
EVALUATION REPORT
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Evaluation of the Northern Territory's men's behaviour change programs:

Key learnings for policy and practice

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AUSTRALIA'S NATIONAL RESEARCH
ORGANISATION FOR WOMEN'S SAFETY
to Reduce Violence against Women & their Children

ANROWS Acknowledgement

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Acknowledgement of Country

ANROWS acknowledges the Traditional Owners of the land across Australia on which we live and work. We pay our respects to Aboriginal and Torres Strait Islander Elders past and present, and we value Aboriginal and Torres Strait Islander histories, cultures and knowledge. We are committed to standing and working with Aboriginal and Torres Strait Islander peoples, honouring the truths set out in the [Warawarni-gu Guma Statement](#).

Acknowledgement of lived experiences of violence

ANROWS acknowledges the lives and experiences of the women and children affected by domestic, family and sexual violence who are represented in this report. We recognise the individual stories of courage, hope and resilience that form the basis of ANROWS research.

Caution: Some people may find parts of this content confronting or distressing. Recommended support services include 1800RESPECT (1800 737 732), Lifeline (13 11 14), Men's Referral Service (1300 766 491), MensLine Australia (1300 78 99 78) and, for Aboriginal and Torres Strait Islander people, 13YARN (13 92 76).



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Common acronyms and initialisms

ACCO	Aboriginal Community-Controlled Organisation
AOD	alcohol and other drugs
ANROWS	Australia's National Research Organisation for Women's Safety
CALD	culturally and linguistically diverse
CRAT	Common Risk Assessment Tool
DCF	Northern Territory Department of Children and Families
DFSV	domestic, family and sexual violence
DFV	domestic and family violence
FSF	Family Safety Framework
LGBTQIASB+	lesbian, gay, bisexual, trans and/or gender diverse, queer, intersex, asexual, Sistergirl and Brotherboy
MBCP	men's behaviour change program
NGO	non-government organisation
NT	Northern Territory
QPE	quality practice element
RAMF	Northern Territory Domestic and Family Violence Risk Assessment and Management Framework
WoSSCA	Women's Safety Services of Central Australia

Notes on terminology and concepts

Aboriginal	This paper predominately uses the term “Aboriginal” in line with key Northern Territory policy documentation related to men’s behaviour change programs (MBCPs). This term is inclusive of Aboriginal and Torres Strait Islander peoples.
Domestic and family violence	The term “domestic and family violence” (DFV) is used throughout this document in line with current NT policy documentation related to MBCPs, including the <i>NT Minimum Standards and Application Process for Declared DFV Rehabilitation Programs</i> . The authors acknowledge the significant co-occurrence of domestic and family violence with sexual violence, and recognise that sexual violence is frequently used as part of patterns of abusive behaviours over time in domestic and intimate partner relationships.
Family Safety Framework	The Family Safety Framework (FSF) is a cross-agency risk management mechanism introduced in the NT (Alice Springs) in 2012, expanding to Darwin, Katherine, Tennant Creek, Nhulunbuy and Yuendumu in 2015. The purpose of the FSF is to increase the safety of victims and survivors identified through the Common Risk Assessment Tool (CRAT) as being at serious risk of DFV-related harm or death. This is achieved through sharing information and collaborating on risk management actions to improve safety. As part of the FSF, Family Safety Meetings are held fortnightly at a local level, and include participating service providers from government agencies and NGOs.
Men’s behaviour change program	Broadly, a reference to the men’s behaviour change program in this paper includes the program as a whole – that is, the component working with users of DFV as well as the component providing direct or indirect support for family members experiencing harm from the men’s use of violence (women’s safety support).
Perpetrator intervention system	This refers to “those agencies and services within an integrated DFV system that have roles and responsibilities to directly or indirectly address the risk posed by perpetrators, and to scaffold pathways towards accountability and non-violence”. ¹ It recognises that a wide range of government and non-government agencies have roles and responsibilities to keep a user of DFV within view, towards the fundamental objective of increasing safety and wellbeing of victims and survivors. ² An integrated perpetrator intervention system then, refers to how different parts of the system work together to identify and manage risk, and to centralise victim survivor experiences and needs in the accountability process for the man causing harm, across services and over time. ³

¹ Department of Social Services. *Scoping study of innovations in family and domestic violence perpetrator interventions*. Commonwealth of Australia. 2017. p. 9.

² Vlasis, R., Campbell, E., and Green, D. *Foundations for Family and Domestic Violence Perpetrator Intervention Systems*. RMIT Centre for Innovative Justice Stopping Family Violence Inc. 2019. <https://cij.org.au/cms/wp-content/uploads/2018/11/foundations-for-family-and-domestic-violence-perpetrator-intervention-systems-dec-2019.pdf>

³ Australia’s National Research Organisation for Women’s Safety. *Interventions for perpetrators of domestic, family and sexual violence in Australia*. ANROWS 02/2021.

Person using violence	This document predominately uses the term “user of violence” to refer to the person who uses domestic and family and sexual violence, abuse or coercive control against a current or former intimate partner, or a member of their family or household. The terms “program participant” and “men” are used intermittently throughout to refer to the participants in the group-work component of the MBCP. The term “perpetrator” is largely avoided, noting the preference in policy and practice to move away from this terminology, while acknowledging that there is not necessarily sector consensus regarding the use of this term. We use gender-inclusive language while acknowledging that evidence reminds us that DFV is primarily perpetrated by men.
Risk Assessment Management Framework (RAMF)	The RAMF is the Northern Territory’s DFV practice management framework which outlines common expectations in assessing, responding to and managing DFV risk, so that they are recognised as shared responsibilities across the service system.
Victim and survivor	This document uses the term “victim and survivor” to describe a person against whom DFV has been perpetrated including a child or young person. The terms “adult and child victim-survivor”, “current and/or former partner”, “(ex)partner”, and “women and children” are used intermittently throughout to refer to adult and child victim-survivors of domestic, family and sexual violence. Victims and survivors may be accessing support provided by the women’s safety component of the MBCP.
Women’s safety support	This is used to refer solely to the component of the MBCP that provides direct or indirect support to family members experiencing harm from the men’s use of violence. The term “women’s safety worker” refers to the person providing services under this component of the MBCP. In other jurisdictions, this component of the MBCP may be referred to as “family safety contact/advocacy”, “women’s and children’s advocacy” or “partner support”. At the time of publishing, the community-based MBCPs in the NT provide women’s safety support primarily through external agencies. However, this is not always the case in other jurisdictions where it may be more common for one service provider to deliver both parts of the program.

Snapshot

About this paper

- In 2023, the Northern Territory Department of Children and Families commissioned Australia's National Research Organisation for Women's Safety (ANROWS) to conduct separate process evaluations of the two government-funded community-based men's behaviour change programs (MBCPs) in the NT.
- The MBCPs are delivered by two service providers, CatholicCare NT in Darwin and Wadeye, and Aboriginal Community-Controlled Organisation (ACCO) Tangentyere Council in Alice Springs.
- This paper draws together key findings from the two evaluations relating to the MBCPs' operating contexts, practice strengths, and the barriers and enablers to implementing quality practice. It provides recommendations from across the two evaluations, focused on both the program level and the system level.
- As part of the process evaluations, ANROWS developed the *Quality Practice Elements for Men's Behaviour Change Programs (MBCPs) in the Northern Territory* ("quality practice elements") in consultation with the two MBCP service providers and the Northern Territory Department of Children and Families. The quality practice elements were designed to support an assessment of quality practice being delivered by the two MBCPs. They outline nine areas of quality practice for MBCPs, contextualised to the NT, and were used to inform evaluation findings. The quality practice elements are published separately and can be read alongside this paper.

Overview: Process evaluations of the NT MBCPs

What was examined?

The process evaluations examined two community-based MBCPs funded by the Northern Territory Department of Children and Families: CatholicCare NT's Perpetrator Intervention Service operating in Darwin and Wadeye, and Tangentyere Council's Marra'ka Mbarintja MBCP operating in Alice Springs.

The focus on "process" meant the evaluations examined how the MBCPs were being delivered, rather than whether or not they were achieving intended outcomes. Specifically, the evaluations sought to understand how the MBCPs were being delivered in practice, and to compare this with what is understood to be quality practice for MBCPs in the context of the NT.

The evaluations were guided by the following high-level questions:

- How is each MBCP operating in its context?
- How integrated is each MBCP with the community and service system?
- How does each MBCP align with relevant standards of quality practice?
- How does each MBCP manage risk and are there any unintended consequences?
- What could be put in place to improve or prepare for future monitoring and evaluation of each MBCP?

Why is this important?

There is a clear need for evaluations of domestic and family violence (DFV) programs and initiatives that are specific to the NT context, to support evidence-informed policy and practice to address the immense problem of DFV in the NT. This is particularly the case in relation to MBCPs, where evidence is needed to understand how these programs operate in different contexts, and the role they can play within a broader DFV service system.

As this was the first time the two NT MBCPs have been externally evaluated since their inception, this work aimed to support the MBCPs and the NT Government to understand how the programs are being implemented, key factors that are influencing implementation, and areas for improvement.

Findings from the evaluations are intended to support service provider-level decisions about adaptations or adjustments to the MBCPs and importantly, to identify system-level opportunities for the NT Government to support the MBCPs to work towards enhancing the safety of women and children in the NT.

What was involved?

A range of data collection activities was undertaken to answer the key evaluation questions. For both MBCPs, this included:

- a review of existing literature and standards on MBCP practice, and consultations with MBCP practitioners working in Aboriginal community contexts about quality practice in MBCPs
- a review of program activity data, manuals and tools that each provider uses to deliver their MBCPs
- interviews with staff who deliver the MBCPs, including women's support workers who work with the current and former partners of the MBCP participants
- interviews with a wide range of key stakeholders from across the service system who interact with, or should ideally be interacting with, the MBCPs.

For the Tangentyere Council evaluation, additional data collection also included:

- focus groups with community stakeholders represented by the Tangentyere Women's Family Safety Group and the Men's Family Safety Group

- interviews with men in Alice Springs who have participated in the Tangentyere Council MBCP as well as a small number of partners or former partners who received women's safety support through the MBCP
- a review of a small sample of men's case files, to gain some additional insight into how the MBCP was operating in practice in specific cases.

For each evaluation, ANROWS held separate sensemaking sessions with staff from CatholicCare NT and Tangentyere Council and some key stakeholders, to test findings and recommendations before finalisation. While the evaluations produced distinct findings and recommendations tailored to each MBCP and its context, some common themes emerged across both evaluations. The evaluation reports were reviewed to identify and summarise the shared findings and recommendations. It is these shared findings and recommendations which are presented in this paper.

What was concluded?

Context and role of the MBCPs in the NT

- While MBCPs are only one part of what should be a coordinated, collaborative response to DFV, the NT MBCPs play an important role in the DFV service system in the NT. The programs are valued by community and service-system stakeholders, and by program participants and their (ex)partners who were interviewed for the evaluation.
- The operating contexts of the NT MBCPs play an important role in the potential for quality program delivery. The two MBCPs operate in complex, often challenging contexts in Alice Springs, Darwin and Wadeye, where DFV is widespread and severe, and where there are multiple barriers to addressing it.
- The NT is at very early stages of developing a service system for working with users of DFV. Much more can be done across the system to keep users of DFV in view across services over time.

Quality practice in the MBCPs

- The MBCPs were found to be delivering quality practice in relation to:
 - ✓ the prioritisation of women's safety support
 - ✓ the ability to provide flexible responses to men, in addition to group work
 - ✓ their commitment to continuous learning and improvement.
- Additional notable areas of quality practice found in one of the MBCPs included program governance structures that are accountable to community, strong collaboration with NT Correctional Services focusing on victim and survivor safety, and concerted efforts by the MBCP to improve the capacity of other services and agencies to work effectively with users of DFV.
- Areas identified for improvement across the MBCPs include the need to:
 - ➔ expand referral sources beyond criminal-legal pathways
 - ➔ include reporting on program accessibility for different cohorts
 - ➔ refine some of the processes for identifying, assessing, analysing and managing risk.
- The MBCPs are at very different stages in terms of how they seek to ensure that culturally safe and appropriate responses are provided for Aboriginal participants.

What was recommended across the evaluations?

The evaluations made recommendations at two levels: at the program level, to help each MBCP achieve quality practice; and at the system level, to guide the NT Government, other funders and service-system agencies in supporting the MBCPs to achieve quality practice.

Program-level recommendations

At the program level, shared recommendations from both evaluations for achieving quality practice include:

- **Program components, tools and processes:**
 - The NT MBCPs should continue to prioritise the delivery of program elements in addition to group work, including case management, individual sessions and community outreach.
 - The NT MBCPs should prioritise efforts to keep children in view across the program's work with men using violence and with (ex)partners.
 - With appropriate levels of funding, the NT MBCPs should continue to prioritise women's safety support so this is less restricted and can be offered and/or continued at all MBCP locations and in a wider set of circumstances.
 - The NT MBCPs should review and strengthen some existing program tools and processes for risk assessment, analysis and management.
 - The NT MBCPs should explore opportunities to extend support for MBCP participants and (ex) partners after program exit or completion.
- **Collaboration and system integration:**
 - The NT MBCPs should seek to nurture referral pathways into their programs outside of the criminal-legal system.
 - The NT MBCPs should build on existing efforts to strengthen collaboration and information sharing with other agencies beyond engagement in the Family Safety Framework, including with the child protection system and intensive family support services.
 - Where funding permits, the MBCPs should prioritise supporting agencies without DFV specialisation – such as child protection, intensive family support services or alcohol and other drug (AOD) services – in addressing the risks posed by DFV users, in ways that are appropriate to their roles.
- **Cultural safety and accessibility:**
 - The NT MBCPs should continue to prioritise ongoing efforts to develop and deliver culturally safe and appropriate responses for Aboriginal women, men and families. This includes building on existing collaborations with (other) ACCOs and exploring opportunities for stronger connections with healing-focused social and emotional wellbeing work.
 - The NT MBCPs should work towards improving program accessibility and safety, including for people from lesbian, gay, bisexual, trans and/or gender diverse, queer, intersex, asexual, Sistergirl and Brotherboy (LGBTQIASB+), and culturally and linguistically diverse (CALD) communities.
- **Continuous learning and improvement:**
 - The NT MBCPs should consider how to improve the collection and reporting of some program monitoring data, including client demographics.
 - The NT MBCPs should make use of the *Quality Practice Elements for Men's Behaviour Change Programs (MBCPs) in the Northern Territory* for continuous improvement purposes.

