referred to R4C, this desire for immediacy is not unexpected, and the reported frustration is wholly consistent with the attitudinal issues that brought them to R4C in the first instance. Consequently, we don’t emphasise this frustration as an indicator or consequence of some failing in R4C, and consider the need for thorough and effective screening processes to be of paramount importance.

However, the men’s concerns speak to a larger consideration which must be factored into the service delivery model of R4C. Specifically, many of the men we spoke to had first contacted DVCS and R4C after a significant or critical event. Many of the men describe the event as ‘the worst yet’ and are personally conflicted by the experience. The supported partners mostly confirmed this, describing their partner’s contact with DVCS as the consequence of what one woman described as ‘the final straw’. It is important, therefore, to recognise that the men’s sense of urgency in this period is contributed to by the conflict they experience in their identity as a violent and non-violent man.

The critical issue here is not whether the screening processes takes too long, but whether in the time it takes to complete that process there is a lost opportunity to engage with men when their motivation for change is highest. From an evaluation perspective, high quality screening is essential for R4C to succeed. If men decide not to participate because of the time it takes to complete this process, then is it likely that these men would not have engaged with the program anyway. That said, where programs like R4C exist to capture a population of men who might not otherwise consider behavioural change, there is a lost opportunity in not maximising the period in which motivation for change is at its highest.

4.3.7. Weaponising program language and new knowledge of abuse

A significant and positive outcome of R4C is that the men in this evaluation reported a newfound knowledge of domestic abuse and the many ways in which abuse can manifest and present in relationships. In almost all cases, these men were able to describe their past actions as abusive, even if their prior understanding of abuse was limited to just physical forms of violence.

Unfortunately, empowering men with this knowledge appears to have a number of adverse consequences. Specifically, as the men developed a deeper appreciation of their own abusive tactics and behaviours, they also became more confident in their descriptions of their partner's behaviour as 'mutually abusive' or in their capacity to recognise the behaviour of other family and friends as 'just as bad'. This seemingly manifests as either a justification for past behaviour ('is it any wonder I was violent' or 'I'm not the only one who does this') as well as a tactic for diminishing one's responsibility for the resurgence of that behaviour ('she abuses me too, maybe not physically, but verbally and emotionally'). Collectively, we describe this as the 'weaponising' of program tools and program language in a manner that constitutes new or continuing abuse.

*[Client L1]: [My partner] and I, had an argument very soon after I started the program, I think it was the week after we talked about the types of abuse, we had an argument, and two or three times throughout the argument I pulled her up and I was like, "Did you know that was a kind of abuse? ... **But there were definitely a couple of arguments we had early in the course where, looking back on it now, I can see myself picking apart what she was saying, and analysing it, and then to a certain extent, starting the process of justifying why I am about to blow up.**"*

[Client M1]: "I've said to my wife, 'Listen to our neighbours'. I can hear the men shouting every night. That's abuse, but no one's identifying it. This happens a lot more than people realise."

On the one hand, it is comforting that the men can more readily identify the actions of others as fitting within the broader criteria of abuse. This shows that the educative component of the program has been activated and broader social change, if it is to be achieved, will require more men and women to understand the various manifestations of domestic and family abuse. However, these statements were almost universally used to provide comparative context – as if to diminish the severity or potency of one's own behaviour in comparison to others.

In one case, it became apparent that the weekly content of each R4C group-session was intentionally used as a point of conflict and disagreement. Although it would be unethical (and potentially identifying) to describe this scenario in full detail, in essence, the male client would return home each evening after the group session and question their partner about what they had learned. The intent, at least from the partner's perspective, was to engage in a conversation where the relevant form of abuse could be denied. Failure to deny the experience would, itself, trigger an emotional outburst that had the potential to escalate to further verbal or physical abuse. Such was the frequency of this occurrence that the partner fell into the habit of falsely denying prior experiences, serving only to reinforce to the male client that their behaviour is not abusive.

