



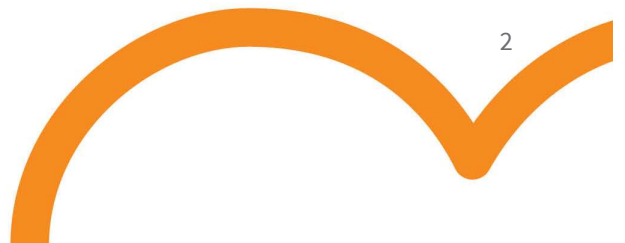
Talk4Change

Evaluation Findings and Practice Implications



Talk4Change: Evaluation findings and practice implications

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1. What is Talk4Change?

“Talk4Change offers a credible alternative to mainstream programs, particularly for men with highly complex needs and histories of serious family violence, who may be excluded from traditional group-only models. Participants reported learning useful skills, consolidating them over time, and increasing personal responsibility for change”.

- Talk4Change is Family Life’s **integrated intervention model for adults using family violence** combining 10 individual therapeutic sessions with 10 structured group sessions.
- The program increases meaningful contact time, improves treatment readiness, and scaffolds behaviour change through a deliberate sequence from emotional regulation to accountability, empathy and respectful relationship skills.
- The model is grounded in and delivered **through trauma-capable, person-centred and cognitive-behavioural approaches** that consistently emphasise **consequential thinking, perspective taking, intention vs impact**, and the **locus of control**
- Funded by Family Safety Victoria, the pilot program (four treatment cohorts) was evaluated by the Centre for Forensic Behavioural Science at Swinburne University to gather feedback, understanding, and potential insights about the efficacy of the innovative components of the Talk4Change program.
- This document summarises key evaluation findings and practice implications to support continuous learning and service improvement.

2. Why is it different?

The model:

- **10 x Individual sessions** → readiness, regulation, personalised goals, dynamic risk assessment.
- **10 x Group sessions** → consolidate skills, widen perspective, model respectful interaction.
- **Core themes** → emotional literacy/regulation; intention vs impact; empathy & perspective taking; locus of control; attachment & identity; impact on children; gender roles; goal setting and behaviour change.
- **Therapeutic stance** → trauma-capable, non-collusive, accountability via personal responsibility; strong facilitator consistency and alliance.

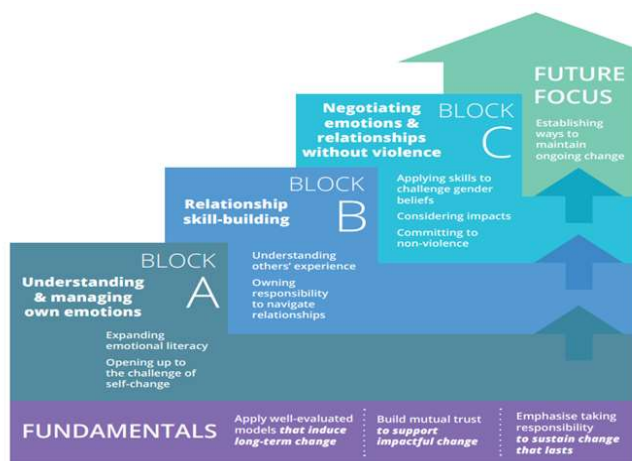


Figure 1: Building blocks of Talk4Change



Innovations

- **Individual + Group = More effective dosage and fit.** Talk4Change substantially increases individual contact to build readiness, personalise goals and stabilise risk, while using groups to consolidate learning and broaden perspective.
- **Designed for complexity, not “one size fits all.”** The model adapts to AOD, mental health, trauma, cognitive and social stressors that commonly undermine engagement and safety in group-only formats.
- **Therapeutic alliance as a change lever.** Consistent facilitators across individual and group sessions create safety, enable facilitators to challenge without shame, and support repair after ruptures—identified as key drivers of motivation and retention by the evaluation.
- **Accountability through personal responsibility.** Courts hold men to account: Talk4Change focuses on building intrinsic motivation and responsibility for non-violent choices—embedded via CBT tools, emotional regulation and empathy work.
- **Sequenced, risk-aware design.** Dynamic risk assessments mitigate disruption, reduce collusion, and protect the integrity of group work.

3. What are the practice implications of this program?

- **Shift to layered, tailored intervention.** Practitioners use group content as a shared discourse, then deepen and personalise it in one-to-one sessions—improving skill uptake and behaviour change.
- **Readiness as a treatment activity.** Screening for emotional regulation, perspective-taking capacity and tolerance of discomfort improves safety, participation and completion.
- **Continuous, dynamic risk assessment.** Individual sessions improve visibility of escalation risks (e.g., housing, AOD, mental health stressors), enabling timely adjustments and/or referrals if necessary.
- **Highly-skilled facilitation.** Facilitators use empathic redirection, non-collusive challenge, clear boundaries, and CBT framing—reducing resistance and improving learning conditions.

