MONASH University

MONASH
GENDER AND
FAMILY VIOLENCE
PREVENTION CENTRE

SUMMARY REPORT

# EVALUATION OF THE TASKFORCE EARLY INTERVENTION FOR FAMILY VIOLENCE PROGRAM (U-TURN)

AUTHORS:
A/Prof Silke Meyer, Dr Jasmine McGowan, Dr Nicola Helps and Dr Harley Williamson

**CONTENTS**



## THE U-TURN PROGRAM

U-Turn is a Victoria-based pilot program aimed at addressing the intersection between family violence (FV) and problematic alcohol and other drug (AOD) use for men who are alleged perpetrators and respondents on a Family Violence Intervention Order (FVIO).

The need to pilot such a program was identified in the Royal Commission into Family Violence's (RCFV) report and recommendations (State of Victoria 2016, recommendations 87; 92; 93) and is supported by the wider literature identifying problematic AOD use as a key contributing and intersecting factor in FV occurrences (Freeman et al., 2015; Kraanen et al., 2010; Lipsky et al., 2010; Radcliffe & Gilchrist, 2016; Stuart et al., 2009).

**Suggested Citation**

Meyer, S., McGowan, J., Helps, N., and Williamson, H. (2021) Evaluation of the TaskForce Early Intervention for Family Violence Program (U-Turn) Summary Report. Monash Gender and Family Violence Prevention Centre, Faculty of Arts, Monash University

## THE U-TURN PROGRAM (continued)

TaskForce Community Agency (hereafter referred to as TaskForce) received funding from the Department of Health and Human Services (DHHS) Victoria to develop and deliver four 12-week group-based programs during 2019 and 2020 for up to fourteen men, per group, who are recent respondents on FVIOs and present with comorbid FV and problematic AOD use. This funding included a provision for the current evaluation. Program participants enter the intervention program via referrals from the local Magistrates' Court.

All referrals are assessed for risk and eligibility. Those who are ineligible for this intervention group are referred into more suitable programs or one-on-one counselling options. Those who are assessed as eligible and 'group-ready' join a three-week orientation group prior to commencing the 12-week group-based intervention program. Topics covered during the 12-week program include harm reduction; the relationship between AOD and FV; the gendered nature of FV; the impacts of violence on women, children and the community; respectful communication (post-separation); emotional regulation; and basic legal education (with regard to understanding and complying with FVIOs, including any possible variations to the FVIO).

Informed by AOD harm minimisation principles, feminist theory and a psychoeducational framework of behaviour change, U-Turn ensures that men are visible and accountable for their actions, that they have access to support, and that women and families are kept safe.

U-Turn is framed as an 'early intervention' due to the timing of the referral pathway during men's contact with the local court as part of the civil FVIO proceedings (and, where applicable, related criminal charges). A key objective of the program is to keep men who have had minimal or no prior contact with the criminal justice system (CJS) out of the system. The evaluation team acknowledges that the term 'early intervention' may not be an accurate description of the victim/survivor perspective and that victim/survivors have often experienced prolonged histories of FV by the time their victimisation attracts police and/or court interventions.

Informed by AOD harm minimisation principles, feminist theory and a psychoeducational framework of behaviour change, U-Turn ensures that men are visible and accountable for their actions, that they have access to support, and that women and families are kept safe.

## EVALUATION APPROACH

The Monash Gender and Family Violence Prevention Centre (MGFVPC) was contracted by TaskForce to undertake the evaluation of four rounds of the U-Turn program between February 2019 and April 2021.

The evaluation approach was designed in close consultation with TaskForce to ensure it captures critical and meaningful outcome measures that inform future service delivery at the intersection of men's use of FV and problematic AOD use. It examines the suitability and effectiveness of the U-Turn program in preventing subsequent FV, including breaches of FVIOs. The evaluation took a mixed-methods approach to examine program suitability and effectiveness. Data sources included surveys and interviews with program participants and their affected family members (AFMs) along with stakeholder focus groups and interviews.