With this newfound knowledge comes opportunity – the opportunity to weaponise program language against their partners, either as a form of self-justification, or as an abusive tactic in

its own right. Men learn the language of domestic violence and their newfound knowledge can be weaponised against their partners, only exacerbating existing tensions and dysfunction. With knowledge comes power and some men, it seems, have begun to use the language of domestic violence to further support their claims about the responsibility of their partner for some of the dysfunction in the relationship. This can be counter-productive.

[Client C1]: "I've got friends and family that do know that I'm coming to this and some of them go oh we do see a change in you, you're not as much of a smart arse, you don't swear as much, you nowhere like the way you used to be. And a few people are like you're not the same you and it's a bit how you going."

To be clear, this issue is not unique to R4C. In fact, it is a widely reported phenomenon in men's behaviour change programs. The Australian National Research Organisation for Women's Safety (ANROWS), for example, recently reported on the ways in which program participation can often result in an increase or change in abuse, especially where participation is mandatory or otherwise the result of a request from their partner (Chung et al., 2020). In particular, it was reported that men can, at times, weaponise their partner's demand as a form of emotional abuse. Similarly, Vlias, Campbell and Green (2019) report on several intervention related risks, including the misuse of program information and participation as a veil of behavioural reform, even as different forms of abuse continue.

4.3.8. Differential counter-narratives

The men who are engaged in R4C report a myriad of family and social contexts in which their cognitive and behavioural change has been challenged. In particular, some men report living with family or friends who hold strong counter-narratives about the need for and prospects of change. These differential counter-narratives risk weakening the therapeutic gains from R4C and can undermine the cognitive change trajectory.

[Client C1]: "there are forces that work against it. My brothers, [for example], go 'we know who you are, you're fine how you are'....So yeah friends and family are the hard part because even my friends, a lot of my friends go well that's just who you are, we know you're a shit stirrer, we know you're a smart arse, that's who you are."

[Client C1]: "But everyone just seems to think it's so one-sided, and I guess that's because that's what they are seeing"

[Client C1]: "I think the biggest thing for anything is if you're trying to change something the people who you hang around like your friends and your family because at the end of the day because they've known you for however long they see you as that person, a lot of people don't want to see you as someone else. It's really hard I guess from that aspect."

4.3.9. Limited opportunities for redemption rituals

As earlier noted, the men who have participated in the R4C program describe themselves as socially isolated and many had purposely and intentionally withdrawn from their social networks during their time on the R4C program. Sometimes this was a withdrawal from specific individuals; sometimes it was a wilful disconnection from specific groups of friends.

Almost universally, the men reported maintaining a dual identity in which some friends and family were aware of their past behaviour (and participation in R4C) while others were not.

Withdrawal from particular social networks may be a healthy and positive outcome for the R4C program, especially where these social groups have previously reinforced abusive behaviours. However, the men who were interviewed in this evaluation often described the absence of any external validation or celebration of their attempts to change, driven in large part by the small or diminishing pool of individuals with whom they have shared their R4C experience. In the criminological literature, this process is described as “ritualising redemption” and is considered an important objective of any desistance-based criminal justice intervention. Specifically, celebrating milestones of success, and receiving external validation of ones efforts to change can be an important mechanism through which new identities are constructed and supported. The transition from ‘abuser’ to ‘non-abuser’, or ‘violent’ to ‘non-violent’, is a long and challenging process and the absence of some external validation of this effort can prove to be regressive, especially when the effort and personal investment in change goes altogether unacknowledged.

Without a wider community within which change can be celebrated, some men in this evaluation reported a difficulty adjusting to the program. Some reported questioning the value of their time in the program, wondering whether it was having any impact or contributing in any way to their behaviour. Others reported relying heavily on their partner’s verbal validation, if they were still together, or looked for signals from their estranged relationship as indicators of success.

In the latter two cases, the search for validation and recognition of success has the potential lead to further abuse, and this needs to be considered as a potential risk of reoffending. Some partners, for example, reported having been confronted by demands to “acknowledge effort” or “confirm change” and this was said to introduce a new emotional pressure or point of conflict in the relationship. For men who were separated from their partners prior to entering R4C, this validation was conceptualised as the probability of “reconnecting”, which if not met, was interpreted as failure. In other words, those men from broken relationships often defined their own success as a function of their partner’s willingness to ‘take them back’. Not only does this place a hefty burden on partners to help validate success, but the unwillingness to reconnect is then interpreted as personal failure and a failure of the R4C program.

