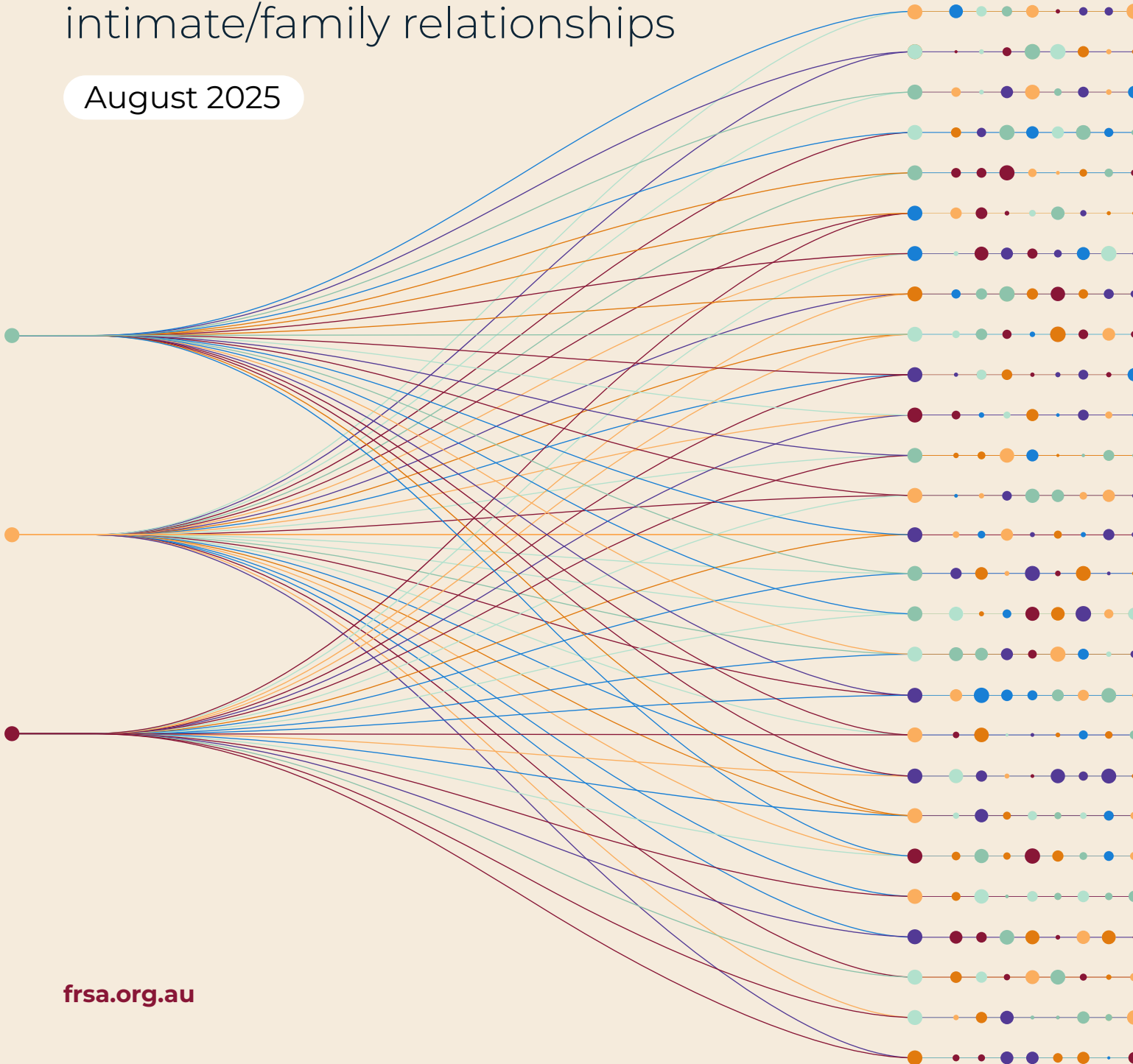


FRSA Member Mapping:

Targeted intervention programs
for people who use violence in
intimate/family relationships

August 2025



FRSA acknowledges Aboriginal and Torres Strait Islander peoples as the traditional custodians of this land. FRSA's vision for reconciliation is an Australia in which Aboriginal and Torres Strait Islander children, families and communities are safe, recognised, respected and valued.

August 2025

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OUR VISION

An Australia where children, families and communities are safe, strong and thriving.

As the national peak body for family and relationship services, FRSA has a critical leadership role in representing our extensive network of Member Organisations to support their interests and the children, families and communities they serve across Australia.