Program participant and AFM data was collected at four different time points:

- Wave 1 – men's program commencement
- Wave 2 – program conclusion
- Wave 3 – six-month follow up
- Wave 4 – 14-month follow up

Program participant and AFM surveys were designed to capture women's experiences of FV (including change over time), perceptions of safety and wellbeing, along with men's self-reported AOD use, perceptions of personal responsibility and emotional wellbeing. This data was collected during Waves 1 and 2. Interview components were conducted during Waves 2, 3 and 4 to further contextualise quantitative findings. Data collection commenced in June 2019 and continued until the conclusion of the final groups and their relevant follow ups. Follow up data includes Waves 3 and 4 for Groups 1 and 2 and Wave 3 only for Groups 3 and 4 as their Wave 4 follow up data collection falls outside the evaluation timeframe.

Stakeholder focus groups and interviews were conducted after the first 12 months of the pilot program implementation. Ten stakeholders participated in this evaluation component. They represented the following service sectors: Magistrates' Court of Victoria, FV specialist services, AOD specialist services, mental health and Men's Behaviour Change Programs (MBCP). The purpose of the stakeholder component was to examine sector perceptions regarding the need for combined interventions in the FV and AOD space along with the identification of key benefits and challenges to consider when combining such interventions.

In addition to the primary data collection described above, the evaluation included access to men's court records for the 12 months following their U-Turn referral. All men gave consent for their court data to be accessed as part of their evaluation consent. The purpose of this data was to identify whether participants had subsequent court contact after being referred into the U-Turn program to examine whether U-Turn achieves the aim of keeping alleged perpetrators of FV out of the CJS.

## EVALUATION PARTICIPATION RATES FOR U-TURN PARTICIPANTS AND AFMS

A total of 35 men were referred and assessed as eligible and group-ready to commence U-Turn. Of these, 30 men who commenced the program gave consent to participate in the evaluation. Further, 14 female AFMs who were associated with U-Turn program participants through their experiences of FV in a past or current relationship agreed to participate in the evaluation. Response rates to each wave of data collection are outlined in Table 1:

| RESPONSE RATES | | |
|---|---|---|
| | U-Turn Participants | AFMs |
| Wave 1 | 30 | 14 |
| Wave 2 | 25 | 10 |
| Attrition rate by Wave 2 (%) | 16.7 | 28.6 |
| Wave 3 | 16 | 9 |
| Attrition rate by Wave 3 (%) | 46.6 | 35.7 |
| Wave 4 | 7 | 3 |
| Attrition rate 14-month follow up (%) | 63.2[1] | 66.7[2] |

Table 1: Response Rates for Each Wave of Data Collection

1 Attrition rate for U-Turn participants at Wave 4 is calculated out of the 19 men who participated in U-Turn Groups 1 and 2 as Groups 3 and 4 had not reached their 14-month follow-up timepoint at the time the evaluation concluded.

2 Attrition rate for AFMs at Wave 4 is calculated out of the nine women who are associated with the men who participated in U-Turn Groups 1 and 2 as AFMs associated with men in Groups 3 and 4 had not reached their 14-month follow-up timepoint at the time the evaluation concluded.

## RESEARCH QUESTIONS GUIDING THE EVALUATION

The evaluation of U-Turn was guided by six overarching research questions:

1. What is the need for combined interventions?
2. What are some of the perceived benefits of combined interventions?
3. What are some of the challenges in delivering combined interventions?
4. Do combined interventions increase family safety?
5. Do combined interventions assist men in managing their AOD use and behaviour change in relation to FV?
6. Do combined interventions keep men who are subject to FVIOs out of the criminal justice system?

Questions 1 to 3 are answered using stakeholder focus groups and interview data. Questions 4 to 6 were answered drawing on U-Turn participant and AFM self-report data. Question 6 was further cross-referenced against 12-month follow-up administrative court data, which identified whether men had returned to court for subsequent FV or any other matter in the 12 months following their initial FVIO mention date.

## EVALUATION FINDINGS

Evaluation findings overall support the need for combined interventions at the intersection of FV and problematic AOD use and indicate their effectiveness in increasing family safety, assisting men in maintaining behaviour change around FV and problematic AOD use, and keeping respondents on FVIOs out of the CJS.