Put simply, without clear mechanisms for celebrating success and ritualising redemption, the men in R4C have few external indicators of their progress and efforts. This, we understand from the broader literature, can be counterproductive to change and is reason enough to consider alternative strategies for helping men adjust and commit to their identities as successful participants. In the absence of achieving this within R4C, men will very likely look to their partners for validation of their efforts, and this can perpetuate additional emotional strain and abuse.

The prospect of life after R4C is also daunting for some men because outside their immediate relationship, there is perceived lack of enthusiasm for acknowledging their effort to seek treatment and initiate change. In some instances, though typically the friends and family of the supported partner, it is perceived that these external parties have little capacity to forgive and accept that change is possible. There is an absence, it seems, of the family’s ability to accept the possibility of redemption and this has the capacity to undermine the agentic movement towards behavioural reform. For one supported partner, this overt external

rejection is a significant barrier and places additional pressure, not only on their partner, but also on their attempts to improve the relationship.

[Supported Partner H1]: He feels entirely responsible and he takes 100% of the blame for it, but he doesn't know how to fix it, and he doesn't know how to even start a conversation with them because he understands that at some point in the future he's going to have to touch base with them and explain himself and apologise and be able to talk about to them about things that he's done to try and ensure that that doesn't happen again. But he's just - he knows that he's not going to be well received and it's probably not going to happen, and that's I think pretty hard to manage around as well, so.

4.3.10. Drugs and alcohol

Drug and alcohol use play an important role in the escalation of high-risk situations. Ongoing drug or alcohol use emerges as a significant factor which increases the risk of future violence.

4.3.11. Unfinished business

Perhaps the most important finding of this evaluation is the sense that for almost all of the men in this evaluation there was a strong sense that many were left with 'unfinished business', although this is not to be interpreted as a negative outcome. In fact, for a number of the men we interviewed, there was strong view that anger has always been a dominant feature of their life, or that the propensity to aggression was omnipresent in almost all of their interpersonal interactions. For these men, there was an open acknowledgement that R4C was not, nor could it be, a quick fix. There was also a deep appreciation that 18-20 weeks at R4C simply could not address the complex underpinnings of their behaviour or give them everything they needed to manage life without further incident. This acknowledgement was a vivid reminder that R4C had sparked a deeper appreciation of abuse and the very individual and personal factors which underpin their long-term trajectory of change.

Some clients, however, were less certain about the origins of their violent behaviour and saw the need to understand themselves better as a motivation for maintaining contact with DVCS, or considering alternative programs. These clients seemed to have ended the program with less personal understanding, and tended to be those who entered the program as a consequence of a legal order or criminal justice requirement. Though difficult to be sure, the combination of these two factors suggests that for mandated clients much of the first phases of the program is spent encouraging men to consider the need for change, leaving less time to activate the move towards behavioural reform.

[Client B]: "Everyone to their own levels but my problem is luckily it's not so severe. It's a lot of other people's problems. But it's definitely still a problem. And luckily for me and my children it's - could be a lot worse but I'm - it's just my manipulation and my verbal. Luckily, I'm not physical anymore. At least I have learnt that and I've stopped that. That is something that I have stopped."

Others, typically those still participating in the program, described confusion about different aspects of the program. The impression given here was not that the program had failed to provide clarity, but that clarity was difficult to achieve given the complexity of the concepts being discovered.