OUR MEMBERS

165

FRSA members

FRSA plays a significant national role in building and analysing the knowledge and evidence base relating to child and family wellbeing, safety and resilience. We undertake research and work with government and non-government stakeholders to inform policy and shape systemic change.

135

Members in a direct service delivery role¹

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Allison Wainright, Chief Executive Officer, Family Life

Numerous staff from the FRSA Membership who took the time to respond to the survey. This report could not exist without their engagement.

¹ FRSA's full members deliver family and relationship services. FRSA's associate, individual and honorary members hold policy, research and professional expertise in family law, family and relationship services and related social services.

Introduction

The Australian National Research Agenda to End Violence against Women and Children (ANRA) 2023-2028 has 9 research priorities including *People who use DFSV* ('Pathways into, and out of, perpetration'). This priority includes a specific focus or identified need "to develop and evaluate behaviour-change programs that have a dual focus on accountability and healing."²

FRSA was aware that a number of our members deliver targeted programs that work with people who use violence in their intimate/family relationships, alongside early intervention family and relationship and family law services.³ As these programs do not fit neatly under a specific program type and have multiple funding sources, the breadth and quantum of targeted intervention programs delivered by FRSA members is unknown. This means the capacity to leverage the family and relationship services sector's expertise in this space could be overlooked by policy/political decision makers.

FRSA therefore committed to undertaking service mapping to begin building a clear picture of the footprint of FRSA members that deliver targeted intervention programs for people who use violence in intimate/family relationships.



What do we mean by 'Targeted intervention programs for people who use violence'?

FRSA members work daily with people who use violence in their family relationships. This work might include case management as a component of universal service delivery with referrals to specialist family violence services, housing support etc. The work may include generalist counselling support. All of this work is vital, but our service mapping did not intend to capture these more general interventions.

'Targeted intervention programs for people who use violence' is intended to capture programs that have been specifically designed for people who use violence in their intimate/family relationships. The programs will have a defined curriculum of content. Mostly, these will be group programs that may or may not include individualised support – for example, Men's Behaviour Change Programs/Behaviour Change Programs, and programs for dads who use violence to support them to become better fathers. The programs may be accredited – or not. They may be evidence-based or evidence-informed programs. They may have been developed in-house. The program will likely have a fixed duration, for example a course that runs for 12 weeks or a defined number of sessions; but potentially they may not be time limited.

Men's Behaviour Change Programs (MBCP) are the type of targeted interventions most commonly delivered by FRSA members; but they are not the only type of program. Some organisations deliver programs for women, gender-diverse people or adolescents who use violence. Other organisations deliver programs for men that differ from state-based definitions of MBCP. We therefore used the term 'targeted intervention programs for people who use violence' to ensure we captured the full range of programs.

² Lloyd, J., Dembele, L., Dawes, C., Jane, S., & Macmillan, L. (2023). The Australian National Research Agenda to End Violence against Women and Children (ANRA) 2023–2028. ANROWS. P. 7.

³ Many FRSA members deliver a range of other social services as well, for example, alcohol and other drugs services, homelessness and housing support, and financial counselling/support.

Our approach

We adopted a two-pronged approach to collecting data noting that in an environment saturated with surveys and consultations it would be challenging to achieve a full response rate from members delivering targeted intervention programs. Our approach involved:

- a desktop scan of government grants portals and service registers, and FRSA member websites
- development of a survey, with an invitation for responses from FRSA members.

FRSA developed the survey under the guidance of a small, expert advisory group comprised of FRSA members who currently deliver a range of targeted intervention programs to different cohorts of people who use violence in their intimate/family relationships.

The survey opened in mid-November 2024 and closed 7 February 2025.

Survey responses

We received 23 unique organisation responses with the following state/territory breakdown.

State/Territory	No. responses
Australian Capital Territory	0
New South Wales	6
Northern Territory	1
Queensland	7
South Australia	4
Tasmania	0
Victoria	4
Western Australia	1
Total	23

Of these responses, 16 organisations (70%) deliver one targeted intervention program, 2 organisations (9%) deliver 2 targeted intervention programs, 3 organisations (13%) deliver 3 targeted intervention programs, one organisation (4%) delivers 4 targeted intervention programs, and one organisation (4%) delivers 6 targeted intervention programs.

A total of 39 discrete targeted intervention programs were identified.

While we did not directly collect information on the number of sites from which a targeted intervention program is delivered, open text responses indicate that several organisations deliver a targeted intervention program(s) across 2 or more locations.

Desktop scan

Our desktop scan of government grants portals and service registers, and FRSA member websites indicates that at least a further 12 members deliver targeted intervention programs for people who use violence in intimate/family relationships. The state/territory breakdown for these 12 members is: Victoria (2), NSW (2), Western Australia (3), Northern Territory (2), Queensland (1), Tasmania (1), ACT (1),⁴ and SA (0). These 12 members deliver a total of 23 discrete targeted intervention programs.