What was recommended across the evaluations?

System-level recommendations

At the system level, shared recommendations from both evaluations for funders and governments to address barriers and enablers within the service system in which the NT MBCPs operate include:

- **Investment and support for the NT MBCPs:**
 - Given the important role of MBCPs within the broader NT DFV service system in working towards improved outcomes for victims and survivors, the NT Government should continue to invest in community-based MBCPs in the NT.
 - The NT Government should ensure MBCPs receive adequate and flexible funding to support a range of delivery approaches and components in addition to group work, including intensive case management, individual sessions and proactive outreach, so programs do not have to source additional funding for these activities.
 - The NT Government should ensure women's safety support is resourced appropriately.
- **Workforce development:**
 - The NT Government should invest in building workforce capability across the system through training, to enable more perpetrator-focused multi-agency collaborative work.
 - The NT Government should fund specialised perpetrator services to support other agencies – such as child protection, intensive family support services or alcohol and other drug (AOD) services – to engage safely and effectively with users of DFV, in ways appropriate to their roles.
 - The NT Government should support the continued development of the specialist perpetrator intervention workforce.
- **Risk framework and information sharing:**
 - The NT Government should support the DFV sector to continue to build a shared understanding and trust around information sharing across the service system.
 - The NT Government should progress work to develop jurisdiction-wide perpetrator-focused risk assessment and management tools and guidance under the *Northern Territory Government Domestic and Family Violence Risk Assessment and Management Framework (RAMF)* expansion.
- **Community-wide efforts:**
 - The NT Government should expand DFV community engagement and primary prevention efforts across the NT.
- **Cultural safety and accessibility:**
 - The NT Government should invest in the capacity and capability of ACCOs in Darwin to deliver MBCPs.
 - The NT Government should enhance responses across the DFV service system to better support community cohorts, including LGBTQIASB+ and CALD communities.
 - The NT Government should support the identification of service-system touchpoints through which non-Indigenous users of DFV can be identified, and assist those agencies and services in engaging with these men.
- **Continuous learning and improvement:**
 - Through contract management, the Northern Territory Department of Children and Families should support NT MBCP providers in their continuous learning and program improvement efforts.
 - The NT Government should fund and support the NT MBCP providers to prepare for and participate in an outcomes evaluation of their MBCPs.

1. Background

Purpose of this paper

This paper shares high-level findings and implications from separate process evaluations of the two government-funded men's behaviour change programs (MBCPs) in the NT: the Perpetrator Intervention Service, operated by Catholic Care NT in Darwin; and the Marra'ka Mbarintja Men's Family Violence Prevention Program in Alice Springs, delivered by Tangentyere Council.

As the two evaluations provided findings and recommendations specific to each MBCP, this paper does not seek to comprehensively report all evaluation results. Instead, it focuses on sharing key findings and recommendations common to both MBCPs related to quality practice, including how these practices are affected by the MBCPs' operating contexts.

This paper seeks to contribute to the evidence base on MBCPs by:

- sharing lessons learned from the evaluations in relation to the enablers and barriers to effective MBCP delivery in the NT context
- highlighting key areas of quality practice across both NT MBCPs, with specific examples of how each MBCP was found to deliver quality practice in those areas
- drawing together the most critical recommendations from the evaluations for consideration by government, funders and MBCP implementers.

About the evaluations

In May 2023, Australia's National Research Organisation for Women's Safety (ANROWS) was commissioned by the Northern Territory Department of Children and Families (DCF) to undertake separate process evaluations of the two government-funded MBCPs in the NT. As this was the first formal evaluation of the MBCPs, DCF sought to conduct process evaluations to first understand how each MBCP was being implemented and to identify the factors influencing their implementation. Evaluation findings were intended to inform and support decision-making for future program delivery. While the evaluations did not assess the extent to which the MBCPs were achieving outcomes, they assessed each MBCP's readiness for an outcome evaluation and provided recommendations as to how to prepare for a future evaluation focused on outcomes.

The evaluation aims were to:

- understand the operating contexts of the MBCPs, including both community and service-system contexts
- identify the critical elements of the MBCPs as they are being delivered in practice
- compare the elements of program delivery to quality practice considerations for MBCPs in the NT.

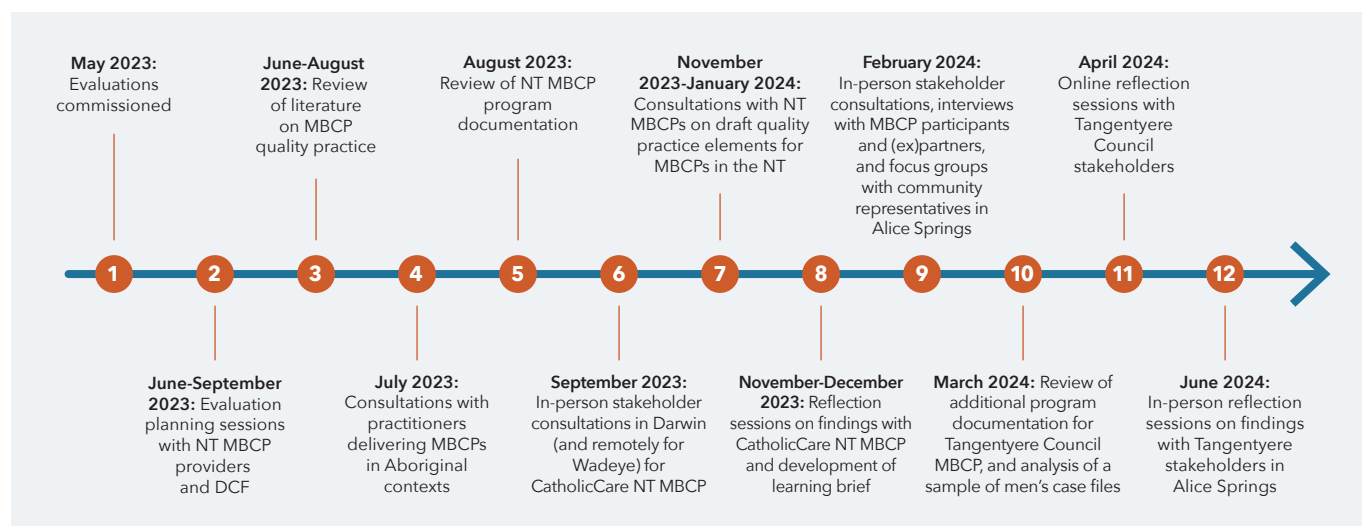
The evaluations were conducted separately and did not seek to compare the two MBCPs. Both evaluations employed a participatory mixed methods approach. Qualitative data collection for the two programs

included interviews with MBCP staff and facilitators (n = 29), service-system stakeholders (n = 22) and community representative stakeholders (n = 12). This was complemented by a review of program documentation, including MBCP manuals, guides and tools. De-identified activity data reported by the programs were also reviewed. This included aggregated information on participant characteristics, referral pathways, program participation and completion for MBCP participants and – where applicable – program engagement with (ex)partners.

With approval from the NT Health and Menzies School of Health Research's Human Research Ethics Committee, additional data collection was undertaken in relation to the Tangentyere Council MBCP at their request. This included focus groups with the Tangentyere Women's Family Safety Group and Men's Family Safety Group (n = 20), whose members are Aboriginal women and men from the Alice Springs Town Camp communities. Interviews were also conducted with MBCP participants (n = 7) and a small number of (ex)partners (n = 2), along with a review of a small sample of men's case files (n = 3).

The key stages of the evaluations are outlined in Figure 1.

Figure 1: Evaluation process timeline



Assessing quality practice in the NT MBCPs

A key component of the process evaluations was assessing whether the NT MBCPs were being delivered in line with "quality practice". Since there were no jurisdiction-wide standards for MBCPs in the NT at the time, ANROWS collaborated with each of the MBCP providers and DCF to develop a set of quality practice elements for MBCPs to guide the evaluations. The result of this process is the [Quality Practice Elements for Men's Behaviour Change Programs \(MBCPs\) in the Northern Territory \(quality practice elements or QPEs\)](#).

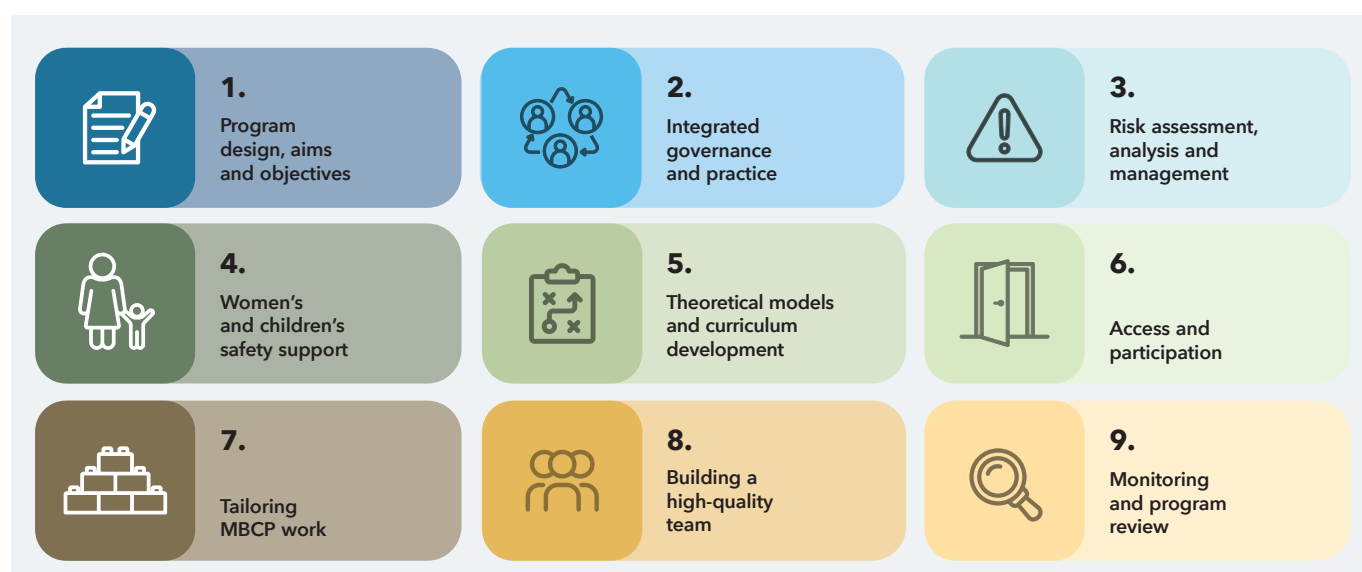
What are the quality practice elements?

The QPEs were developed in response to the question, "What does quality MBCP practice look like in the NT?" It is an evidence-informed framework that outlines program practices that are most likely to contribute to delivering a high-quality MBCP in the NT context. The QPEs identify nine areas (or "themes") of quality practice (see Figure 2), with 60 relevant elements across these themes. For each element, indicators are provided describing what "good" looks like, to help programs understand how to implement each element in practice.

The QPEs are supported by a [quality practice assessment rubric](#), a practical self-assessment tool where ratings can be applied for each indicator in the framework. The rubric is designed to help the NT MBCP providers in their ongoing learning and improvement.

Although developed for the NT context, the QPEs are being made publicly available in the hope that they will also be useful for stakeholders outside the NT when considering what quality practice for MBCPs might look like in other contexts and jurisdictions.

Figure 2: The quality practice themes



How were the quality practice elements developed?

The QPEs draw together existing practice standards, research and practitioner knowledge. Specifically, they were developed through:

- an analysis of minimum standards and professional practice standards for MBCPs in relevant jurisdictions in Australia, and in comparable international contexts
- a rapid review of literature on quality practice in MBCPs, including for MBCPs located in First Nations contexts
- consultations with a selection of practitioners across Australia delivering MBCPs with First Nations communities
- consultations with the two NT Government-funded MBCPs operating in the NT.

How do the quality practice elements relate to minimum standards for MBCPs?

The QPEs were developed to guide evaluative judgments about quality practice in the NT MBCPs and do not replace minimum or professional standards. They were informed by existing efforts to document quality MBCP practice standards in the NT through the Central Australian Minimum Standards for Men's Behaviour Change Programs, developed by Tangentyere Council in 2020. They also contributed to the parallel development of the NT Government's [Minimum Standards and Application Process for Declared DFV Rehabilitation Programs](#) (the NT Minimum Standards), which focus on the minimal requirements for running safe MBCPs in the NT.⁴ While the QPEs draw on existing minimum standards, they go beyond operational requirements to describe what high-quality MBCP practice looks like. As such, some of the indicators in the QPEs are described as "aspirational", recognising that certain elements may not always be feasible for MBCP providers but can be aspired to when conditions allow.

Key conditions for quality practice: It is important to remember that the implementation of quality practice across all areas outlined in the QPE framework is not possible without adequate resourcing of MBCP providers. Additionally, implementing the quality practice elements is not the sole responsibility of MBCP providers. Governments, funders and agencies across the service system all have critical roles to play to enable the successful implementation of the quality practice elements for MBCPs in the NT.

Use of the quality practice elements in this evaluation

The QPEs were developed to assess whether the programs were being delivered in line with quality practice. While the QPEs informed the findings of both evaluations, the Tangentyere Council MBCP requested its practice be assessed using the *Central Australian Minimum Standards for Men's Behaviour Change Programs*, as the program was already using them to inform program delivery.⁵ The practice of the CatholicCare NT MBCP was reviewed against the QPEs. Although two separate quality practice frameworks were applied to the evaluations, significant similarities exist in the critical elements of the two frameworks. Key findings of quality practice, common across both evaluations and reported in this paper, are therefore consistent with both the QPEs and the *Central Australian Minimum Standards*.

Key examples of quality practice identified in both evaluations are discussed in detail in Section 5.