[Client C1]: “I just don’t know what respect is to be honest. I honestly don’t know what respect is now I honestly don’t. Yeah I suppose everyone has a different aspect on what respect is but for me it was you just”

A very small number of men seemed, at interview, to have been significantly enlightened by their experience and satisfied that they had gotten all that the R4C program had to offer. These clients were also the most likely to inculcate their partners for the dysfunction in their relationship and appear affronted by the fact that their partners were not also engaged or involved in treatment. In our view, the overly confident claims of this minority of men did not accord with the expectation that behavioural reform is a long term process requiring constant investment and reinvestment. We caution, therefore, against any men’s behaviour change program that celebrates those who exit claiming that there is nothing more to learn or do. Given what we have witnessed in our interviews, this overly confident claim is much less likely an indicator of success than it might first appear.

For DVCS, the critical question is whether there is the need for a more formal after-care strategy, one that ensures that R4C clients can continue on their journey of change in a positively reinforcing environment that encourages the maintenance of behavioural reform while further exploring the origins of their violent behaviour. We pose this question with full appreciation that DVCS funds are limited and after-care is a costly exercise. However, as has been earlier mentioned, there are less costly alternatives for providing after care services using digital platforms and DVCS may wish to consider the potential for this kind of technology.

5. Program development and changes

In the preceding sections of this report, we have documented the R4C program as it has unfolded throughout the evaluation period. We now conclude this evaluation with a reflection on the developments and changes that DVCS have made to the R4C program, some in response to the evaluation's ongoing findings, and others in response to internal knowledge and policy changes. Importantly, we recognise that the evaluation methodology was intended to be 'developmental' – providing ongoing evaluative information and advice with the precise expectation that the R4C program could adapt and change. In this section, we document two significant changes—the improvement and integration of partner support, and the shift to the Duluth Model modality for programing and group activity. We highlight these changes below, recognising that their impact and effectiveness would need to be the subject of future evaluations.

5.1. Partner support

A key finding of this evaluation was the need to increase support for the partners of the men who were engaged with R4C. Indeed, the evaluation results indicated that some partners wished in hindsight that they had engaged more. This finding is not unexpected given the variety of circumstances that partners may face at the time of initial contact. For example, a partner may:

- Not be currently residing with or having any contact with the man who is in Room4Change. Some partners may have worked hard to separate themselves from the person using violence, and are not wanting to revisit this period of their lives.
- Be living with the man using violence. This may mean that the partner may have limited opportunities to engage, depending on the particular tactics of the person using violence.
- Have other considerations that are currently a priority such as AOD or mental health.
- Not reside in the ACT.

Since the completion of the main evaluation, DVCS have sought to increase the partner support capacity by adding a second full-time employee to the R4C program. Practically, this has resulted in an increase in program capacity, with more opportunities for face-to-face contact and greater flexibility in the delivery of the Partner Support component of the program. Further, DVCS are now offering partner support on multiple occasions, at various points in the program. Those who originally decline the offer are given multiple opportunities across the life of their partner's engagement with the program.

Most recently, practice has shifted to gaining partner contact details after the 1st assessment session (there are 4 assessment sessions in total) which has meant that partners can be contacted as early as possible. The benefits of this include:

- *Increased input into the assessment phase:* By contacting partners after the first assessment session, R4C can increase the input that partners have in terms of their thoughts about their partner/ex-partner engaging in R4C and any risks that they perceive because of this.

- *Increased opportunity for behaviour mapping:* Increased contact time during the man's assessment means that R4C can gather additional information to inform risk assessment. Significantly, this includes information related to mapping of the man's behaviour patterns over time.
- *R4C can contribute to the men's behaviour change narrative:* Prior to making this change to the assessment, R4C was observing that some partners were being isolated from the service by men in the assessment phase, by being told misinformation about men's behaviour change and the purpose (i.e. that the purpose is to reunite families). By increasing partner support throughout the assessment phase, the partner support worker can counter these narratives and build rapport early on to better support partners throughout the length of the program.

