



Centre for Forensic
Behavioural Science

Final Report

Evaluation of Talk4Change, a Family
Violence Intervention Program
Provided by Family Life

Prepared for Family Life

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We respectfully acknowledge the Wurundjeri People of the Kulin Nation, who are the Traditional Owners of the land on which Swinburne's Australian campuses are located, and pay my respect to their Elders past, present and emerging. [Read Swinburne's full Acknowledgement of Country.](#)



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Executive summary

Program description

Family Life is a specialist family services provider working together with children, families and communities since 1970. Family Life has piloted a new voluntary family violence intervention program, Talk4Change, to facilitate and achieve behaviour change that eliminates family violence.

Talk4Change aims to provide a tailored, individualised approach to men's behaviour change that combines group-based and individual therapeutic sessions for men who use violence. Between July 2024 and January 2025, Family Life launched four treatment cohorts as a pilot implementation of Talk4Change. This pilot program was funded by Family Safety Victoria.

The Talk4Change program is underpinned by two key position statements:

- Men who choose to use family violence are a diverse group with co-occurring complexities, and this client group needs multifaceted, individually tailored therapeutic treatment.
- Men who choose to use family violence should receive therapeutic services that rely on the same client-centred practice principles extended to all other members of the community seeking help to make life and behaviour changes.

To achieve an individually tailored approach, Talk4Change integrates 10 individual sessions alongside 10 group program sessions. The same facilitators run both the Talk4Change group program and individual sessions.

Within Talk4Change's group sessions, facilitators first work to create mutual understanding about how to talk about internal and relationship problems and mutual trust to encourage willingness to talk about these problems. Next, Talk4Change begins skill-building to assist clients to navigate and negotiate relationships. Then, Talk4Change combines skills related to managing oneself with skills related to managing one's own reactions within relationships. Finally, Talk4Change addresses next steps for safety planning and further help-seeking.

Talk4Change program participants have typically engaged in serious violent behaviour within the family and intimate partner context and are facing serious legal consequences at the time of their program attendance. In addition to their treatment needs related to violent behaviour, participants often have various serious additional needs that need to be considered during intervention, such as mental health and substance use needs.

Evaluation approach and purpose

Family Life engaged the Centre for Forensic Behavioural Science at Swinburne University of Technology to complete an evaluation of the pilot program. The overarching aim of this formative evaluation is to use the initial implementation of Talk4Change to gather feedback, understanding, and potential insights about the efficacy of the innovative components of the Talk4Change program.

The following key activities were conducted during the evaluation:

- A conceptual review of the program
- Analysis of clinical and self-report data gathered during program delivery that represent various aspects of program participants' experiences as they attended Talk4Change.
- Interviews with program participants who attended Talk4Change.
- Interviews with the facilitators who delivered Talk4Change.
- Interviews conducted with the affected family members of program participants.
- A focus group with sector stakeholders and thought leaders.

Key evaluation findings

What worked

Program structure

Across program participants and program facilitators, there was strong enthusiasm for how the Talk4Change program structure incorporates both individual and group delivery of program content. All people we interviewed expressed passion for how the individual sessions enhanced and complimented the delivery of program content in the group sessions. All identified the individual sessions as the most meaningful element of their experience in the Talk4Change program. Further, all believed the benefits of Talk4Change's dual delivery structure outweighed the practical demands inherent in a program structure with more activities.

Simultaneously, there was general agreement among the affected family members that the individual sessions alongside group sessions was the most promising and impactful aspect of the program. Some affected family members described the individualised nature of Talk4Change as necessary for engaging program participants in a change process such that they believed the program would not have been effective without this component.

Consistent with others interviewed for this evaluation, stakeholders considered the individual sessions of Talk4Change to be an innovative program element and potentially critical for facilitating behaviour change. Stakeholders believed the individualised element of Talk4Change could allow facilitators to address more varied treatment needs, while highlighting that the population of people who attend men's behaviour change programs typically have many complex and interconnected needs.

Program engagement and skill acquisition

Despite being characterised by histories of serious behaviour problems and current high treatment needs, program participants self-reported strong engagement and motivation in the Talk4Change program. Across different questionnaires and across the duration of the program, participants self-reported that they found Talk4Change valuable for teaching them new skills and addressing behavioural goals.

It was evident from the response patterns that program participant motivation was not "static". Instead, engagement fluctuated with dynamic movement across the duration of the Talk4Change program. In other words, maintaining participants' engagement was an important consideration for facilitators to

attend to beyond program intake. Maintaining engagement represented an ongoing concern and challenge across the Talk4Change program.

Interviews revealed how each program participant engaged in the individual sessions and group sessions in individualised ways. Program facilitators discussed how they individualised the program experience for each program participant in how they tailored the purpose of the individual sessions, while the men attending Talk4Change described individualised ways in which they gained from the individual sessions, participated in the group sessions, and learned from the other program attendees. Program participants felt uniformly positively about their working relationships with program facilitators, while having more mixed views about their interconnection with other program participants attending the Talk4Change group sessions.

Program participants reported being engaged in and feeling positively about the content in the Talk4Change program. They were able to identify various skills they learned from the program and describe how those skills were helpful in their lives toward improving key elements of their relationships and taking personal responsibility to handle relationship conflict without violence.

In line with this, affected family members described examples of improvements they observed in program participants, and these improvements appeared directly related to attendance at Talk4Change. Affected family members observed changes in program participants' vocabulary and way of speaking about their emotional experiences, program participants' willingness to verbally take responsibility for their behaviour, and program participants' ability to self-regulate.

Opportunities for improvement

Further support for complex needs and ongoing help-seeking

Program participants became engaged enough during Talk4Change to want more learning opportunities similar to Talk4Change, including more content and support from Talk4Change than the program was designed to provide. In other words, there was complexity across the varied needs of program participants, such that further services that addressed additional content areas (or the same content areas that Talk4Change addressed, but in greater depth) were required for even the most engaged program participants.

Simultaneously, affected family members offered suggestions about how the Talk4Change program might provide affected family members with more information and more opportunities for direct involvement. Affected family members also expressed a desire for Talk4Change to offer more programming options to program participants. Ideas included having groups with more specialisation such that men with similar problem behaviours would be placed together, and sessions that covered a greater variety of topics and addressed more treatment needs.

Both affected family members and sector stakeholders highlighted the need for more focused attention on how men change behaviour and developing better ways to determine whether claims of behaviour change are meaningfully true beyond session attendance. In line with this, some affected family members described ongoing abusive behaviour during attendance at Talk4Change, and most affected family members believed that program participants required more services than any one program could provide.

Addressing gender roles in individualised ways

Program participants and facilitators agreed that one challenging content area in Talk4Change was content about gender roles. One challenge was that program participants of different ages may have different ways of speaking about and understanding gender. In some interviewee's views, the gender role content in Talk4Change was appropriately designed to facilitate the start of a longer-term process toward changing gender-based attitudes. Consistent with the idea that this content area is complex and may need time for change, interviews also suggested that some program participants required more growth in this need area than Talk4Change was able to accomplish. Further, other program participants had to think flexibly about program content if the target of their violent behaviour was not a female partner.

Strengthening program evaluation

Like many real-world evaluations of violence-reduction programs, the present evaluation was limited by the extent and quality of available data. It can be complex to balance the need for comprehensive data alongside the time and emotional burden of data collection on program participants, affected family members, and program facilitators. Successful evaluation requires considerable planning and co-design, and this evaluation represents a strong template for successful practitioner-researcher partnership and co-design. Yet, for the present evaluation, Family Life clinical staff dedicated additional work time not allocated for evaluation support to facilitate data collection and data management activities. Dedicated funding for

staff to provide evaluation support would have improved evaluation processes, consistency of data management, and conclusions in this report.

Ultimately, any evaluation of programs designed to reduce family violence must be guided by a clear conceptualisation of program targets and a clearly defined understanding of what is considered successful completion of the program (beyond session attendance). In line with this, affected family members and sector stakeholders described program attendance as an insufficient indicator of change, with need for the field to develop a deeper understanding of the change process whereby men eliminate their use of family violence. Stakeholders called for the field to develop a stronger evidence base through better systematic assessment procedures, toward focusing enhanced assessment procedures on early identification and intervention to stop relationship conflict from escalating into instances of family violence or even more serious recurrence of family violence.

Recommendations

Recommendation 1

Talk4Change's unique model of individual and group work sessions should be retained in future program delivery based on preliminary evidence that this feature was a critical component toward addressing individual complexity and facilitating behaviour change. Programs addressing family violence should consider complexity of participant treatment needs when designing program delivery.

Introduction

Family violence (i.e. violence between family members, including intimate partners, that typically involves a repeated pattern of physical, sexual, emotional, and/or psychological abuse; [1]) is a significant social issue in Australia and causes significant harm to individuals, families, and communities.

Effectively addressing family violence includes intervening with those who perpetrate violence against family members to reduce the reoccurrence of violence. In Australia, the most common interventions for men who choose to use family violence are “men’s behaviour change programs” [2]. However, a key critique is that these interventions adopt a too-narrow conceptualisation of the causes of family violence and do not adequately consider the heterogenous and multifaceted nature of family violence [19].

Family violence is a complex phenomenon without a singular or simplistic cause. Each person may have an individualised set of factors that contribute to them perpetrating family violence [3, 4, 5]. Gender-based factors deserve inclusion as one of several intervention targets because gender-based factors play a role in family violence (particularly when clients are male; [6]).

By adopting a multi-faceted understanding of family violence and men who use violence, Talk4Change is part of a response to experts’ recent calls to expand the scope of interventions for family violence [7, 8]. The same experts call for systematic evaluation alongside implementation, especially since the next generation of programs designed to reduce

family violence should address a wider variety of risk factors, including individual, social, and community factors. New programs incorporating these factors require explicit evaluation, with specific need for attention on these new factors.

As a result, both practitioners and researchers need to consider how to best define and measure these factors. For example, one implication of the recent recommendation [7] to more systematically explore the perspectives of men attending programs is the need to consider what individual-level perspectives may be important, and, then, what methodologies may best elicit those perspectives. This present evaluation represents first steps in developing the relevant procedures to expand a meaningful pilot evaluation approach into a systemic program of research.

Brief summary of the Talk4Change program structure and content

Family Life has piloted a new voluntary family violence intervention program, Talk4Change, to facilitate and achieve behaviour change that eliminates family violence.

Talk4Change aims to provide a tailored, individualised approach to men's behaviour change that combines group-based and individual therapeutic sessions for men who use violence. Between July 2024 and January 2025, Family Life launched four treatment cohorts as a pilot implementation of Talk4Change. This pilot program was funded by Family Safety Victoria.

Key position statements of Talk4Change

The Talk4Change program is underpinned by two key position statements:

- Men who choose to use family violence are a diverse group with co-occurring complexities, and this client group needs multifaceted, individually tailored therapeutic treatment.
- Men who choose to use family violence should receive therapeutic services that rely on the same client-centred practice principles extended to all other members of the community seeking help to make life and behaviour changes.

Talk4Change program structure

To achieve an individually tailored approach, Talk4Change integrates 10 individual sessions alongside 10 group program sessions. The same

facilitators run both the Talk4Change group program and individual sessions. This is to ensure that a consistent therapeutic alliance grows and is strengthened throughout the program.

Group sessions

Each group program session has a standard structure incorporating check in, core content, and check out. Between sessions, program participants complete reflection tasks that are linked to session content.

Individual sessions

The set of 10 individual sessions commence prior to the start of the group program session and continue approximately two weeks after the end of the group program.

The goals of the individual sessions include:

- Determining client readiness to enter and engage in the group program
- Forming a working alliance between the facilitator and client
- Personalise the topics in a way that addresses any individual barriers
- Address individual barriers that may be impacting engagement in the group sessions, further enhancing motivation
- Create a practical safety net to ensure coverage of group content that may have been missed due to absence from a group session

- Discuss individualised options for help seeking, encouraging a mindset of seeking future help to eliminate one's potential risk for family violence

Talk4Change program content

The conceptual structure of Talk4Change broadly follows a stepped approach from foundational internal skills to interpersonal skills to the application of internal and interpersonal skills specifically toward addressing violent behaviour. There are three group sessions in each block. In the final tenth session, the group concludes by acknowledging insights gained, considering future plans, and encouraging future help-seeking.

- Within Talk4Change's first block of sessions, facilitators work to create mutual understanding about how to talk about internal and relationship problems and mutual trust to encourage willingness to talk about these problems.
- In the second block of sessions, Talk4Change begins skill-building to assist clients to navigate and negotiate relationships.
- In the third block of sessions, Talk4Change combines skills related to managing oneself with skills related to managing one's own reactions within relationships.

There are several fundamental considerations embedded across the Talk4Change program. These fundamentals are reflected in both the program design and in content delivery across all program sessions.

- Talk4Change uses therapeutic approaches that have a strong evidence base for assisting humans to change behaviour.
- Talk4Change facilitators prioritise creating therapeutic alliances characterised by mutual trust and openness to hearing each other's perspectives. A strong working alliance is fundamental to behavioural change because clients must care enough to listen to their program facilitator when facilitators express perspectives that challenge clients' use of violent behaviours. Simultaneously, clients must feel supported enough to accept these perspectives for themselves.
- Talk4Change aims to facilitate each client developing their own internally held, ongoing commitment to choosing non-violent behaviours in every situation. This includes clients committing to making active choices toward positive actions that are incompatible with violence.

Context of this report

Family Life engaged the Centre for Forensic Behavioural Science at Swinburne University of Technology to complete an evaluation of the pilot program. The overarching aim of this formative evaluation is to use the initial implementation of Talk4Change to gather feedback, understanding, and potential insights about the efficacy of the innovative components of the Talk4Change program.

This present report follows an Interim Report previously completed in February 2025. The interim report provided a description of the Talk4Change program, including the practical operation of the program and the intended processes of behaviour change Talk4Change aims to facilitate. The interim report also described key findings from the academic literature as they relate to the design of Talk4Change, outlining the empirical foundations that support Talk4Change’s program design, areas of focus, and content.

The full interim report provides helpful background information for this present final report. The interim report is available via Family Life.

- Lloyd, C., Fullam, R., McEwan, T., Tyler, N., Nixon, M., Ruffles, J., Dent, H., & Richardson, K. (2025). Interim report: Evaluation of Talk4Change, a family violence intervention program provided by Family Life. Prepared for Family Life by the Centre for Forensic Behavioural Science, Swinburne University of Technology, Melbourne Australia.

Evaluation approach

Purpose

As a pilot evaluation of a pilot implementation of the Talk4Change program, the key focus of the present evaluation approach was to develop data collection procedures around the most critical and unique elements of the Talk4Change structure and the core factors that Talk4Change aims to target. We then examined the resulting data to provide a snapshot of who attended the program, what individualised needs characterised attendees, and how they progressed through the program in terms of their engagement and motivation. We next used interviews to begin to understand the potential impacts of Talk4Change on program participants and their affected family members.

Evaluation of post-program outcomes following men's behaviour change programs is critical, but unfortunately rare [9]. This present evaluation was also limited in that it was unable to examine long-term behaviour change defined using clear and consistent behavioural indicators. However, this evaluation is relatively unique compared to many similar program evaluations [9] because it includes post-program interviews with affected family members. These interviews are an important initial check on potential post-program behavioural outcomes.

Evaluation activities

This pilot implementation of Talk4Change represented an opportunity for a service provider (Family Life) and their university partners (Centre for Forensic Behavioural Science) to engage in a collaboratively designed evaluation.

- **Evaluation planning** first focused on defining key program elements. Defining key elements assisted developing procedures for systematically collecting information about the critical processes of behaviour change that Talk4Change aims to facilitate.
- **Evaluation implementation** involved trialing and, when necessary, sometimes changing procedures due to review, feedback, and implementation challenges.
- **Analyses** involved integrating data to better understand how intended program processes occurred during the pilot program delivery. Analyses also aimed to help consider what possible impacts program processes had on the program participants and their process of behaviour change.

We used a mixed methods approach whereby findings derived from each quantitative and qualitative research component were triangulated and integrated.

These are the key activities in the evaluation:

- **Conduct a conceptual review of the program.** This conceptual review, alongside evaluation planning discussions, was critical for defining what factors, processes, and experiences were most important in the Talk4Change program design and, thus, what elements needed systematic evaluation. Through discussions, there was a collaborative process that started with Family Life outlining existing data collection procedures used for program and clinical purposes, then exploring how to add new procedures in a

way that was aligned to clinical and program purposes without disrupting the program delivery or clinical activities. In these discussions, we discussed various options for methodology, and Family Life subsequently changed methodology when initial feedback suggested the procedures would not provide clear information.

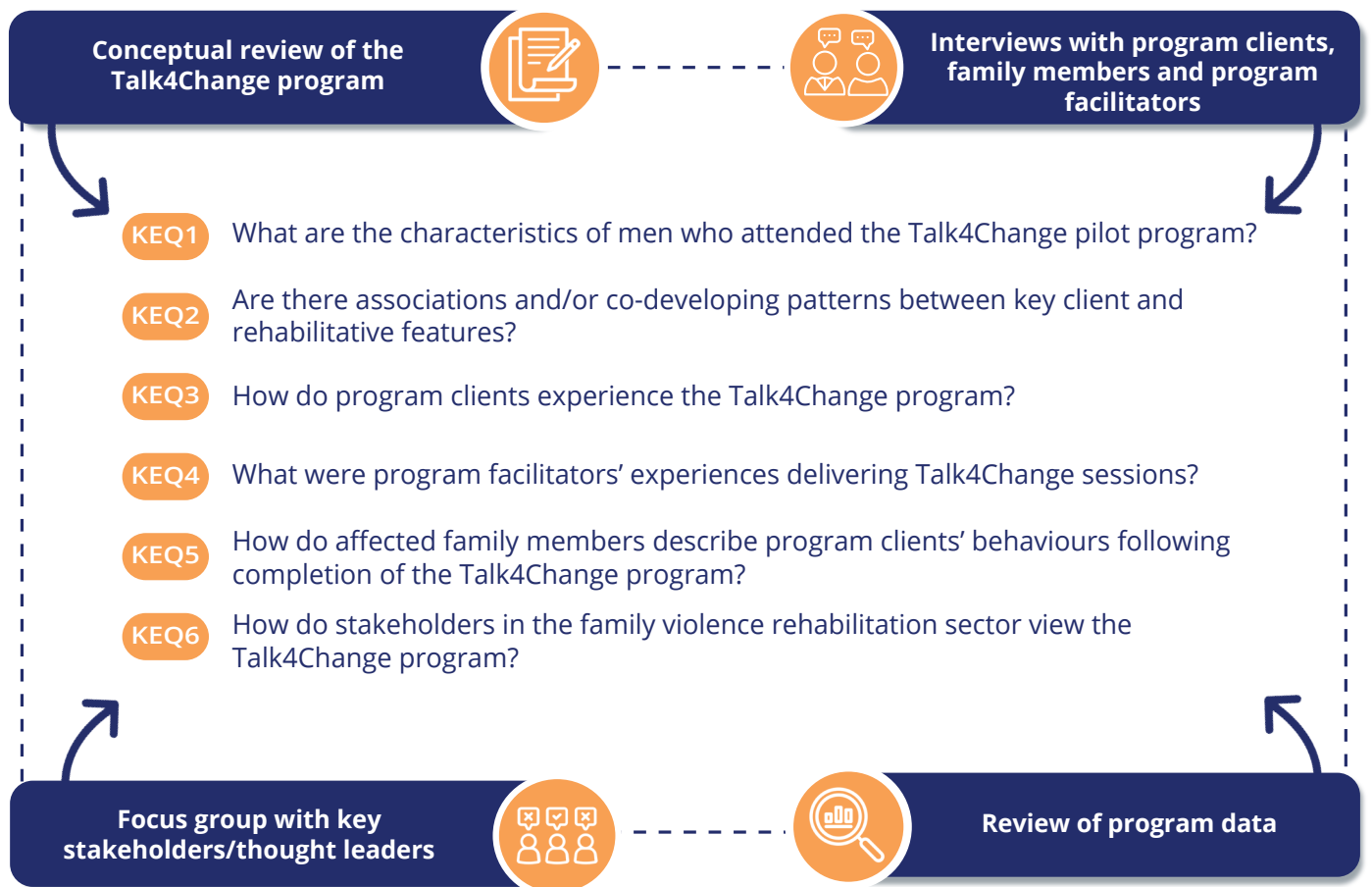
- **Analyse clinical and self-report data gathered during the program that represent various aspects of clients' experiences as they attended Talk4Change.** An important element toward understanding the process and impact of Talk4Change is first describing the cohort of program participants, assessing the level of this cohort's program needs, and understanding their self-reported experiences of the program. Alongside describing the context of the men who attended Talk4Change to better understand their service needs, these analyses help consider whether the chosen methodologies for assessing needs identify the expected variability in needs across program participants.
- **Conduct interviews with clients who attended Talk4Change.** To expand further on program participants' experiences of Talk4Change, we conducted interviews with men who volunteered to speak about their experiences following program participation. This evaluation activity provided more individualised yet more detailed information about how some participants felt they engaged with and were impacted by the Talk4Change program.
- **Conduct interviews with the facilitators who delivered Talk4Change.** To better understand the experience of the Talk4Change program, we conducted interviews with the clinicians who delivered the Talk4Change sessions (both individual and group). The purpose of these interviews was to consider the strengths and challenges of Talk4Change from the facilitators' points-of-view, and to discuss their perspectives on what elements best facilitated change among program participants.
- **Analyse one-on-one interviews conducted with the family members of clients who attended Talk4Change.** This element is a critical initial step to evaluating the core goal of Talk4Change: to reduce the use of family violence. For those family members who volunteered to receive services from Family Life during Talk4Change, Family Life provided ongoing support services. At the end of the program, Family Life then engaged affected family members in conversations about their perspectives on any impacts they observed on program participants at the time of their attendance in the Talk4Change program. The goal of this element of the evaluation was to consider how to assess and understand the potential impacts of Talk4Change from those family members who are most affected by the men's prior violent behaviour and may benefit most directly by cessation of future violent behaviour.
- **Conduct a focus group with sector stakeholders and thought leaders.** The goal of this focus group was to enhance understanding how experts and service providers may view Talk4Change among the intervention options within the sector.