⁴ The Minimum Standards and Application Process for Declared DFV Rehabilitation Programs were developed in 2023 and completed in April 2024.

⁵ Corbo, M., Brown, C. *Central Australian Minimum Standards for Men's Behaviour Change Programs*. FSV. 2020.

2. About men's behaviour change programs

What are men's behaviour change programs?

The policy and practice focus in Australia on people who choose to use DFV continues to grow. *The National Plan to End Violence against Women and Children 2022-2032* and subsequent *First Action Plan 2023-2027* emphasise the importance of investment in services and systems to hold people who use DFV to account and to change their behaviours, with the aim of protecting the safety and wellbeing of women and children. MBCPs are one of several approaches that seek to work with adults who use DFV to address their use of violence against adult and child victim-survivors.⁶ Having been operating in Australia since the 1980s, MBCPs are one of the more established interventions for working with adults who use DFV. However, in the NT, MBCPs were introduced relatively recently.⁷ Outside of the Cross Borders Program for remote communities in the Ngaanyatjarra Pitjantjatjara Yankunytjatjara (NPY) Lands, the first specialist community-based MBCP for working with adult users of DFV was introduced into the NT in 2014 by Tangentyere Council in Alice Springs.⁸

Objectives and key features of MBCPs

Primarily, MBCPs are interventions that work with adult men who use DFV through a structured group-based program. They seek to enhance the safety of women and children by working with men to change their harmful behaviour, and by identifying, monitoring and supporting the management of the risk they present to their (ex)partners and children. There is significant variation between MBCPs, with little standardisation of MBCPs across Australia, though a range of minimum standards in several jurisdictions has been developed.⁹

While MBCPs across Australia vary substantially in how they operate, how they are accessed, and the legislative frameworks under which they operate, key features include:

- **Underpinning models and approaches:** There is a variety of approaches adopted and models used, with many MBCP providers blending two or more models within their program approach.¹⁰ MBCPs in Australia are commonly run by community-based providers ascribing to Duluth-influenced, cognitive-behavioural and narrative practice-informed approaches.¹¹
- **Referral pathways:** While most MBCPs work with both men who are mandated by courts to attend and those who attend voluntarily, some solely respond to mandated referrals.¹²
- **Program duration:** There is significant variation in the duration of MBCPs, with some lasting as long as six to nine months, while others are shorter.
- **Mode of delivery:** In addition to group work with men, some programs also offer individual case management or some individual sessions, while others are limited (after initial individual assessment) to group work only.¹³
- **Partner support:** Partner support, or “women’s safety support”, is a key part of MBCPs. While practice differs across jurisdictions in Australia, this generally involves working with the current and/or former partner(s) of the user of DFV who is undertaking the program to provide support, information and safety planning.¹⁴

⁶ Day, A., Vlasis, R., Chung, D., & Green, D. J. *Evaluation readiness, program quality and outcomes in men's behaviour change programs* ANROWS 01/2019.

⁷ Mackay, E., Beecham, D., Lam, H., & Gibson, A. *Perpetrator interventions in Australia: literature review. State of knowledge paper (part one)*. ANROWS. 2015; Note: NGO-provided MBCPs did not commence in the ACT until the 2010s, however a Corrections-run MBCP that included partner contact provided by a specialist women's DFV NGO commenced in the late 1990s. The first specialist program for DFV offenders was introduced in Tasmania in the mid 2000s.

⁸ NT Correctional Services also run a 5-day program for DFV offenders in custody and various remote communities. See: <https://nt.gov.au/law/prisons/prison-based-offender-programs>

⁹ Australia's National Research Organisation for Women's Safety. *Men's behaviour change programs: Measuring outcomes and improving program quality: Key findings and future directions*. ANROWS. 2019.

¹⁰ Vlasis, R., Ridley, S., Green, D., & Chung, D. *Family and domestic violence perpetrator programs: Issues paper of current and emerging trends, developments and expectations*. Stopping Family Violence. 2017.

¹¹ The Duluth Model, developed at the Domestic Abuse Intervention Project in Duluth, Minnesota, is the dominant theoretical framework for MBCPs, using a feminist analysis of partner violence and focusing on coordinated strategies based on the victims' and survivors' experience. Cognitive behavioural therapy (CBT) is a method that helps people change how they think about and manage their behaviour. Narrative practice engages with people through their own stories, enabling them to explore the ways in which they make sense of their lives and understand themselves in the world.

¹² Australian Institute of Health and Welfare. *Monitoring perpetrator interventions in Australia*. AIHW. 2021. <https://www.aihw.gov.au/reports/family-domestic-and-sexual-violence/monitoring-perpetrator-interventions-in-australia/contents/summary>

¹³ Bell, C., & Coates, D. *The effectiveness of interventions for perpetrators of domestic and family violence: An overview of findings from reviews*. ANROWS. 2022.

¹⁴ Australia's National Research Organisation for Women's Safety. *Prioritising women's safety in Australian perpetrator interventions: Mapping the purpose and practices of partner contact*. ANROWS. 2020.

MBCPs can produce multiple benefits

The role that MBCPs play in supporting victim and survivor pursuits for safety, dignity and freedom from fear and control in their lives is often overshadowed by contention about their effectiveness. While the evidence for the power of MBCPs, as standalone, singular-interventions to shift behaviour is mixed,¹⁵ MBCPs can serve other highly important functions in contributing to the ultimate goal of safety and wellbeing for adult and child victim-survivors, through:

- keeping perpetrators and their behaviour patterns in view
- contributing to the identification and management of risk escalation
- helping to provide “breathing space” for victims and survivors to enable parallel interventions
- making ongoing assessments to support risk management actions by statutory authorities
- identifying serious-risk perpetrators who need more attention from the system, and contributing to a better understanding of the risk posed by a user of DFV through having him in the program
- providing direct benefits to victim and survivor safety and wellbeing through women’s safety work, even where the user of DFV makes no significant behaviour change.¹⁶

MBCPs as part of integrated perpetrator intervention systems

In many settings across Australia, MBCPs might be the only available interventions working intensively on facilitating behaviour change outcomes for users of DFV. However, their ability to do this depends, to varying extents, upon the actions of other parts of the service system – before, during and after a man’s participation. The evidence is clear that it takes an *integrated perpetrator intervention system* to work towards women’s and children’s safety through perpetrator behaviour change, and to respond to dynamic risk over time – not stand-alone, singular interventions. Research has also pointed to the significant *limitations* of relying on MBCPs alone to strengthen a perpetrator’s internal motivations toward change, and by doing so, is “setting the perpetrator up to fail”.¹⁷

Rather than operating as standalone interventions, there is a need for MBCPs to be seen as part of a “web of accountability”, where multiple parts of the service system are working to enhance the safety of women and children.¹⁸ When this works well,¹⁹ service-system responders – and potentially others in the perpetrator’s community – work together to hold users of violence accountable for the harms caused by their behaviour, keep them in view through monitoring and responding to risk, and support them to change by engaging and providing appropriate referrals. An integrated system requires a range of workforces and sectors to understand their roles and opportunities to directly and indirectly engage perpetrators towards appropriate and realistic goals, and to build knowledge and skill to do so.

Realistic expectations of MBCPs

While MBCPs are a critical part of a response to the problem of men’s use of DFV, governments, funders and other agencies working to address DFV should maintain realistic expectations for what any single MBCP can achieve in working towards the safety of victims and survivors.²⁰ Facilitating meaningful shifts in a perpetrator’s patterns of behaviour can take considerable time. Pathways into using DFV are long and entrenched and many people who use violence have done so for many years. For some users of DFV, facilitating meaningful shifts in these patterns is too much to expect from participation in any single MBCP alone. When defining effectiveness, consideration needs to be given to the possibilities, limitations and specific role that MBCPs can play within a system of services and interventions working towards supporting perpetrator pathways out of using DFV, in addition to, and beyond individual behaviour change.

¹⁵ Arce, R., Arias, E., Novo, M., & Fariña, F. Are interventions with batterers effective? A meta-analytical review. *Psychosocial Intervention*, 2020;29(3): 153-164; Bell, C., & Coates, D. *The effectiveness of interventions for perpetrators of domestic and family violence: An overview of findings from reviews*. ANROWS. 2022; Cheng, S-Y, Davis, M., Jonson-Reid, M., & Yager, L. Compared to what? A meta-analysis of batterer intervention studies using non-treated controls or comparisons. *Trauma, Violence & Abuse*, 2021;22(3), 496-511; Day, A., Vlasis, R., Chung, D., & Green, D. (2019), *ibid.*; Travers, A., McDonagh, T., Cunningham, T., Armour, C., & Hansen, M. The effectiveness of interventions to prevent recidivism in perpetrators of intimate partner violence: A systemic review and meta-analysis. *Clinical Psychology Review*, 2021;84; Wilson, D., Feder, L., & Olaghere, A. Court-mandated interventions for individuals convicted of domestic violence: An updated Campbell systematic review. *Campbell Systematic Reviews*, 2021;17(1).

¹⁶ Kelly, L., & Westmarland, N. *Domestic violence perpetrator programmes: Steps towards change: Project Mirabal final report*. London Metropolitan University and Durham University. 2015. Retrieved from <https://repository.londonmet.ac.uk/1458/1/ProjectMirabalfinalreport.pdf>; Vlasis, R., Ridley, S., and Chung, D. Family and domestic violence perpetrator programs: Issues paper of current and emerging trends, developments and expectations. 2017. Stopping Family Violence. <https://sfv.org.au/wp-content/uploads/2017/05/DFV-perpetrator-programs-issues-paper.pdf>; Chung, D., Anderson, S., Green, D., & Vlasis, R. Prioritising women’s safety in Australian perpetrator interventions: The purpose and practices of partner contact. ANROWS. 08/2020; NSW Government. *Towards safe families: A practice guide for men’s domestic violence behaviour change programs*. 2012. NSW Government. <https://ntv.org.au/wp-content/uploads/2020/06/mbcn-nsw-towards-safe-families.pdf>; Chung, D., Upton-Davis, K., Cordier, R., Campbell, E., Wong, T., Salter, M., Bissett, T. *Improved accountability: The role of perpetrator intervention systems*. ANROWS. 20/2020.

¹⁷ Vlasis, R., & Campbell, E. *Bringing pathways towards accountability together – Perpetrator journeys and system roles and responsibilities*, RMIT University. 2019.

¹⁸ Australia’s National Research Organisation for Women’s Safety. *Interventions for perpetrators of domestic, family and sexual violence in Australia*. ANROWS. 02/2021.

¹⁹ Services and community responders can enable further harm rather than accountability if they collude with the perpetrator’s violence-supporting narratives and systems abuse tactics, and take a judgemental, victim-blaming and ill-informed approach towards victims and survivors.

²⁰ Day, A., Vlasis, R., Chung, D., & Green, D. 2019, *ibid.*; Vlasis, R., Ridley, S., Green, D., & Chung, D. *Family and domestic violence perpetrator programs: Issues paper of current and emerging trends, developments and expectations*. Stopping Family Violence. 2017.

About the NT MBCPs

At the time of the evaluation, there were two community-based MBCPs operating in the NT: CatholicCare NT's Perpetrator Intervention Service operating in Darwin and Wadeye, and Tangentyere Council's Marra'ka Mbarintja MBCP operating in Alice Springs.²¹ The two MBCPs, as they were operating at that time, are summarised in Table 1.

Table 1: NT MBCP descriptions

Marra'ka Mbarintja (Tangentyere Council) MBCP	CatholicCare NT MBCP
Originally established as part of the Alice Springs Integrated Response to Family and Domestic Violence,²² Marra'ka Mbarintja began operating in late 2014.²³ Since its inception, the MBCP has been delivered by a consortium comprised of Tangentyere Council, Women's Safety Services of Central Australia (WoSSCA), and Jesuit Social Services ("the consortium").²⁴ Tangentyere Council leads the consortium, working directly with men, while WoSSCA provides the women's safety support component, working with the (ex)partners of MBCP participants through specialised women's safety workers. Jesuit Social Services supports the data collection and reporting for the program. The MBCP operates primarily as a 16-session weekly group-work program for adult men who have used intimate partner violence against their current or former partner/s and are either mandated or choose voluntarily to attend. The group-work component is delivered primarily at the Tangentyere Council premises in Alice Springs.²⁵ Two-hour sessions are delivered by mixed-gendered facilitators. The program is underpinned by 10 theoretical perspectives and principles, including anti-oppressive practice, strengths-based practice, trauma-informed practice, and intersectional feminist theory. There is rolling entry to the program. The program also has a dedicated men's outreach worker who supports participants during the program.²⁶ A Men's Outreach, Assessment and Referral Service (MOARS) worker is also attached to the program to provide assessment, support and referral to men who are defendants in intimate partner violence matters at the Alice Springs Local Courts' Specialist Approach to Domestic and Family Violence.	CatholicCare NT's Perpetrator Intervention Service, known as the CatholicCare NT Men's Behaviour Change Program, was established in Darwin in January 2019, with funding from DCF. The CatholicCare NT MBCP is delivered in partnership with Dawn House Women's Shelter, a specialist DFV service. CatholicCare NT and Dawn House Women's Shelter work together to provide the women's safety support component of the program through a specialised women's safety worker role. This component works with the (ex)partner/s of the men participating in the program in Darwin.²⁷ The MBCP runs primarily as a 24-session weekly group-work program for adult men who have used DFV. Groups are delivered by mixed-gendered facilitators during both working and after hours at the CatholicCare NT premises. The 90-minute sessions are delivered across six modules, guided by an acceptance and commitment therapy-based approach.²⁸ Participants can attend voluntarily or be mandated to attend, with rolling entry into the program. CatholicCare NT originally established the program in Darwin. However, since 2021 the MBCP has also been delivered via outreach (fly-in-fly-out) – in a slightly modified format – to the remote Aboriginal community of Wadeye, 420 km south-west of Darwin.²⁹

²¹ NT Correctional Services also run some prison-based offender programs for users of DFV, including the Recognising Anger & Gaining Empowerment (RAGE), program developed for Aboriginal people who have engaged in DFV.