How does this relate to people working with men?

- **Practical pathway for men who might not be fully “group-ready”.** Individual sessions build regulation, insight and motivation, enabling later group participation and reducing early exit.
- **Consistent tools across touchpoints.** Practitioners reinforce the same core concepts—emotional literacy, intention vs impact, empathy and locus of control—supporting coherence and faster skill generalisation.
- **Less disruption in groups.** Readiness work and sequenced content reduce oppositional dynamics, allowing facilitators to model respect and deepen practice.



- **Stronger engagement and motivation.** Participants self-reported medium to high motivation during the program, underpinned by therapeutic relationships. The evaluation found that while motivation and engagement were not static across the program, facilitator relationships and perceived group safety supported participants to overcome “dips” and reconnect with the program.

How does this relate to people working with victim-survivors?

- **Improved, timely risk information.** Individual sessions surface changes in risk that inform safety planning and coordinated responses with victim-survivor practitioners.
- **Reduced system churn.** Better engagement and completion lower the risk and disruption associated with drop-out and non-compliance.
- **Clearer picture of his behaviour.** Practitioners gain insight into coercive patterns, triggers and empathy capacity—information that directly strengthens safety plans.
- **Hearing family voices.** The Swinburne University evaluation interviewed family members, highlighting perceived shifts in language and behaviour and the value of individual sessions, including attention to non-physical forms of violence.
- **Eliminating violence as the ultimate goal.** Less drop out, more targeted content, various modalities (group and individual) as well as scaffolded and tangible support strategies aim to reduce harm to women and children, the goal of the program.
- Behaviour change is achieved through a therapeutic alliance, respectful therapeutic challenge, rupture and repair, and psychoeducation. All of these are key pillars within the program.

Learnings for Family Life and sector advocacy?

- **Sector leadership on flexible, multi-modal responses.** Talk4Change aligns with the evidence calling for tailored, trauma-capable, skills-based interventions—not just group-only accountability models.
- **A common language across services.** Shared content enables tighter collaboration between men’s services, Family Safety Contact, AOD, mental health, family and children’s services, and courts.
- **Improved completion and system safety.** Evaluation feedback indicates stronger engagement, completion and skill acquisition rates with complex cohorts—contributing to safer outcomes for women, children and other family members.



4. Key evaluation findings

What worked?

- **Program structure & sequencing:** The stepped, block-based design deepened therapeutic work tailored to individual needs and used group time to consolidate learning and broaden perspectives.
- **Skills that translate:** Participants identified specific skills supporting conflict management without violence; some family members observed positive changes.
- **Motivation & engagement:** Despite complex histories, participants reported medium–high motivation throughout, attributed to strong therapeutic alliances and safe group environments.
- **Future help-seeking:** Talk4Change frames participation as one step in a longer journey; final sessions focus on individualised next steps and referrals to services and informal supports.

Opportunities

- **Motivation and engagement levels were not static** across the program and required facilitator investment in relational repair and reconnection
- **Reduce disengagement impact of “difficult” content:** Participants were more likely to report low levels of engagement with topics such as use of family violence, and impact of violence on children. Facilitators could prepare and ensure that space and time in individual sessions is available to focus on relational repair and reengagement.
- **Find new ways to talk about gender:** Participants and facilitators identified opportunities to enhance the content and delivery mechanisms for sessions about gender– alternative modalities and approaches could be considered and tested.
- **Enhance future help-seeking** build literacy around other services and community connections for both participants, and for family members connected with Family Safety Advocates.
- **Measure what matters most:** Reflecting on the right balance of measurement tools and metrics to collect quality and meaningful data, embedded in service delivery



5. Calls to action

- **For internal leaders:** Continue investing in dual-modality capacity (individual + group), facilitator training, and streamlined data measures that capture change without adding burden.
- **For referrers and partners:** Programs like Talk4Change offer opportunities for complex or “not group-ready” men, alongside close coordination on risk information, Family Safety Advocacy, and post-program supports.
- **For sector stakeholders:** Recognise multi-modal, trauma-informed designs like Talk4Change as core to a contemporary perpetrator intervention system, not a niche add-on.
- **For funders:** Looking at impact from a different perspective. While less men are referred and complete, participants engage in deeper therapeutic work, less drop out, higher completion, better views of the system, and greater potential for sustained help-seeking behaviours post-program.