Considering the perceived sector gaps and how Talk4Change may be received within the sector helps ensure Talk4Change maintains a strong mandate for service provision to meet clients' needs for intervention.

The research activities and six key evaluation questions (KEQs) are summarised in Figure 1.

Key evaluation questions (KEQs)

Figure 1. Evaluation methodology



Evaluation methodology

We submitted the plan for quantitative analyses in this evaluation for ethical review, and Swinburne University Human Research Ethics Committee (SUHREC; Approval #2024-8303) approved our evaluation methodology. We also submitted our plan for qualitative data collection with program participants, program facilitators, and sector stakeholders for ethical review, and Swinburne University Human Research Ethics Committee (SUHREC; Approval #2024-8308) approved our evaluation methodology and analytic plan. Further, we submitted the plan for qualitative analysis of interviews with affected family members for ethical review, and Swinburne University Human Research Ethics Committee (SUHREC; Approval #2024-8415) approved our evaluation methodology.

Overall approach: Context, recruitment, and data gathering procedures

Quantitative data on program participants (KEQ1 & KEQ2)

Eligibility criteria

Men are eligible to attend Talk4Change if they are 18 years or older. Referral to Talk4Change can be through an external referral source or may be self-referral. As a voluntary program, men will only attend if they have self-motivating reasons for addressing issues related to an incident (or repeated incidents) of violent behaviour toward a family member (whether a partner, child, or other family member). These reasons may include

facing legal consequences for their behaviour, or seeking improvement in life areas relevant to their violent behaviour (e.g., parenting, anger management, relationship conflict).

Gathering of clinical data from program participants

Following referral to Talk4Change, potential program participants meet with Family Life staff to undergo an assessment of their suitability for Talk4Change. In the intake assessment interview, staff elicit information about the individual's demographics, relationships / social supports, family situation, justice involvement, and various relevant need factors (such as alcohol and drug use, and distress and suicidal ideation). The intake assessment also elicits the potential participant's understanding of the events that led to their referral to Talk4Change and their level of engagement and motivation to participate in a program.

As part of this intake, participants complete self-report questionnaires about their general psychological distress and negative emotion symptomology (i.e. depression, anxiety, and stress). When considered relevant after program commencement, Talk4Change clinicians may invite participants to complete questionnaires about negative emotions again.

As program sessions progress into content about relationships, experiences within participants' families of origin, and the potential experience of adverse childhood events, participants complete self-report questionnaires about their own attachment style and adverse childhood

experiences. This occurs approximately in group sessions 5 and 6 in Talk4Change.

To assist program participants to self-reflect on their goals, motivations, and progress, participants complete ratings of their engagement while attending Talk4Change. At various times during the program, Talk4Change facilitators invite participants to self-report their views on their current level of action toward achieving positive gains in several life domains. Additionally, at the end of each group session, participants self-report their current views on their motivation, engagement, and working alliance.

For the evaluation, Family Life compiled and provided these clinical data from the four pilot cohort groups to the Centre for Forensic Behavioural Science. Forms and worksheets did not contain participant names; data were instead linked via a study ID number. Family Life staff further de-identified some materials (e.g., removing initials, signatures, etc.) prior to delivering the data to the Centre for Forensic Behavioural Science and the researchers immediately de-identified some materials once they received them.

Qualitative data from program participant and program facilitator interviews (KEQ3 & KEQ4)

We conducted qualitative interviews with program participants and program facilitators to understand their perspectives about and experience of the Talk4Change program. The aims of the interviews were to explore any perceived strengths of the program content and structure, any challenges or barriers to

accessing or delivering the program, and recommendations for improving or informing future program delivery. These interviews were also an opportunity to record program participants' perceptions of their own behaviour change and the facilitators' general perception of any changes they observed across groups and believed to be an outcome of the program.

Recruitment of program participants

To recruit program participants, researchers from the Centre for Forensic Behavioural Science attended the start of a Talk4Change program session once each during Groups 3 and 4. We explained the research study and provided an information sheet for program participants to review in their own time, including contact information if they wished to take part in the interview study. Upon completion of the Talk4Change program, interview participants contacted the research team to schedule the interview.

For program participants who had already completed their attendance at Groups 1 and 2, a Family Life staff member sent an email to provide information about the study. Men who wished to be interviewed used contact information in the email to communicate with the research team to schedule the interview.

Recruitment of program facilitators

We also conducted interviews with the two facilitators who delivered the Talk4Change program to the four groups during the pilot implementation to understand their perspectives on the strengths and challenges of the Talk4Change program. Two researchers

conducted two in-person interviews at the Family Life offices with each interview session occurring with one of the two program facilitators. Each facilitator provided informed consent for their participation in the interview and for having their interview data used for evaluation and research purposes.

Qualitative data from affected family members (KEQ5)

To be eligible to attend Talk4Change, program participants must provide Family Life with contact details of a family member(s) impacted by their violence. The purpose of this is so Family Life can offer Family Safety Advocacy services alongside the Talk4Change program to affected family members who have been impacted by the program participant's use of violence. Services for affected family members may include providing information about the Talk4Change program, support for safety planning, or onward referral into therapeutic or other forms of support for addressing the impact of experiencing family violence.

Using the contact information provided by program participants attending Talk4Change, Family Life offered services to affected family members. Later, at the completion of Talk4Change, Family Life invited affected family members to an interview to discuss their views on Talk4Change and its potential impacts.

Qualitative data from sector stakeholders (KEQ6)

Family Life invited key stakeholders from relevant government agencies and non-government organisations to participate in a focus group. The

purpose of the focus group was to elicit views on the benefits and challenges for family violence rehabilitation associated with the content, mode, and delivery of the Talk4Change program.

Specific methods: Procedures, measures, and analytic approach

Quantitative data on program participants (KEQ1 & KEQ2)

Number of program participants

Data included intake interviews for 51 men across four group cohorts who attended Talk4Change in its pilot implementation (Group 1 = 14 men, Group 2 = 12 men, Group 3 = 15 men, and Group 4 = 10 men). Further demographic information and descriptors are provided in a subsequent section.

Intake interview

Family Life staff conducted intake interviews to assess suitability for Talk4Change. These interviews followed a semi-structured format with standardised reporting of data fields on an intake form. Staff recorded responses to open ended questions by writing notes and narrative that summarised the participants' personal perspectives.

The intake assessment form records participants' demographics, relationships / social supports, family situation, justice involvement, and various relevant need factors (including alcohol and drug use, and distress and suicidal ideation). The intake assessment also elicits the participant's understanding of the events that led to their

referral to Talk4Change and their level of engagement and motivation to participate in a program.

Intake forms were available for all 51 participants, but not all data fields were complete, depending on length of interview, relevance of the data field, and voluntary cooperation from the participant to disclose. Staff at the Centre for Forensic Behavioural Science coded the open-ended narratives for key content areas, identifying when features and characteristics were present, not present, or not reported.

General psychological distress

At intake, only Group 1 program participants completed the Kessler Psychological Distress Scale (K10; [10]) as a measure of general psychological distress. Participants self-report symptoms related to depression and anxiety across 10 questions, reporting frequency from “none of the time” (coded 1) to “all of the time” (coded 5). Scores range from 10 to 50.

In the general population of people attending general medical care, people who:

- score under 20 are likely to be well
- score 20-24 are likely to have a mild mental disorder
- score 25-29 are likely to have moderate mental disorder
- score 30 and over are likely to have a severe mental disorder

Among the 51 program participants, there were 13 participants with completed K10 forms, all from Group 1.

Negative emotional state

At intake and at other times during program participation, participants in Groups 2-4 completed the 21-item version of the Depression Anxiety Stress Scales (DASS-21; [11]) to measure symptoms of depression, anxiety, and stress. On DASS-21, participants self-report recent emotional experiences (i.e. over the past week) using 21 items evenly arranged into depression, anxiety, and stress subscales (i.e. 7 questions each). Participants report frequency of negative emotions from “never” (coded 0) to “almost always” (coded 3). Scores on each subscale range from 0 to 21.

Using different cutoffs for each negative emotional state, subscale scores are grouped by different levels of symptom severity:

- Normal (scores up to 4 for Depression, up to 3 for Anxiety, up to 7 for Stress)
- Mild (scores up to 6 for Depression, up to 5 for Anxiety, up to 9 for Stress)
- Moderate (scores up to 10 for Depression, up to 7 for Anxiety, up to 12 for Stress)
- Severe (scores up to 13 for Depression, up to 9 for Anxiety, up to 16 for Stress)
- Extremely Severe (scores 14+ for Depression, 10+ for Anxiety, 17+ for Stress)

Among the 51 program participants, there were 28 participants with a completed DASS-21 form. Among these 28 men, 15 participants completed a second DASS-21 form, and two additional participants completed a total of three and four DASS-21 forms. The total number of available DASS-21 forms was 48 forms for 28 participants.

Adult attachment style

Approximately midway through the Talk4Change program, participants self-reported their adult attachment style as part of clinical activities on relationship attachment. Participants in Groups 1 and 2 completed an adaptation of the 21-item revision of the Experiences in Close Relationships (ECR) inventory [12]. On this scale, participants respond “true” to statements about their thoughts, feelings, and behaviours within relationships. Adding the number of “true” responses organised into three categories identifies which of three possible attachment styles may be relevant, and which style may be the individual’s primary attachment style. The three potential attachment styles are:

- Secure attachment style
- Anxious attachment style
- Avoidant attachment style

Participants in Groups 3 and 4 completed the 20-item adaptation of the Attachment Styles Questionnaire (ASQ; [13]). On this scale, participants rate items that describe views of relationships on a scale between “not at all characteristic of me” (coded 0) to “very characteristic of me” (coded 4). Depending on responses, adding scores across items may identify several attachment styles among five possible attachment styles as relevant for the individual. If the response pattern allows, the scale can identify the individual’s primary attachment style. These five potential styles are:

- Anxious-Preoccupied attachment style
- Fearful-Avoidant attachment style

- Secure attachment style
- Merging attachment style
- Dismissive-Ambivalent attachment style

Among the 51 program participants, there were 13 completed forms from participants from Groups 1 and 2 and 11 completed forms from participants from Groups 3 and 4. For analysis, we combined forms for these 24 participants based on the attachment style categories with high endorsement.

Adverse childhood experiences

Approximately midway through the Talk4Change program, participants self-reported whether they experienced any of 10 adverse childhood experiences as part of clinical activities on early developmental experiences. Participants across the four groups completed one of two different versions of the questionnaire with slightly different wording, but the questionnaire content was the same across all participants (see [14]). Both forms ask participants to check each of 10 statements that applied to their experience in childhood, listing experiences reflecting potential neglect, abuse, or significant loss of parental support. Total number of endorsed statements reflect number of adverse childhood experiences in the participant’s childhood.

Among the 51 program participants, there were 29 participants with scores reflecting number of adverse childhood experiences. Some participants (13 of the 29 participants) recorded only their total score, choosing not to identify and record which specific adverse childhood experiences occurred in their childhood.

Action for positive goals

During program participation, clinicians asked participants to rate their level of engagement and action toward achieving positive goals in several life domains. Participants completed the Change Star worksheet (<https://outcomesstar.org/change-star/>), identifying their level of action and engagement in five potential rating categories from “stuck” to “being respectful”.

Participants rated their engagement and behaviour in six life domains:

- Taking responsibility
- Thinking & attitudes
- Safe actions & reactions
- Communication
- Being a good father
- Your well-being

Among 51 program participants, there were 31 participants who completed a Change Star worksheet. Among these 31 men, 23 participants completed a second Change Star worksheet, and one additional participant completed a total of three worksheets. The total number of available Change Star worksheets was 56 worksheets for 31 participants.

Motivation, engagement, and working alliance

At the end of each group session, program participants were invited to provide feedback and rate their program engagement by responding to 9 questions that assessed their perceptions

about whether they were learning from the program, their level of self-motivation, and their feelings of connection to the program facilitators and other group members. This questionnaire was purpose built by Family Life in collaboration with feedback from the Centre for Forensic Behavioural Science. Item content drew strongly from key conceptualisations of working alliance in the context of clients receiving psychological services.

Participants rated each statement from “strongly disagree” (coded 1) to “strongly agree” (coded 5). The 9 questionnaire items were the following:

- I attended today’s session because I wanted to, not because others made me
- Today I felt as though both of the group facilitators were respectful
- In today’s group session, I learned something from another participant
- During the session, either one or both of the facilitators challenged me to think in new ways
- In today’s session, I learned something new about myself
- In today’s session, I learned new ways to better manage my emotions
- I learned something in today’s session, that will help me make safer choices
- After today’s session, I have a better understanding of how my harmful behaviour impacts others
- In the last week, I have been able to use the skills that I have learned in the program, to better manage my emotions

To support unbiased reporting, program participants sealed their responses in envelopes so program facilitators would receive only general feedback summarising group-level responses, not individualised responses. This questionnaire was not implemented among participants in Groups 1 and 2, as it was initially ready only in time for implementation among participants in Groups 3 and 4.

Among the 25 program participants in Groups 3 and 4, all participants completed at least one questionnaire. Due to absences and program exits, the average number from a possible 10 questionnaires per person was 8 questionnaires per person (standard deviation = 2.04, range 3-10) for a total of 200 questionnaires across 25 participants.

Qualitative data from program participant interviews (KEQ3)

Interview procedures and analysis

Two researchers conducted these interviews on the Microsoft Teams video chat platform. We interviewed seven program participants who attended the Talk4Change program. One participant had attended Group 2, three participants had attended Group 3, and the remaining three participants had attended Group 4 of the Talk4Change program.

Each interview participant provided verbal consent for participating in the interview and having their interview data used for evaluation and research purposes. To compensate for participants' time, we gave each interview participant a \$50 retail voucher.

Using the inbuilt functions in Microsoft Teams, we audio recorded and transcribed each interview with program participants. Following the conclusion of each interview, the two researchers spoke to each other for a debrief discussion. We also audio recorded and transcribed this discussion. These debrief discussions covered the researchers' contemporaneous account of the interview, including any perceptions of the program participant's emotional state, insights, or manner during the interview. The researchers also used this debrief discussion to record their immediate thoughts on any implications their reflections may have for later analysis of interview transcripts. The interviewers reviewed each transcript against the recordings to ensure accuracy prior to any analysis.

Interview prompts

Interview sessions were individualised without rigid structure to allow themes to emerge naturally from program participants' personal views. The research team prepared the following prompts to use in the interviews as needed:

- What was your experience attending the Talk4Change program? What did you like best about Talk4Change? What about Talk4Change did you find challenging or needed improvement to be helpful for you? What was helpful about the group sessions? What was unhelpful about the group sessions? What was helpful about the individual sessions? What was unhelpful about the individual sessions?
- Will anything be different in your life following your attendance at the Talk4Change program? If so, how? Is there any knowledge

you feel you will take from your experience attending the Talk4Change program? Are there any skills you feel you will take from your experience attending the Talk4Change program? Are there any other changes you feel you will take from your experience attending the Talk4Change program?

- How would you describe your relationship to the people who facilitated the Talk4Change program? What was helpful in these relationships? What was unhelpful in these relationships? How would you describe your relationship to the group and the other group members? What was helpful in these relationships? What was unhelpful in these relationships?
- Do you feel you would benefit from additional support? If so, what type of support? How likely are you to seek other services similar to Talk4Change in the future? How likely are you to seek other services different from Talk4Change designed to assist you in your life problems? How likely are you to seek other services different from Talk4Change designed to assist you in the family violence domain? Do you have plans or intentions to seek further support? If so, in what way?

Interview analysis

Two researchers used thematic analysis to analyse transcripts. We conducted the six-step process of analysis [20]. The fifth stage of this process is identifying overarching themes. These themes represent the key findings that are compiled and reported in the sixth step of the process. To ensure the credibility of the findings, a “critical friend” (i.e. an independent member of the research team who was not involved in the

analysis) assessed the integrity of the analysis against the raw data.

We selected quotes to illustrate the general views of program participants. To preserve privacy, we removed the names of participants and instead identify quotes from program participants using the letter P and a number to denote the Talk4Change Group they attended. For example, P3 indicates a quote from a program participant who attended Group 3 of Talk4Change.

We have edited quotes for clarity in the following ways:

- Where we removed text, we inserted an ellipsis, as follows (...). Examples of removed text are: “ums” and “ahhs”, off-topic asides, repeated phrases (unless indicative of emphasis), minor interruptions by the interviewer, etc.
- Where we inserted text to provide context or mask identifying information, we indicated this using square brackets, as follows [text].
- Where the person used a word incorrectly creating an unintended meaning, we retained the original word the person used and indicated the misuse by the insertion of (sic). For example, one interviewee said “emanating” when it was clear in context their intended word was “escalating”.

Qualitative data from program facilitator interviews (KEQ4)

Interview procedures

We also conducted interviews with the two facilitators who delivered the Talk4Change

program to the four groups during the pilot implementation to understand their perspectives on the strengths and challenges of the Talk4Change program. Two researchers conducted two in-person interviews at the Family Life offices with each interview session occurring with one of the two program facilitators. Each facilitator provided informed consent for their participation in the interview and for having their interview data used for evaluation and research purposes.

Using an audio recording device, we audio recorded the in-person interviews with program facilitators. At the conclusion of each interview, the researchers recorded a debrief discussion in the same manner following interviews with program participants. We then transcribed those audio recordings. The interviewers reviewed each transcript against the recordings to ensure accuracy prior to any analysis.

Interview prompts

The research team prepared the following prompts to use in the interviews with program facilitators as needed:

- What was your experience delivering Talk4Change sessions? What aspects of the program were particularly useful / enjoyable? What aspects were challenging or difficult? How did you experience the benefits of integrating both individual and group sessions? How did you experience the challenges of integrating both individual and group sessions? What elements of the program can easily be scaled up into delivery to larger client cohorts? What elements would be challenging to scale up?

- By delivering sessions, what insights did you gain about the impact of program content on program clients? What elements appeared to have an effect on client? What elements may have been barriers to motivation or change for clients?
- What practical challenges did you experience when delivering sessions? What interpersonal challenges did you experience when delivering sessions? What content-delivery challenges did you experience when delivering sessions?

Interview analysis

Two researchers used thematic analysis to analyse transcripts. We conducted the six-step process of analysis [20]. The fifth stage of this process is identifying overarching themes. These themes represent the key findings that are compiled and reported in the sixth step of the process. To ensure the credibility of the findings, a “critical friend” (i.e. an independent member of the research team who was not involved in the analysis) assessed the integrity of the analysis against the raw data.

We selected quotes to illustrate the general views of program facilitators. To preserve privacy, we identify quotes from program facilitators by the letter F and a number to differentiate the two program facilitators.

We have edited quotes for clarity in the following ways:

- Where we removed text, we inserted an ellipsis, as follows (...). Examples of removed text are: “ums” and “ahhs”, off-topic asides, repeated phrases (unless indicative of

emphasis), minor interruptions by the interviewer, etc.

- Where we inserted text to provide context or mask identifying information, we indicated this using square brackets, as follows [text].
- Where the person used a word incorrectly creating an unintended meaning, we retained the original word the person used and indicated the misuse by the insertion of (sic). For example, one interviewee said “emanating” when it was clear in context their intended word was “escalating”.

Qualitative data from affected family members (KEQ5)

Interview sample

Ten of the 11 affected family members who took part in the interviews were current or former partners of a Talk4Change program participant. One affected family member was a parent of a Talk4Change program participant. All 11 interviewees had experienced violence directed at them from their family member who participated in Talk4Change.

Five affected family members were not currently in a relationship nor living with the program participant during their attendance at the Talk4Change program. These five individuals included four former partners and one parent. The remaining six affected family members were in a current relationship and residing with the program participant during their completion of the Talk4 Change program. Most affected family members reported that they had children. These children’s other parent may have been their partner (or former partner) attending Talk4Change or a partner from a previous

relationship.

Interview procedure and analysis

A specialist family violence practitioner from Family Life conducted interviews with affected family members using Microsoft Teams. Interviews were audio recorded and transcribed using the inbuilt function in Microsoft Teams. A Family Life staff member reviewed all interview transcripts against the audio recording to ensure accuracy of information. To compensate for interviewees’ time, Family Life gave each interviewee a \$50 retail voucher.