Evaluation findings further highlight some key considerations when designing and delivering combined interventions. Finally, findings identify the critical role of Family Safety Contact (FSC) in combined interventions, the wider benefits being for families, including improved co-parenting and father-child relationships where children were involved and reveal improved emotional wellbeing among U-Turn participants as well as AFMs. Findings further highlight some limitations of program effectiveness, including persistent denial of responsibility and victim-blaming attitudes among a smaller number of program participants. While limited to a small sample size, findings indicate that outcomes may be better for program participants who remained in a relationship with the AFM or were working towards reconciliation. Further, findings indicate that combined interventions, such as U-Turn, are best suited for men with limited complex needs due to the 'early intervention' nature of the referral pathways. While findings suggest the capacity to address some level of complexity present in men presenting with comorbid use of FV and problematic AOD use, the small number of participants who presented with complex needs – including chronic illicit drug use, significant trauma and mental health problems, ongoing child protection involvement, and/or repeat or prolonged experiences of housing instability – disengaged from the program and/or the evaluation.

### IDENTIFYING THE NEED FOR COMBINED INTERVENTIONS

Findings derived from stakeholder focus groups and interviews reveal the following:

- Cross-sector acknowledgement that:
  - the FV and AOD service sectors (along with other service areas, such as mental health) have historically operated in siloes, which can isolate clients and leave relevant support needs unaddressed;
  - taking a combined intervention approach is a critical step towards more holistic service responses to FV, due to the persistent intersection of FV and AOD use observed in research and practice evidence; and
  - men who use violence often have more complex needs than solely needing to address their use of abusive behaviours in an intimate or family relationship, validating the need for a more holistic approach to clients' behaviours and support needs, including combined group-based interventions.

### BENEFITS OF COMBINING INTERVENTIONS

Overall, stakeholder interviewees believed that taking a combined approach would have clear benefits for family safety because addressing problematic AOD use in the context of FV offers an opportunity to generate behaviour change through more than one lens. This, in return, was seen as beneficial to family members affected by men's use of FV. Identifying specific benefits, stakeholders indicated that combining interventions:

- offers a more informed approach to identifying and monitoring intersecting risk factors for FV;
- contributes to growing awareness, education and skill building in each sector to equally identify, understand and adequately respond to the other aspect of presenting issues (e.g. more AOD-informed practice in FV service delivery and more FV-informed practice in AOD service delivery); and
- creates multiple entry points to interventions addressing the intersection of FV and problematic AOD use. Some clients may be more open to acknowledging support needs related to AOD use, while others are more open to addressing patterns of abuse in their relationships. Stakeholders described that, ultimately, a combined intervention approach offers multiple 'doors to the same room'.

### CHALLENGES ASSOCIATED WITH COMBINING INTERVENTIONS

Findings identify a number of potential challenges when designing and delivering combined interventions, including:

- Combined interventions must ensure that service providers and practitioners are acutely aware that while it is beneficial to address FV and problematic AOD use in unison where they intersect, intoxication should never be understood as a cause of FV.
- FV and AOD service providers have historically been working from distinct ideological standpoints. Combined interventions must therefore ensure expertise of both sectors in the room and an awareness of the stigma that may potentially be associated with one or the other service sector.
- Group facilitators must represent both sectors, including Men's Behaviour Change Program (MBCP) expertise and skills along with clinical AOD expertise.
- Client risk assessment can vary between sectors, with traditional MBCPs focusing on men's behaviour and related risk, with a focus on the risk they may pose to others. AOD interventions, on the other hand, tend to prioritise client needs and assess for individual risk and protective factors while taking a therapeutic approach to assessing support needs. It is therefore critical to conduct a combined risk assessment in the context of combined interventions to equally support harm minimisation around problematic AOD use.
- Ongoing professional development opportunities and continuous upskilling of both sectors was described as critical by stakeholders to ensure holistic approaches to risk identification and management, accountability and behaviour change.

Overall, stakeholder interviewees believed that taking a combined approach would have clear benefits for family safety because addressing problematic AOD use in the context of FV offers an opportunity to generate behaviour change through more than one lens.

