Developing an outcomes framework for Men’s Behaviour Change Programs

A discussion paper

Rodney Vlais and Damian Green
Stopping Family Violence Inc. September 2018
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Introduction

Conceptualising and defining outcomes in men’s behaviour change program (MBCP) work is a complex, challenging and contentious issue. Debates about what counts as success in this work stem from various philosophical positions about the nature of family and domestic violence (FDV) perpetration and what’s required to stop it, the organisational and funding context, and different sector and workforce imperatives. Numerous reviews and critical reflection pieces concerning the MBCP field in Australia and overseas have emphasised disagreement and uncertainty over what outcomes to measure as a major obstacle against developing a strong evidence-base for the field (Akoensì, Koehler, Lösel & Humphreys, 2013; Aldarondo, 2009, 2015; Geldschläger, Gines, Nax, & Ponce, 2014; Gondolf, 2015; Goldolf, Bennett & Mankowski, 2018; Mackay, Gibson, Lam & Beecham, 2015; Shah, 2017; Vlais, 2014a; Vlais, Ridley, Green & Chung, 2017).

This discussion paper will suggest that in the context of such disagreement and uncertainty, governments, funders and the field itself frequently fall back on basic default measures of outputs and outcomes that arguably provide a limited window into what MBCPs can achieve. These measures – such as program completion and official justice system statistics of recidivism – render invisible core aspects of the nature of FDV, and core aspects of MBCP work.

Our view is that the vacuum perpetuated by the lack of a broad consensus on what counts as success in this work is becoming increasingly problematic. This is further compounded by a ‘growth spurt’ in MBCP funding currently taking place in Australia’s three most populous states, spurred by major inquiries and reforms that have prioritised, among other things, how to focus on perpetrators as the source of the problem rather than sole reliance on protecting victim-survivors (NSW Ministry of Health, 2016; Special Taskforce on Domestic and Family Violence in Queensland, 2015; State of Victoria, 2016). This momentum has in turn been built on the influential advocacy and activism of victim-survivors such as Rosie Batty, and on increasing community understanding of the need to ask “why doesn’t he stop?” rather than “why doesn’t she leave?”

Understandably, commissioners and funders of MBCPs will want to see that the increased allocation of attention and resources dedicated to this work is achieving results. Given that the overall weight of international evidence points to inconclusive effectiveness (Aris, Arce & Vilarino, 2013; Day, Vlais, Chung & Green, 2018; Mackay, Gibson, Lam & Beecham, 2015; Polaschek, 2016), in part due to the significant methodological complexities and uncertainties concerning what to measure as outcomes, funders have reasons to be nervous. Without a broad industry and government consensus concerning how to measure effectiveness, and without realistic expectations concerning what these programs can achieve, the potential exists for a backlash against increased funding in the future from stakeholders asking “where’s the evidence?”

The debate and uncertainty about how to conceptualise outcomes for perpetrator interventions certainly extends beyond MBCPs. We are currently seeing a significant growth in the range of perpetrator interventions, both in terms of the perpetrator cohorts targeted and the context and opportunity presented for the intervention (Centre for Innovative Justice 2015, 2017, 2018a; Mackay, Gibson, Lam & Beecham, 2015; State of Victoria, 2016; Swedish Association of Local Authorities and Regions, 2018; Vlais, 2017). Many of these interventions focus on ‘front-end’ or ‘mid-point’ engagement opportunities based on short-term or proximal risk reduction goals, without the more ambitious objectives of deeper and longer-term behaviour change (Centre for Innovative

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1 More modest recent increases have occurred in two smaller states/territories.
In addition, increased recognition of the importance of joined-up responses that address a range of issues and needs in a coordinated fashion further complicates the definition and attribution of outcome measures for the services involved. Perpetrator pathways that work towards significant reductions in the risk perpetrators pose to victim-survivors, and towards (internalised) accountability for their behaviour, can be very long-term. Movement along this path might require a range of services to enact differentiated roles and responsibilities in perpetrator engagement such as identification, risk assessment, risk management, motivational enhancement and, where appropriate, addressing dynamic risk factors (Centre for Innovative Justice, 2018; State of Victoria, 2016; Swedish Association of Local Authorities and Regions, 2018; Vlais, Ridley, Green & Chung, 2017).

As the Victorian Royal Commission into Family Violence emphasised, a wide range of government and non-government services – most of whom are not specialists in FDV perpetrator intervention – share a collective responsibility to engage perpetrators in ways that build upon each other over time to reduce risk (State of Victoria, 2016). A similar view was recently expressed in Europe, emphasising the requirement of a “ladder of interventions” over time to effect change, with steps focusing on discovery of perpetration, motivational efforts, efforts to promote change and support, treatment, monitoring, and maintenance of change achieved (Swedish Association of Local Authorities and Regions, 2018). No single service or intervention is likely to traverse all steps in the ladder.

Isolating the impact of any one intervention from others that precede, run simultaneous to and succeed it, can be difficult. Yet, as per specialist MBCPs, it is unlikely that these interventions operating at various points in this ladder can sustain the current increase in government and funding interest unless they can prove to be of benefit.