²² Putt, J., Holder, R., & Shaw, G. *Alice Springs Integrated Response to Family and Domestic Violence project: Final evaluation report*. Northern Territory Government. 2018. <https://tfhc.nt.gov.au/publications-and-policies/domestic-violence/alice-springs-integrated-response-to-family-and-domestic-violence-project>

²³ The program was retendered and commenced in its current form from 1 July 2018 following the release of the Northern Territory Government's Domestic, Family and Sexual Violence Reduction Framework 2018–2028.

²⁴ Note: Formerly Alice Springs Women's Shelter (ASWS).

²⁵ With the exception of a prison-based group which has, for periods of time, been delivered by the program at the Alice Springs Reintegration Facility.

²⁶ This outreach worker role is not funded by NT DCF.

²⁷ Note: Women's safety support was not in place in the Wadeye component of the program at the time of the evaluation, but is understood to be a part of the program's expansion in 2024.

²⁸ Note: The CatholicCare NT MBCP uses the Achieving Change Through Values-Based Behaviour program, or ACTV approach, to guide the group work component of the program. For more information, see for example: Zarling, A., Bannon, S., Berta, M., & Russell, D. *Acceptance and Commitment Therapy for Individuals Convicted of Domestic Violence: 5-Year Follow-Up and Time to Reoffense*. Psychology of Violence. 2020. 10(6). DOI:10.1037/vio0000292.

²⁹ Note: CatholicCare NT previously trialled delivering outreach to the Tiwi Islands and supported a community group in Berrimah specifically for Mission Australia's Residential Rehabilitation Program (MARRTS/Stringybark). These latter activities are not in scope for this evaluation. Note: The CatholicCare NT MBCP is understood to be operating the Wadeye program as a place-based program under its expanded program in 2024.

3. Contexts of the NT MBCPs

A key component of the process evaluations was understanding the different operating contexts for each MBCP. Understanding the operating context is important because MBCPs do not operate in isolation; they can be enhanced or undermined by the broader environment in which they are delivered. In this way, community and service-system contexts can – to a greater or lesser extent – act as enablers or barriers to effective MBCP implementation.

Overview of domestic, family and sexual violence in the NT

Rates of domestic and family violence in the NT

The NT arguably faces the greatest challenge of all Australian jurisdictions in addressing domestic and family violence. The rates of DFV in the NT are far higher than any other jurisdiction in the country, with particularly severe consequences for victims and survivors. In 2023, rates of DFV-related assault were almost 6 times that of all other jurisdictions where data is recorded, and 3.5 times the national average.³⁰ The rate of DFV-related homicide was 4 times that of all other jurisdictions, and 3 times the national average.³¹ 2 in 3 (67%) assaults recorded in the NT were related to DFV and over half (55%) of homicides recorded in the NT were DFV related in 2023.³² The disproportionately high rates of DFV-related assault in the NT comparative to other jurisdictions has remained true over time.³³ The highest number of victims of sexual assault in the NT over the time recorded was in 2023, with a quarter of these DFV related.³⁴

While DFV affects people across population groups in the NT, Aboriginal women are disproportionately affected, being over 8 times more likely to be assaulted than non-Indigenous women or men. Aboriginal women in the NT

are killed by intimate partners at almost 13 times the rate of non-Indigenous women and men. Over the 20-year period between 2000 and 2021, 70 per cent of intimate partner perpetrated assault deaths in the NT were perpetrated against Aboriginal women.³⁵ While publicly available data on who perpetrates DFV in the NT is limited, in line with national data, we know that men are the predominate perpetrators.³⁶ It is important to emphasise that while DFV is experienced mostly by Aboriginal women in the NT, DFV is perpetrated by both Indigenous and non-Indigenous men.³⁷

Aboriginal experiences of domestic and family violence

Aboriginal experiences of DFV in Australia are impacted by ongoing colonialism and racism, alongside factors related to gender inequality. These legacies manifest in the form of stigmatisation, discrimination, disruption to community life, dispossession and intergenerational trauma for Aboriginal communities.³⁸ The consequences of this are that, across Australia, Aboriginal women, children and families suffer disproportionate levels of violence, harm and trauma.³⁹ However, the full extent of violence against Aboriginal women is likely

³⁰ DFV-related assault rate (per 100,000) 2023. Australian Bureau of Statistics. *Recorded Crime - Victims* [Internet]. Recorded Crime - Victims. Australian Bureau of Statistics, <https://www.abs.gov.au/statistics/people/crime-and-justice/recorded-crime-victims/latest-release> (2024). (The latest data available from the ABS Recorded Victims dataset is from 2023 – released June 2024).

³¹ Homicide and related offence rate (per 100,000) 2023. Recorded Crime - Victims. Australian Bureau of Statistics, <https://www.abs.gov.au/statistics/people/crime-and-justice/recorded-crime-victims/latest-release> (2024). (The latest data available from the ABS Recorded Victims dataset is from 2023 – released June 2024).

³² Ibid.

³³ Brown, C., & Leung, L. *Evidence Snapshot: what we know about domestic, family, and sexual violence in the Northern Territory – and what we don't*. The Equality Institute. 2023.

³⁴ Recorded Crime - Victims. Australian Bureau of Statistics, <https://www.abs.gov.au/statistics/people/crime-and-justice/recorded-crime-victims/latest-release> (2024). (The latest data available from the ABS Recorded Victims dataset is from 2023 – released June 2024); These figures are based on police data. There are a number of limitations to administrative data like this, particularly in capturing experiences of Aboriginal and Torres Strait Islander people that people may not wish to report to formal services.

³⁵ Brown, C., and Leung, L. *Evidence Snapshot: what we know about domestic, family, and sexual violence in the Northern Territory – and what we don't*. The Equality Institute. 2023.

³⁶ Ibid.; Flood, M., Brown, C., Dembele, L., & Mills, K. *Who uses domestic, family, and sexual violence, how, and why? The State of Knowledge Report on Violence Perpetration*. Queensland University of Technology. 2022.

³⁷ Northern Territory Government. *Domestic, Family and Sexual Violence Action Plan 2: Taking Stock, Evaluating and Reviewing, and Building on What Works: 2022-2025*. Northern Territory Government. 2022.

³⁸ Atkinson, J., *Trauma Trails, Recreating Song Lines: The Transgenerational Effects of Trauma in Indigenous Australia*. Spinifex Press. 2002; Commonwealth of Australia. *Aboriginal and Torres Strait Islander Action Plan to End Violence against Women and Children*. Commonwealth of Australia. 2023. <https://www.dss.gov.au/national-plan-end-gender-based-violence/resource/aboriginal-and-torres-strait-islander-action-plan-2023-2025>

³⁹ Cripps, K., & McGlade, H. Indigenous family violence and sexual abuse: Considering pathways forward. *Journal of Family Studies*. 2008;14:240-253. doi:10.5172/jfs.327.14.2-3.240; Our Watch. *Changing the picture, Background paper: Understanding violence against Aboriginal and Torres Strait Islander women*, Our Watch. 2018. accessed 17 January 2023; Commonwealth of Australia. *Aboriginal and Torres Strait Islander Action Plan to End Violence against Women and Children*. Commonwealth of Australia. 2023. <https://www.dss.gov.au/national-plan-end-gender-based-violence/resource/aboriginal-and-torres-strait-islander-action-plan-2023-2025>

underreported.⁴⁰ Aboriginal women face significant barriers to reporting DFV, including fear of racism and a mistrust of formal services, often arising from previous negative experiences and government policies and practices that directly target Aboriginal relationships and families, including child removal.⁴¹

A recent literature review into murdered, missing and incarcerated Indigenous women highlights that “the ongoing impacts of colonisation on Indigenous women are best understood through a framework of human rights violations and genocide”.⁴² While the experiences of Aboriginal women across Australia have been found to have overlapping similarities, they also manifest contingent differences, shaped by the particular pattern of colonisation in different locations.⁴³ In the NT, the ongoing effects of the NT Emergency Response in 2007 (the Intervention) play a significant role in the lives of Aboriginal people, with a number of Intervention measures directly targeting and undermining the cultural integrity, authority and self-determination of Aboriginal people and communities in the NT.⁴⁴

The effects of these interventions are reflected in systemic social, economic, health and wellbeing issues which intersect with gendered drivers to contribute to the high rates of DFV in these communities and exacerbate its impacts. For example, Aboriginal people are significantly over-represented in the NT criminal-legal system and in DFV incident reports.⁴⁵ Aboriginal people also account for 88 per cent of all prisoners in the NT in 2023, despite being (approximately)⁴⁶ 31 per cent of the population,⁴⁷ with a high proportion of prisoners held for DFV-related offences.⁴⁸

As a result of this over-representation, there is a common misconception that DFV is only an Aboriginal problem in the NT. While it is critical to highlight the disproportional impact of DFV on Aboriginal women and children, this focus tends to overshadow the fact that in the NT, violence is experienced and used by and against non-Indigenous people as well.⁴⁹ Indeed, the DFV experiences of non-Indigenous people in the NT are often overlooked and the service landscape limited in its ability to respond to some of these cohorts, such as people from CALD backgrounds.⁵⁰

Contextual realities in the NT

The experiences and use of DFV in the NT are compounded by contextual realities that make addressing this violence particularly complex. Factors such as the vast remoteness and distance between communities, poor infrastructure, limited resources available to prevent and respond to DFV, a “stretched” service system under immense pressure and substantial workforce challenges,⁵¹ including in recruiting and retaining specialist workers, all contribute to particularly challenging environments for organisations working to address DFV.⁵²

In addition, many women, men and families in the NT experience a range of structural and intersectional disadvantages that exacerbate the use and impacts of

DFV for individuals, families and communities directly affected by it. This is particularly true for Aboriginal people in the NT, who make up a significantly higher proportion of the population, relative to its total population size than anywhere else in Australia.⁵³ For the reasons outlined above, alongside structural and system racism, Aboriginal communities in the NT are also disproportionately affected by factors such as poverty, homelessness, inadequate housing,⁵⁴ housing insecurity and overcrowding, physical and mental health issues, alcohol and drug use, high rates of unemployment, and socio-economic disadvantage.⁵⁵

⁴⁰ Olsen, A., & Lovett, R. *Existing knowledge, practice and responses to violence against women in Australian Indigenous communities: State of knowledge paper*. ANROWS. 2016.
⁴¹ Ibid.; Australian Bureau of Statistics. *Aboriginal and Torres Strait Islander women's experiences of family and domestic violence*. Australian Bureau of Statistics, [https://www.abs.gov.au/ausstats/abs@nsf/Lookup/by%20Subject/4714.0-2014-15-Feature%20Article-Aboriginal%20and%20Torres%20Strait%20Islander%20women's%20experiences%20of%20family%20and%20domestic%20violence%20\(Feature%20Article\)-10100](https://www.abs.gov.au/ausstats/abs@nsf/Lookup/by%20Subject/4714.0-2014-15-Feature%20Article-Aboriginal%20and%20Torres%20Strait%20Islander%20women's%20experiences%20of%20family%20and%20domestic%20violence%20(Feature%20Article)-10100) (2019, accessed January 17, 2022); Langton, M., Smith, K., Eastman, T., O'Neill, L., Cheesman, E., & Rose, M. *Improving family violence legal and support services for Aboriginal and Torres Strait Islander women*. ANROWS. 2020.

⁴² Bevan, C., Lloyd, J., & McGlade, H. *Missing, murdered and incarcerated Indigenous women in Australia: A literature review*. ANROWS. 2024.

⁴³ Blagg, H., Williams, E., Cummings, E., Hovane, V., Torres, M., & Woodley, K. N. *Innovative models in addressing violence against Indigenous women: Final report*. ANROWS. 2018.
⁴⁴ Vivian, A. *Some Human Rights are Worth More Than others: The Northern Territory Intervention and the Alice Springs Town Camps*. *Alternative Law Journal*. 2010;35(1)13-17.
<https://doi.org/10.1177/1037969X1003500103>

⁴⁵ Aboriginal people accounted for 88 per cent of the DFV-related assault victim survivors in the Northern Territory in 2021, and 79 per cent of these were women. Prisoners in Australia, 2024. Australian Bureau of Statistics, <https://www.abs.gov.au/statistics/people/crime-and-justice/prisoners-australia/latest-release> (2024).

⁴⁶ The actual proportion of Aboriginal and Torres Strait Islander people are likely to be undercounted in the census. For example, research has demonstrated significant undercounting of Town Camp residents around Alice Springs. See: Foster, D., Mitchell, J., Ulrik, J., & Williams, R. *Population and mobility in the Town Camps of Alice Springs: A report prepared by Tangentyere Council Research Unit, Desert Knowledge Cooperative Research Centre, Report No. 9*. Desert Knowledge CRC. 2005.

⁴⁷ Aboriginal people accounted for 88 per cent of the DFV-related assault victim survivors in the Northern Territory in 2021, and 79 per cent of these were women. Prisoners in Australia, 2024. Australian Bureau of Statistics, <https://www.abs.gov.au/statistics/people/crime-and-justice/prisoners-australia/latest-release> (2024).

⁴⁸ 63 per cent of prisoners are held for DFV-related offences (time period unknown). Source: Northern Territory Government. Department of the Attorney-General and Justice. *Review of Legislation and the Justice Response to Domestic and Family Violence in the Northern Territory: Proposals for consultation*. 22 August 2022.

⁴⁹ Our Watch, *Challenging misconceptions about violence against Aboriginal and Torres Strait Islander women*, Our Watch website, n.d., accessed 26 May 2023.

⁵⁰ Northern Territory Government. *Mapping of current investment and activity to prevent and respond to domestic, family and sexual violence in the Northern Territory*. Northern Territory Government. 2023. <https://tfhc.nt.gov.au/domestic-family-and-sexual-violence-reduction/domestic-and-family-violence-reduction-strategy>

⁵¹ Northern Territory Government. *Mapping of current investment and activity to prevent and respond to domestic, family and sexual violence in the Northern Territory*. Northern Territory Government. 2023. <https://tfhc.nt.gov.au/domestic-family-and-sexual-violence-reduction/domestic-and-family-violence-reduction-strategy>.