To the extent possible, we reflect on the findings of this desktop scan against the topics outlined below.

⁴ Head office is in the ACT, however the website indicates the program is delivered in regional NSW.

- INTRODUCTION
- OUR APPROACH**
- FINDINGS – PROGRAM CHARACTERISTICS
- FINDINGS – PRACTICE APPROACH & CLIENT SUPPORT
- KEY INSIGHTS

PROGRAM NUMBER

At least 62 targeted intervention programs delivered by FRSA members across the country.



PROGRAM ENGAGEMENT

Close to 6,000 people using violence in their relationships engage with these programs each year.



FINDINGS AT A GLANCE



SUPPORT FOR FAMILIES

Majority of programs include support for partners/ex partners and for children of people who use violence.



PRACTICE APPROACH

Most programs use a blended practice approach that includes trauma informed and strengths-based practice.

Findings – Program characteristics

Delivery location

The survey asked about the location of service delivery using the following fields: major cities, regional, rural/remote and online. Respondents could select more than one option. Across the 39 discrete targeted intervention programs, service delivery is concentrated in major cities and regional locations, with limited services in rural/remote areas. Three programs are delivered online all or most of the time, with some face-to-face services supplemented by online service delivery (n = 10). Two of the programs delivered online all or most of the time are located in NSW and one in Victoria. Of the 10 programs delivered online sometimes, 9 are in Victoria and one is in WA.⁵

Location	No. responses
Major cities <i>All or most of the time</i>	19
Major cities <i>Sometimes</i>	2
Regional <i>All or most of the time</i>	21
Regional <i>Sometimes</i>	9
Rural/remote <i>All or most of the time</i>	4
Rural/remote <i>Sometimes</i>	4
Online <i>All or most of the time</i>	3
Online <i>Sometimes</i>	10

Funding sources

The survey asked what the funding source for each targeted intervention program is using the fields indicated in the table below. Respondents could select more than one option, noting that a single program may have more than one funding source. Across the 39 discrete targeted intervention programs, some respondents indicated that their program was partially self-funded (n=6) and/or partially funded through philanthropic sources (n=2), supplementing a Commonwealth, or state/territory or local court grant. For example, one respondent noted that they use philanthropic funds to provide a tailored version of their targeted intervention program to young men aged 18-24 years.

Funding source	No. responses
Commonwealth Government	14
State/territory government - departmental	28
Magistrate/local court funding	2
Philanthropic	2
Self-funded	6

The survey also asked if program grants included discrete funding for case management. Across the 39 programs, 15 responded yes, and 24 responded no. There were no obvious commonalities between those who responded 'yes' or between those who responded 'no' with the data showing a mix of Commonwealth and state/territory funding sources and a spread across state/territory jurisdictions.

⁵ We have no further data on online service delivery, for example when it commenced online and why. However, potentially the extended lockdowns in Victoria through the COVID-19 pandemic accelerated the uptake of online service delivery in that state.

Target cohorts

The majority of programs (n=31) captured in the survey responses are targeted to men in general. First Nations men are the target cohort for 2 programs, 2 target men from a particular culturally and linguistically diverse (CALD) background, one targets women and two target adolescents. One program is for First Nations women.

Target cohort	No.
Men (general)	31
Men in prison	0
First Nations Men	2
Men from a particular cultural/linguistic background	2
Women	1
Gender diverse people	0
First Nations women	1
First Nations gender diverse people	0
Women from a particular cultural/linguistic background	0
Gender diverse people from a particular cultural/linguistic background	0
Adolescents	2

Of the further 23 programs identified in our desktop scan, website content indicates that 17 programs are targeted to men in general, 2 programs are targeted to First Nations men, one program is targeted to women, trans and gender diverse people, one program is targeted to young people who use or are at risk of using violence in the home and one program is targeted to multicultural youth who use or are at risk of using violence in the home. Website content for the remaining one program specifically indicates it is for men, "including First Nations men and men from CALD backgrounds".

Referral pathways

The survey sought to understand the main referral pathways into targeted intervention programs using the 5 categories in the table below. The survey asked respondents for an approximate percentage of clients referred from each source.

Referral source
Family Court ordered
Magistrates/Local court ordered
Internal referral
External referral
Self-referral

Unfortunately, we were unable to build a clear picture of referral pathways into the programs due to (unintended) ambiguity in the framing of the referral source categories. This was evident from responses to the open text follow-up discretionary question, *Is there more information you would like to provide about referrals to your program? Please describe.* Some respondents noted that often people self-referred to the program because they had been mandated by a court (family court or Magistrates/local court) to attend a behaviour change program, but the specific program/service provider is ordinarily not prescribed. As such, referral data was captured as 'self-referral' rather than 'court ordered'.