While the issues raised in this discussion paper are generally relevant across much of the range of perpetrator interventions, we will focus specifically on men’s behaviour change programs. As similar debates are occurring regarding the conceptualisation of outcomes in overseas jurisdictions, we intend this paper to be relevant for domestic violence perpetrator programs in the U.K. and Europe, partner abuse programs in Canada, batterer intervention programs in the U.S., non-violence programs in Aotearoa/NZ and beyond.

Our intention with this discussion paper is not to develop or propose a specific outcomes framework. One of our central recommendations is that the development of a national program level outcomes framework would necessitate a broad and deep consultation process, spanning more than one iterative round. This is far beyond the scope of this discussion paper. Rather, we hope to scope out some of the pertinent issues involved in the development of a framework, to encourage critical thinking and reflection. We also intend to use this paper as the foundation for preliminary work with MBCP providers in one Australian jurisdiction (Western Australia), focusing on the initial steps required to build consistency around how these providers conceptualise and capture data related to program effectiveness.
Outcomes in MBCP work: The current situation

Outcomes and Outcome Measurement has been an area of increasing focus in Australia. This has been the result of two main drivers, the desire for providers to know that what they do works for the people they serve and for funders and supporters to better track and measure the impact of their funding (Flatau, Zaretzky, Adams, Horton & Smith, 2015). In their broadest sense, outcomes relate to the changes that are made in the lives of the people with whom the program or service engage. The process of measuring this change is known as Outcome Measurement and refers to, the collection of relevant individual-level, program-level, organisational-level and population-level outcome data and the subsequent assessment of that data to determine the difference that an initiative, program or organisation makes to the lives of the people and communities they engage with... Evidence gained from measuring outcomes provides an empirical link between an organisation’s intentions and actions on the one hand and their impact on the other. A well-structured outcomes measurement framework combined with effective data collection and analysis increases the likelihood of community sector organisations and funders achieving their intended goals (Seivwright, Flatau, Adams & Stokes, 2016 p. 3).

The shift towards outcome measurement and reporting across the community services sector highlights a growing philosophical move away from outputs as indicators of success. This movement away from outputs represents a huge leap for many programs and funders, including many associated with the MBCP sector, given how much reporting has relied upon outputs such as program participation data.

In response to this challenge, many organisations, both government and non-government, have invested heavily in the development of outcome measurement frameworks for use across programs and at the organisational level. A recent report examining Outcomes Measurement in the Community Sector in Western Australia found significant support for outcomes measurement with 72% of respondents engaging in some form of outcomes measurement within their organisation (Seivwright et al., 2016). In practice this has resulted in the growing application of models designed to better measure success such as Results-Based Accountability (RBA) and Outcomes Star. However, outcomes are a complex construct and outcome measurement is a challenging process.

Outcomes come from the context (for example, organisation, program) of converting the inputs (money, time etc.) into outputs (services delivered) that ultimately result in changes in attitudes, values, behaviours or conditions (outcomes) (Muir & Bennett, 2014). Without each of these elements working in a planned and informed manner through a clearly articulated program logic, the links between these elements can be hard to evaluate and therefore to evidence (Flatau et al., 2015). Furthermore, outcomes are also affected by external factors beyond the control of the individual program or service, meaning the external environment must be considered as part of any outcome-based framework.

Despite the clear importance of outcomes and Outcome Measurement, outcomes in MBCP work remains a contentious and poorly understood construct. In part, this can be attributed to the vacuum that exists in terms of a broad consensus on what counts as success in MBCP work which has arisen for several reasons. This section explores some of these.
Lack of clarity regarding ‘perpetrator accountability’

In many jurisdictions throughout the world the notion of perpetrator accountability has become an all-encompassing term used to define the purpose of responses focused upon perpetrators of family and domestic violence. Furthermore, enhancing perpetrator accountability for their choices and behaviours is a cornerstone of MBCP and other perpetrator intervention work (Centre for Innovative Justice, 2017; Garvin, 2003; Garvin & Cape, 2014; Smith, 2013; Vlais, 2014b). Yet despite being one of the most commonly used terms in contemporary Australian (and overseas) family and domestic violence policy environments and documentation, ‘perpetrator accountability’ is very rarely conceptualised or defined (Chung & Green, 2018). This leaves a vacuum for stakeholders from quite different modus operandi and operating environments to project their own meanings onto the term.

A common default position equates perpetrator accountability with sanctions (punishment) delivered by the criminal justice system. As Chung and Green (2018) note in a forthcoming ANROWS review on the use of the terms ‘accountability’ and ‘responsibility’ in the perpetrator intervention literature:

> There are often calls for perpetrators of violence against women to be held accountable and responsible for their use of such violence and the harms it has caused. This often refers to law and order agendas whereby we equate holding the perpetrator accountable to be a successful police or judicial response to his use of violence. Conversely such calls are also fuelled when perpetrators are not seen to have been given punishments that ‘fit the crime’ or when the justice system is seen to have failed in relation to dangerous individuals not incarcerated ...