⁵² Northern Territory Government. *Northern Territory Domestic, Family and Sexual Violence Workforce and Sector Development Plan: Background Paper*. Northern Territory Government. 2020. <https://tfhc.nt.gov.au/domestic-family-and-sexual-violence-reduction/domestic-family-and-sexual-violence-workforce-and-sector-development>

⁵³ Estimates of Aboriginal and Torres Strait Islander Australians. Australian Bureau of Statistics, <https://www.abs.gov.au/statistics/people/aboriginal-and-torres-strait-islander-peoples/estimates-aboriginal-and-torres-strait-islander-australians/30-june-2021> (2021). Accessed June 2021.

⁵⁴ The rate of Specialist Homelessness Services clients who have experienced DFV is more than 4 times higher in the NT than nationally. The NT homelessness rate is 12 times the national average, and 89 per cent of people experiencing homelessness in the NT are Aboriginal. The total unmet demand for housing in the NT is estimated at 10,000 dwellings across urban and remote locations. Northern Territory Government. *Mapping of current investment and activity to prevent and respond to domestic, family and sexual violence in the Northern Territory*. Northern Territory Government. 2023. <https://tfhc.nt.gov.au/domestic-family-and-sexual-violence-reduction/domestic-and-family-violence-reduction-strategy>

⁵⁵ Corbo, M., Brown, C. *Central Australian Minimum Standards for Men's Behaviour Change Programs*. Tangentyere Family Violence Prevention Program. 2020.

Heightened focus on DFV during the evaluations

During the evaluation period in 2023 and 2024, there was significant community, media and policy attention on the problem of DFV in NT. This was no more evident than through the inquiry into the deaths of four Aboriginal women at the hands of their partners: Miss Yunupingu, Ngeygo Ragurrrk, Kumarn Rubuntja and Kumanjayi Haywood. This is understood to be the largest and longest-running coronial inquest into women killed by their intimate male partners in Australia.⁵⁶ The inquest examined systemic issues and failures relating to the deaths of these women and placed an increased focus on the role and failures of government and key system agencies such as police and child protection in their deaths. The hearings revealed the immense scale of the problem of DFV in the NT, and the severe inadequacy of funding and resources for essential services to respond and address it.⁵⁷ The findings of the inquiry were released in November 2024 and made 35 recommendations including a call for significant funding increases and improved whole-of-government coordination to address the relentless “plague of domestic violence homicides” in the NT.⁵⁸

NT Government response to domestic, family and sexual violence

The NT Government’s current commitments to working towards ending DFV are outlined in the Northern Territory’s Domestic, Family and Sexual Violence Reduction Framework 2018–2028: Safe, Respected and Free from Violence; and Domestic, Family and Sexual Violence Action Plan 2: Taking Stock, Evaluating and Reviewing, and Building on What Works: 2022–2025 (“Action Plan 2”), which highlight the important role of MBCPs in contributing to efforts to end DFV in the NT. Since the establishment of the first MBCP in 2014, with advocacy from the specialist sector, a number of necessary reforms have been introduced to improve responses to users of DFV in the NT.⁵⁹ Action Plan 2 outlines some of these key system-level reforms, including:

- the establishment of the Family Safety Framework in Alice Springs in 2012, to provide an action-based integrated service response to victims and survivors who are at high risk of serious injury or death, and its expansion to Darwin, Tennant Creek, Katherine, Nhulunbuy and Yuendumu in 2015⁶⁰
- the creation of the DFV Information Sharing Scheme in 2019⁶¹
- the commencement of the Special Domestic Violence Court in Alice Springs in 2020⁶²
- the release of the DFV Risk Assessment and Management Framework (RAMF) in 2021, including the Common Risk Assessment Tool (CRAT),⁶³ to introduce a consistent and evidence-informed approach to identify, assess, respond to and manage DFV risk in the NT.

These form part of the DFV service system within which the NT MBCPs operate. At the same time, recent inquiries and reviews have identified that significant ongoing work is required to improve and evolve the DFV system infrastructure. At the commencement of the evaluations in May 2023, the DFSV Inter-Agency Coordination and Reform Office (DFSV-ICRO) wrapped its year-long review into coordination of DFSV activity across the NT, presenting a number of further key reform proposals.⁶⁴ During the evaluation period, some key actions were implemented including the MBCPs receiving five-year funding extensions with increased funding, and the announcement of the development of a regional pilot MBCP in Katherine.⁶⁵ In anticipation of the repeal of mandatory sentencing for some DFV offences in March 2024, the NT Government also completed a co-design process to develop the NT Minimum Standards and Application Process for Declared DFV Rehabilitation Programs which define the minimum practice standards required for community-based MBCPs to be declared as a DFV Rehabilitation Program under the Domestic and Family Violence Act 2007 (NT). However, the commitments outlined in Action Plan 2, and those proposed by DFSV-ICRO remain severely underfunded. Indeed, the recent coronial inquest identified significant funding increases are required to fully implement Action Plan 2 as developed and costed by the DFSV-ICRO.⁶⁶

⁵⁶ Inquests into the deaths of Miss Yunupingu, Ngeygo Ragurrrk, Kumarn Rubuntja and Kumanjayi Haywood [2024] NTLC 14. https://justice.nt.gov.au/_data/assets/pdf_file/0010/1463707/74c7ad06daceae11bd2c0534cdc274fe6e61b06e.pdf

⁵⁷ Brown, C. ‘It cannot be normal that men hurt us women’: What we can learn from the inquest into four Aboriginal women’s deaths in the NT. The Conversation, 2023.

⁵⁸ Inquests into the deaths of Miss Yunupingu, Ngeygo Ragurrrk, Kumarn Rubuntja and Kumanjayi Haywood [2024] NTLC 14. https://justice.nt.gov.au/_data/assets/pdf_file/0010/1463707/74c7ad06daceae11bd2c0534cdc274fe6e61b06e.pdf

⁵⁹ Northern Territory Government. Domestic, Family and Sexual Violence Action Plan 2: Taking Stock, Evaluating and Reviewing, and Building on What Works: 2022–2025. Northern Territory Government. 2022.

⁶⁰ The Family Safety Framework is led by NT Police in partnership with other front-line government and non-government agencies, including DCF, Correctional Services, NT Health, Women’s Shelters and health and AOD services.

⁶¹ The DFV Information Sharing Scheme commenced in 2019 and aims to remove barriers to enable Information Sharing Entities (ISEs) prescribed under the DFV Act, to share relevant information if it is necessary to assess, lessen or prevent a serious threat to a person’s life, health, safety or welfare because of DFV.

⁶² This provides a legal mechanism to require men to participate in an MBCP and includes an accountability mechanism that involves men returning to Court regularly to report upon the status of their rehabilitation while attending the Tangentyere MBCP.

⁶³ Northern Territory Government. *Domestic and family violence risk assessment and management*. Northern Territory Government. 2019. https://tfhc.nt.gov.au/domestic-family-and-sexual-violence-reduction/ramf?SQ_VARIATION_940869=0

⁶⁴ Northern Territory Government. *Domestic, Family and Sexual Violence Action Plan 2: Taking Stock, Evaluating and Reviewing, and Building on What Works: 2022–2025 - Detailed deliverables under Action Plan 2*. Northern Territory Government. 2023. https://tfhc.nt.gov.au/_data/assets/pdf_file/0004/1278436/action-plan-2-detailed-deliverables.pdf; [Mapping of current investment and activity to prevent and respond to domestic, family and sexual violence in the Northern Territory](https://tfhc.nt.gov.au/_data/assets/pdf_file/0004/1278436/action-plan-2-detailed-deliverables.pdf)

⁶⁵ Northern Territory Government. Men’s behaviour change programs. *Department of Children and Families*, <https://families.nt.gov.au/domestic-family-and-sexual-violence/mens-behaviour-change-programs> (2024).

⁶⁶ Inquests into the deaths of Miss Yunupingu, Ngeygo Ragurrrk, Kumarn Rubuntja and Kumanjayi Haywood [2024] NTLC 14. Available from: https://justice.nt.gov.au/_data/assets/pdf_file/0010/1463707/74c7ad06daceae11bd2c0534cdc274fe6e61b06e.pdf

4. Findings: Contexts

Community and service-system contexts of the NT MBCPs

Through a review of program documents, literature and consultation with a range of stakeholders across the service system in Darwin, Wadeye and Alice Springs, the two evaluations found that both NT MBCPs are operating within unique and challenging system contexts, characterised by the main elements summarised in Figure 3.

Figure 3: Summary of key evaluation findings on contexts of the NT MBCPs



⁶⁷ Northern Territory Government. *Action Plan 2: Taking stock, Evaluating and Reviewing, and Building on What Works (2022-2025)*. Northern Territory Government. 2023. <https://tfhc.nt.gov.au/domestic-family-and-sexual-violence-reduction/domestic-and-family-violence-reduction-strategy>

5. Findings: Areas of quality practice in the NT MBCPs

As outlined earlier, the process evaluations identified findings regarding the implementation of quality practice by the NT MBCPs. While each program demonstrated unique practice strengths, this paper does not cover all findings related to quality practice. Instead, this section highlights five key areas where strong examples of quality practice were demonstrated across both evaluations. Other areas of quality practice were identified but are detailed in the individual evaluation reports.

These five key areas align with the themes (see Figure 2) of the quality practice elements outlined in Table 2.

Five key evaluation findings related to quality practice are discussed below. The discussion under each finding includes:

- a description of what “good” looks like according to the *Quality Practice Elements for Men’s Behaviour Change Programs (MBCPs) in the Northern Territory* and other relevant literature
- an explanation of how the MBCPs demonstrated quality practice in that area
- a summary of key recommendations for improving the relevant area of practice.

Table 2: Areas of quality practice from evaluation findings, aligned to QPE themes

Areas of quality practice from evaluation findings	QPE theme
✓ The prioritisation of women’s safety support	 Women’s and children’s safety support (theme 4)
✓ Working as part of a perpetrator intervention system	 Integrated governance and practice (theme 2)
✓ Ability to provide flexible responses to risk	 Risk assessment, analysis and management (theme 3)
	 Tailoring MBCP work (theme 7)
✓ Working towards cultural safety for Aboriginal communities	 Program design, aims and objectives (theme 1)
✓ A commitment to continuous learning	 Monitoring and program review (theme 9)

Quality practice finding 1:

The prioritisation of women's safety support



QPE theme: Women's and children's safety support (theme 4)

Relevant quality practice element: QPE 20: There is close collaboration and trust between the women's and children's safety workers and men's workers, and between MBCPs and specialist women's DFV service providers.

What does "good" look like?

Women's safety support is undoubtedly a vital component of MBCPs. For victims and survivors, it provides direct support at a time of heightened risk to their safety and enables victims and survivors to have access to information about their (ex) partner's engagement in the MBCP.⁶⁸ The women's safety component also provides MBCP workers with key insights into MBCP participants' engagement in behaviour change through direct reports from victims and survivors. This plays an important role in the collaborative risk assessment and management of DFV users engaged in MBCPs.⁶⁹

Crucially, women's safety support can contribute to important positive outcomes that matter to victims and survivors, such as expanded "space for action",⁷⁰ independent of any behaviour change in the men. Despite this, women's safety support is often inaccurately seen as secondary to the work with the user of DFV.⁷¹ This requires attention from MBCPs and funders alike to ensure that women's safety support work is prioritised as much as MBCP components that are working with men, in terms of funding, status and caseloads.

Women's safety support can be provided in different ways; in some MBCPs, it is delivered by the same agency working with the men, in others, it is provided by an external agency. While there are advantages and disadvantages to each type of arrangement, where women's safety support is provided by a separate organisation (as is the case in the NT MBCPs), strong working relationships are critical to ensuring all

information about the risk posed by MBCP participants is discussed between service providers and that efforts to prioritise women's safety are coordinated.⁷²

Evaluation finding: The NT MBCPs demonstrated prioritisation of the women's safety component of the programs, with strong working relationships between the MBCP men's workers and women's safety workers.

How is this being delivered in practice?

For the Tangentyere Council MBCP, a high level of trust and collaboration between the men's workers and the WoSSCA women's safety workers has been fostered over the life of the program. The evaluation of the Tangentyere Council program found that the strong working relationship between the two service providers supports collaboration, information sharing and risk management. This was evident through, for example:

- *Program processes and structures* that enable collaboration between the service providers such as:
 - the co-location of the WoSSCA women's safety workers and Tangentyere Council men's workers
 - joint weekly risk review meetings
 - working together on recruitment of roles for the program
 - completing joint training together.

⁶⁸ Existing research points to the importance of partner contact because of potential heightened risk when a man is attending, or completes, an MBCP. See: Australia's National Research Organisation for Women's Safety. *Prioritising women's safety in Australian perpetrator interventions: Mapping the purpose and practices of partner contact*. ANROWS. 2020.

⁶⁹ Vlasis, R., Ridley, S., Green, D., & Chung, D. *Family and domestic violence perpetrator programs: Issues paper of current and emerging trends, developments and expectations*. Stopping Family Violence. 2017. <https://sfv.org.au/wp-content/uploads/2017/05/FDV-perpetrator-programs-issues-paper.pdf>; Day, A., Vlasis, R., Chung, D., & Green, D. J. *Evaluation readiness, program quality and outcomes in men's behaviour change programs*. ANROWS. 2019. <https://anrows-2019.s3.ap-southeast-2.amazonaws.com/wp-content/uploads/2019/04/29225748/Day-et-al-Evaluation-readiness-MBCPs-Research-report-01.2019.pdf>; McGinn, T., Taylor, B., McColgan, M., Lagdon, S. *Survivor Perspectives on IPV Perpetrator Interventions: A Systematic Narrative Review*. Trauma Violence Abuse. 2016;17(3):239-55. <https://doi.org/10.1177/1524838015584358>

⁷⁰ Kelly, L., & Westmarland, N. *Domestic violence perpetrator programmes: Steps towards change*. Durham University. 2015. <https://www.respect.org.uk/resources/27-domestic-violence-perpetrator-programmes-steps-towards-change-project-mirabal-final-report>

⁷¹ Smith, J., Humphreys, C., & Laming, C. The central place of women's support and partner contact in men's behaviour change programs. *Ending Men's Violence Against Women and Children: The No To Violence Journal*, Spring, 2013;7-28.; Vlasis, R., Ridley, S., Green, D., & Chung, D. *Family and domestic violence perpetrator programs: Issues paper of current and emerging trends, developments and expectations*. Stopping Family Violence. 2017. <https://sfv.org.au/wp-content/uploads/2017/05/FDV-perpetrator-programs-issues-paper.pdf>

⁷² Chung, D., Anderson, S., Green, D., & Vlasis, R. *Prioritising women's safety in Australian perpetrator interventions: The purpose and practices of partner contact*. ANROWS. 2020. <https://www.anrows.org.au/project/prioritising-womens-safety-in-australian-perpetrator-interventions-the-purpose-and-practices-of-partner-contact/>

- A shared systems focus at the leadership level of both service providers, exemplified by:
 - both organisations working collaboratively to develop the *Central Australian Minimum Standards for MBCPs*
 - Tangentyere Council MBCP leadership proactively advocating for sufficient resourcing of the WoSSCA women's safety worker role.