'External referrals', which range from 0 to 90% of referral sources across programs, may capture a range of sources. Open text responses indicate that the main external referral sources are corrections, police/parole, child protection and the courts (non-mandated). In the Victorian context, The Orange Door⁶ was also identified as a main external referral pathway. Respondents indicated that external referrals also came from lawyers, men's support services, community services agencies, and families and friends.

For 2 programs, survey respondents reported that 100% and 93% of referrals respectively were internal as completion of a different targeted intervention program was a prerequisite for entry into the 2 programs.

⁶ [The Orange Door](#) is a Victorian state-wide free intake and assessment service for individuals and families experiencing family violence.

Program structure

Group work

Of the 39 programs, 34 programs involve group work. The 5 programs that did not involve group work had the following features:

- One program is designed for adolescents who use violence in family relationships and the approach involves case management, individual therapeutic support and family sessions.
- One program is for men from diverse cultural and linguistic backgrounds with a tailored response in terms of number of sessions offered. The program was described as offering a ‘whole of family response’, which may involve work with other family members.
- One program is designed for men with cognitive impairment and offers a tailored response in terms of number of sessions offered.
- One program is for men who are fathers with one child or more under the age of 18.
- One program is designed for people who use violence in intimate and other family relationships.

Of the additional 23 programs identified in our desktop scan, website content indicates that 14 programs targeted to men in general are group-based, some with a mix of group work and individual sessions/support. One of the programs targeted to First Nations men seems to be group-based and one targeted to men in general provides individual support only. The program structure of 4 of the 23 programs is unclear. The program targeting women, trans and gender diverse people is a mix of group and individual work. The 2 programs targeting young people appear to involve a mix of individual and family-based work.

Duration of targeted intervention programs (group work)

For the programs involving group work, the survey asked:

- How many sessions per group/course are there (excluding intake/assessment and exit interviews)?
- What is the duration of each individual session (e.g. 2 hours)?

Except for a few responses (discussed below), respondents indicated that between 10 and 24 sessions are provided per group/course, with individual sessions either 2 or 2.5 hours (with the majority 2 hours).

No. sessions per course	No. programs
< 10 sessions	3
10 sessions	2
12 sessions	2*
14 sessions	1
16 sessions	5
17 sessions	1
18 sessions	1
20 sessions	9
24 sessions	5
> 24 sessions	2
No set number	3

*One program delivers 12-16 sessions, adjusted to need.

One program delivers 26 sessions, and one program delivers 27 sessions, each of 1.5 hours duration.

Three of the 34 programs delivering group work involve less than 10 sessions per course/group:

- One respondent indicated that they deliver 2 discrete programs – one for First Nations men who use violence and one for First Nations women who use violence. The programs were reported to have been culturally adapted or co-designed with First Nations people, with one group session of 2-3 hours duration held per course/group. Approximately 46 groups/courses are run each year.
- One respondent reported on a program that their organisation commenced delivering in late 2024 that involves 6, 2-hour online sessions. The program is for women who use violence to protect themselves (i.e. they are not the primary aggressor) and who have been misidentified as perpetrators. The program focuses on the impacts of trauma, understanding what family violence is and learning skills to help overcome trauma.

Three organisations reported that their sessions are ongoing rather than a set program of sessions. The following additional information was provided for 2 of the programs:

- One program is for First Nations men and was described as client led. The program is complemented by program readiness group activities such as fishing.
- One program is an ongoing rolling group (one session per fortnight) so clients can commence or complete at any given time. This program is described as an MBCP maintenance group, designed for men (in general). A prerequisite to participating in the program is completion of the organisation’s or another service provider’s MBCP.

Maximum number of participants for each group/course

Maximum group participant numbers varied between 5 and 20, noting that for one rolling program (where participants can join or conclude at any point) there is not an upper limit. One respondent noted that the maximum participant number for face-to-face delivery is 16 and for online service delivery is 10.

Maximum participants per group	No. programs
5-9	3
10-14	19
15-20	11
No limit	1

Program attendance and completion

The survey asked how many clients commenced in each program in the 2023 calendar year or 2023/24 financial year, and how many clients completed the program. Of the 39 programs, we received commencement numbers for 33 programs. Across the 33 programs a total of 5743 people using violence in intimate/family relationships commenced. We received responses for 29 programs for the number of people using violence who completed the program. The total across the 29 programs was 2790. However, respondents indicated that completion rates were partial for 9 of the programs due to some courses running across 2 financial years.