5.2. Program modality

It was not the intention of this evaluation to explore the fundamentals of the specific intervention models and modalities, however, it is important to know that throughout the evaluation phase DVCS had explored shifting their program modality to the Duluth Model of practice. As identified by DVCS, the reasons for this move included:

- The alignment of the model with feminist theory and anti-oppression models.
- The focus of this model on supporting a coordinated community response. This will enable opportunities for R4C to grow and adapt over time, including providing the base framework for promoting perpetrator accountability within the ACT and creating possibilities to further collaborate with key stakeholders.
- Duluth has a focus on promoting critical thinking and dialogue; this makes the model adaptable to different cultural groups and supports intersectionality. Supporting men to consider their values and belief systems, and how these permission the use of violence and abuse, will enable a more comprehensive understanding of risk, how best to support change as well as further informing the safety needs of his partner/ex-partner and children.
- Duluth has a strong focus on the safety of women and children as being the core of nonviolence programs, and that all interventions should be considered from this lens.
- The Duluth model centres men's historical and socially constructed entitlement at the centre of group work intervention and aims to de-construct this. This supports men to understand the culture in which they have been raised, offering an opportunity to challenge their own social conditioning and privilege.

In January 2020, the shift to the Duluth Model was fully implemented – effectively ending the *Emerge Group* and the *Taking Responsibility for Respectful Relationships* programs. The *Caring Dads* group continues to be offered as part of the R4C program, ideally after men have completed Duluth or some Men's Behaviour Change. This shift in modality and practice has been a significant and important change for the service. Utilising the Duluth model in R4C not only provides an evidence base to the work that the program does, it also provides a possible future platform for better integration in a coordinated community response to men's use of violence in the ACT.

Operationally in Room4Change the Duluth model informs all areas of practice. For example:

- **Group work:** R4C utilises the group sessions from the Duluth Abuse Intervention Program (DAIP) “Creating a process of change for men who batter” (American terminology), a 30 week group. This practice model encourages open-ended or rolling group formats. This is how it has been operationalised in R4C. This means that men can enter the group at the start of any module (the group is broken up into 10 modules with 3 sessions in each).

The inclusion of a rolling men’s behaviour change (MBC) group offers: (1) greater opportunity for men to start group work in a timely way once entering into the program. (2) the potential for new members to invigorate the group, whilst also allowing them to witness the growth and change of men who have been in the group for some time; and (3) rolling group, which can help to alleviate some of the detrimental effects of group-based consolidation and behaviours.

- **Individual sessions with men:** Duluth, encourages men to bring their experiences of both using violence as well as practicing non-violence, to the group space. The group process is seen as the key to engaging men in conversation that will illicit critical thinking and ultimately review and change of core beliefs and values. Due to this, individual sessions are utilised in a less prescribed way, being a flexible additional service offering that can be provided to men when other support needs arise that could be barriers to future behaviour change such as homelessness, mental health, drug and or alcohol misuse.
- **Partner support:** The Duluth model focuses on the safety of women and children has meant a further integration of partner support in the work with men. Importantly, the Duluth model was developed in response to focus groups with women who had experienced violence, and the model continues to work with victim survivors to continuously improve and tweak the work.
- **Staff development and supervision:** Under the Duluth Model it is imperative that staff also examine their own philosophy and understanding of violence as well as their own privilege and power. To achieve this, R4C has incorporated weekly supervision sessions where the R4C team completes the weeks groups session as a team. This assists staff to process and understand their own belief systems, and it allows staff space to practice the dialogue style of Duluth and workshop particular challenges together.

6. Conclusion

The overall objective of this evaluation was to understand whether the DVCS-run R4C program works. Defining success, however, is a significant challenge, especially for programs with small but complex and heterogeneous client populations. At the outset, it was decided that while men's behaviour change is, of course, an important objective for DVCS, what really mattered was whether women and their children were safer as a consequence of their partner's participation in the program. This distinction isn't simply a matter of semantics – but rather a purposeful decision to situate the experience of women and children as paramount for programs which seek to redress domestic and family abuse. Arguably, this was a courageous decision by DVCS because women's objective and subjective experience of risk in their relationships extends well beyond the reach of any one men's behaviour change program. It requires a holistic approach to engaging with men and supporting their partners, where such support is warranted and requested.