The CatholicCare NT MBCP evaluation found a clear commitment to collaboration and trust-building between CatholicCare NT and Dawn House. CatholicCare NT acknowledged the critical role that Dawn House plays in providing women's safety support to the program and recognised the need for additional resources to support their role. At the time of the evaluation, MBCP workers at CatholicCare NT held weekly meetings with the Dawn House women's safety worker, where both parties worked as a collective team to integrate risk-related information gathered from their respective sources. The evaluation found that the service providers maintained regular communication to discuss cases, assess the implications from the information shared, and coordinate efforts to support the (ex)partner/s and work with the men in the program.

What did the evaluations recommend?

Both the NT MBCPs had experienced periods of insufficient resourcing of their women's safety support components since their inception. At the time of the evaluations, limited capacity of the women's safety support services was impacting when this support was able to be offered to (ex)partners, and for how long. Both MBCPs also faced unique challenges in delivering this support to remote communities, which requires additional capacity and resourcing to reach and support these women. While funding has since been made available, the CatholicCare NT program in Wadeye did not have a dedicated women's safety support component at the time of the evaluation. It is important to note that, although there have been improvements in funding for the women's safety support components of the NT MBCPs, the evaluations recommended sufficient and sustained funding for women's safety support for all NT MBCPs, recognising the critical role this component plays in managing risk and enhancing the safety of women and children.

Spotlight practice finding: Bringing children into view

QPE 35: The MBCP explores the specific impacts of violence on children, and the safety and wellbeing of children is kept in view at all times.

The evaluations found that across both NT MBCPs, there are opportunities to bring children more into view. There is growing recognition in Australia that the safety and wellbeing of children and young people are often overlooked in adult-centred services such as MBCPs.⁷³ Alongside this, recent research has highlighted the specific role MBCPs can play in supporting children as victims and survivors in their own right.⁷⁴ Indeed, the QPEs use the term "women and children's safety support" to make children visible in women's safety support work, particularly in the context of quality practice. The use of this term does not mean that MBCPs are expected to work directly with children through the women's safety support component but seeks to highlight that MBCPs should consider affected children as participants in the prioritisation of women's safety support. Alongside this, MBCPs can bring children's needs and experiences into view, when safe to do so, throughout group work and individual sessions with men, allocating additional program time for fathers to explore child-focused parenting.

At the time of the evaluation, there was clear evidence that the NT MBCPs were conscious of, and committed to, increasing their focus on children through their work. However, like many MBCPs in Australia, they had limited capacity to map the impacts of MBCP participants' violent and controlling behavioural patterns on child and family functioning, and were therefore unable to draw on this understanding to shape intervention goals with fathers. While the evaluation found the NT MBCPs had some strong relationships with the child protection system, there are clear opportunities for both MBCPs to build on and strengthen existing relationships with child- and family-focused services to support an increased focus on children.

⁷³ Gillfeather-Spetere, S., & Watson, A. *In their own right: Actions to improve children and young people's safety from domestic, family and sexual violence*. ANROWS. 2024.

⁷⁴ McGowan, J., Helps, N., & Fitz-Gibbon, K. The role of perpetrator interventions in acknowledging children as victim-survivors of domestic and family violence in their own right. *Current Issues in Criminal Justice*, 2024;37(1) 1-13. <https://doi.org/10.1080/10345329.2024.2341909>

Quality practice finding 2:

Collaboration with other service-system agencies



QPE theme: Integrated governance and practice (theme 2)

Relevant quality practice element: QPE 5: The MBCP builds and strengthens collaborative relationships to support an integrated response to DFV.

What does “good” look like?

A wide range of agencies beyond MBCP providers and specialist DFV services have a role to play in detecting DFV perpetration and responding to it in ways that increase the safety of adult and child victim-survivors.⁷⁵ MBCPs should be situated within, and contribute to, coordinated multi-agency responses to users of DFV – with a range of agencies sharing the responsibility of keeping the behaviour of DFV users “within view” across the system, to promote change and enhance the safety and freedom of victims and survivors.

MBCPs can contribute to a coordinated response through, for example, information sharing with other (DFV- and non-DFV-specific) agencies – to help them understand more about a man’s behavioural patterns and impacts,⁷⁶ and to actively assist them in engaging with users of DFV.⁷⁷ MBCPs should take proactive steps to support other agencies to share responsibility for assessing, managing and monitoring the risk of users of DFV. This might include participating in local or regional DFV integrated service system forums or partnership activities. Where resourcing allows, MBCPs might extend their specialist workers to support other agencies such as child protection and AOD services, to build their knowledge and skills in identifying and responding to users of DFV, for example through mentoring engagement practices with clients in common.⁷⁸

Evaluation finding: The NT MBCPs demonstrated collaborative working relationships with a number of key agencies with responsibilities for working with DFV users. While collaboration varied across the MBCPs, both programs demonstrated particularly strong working relationships with specialist services working with victims and survivors, the local courts in Darwin and Alice Springs, and with NT Correctional Services.

How is this being delivered in practice?

The evaluation found that the Tangentyere Council MBCP understands its role as part of a collaborative perpetrator intervention system. Supported by its sector stakeholder advisory group, the MBCP has developed some key collaborations with other service-system agencies. In particular, it maintains strong collaboration through its involvement in the Alice Springs Local Court’s Specialist Approach to DFV and through its active participation in the Family Safety Framework meetings. In addition to this, the Tangentyere Council MBCP was found to be engaging in transformative, systems-building work in Central Australia through proactive efforts to improve the practice of other agencies to become more DFV-informed and effective in engaging adult users of DFV.

Examples of these system-strengthening efforts include:

- MBCP workers providing secondary consultations and assistance to child protection practitioners.⁷⁹
- Various initiatives by the MBCP to support NT Correctional Services to strengthen its focus on DFV, such as the involvement of a senior community corrections representative in weekly risk review meetings.
- Advocacy by the leadership of the MBCP to have a perpetrator intervention worker involved as a key partner in the NT Police and DFSV Specialist Co-Responder Pilot project in Alice Springs.⁸⁰
- Broader efforts by the MBCP leadership to build the capacity of police, healthcare and other workers in the NT through delivery of the “Prevent. Assist. Respond. Training” (PART) initiative.⁸¹

⁷⁵ Chung, D., Upton-Davis, K., Cordier, R., Campbell, E., Wong, T., Salter, M. ... Bissett, T. *Improved accountability: The role of perpetrator intervention systems*. ANROWS. 2020.

⁷⁶ For example, child protection, family support services, corrections, courts, police, mental health, AOD, primary health and problem gambling services

⁷⁷ Vlais, R., Ridley, S., Green, D., & Chung, D. *Family and domestic violence perpetrator programs: Issues paper of current and emerging trends, developments and expectations*. Stopping Family Violence. 2017.

⁷⁸ Australia’s National Research Organisation for Women’s Safety. *Quality practice elements for men’s behaviour change programs (MBCP) in the Northern Territory*. ANROWS. 2024.; Corbo, M., Brown, C. *Central Australian Minimum Standards for Men’s Behaviour Change Programs*. Tangentyere Family Violence Prevention Program. 2020.

⁷⁹ Secondary consultation involves practitioners sharing their knowledge, skills, connections and experience with each other in support of their patients or clients.

⁸⁰ The DFSV co-responder model will see Tangentyere Council and WoSSCA work alongside police while responding to DFV incidents in Alice Springs. This pilot was a commitment under the NT Government’s *Domestic, Family and Sexual Violence Action Plan 2 Taking stock, evaluating and reviewing, and building on what works: 2022-2025*.

⁸¹ For more information see: <https://doyourpart.com.au/>

The CatholicCare NT MBCP evaluation revealed strong working relationships with NT Correctional Services in both Darwin and Wadeye. The MBCP also maintains a presence at the Darwin Local Court, where a CatholicCare NT worker provides information and assistance to men attending the court, including preliminary assessments for entry into the MBCP. At the time of the evaluation, the CatholicCare NT program was embarking on significant program improvement, including efforts to strengthen collaborative practice.

What did the evaluations recommend?

With appropriate support, there are opportunities for the NT MBCPs to build on these examples of collaborative

practice by continuing to strengthen relationships and prioritising collaborative work. Opportunities for greater collaboration include with intensive family support services, child protection, other ACCOs, and refugee and migrant services. At the same time, the evaluations found that the NT MBCPs operate within a DFV service system still in the very early stages of building the capability of a range of workforces to engage DFV users and to implement collaborative, multi-agency strategies focused on keeping perpetrators in view. As such, the evaluations recommended continued NT Government investment in developing a whole-of-service-system response to DFV users and enhancing the capabilities of key workforces, without DFV specialisation, to share the responsibility of responding to DFV users alongside MBCPs, in ways that are appropriate to their roles.

Quality practice finding 3: Ability to provide flexible responses to risk



QPE theme: Risk assessment, analysis and management (theme 3)

Relevant quality practice element: QPE 8: The MBCP provides timely and flexible responses to risk.



QPE theme: Tailoring MBCP work (theme 7)

Relevant quality practice element: QPE 46: The MBCP tailors its response to men with complex needs who present a serious risk.

What does “good” look like?

While delivering group-based work is an important and essential aspect of an MBCP provider’s work, MBCPs have the potential to offer more than just group work.⁸² There are multiple ways in which MBCP providers might fulfil the function of reducing risk posed to victims and survivors by DFV users. Adopting a flexible response to risk means that MBCP providers tailor a response to men based on initial and ongoing risk assessment

and analysis, which includes a diverse range of service activities.⁸³ This might include for example, providing individual sessions to users of DFV to address risk in the short-term, or deploying a case-management approach that focuses on addressing a man’s complex needs as part of initial service delivery. A flexible approach to responding to risk might also include collaboration with partner agencies, such as agencies that refer individuals into the MBCP and/or agencies that receive referrals from the MBCP.

⁸² Vlasis, R., Ridley, S., Green, D., & Chung, D. *Family and domestic violence perpetrator programs: Issues paper of current and emerging trends, developments and expectations*. Stopping Family Violence. 2017; Chung, D., Upton-Davis, K., Cordier, R., Campbell, E., Wong, T., Salter, M. ... Bissett, T. *Improved accountability: The role of perpetrator intervention systems* ANROWS. 2020.

⁸³ Australia’s National Research Organisation for Women’s Safety. *Quality practice elements for men’s behaviour change programs (MBCP) in the Northern Territory*. ANROWS. 2024.; Corbo, M., Brown, C. *Central Australian Minimum Standards for Men’s Behaviour Change Programs*. Tangentyere Family Violence Prevention Program. 2020.

The ability of an MBCP to provide a flexible response is particularly important for enabling providers to offer enhanced approaches for managing serious-risk users of DFV. For example, while a provider may choose to engage a serious-risk user of DFV in the group-based program, they may alternatively need to engage them primarily through individual sessions focused on enhanced safety planning and sustaining engagement. Alternatively, a case management approach may be adopted to help stabilise the man's life, and address complex needs, supporting their ability to engage in group work.⁸⁴ Resourcing this approach is a key constraint for MBCPs, and research has shown that programs often lack the capacity to deliver essential components such as individual sessions and case management.⁸⁵

Evaluation finding: The NT MBCPs demonstrated their ability to provide tailored and flexible responses to participants, as well as to flexibly deploy their MBCP workers to offer other interventions outside of or in addition to the MBCP group work. However, in most cases, the ability of the programs to do so was limited by the availability of funding.

How is this being delivered in practice?

While not in operation at the time of the evaluation, the CatholicCare NT MBCP evaluation found that the MBCP had previously run small groups in Darwin for a subset of MBCP participants with English as second language, cognitive impairment, mental health issues, or who were overwhelmed by the standard size of the group. These groups had been used to motivate men for participation in the larger group. CatholicCare NT MBCP workers had also previously worked flexibly with men in prison, by commencing work with incoming participants prior to their release; and had delivered group sessions in Darwin specifically for men attending AOD rehabilitation facilities.

The Tangentyere Council MBCP evaluation found the program was actively delivering a number of program elements in addition to its group-work delivery. Some examples of this include:

- Community outreach, including transporting men to groups from Town Camps
- Individual engagement and a degree of case management support for participants through a Men's Outreach Worker
- Referring and resourcing men who have experienced severe, complex trauma to access individual trauma-focused therapeutic work outside of group
- Smaller group work in prisons
- An emerging and innovative peer support program.

These program elements were found to be particularly important in the NT context, given the high proportion of serious-risk users of DFV and the high number of MBCP participants with very complex needs. In particular, community outreach in the Alice Springs context was found to play a critical role in increasing engagement and trust in the MBCP among Town Camp communities, as well as in opportunistically engaging participants in change-focused conversations between group-work sessions, providing additional opportunities for progress. Some of these "additional" program components, such as the emerging peer support program were funded through non-government sources.

What did the evaluations recommend?