As some courses may start in one year and conclude in another it is unclear from the responses, except where explicitly noted by respondents, whether the number of clients who completed the course corresponds to the number of clients who commenced in that course. Completion rates (expressed as a percentage below) are therefore indicative only.

Excluding rolling programs and the 9 responses that explicitly indicated courses were run across calendar/financial years, completion numbers were provided for 20 programs. Reported completion rates ranged from 8% to 100%. Of those, 10 programs showed completion rates of 70% and over, 5 programs showed completion rates of 50-55%, and 5 programs showed completion rates under 50%.

Service demand – waitlists

The survey asked what the current wait time is for the targeted intervention program, asking for an average if the one program is delivered across multiple locations. As indicated in the table below, just over one quarter of the 39 programs do not keep a waitlist and for just over a quarter of programs the wait time is short (up to 2 weeks). Just over a quarter of programs have a wait time of more than 6 weeks.

Wait time for service	No. programs
Up to 2 weeks	10
Between 2 – 4 weeks	2
Between 4 – 6 weeks	2
More than 6 weeks	12
I'm not sure	2
We do not keep a waitlist	11

Respondents were invited to reflect further on wait times for their program (optional question) and based on these comments the following observations are provided:

- Where programs are delivered on a rolling basis, wait times are, in the main, low (or waitlists are not kept).⁷
- Conversely, where programs are delivered over many months on a non-rolling basis, wait times may be higher.
- A respondent reported that for their program the waitlist is much higher for its after-hours option compared to its working-hours options.
- A respondent reported that the waitlist for their program is higher for its online option compared to its face-to-face option, reflecting a client preference for online service.
- One respondent noted that they are increasingly receiving referrals for men for whom group work is not appropriate.

Other factors may impact waitlist data and the approach to waitlists including:

- funder requirements/expectations
- service provider risk appetite and tolerance for holding high-need/high-risk clients on waitlists
- the maturity of the broader service system:
 - degree of visibility of the intervention program in the broader service system
 - capability to make appropriate referrals
 - alternate options for support for people using violence
- the sophistication of the intake process (e.g. skillset in engaging new clients).

⁷ There are exceptions to this trend, however.

Findings – Practice approach and client support

Program readiness

The survey asked what program readiness work respondents undertake using a drop-down list with 3 activities as captured in the table below, and an 'other' open text option. All but 2 programs conduct intake and assessment. The 2 programs where this option was not selected are programs targeted to First Nations men.

Program readiness activities	No. programs
Intake and assessment	37
One on one case management	18
Information/education session	17
Other	14

Other program readiness activities identified or comments provided by respondents in open-text responses included:

- one individual therapeutic session to prepare for group work
- 4 individual sessions to prepare for group work
- court support
- referrals/support to help address barriers to engaging in group work – for example, the client is experiencing homelessness and/or mental health issues
- other group activities such as fishing (program for First Nations men).

One respondent noted that they undertake reviews of clients who a) have inconsistent engagement in the group work and/or b) show a consistent lack of responsibility for their violent behaviour. Another respondent noted that if group work is deemed as not suitable for a particular client, the service provider will offer or refer them to an alternate form of support.

Individualised support

For programs providing group work (n=34), respondents were asked if individualised support is offered alongside the group work.

Individualised support	No. programs
No	3
Yes – for all participants	13
Yes – if needed (Case by case)	18

The survey asked respondents if there was further information they would like to provide about the individualised support provided to clients. Respondent insights indicate that individualised support may involve:

- phone check-ins during the course of the group program
- one on one counselling
- case management / referrals (internal and external) to other supports, including financial support.

A respondent observed that clients often have complex needs – for example, alcohol and other drug issues, mental health, financial and housing stress – which can present barriers to attending or completing group work. Therefore, being able to provide case management can contribute to better outcomes for group interventions.

One respondent noted that the NSW MBCP registration guidelines provide for case planning, and case management for those with complex needs, for MBCP participants.⁸

8 For definitions of case planning and case management see Justice Strategy and Policy, Department of Justice (December 2018). [Compliance Framework for Men’s Behaviour Change Programs](#), NSW Government, p. 45.

Practice model/approach

The survey asked what practice approaches respondents use in their targeted intervention program. Respondents selected all applicable practices from a check-box list with the option to outline additional practice approaches.

The majority of respondents indicated that their targeted intervention program uses a blend of 3 or more practice approaches. The exception to this is:

- one program used the Duluth model only
- one program uses the Duluth model and Ken McMasters' approach
- one program uses the Duluth Model and Strengths-based Practice
- one program uses Acceptance and Commitment Therapy.