Two researchers at the Centre for Forensic Behavioural Science independent to Family Life analysed de-identified interview transcripts using thematic analysis. They conducted analysis using the same framework and procedures as the other qualitative analysis in this evaluation (see earlier sections of this report). The interview transcripts we received did not reveal or specify whether affected family members participating in the interviews had received family support services from Family Life or, if so, which family support services they accessed.

Qualitative data from sector stakeholders (KEQ6)

Focus group procedure

Researchers at the Centre for Forensic Behavioural Science hosted the focus group on the Microsoft Teams platform. Each participant provided verbal consent for participating in the focus group and having their data used for evaluation and research purposes. Using the inbuilt functions in Microsoft Teams, we audio recorded and transcribed the focus group session.

Focus group sample

Despite extensive liaison with relevant stakeholders, only a limited number of individuals were able to participate in the focus group within the available period. There were four confirmed focus group participants as described in the following table.

Stakeholder	Role and Organisation	Organisational context
Stakeholder #1	Executive role, The Orange Door	A Victorian Government funded initiative for adults, children and young people who are at risk of experiencing or have experienced family violence, and for families who need support with the development and wellbeing needs of children. The Orange Door provides an integrated intake pathway to family violence services, services for people who use violence, services for Aboriginal people, and services for children and families.
Stakeholder #2	Managerial role, The Orange Door	
Stakeholder #3	Managerial role, Windana	A non-government organisation that provides services across Victoria for adults and young people experiencing alcohol and other drug harms, family violence, mental health challenges, and social disadvantage.
Stakeholder #4	Executive role, No To Violence	The largest peak body in Australia for organisations and individuals who work with men to end family violence. No to Violence specialises in effective evidence-informed engagement with men and its primary concern is the safety and wellbeing of women and children. No To Violence provides advocacy, training, sector development, and a men's referral service.

Focus group prompts

The research team prepared the following prompts to use in the interviews as needed:

Prompts

Understanding stakeholders' interactions with and understanding of the Talk4Change program

- How does your service interact with the Family Life Talk4Change program?
- What is your understanding of the Talk4Change program?
- Do you see the Talk4Change program as different from the traditional Men's Behavioural change model of intervention? If so, how does it differ?
- Thinking about referrals to services, why might you choose to send someone to the Talk4Change program over another service?

Broader discussion of the sector

- Are there key conceptual and innovations gaps in the service sector for people who use violence? Assuming any new program will address the traditional targets we know are important, what else should new programs aim to accomplish, if anything?
- Do you think that there are any factors about the person themselves that the programs should address?
- What about gaps for people who engage in violence during same-gender relationships?
- Do you think there are gaps in the sector for people who engage in violence against individuals other than their intimate partner (e.g. children or other family members?)

Specific discussion about Talk4Change program

- In your opinion does the Talk4Change program help to fill some of the gaps that you have identified?
- Do you think that there are gaps in Men's Behavioural Change programs that could be dealt with by using the approach taken by the Talk4Change program?
- (If any of the participants have experience of provision of interventions) What do you think about the different elements of the Talk4Change program and the emphasis that is placed on processes such as building therapeutic alliance, and focusing on personal responsibility?

Discussion about challenges in the funding landscape for Talk4Change program

- What do you think the challenges are in this sector for offering programs that may try to take a novel approach to intervention with people who use violence?
- Do you think that there is an appetite to raise the funding for interventions for the right program?

Limitations

Quantitative data on program participants (KEQ1 & KEQ2)

There are several limiting features of the methodology and data that are important to highlight. First, the Talk4Change program is voluntary, so the data describe only men who agree to voluntarily engage in a men's behaviour change program, provide their information, and choose not to opt out of having their data used for this evaluation and research purposes.

Further, we did not have access to information about individuals who may have been referred to be evaluated for Talk4Change eligibility but were assessed as unsuitable at any stage of the process. This information may have been useful for comparison purposes.

Overall, the sample size for quantitative analyses is relatively small. Thus, broad generalisability to the full population of men who use violence within their families or attend behaviour change programs is not warranted.

There is increasing recognition that attending to program participants' perspectives is a critical evaluation activity when researching men's behaviour change programs [7]. Participants' self-reported perspectives are valuable while it also important to recognise that self-reported information can be incomplete or biased in various ways. As such, information gathered through the intake interview and questionnaires may not reflect fully honest or objectively accurate information.

For this pilot evaluation of the implementation of the Talk4Change pilot program, it was important to maintain flexibility and revise procedures as needed. However, changing measurement procedures partway through implementation was not ideal for analysis. Specifically, because participants in different groups completed different questionnaires or were not invited to complete all questionnaires, there is inconsistency across program participants in terms of data equivalence and completeness.

Finally, there are some remaining limitations related to data collection procedures. Specifically, there were no specific records explaining why some program participants did not have some forms and worksheets on file (e.g., perhaps due to non-relevance for their situation, the individual declining to complete, or their absence on the date of completion). Reasons for missingness can be informative for understanding both gaps in the data and the applicability of existing data.

Similarly, when questionnaires were completed multiple times by the same program participant, these records were clearly linked by participant, but the date of completion for each instance was typically omitted on the form or worksheet. As such, it was not possible to order each questionnaire completion within a clear timeframe within the duration of the Talk4Change program, including clearly identifying which assessment occurred first versus subsequently. The omission of dates meant that it was not possible to analyse and understand how most factors may have progressed from pre-program through to post-program.

Qualitative data from program participant interviews (KEQ3)

As with any voluntary research activity, there is a self-selection bias that limits the generalisability of the evaluation results. In this evaluation, program participants who responded to the invitation to speak to researchers about their experiences in Talk4Change are likely different from people who chose not to respond to the invitation. This remains true even when considering that those who exited the Talk4Change program without completing it were unavailable for recruitment to participate in the evaluation interviews.

Compared to non-volunteers, people who choose to volunteer their time to speak about their program experiences to evaluation researchers are typically more motivated, more articulate, higher socioeconomic status, more educated, and more positive about their experiences. In other words, results from the qualitative interviews are valid for the people who responded to the interview questions, but findings may not be valid for people who were uninterested in participating in the interviews, disengaged from the Talk4Change program, uncomfortable speaking openly about their personal experience, or unable to prioritise research participation over other life commitments. Although findings are not necessarily representative of all program participants' experiences, findings likely reflect the views of the select program participants who were likely most engaged and thoughtful about how the Talk4Change program might assist their behavioural change goals.

Qualitative data from program facilitator interviews (KEQ4)

Interviews with program facilitators were not a strictly voluntary activity because participating in the evaluation was part of the facilitators' role at Family Life. However, program facilitators could voluntarily choose not to have their interview data used for research purposes.

Because the total number of possible Talk4Change facilitators was limited to two facilitators, the viewpoints shared within the two qualitative interviews conducted for this evaluation represent all facilitation experiences within the Talk4Change pilot implementation. Still, findings are limited to the perspectives of two people rather than generalising to a larger population of potential program facilitators.

Qualitative data from affected family members (KEQ5)

As with any voluntary research activity, there is a self-selection bias that limits the generalisability of the evaluation results. Affected family members who chose to receive services from Family Life, to maintain a service relationship with Family Life, and then to volunteer to respond to the interview request to speak about their views of Talk4Change are likely different from people who did not self-select these activities.

Compared to non-volunteers, people who choose to volunteer their time to speak about their experiences to evaluation researchers are typically more motivated, more articulate, higher socioeconomic status, more educated, and more positive about their experiences. In other words, results from the qualitative

Findings

Characteristics of program participants (KEQ1)

This section reports information gathered from intake assessment interviews. This information was self-reported by program participants.

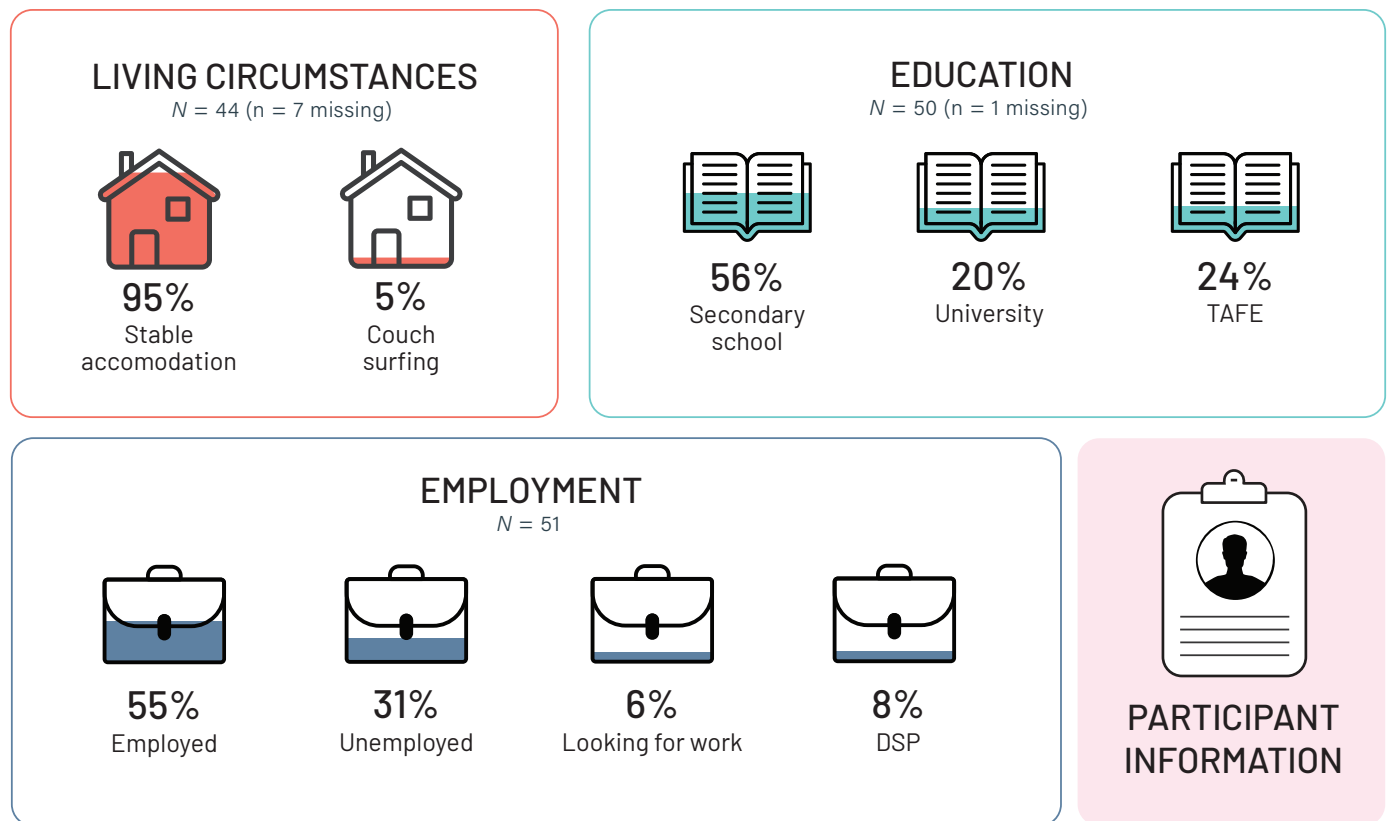
Demographic information

All 51 participants in the Talk4Change pilot program were male. The average age among program participants was 40.6 years old.

Age group	# Clients	% Clients
18-24	5	9.8%
25-34	12	23.5%
35-44	15	29.4%
45-54	14	27.5%
55-64	3	5.9%
65-74	2	3.9%
TOTAL	51	100%

Life circumstances

Figure 2. Program participant life circumstances



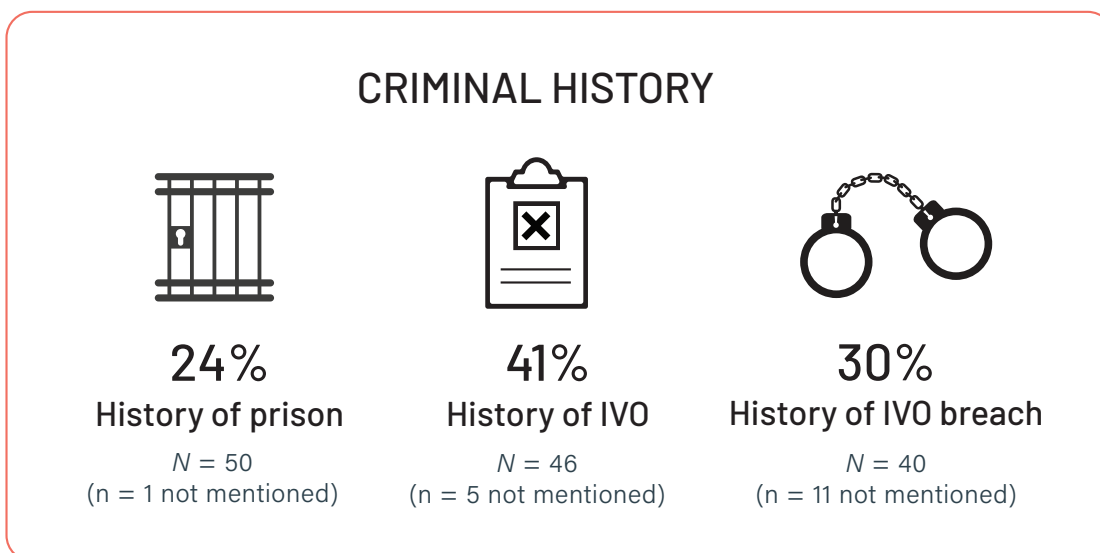
Almost all 51 program participants reported living in stable accommodation. All participants who reported educational background reported at minimum completion of secondary school, with almost half also reporting TAFE or university education. Approximately half of participants were currently employed.

Justice involvement

Criminal history

There was a substantial number of program participants (12 out of 50; 24%) who reported prior history of incarceration in prison (including pre-sentence remand). Many had had family violence intervention order (IVO) conditions placed on them in the past. Further, almost one-third of participants with this information recorded at intake reported having breached a prior violence intervention order. These percentages refer to experiences prior to the incident or event that led to the referral to Talk4Change.

Figure 3. Program participant criminal history

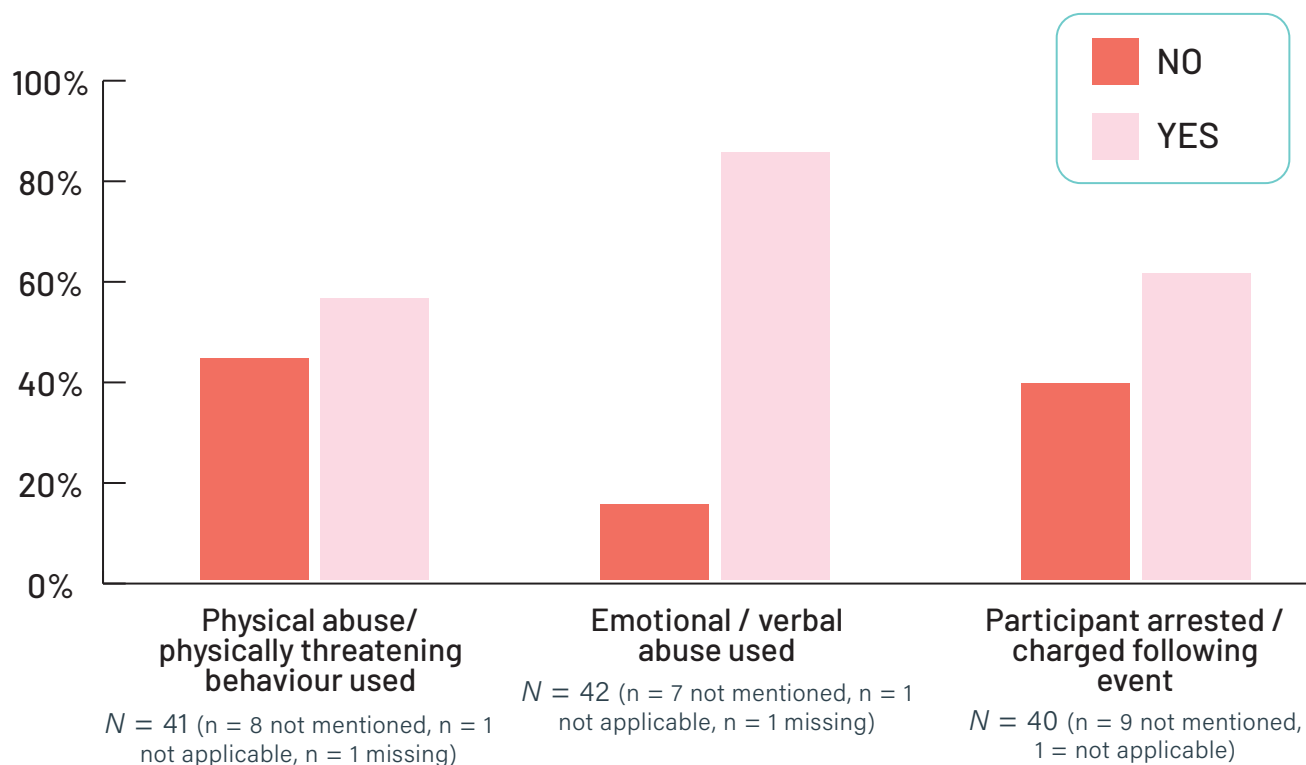


Incident or event that led to Talk4Change referral

During the intake assessment, participants self-reported the details of the incident(s) or event(s) that led to referral to Family Life. Based on the written notes and narratives on the intake assessment form, we coded key behaviours participants reported.

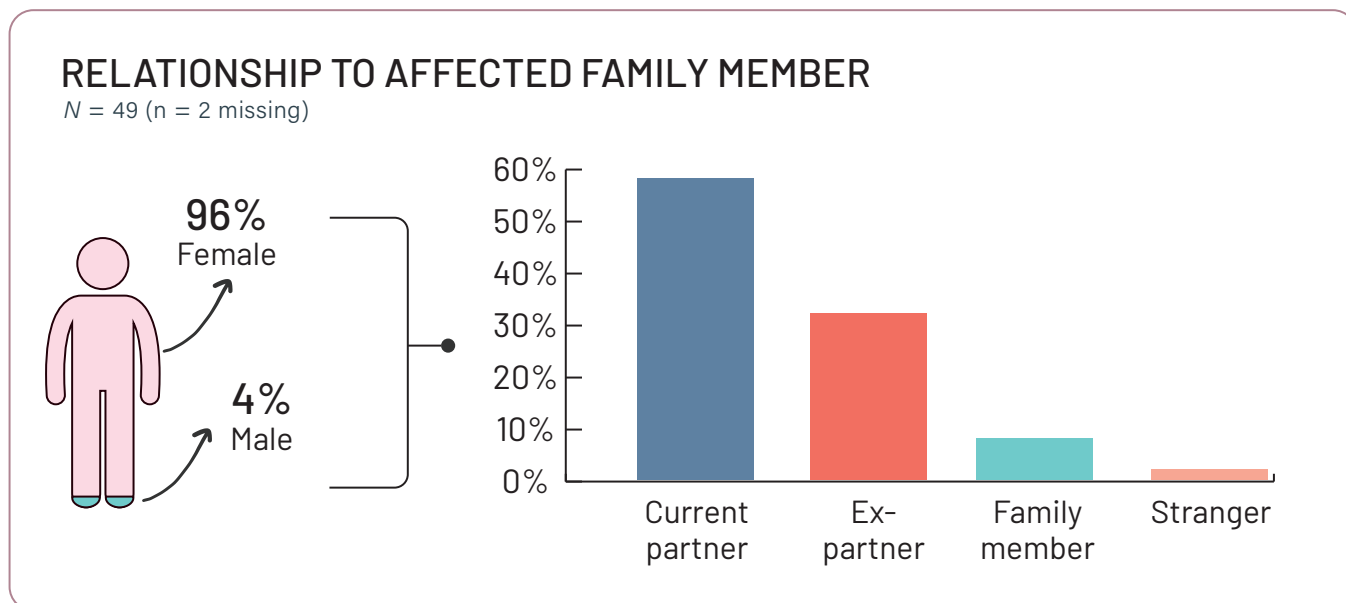
Figure 4. Incident/event information

EVENT INFORMATION



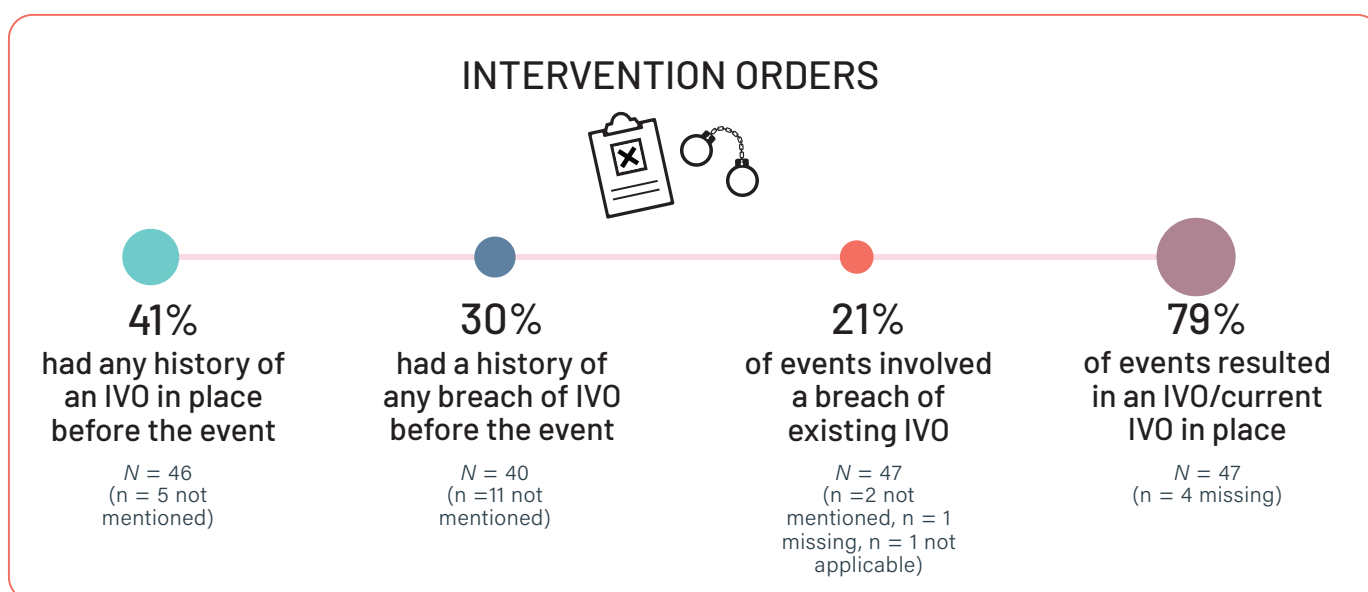
A substantial majority of events involved emotionally and/or verbally abusive behaviour. More than half of self-reported events involved either physically abusive behaviour or physically threatening behaviour and resulted in an arrest and criminal charge. There is some missing information in these data fields as participants varied in their openness toward describing these events, and participants varied in the level of detail provided in their descriptions.