The evaluations recommended the MBCPs continue to prioritise program elements in addition to group work, including case management, individual sessions and community outreach.⁸⁶ There are significant opportunity costs where MBCPs are only able to respond to referrals to the MBCP that are suitable for group work. To work towards improving safety for women and children, MBCPs need the capacity to respond flexibly to users of DFV, particularly those who pose serious risk of lethality and who engage in behaviours that cause substantial harm, where these men may not (at least at the time) be suitable for group work. The evaluations also recommended the continued prioritisation of efforts to support agencies without DFV specialisation to respond to the risk that DFV users pose to victims and survivors. Funding for the MBCPs should continue to allow flexibility in how the programs respond to needs of individual participants, and should provide sufficient resources for the delivery of program elements outside of group work.

⁸⁴ Fitz-Gibbon, K., McGowan, J., Helps, N., & Ralph, B. *Engaging in change: A Victorian study of perpetrator program attrition and participant engagement in men's behaviour change programs*. Monash University. 2024. <https://doi.org/10.26180/26046856>

⁸⁵ Chung, D., Upton-Davis, K., Cordier, R., Campbell, E., Wong, T., Salter, M. ... Bissett, T. *Improved accountability: The role of perpetrator intervention systems*. ANROWS. 2020. <https://anrows-2019.s3.ap-southeast-2.amazonaws.com/wp-content/uploads/2020/06/30164900/Chung-RR-Improved-Accountability.pdf>

⁸⁶ Following the evaluation, the CatholicCare NT MBCP was funded for a dedicated outreach worker role.

Quality practice finding 4:

Working towards cultural safety for Aboriginal participants



QPE theme: Program design, aims and objectives (theme 1)

Relevant quality practice element: QPE 2: The MBCP has been developed with local and regional communities and has processes in place through which it is accountable to community.

What does “good” look like?

MBCPs should not be a “one size fits all” endeavour: it is important that these programs meet the needs of the communities they serve.⁸⁷ Like all programs working with Aboriginal men, women and families, MBCPs working in Aboriginal communities and contexts need to be informed by, and accountable to Aboriginal people.⁸⁸ To work towards cultural safety and to ensure the cultural authority of an MBCP, processes should be in place that enable community engagement in both the design and ongoing adaption of the

program. Additionally, there should be mechanisms to ensure the program remains accountable to community, including to Aboriginal women.⁸⁹ The NT MBCPs see a very high proportion of Aboriginal participants, particularly in the Alice Springs and Wadeye sites. In these contexts, a process of engagement and trust-building with local communities is particularly important.

Evaluation finding: The NT MBCPs had considered the need to ensure cultural safety for Aboriginal participants to varying extents. As an ACCO, the Tangentyere Council MBCP has established nuanced, context-specific ways in which it works towards cultural safety for Aboriginal participants in its program.

How is this being delivered in practice?

Practice example: The role of the Tangentyere Women’s Family Safety Group

A key mechanism through which the Tangentyere Council MBCP was found to establish cultural authority for its program was through the role of the Tangentyere Women’s Family Safety Group (TWFSG).

The TWFSG is made up of Aboriginal women who reside in the Town Camps of Alice Springs. It developed in response to a need identified by Town Camp residents for a voice and community action on DFV. The women’s group plays a central role in community engagement and in providing cultural authority for the MBCP.

The TWFSG informed the design of the Tangentyere Council MBCP, including the development of the Central Australian Minimum Standards for MBCPs. The MBCP is also set up

so that it can periodically consult the women’s group on issues that arise in program delivery. Ultimately, the women are community representatives who raise the profile of the MBCP in their community, help build trust in the program, and provide two-way learning, to help the MBCP to be as culturally sensitive and responsive as possible.

The TWFSG has also led community engagement work around DFV in Central Australia for almost a decade. This is an important role for the group to play in the context of the MBCP. In a context like Central Australia, community plays a significant role in the lives of MBCP participants. In this context, community engagement and DFV primary prevention efforts are important contributors to the Tangentyere Council MBCP’s ability to achieve outcomes with men. The degree to which community leaders and other community members reinforce key principles and messages delivered in the MBCP is critical in supporting men on their journeys towards behaviour change.

⁸⁷ Helps, N., Bell, C., Schulze, C., Vlais, R., Clark, O., Seamer, J., Buys, R. *The role of men’s behaviour change programs in addressing men’s use of domestic, family and sexual violence: An evidence brief*. ANROWS. 2024. [unpublished]

⁸⁸ Carlson, B., Day, M., & Farrelly, T. *What works? Exploring the literature on Aboriginal and Torres Strait Islander healing programs that respond to family violence*. ANROWS. 2021. <https://anrows-2019.s3.ap-southeast-2.amazonaws.com/wp-content/uploads/2021/06/02080839/4AP5-Calrson-et-al-Healing-Programs-Lit-Review.2.pdf>; Brown, C., & Corbo, M. *Central Australian Minimum Standards for Men’s Behaviour Change Programs*. Tangentyere Council. 2020.

https://genderinstitute.anu.edu.au/sites/default/files/docs/2020_docs/Central_Australian_Minimum_Standards_methodology_2020.pdf

⁸⁹ Australia’s National Research Organisation for Women’s Safety. *Quality practice elements for men’s behaviour change programs (MBCP) in the Northern Territory*. ANROWS. 2024; Brown, C., & Corbo, M. *Central Australian Minimum Standards for Men’s Behaviour Change Programs*. Tangentyere Council. 2020.

https://genderinstitute.anu.edu.au/sites/default/files/docs/2020_docs/Central_Australian_Minimum_Standards_methodology_2020.pdf; Gallant, D., Andrews, S., Humphreys, C., & Diemer, K. *Aboriginal Men’s Programs Tackling Violence: A Scoping Review*. *Journal of Indigenous Issues*. 2017; 20(2). 48 – 68. https://www.researchgate.net/publication/319186211_Aboriginal_Men’s_Programs_Tackling_Family_Violence_A_Scoping_Review

What did the evaluations recommend?

Culturally appropriate and community-involved approaches are required to keep at-risk Aboriginal women and children safe. The NT MBCPs should continue to work alongside community members and ACCOs to guide their work with Aboriginal men, women and children. Where such relationships are not in place, concerted and sustained efforts should be made to build and strengthen them. In doing this, there may be opportunities for stronger connections with

healing-focused social and emotional wellbeing work being undertaken with Aboriginal participants in the MBCPs. Where possible and practicable, the system should offer choices between mainstream MBCPs and specialist MBCPs for Aboriginal men, ensuring services are tailored to their unique needs. Currently, only one mainstream organisation is funded by the NT Government in the greater Darwin area to deliver a specialist MBCP. ACCOs in the Top End would benefit from funding for capacity-building activities to develop the skills and resources necessary for effective MBCP delivery.

Quality practice finding 5: Commitment to continuous learning



QPE theme : Monitoring and program review (theme 9)

Relevant quality practice element: QPE 58: The MBCP undertakes review activities to monitor program integrity and assist with continuous improvement of program quality.

What does “good” look like?

Regularly engaging in program reflection and review allows MBCPs to identify and monitor areas for continuous improvement, such as ensuring accessibility for participants from different community cohorts and circumstances, as well as tracking trends and patterns across services.⁹⁰ Continuous review and reflection can also help monitor how effectively the MBCP is applying its theoretical foundations, ensuring that the processes and elements of change upon which the program is based are implemented with integrity.⁹¹ Observation and live supervision of practice can also be an important check on program integrity.

Evaluation finding: The NT MBCPs are engaging in monitoring and program review in multiple ways and demonstrated a commitment to continuous learning and improvement.

How is this being delivered in practice?

A key example of the CatholicCare NT MBCP's commitment to continuous improvement was its proactive engagement of a specialist MBCP consultant to review the MBCP's approach and processes, as it prepared to expand under new NT Government funding. At the time of the evaluation, CatholicCare NT had also invested resources towards the organisation becoming DFV-informed across the whole agency through new roles focused on clinical governance.

Having been in operation for a longer period of time, the Tangentyere Council MBCP has a history of proactive work in

documenting and sharing learnings from its program. In 2020, in the absence of any jurisdiction-wide practice standards for MBCPs, the Tangentyere Council MBCP proactively undertook a consultative process to develop the first standards for MBCPs in the NT, the Central Australian Minimum Standards for MBCPs. The MBCP also has a specific consortium partner in Jesuit Social Services, tasked with supporting the program with ongoing data collection, reporting and reflection. The evaluation also found the Tangentyere Council MBCP has clear processes in place for observation of group work, inviting “public” review of the MBCP workers, while also providing insights into men's behaviour change work for service system stakeholders.

What did the evaluations recommend?

The evaluations found there are some opportunities to further strengthen the collection, reporting and reflection on participant data across both MBCPs. For example, disaggregated demographic data on whether participants and their (ex) partners belong to specific community cohorts (e.g. Aboriginal or CALD), is crucial for MBCPs to identify participation patterns based on socio-demographic variables and referral sources. This data allows MBCP providers to address key questions related to ongoing review and continuous improvement, such as who the MBCP is most accessible to and under what circumstances it is able to engage participants in the full range of activities. There are opportunities to improve the consistency of routine data collection across the MBCPs, including the collection of outcome data, particularly from victims and survivors through the women's safety support work.

⁹⁰ Chung, D., Upton-Davis, K., Cordier, R., Campbell, E., Wong, T., Salter, M. ... Bissett, T. *Improved accountability: The role of perpetrator intervention systems ANROWS. 2020.*; Australia's National Research Organisation for Women's Safety. *Quality practice elements for men's behaviour change programs (MBCP) in the Northern Territory.* ANROWS. 2024.

⁹¹ New South Wales Department of Attorney General and Justice. *Towards Safe Families: A practice guide for men's domestic violence behaviour change programs.* New South Wales Department of Attorney General and Justice. 2012. <https://ntv.org.au/wp-content/uploads/2020/06/mbcn-nswtowards-safe-families.pdf>

6: Findings: What helps or hinders the ability of the MBCPs to implement quality practice?

The ability of the NT MBCPs to implement quality practice is inevitably influenced, enabled or hindered by a range of factors beyond the control of an individual MBCP provider. Program contexts, in particular, can influence how and to what extent elements of quality practice can be realistically and fully implemented. The evaluations identified a number of factors that affect the ability of MBCPs in the NT to implement quality practice. Key factors found in both evaluations are summarised below in Table 3.

Table 3: Evaluation findings on enablers and barriers to implementing quality practice

Key enablers to implementing quality practice	Key barriers to implementing quality practice
At the system level - Goodwill among stakeholders in the service system to improve responses to DFV - Openness from the service system and NT Government to trialling new initiatives to improve responses to users of DFV - Increasing trust in MBCP work across the service system in the NT - Commitment within the child protection system to improve responses to DFV and emerging positive influence of Safe and Together Model training⁹² - Emerging positive influence of the RAMF and associated training - Existing DFV service-system-level infrastructure including the Family Safety Framework - The Specialist Approach to DFV in the Alice Springs local court for the Tangentyere Council program⁹³ - NT Government commitment to develop and include perpetrator-focused risk assessment tools and practice guidance in the RAMF⁹⁴ - Recent investment in the expansion of the NT MBCPs At the program level - Active organisational support for the MBCPs within program providers - Commitment of the NT MBCPs to continuous improvement and review - Strong program governance structures - Highly experienced and confident MBCP leadership - Strong relationships between the MBCP provider and women's safety support provider	At the system level - Historical underfunding of MBCP work, and ongoing funding constraints - Remoteness of communities in the NT - Universal services with limited skills in engaging users of DFV - Limited specialist DFV workforce and no local training options for the small MBCP workforce in the NT - Siloed nature of parts of the DFV service system - Concerns and hesitations from service-system agencies about information sharing laws - Over reliance on the Family Safety Framework as the sole mechanism for information sharing and multi-agency collaborative practice to respond to risk⁹⁵ - Ongoing structural and systemic racism contributing to invisibility in the system of non-Indigenous users of DFV - High proportion of serious-risk men, with complex co-occurring needs - Low proportion of referrals from non-justice system pathways to the MBCPs, including from the child protection system - Limited accommodation options for MBCP participants and their partners and families across the NT At the program level - Increasing demand and some growth of the NT MBCPs, leading to pressures to compromise some aspects of service delivery - Difficulties recruiting and retaining senior staff with the necessary skills in engaging users of DFV - Constraints within funding agreements, limiting the ability of the MBCPs to respond flexibly to risk - Insufficient funding, requiring MBCPs to cross-subsidise and manage multiple funding agreements - Infrequent collaboration with intensive family support services, ACCOs in the Top End, and other health services

⁹² In 2019, DCF commenced the five-year roll out of the Safe and Together Framework, the Signs of Safety Framework and the Signs of Success Practice Framework.

⁹³ The Local Court in Alice Springs Specialist Approach to DFV-related criminal and civil matters delivers a tailored court response. It has a number of elements that include the creation of a Specialist List in which the Court may order a defendant (if they plead guilty and are assessed as suitable) to attend the Tangentyere Council MBCP. The List has particular features designed to ensure victim and survivor safety and defendant accountability. For example, the defendant is required to return to court to appear before the judge for regular reviews of their progress in the program.

⁹⁴ NT Police, Fire & Emergency Services. Family Safety Framework. NT Police, Fire & Emergency Services, <https://pfes.nt.gov.au/police/community-safety/family-safety-framework> (2025).

⁹⁵ The Family Safety Framework is coordinated effort between key agencies, led by NT Police, that seeks to provide an action-based, integrated service response to individuals and families experiencing DFV who are facing a serious and imminent risk of injury or death.

