



Co-convened with the Department of Social Services
Family Safety Group

Men's Behaviour Change Online Forum

Background

In September 2024, National Cabinet agreed that the Commonwealth will provide funding to establish national standards for Men's Behaviour Change (MBC). This development of national standards aims to improve practice quality and deliver consistent, evidence-based approaches to addressing men's use of violence across the country.

The Department of Social Services (DSS) is leading the delivery of this initiative, in consultation with states and territories and other relevant stakeholders.

DSS is currently building its understanding of the existing evidence base, including where there are gaps and opportunities to support improved practice outcomes across the system.

As a first step in this process, DSS sought to have the Domestic, Family and Sexual Violence (DFSV) Commission host a targeted online forum to bring together a select group of stakeholders with expertise and experience in supporting men and boys using or at risk of using violence for an initial national conversation to inform the initiative.

This forum was co-convened by Micaela Cronin, DFSV Commissioner, and Tim Crosier, Branch Manager within the DSS' Family Safety Group on 12 August 2025.

Participants

Participants included practitioners ranging from those who work in MBC to those who work more broadly with men and boys across the four domains of the *National Plan to End Violence against Women and Children 2022–2032* (National Plan). It also included representatives from women's safety services, survivor services and from adjacent workforces such as mental health and alcohol and other drugs services.

Careful consideration was given to ensure the balance of representation, particularly to the priority populations outlined in the National Plan. In total, 22 organisations were represented in the online forum. DFSV Commission and staff from the Department of Social Services attended to observe the discussion.

Questions



Participants were asked to consider, and respond to, three broad questions, which were:

1. What are the gaps in the evidence base that should be addressed to inform better practice?

Where are there gaps in existing MBC knowledge/tools/guidance for particular client presentations (e.g. AOD use, trauma, mental health, disability, cultural background)? What don't we know about MBC responses and their role in the broader service system (e.g. intersectional factors, cross-system interactions, outcome measurement)? In what ways can the research findings support earlier intervention and prevention efforts?

2. What practical tools or resources are required/helpful in designing and delivering effective MBC responses across diverse service contexts?

How can we ensure that research findings from stage one are genuinely useful in improving practitioner work/program development?

3. What should we consider in the development of national standards for MBC?

How can the standards be developed to be adaptable to jurisdictional contexts/frontline realities? What implementation challenges do you foresee in translating national research into service-level change? How do we measure success?

Responses to these questions, as heard in the online forum, have been broken into four broad categories below. The order of the categories does not reflect their relative importance.

The outcomes listed below are intended to be an accurate reflection of the conversation and are not intended to reflect the DFSV Commission's or DSS's position.

1. We must be able to define success in men's behaviour change

- Participants reinforced the need to be very clear about what this project aims to achieve; what will the standards aim to do and what is the best form for those standards to take? Participants felt that agreeing on principles would be the best starting point.
- Participants suggested that attempts to define 'success' in this context should consider change to behaviour, partner and family safety, level of accountability or responsibility taken, and self-reflection.
- There remains a question on how exactly to measure success in men's behaviour change. It's acknowledged that someone simply attending all the required MBCP sessions is not necessarily a measure of success. But neither is it necessarily a failure when someone only attends a small number of the required sessions, but the safety of their partner and/or children improves.
- Once success is defined, participants urged that funding agreements be designed to support organisations to achieve this new definition of success. Furthermore, service should be evaluated on fulfilling this new definition of success (outcomes) and not simply on how many services were delivered or how many people attended (outputs).
- Participants highlighted that the standards must include considerations of coercive control and non-physical forms of violence and consider how increased understandings of coercive control can be incorporated into MBC work.
- Some participants argue that programs that address issues related to, yet distinct from, behaviour change, such as those that address childhood trauma or men's healing, are not considered to be MBC interventions. Others disagree. Defining what are, and what are not, MBC interventions will be critical.
- There was also support for developing a broader set of guiding principles (or similar) for all work with men and boys across the National Plan's four domains, from which the MBC standards could be built.