Figure 5. Affected family member information



Almost all program participants who indicated the gender of the family member affected by the event reported the family member’s gender as female. With only some exceptions, the affected family member was a current partner or ex-partner. In addition to prior intervention orders and prior breaches of intervention orders, 21% of events leading to referral involved the participant breaching an existing intervention order. Further, almost 80% of participants self-reported that they were currently placed on conditions related to an intervention order.

Figure 6. Intervention order information



In addition to current intervention order conditions, approximately 20% of participants reported being on a community corrections order. Further, approximately 10% of participants self-reported current conditions related to a child protection order. Among the 70% of participants reporting having children, two-thirds reported having no current access or partial access to their child or children.

Figure 7. Program participant current legal involvement

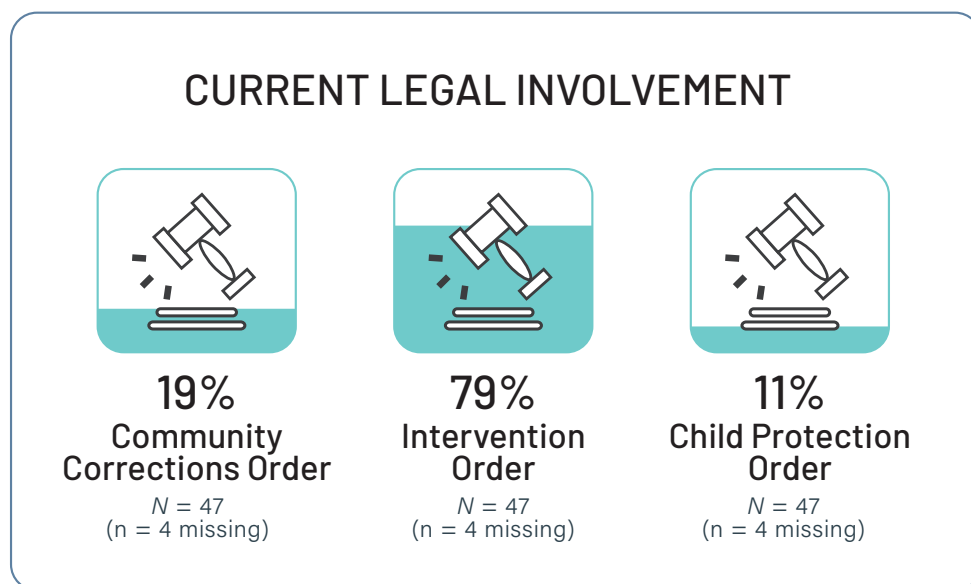
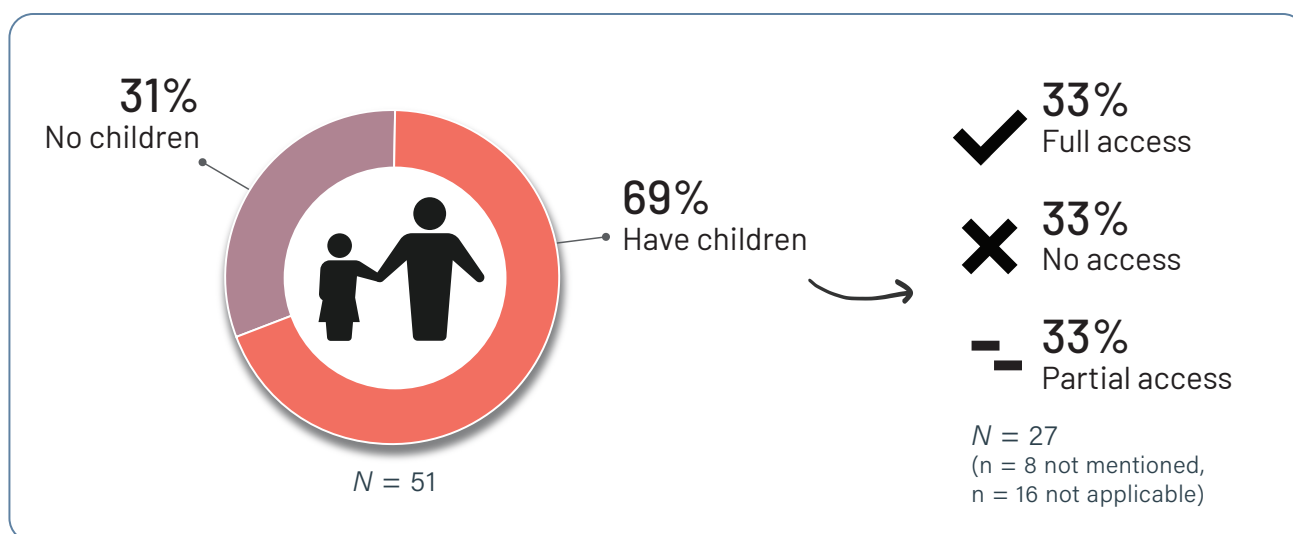


Figure 8. Program participant parenting information



Program participant treatment needs

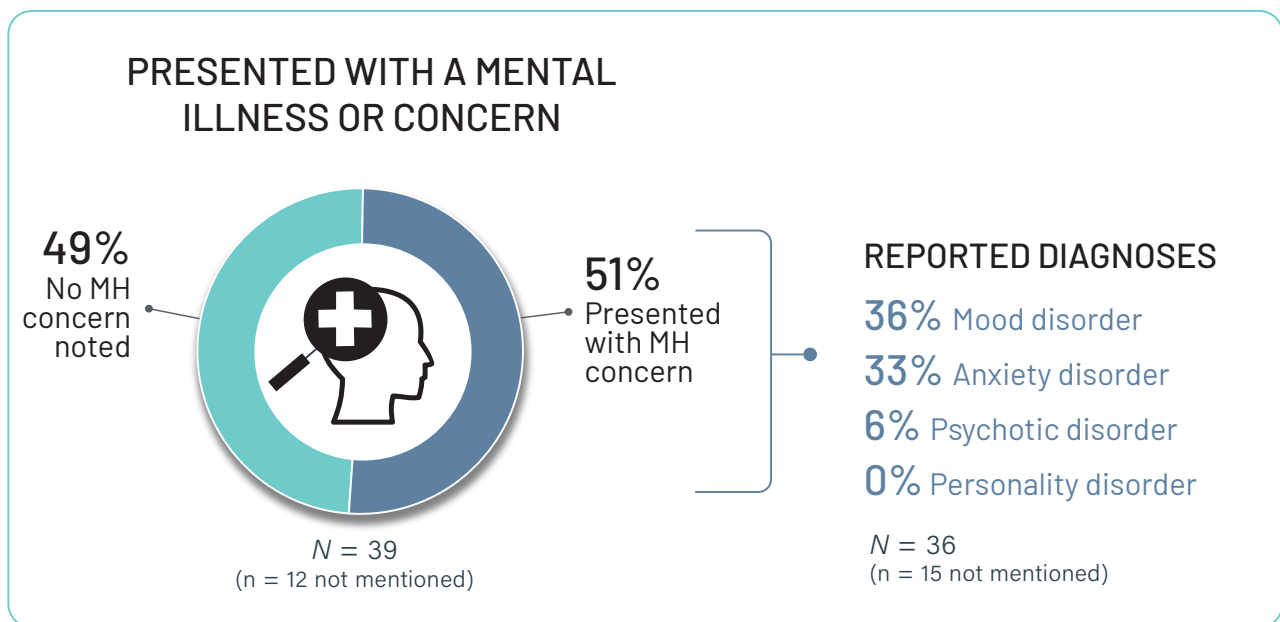
Program participants self-reported a variety of treatment needs, with two-thirds of participants reporting a history of substance misuse, and one-third reporting current problems with substance use. Approximately 15% of program participants (9 out of 51) reported a history of or current problems with gambling.

Figure 9. Program participant substance use



At intake, there was a meaningfully high number of self-reports of mental health concerns. These concerns were most commonly related to anxiety and depression. Six program participants reported having one or more disabilities.

Figure 10. Program participant mental health information



Program participant social support

At the time of the intake assessment, most program participants (39 out of 51; 76%) reported having at least one person in their life they could rely on for social support. Six participants reported being currently involved in a formal support service alongside their help-seeking at Family Life.

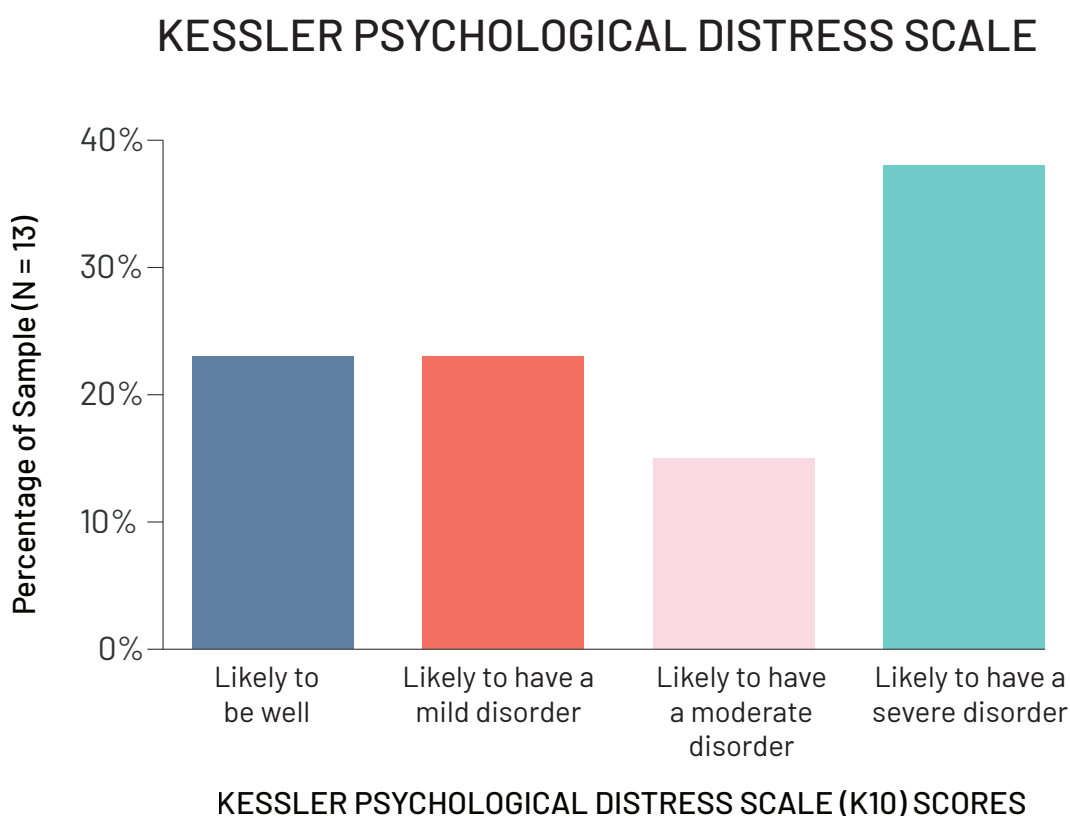
Quantitative findings from program participants

General psychological distress

At intake, for Group 1 only, staff recorded program participants' self-reported general psychological distress using the Kessler Psychological Distress Scale (K10). Of the 13 participants who completed this questionnaire, there was typically indication the individual was likely experiencing the symptoms of a mental health disorder. Symptoms ranged from mild to severe.

Specifically, among the 13 respondents, three program participants (23%) self-reported experiences consistent with likely having a mild psychological disorder, two participants (15%) self-reported experiences consistent with likely having a moderate psychological disorder, and five participants (38%) self-reported experiences consistent with likely having a severe psychological disorder.

Figure 11. Kessler Psychological Distress Scale scores

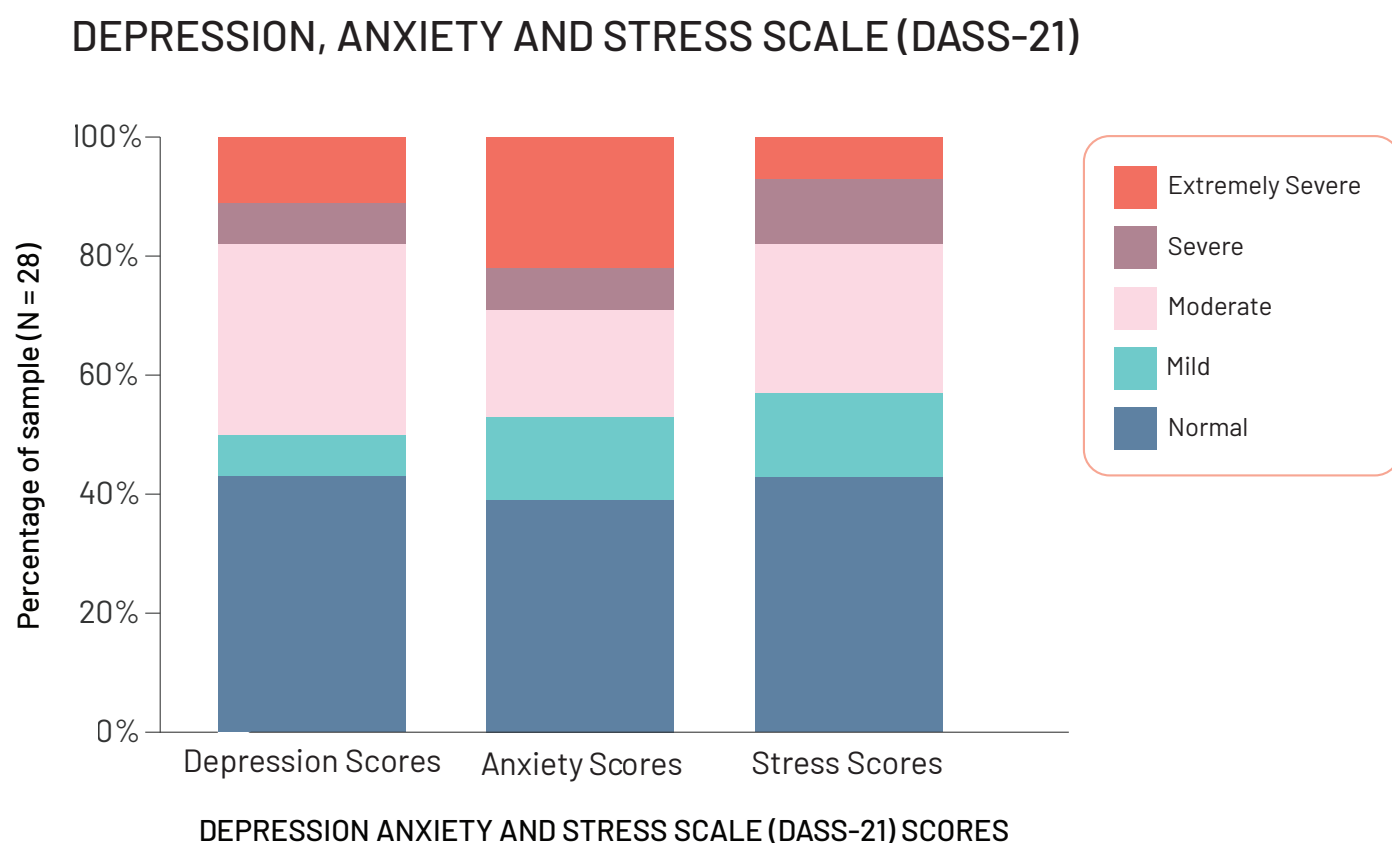


Negative emotional state

Program participants from Groups 2-4 completed the Depression, Anxiety, and Stress Scale (DASS-21) at intake or another time point during Talk4Change. For each subscale, only approximately 40% of respondents self-reported “normal” levels of depression, anxiety, or stress. By contrast, approximately 50% of respondents reported moderate to extremely severe levels of depression, anxiety and/or stress, with approximately 20% of respondents reporting extremely severe levels of anxiety.

On average, participants self-reported moderate-level depression scores (Average = 7.2, standard deviation = 5.3), moderate-level anxiety scores (Average = 5.6, standard deviation = 4.3), and moderate-level stress scores (Average = 8.8, standard deviation = 4.6).

Figure 12. Depression, Anxiety, and Stress Scale scores



Examining reporting patterns across the three subscales, there was a high correlation such that program participants who reported high anxiety also reported high stress ($r = .90$). To a more moderate degree, experiences of depression and anxiety also tended to co-occur ($r = .65$), as well as experiences of depression and stress ($r = .56$).

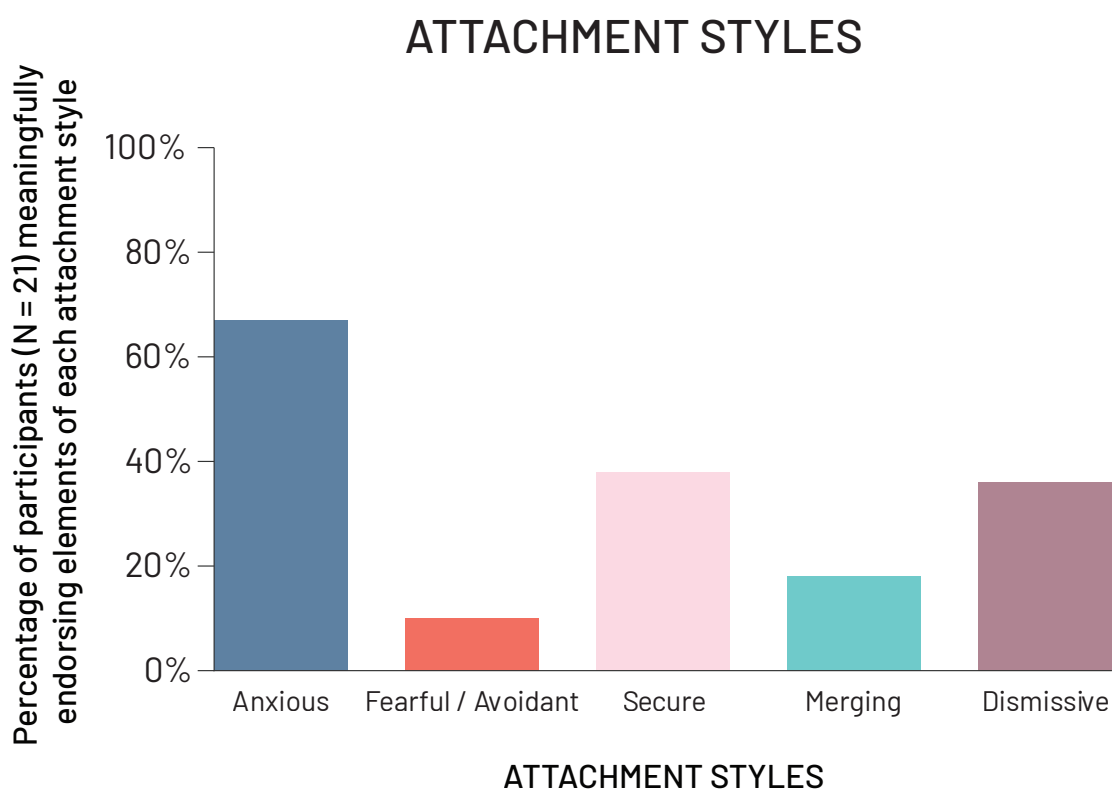
Adult attachment style

Consistent with self-reports of high anxiety, approximately midway through the Talk4Change program, program participants also typically reported strong feelings of anxiety when rating their experiences in their adult relationships and romantic partnerships.