Practice Approaches	No. programs
Strengths-based Practice	34
Trauma-informed Practice	34
Systemic Family Therapy	7
Motivational Interviewing	27
The Duluth Model	28
The Safe and Together Model	26
Narrative Therapy	25
Cognitive Behavioural Therapy	29
Other	16

Most programs (n=34) are based on Strengths-based and Trauma informed practice in combination with a mix of other practices.

The practice approaches under the category 'other' identified by respondents across programs included: Child-centred practice (1 program), Stosny Model (1), Solutions-focused Brief Therapy (1), Alan Jenkins invitational practice (1), Risk, Needs, Responsivity model (1), Culturally Informed Practice (1), Psycho-education and Coaching (6), Ken McMasters approach (2), Acceptance and Commitment Therapy (2), Emotionally focused Therapy (1).

Wrap around services/supports for program participants

The survey asked what wrap around supports (internal and external) are able to be offered to program participants. This was an open-text response question. Respondents indicated that for all 39 programs some level of wrap around support is provided through a mix of internal and external referrals.

The most commonly identified forms of wrap around support are family and relationship/ individual counselling (identified across 18 programs), Drug and Alcohol services/supports (identified across 17 programs), mental health services (identified across 12 programs), and housing/homelessness supports (identified across 11 programs). This was followed by disability services, culturally specific supports and legal support, each of which were identified across 6 programs. Family services/education were identified across 4 programs, Family Law services (4 programs), Emergency Relief/food & financial assistance (3 programs), gambling support (2 programs) and youth justice (1 program). Responses to this question for 6 programs stated that they provide internal and external referrals as needed, without specifying or providing examples of services.

Post-program follow-up

The survey asked if post-program follow-up/ support is provided to program participants. Of the 39 programs, respondents indicated that post-program support is provided for 21 programs; no post-program support is provided for 18 programs.

For those programs that provide post-program support, respondents were asked what this program support looks like.

Responses included:

- phone check-ins post program exit (the period ranges from 1 to 3 months post-exit)
- exit interviews at which further needs are identified, including the option to repeat or continue in the program
- post-program support plans and case management
- supports determined by the program facilitator on a case-by-case basis
- individual counselling
- participants are invited to participate in post-program 'maintenance groups'.

All respondents were invited to provide further comments on post-program support and the following insights were shared:

- A respondent noted that they are not currently funded to provide post-program support but consider that it would be beneficial. The respondent observed that providing an ongoing connection between program participants and the service provider would likely increase help-seeking behaviours and provide a stronger feedback loop to understand/improve program effectiveness.
- A respondent noted that while they do not provide post-program support, participants are welcome to re-enter the program.
- A respondent reported that their organisation had piloted a post-program support group, but participation was low. The organisation therefore opted to exit participants with individualised support plans.
- A respondent noted that on completion of their program, participants are referred to Changing for Good,⁹ which is delivered by Mensline.

Program support for partners/ex-partners

The survey asked what support is provided to partners/ex-partners (or family members in the case of adolescents who use violence) via a drop-down list as a part of the targeted intervention program.

Partners/ex-partners support <i>As a part of the program</i>	No. programs
Family safety advocacy	27
Family violence counselling	22
Not applicable to my program	8
Other	11

Respondents were also given the option to select 'other' and provide an open text response. Of the respondents that selected 'other' the following supports were identified:

- therapeutic case work for family/extended family members (e.g. mother of a man who uses violence)
- safety planning and risk assessment.

Program support for children of people who use violence

The survey asked what support was provided to children of people who use violence as a part of the targeted intervention program.

Support for children of people using violence <i>As a part of the program</i>	No. programs
Family safety advocacy	24
Family violence counselling	16
Not applicable to my program	9
Other	6

Respondents were also given the option to select 'other' and provide an open text response. Of the respondents that selected 'other' the following comments were provided:

- child witness counselling
- family counselling, using Child Inclusive Practice
- safety planning and risk assessment.

Wrap-around services for partners/ex-partners

The survey asked: *What wrap-around services are you able to offer or refer partners/ex partners (or family members in the case of adolescents who use violence) of people who use violence to (i.e. internal and external supports)?* A short drop-down list, including the option to select 'other' was provided.

Wrap-around support for partners/ex-partners	No. programs
Trauma recovery programs	26
Family violence counselling	11
Not applicable to my program	4
Other	17

Of the respondents that selected 'other' the following comments were provided:

- individual counselling
- family counselling
- financial counselling
- Family Violence and Trauma Repair Program
- relationship education
- integrated family services
- mental health supports
- alcohol and drug services
- disability services
- legal services/ Aboriginal legal rights services.