The quantitative analysis of key program and casefile records confirm that the men who participated in R4C are not homogenous. Each comes into the program with a diverse and unique history of perpetration across a range of abuse types, as well as a unique set of external and confounding considerations. The average participant, for example, wilfully acknowledged the perpetration of both physical and emotional abuse in the 12 months preceding their participation. A smaller proportion acknowledged sexual abuse perpetration. Yet, still, 15 percent denied ever recently engaging in any form of abuse towards their partner. In addition, around two in three male participants were struggling with drug or alcohol abuse issues, and one in three had cited as having other mental health and psychological concerns, most commonly anxiety and depression. These data, as detailed in this report, paint a portrait of a client population with many and varied needs and who are each at different stages of contemplation and change. This serves as an important reminder about the complex environment in which R4C operates.

Whether R4C has improved the safety of women and children is difficult to answer with certainty. We have found much evidence to suggest that R4C fosters the necessary preconditions for a reduction in men's use of violence and abuse, but rarely did the women we spoke to report feeling 'safer' in their relationship. In part, this was because their partners had morphed their abusive tactics in ways that were more covert, yet no less threatening. It was also because many of women had long experienced abuse from their partner and remained sceptical that any one program could fundamentally redress the underlying causes.

Notwithstanding this, most of the women who participated as respondents in this evaluation said R4C was a vital intervention in their relationship. Simply knowing that 'someone' was engaging with and talking to their partner about the abuse brought significant comfort. For many of these women R4C was the first occasion in their relationship when their experience of abuse had been acknowledged (beyond formal criminal justice intervention). Having an agency such as DVCS work with their partner on behaviour change was often the first ever validation and verification of their experience and many reported this as significantly empowering. It is the conclusion of this evaluation that the experience of women and their children is not homogenous. Some women experience an improvement in their objective safety, but do not report feeling safer. Others report feeling safer, even though their partner's behaviour had not changed or had shifted to other forms of abuse. What matters most is that all women interviewed for this evaluation offered overwhelming praise for the R4C program and saw the intervention with their partner as a valuable and worthwhile endeavour.

Whether R4C was successful in reducing the violent and abusive behaviour of men is equally difficult to assess. This evaluation purposely did not gather official administrative or official criminal history data, nor track the criminal justice contact of these men after they completed the program. This as an intentional design decision, recognising that criminal recidivism speaks little to the actual experience of women in relationships. More importantly, the absence of criminal recidivism is far too often used to indicate an improvement in men's behaviour, despite the rarity of official criminal justice system contact in the real world context of abusive domestic relationships.

Rather than focussing on poorly defined and operationalised measures of recidivism, we have instead focused our attention on those aspects of the R4C program which seek to operationalise and activate behavioural change. These are the mechanisms of change without which a reduction in violence and recidivism cannot be expected. We find a lot to be positive about in this evaluation and are encouraged by the more recent program developments and changes (including an increase in partner support and a shift to the Duluth Model).