Figure 13 reports the percentage of participants who endorsed a high number of statements consistent with that attachment style through their self-report, even if each individual may or may not meet the scale's definition of having that "primary" attachment style. Percentages do not add up to 100% because participants could endorse statements in a way that met a high threshold for multiple attachment styles.

Elements of an anxious attachment style were endorsed most among program participants completing the attachment style questionnaires. There were also moderately high endorsements of statements consistent with a secure attachment style (38%) and dismissive attachment style (36%), with lower endorsement of statements consistent with avoidant (10%) and merging (18%) attachment styles.

Figure 13. Attachment styles information



Adverse childhood experiences

Out of the 10 possible adverse childhood experiences that program participants self-reported as occurring during their developmental history, on average, the 29 responding participants self-reported almost four adverse experiences (Average = 3.6, standard deviation = 2.2). Some participants reported the total number of adverse experiences in their childhood without self-identifying which specific experiences occurred.

The six most endorsed adverse childhood experiences are listed in the following table. Notably, among the adverse experiences, program participants most highly endorsed the three experiences related to being the target of explicitly direct and indirect family violence during childhood.

Adverse Childhood Experience	Number Endorsed	Number Responded	Percentage
Verbal family violence directed toward self when child	12	16	75%
Physical family violence directed toward self when child	12	16	75%
Physical family violence among adults in home	9	16	56%
Alcohol and/or drug problem among adults in home	6	15	40%
Depression or mental illness among adults in home	6	16	38%
Neglectful disregard directed toward self when child	5	15	33%

Action for positive goals

Among the 31 program participants who completed Change Star ratings to indicate their level of action, engagement, and motivation across six life domains, average ratings for each domain were positioned between “acknowledging” and “learning new ways”.

Notably, examining the differences across Change Star ratings among program participants who completed multiple worksheets, there was meaningful dynamic movement from rating to rating for many participants. This shows that engagement and motivation shifted during attendance at the Talk4Change program, possibly increasing and decreasing at various times as each participant progressed.

Figure 14. Change Star results for 'Taking Responsibility'

CHANGE STAR: Taking Responsibility

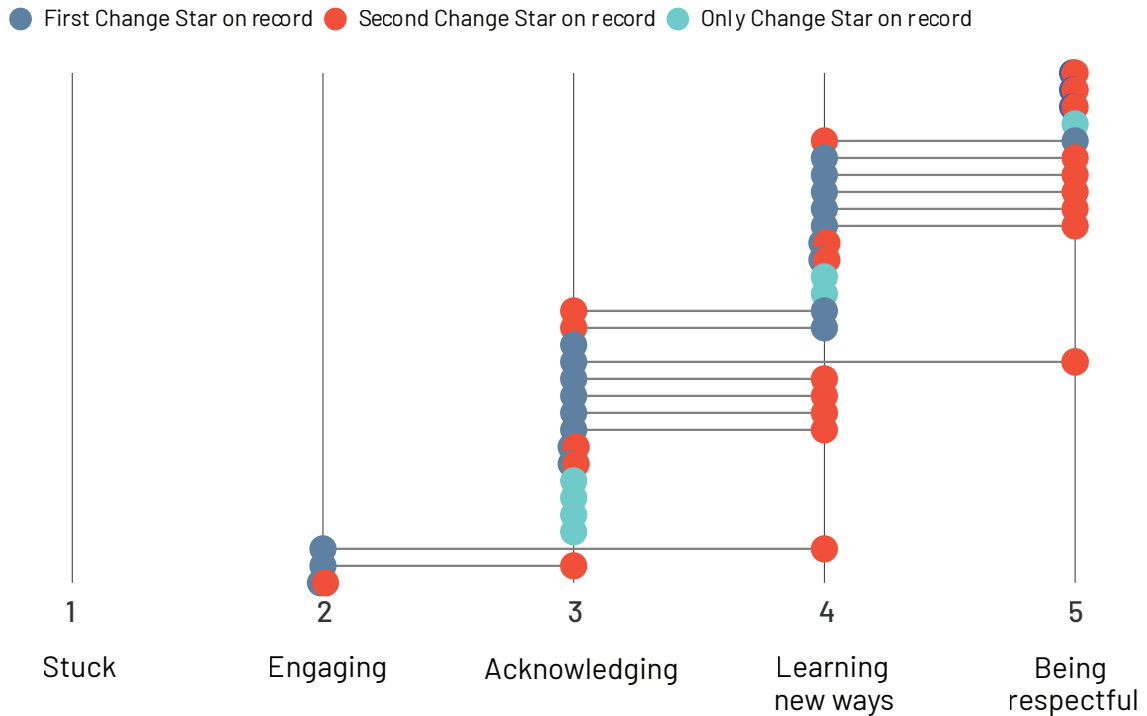


Figure 15. Change Star results for 'Thinking and Attitudes'

CHANGE STAR: Thinking and Attitudes

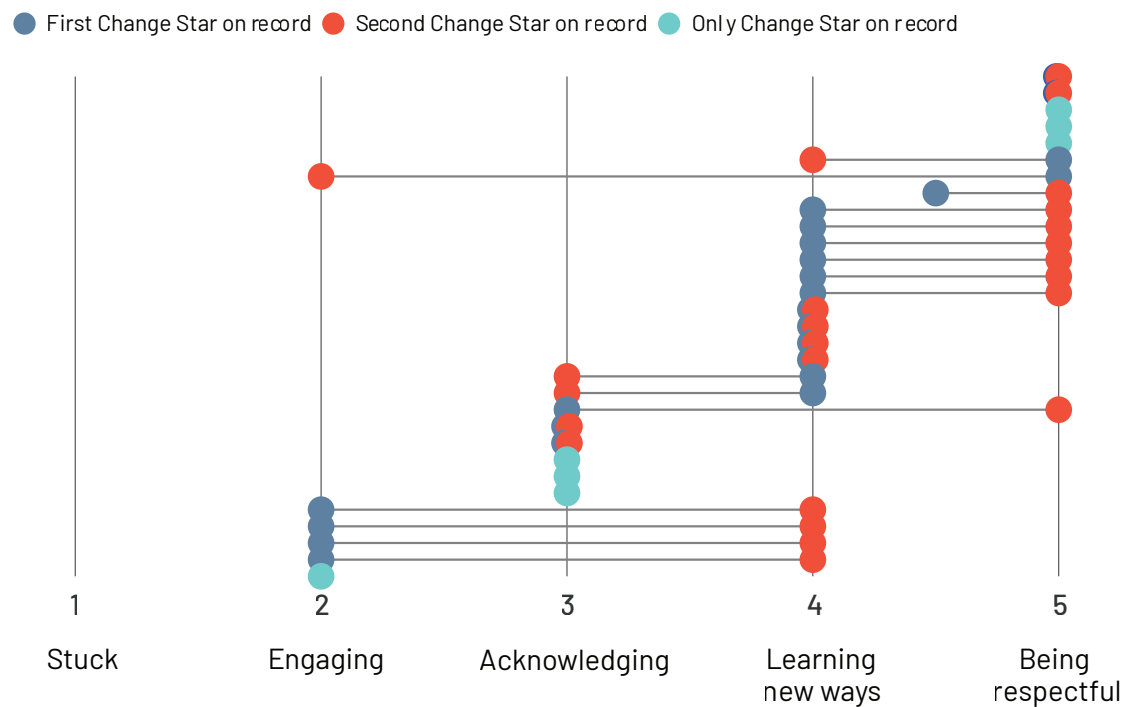


Figure 16. Change Star results for 'Safe Actions and Reactions'

CHANGE STAR: Safe Actions and Reactions

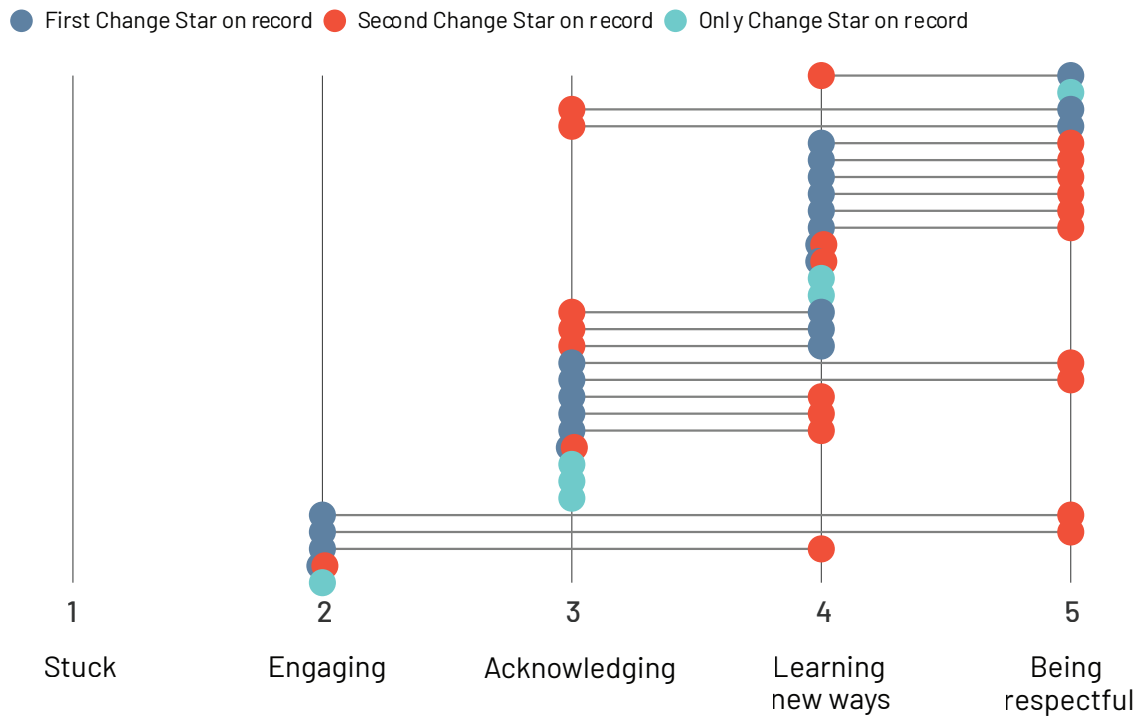


Figure 17. Change Star results for 'Communication'

CHANGE STAR: Communication

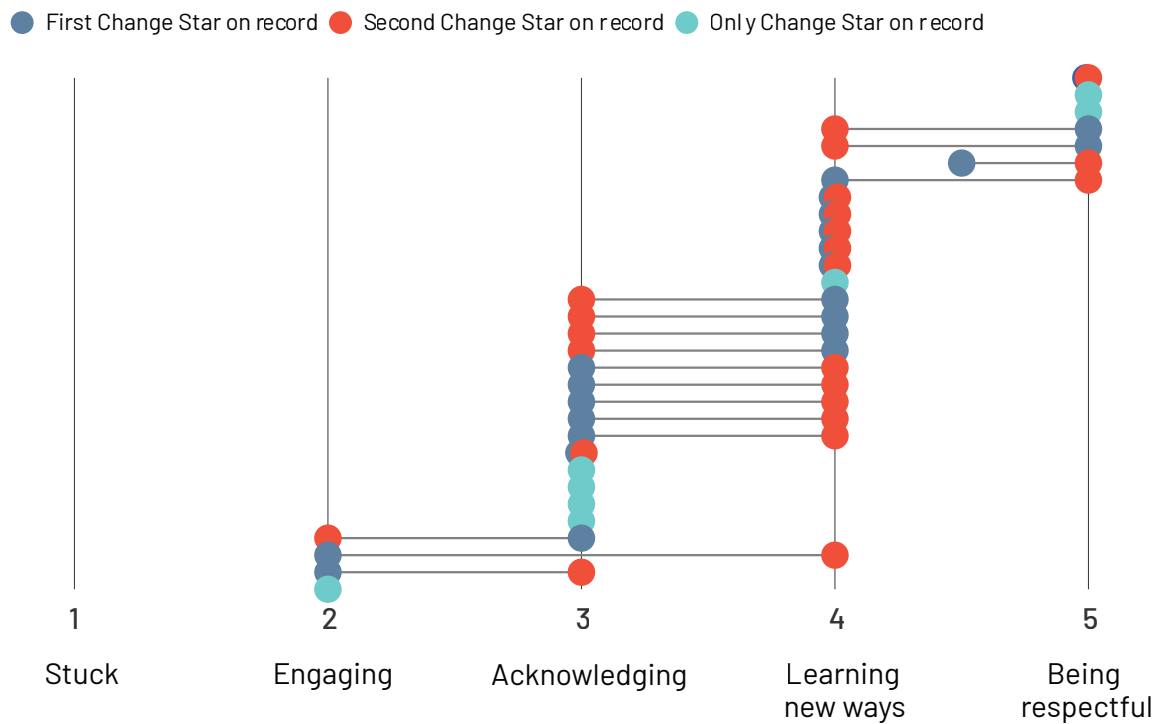


Figure 18. Change Star results for 'Being a Good Father'

CHANGE STAR: Being a Good Father

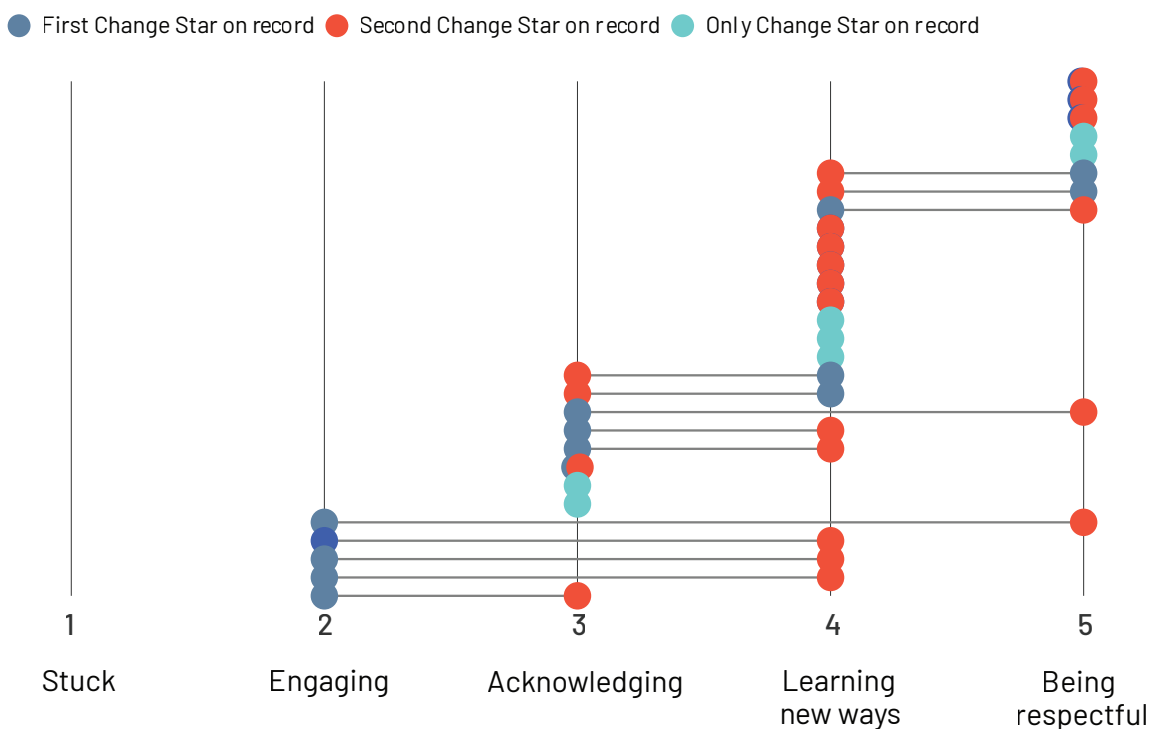
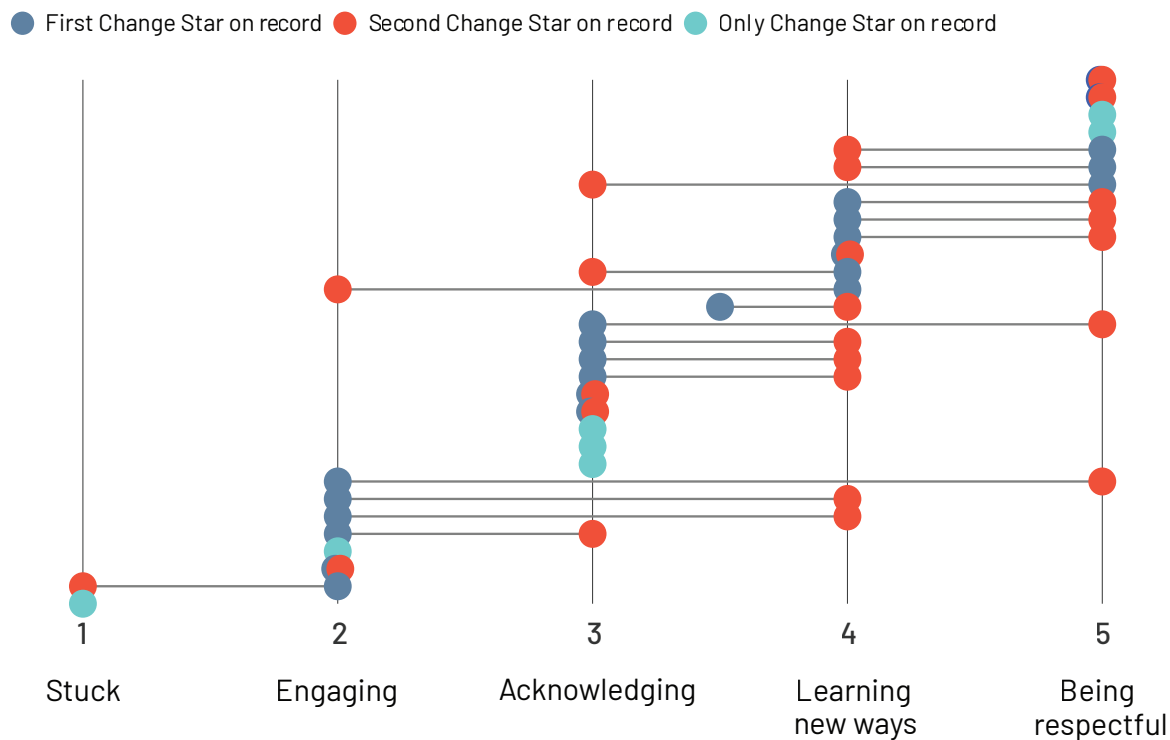


Figure 19. Change Star results for 'Your Well-Being'

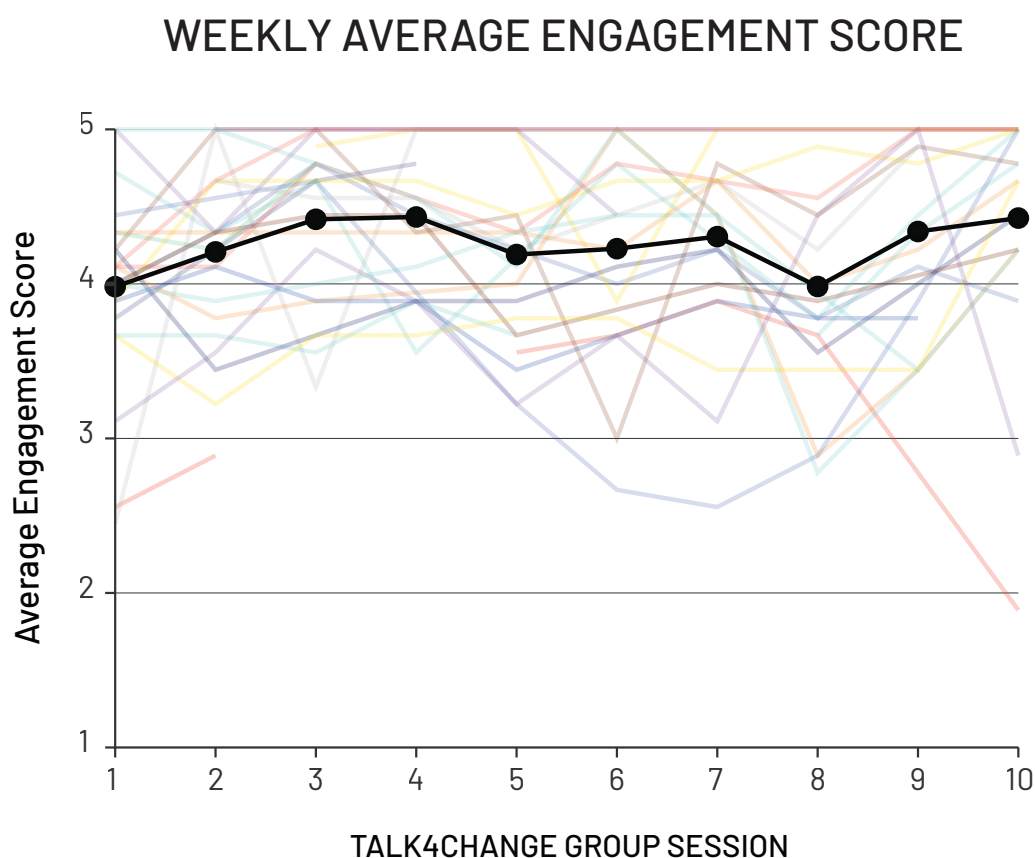
CHANGE STAR: Your Well-Being



Motivation, engagement, and working alliance

Among program participants in Groups 3 and 4, 25 participants completed at least some ratings of their engagement and working alliance when facilitators asked them to complete this task at the end of each of the 10 group sessions. Figure 20 depicts how those ratings fluctuated across the 10 sessions for the 25 participants.