### INCREASED FAMILY SAFETY

For the purpose of examining AFM's experiences of FV and their perceptions of their own and, where applicable, wider family safety, the evaluation relied on AFM data only. It was determined by the evaluation team that without AFM data to cross reference men's accounts of their use of violence, perceptions of safety cannot be validated. Further, it was deemed inappropriate to ask program participants to comment on whether their AFMs (and where applicable children) felt safer at different points of follow up, as only those experiencing FV can accurately comment on their perceptions of safety. Based on the accounts of 10 AFMs at Wave 2 and 9 AFMs at Wave 3, findings suggest that for the majority of women, experiences of FV decreased and perceptions of safety increased throughout men's participation in U-Turn and was maintained across the different points of follow up. Specifically, most AFMs reported:

- an improvement in men's use of respectful communication;
- a reduction in experiences of controlling behaviours (such as social isolation, financial control and sexual jealousy) and thus improvement in AFM's space for individual action and decision making;
- a reduction in experiences of non-physical forms of harassment (such as verbal abuse, emotional abuse, humiliation, stalking behaviours and property damage);
- a reduction in experiences of physical abuse (including threats with a weapon and threats to kill); and
- a reduction in experiences of sexual abuse (although it must be noted that only a small minority of AFMs reported some experiences of sexual abuse overall, leaving limited space for change in this type of abuse).

### MAINTAINING BEHAVIOUR CHANGE AROUND USE OF FV AND PROBLEMATIC AOD USE

For the vast majority of U-Turn participants, alcohol was the primary and, in most cases, sole substance of concern. As a result, findings related to men's change in AOD use primarily discuss men's alcohol use. Wave 3 and 4 data collection was used to determine whether men had maintained any achieved behaviour change related to FV and problematic AOD use, reported at Wave 2. Where available, the evaluation relied on AFM data to confirm whether behaviour AOD-related behaviour change was maintained. Due to the smaller number of AFMs participating in the evaluation, U-Turn participant data was used to identify self-reported maintenance of behaviour change in relation to AOD use only.

While men's self-reports may be more favourable with regards to their AOD and FV behaviour change, it can be noted here that where data was available from both parties, AFMs equally reported men's initial and sustained AOD and FV behaviour change in the majority of cases. Discrepancies between U-Turn and AFM accounts only emerged for two separated couples, where men reported improvement in both FV behaviours and AOD use, with AFMs reporting no improvement in the nature and extent of the FV they experienced, with one reporting ongoing concerns regarding problematic AOD use and the other being unable to comment on her ex-partner's AOD use due to limited contact. Based on the evaluation's capacity to cross reference and validate most men's self-report data where AFM data was available, it can be assumed that men's self-report data presented in the report is reliable for the majority of U-Turn participants.

As evidence of this, the majority of U-Turn participants and AFMs reported the following changes in men's AOD use in addition to the changes in FV behaviours described above:

- A reduction in AOD use (with alcohol the primary substance of concern).
- Improved insight into the impact of AOD use on their behaviour and how it affects their ability to self-regulate.
- Improved ability to moderate alcohol intake to avoid drinking to excess.
- Compliance with FVIO directions stipulating that U-Turn participants may not consume alcohol at the residence shared with the AFM and/or may not attend an AFM's residence or return to a mutual residence while intoxicated.

Further, most U-Turn participants reported an improvement in:

- their understanding of what constitutes FV;
- their understanding of how their AOD use and abusive behaviours affect other family members, including children; and
- their ability to recognise negative emotions towards their (ex)partner and, where applicable, children and self-regulate to avoid an escalation into abusive behaviours.

Where FV and AOD behaviour change was reported at Wave 2, this was sustained by the majority of U-Turn participants over time. A small number of U-Turn participants and AFMs reported occasional 'relapses' into past drinking behaviours during Victoria's prolonged household restrictions. However, overall findings suggest that despite most U-Turn families having been affected by the documented impact of COVID-19 on employment, parenting and mental health, the vast majority of U-Turn participants were able to sustain their initial FV and AOD behaviour change.