7. References

- Adams, D., & Cayouette, S. (2002). Emerge: A group education model for abusers. In E. Aldarondo and F. Mederos, (Eds.). *Programs for men who batter: Intervention and prevention strategies in a diverse society* (pp 4-1 - 4-32). Kingston NJ, Civic Research Institute.
- Adams, D. (2003). Treatment programs for batterers. *Clinics in Family Practice*, 5(1), 159-176.
- Augusta-Scott, T., & Dankwort, J. (2002). Partner abuse group intervention: Lessons from education and narrative therapy approaches. *Journal of Interpersonal Violence*, 17(7), 783-805.
- Babcock J et al. 2016. Domestic violence perpetrator programs: A proposal for evidence-based standards in the United States. *Partner Abuse* 7(4): 355-459
- Chung, D., Anderson, S., Green, D. and Vlias, R. (2020) *Prioritising women's safety in Australian perpetrator interventions: The purpose and practices of partner contact (Research report)*. Australian National Organisation for Women's Safety. Melbourne.
- Davis, R. C., & Taylor, B. G. (1999). Does batterer treatment reduce violence? A synthesis of the literature. *Women & Criminal Justice*, 10(2), 69-93.
- Davis, R. C., Taylor, B. G., & Maxwell, C. (2000). Does Batterer Treatment Reduce Violence?: A Randomized Experiment in Brooklyn. *Victim Services Research*.
- Day, A., Chung, D., O'Leary, P., Justo, D., Moore, S., Carson, E., & Gerace, A. (2010). Integrated responses to domestic violence: Legally mandated intervention programs for male perpetrators. *Trends and Issues in Crime and Criminal Justice*, (404), 1.
- Dunford, F. W. (2000). The San Diego Navy experiment: an assessment of interventions for men who assault their wives. *Journal of Consulting and Clinical Psychology*, 68(3), 468.
- Dutton, D. (1995). Trauma symptoms and PTSD-like profiles in perpetrators of intimate violence. *Journal of Traumatic Stress*, 8(2), 299-316.
- Dutton, D.G. & Starzomski, A. (1993) Borderline personality in perpetrators of psychological and physical abuse. *Victims and Violence*, 8(4), 327-337.
- Easton, C. J., Mandel, D. L., Hunkele, K. A., Nich, C., Rounsaville, B. J., & Carroll, K. M. (2007). A cognitive behavioral therapy for alcohol-dependent domestic violence offenders: An integrated substance abuse-domestic violence treatment approach (SADV). *American Journal on Addictions*, 16(1), 24-31
- Fruzzetti, A.E. & Levensky, E.R. (2000). Dialectical behavior therapy for domestic violence. *Cognitive and behavioral Practice*, 7, 435-447; and Waltz, J. (2003) Dialectical behavior therapy in the treatment of abusive behavior. *Journal of Aggression, Maltreatment & Trauma*, 7(1)(2), 75-703.

Gray, R., Broady, T., Gaffney, I., Lewis, P., Mokany, T., & O'Neill, B. (2016). I'm Working Towards Getting Back Together: Client Accounts of Motivation Related to Relationship Status in Men's Behaviour Change Programmes in New South Wales, Australia. *Child abuse review*, 25(3), 171-182.

Gbbels, S., Ward, T., & Willis, G. M. (2012). An integrative theory of desistance from sex offending. *Aggression and Violent Behaviour*, 17(5), 453-462.

Harrell, A. (1991). Evaluation of court-ordered treatment for domestic violence offenders (p. 62). Washington, DC: Urban Institute.

Kelly, L., & Westmarland, N. (2015). Domestic violence perpetrator programmes: Steps towards change, Project Mirabal Final Report. London, UK: London Metropolitan.

Labriola, M., Rempel, M., & Davis, R. C. (2008). Do batterer programs reduce recidivism? Results from a randomized trial in the Bronx. *Justice Quarterly*, 25(2), 252-282

Mackay E, Gibson A, Lam H & Beecham D 2015. Perpetrator interventions in Australia: Part one - literature review. Landscapes State of Knowledge Paper no. 1. Sydney: Australia's National Research Organisation for Women's Safety

Morran, D. (2011). Re-education or recovery? Re-thinking some aspects of domestic violence perpetrator programmes. *Probation Journal*, 58(1), 2336.

Nason-Clark, N., Murphy, N., Fisher-Townsend, B., & Ruff, L. (2003). An overview of the characteristics of the clients at a faith-based batterers intervention program. *Journal of Religion and Abuse*, 5(4), 51-72.

Vlias, R., Campbell, E. and Green, D. (2019) *Foundations for Family and Domestic Violence Perpetrator Intervention Systems*. RMIT Centre for Innovative Justice.
<https://cij.org.au/cms/wp-content/uploads/2018/11/foundations-for-family-and-domestic-violence-perpetrator-intervention-systems-dec-2019.pdf>

Waldo, M. (1988). Relationship enhancement counseling groups for wife abusers. *Journal of Mental Health Counseling*.

Washington State Institute for Public Policy (2013) What works to reduce recidivism by domestic violence offenders? Accessed online:
http://www.wsipp.wa.gov/ReportFile/11119/Wsipp_What-Works-to-Reduce-Recidivism-by-Domestic-Violence-Offenders_Full-Report.pdf