7. Implications for funding and delivering MBCPs in the NT

The evaluations provided several recommendations for the NT Government and the NT MBCP providers to consider. Key recommendations from the two evaluations, at both the program level and system level, are summarised below.⁹⁶

Program-level recommendations

At the program level, key recommendations for each MBCP to consider in implementing quality practice include the following:

Program components, tools and processes

- **The NT MBCPs should continue to prioritise program elements in addition to group work:** The evaluations found that program elements such as individual sessions, case management support and community outreach are important adjuncts to groupwork in the NT MBCPs. This need reflects the cooccurring complex needs and high-risk, high-harm profile of many of the MBCP participants the programs work with. Individual work, case management and outreach approaches can help address barriers that make it easier for men to use DFV and that reduce their capacity to participate meaningfully in an MBCP. Community outreach can support visibility and trust in the MBCP. Where funding is sufficient and flexible, the MBCPs should continue to prioritise the use of some of their resourcing for these service responses alongside group work.
- **Acknowledging capacity constraints, the NT MBCPs should prioritise efforts to keep children in view across their work with adult users of violence and with victims and survivors:** Like many MBCPs in Australia,⁹⁷ the NT MBCPs are limited in their capacity to assess the impact of MBCP participant behaviours on child and family functioning and to support child victim and survivor needs. As such, there are opportunities for children's needs and experiences, and the needs of the family as a whole, to have a higher profile across the NT MBCPs. Key factors that could support the MBCPs to strengthen their focus on children include: increasing referrals from child protection into the MBCPs; greater collaboration with non-statutory intensive family support services; and funding for a children's advocacy worker (alongside the women's safety support worker). However, it is acknowledged that MBCPs across Australia are rarely funded to carry out this work.⁹⁸
- **The NT MBCPs should continue to prioritise women's safety support and advocate for sufficient funding to comprehensively deliver this component:** The MBCPs should continue to advocate for adequate resourcing for the women's safety support to ensure its full delivery is not restricted by funding or capacity constraints, particularly regarding when women's safety support commences, who it is provided to, and for how long. Women's safety support should be available at all MBCP sites in the NT.
- **The NT MBCPs should review and strengthen some existing tools and processes for risk assessment, analysis and management,** as identified in the process evaluations.
- **Acknowledging capacity limitations, the NT MBCPs should explore opportunities to extend support for participants and (ex)partners after program exit or completion:** While the ability of the NT MBCPs to provide further post-program support to participants and victims and survivors is closely linked to resourcing, the MBCPs should consider how post-program follow-up could be strengthened.

⁹⁶ These are summary recommendations and the full list of specific recommendations for each program are provided in the separate evaluation reports.

⁹⁷ Chung, D., Anderson, S., Green, D., & Vlasis, R. *Prioritising women's safety in Australian perpetrator interventions: The purpose and practices of partner contact*. ANROWS. 2020.

⁹⁸ Fitz-Gibbon, K., Maher, J., McCulloch, J., & Segrave, M. Understanding and responding to family violence risks to children: Evidence-based risk assessment for children and the importance of gender. *Australian & New Zealand Journal of Criminology*, 2019;52(1), 23-40. <https://doi.org/10.1177/0004865818760378>

Collaboration and system integration

- **The NT MBCPs should nurture referral pathways into the programs from outside of the criminal-legal system:** The evaluations found the NT MBCPs are collaborating well with criminal-legal system stakeholders. This is reflected in the large proportion of participants who enter the MBCP through justice-system involvement. However, there are opportunities to establish and strengthen other referral pathways to capture service-system touchpoints where men's use of DFV can be identified and potential referrals can occur. This includes other community organisations, intensive family support services and, in particular, statutory child protection.
- **The NT MBCPs should build on existing efforts to further strengthen collaboration and information sharing with other service-system agencies:** The NT MBCPs should continue to actively pursue collaboration with other agencies beyond engagement in the Family Safety Framework to develop shared analyses of risk and shared approaches towards managing risk. While there are some strong pockets of collaboration and information sharing with corrections and the courts, there are opportunities to continue to strengthen collaboration with some key stakeholders such as intensive family support services, health services (e.g. AOD and mental health) and ACCOs.
- **Where funding permits, the NT MBCPs should prioritise supporting agencies without DFV specialisation to respond to the risk that users of DFV pose to victims and survivors, in ways appropriate to their roles:** Where funding allows, the NT MBCPs should continue to devote some of their capacity to support services without DFV specialisation such as child protection, intensive family support services or AOD services to respond to the risk posed by perpetrators to adult and child victim-survivors. This could be through secondary consultations or offering to provide brief interventions with individual DFV users focused on safety planning and risk management.

Cultural safety and accessibility

- **The NT MBCPs should continue to prioritise ongoing efforts to develop and deliver culturally safe and appropriate responses for Aboriginal women, men and families:** Providing DFV programs for Aboriginal women, men and families requires ongoing effort and continuous improvement to ensure the program is culturally safe. There is a need for MBCPs to adopt nuanced, context-specific approaches to cultural safety – noting this can look different in different contexts. For the NT MBCPs, there are opportunities to build on existing collaborations with (other) ACCOs and to explore opportunities for stronger connections with healing-focused social and emotional wellbeing work.
- **The NT MBCPs should work towards improving program accessibility and safety, including for people from LGBTQIASB+ and CALD communities:** Establishing or strengthening relationships with key migrant and refugee and LGBTQIASB+ services could support efforts by the MBCPs to improve their response to participants and victims and survivors from these cohorts.

Continuous learning and improvement

- **The NT MBCPs should consider how to improve the collection and reporting of some program monitoring data:** Where not already in place, the programs should commence capturing and reporting on client demographics, to enable disaggregated analyses as part of review and continuous learning processes.
- **The NT MBCPs should make use of the *Quality Practice Elements for Men's Behaviour Change Programs (MBCPs) in the Northern Territory* for continuous improvement purposes.**

System-level recommendations

At the system level, recommendations across both evaluations for funders and governments to support the MBCPs to achieve quality practice include:

Investment and support for the NT MBCPs

- **The NT Government should continue to acknowledge and invest in the work of MBCPs in the NT:** In a context where the problem of DFV is widespread and severe, and there are multiple challenges to addressing it, the work of MBCPs in the NT must continue to be supported. Ongoing investment by the NT Government in these programs should continue as a priority. MBCPs have a crucial role to play within the broader

DFV service system in the NT in working towards improved outcomes for adult and child victim-survivors, behaviour change, accountability, increased visibility and risk management of users of DFV.

- **The NT Government should ensure MBCPs receive adequate and flexible funding to support a range of delivery approaches beyond group work, so that MBCP providers do not have to source additional funding for these activities:** While delivering a group-based program is a critical aspect of an MBCP, the NT MBCPs should have sufficient funding to provide alternative or additional activities beyond group work, where appropriate. The NT MBCPs should be supported by the NT Government to provide a more flexible response to men referred to the programs that

considers the best response for each case. In some cases, the most effective approach towards addressing risk could involve offering individual sessions, or a case management approach. The ability of the NT MBCPs to provide flexible responses, beyond group work, needs to be valued and adequately resourced. Existing and future funding arrangements should be careful not to restrict the ability of MBCPs to deliver these components.

- **In recognition of the central role of women's safety support, the NT Government should ensure this is resourced appropriately:** The women's safety worker role is a crucial component of the NT MBCPs. This work needs to be sufficiently resourced, in all locations where the MBCPs are working with men. The full-time equivalent allocation for the women's safety support worker(s) must be in equal proportion to the allocation for men's workers. Women's safety support providers should not have to source multiple funders to achieve this. Women's safety support provision in remote contexts requires even greater resourcing to overcome accessibility barriers through outreach and this should be reflected in funding arrangements. While it is understood that funding for the women's safety support component of the MBCPs has since been increased by the NT Government, ongoing attention to sufficient resourcing of this work is critical.

Workforce development

- **The NT Government should invest in building workforce capability across the system to enable more perpetrator-focused multi-agency collaborative work:** Effective MBCP delivery is affected by the surrounding service system. It is difficult for any MBCP provider to work towards behaviour change outcomes with men if the service system around them is not DFV-competent. Key partner agencies – police, courts, corrections, legal services, child protection, family support services, health services (particularly AOD and mental health), housing services and ACCOs – need to be supported to build capabilities in responding to people who cause DFV harm, in ways that are appropriate to their role. To achieve this, the NT Government should invest in improving the capabilities of a range of workforces in the NT through training, to support the non-DFV-specialist workforce to engage in safe, non-collusive and accountable conversations with men who use DFV.
- **The NT Government should fund specialised perpetrator services to support other agencies such as child protection, intensive family support services or AOD services to engage with users of DFV, in ways appropriate to their roles:** The NT Government should continue and expand support for the MBCP providers to flexibly deploy their perpetrator intervention

expertise, through means other than MBCP delivery. The evaluations found some examples of this already occurring, particularly in Central Australia. Supporting services and workforces without DFV specialisation to engage users of violence and manage risk is an emerging direction for MBCP providers. Rather than wait for men who use DFV to be referred into programs, there are opportunities for the NT MBCP providers to engage in a degree of proactive outreach at earlier points where risk is evident and to help co-responders, such as child protection practitioners and intensive family support services, manage risk. Opportunities also exist to fund specialist MBCP providers to engage with adult users of DFV in custodial settings.

- **The NT Government should support the continued development of the specialist perpetrator intervention workforce.** This may include funding and supporting MBCP practitioners to obtain qualifications that provide foundational training for their work.

Risk framework and information sharing

- **The NT Government should support the DFV sector to continue to build a shared understanding and trust around information sharing across the service system:** The evaluations found a degree of mistrust and misunderstanding among services towards the DFV Information Sharing Scheme. The NT Government should make concerted efforts to improve understanding across the DFV service system of the purposes and benefits of becoming Information Sharing Entities.
- **The NT Government should progress its work to develop jurisdiction-wide perpetrator-focused risk assessment management tools and guidance,** under the NT Government DFV Risk Assessment and Management Framework (RAMF) expansion.⁹⁹

Community-wide efforts

- **The NT Government should expand DFV community engagement and primary prevention efforts across the NT:** The communities from which men come, and to which they return after participating in an MBCP, play an important role in their lives. In the NT context where men are exposed to multiple sources of collusion and where there is still much shame involved in speaking up about DFV, primary prevention efforts are critical. While there are existing primary prevention efforts across the NT, including initiatives being delivered by Tangentyere Council and CatholicCare NT, ongoing investment in community outreach and community-led primary prevention work across the NT to operate alongside the MBCPs is crucial.

⁹⁹ See action 4.1c in Action Plan 2. Available from: https://tfhc.nt.gov.au/_data/assets/pdf_file/0006/1271499/domestic-family-sexual-violence-reduction-action-plan-2.pdf

Cultural safety and accessibility

- **The NT Government should invest in the capacity and capability of ACCOs in Darwin to deliver MBCPs:** Culturally appropriate and community-involved approaches are required to keep at-risk Aboriginal women and children safe. Where possible and practicable, the system should offer choices between mainstream MBCPs and specialist MBCPs for Aboriginal men, ensuring services are tailored to their unique needs. At the time of the evaluation, only one mainstream provider was funded by the NT Government in the greater Darwin area to deliver a specialist MBCP. The NT Government should fund ACCOs to undertake capacity-building activities to develop the capabilities required to deliver MBCPs effectively. At the same time, while MBCPs are not healing programs, further consideration is needed across the service system to understand the ways in which MBCPs and DFV-informed Aboriginal healing work intersect, where they are different, and where there are opportunities for partnership with ACCOs to integrate behaviour change and healing work.
- **The NT Government should enhance perpetrator responses across the DFV service system to better support community cohorts,** including LGBTQIASB+ and CALD communities.
- **The NT Government should support the identification of service-system touchpoints through which non-Indigenous users of DFV can be identified and assist agencies and services to engage these men:** DFV is not part of Aboriginal culture and it is not inherently an Aboriginal problem. Yet, the evaluations found that across the NT service system as a whole, attention to non-Indigenous men's use of DFV is a substantial gap. There is a need to understand the service system touchpoints where non-Indigenous users of DFV can be identified, and to determine which services are in a position to safely engage with them about their use of DFV.

Continuous learning and improvement

- **Through contract management, NT DCF should support NT MBCP providers in their continuous learning and improvement efforts:** This could include supporting providers to make use of the Quality Practice Elements for Men's Behaviour Change Programs (MBCPs) in the Northern Territory and associated rubric, and supporting the establishment of an MBCP practice network in the NT.
- **The NT Government should fund and support the NT MBCPs to prepare for and participate in an outcome evaluation of the programs:** The NT MBCP providers will need funding and support to prepare for and engage in an outcome evaluation of their programs. An outcome evaluation should be conducted in partnership with the MBCP providers, with sufficient timeframes for co-design processes to be undertaken and to ensure cultural appropriateness. Recommended preparation for an outcome evaluation includes:
 - undertaking a co-design process with relevant community members and stakeholders to develop or update a theory of change for each MBCP that identifies relevant intended outcomes and informs the identification of meaningful and appropriate outcome measures
 - developing clear guidance, such as an NT MBCP minimum dataset, to encourage consistent routine data collection across the MBCPs, address data gaps and ensure the collection of outcome data
 - providing resourcing and support for the collection of outcome data from victims and survivors through the women's safety support service - which will be critical to an outcome evaluation.

Quality data integration - especially in relation to outcome data - requires specific skill sets, additional time, and resources, as well as learning through trial and error during the implementation of new data systems and processes. Recognising this work as separate from service delivery and ensuring it receives its own dedicated resourcing and expertise is crucial for ensuring future quality outcome evaluations of the MBCPs. As such, the MBCP providers will need to be appropriately supported and funded to integrate any additional routine data collection requirements.

Further resources

Quality Practice Elements for Men's Behaviour Change Programs (MBCPs) in the Northern Territory

[\[https://www.anrows.org.au/resources/nt-mbcp-quality-practice-elements/\]](https://www.anrows.org.au/resources/nt-mbcp-quality-practice-elements/)

Rubric: Quality Practice Elements for Men's Behaviour Change Programs (MBCPs) in the Northern Territory

[\[https://www.anrows.org.au/resources/nt-mbcp-quality-practice-rubric/\]](https://www.anrows.org.au/resources/nt-mbcp-quality-practice-rubric/)

The Northern Territory Government Domestic and Family Violence Risk Assessment and Management Framework [\[https://pfes.nt.gov.au/police/community-safety/family-safety-framework\]](https://pfes.nt.gov.au/police/community-safety/family-safety-framework)

NT Minimum Standards and Application Process for Declared DFV Rehabilitation Programs [\[https://families.nt.gov.au/__data/assets/pdf_file/0007/1395394/nt-min-standards-and-application-process-for-declared-dfv-rehabilitation-programs.PDF\]](https://families.nt.gov.au/__data/assets/pdf_file/0007/1395394/nt-min-standards-and-application-process-for-declared-dfv-rehabilitation-programs.PDF)



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