### KEEPING RESPONDENTS ON CIVIL FVIOS OUT OF THE CJS

Administrative court data was available for 29 of the 30 male evaluation participants. This data reveals:

- Nine U-Turn participants had criminal charges associated with the FV occurrence that led to their current FVIO.
- Of the criminal charges finalised during the evaluation timeframe, none of the U-Turn participants ended up being incarcerated. One was sentenced to a community corrections order.
- During the 12-month period since their first FVIO mention date, eight men breached their FVIO at least once (with an average of 3.8 breaches per individual, ranging from 1 to 11 breaches).
- Of those appearing for a FVIO breach, five also had other court appearances during the 12-month follow-up period, with an additional four participants without reported breaches who appeared in court for other offences during this time.

The extent to which U-Turn was able to keep male FVIO respondents out of the CJS is difficult to determine in this evaluation, as the court data is subject to a number of limitations, including a number of matters that remained unfinalised by the end of the evaluation timeframe and some FVIO breaches potentially not having been mentioned by the time the evaluation ended. In the case of the latter, this is due to the general time lag existing between the date that criminal charges are laid and the date a matter is mentioned in court, which was exacerbated by the impact of COVID-19 restrictions on court proceedings in Victoria throughout most of 2020. However, data available for the purpose of the evaluation shows that none of the U-Turn participants reappeared in court for new FV matters (e.g. additional FVIOs and/ or criminal charges involving a new AFM) over the 12-month follow-up timeframe, and that almost three quarters (72.4%) of U-Turn participants did not appear in the court system for a FVIO breach during the follow-up timeframe. While a number of participants appeared for other criminal matters subsequent to their initial U-Turn referrals, some of these alleged offences may have occurred prior to men's referral to U-Turn, given the allowed timeframe of up to 12 months between charges being laid and a matter being mentioned in court, unless the matter involves a bail hearing.

…data available for the purpose of the evaluation shows that none of the U-Turn participants reappeared in court for new FV matters (e.g. additional FVIOs and/ or criminal charges involving a new AFM) over the 12-month follow-up timeframe, and that almost three quarters (72.4%) of U-Turn participants did not appear in the court system for a FVIO breach during the follow-up timeframe.

## OTHER KEY FINDINGS

### THE CRITICAL ROLE OF FAMILY SAFETY CONTACT

Family Safety Contact (FSC) – also referred to as Partner Contact in MBCPs – emerged as a crucial component in combined interventions during stakeholder consultations. Specific findings on the FSC implementation of a FSC component include:

- FSC must form part of combined interventions addressing FV accountability in order to ensure family safety and include the voices of victim/survivors and children in the room when facilitating combined intervention programs.
- FSC should be offered via a dedicated FSC worker role. It should not be conducted by program facilitators, and it should not be allocated to other practitioners on top of their standard workload (e.g. AOD clinicians or FV practitioners working for the service provider that is delivering a combined intervention).
- FSC should therefore be funded as a dedicated role. This role should operate with a degree of flexibility around working hours to ensure FSC can be offered outside of standard service hours for AFMs with fulltime work and/or carer commitments.

These findings were further supported by AFM feedback on their utilisation of FSC. While not all AFMs made use of this aspect of the U-Turn program, the majority had some contact with the FSC worker. Contact ranged from no contact at all or initial contact at men's program commencement only to text message 'check-ins' at agreed intervals or regular telephone contact throughout the 12-week program. Of the AFMs who utilised this support mechanism and participated in the evaluation, all described their experiences as positive and the FSC component as useful. Specifically, AFMs described the FSC support as:

- useful in having their own support option;
- helpful in understanding the U-Turn program;
- beneficial due to the FSC worker providing information about and, where relevant, referrals to other support services; and
- beneficial due to the FSC worker assisting AFMs in developing protective strategies and supporting further help-seeking where men displayed ongoing abusive behaviours.

### THE CRITICAL ROLE OF HAVING A CLOSED FEEDBACK LOOP

Stakeholder focus group findings reveal the importance of having a closed feedback loop between key organisations and service providers, highlighting that:

- information sharing must go both ways, with the program provider feeding back to the referring court whether men attended their intake sessions or not, and with the local court feeding back to the program provider whether current participants have reappeared in court or not; and
- where combined interventions form part of a wider partnership model (e.g. involving child protection, police, probation and parole), a closed feedback loop needs to be ensured between the program provider and all key program partners to ensure program participant as well as service system accountability.