Figure 20. Average engagement scores by session week



The black line in Figure 20 represents the average engagement rating across all responding program participants across all sessions. On average, engagement ratings remained high, approximately at the “agree” rating for statements. Statements indicated that the participant had learned something new that would be useful for choosing not to engage in violence in the future, felt connected to their facilitators, were learning from other group members, and felt motivated to attend Talk4Change.

There was an average trend showing that participants may have found the later group sessions slightly more challenging or difficult to engage with. These later sessions directly address program participants' family violence behaviour.

Further, the average line depicted in Figure 20 summarises a relatively steady overall trend calculated from more individualised and dynamically changing trajectories of engagement. As represented by the coloured lines in Figure 20, there was variability in engagement at each of the 10 sessions.

Whereas some program participants needed time to "warm up" at the start of the group components of the Talk4Change program, others experienced substantial lagging engagement as the content session became more personally relevant and targeted toward their violent behaviour and attitudes. Many, but not all, program participants "recovered" their engagement prior to the end of the Talk4Change program. Some trajectories of program engagement ended early due to non-attendance and exiting the Talk4Change program.

Relationships among factors measured in this evaluation (KEQ2)

Negative emotions and justice involvement

Program participants who reported a history of incarceration or being on a current community corrections order were not more likely than non-justice involved individuals to report higher levels of depression, anxiety, or stress. Both groups reported high levels of negative emotions.

Negative emotions related to substance use problems

Program participants with a history of substance misuse were somewhat more likely to report higher levels of anxiety compared to people without a history of substance misuse (i.e. an average score of 2.4 compared to 1.5 on DASS-21 Anxiety subscale, $p = .11$). Similarly, participants with a history of substance misuse were somewhat more likely to report higher levels of stress (i.e. an average score of 1.8 compared to 0.9 on DASS-21 Stress subscale, $p = .08$). There were no observed differences across groups on depression scores.

Negative emotions related to social support

Program participants who reported currently having at least one person in their life to turn to for social support were somewhat less likely to report higher levels of depression, anxiety, and stress. In other words, there was a consistent trend showing an association between access to social support and lower levels of negative emotion, whether depression (i.e. an average depression score of 1.5 for people with social support compared to a score of 3.5 for people without social support, $p = .09$),

anxiety (i.e. an average anxiety score of 1.7 versus 3.5, $p = .09$), or stress (i.e. an average stress score of 1.2 versus 2.0, $p = .01$).

Adverse childhood experiences and justice involvement

Program participants who reported a history of incarceration or being on a current community corrections order were not more likely than non-justice involved individuals to report a higher number of adverse experiences during their childhood. Both groups reported similar levels of adverse childhood experiences.

Adverse childhood experiences related to negative emotions

Program participants who reported more adverse childhood experiences were more likely to report higher current negative emotions. To a moderate degree, number of adverse childhood experiences was related to reporting negative emotions of depression ($r = .36$), anxiety ($r = .52$), and stress ($r = .42$).

Adverse childhood experiences related to adult attachment style

Program participants who reported more adverse childhood experiences were less likely to report a secure adult attachment style. On average, people who identified their attachment style as secure reported approximately two adverse childhood experiences, whereas people who did not identify a secure attachment style reported approximately 4.5 adverse childhood experiences ($p < .001$).

Summary of findings from KEQ1 and KEQ2

A program participant cohort that is highly justice-involved

Program participants who attended Talk4Change during its initial pilot evaluation were men who typically self-reported recent incidents where they engaged in emotional and verbal abuse of their female partner or ex-partner, with approximately half of participants also reporting physical abuse resulting in arrest. There was a meaningful proportion of participants with incarceration history (one quarter) and a history of prior breaches of intervention orders (one third). A substantial minority (one-fifth) were currently serving community corrections sentences whereas most (four-fifths) had a current intervention order in place.

Overall, it was clear that the typical program participant receiving services through Talk4Change had exhibited serious violent behaviours and was facing serious legal consequences at the time of their program attendance.

A program participant cohort with multiple serious treatment needs

Overall, the typical Talk4Change participant had varied serious treatment needs alongside the core need of addressing their violent behaviour.

Approximately two-thirds of program participants self-reported problems with alcohol and drug misuse. Approximately one-half of participants presented at the intake assessment with mental health concerns. Further, self-report questionnaires indicated it was more common for program participants to report moderate to extremely severe psychological anxiety than for program participants to report normal levels of anxiety, depression, or stress. Program participants also generally expressed high levels of anxiety in their adult and romantic relationships.

On average, program participants reported having experienced multiple serious adverse events during their childhoods. Further, response patterns across self-report questionnaires showed that when treatment needs and serious life difficulties were present among program participants, these challenges typically co-occurred within the same individuals.

Program participants showed generally high motivation

Despite being characterised by histories of serious behaviour problems and current high treatment needs, program participants self-reported strong engagement and motivation in the Talk4Change program. Across different questionnaires and across the duration of the program, participants self-reported that they found Talk4Change valuable for teaching them new skills and addressing behavioural goals.

Simultaneously, it was evident from the response patterns that program participant motivation was not “static”. Instead, engagement fluctuated with dynamic movement across the duration of the Talk4Change program. In other words, maintaining participants’ engagement was an important consideration for facilitators to attend to not only at program intake, but maintaining engagement represented an ongoing concern and challenge across the Talk4Change program.

Qualitative findings from program participants and program facilitators (KEQ3 & KEQ4)

The themes we identified in interviews with program participants and program facilitators overlapped, so we present results for both interview groups concurrently to reduce repetition and provide integrated context for the findings. We identified two overarching themes with three subordinate themes in each overarching theme: Program Structure (*Group and Individual Work, Relationships, Need More*) and Program Content (*What was Learned, Skills, and Gender*).

Program structure

In the interviews, both program participants and program facilitators readily and consistently referred to aspects of the Talk4Change program structure they considered helpful. At some times, they referred to aspects of the program structure they viewed as less helpful.

Individual and group work

All program participants and program facilitators uniformly supported the combination of group and individual sessions in the Talk4Change program structure.

"The mix of the one-on-one and the group sessions that was great." (P3)

Several program participants reported attending other behaviour change programs prior to Talk4Change. These program participants felt the addition of individual sessions was a significant benefit, and they viewed the individual sessions as the most notable difference when comparing

their experience in Talk4Change to previous programs. All program participants reflected that the balance of group and individual session modes meant the program overall was more meaningful for them. Program participants understood each component of the program structure to serve a unique function.

Although most program participants primarily valued the group sessions as an opportunity to learn the program content from the program facilitators, several program participants noted the benefits of hearing other program participants' stories. Some suggested this helped them understand their own behaviours. For others, they viewed others' stories as an opportunity to think through the life applications of each session's content. Some program participants indicated they appreciated hearing other members of the group ask questions they may not have considered or did not feel comfortable asking themselves.

"I enjoyed going [to the group sessions] and hearing other people's perceptions and what they thought of the same thing." (P3)

"I got a lot out of the group sessions because it's helped me better identify some of the issues and some of the reasons why I am in the program, and how it is that I can better manage my behaviour to provide better outcomes." (P4)

Among program participants, there was variation in how they experienced the individual sessions and the potential value of these sessions. For

some program participants, the individual sessions provided an opportunity to discuss how to apply what they learned in the group sessions to their individualised circumstances, thus deepening their change process. Some others suggested that the individual sessions provided access to a type of counselling that supported their reflections about what they learned in group sessions, and this support was especially helpful when their reflections were associated with personal distress. Additional program participants believed the individual sessions assisted them to unpack group content they may not have initially fully grasped or found confusing.

"I did a lot of talking with [facilitator in the individual sessions] about how I am running in my situation at the moment and that took up a lot of time" (P2)

"Circling back on things that had come up in the group session...the individual sessions were a very complementary part of the process where I could dive into some very specific areas out of the group sessions that we could make very much about "how does that impact me? How could I do things better? How could I break that behaviour? How could I stop that behaviour emanating (sic) itself? So taking key areas and aspects out of the group session and then focusing on that at an individual level in the one-on-one sessions." (P4)

Most participants felt the group sessions were necessary and valuable, but more strongly understood the individual sessions to be instrumental in assisting them how to understand their previous behaviour and capacity to change, including how Talk4Change program content might specifically apply in their lives.

"Well two things [I got out of the individual sessions], one was a bit of a debrief and personal application of the group session that happened the week prior and the other one was, I guess, specifically talking about my circumstances and relationship and all the things we could better at..." (P3)

Program facilitators expressed almost identical views about the program structure of Talk4Change. Both facilitators had delivered other behaviour change programs and were emphatic in their support for the addition of individual work to the typically group-only format.

"I don't understand how that's not how it's done, that's how well they work together. I don't understand how we do this work without individual sessions." (F2)

Consistent with the views of program participants, facilitators saw the individual sessions as serving a range of functions. As a result, they appreciated this format's capacity to better individualise each man's experience and tailor his learning process to his circumstances. For example, one program participant with an acquired brain injury stated that they used the one-on-one sessions to clarify their ideas and thinking, which allowed the facilitator to work with them more effectively.

"Just an ear and [facilitator] did that very nicely. [Facilitator] didn't understand a couple of things and I was able to explain it and then [facilitator] sort of knew where I was coming from more clearer." (P3)

Facilitators also endorsed the individual sessions as an opportunity to better tailor the therapeutic work to each program participant's circumstances.

“If I have a client with an ABI who I know isn’t retaining a lot of the content, the individual part is where I would make sure the content is being...integrated” (F2)

Facilitators believed that this element generally allowed for more meaningful therapeutic work in the Talk4Change program.

“The rapport being stitched into [the program] from the beginning, and just that familiarity. Plenty of times I would say ‘hey next week, we are going to be sharing...’. Being able to foreshadow or do preparatory work....we can gently massage them into a growth mindset” (F1)

“Coming from a place when you do a twenty-week program where four one on one. You get two hours of a man at 6 o’clock at night on a Thursday night, or whatever night it is, and that’s all you get of them. When it’s one on one, it’s an hour of just that man. So, I think just getting to know them. And getting a really, I mean as much as they let you know them. You get a much better understanding of who they are, why they operate the way they operate, what they mean when they say certain things, what things are important to them, and what things they are or aren’t aware of, and where their deficits are, and it’s just, you are able to identify that in a couple of one on one sessions, where you may never have done that in the twenty weeks you spent with a client without those one on one sessions, so I think I just really enjoyed the depth that you were able to get to in the speed you were able to get to it” (F2)

Some program participants commented on the practical considerations related to attending a series of both group and individual sessions. All seemed to accept it was reasonable to engage in extra time commitments and handle issues such as the distance required to travel for sessions¹ while still acknowledging the difficulties in balancing work and family commitments alongside session attendance. Several participants expressed their wish that they would have been able to attend sessions online, closer to home, or at a different time of day. Some wished they were allowed to communicate with facilitators using text or email. Facilitators also recognised some value in switching to more flexible, online delivery while also noting that online modules may not be appropriate for all sessions or content.

“If you could zoom potentially that would make it a bit easier” (F2)

As a parallel to program participants’ recognition of the practical challenges of attending both individual and group sessions, program facilitators similarly commented on the higher workload associated with facilitating both group and individual work. Both facilitators viewed workload as a limiting factor for upscaling the size of groups, number of groups, or their capacity to run groups concurrently, even with staggered start times. Facilitators agreed it was time-consuming to handle the administration tasks related to scheduling appointments for individual sessions and then attend these sessions with adequate preparation. Yet, facilitators also agreed facilitating the dual focus elements of the Talk4Change structure was the most worthwhile aspect of their role, and the element they found most fulfilling.

¹ At the time of data collection, Talk4Change was offered in two locations, and all interview data were collected from the Frankston location. Men attending the program reported needing to travel long distances from either their home or workplace to attend. In some interviews, they described this distance as over 40kms in peak hour traffic.

“What’s challenging and difficult about the program? I think just practicalities of it, like making sure you’ve got a room booked for the man (laughing)... Negotiating rooms and stuff.” (F2)

Facilitators further viewed the dual component structure as providing an opportunity for receiving feedback on their efficacy as individual counsellors. They viewed their co-facilitator as able to provide feedback about whether the work each were doing with a program participant in one-on-one sessions had observable impact on the client’s progress or change in the group sessions. Facilitators noted that this type of feedback is not available when conducting group-only programs or for counsellors working exclusively in an individual format. Facilitators perceived this type of feedback as being as valuable as receiving feedback from agencies or affected family members that the facilitators’ work was effective toward change.

“It’s motivating, yeah, it’s [any evidence of efficacy] what keeps you coming back to the table” (F1)

Overall, it was clear that although both program participants and program facilitators viewed aspects of the structure of Talk4Change as demanding, there was widespread agreement among those we interviewed that the benefits of the structure outweighed the demands of the approach.

Relationships

Participants made a variety of reflections about their relationships with facilitators and other group members. Most program participants

viewed these relationships as a core feature of their experience of Talk4Change.

Relationships between program facilitators and participants. All program participants regarded their relationship with the facilitators positively. This positive regard applied to both facilitators, whether the participants encountered the facilitator in group only or also in the individual sessions.

“Every stage, they [facilitators] were respectful, empathetic, kind, compassionate, but at the same time firm. Wouldn’t change anything in the way they conducted the groups.” (P3)

However, each program participant shared more specific and positive views of the facilitator who conducted their individual sessions. Most felt their facilitator understood them and was supportive. Many spoke about the facilitator’s empathy and lack of judgement as key features of their regard for the therapeutic relationship.

“Biggest one – non-judgmental side of sessions. Have called Helpline in the past – as soon as say anything, label you as villain and shutdown. That is really challenging when trying to reach out for help, make you feel like you are the scum of the earth. Program takes away all the stigma and helps you work out why situation has exploded and give you practical skills to handle emotions in heightened state which is brilliant.” (P)

Similarly, facilitators regarded the working relationships formed in the one-on-one sessions with program participants as meaningful to them, both in terms of fulfilling the objective of the

program but also creating a more meaningful therapeutic experience beyond the direct therapeutic benefit for the program participant.

"Having the counselling component, it's sort of hard to even overestimate how much more deep and more meaningful the group sessions are, because of the personal relationship with the facilitators" (F1)

"Relationships that are forged because of the individual work...[that] was really enjoyable because you can go that little bit deeper." (F1)

"I don't think enough of myself to think they let me in fully, but I enjoy watching them grow, or soften, or let me in a little bit, like I enjoy...feeling as though a person has let me in a little bit...I get a lot out of that, it's very nourishing for me." (F2)

Relationships with other group members. Almost all program participants expressed they had attended the first group session with some anxiety. This anxiety largely centred around their preexisting beliefs about other group members. Most reported they felt they would have little in common with others in the group, that "they weren't like that", and that they had little or no expectation of any positive benefit from relationships with other program participants.

"I was quite surprised actually, you know ... Look I suppose I wasn't sure what to expect ... would there be people that I would cross the street for, you know? Or people who were menacing or dangerous, you know? But no, that wasn't the case" (P)

Some program participants observed their expectation was fulfilled. After completing the program, they still felt they had little in common with the other men.

"Lot of people were violent people and I'm not - very confronting and quite scary for first four or five [sessions]. Lots of people used drugs (not me) ... I didn't feel unsafe but felt uneasy in their company. [it's a] broad spectrum of people, [I'm] not exposed to that part of society." (P)

Even those who reported they were able to see similarities to their own behaviours and noted shared experiences, they also expressed they felt little connection to other program participants. Sometimes they viewed this as linked to social factors such as education level or occupation. For others, the disconnect was due to the difference in behaviours that had brought them to the group or perceived differences in level of commitment to the program.

"...if I'm in a group of people that have physically harmed other people, I could never get to that particular point. I know that I have verbally created an environment for my family that was disparaging and that is why I am doing the Talk4Change, but I was very different. I come from a different background." (P3)

By contrast, many program participants (and all of those who attended Group 4 of Talk4Change) described their experience of the interpersonal dynamic among the group members almost as positively as their working relationship with the facilitators. These program participants

mentioned they learned a great deal through peer disclosures. They described experiencing a lack of judgement from group members similar to their experience of the facilitators.

“Despite the fact we were different walks of life, different backgrounds, different professions and so on, pretty much everyone was quite relatable and certainly they seemed like they were fundamentally good guys, decent human beings who had made mistakes and were here to learn and become better people ... Everyone brought their authentic self to it.” (P4)

“Well initially the biggest challenge for me was how in a group environment how I would actually get something proactively out of the group environment. Because when in the onboarding when they outlined who some of the other participants might be, I don’t want to sound all high and mighty or anything like that, but we come from very different backgrounds. And I was wondering how it is that I might be viewed by a cohort of people who I’m very dissimilar to and therefore in a group environment would I get out of it the positives out of interaction as I might be seen as a bit of an outsider. But it has been anything but the case.” (P4)

Participants perceived discussing their behaviours with others who had similar histories as an opportunity to experience a helpful outlet for mutual disclosure and support. One participant from this group reported there were plans to continue to meet with other group members and suggested the goal was to retain the sense of safety and understanding provided by the group environment (that occurred by group members talking openly about what they

had learned and how they were managing their situations).

“Over the ten-week period there was a real building up of camaraderie between the guys...and we think differently about some things, but the environment was facilitated where everyone could say what they were thinking without any fear, they could express their opinions without fear. We then got a better understanding of how it is that a lot of the experiences that we are trying to navigate are shared.” (P4)

“I actually found [the Talk4Change program] exceedingly beneficial for me personally. I enjoyed and got a lot out of the one-on-ones I have been having with [facilitator] but also got a lot out of the group sessions as well. So for me it’s been an almost enjoyable process to be part of. Never felt threatened at any time, felt it was a very open environment and there was a lot of respect being shown between everybody. So, I found it to be something that’s helped me and, I am actually considering doing something with the guys [from the group]. So, I think it has been very advantageous for me personally, and the environment they created was a positive one to get the outcomes we all could get.” (P4)

Facilitators similarly noted the impact the group dynamics specific to each cohort could have on a program participant’s progress. Facilitators reflected how it seemed to be beneficial for program participants to be able to speak with other men openly without judgment. Facilitators considered this “unburdening” of one’s own experience with others to be an integral component of the program.

“There’s a more pariah style shame in family violence. But because of that there’s no one they can talk to. He’s not down the pub talking with his mates about the conditions on his IVO. I think what happens here is they actually get a rare chance to sit with someone outside of judgment and talk to someone about how they’re dealing with everything. They’re more starved of that connection, of being able to candidly talk about their situation...[it’s] a huge part of what this program is actually all about, to be able to sit with someone and say “Hey I am accountable for this. I did x, y and z””
(F1)

Both program facilitators observed that Group 4 was more cohesive than other cohorts taking the Talk4Change program, but facilitators were uncertain whether this was due to their advanced experience delivering the program, the time of year (because Groups 1-3 occurred at the end of the calendar year prior to holidays, at a time when there were more perceived life demands and life stressors for program participants), or the engagement from these program participants.

“I found the group sessions initially challenging, getting familiar with the content, and obviously my co-facilitator as well. It was bit clunky at the beginning...gradually, with the group cohorts as well...it just got smoother and smoother... All the ironing out of creases” (F1)

Program facilitators and program participants all agreed that the responsibility for managing unhelpful group dynamics were the remit of the facilitators and not program participants’ responsibility.

“we are encouraged [by facilitator] not to make the group session...about ‘me, me, me, me, me””(P3)

“The way it is the group sessions are facilitated, any concerns or barriers that might be there... [are] absolved (sic) pretty much immediately.” (P4)

“There’s always one guy who likes to make the jokes, one guy who likes to be combative, and one who like to be just a pain in the butt. But if you two in the front or wherever you are positioned stay consistent, that’s really important, so that you can trust each other”
(F2)

Facilitators also viewed it to be their responsibility to manage group dynamics. Facilitators described this responsibility as beginning as early as the intake assessment.

“When you’re speaking to people at intake you’re always going to get that bloke who’s just super prickly to the point of being abusive...Two blokes I bounced without even seeing them. It was like ‘Attitudinally we can’t have this guy in a group””(F1)

Program participants praised the facilitators’ skill in managing a range of behaviours of group members viewed as disruptive in some way, and for drawing on the skills of group members viewed as supporting the program’s objective. Program participants viewed group management as a necessary component of the program because this component built their trust and safety. This sense of trust had spillover effects on working relationships with the facilitators in the individual sessions.