Wrap-around services for children of people who use violence

The survey asked: *What wrap-around services are you able to offer or refer children of people who use violence (i.e. internal and external supports)?* A short drop-down list was provided, including an 'other' category inviting an open text response.

⁹ [Changing for Good: Post-Men's Behaviour Change Program](#) is a phone-based service delivered by counsellors to men to help them keep up with the strategies they learned in a MBCP.

Wrap-around support for children of people using violence	No. programs
Trauma recovery programs	28
Family violence counselling	9
Not applicable to my program	2
Other	14

Of the respondents that selected 'other' the following comments were provided:

- integrated family services
- family counselling (Child Inclusive Practice)
- child/adolescent mental health services/headspace
- specialist services for children and young people
- Family Violence and Trauma Repair Program.

Outcomes measurement

The survey asked: *Do you measure client outcomes?* Of the 39 programs, respondents answered 'yes' for 27 programs and 'no' for 12 programs.

For those who responded 'yes' an optional question was asked: 'What outcomes measurement tool do you use?' As indicated in the table below, there are a range of tools in use with limited commonality across programs. The 'Star' tools – Outcomes Star, Change Star and Youth Star, which were developed in the UK, are used by 4 organisations across 11 programs.

Refer to Figure 1 below to see this breakdown.

Figure 1

Outcomes tool	No. programs
Change Star	8*
Outcomes Star	2
Youth Star**	1
Personal Wellbeing Index	2
Risk, Safety and Support Framework (RSSF) Assessment Tool	1
BIPPOS: Batterer Intervention Program Proximal Outcomes Survey Utilisation Agreement	1
Goal Attainment Scale	1
Toronto Alexithymia Scale (TAS) <i>Note: used in conjunction with other tools</i>	1
Spousal Assault Risk Assessment Guide <i>Note: used in conjunction with other tools</i>	1
Abusive Behaviour Inventory <i>Note: used in conjunction with other tools</i>	1
Government outcomes tools for funded programs	
SCORE (Commonwealth Department Social Services Data Exchange)***	5
NSW Department of Communities and Justice Minimum Data Set <i>Note: used in conjunction with other tools</i>	1
"Those required by Funding body" (Qld Department of Families, Seniors, Disability Services and Child Safety)	1
Bespoke and non-specific outcomes tools	
Group participant review tools <i>Note: used in conjunction with other tools</i>	1
Short survey / internal tools	6
Violent behaviours checklist <i>Note: used in conjunction with other tools</i>	1
Perceptions of partner safety <i>Note: used in conjunction with other tools</i>	1
Resilience measures	1

* Used by two organisations across 8 programs

** Target cohort – adolescents

*** Used in conjunction with other tools, with the exception of 1 program

Respondents were invited to provide further comments about measuring the outcomes of their program(s). Three additional comments were provided. One respondent noted that their organisation is in the process of developing a “more robust tool” (currently use SCORE only). Another respondent using multiple tools, including SCORE, reflected on the limitations of SCORE for outcomes measurement. A third respondent reflected on the challenges of measuring outcomes for their cohort of program participants (men who use violence) noting the following:

- the potential misalignment of participant (self) reporting and the experience of the victim(s) of violence
- at times participants will rate themselves lower mid-way or at the end of the program than at entry to the program as they develop insight into the impacts of their behaviour.

Programs funded through the Commonwealth Specialised Family Violence Services (SFVS) program are required to report client outcomes using SCORE. We therefore assume that the use of SCORE was under-reported in survey responses. This may also be the case for other state/territory government reporting requirements, such as the NSW Minimum Data Set captured in the table above.

Program evaluation

Respondents were asked an optional open question about whether an (internal or external) evaluation of the program had been undertaken and were invited to provide details about this evaluation.

Fifteen responses were received to confirm their program has been or will be evaluated (in one case, subject to securing additional funding). Nine programs had been (or were in the process of being) evaluated by – or jointly with – a University or independent research body. One organisation delivering 2 programs in WA reported that their state funding body has engaged an external body to undertake an evaluation. The NSW Department of Communities and Justice has commissioned a review of Men’s Behaviour Change Programs in that state.

Additional comments

Respondents were given the option of providing further general comments at the end of the survey.

A small number of respondents provided additional comments and, in the main, these focused on the potential to do more if more funding was available. Respondents noted that increased (and flexible) funding would enable an enhanced service response – for example, funding for case management and individual support, funding for an additional FTE to provide individual counselling to all family members impacted, and greater investment in post-program support. One respondent noted that they would like to expand their service footprint but would require more funding to do so.