FSC must form part of combined interventions addressing FV accountability in order to ensure family safety and include the voices of victim/survivors and children in the room when facilitating combined intervention programs

### IMPROVED CO-PARENTING AND PARENT-CHILD RELATIONSHIPS

While parenting and parent-child relationships were not a specified focus of the evaluation – as the U-Turn program in its current format is not specifically designed for parents or to provide parenting support and education – co-parenting and parent-child relationships were discussed by a number of U-Turn participants and AFMs during follow-up interviews. Specifically, qualitative findings suggest that where men's AOD use and use of FV improved and such improvements were maintained over time (which was the case for the majority of participants), AFMs equally reported improved co-parenting relationships and U-Turn participants reported improved relationships with their children, where applicable.

### APPLICATION OF U-TURN CONTENT IN EVERYDAY LIFE SITUATIONS

During their Wave 2 interview component, U-Turn participants frequently spoke about the applicability of program content, especially as it relates to identifying and regulating anger and other negative emotions in their interaction with their (ex) partner as well as everyday situations. The majority of U-Turn participants reported at different follow-up timepoints that they still draw on program content frequently and at times revisit the printed program material to resolve situations they may have identified as challenging or problematic. Here, several participants emphasised that while the program content was discussed in and applied to the context of their intimate and family relationships, they tended to apply it to everyday interpersonal interactions, including when tensions arise with co-workers or clients, and during other social interactions.

The majority of U-Turn participants reported at different follow-up timepoints that they still draw on program content frequently and at times revisit the printed program material to resolve situations they may have identified as challenging or problematic.

## LIMITATIONS AROUND PROGRAM EFFECTIVENESS

While the majority of U-Turn participants and AFMs reported men's behaviour change around use of FV and problematic AOD use along with AFMs' reports of increased feelings of safety, a small number of program participants did not achieve these goals. A small number of men maintained persistent attitudes of denial and minimisation of their responsibility for their abusive behaviours along with victim-blaming attitudes. Others seemed to minimise the extent of their AOD use and/or the impact this may have had on other family members. In particular, the small number of men that did not seem to have achieved substantial behaviour change would often deflect by indicating that their (ex)partners equally engaged in problematic AOD use. These men saw this as a contributing factor towards their own use of FV rather than separating these two areas of accountability and focusing on their own personal responsibility of ensuring family safety. While limited to a small number of program participants, these findings suggest that some participants may need to develop further accountability insight and that more comprehensive MBCP work may be required. Here, an exit assessment of all U-Turn participants to facilitate further program referrals, where relevant, is recommended.

## STUDY LIMITATIONS

While evaluation findings overall support the effectiveness of the U-Turn program in a) increasing family safety, b) assisting men to maintain their achieved AOD and FV behaviour change and c) keeping program participants out of the CJS, it must be noted that it is difficult to isolate this effect solely on men's participation in U-Turn. Of the 25 men who participated in at least two waves of data collection, 22 were engaged with at least one other support service. Support services utilised by men parallel to and often beyond their participation in U-Turn included private psychologists and psychiatrists, one-on-one AOD counselling, and Alcoholics Anonymous (AA). Further, the majority of men reported conditions on their FVIOs that prohibited them from drinking at the family home or attending the AFM's residence while intoxicated. It is therefore likely that for at least some of the U-Turn participants, their reduction in problematic AOD use and use of FV may be the result of a combination of their U-Turn participation, engagement with other support services and their FVIO conditions related to AOD consumption.

Further, quantitative findings reported throughout the final evaluation were rarely statistically significant. This may primarily be the result of the small sample size for U-Turn participants and AFMs engaged in the program and evaluation and the substantial attrition rates at different points of follow up. However, albeit not statistically significant, findings across the majority of measures reveal change in the desired direction, which should be noted as positive from a qualitative perspective.