However, when discussing their own behaviours in the group setting, there was more variation across program participants' viewpoints. Some described staying quiet in the group and getting through it, whereas some described being active in their participation and being proud of their contributions to the group.

"Half the group was pretty quiet for the first three or four sessions but usually by the fourth session then majority of people who hadn't been speaking up started speaking up then. They obviously felt more comfortable."
(P2)

"I am quite a reflective person, but I do that best with someone else ... talking to someone else whether it is one-on-one or in a group I find that helps me think, so I enjoyed that... And then I guess in addition to my own self-reflection, the people present being a catalyst for that." (P3)

Most described any disruptive behaviours of other group members as an inherent and inevitable problem associated with the group setting (i.e. "you'll always get guys like that"). Although facilitators also communicated this problem may be inevitable, they saw disruption or lack of engagement as a function of shame.

"There is always going to be those blokes who minimise, deny, the shame runs so deep they can't admit the guilt. I don't know what you do about these guys." (F1)

Several program participants and both facilitators discussed the departure of one member from the program during their interview. Facilitators discussed how this group member departing

prior to program completion was a sensitive topic for the group that had potential to impact the remaining group members. Facilitators described balancing several considerations when communicating the departure to the group, including the privacy of the departing group member while retaining the sense of safety for the remaining group members.

Program participants described the facilitators as communicating the departure in a supportive way that increased group cohesion. Program participants assigned the departure to a variety of different reasons, including consequences of failing to maintain the behavioural expectations of the group, a lack of commitment, or lack of readiness for change. Program participants expressed acceptance that not everyone was ready to attend the Talk4Change program.

The individualised vantage points and descriptions of this situation highlighted how although both program participants and facilitators perceived relationships as a focal component of Talk4Change, each adopted a different lens regarding their own agency and accountability for contributing to these working relationships.

Relationships between program facilitators.

Facilitators also discussed the working relationship they had with each other and how they perceived this impacted group outcomes.

"For my money [working with another facilitator] that was what added to my comfort level, that helped to knock off some of the sharp barbs" (F1)

"I think a lot of what men get in that group is that relationship, witnessing us modelling

that relationship, and if you're not a 100% attuned to each other, the men aren't stupid. I mean no one's stupid. You pick up on that."
(F2)

Both facilitators strongly endorsed the need to have both a man and a woman facilitator as the optimal structure for achieving balance and perspective when facilitating the group. Both facilitators also acknowledged some "teething" issues that occurred when partnering to deliver the content for the first time. The facilitators reflected that initial unfamiliarity with each other or area of misalignment in approach may have had some impact on the earliest groups.

Facilitators differed in their views about the components for successful facilitation. They also held differing views about whether Talk4Change was scalable. One facilitator expressed that specific interpersonal qualities are required for effective facilitation to the degree that there would be a limited pool of people suitable for facilitating Talk4Change. By contrast, the other facilitator thought Talk4Change did not require a unique skill set beyond what is necessary to facilitate other similar behaviour change programs.

Although both facilitators agreed that it took time to build rapport together and align their facilitation styles, one facilitator also believed that it was important to be comfortable working with a range of co-facilitators. They expressed that working with different co-facilitators had benefits for both professional growth and program integrity.

"Have co-facilitators that would change, just to keep yourself fresh...For your own satisfaction in the work, and learning" (F2)

Needing more

Some program participants felt they currently had sufficient supports in place or had completed what they needed to learn. They were confident they had made important life changes and could carry forward what they had learned from Talk4Change into their lives.

Yet, most program participants expressed feeling a need for something more from the Talk4Change program. Descriptions of unmet needs varied. For example, some described wanting assistance with financial counselling, access to mental health care, an ongoing program, an extension of the Talk4Change program, or the capacity to attend a more advanced program beyond Talk4Change. Some men communicated they wanted to continue the work they had started in Talk4Change. Some had already arranged ongoing education, but others were not aware of available programs that could meet their needs or had not yet investigated the possibility.

"Yeah, I would. I am actually starting another program through Family Life in the next couple of weeks called Dads In Focus ... because I want to and it will help me because my situation is very left of centre and not straightforward." (P4)

"Because I was talking to my counsellor in our one-on-one yesterday, for me it's still a journey and so it's really highlighted the important things I need to do, and I'm doing them, but I know that the jobs not done yet. It's not a negative, it's such a positive in that it's what I need to do to continue on this pathway." (P3)

Compared to program participants, facilitators' viewpoints focused more on the need for more and earlier support. Both facilitators held strong opinions that all behaviour change programs should include both group format and one-on-one counselling. The facilitators also viewed it essential to establish rapport and conduct preparatory work with the men before the group work began.

"With most of the clients I saw them three times before group started. And a lot of work was done in that three sessions." (F2)

Facilitators also suggested rolling the program out to more sites with more resources and a roster of appropriately skilled facilitators. However, they did not perceive that the Talk4Change program needed to be lengthened, nor did they see their role was to continue providing support after the program concluded. For facilitators, the sufficiently effective component of Talk4Change was the inclusion of individual work alongside the group program.

"It's easily transferable, the content is the content I think regardless of who is delivering it...the part of this program where the magic lies is the individual work. So, if that's transferrable, if you had eight sessions, condensed it to make it more feasible, and then only had eight individual [sessions]. Whatever the number is, it's irrelevant, I feel like, it's that one-on-one work with the client and the group session, that for me is the magic, Not the content, not the amount, not the number of clients in the room." (F2)

Program content

What was learned

Program participants and facilitators both believed the program content was appropriate, including what content was covered by the program and the pacing of content delivery.

"It was very easy to take that stuff from the program ... I think the way it was laid out. It was structured in a way that everything we learnt was in the right positioning. Sort of like steps. The way things happen and the way we experience things sort of happens in steps and because they told it that way once you can get onto the part you know you are thinking about the next parts are easy to remember so they come in a step formation." (P4)

Several program participants identified specific content that most resonated with them. Yet, the content discussed in this context was individualised and no single module or session stood out as most significant to every program participant we interviewed. Similarly, no one session was uniformly described as unhelpful.

Facilitators described three sessions as having more sensitive content. For this reason, they considered these sessions more challenging to deliver, either due to the men's response or, more straightforwardly, due to the personal nature of the content. These three sessions were: childhood trauma, attachment (or family of origin), and the impact of family violence on children.

"It can be a lot for the men, and they can resist in those three weeks...either they'll give you nothing or they'll give you a lot" (F2)

"We have a session called 'family of origin', now I've presented this in a former program, and we used to do it with props, in a way where toys were used as talismans to get the story telling process going, get the narrative out of the guys. We didn't do that, we tried a few different ways to do it in this, because we really didn't have access to the props ... I felt like that family of origin thing, which is a bit psychoanalytic, we try to get the guys to really talk about their male role models at a particular age, before [age] 12, bordering on puberty, and I felt like that was a struggle as we just couldn't get them to drop in." (F1)

In parallel to the facilitators' views on these sessions, several program participants also identified these sessions as the most significant and often most confronting for them. Several program participants described feeling most impacted by the session about the effect of family violence on children. Most often their feelings were related to their understanding of how their own behaviour may have had impact on their own children. However, some program participants noted their difficulty thinking about their own experiences as children and how this may have shaped their behaviour as adults.

"It was interesting to understand how our actions have quite an effect on young people when not directly involved ... A lot of things that we do as people and as parents can have quite an effect on younger people when you don't realise it" (P4)

"Some of the videos we watched; there was one in particular that stuck in my mind when if kids hear their parents arguing what actually is the impact of that. It was actually quite hard to watch, because I don't like it, it's never worth it, whatever your grievance might be with your partner, whatever the problem might be that you might feel the urge to solve there and then. If that is the cost, it's never worth it." (P3)

The way one facilitator summarised the content echoed the views of some program participants who expressed they wished they had learned the content of the program earlier in life.

"I think it should be in schools. I think conflict management, communication, emotional awareness, consent, all of these things that we talk about weekly... If you're not getting it at home, where do you get it from? And you get to 40 odd with an IVO and then you get taught, ok this is what sadness can look like, and it's the first they're hearing of it...rather than waiting for people to hurt someone. Once they've met me, it's too late. They've made the mistake. And someone's life has changed because of a decision they made." (F2)

Skills

Talk4Change includes content about a range of skills designed to teach participants to use and apply these skills in their relationships. Program participants valued the practicality of learning skills, with most mentioning at least two skills they had applied and practiced in their own lives. Some reported a profound impact related to learning these skills.

Several program participants mentioned perspective taking as one of the more valuable skills they learned. Both program participants and facilitators discussed perspective taking as fundamental for making behavioural change.

“How I see things can be very different to the way anyone else sees things. My point of view can be way different to someone else’s point of view, being able to recognise that.” (P4)

“I am far more aware about how my actions are making other people feel” (P3)

“The most consistent feedback I get from my clients is the weeks where we talk about perspective taking, where we talk about communication and conflict, that those are things that aren’t taught at school, aren’t taught at home. How to share feelings and needs...that’s all very entry level awareness stuff. Perspective taking is a big one. ‘I never thought about how she would feel’” (F2)

In every interview, individuals perceived the concept of “skills” itself to be important. In more than one interview, interviewees mentioned emotion regulation skills, conflict resolution skills, and self-compassion. However, overall, there was no singular skill except perspective taking that all program participants discussed as the most salient or more useful compared to other skills taught in the Talk4Change program. It may be these varied responses indicate that each man entered Talk4Change with a different skill deficit (making any one individualised skill most notable to them) or entered Talk4Change unaware that it was possible to learn these skills toward changing their relationships. Interviewees’ responses did not make this potential distinction clear. Regardless, program participants

expressed highly valuing content related to skills for being useful and applicable.

“By having that awareness it really makes sense as to how conflict that doesn’t need to happen, happens, and it’s a lot easier to just stay away from the conflict than you think... how you can stop things from going a fair distance when there is a couple of little things you can do to stop it going that far at all.” (P3)

Gender

Several program participants expressed taking issue with the gendered nature of the program and its focus on male perpetrated violence. This viewpoint was often paired with expressions about perceiving court procedures or court orders as unfair, systemic injustice, and a belief that women were not held accountable for their perceived abusive behaviours in the same way as men.

“I do think there is more emphasis on men than women in the whole family violence industry. And of course when it comes to physical violence, I would imagine the overwhelming majority is perpetrated by men towards women but when it comes to other forms of family violence, given the broad definition, like you know it can be perpetrated by all genders one against the other. And it sort of struck me that ... I would say that there should be a bit more focus on the female gender and have similar tailored service specifically for them. Because, ultimately, it’s about, in heterosexual relationships, it’s about you know men and women ... and trying to understand the other gender and their partner better.” (P3)

In one interview, a program participant commented how the events that brought him to the Talk4Change program did not involve male-perpetrated violence against a female family member. The program participant described Talk4Change as helpful and relevant, yet perceived Talk4Change's focus on gender as a limitation for them.

"Challenge [was the] group focus on spouse/wife. Not my situation ... Baseline was great but to deal with overall family situation was challenging because skillset didn't exactly meet my area. [They] Did their best to tailor to my requirements but sometimes it felt a bit challenging in what I was presenting and giving advice to that." (P3)

Both facilitators specifically raised discussion about the content of the program related to gender roles, yet they held differing perspectives on the nature of this content and the way it is handled in Talk4Change. One facilitator described how program participants perceived their situations to be unfair but suggested the Talk4Change program had limited scope to address this perception in a meaningful way.

"...it's really hard to fix this at a societal level. Men saying they see this as a really unfair system. We need to get past that; you have all these ideas about whether or not this is fair. ...They're stuck there. Even with the empathetic approach it's still ...[something that] will stop a lot of blokes being able to move [forward]" (F1)

By contrast, the other facilitator saw opportunities within the Talk4Change content to "push" this aspect of the program further by challenging existing attitudes the men may hold

around gender roles. This facilitator noted the group format unfortunately had inherent potential to reinforce less adaptive attitudes.

"The gender role session is a good example of that because it does get very blokey. They don't behave that way in a one-on-one session." (F2)

Both facilitators agreed that the component of the Talk4Change program about gender roles needs further consideration and development. However, the facilitators did not clearly agree on how to achieve this.

"I think it could be a little gutsier, we could push a lot more, but in saying that, those are probably new thoughts and concepts for those men... So maybe it's enough for those men. They start to ask questions and 'well don't women want that?'... They start questioning their own thoughts about gender roles" (F2)

"As far as content wise...I think... I'd say finding a more contemporary way to present the gender roles issue is the most challenging. I find it's hard to do the genders roles content without treating everyone in the room like they're Sir Les Patterson, which is just not current. Put it this way. You can espouse feminism and still be a family violence perpetrator. You can be the most... chauvinistic pig and never have committed family violence. So, [these concepts] don't necessarily correlate, I think we struggle with the sophistication of how to deliver that particular topic...I have never seen anyone [that] did it good, I think we did as well as anyone could have done it [in this last group we did]." (F1)

Summary of findings and key themes from KEQ3 and KEQ4

Across both program participants and program facilitators, there was strong enthusiasm for how the Talk4Change program structure incorporates both individual and group delivery of program content. All people we interviewed expressed passion for how the individual sessions enhanced and complimented the delivery of program content in the group sessions. All identified the individual sessions as the most meaningful element of their experience in the Talk4Change program. Further, all believed the benefits of Talk4Change's dual delivery structure outweighed the practical demands inherent in a program structure with more activities.

Simultaneously, interviews revealed how each program participant engaged in the individual sessions and group sessions in individualised ways. Program facilitators discussed how they individualised the program experience for each program participant in how they tailored the purpose of the individual sessions, while the men attending Talk4Change described individualised ways in which they gained from the individual sessions, participated in the group sessions, and learned from the other program attendees. Program participants felt uniformly positively about their working relationships with program facilitators, while having more mixed views about their interconnection with other program participants attending the Talk4Change group sessions.

Program participants reported being engaged in and feeling positively about the content in the Talk4Change program. They were able to identify various skills they learned from the program and

describe how those skills were helpful in their lives toward improving key elements of their relationships and taking personal responsibility to handle relationship conflict without violence.

Program participants and facilitators agreed that one challenging content area in Talk4Change was content about gender roles. In some interviewee's views, this content was appropriately designed to facilitate the start of a longer-term process toward changing gender-based attitudes. Consistent with the idea that this content area is complex and may need time for change, interviews also suggested that some program participants required more growth in this need area than Talk4Change was able to accomplish. Further, other program participants had to think flexibly about program content if the target of their violent behaviour was not a female partner.

Finally, interviews highlighted that program participants became engaged enough during Talk4Change to want more learning opportunities similar to Talk4Change, including more content and support from Talk4Change than the program was designed to provide. In other words, there was complexity across the varied needs of program participants, such that further services that addressed additional content areas (or the same content areas that Talk4Change addressed, but in greater depth) were required for even the most engaged program participants.

Qualitative findings from affected family members (KEQ5)

From interview data drawn from affected family members, the analytic procedures developed three themes relevant to affected family members' perceptions and experiences of the Talk4Change program. These themes were: *the ongoing effects of family violence, the perceived impact of Talk4Change on program participants' behaviour, and suggestions for improvement.*

Ongoing effects of family violence

Affected family members described how they and other family members continued to live with the ongoing psychological, emotional, and financial impacts of the family violence they experienced. They reported continuing to experience these impacts regardless of living with or being separated from the Talk4Change program participant who had used family violence. More specifically, affected family members described living in an ongoing state of hypervigilance, difficulties with eating and sleeping, problems with memory, increased anxiety, and emotional numbness.

"I leave the house and it's like, am I going to come back to a house? You know, you just don't know, you know, are they going to burgle me? Are they going to burn my house down? And so that's still there, like when everything first happened ..." (AFM9)

"I don't have a good sleep or diet either... For some reason, my body is rejecting food at the minute ... I suffer with really bad anxiety, and I do struggle to leave the home." (AFM4)

"I've said to my mum, the bruises heal, they go away. The words stick. It's that stuff that

sticks. And I've had nights where some of the things, the nastiest things he'd said will just go over and over in my brain. One night I spent probably four hours on the phone to all the helplines. Just because I wouldn't stop." (AFM11)

Affected family members with children discussed the long-term impacts of family violence on the emotional and psychological wellbeing of their children. These impacts included experiences of grief, disrupted sleep, and anxiety.

"... so the impact is more so the fact that I had to access counselling for [my child], because the bottom line was what the counsellor said to me is that even though their father is not dead, they're grieving him like he was. So, it's a very complex grief. So that is more so I guess the impact on parenting [my child's] wellbeing." (AFM8)

"[My child] still wakes up having nightmares from what happened. They have really bad separation anxiety. They've actually been diagnosed with generalised anxiety disorder. It's completely ruined their life ... We're just still scared." (AFM2)

Some affected family members also described continued social and financial challenges resulting from their experience of family violence. These challenges included loss of friends and social supports, loss of income and finances due to separation from the program participant who had used family violence, and expenses associated with accessing support (e.g., counselling) or "fixing things" when sustaining a relationship with the program participant who had used family violence.

"I have lost a few friends to it due to, um, him going to their houses and when we were having fights and things and I've just decided not to conversate with those people anymore because they're a bit judgy and things got said and done and, um, so I've lost a lot of friendships out of it ..." (AFM6)

"It's been just so expensive, because we've had to pay for therapists. I mean, this is not the only type of therapy we've had ..." (AFM3)

Even more serious than the ongoing impacts of prior family violence, some affected family members reported experiencing continued abusive behaviour directed at them from the Talk4Change program participant during the time they were attending the Talk4Change program. Abusive behaviour included verbal or written aggression (i.e. through email contact) and use of ongoing legal processes.

Perceived impact of Talk4Change on program participants' behaviour

Most affected family members had positive views about the influence the Talk4Change program had on the behaviour of the program participant who had used violence in their family. Affected family members particularly mentioned observing improved communication and emotion regulation in Talk4Change program participants. Affected family members also described program participants gaining increased personal awareness and insight into their behaviour and how their behaviour was experienced by their family members.

"... he apologised for his behaviour, which is unheard of. Like he was able to kind of like sit there and realise that. Reflect a little bit.

I think his emotional regulation has probably improved a bit." (AFM5)

"I think the biggest thing is he's more aware of what's going on. And he's aware of how he's feeling or what's coming or like if he's not coping ... he turned around to me the other day and he goes, I'm really stressed and I'm just overwhelmed. I'm tired. Like he's more aware of what's going on emotionally within himself. And he's more like he's able to actually come to me and go, look, this is how I'm feeling. I'm kind of not okay." (AFM7)

"His ability to sit there and see the consequences and actually deal with the consequences. Because he wasn't willing to deal with them before ... He'll have his moments where he's just a cranky bastard, but we all have those moments ... but it's not something that we all walk around on eggshells about where we were before." (AFM11)

Affected family members were particularly positive about the format of the Talk4Change program. They expressed valuing that Talk4Change incorporates both group and individual sessions and viewed it as positive that program participants had opportunities to both learn from others and focus on their own needs. Some affected family members perceived that the individual sessions supported the program participant to engage more with the Talk4Change program, and they expressed doubt whether their family member would have successfully completed the Talk4Change program without this individual component.

"I thought it was great. I thought it was fantastic, yeah. I think the one-on-ones

helped him. I think he enjoyed that. I think, yeah, the group setting as well was good for him, I think, to be able to see other people going through stuff as well.” (AFM3)

“I think the one-on-ones were the biggest for the impact positively for [partner]. Yeah, he definitely learned a lot more. And I think, I personally think he engaged a lot more ... I definitely don’t think that we would have had the outcome if it wasn’t for the one-on-ones. It definitely wouldn’t be where we are today if it wasn’t for them. (AFM7)

Affected family members also perceived value in the Talk4Change program adopting an inclusive definition of family violence beyond only physical violence. Affected family members believed this feature encouraged Talk4Change program participants to develop a broader understanding of how their behaviours could be experienced as harmful by family members.

“I like the fact that I assume that it’s coming from a different angle. And I liked how it very simply stated that family violence isn’t just physical violence. Because I find with my ex-partner that his understanding of family violence was physical, and he indicated that he never inflicted physical violence towards me. So, I think that’s what stood out for me.” (AFM8)

Although affected family members identified several positive aspects of the Talk4Change program, they also expressed some scepticism about the degree of impact a 10-week program could achieve toward changing long-term, sustained patterns of behaviour. Some interviewees also noted that it is difficult to

attribute any specific change to the Talk4Change program.

“... 10 weeks is a short program for a long time [of abuse]... He does course after course after course. And he must get high off doing the course and think he’s doing something good, but the information doesn’t penetrate into the brain or into the actions ... There’s no implementation.” (AFM1)

“I don’t think they [men’s behaviour change programs] do anything.” (AFM2)

“So it’s really hard for us because we’ve done so many different therapy and so many different therapy programs ... He has been trying to change and growing, and he has been growing and changing for the 16 months. Very, very slowly. But I think true change is hard in a 50+ year old man who’s been the same his whole life. I don’t think it’s going to happen overnight anyway ... I didn’t notice a massive change different to what I’ve been noticing over the 16 months.” (AFM3)

Further, some affected family members commented that although the Talk4Change program participant appeared to have learned key concepts from Talk4Change, they were unsure that there was simultaneous learning about how to put these concepts into action. For example, some affected family members reported that the Talk4Change program participant subsequently actively avoided any communication. This avoidance of communication made the affected family member “worried about what is actually going on”. As another example, other affected family members believed information learned in Talk4Change was not fully internalised and

instead was sometimes “weaponised” against them.