2. There is strong support for standards and compliance

- There is very strong support for national consistency, but debate remains on whether it should be in the form of standards, principles, guidelines or other, with some suggesting that guiding principles should be the first step.
- There was also strong agreement that an agency or organisation should be tasked (or established) with overseeing the ongoing implementation and currency of the standards.
- Participants highlighted that the development of standards must be developed alongside the creation of a compliance mechanism that has authority. There are an increasing number of MBC program providers that currently operate with no oversight or quality control.
- Partner contact is seen by participants as critical for safe and effective intervention but there is limited understanding on best practice for this work. Furthermore, participants explained that this work is often underfunded and not prioritised. They explained that national MBC standards must include standards for partner contact and considerations of child protection, noting that the fear of child protection is a common reason women do not report violence.
- Children are often invisible in MBC – very few MBC workers know how to appropriately engage with children as victim-survivors in their own right. Participants urged that the new standards consider what child contact means in this context.
- It was suggested that standards should also consider a process of 'triaging' and 'group readiness.' Not all men will be ready for a group immediately. Minimum standards need to explain very clearly to intake processes and suitability for different program types.
- Participants stressed the importance of centring current and experienced practitioner expertise and victim-survivor lived experience in developing the standards.
- Participants raised the question of whether, for people using violence, any program was better than no program at all? The general agreement was no; some programs, while well intentioned, may actually be increasing harm. It is, therefore, important, that all programs adhere to the standards.
- Yet, it was noted that the standards must recognise and consider that many people seeking help for violence might not access a specialist DFSV service but might seek support from a community-specific organisation. Participants questioned how these community-led services appropriately respond to support seekers when refusing to engage with a 'recognised' MBC program.
- Participants highlighted that attempts to develop national standards for MBC has happened previously, with the development of National Outcome Standards for Perpetrator Interventions (NOSPI). While the NOSPI was developed, it was never adopted. Participants agreed that we should learn from that process and understand why the standards were never adopted to ensure the same thing does not happen again.

3. Programs should be integrated, community-led, diverse and adopt whole-of-life approaches

- Participants explained that there remains limited understanding on MBC for different groups of men, e.g. First Nations men, LGBTQ men, older men, and men from multicultural communities. There is currently too much reliance on a one-size-fits-all approach to MBC.
- Participants view most existing MBC programs as western constructs that are not relevant to many people from First Nations or multicultural communities. The standards must consider how to incorporate alternate approaches, community-led responses and co-design that aren't simply 'added on' to existing approaches but rather built from the ground up.
- It is strongly agreed that community-led approaches have the best outcomes for people using violence. However, if programs for diverse men are tailored to different cohorts using an 'add-on' approach, rather than integrating their needs and experiences from the start, they are far less likely to be effective.
- Participants suggested that the drivers of violence are not necessarily the same for all men and that there are differences across groups of men. Understanding and accommodating these differences is critical.
- MBC programs are often siloed from the broader health and community services sectors, which inhibits their efficacy. Participants suggested that incorporating the health and community services sectors into MBC initiatives will increase the efficacy of MBC and establish a 'no wrong door' network.
- Any work that links MBC to trauma and mental health, for example, is viewed as needing to be strengths-based, while not losing sight of the harm being caused by perpetrators or the need for accountability.
- Participants explained that MBC programs need to be positioned within the broader approach to addressing DFSV. Work across the four domains of the National Plan must reinforce and support MBC, and vice-versa, and the workers and organisations in each must be better connected.
- Men leaving prison were discussed as a particularly vulnerable group who need specific supports, particularly around housing.
- Participants emphasised the need learn from community organisations who work across the four domains and who adopt whole of family and whole of community approaches. It is commonly acknowledged that Aboriginal community-controlled organisations are the leaders in these approaches.

4. We need to develop the MBC workforce

- Participants felt that Australia does not have an adequate workforce to appropriately respond to the current level of need. Given the increased focus on working more effectively with men and boys, and the importance of working with men who use violence, developing a trained and sustainable workforce is seen as critical.
- Suggestions were made for standards for MBC interventions to consider minimum qualifications and include guidelines for trauma-informed work, partner contact and cultural responsiveness.
- It was also suggested that standards also consider cultural knowledge and its role in supporting men who are participating in programs.
- Participants were keen to highlight the links between the MBC workforce and the workforces from the other domains also working with men and boys. These workforces should not be seen as entirely separate but rather as part of a broader, related system of workers.
- Participants stressed that organisations providing MBC programs must care for staff doing complex, confronting work – supervision and safety of the workforce is essential to ensure standards are maintained and burnout is reduced as much as possible.

Next steps



Once published, DSS will use these insights as part of ongoing research and consultation to further its understanding of existing MBC interventions (including for different cohorts in different settings).

This research will be used in the development of the national standards for MBC, which will also build on existing work by states and territories.