One respondent noted that there is a need for more programs targeting younger men who are in contact with youth justice. One respondent, delivering 6 different targeted intervention programs, observed that flexibility to meet clients where they are at – in particular, being able to offer a mix of individual and group work to each client – is optimal.

Key Insights

The service mapping exercise indicates that at least one quarter of FRSA members in a direct service delivery role provide at least one targeted intervention program for people who use violence. The combined survey and desktop scan show that there are at least 62 programs being delivered by FRSA members across the country. The majority of these are targeted to men in general. A small number of programs are targeted to First Nations men and to adolescents who use, or are at risk of using, violence in intimate/family relationships. Two programs are targeted to women, trans and gender diverse people and two programs to men from CALD backgrounds.

Of the 39 programs captured in survey responses the following trends were observed:

- Close to 6000 people who use violence in intimate/family relationships are engaged in targeted intervention programs delivered by FRSA members annually. This figure is conservative noting that it reflects only 33 of the 39 programs captured in survey responses and does not include the additional 12 member organisations identified in the desktop scan.
- The program structure varies across programs, although for the majority of programs (34 of 39 survey responses, and at least 16 of the 23 programs identified in the desktop scan) group work is a core feature.
 - The number of group sessions per course varies significantly. 82% of the 34 programs provide 10 or more sessions (excludes those providing ongoing sessions) and 47% provide 20 or more sessions (excludes ongoing sessions).
- While we were unable to elicit a clear picture of referral pathways into targeted intervention programs, it is clear that referral sources are varied and context dependent.¹⁰ Investment in a second phase of exploration to better understand referral pathways may be warranted.

- Wait times vary across programs. Long wait times (>6 weeks) were reported for 31% of the 39 programs and short wait times (< 2 weeks) were reported for 26%.
- Most programs use a blended practice approach which includes trauma informed and strengths-based practice, suggesting a combined focus on accountability and therapeutic healing.
- Complementary individual support (31 of 34 group programs), and/or internal and external referrals to wrap around support are a strong feature of group-based targeted intervention programs.
- 79% of the 39 programs include some form of support for partners/ex partners (or family members in the case of adolescents who use violence), and 81%¹¹ include some form of support for children of people who use violence.
- There is significant variation in the tools used for outcomes measurement.

Reflecting on the data, we make the following observations.

The value of service engagement

As noted, a conservative estimate shows that member organisations successfully engage close to 6000 people using violence in intimate/family relationships each year. The real figure, when all programs are included, would be higher. The difference this engagement can make for both those using violence and the partners and families experiencing violence, regardless of whether clients complete the program, should not be underestimated. Instances of engagement may provide an opportunity to link people using violence with other complementary supports. It may provide an opportunity to link the partners and families experiencing violence with appropriate supports (sometimes, for the first time). Those using violence may disengage from a program, but their partners/family members remain firmly on a help-seeking journey.

¹⁰ For example, referral pathways reflect the composition of the broader service system, which may vary from place to place.

¹¹ Note: excludes the 2 programs targeted to adolescents who use violence.

Outcomes measurement

The snapshot reveals an appetite and appreciation for outcomes data while showing variation in the tools in use and, with the exception of DEX/SCORE, limited outcomes data across programs. We see significant potential (subject to commensurate government investment) to develop more robust approaches to measuring outcomes, in particular capturing:

- outcomes related to program engagement as well as program completion
 - have those people using violence who disengage from programs derived any benefit/positive change?
- outcomes for partners/ex partners, children and/or other family members who are engaged through the programs
- longitudinal outcomes – to what extent are positive changes sustained over time?

Evaluation

The optional question on program evaluation revealed that evaluations have been undertaken or commenced for at least 15 programs. We are curious to further explore the program evaluation 'picture' for our members working in this space. What are the learnings from these evaluations that could be usefully shared across our membership?

Building the evidence base

The breadth of practice approaches reflects a culture of innovation and local responsiveness. How do we build the evidence for what is working and how can we provide sufficient guidance and guard rails to continue to trial different ways of working? Service design and delivery is shaped and constrained by different state government requirements. To what extent and in what ways do these requirements enable effective programs? To what extent do government requirements inhibit the use of practice wisdom and/or overseas evidence/models to develop new approaches to service design and delivery?

In conclusion

This report provides a snapshot of the FRSA membership's footprint in delivering targeted intervention programs for people who use violence in intimate/family relationships. Our snapshot indicates that the family and relationship services sector holds a principal place in the domain of interventions for people who use violence in intimate/family relationships. The survey findings point not only to the existing specialist capability of our membership base, but also to the value-add our members provide to individuals and families across their breadth of practice. With further government investment, this expertise could be much better leveraged to help reduce violence in intimate/family relationships and build positive relationships.

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