“I think he learned the concepts, but I don’t think he learned how to apply them to his own behaviour and himself. It’s very, [name], this is gaslighting, you’re gaslighting me. What he did was he took the information, I don’t know if he intentionally weaponised it and then put it back towards you.” (AFM5)

“... through Talk4Change he did say sorry I did this and I shouldn’t have done that. But now it feels like he was only taught to apologise and take ownership of that action, but not actually change his behaviour – implying that ‘you need to move on now because you’re the one ruining our relationship because you won’t let go.’” (AFM10)

Finally, some affected family members believed that broad systemic challenges created barriers that disallowed Talk4Change program participants to fully connect with the Talk4Change program. More specifically, some affected family members perceived that the scrutiny and judgement of the criminal justice and social services systems did not support their family member to rehabilitate, particularly when the person remained within the family unit.

“... it’s the whole system, it’s not them. It’s not letting him rehabilitate. Like, we’re trying to move on from our past, and unfortunately, it’s not being learnt.” (AFM4)

“I remember he would come home ... because he was doing two or three nights a week, like he’d do two group sessions and a single one-on-one session. And I remember he’d

come home and go, like, why am I doing all this? Because DHS would constantly bash him down and make it out to sound like he was 10 times worse than he was ... And that did impact him in a significant way. And unfortunately, in a negative way for him to be able to really connect him with the programs ...” (AFM7)

Suggestions for improvement

Although affected family members were broadly positive about the Talk4Change program, they made several suggestions for how the program could be improved in the future. Several affected family members commented they had little knowledge of Talk4Change prior to the program beginning, and they felt they would have liked more information about program and provide information about their family member’s progress during their time while attending Talk4Change. Further, some affected family members suggested that having safe opportunities to share their experiences as part of the Talk4Change program (e.g., during individual sessions or via letter writing) could potentially improve Talk4Change program participants’ understanding of the impact of their behaviour and their ability to accept accountability for their actions.

“I’m very familiar with family violence, Men’s Behaviour Change programs, things like that. But I must admit, the Talk4Change, I didn’t know a lot about. I read about it, but it would have been good to get some information sent to me.” (AFM5)

“To get some clarification on how he’s doing by someone that he’s working with ... A few

couples' sessions, maybe not the whole thing, but a session ... to have a bit of a debrief all together." (AFM4)

"... they need to, you know, obviously have acknowledgement of what they've done and, yeah, accept responsibility and maybe apologise to their victims ... So, you know, whether its letter writing or, you know, then it's up to the individual whether they want to read that or an apology. But, yeah, I just still think that, yeah, there's no accountability, really, in what he's done and it's just like, oh, we'll move on from it." (AFM9)

Several affected family members expressed concerns about how the Talk4Change program mixed people with different severity of behaviours in the groups. These affected family members believed this feature had potential to inhibit engagement in group discussions, facilitate behaviour minimisation (i.e. some men seeing themselves as not as bad as others), and provide exposure to individuals who may have negative influence.

"Like [in previous 20 week men's behaviour program] he was, I think, intimidated as well by some of the people [group members], so I think that really affected how he engaged to a degree because he repeated the course a second time because of DHS and that was fine, but they're like, he's not engaging and I don't think it was that he wasn't engaging. He was just too scared." (AFM7)

"I think the negative that came from that was that he felt, oh, well, these guys are worse than me ... I think what you guys did was

great, was putting the group together. I think he really wanted to continue it. I was open for that until we had that issue with that one guy, but then I also felt, I don't know about the influence. I wanted him to have better influences around him." (AFM3)

Another suggestion for improving the Talk4Change program focused on program content. More specifically, affected family members suggested Talk4Change provide group members with more information about how to distinguish between caring and controlling behaviours in their relationships. They also suggested Talk4Change should include drug and alcohol counselling for program participants who need it and information on financial abuse.

"I think maybe he would have benefited from some differentiation between what coercive control actually looks like and what is a conversation that comes from a place of concern. As well, you know, we know that family violence when alcohol is thrown into the mischief, there might not be an existing issue. The risk is a lot kind of higher. And maybe it would be good to have like someone who can do that drug and alcohol counselling or something where it's needed. And ... maybe what is financial abuse [and] what is not financial abuse" (AFM5)

Finally, many affected family members reported that the Talk4Change program participant in their lives had been mandated to attend Talk4Change by the court or another service. Affected family members held concerns that completion of men's behaviour change programs may act as a "tick box" for some. These affected family members suggested that there need to be

metrics other than completion of the group to measure success. They also suggested program participants require ongoing support beyond the Talk4Change program.

“Um, in an ideal world, I guess the thing is that if his attendance was voluntary, as opposed to, you know, mandated as part of a court order, maybe the opportunity of some follow up for him ... you know, if there was some follow up down the track or an opportunity for him to make contact and say, okay, you know, I need some support, you know.” (AFM8)

Summary and key themes from KEQ5

Interviews with affected family members raised many of the same themes previously drawn from the quantitative analyses and interviews with program participants and facilitators described in this report. Specifically, many affected family members described the Talk4Change program participants as having engaged in serious family violent behaviour and as having a high amount of varied treatment needs. Some affected family members described ongoing abusive behaviour during attendance at Talk4Change, and most affected family members believed that program participants required more services than what any one program could provide.

Simultaneously, there was general agreement among the affected family members that the component of Talk4Change that was most promising and impactful was the inclusion of individual sessions alongside group sessions. Some described the individualised nature of Talk4Change as necessary for engaging program

participants in a change process such that they believed the program would not have been effective without this component.

Affected family members described examples of improvements they observed in program participants, and these improvements appeared directly related to attendance at Talk4Change. Affected family members observed changes in program participants' vocabulary and way of speaking about their emotional experiences, program participants' willingness to verbally take responsibility for their behaviour, and program participants' ability to self-regulate.

Simultaneously, affected family members offered suggestions about how the Talk4Change program might provide affected family members with more information and more opportunities for direct involvement. Affected family members also expressed a desire for Talk4Change to offer more programming options to program participants. Ideas included having groups with more specialisation such that men with similar problem behaviours would be placed together, and sessions that covered a greater variety of topics and addressed more treatment needs. Affected family members also highlighted the need for more focused attention on how men change behaviour and developing better ways to determine beyond session attendance whether claims of behaviour change are meaningfully true.

Qualitative findings from focus group with sector stakeholders (KEQ6)

Knowledge and perceptions of the Talk4Change program

For stakeholders #2 and #4, interactions with the Talk4Change program were limited to referrals into the program. Stakeholder #3's organisation has a longstanding partnership with Family Life around the delivery of traditional Men's Behavioural Change Programs but did not have any direct interaction with the Talk4Change Program.

None of the stakeholders had detailed knowledge of the Talk4Change program, but they understood that the program is tailored to the needs of the individual though individual sessions delivered concurrently to group sessions. Stakeholders felt that this may be a beneficial approach but noted that there was not yet sufficient evidence to indicate if this approach would reduce violence risk. One stakeholder noted there was the potential for individual sessions to address individual factors such as drug and alcohol use that may be contributing to violent behaviour.

The Talk4Change program's focus on personal responsibility, rather than externally oriented accountability, was viewed positively by stakeholders. They considered this focus as valid and sensible. One stakeholder noted (based on their historical clinical experience) that *"knowing therapeutic work, ... you wouldn't shut down any external or internal sort of focus"*.

Opinions regarding the sector and funding models

Stakeholders highlighted that key gaps in the service sector for people who engage in

family violence include mental health needs, homelessness, and drug and alcohol abuse. One stakeholder emphasised that family violence should not be viewed in isolation from other important needs and factors. They stated that it is important to consider and acknowledge the high levels of comorbidities and adverse historical experiences in men who use violence, noting that *"you can't just sit men in a room and tell them that they were bad"*.

Another stakeholder highlighted the high rates of alcohol and substance use among men who use violence, commenting that:

"...we don't want [alcohol and substance use] to be seen as an excuse for behaviour, but it's certainly a reason and if a lot of men can identify that the times at which the most violent is, whilst substance affected, we have to address their substance use."

All three stakeholders noted, however, that the safety and experience of the victim survivor was critical during intervention. Stakeholders highlighted the need for a coordinated approach to intervention that not only focuses on the person using violence but also provides simultaneous support and information to victim survivors around the intervention process.

Stakeholders also indicated that there is need to gather and develop evidence that interventions for individuals who use violence are impacting outcomes for the victim survivor and other affected family members in a positive way. One stakeholder highlighted there is currently a lack of agreement in the field about what measures to use for assessing outcomes across

intervention programs for individuals who use violence. This stakeholder noted that “we can’t really understand what the gaps in the service [sector] are until we’ve evaluated what we currently have appropriately”. This stakeholder further highlighted the complexity of evaluation in this area of practice, noting that program effectiveness is often conflated with session attendance:

“Completing 20 sessions does not mean that [a man who uses family violence] is reformed or that he is not currently using violence ... Typically the way we’re measuring that is by sessions attended or by his self-disclosure around his interpretation of violence ... Whilst there might be an affected family member there that we can speak to, it really relies on what her understanding of violence is and whether or not she feels safe to be able to provide an honest account of his use of violence.”

Another issue raised by stakeholders was the sector’s appetite for holding risk. Stakeholders particularly identified disparity between the risk appetite of the service sector and the risk that victim survivors and affected family members are being asked to hold. One participant noted that individuals who come into contact with the service sector “are typically serious offenders by that point ... but I would suspect that they were identified much earlier on by family and friends There’s not a huge appetite for working with men while the family is intact because risk is high”.

Finally, at a broad level, stakeholders pointed to persistently high rates of family violence as highlighting the need for better early intervention and innovation in the sector. As summarised by

one stakeholder, “I don’t think we are reducing risk.....we are not nailing this so therefore anything that we can learn in relation to innovation would be really great”. One stakeholder suggested that funding models need to be less prescriptive and allow for the piloting of new innovative approaches to intervention and support. The capacity of the service sector was also identified as a key issue: “We actually don’t offer enough, which is why the wait lists are just huge”.

Summary and key themes from KEQ6

Consistent with others interviewed for this evaluation report, stakeholders considered the individual sessions of Talk4Change to be an innovative program element and potentially critical for facilitating behaviour change. Stakeholders believed the individualised element of Talk4Change could allow facilitators to address more varied treatment needs, while highlighting that the population of people who attend men’s behaviour change programs typically have many complex and interconnected needs.

Like the views of affected family members, sector stakeholders described program attendance as an insufficient indicator of change, with need for the field to develop a deeper understanding of the change process whereby men eliminate their use of family violence. Stakeholders called for the field to develop a stronger evidence base through better systematic assessment procedures, toward focusing enhanced assessment procedures on early identification and intervention to stop relationship conflict from escalating into instances of family violence or even more serious family violence.

Discussion of overarching themes from the evaluation data

Mix of individual and group formats is well regarded

An innovative component of Talk4Change is its use of both group and individual formats to provide services to program participants. Talk4Change's inclusion of one-on-one sessions was well regarded by all people interviewed for this evaluation.

There was a strong sense from the evaluation that the individual sessions were a critical element for Talk4Change achieving its goal to engage program participants in a process of change toward reducing violent behaviour. Specifically, program participants, facilitators, and affected family members all highlighted individual sessions as most meaningful for maintaining engagement and facilitating important life changes. Further, the stakeholders also valued the dual delivery format approach. Quantitative data demonstrated there was overall strong engagement from Talk4Change program participants, suggesting that Talk4Change's structure was successful in creating and maintaining engagement.

Multifaceted needs and co-occurring complexities highlight why individualised service provision is needed

Another consistent finding across all components of this evaluation is the viewpoint that people

who need services for family violent behaviour have a complex array of overlapping treatment needs. Quantitative data from intake interviews and self-report questionnaires demonstrated this complexity. Further, all groups of interviewees (program participants, facilitators, affected family members, and sector stakeholders) drew explicit connections between their perception that there are high amounts of varied treatment needs among program participants and the benefits of Talk4Change's individualised service delivery approach for being able to better address this complexity (compared to programs with only group delivery). Consistently, people spoke about Talk4Change's program structure as a meaningful opportunity to deliver tailored services to program participants in a way that was more likely to address each program participant's core needs.

Because Talk4Change can address multiple, varied needs among program participants in an individualised way, there are many possible mechanisms of change that may drive reductions in family violent behaviour across Talk4Change. These might be, for example learning emotion self-regulation, gaining insight into gender attitudes, reducing substance misuse, etc. Each mechanism or set of mechanisms may be individualised for each program participant. An implication of this for evaluation is that Talk4Change must adopt a relatively greater scope of measures compared to other programs, to assess this variety of possible mechanisms. As part of this present evaluation, Family Life trialled various possible assessment procedures and newly implemented others as an important first

step toward developing a meaningful assessment protocol that could meet program, clinical, and evaluation goals.

Treatment needs are high and Talk4Change is unlikely to be the end point of change

The typical program participant in this pilot implementation of Talk4Change had a serious behavioural history using family violence, high personal distress, and varied life problems such as difficult developmental years in childhood and substance misuse as an adult. Considering these backgrounds and the interpersonal challenges program participants have when arriving at Talk4Change, it is reasonable to suggest that the approximately 30 hours of programming provided by Talk4Change could be insufficient to effectively address all program participant needs. This theme arose across the evaluation by several interviewee groups who highlighted that they considered Talk4Change as part of a wider change process rather than the endpoint of a change process. Program participants, facilitators, and affected family members spoke about program participants needing more support and ongoing programming beyond Talk4Change.

One of the critical and explicit goals of Talk4Change is to inspire ongoing help-seeking after completion of Talk4Change. In this way, the Talk4Change program formally adopts the philosophy that its services are insufficient to fully or fundamentally change an individual. Considering that guidelines typically recommend that people at moderate to high risk for violence would receive between 100-300 hours of programming [17, 18], the field should not view

the Talk4Change program nor other similar men's behaviour change programs as being inherently sufficient to fully reduce risk. Recognising this reality, it is useful and reasonable for a program like Talk4Change to make one of its core purposes to inspire engagement in individual growth toward additional help-seeking.

Further, consistent with comments provided by sector stakeholders, there is high value in the field shifting as much as possible toward targeting early intervention. This could assist people to divert from family violence before their needs are high enough to require more programming than the field is capable of offering. The other element of this is recognising that men who complete a behaviour change program are likely to continue to carry risk for violence into the future, and this risk must be considered and managed as well as possible. In this evaluation, program facilitators, affected family members, and sector stakeholders raised concerns about ongoing risk past program completion.

Motivation and engagement are critical to create the conditions for risk reduction

When considering it is an important and reasonable goal among community programs that address family violence to aim to inspire additional help-seeking beyond the program, it becomes apparent that Talk4Change's goal to effectively address client engagement is also critical. Talk4Change seeks to generate a positive therapeutic experience that is robust enough for facilitators to challenge program participants to grow toward making commitment to behaving non-violently in all situations.



Evidence in this evaluation showed that Talk4Change appeared well designed to engage program participants in this process of change. Self-report questionnaire data demonstrated strong engagement in Talk4Change among program participants. Further, program participants feeling engaged and willing to be challenged by facilitators were key themes arising out of interviews with program participants, facilitators, and affected family members when describing the Talk4Change experience. This element is perhaps most critical as questionnaire data suggested Talk4Change was well-placed to sustain motivation through the group sessions with the most challenging topics and “recover” program engagement following delivery of the most confronting topics.

Because program participants attending Talk4Change had high levels of justice involvement and complex needs, focusing on increasing men’s motivation to change violent behaviours is both an important program goal and a likely effective approach. There have been few research studies with rigorous design examining interventions for addressing family violence; however, two studies well-regarded by researchers demonstrated that programs explicitly aiming to enhance motivation to change family violent behaviour were effective for reducing family violence [15, 16]. As such, Talk4Change is well positioned by being aligned to the strongest available evidence that suggests there is a pathway from programs attending to low motivation, engaging those individuals to seek important changes in their lives and approach to relationships, then encouraging ongoing service seeking.



Recommendations

Although this evaluation should be viewed as preliminary, results suggested several recommendations for next steps.

Recommendation 1

Talk4Change's unique model of individual and group work sessions should be retained in future program delivery based on preliminary evidence that this feature was a critical component toward addressing individual complexity and facilitating behaviour change. This feature of Talk4Change was universally appreciated within all sections of this evaluation. More broadly, programs addressing family violence should consider complexity of participant treatment needs when designing program delivery.

Recommendation 2

Talk4Change should maintain its iterative process for reflecting on feedback and refining how it addresses program content. Specifically, Family Life should continue to seek feedback from program participants, program facilitators, and affected family members about what is effective or could be more effective in how Talk4Change addresses gender role beliefs within its suite of program targets.

When considering the best way to deliver any content area (including gender roles), Talk4Change should still retain its focus on individualised attention to meeting program participants' needs. An important implication of respecting individuality means that different program participants may be steeped in different perspectives about gender roles (e.g., program participants may be part of different generations or social environments), different program

participants may have been violent toward people other than a female partner, and different program participants may have more or less readiness for being directly asked by program facilitators to re-consider their gender beliefs (i.e. with some program participants possibly needing a more accessible way of having their beliefs challenged by facilitators).

This recommendation also applies to any other program content area that newly emerges as critical to the Talk4Change program yet challenging in its delivery or difficult and varied in terms of how it is received by program participants. In the present evaluation, only the content around gender roles was consistently raised as challenging and diversely received.

Still, Talk4Change should retain its core learning structure and skill-building focus because preliminary evidence suggests these skills were identified and demonstrated by program participants. Talk4Change should continue to consider how to best target skill-building in the context of program participants' high needs and complex behavioural and interpersonal histories.

Recommendation 3

Talk4Change should continue to explicitly articulate to program participants, affected family members, and other stakeholders that Talk4Change is one part of an ongoing process of behaviour change rather than the end point. To support this, Talk4Change should consider introducing more content about service literacy among both program participants and affected family members to enhance service linkage, knowledge, and skill-building that can support future help seeking behaviours.

Among affected family members, one request from interviewees in this evaluation was to receive more information and material about Talk4Change. Among program participants, some interviewees expressed lack of clarity about what additional services they might seek following Talk4Change. However, it may be those being interviewed had not yet attended their last individual sessions with their Talk4Change facilitator, as one core purpose of the final individual sessions is to discuss where to next seek services following Talk4Change completion.

Recommendation 4

Program monitoring and evaluation across the sector that provides services to reduce family violence can be strengthened by reflecting on the definition of “successful” program completion. This includes confirming an ongoing minimum data set that is targeted to these priority outcomes. A minimum data set should include consideration of both treatment process (such as therapeutic rapport, which program participants described as critical to their engagement) and program outcomes likely to reflect reduction of violent behaviours (such as steps taken to engage in more programming, and demonstration of retained skills such as perspective-taking).

Talk4Change should continue to develop its record keeping procedures to support ongoing evaluation. There are several subcomponents to this:

- **Continue to refine conceptualisation of key program targets in Talk4Change.** Drawing on the conceptual review completed in the interim report of this evaluation, Family Life should continue to explicitly define how it views “successful completion” of Talk4Change, then continue to refine these definitions. In other words, what outcomes are realistic to expect (e.g., increased motivation to change, commitment to help-seeking, greater self-regulation, reduced negative attitudes toward gender roles, affected family members’ reports of non-violent behaviour), and how can Family Life best measure these outcomes?
- **Define and implement a minimum dataset for ongoing evaluation of Talk4Change.** Ideally using a co-designed development process with the assistance of evaluation partners, Family Life should consider an assessment strategy that is sufficiently comprehensive to evaluate the mechanisms and processes expected to occur during Talk4Change. As it is a challenge to create a comprehensive assessment strategy that is also a practically realistic assessment strategy, this will require some careful consideration. For example, to the degree that treatment needs and outcomes may be individualised for each program participant, how can the assessment strategy align to all possible program activities and targets across individuals while still remaining streamlined?
- **Attend to developing greater consistency to create a robust assessment protocol.** A realistic assessment strategy is one where the assessment processes can be completed consistently and accurately. This requires the protocol to be well-embedded within the service provision, simultaneously informing program, clinical, and evaluation activities. Accomplishing this takes time and iterative development of assessment procedures while identifying gaps and challenges. Some

specific recommendations for next steps include:

- Ensure there are consistent records of dates of questionnaire and worksheet completion, to support evaluating process of pre-to-post program change,
- Ensure that the most critical program targets (e.g., engagement, interest in help-seeking) are measured at a minimum at the start and completion of program delivery, and
- Record why departures from the evaluation protocol occurred to account for reasons for missing evaluation data, such as due to absence, refusal, not being relevant to the individual's situation, etc.

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