While the majority of U-Turn participants and AFMs reported men's behaviour change around use of FV and problematic AOD use along with AFMs' reports of increased feelings of safety, a small number of program participants did not achieve these goals. A small number of men maintained persistent attitudes of denial and minimisation of their responsibility for their abusive behaviours along with victim-blaming attitudes.

## RECOMMENDATIONS

Findings derived from the qualitative and quantitative data sources utilised for the evaluation of U-Turn provide guidance for future directions regarding the continuation of the U-Turn program.

### Recommendation 1

#### CONTINUATION OF U-TURN IN ITS CURRENT FORM

To offer a holistic response to respondents on FVIOs who present with comorbid FV and problematic AOD use, it is recommended that U-Turn is refunded and continued in its current format.

### Recommendation 2

#### ENSURING A DEDICATED FSC WORKER ROLE AND FUNDING ALLOCATION

To ensure adequate support to AFMs associated with male U-Turn participants, it is recommended that future U-Turn programs continue to operate with a dedicated FSC worker role. It is recommended that this role has dedicated funding attached to it when refunding the program. It is further recommended that this role has a level of flexibility that allows the FSC worker to operate outside of standard TaskForce hours in order to meet the needs of and maximise engagement with AFMs who require outside-of-office-hours support due to fulltime work and/or carer commitments.

### Recommendation 3

#### CONSIDERATION OF A FATHER-SPECIFIC GROUP FORMAT

Given the positive aspects noted by U-Turn participants and AFMs with individual or mutual dependent children, it is recommended that U-Turn is trialled in an additional format, specifically targeting fathers with dependent children and incorporating a greater focus on the engagement of AFMs in their roles as mothers, carers or guardians. It is recommended that such a model involves a collaborative approach with child protection to better support families where FV occurrences intersect with initial or ongoing child protection involvement.

### Recommendation 4

#### EXIT ASSESSMENT TO IDENTIFY FURTHER REFERRAL NEEDS

It is recommended that a brief exit assessment is conducted with all program participants to identify potential ongoing MBCP needs and facilitate relevant referral pathways. Exit assessment and referral decisions may be further informed by facilitators' professional judgement based on observations of persistent attitudes and beliefs around victim-blaming and denial of accountability during group facilitation.

### Recommendation 5

#### EXTENDED PARTNERSHIP APPROACH WITH ADDITIONAL SERVICE SECTORS FOR PARTICIPANTS WITH COMPLEX NEEDS

While the current format of U-Turn is delivered as an 'early intervention model', some referrals considered for program intake presented an accumulation of complex needs. Referrals with an accumulation of complex needs seemed to be more likely to disengage from the program and/or the evaluation. It is therefore recommended that U-Turn extends its partnership beyond the court – TaskForce partnership to include at a minimum child protection, probation and parole, and a housing support service to better support men who may require a more holistic wrap-around support to facilitate their ongoing engagement in U-Turn and related behaviour change.

## REFERENCES


Freeman, A. J., Schumacher, J. A., & Coffey, S. F. (2015). Social desirability and partner agreement of men's reporting of intimate partner violence in substance abuse treatment settings. Journal of Interpersonal Violence, 30(4), 565–579.

Kraanen, F. L., Scholing, A., & Emmelkamp, P. M. G. (2010). Substance use disorders in perpetrators of intimate partner violence in a forensic setting. International Journal of Offender Therapy and Comparative Criminology, 54(3), 430–440.

Lipsky, S., Krupski, A., Roy-Byrne, P., Lucenko, B., Mancuso, D., & Huber, A. (2010). Effect of co-occurring disorders and intimate partner violence on substance abuse treatment outcomes. Journal of Substance Abuse Treatment, 38(3), 231-244.

Radcliffe, P., & Gilchrist, G. (2016). "You can never work with addictions in isolation": Addressing intimate partner violence perpetration by men in substance misuse treatment. International Journal of Drug Policy, 36, 130–140.

State of Victoria 2016, Royal Commission into Family Violence: Report and recommendations, Vol III, Parl Paper No 132 (2014–16).

Stuart, G. L., O'Farrell, T. J., & Temple, J. R. (2009). Review of the association between treatment for substance misuse and reductions in intimate partner violence. Substance Use and Misuse, 44, 1298–1317.