In other contexts, the notion of perpetrator accountability may be informed by the victims’ experiences and the perpetrators’ specific coercive controlling behaviours to better understand the ways in which he (could potentially) be held accountable for his actions and impacts. In real terms, for example, this enables us to understand the difference between a police order that for one woman provides safety and for another increases risk.
Case study: Is this accountability?

Police are called out to a family violence incident after reports by a neighbour of hearing screaming and crashing noises coming from the house. After conducting an interim/brief assessment, police take out 72-hour Police Order on the perpetrator to provide immediate protection for affected family members, applying an exclusion clause to remove him from the home. The perpetrator left the home with the family’s only car and the only requirement placed on him was to stay away from the victim and children. The adult victim – the perpetrator’s partner – was left unsure about whether this intervention was the best course of action to take as she felt forced to choose between competing and conflicting risks. She feels more afraid now not knowing anything about his whereabouts or state of mind, has no access to transport given that he took the family car, and due to his financial abuse tactics has no access to money. Furthermore, she also now has sole parental responsibility and is left to support the children with the impacts of his abuse, will not be able to attend work for her next shift as her partner was due to care for the children, and with no access to a car she will need to find an alternative way of supporting the children to attend school and after-school activities. As a result of the intervention she is left to manage everything (even those things the perpetrator was previously at least partly responsible for) while, from her perspective, he gets to ‘take a break’ and is very likely to spend the rest of the weekend drinking with his mates.

The Police response to apply a Police Order in the above scenario is generally not wrong and it is not the intention of the case study to critique the order itself. However, the assumption is often made that the perpetrator has been held accountable by the mere application of an accountability mechanism such as police or court orders – where clearly in this scenario, as in many others, the victim’s experience would suggest there is a long way to go before accountability is fully realised.

Increasingly, there are calls for accountability to be conceptualised as a process or a journey/pathway that service system agencies can scaffold around the perpetrator, rather than as specific mechanisms or something that is done to the perpetrator to ‘hold him accountable’ (Centre for Innovative Justice, 2018; No To Violence and the Men’s Referral Service, 2015). The conceptualisation of accountability as a web has taken root in some policy contexts, involving the interaction of formal service system responses, victim-survivor resistance to the perpetrator’s violence and their attempts to draw a line in the sand regarding his behaviour, and informal/community responses to the perpetrator (Smith, Humphreys and Laming, 2013; No To Violence and the Men’s Referral Service, 2015; Family Safety Victoria, 2017). Concepts and dimensions of collective and social accountability are also beginning to be explored in the literature (Douglas, Bathrick & Perry, 2008; Gallant et al., 2017; Meyer, 2018).

The lack of clarity in what it means for perpetrator intervention systems to work towards perpetrator accountability has contributed towards the uncertainty in outcome measurement for MBCPs, given that this is one of the fundamental goals of this work.

Impossible expectations

There are growing concerns within the MBCP field that stakeholder and funder expectations about the desired impact of these programs are unrealistically high (Garvin & Cape, 2014; No To Violence
and the Men’s Referral Service, 2015). Analogies are often used with funder acceptance of incremental outcome gains in other health and human services fields, whereas MBCP practitioners can feel the weight of pressure to ‘fix men’ rather than help facilitate important but often moderate and incremental reductions in risk.

The effectiveness of AOD services, for example, are generally not called into question when they make incremental improvements in the client’s substance abuse issue; nor when clients re-refer to the service due to relapse or to build on previous gains to work towards new goals in their long-term struggle to address the issue. In fact, AOD recovery is widely recognised as a process where individuals move through a series of five stages (precontemplation, contemplation, preparation, action, maintenance) in the adoption of healthy behaviours or cessation of unhealthy ones (Prochaska & Velicer, 1997). Individuals may enter and exit the cycle at any stage, with progress rather than complete cessation considered success. Relapse is considered a normal part of the recovery process. Similarly, MBCPs can affect changes in perpetrator patterns of family and domestic violence, but to completely or near-completely eradicate these patterns though the course of a single intervention is unrealistic and will be unachievable in most situations. Yet this is often the standard which the success of MBCPs is measured against.

This pressure can be reinforced by referring agencies who see MBCPs as having sole responsibility for addressing the risk to victim-survivor safety caused by the perpetrator. Given the complexities and skill required to engage perpetrators, it is understandable that referrers welcome the opportunity for specialist MBCPs to ‘take him off their hands’. This often places an unrealistic burden on MBCP providers to act alone in addressing the risk posed by the perpetrator, when this would be more effectively achieved through the collective responsibility of collaborating departments and agencies, each doing their bit within well-defined parameters, roles and responsibilities (State of Victoria, 2016).

Accepting that MBCPs might result in incremental change opens up new considerations for outcome measures that are sensitive to detecting change at this more nuanced level.

Lack of program logics and evaluation plans

The MBCP field has grown somewhat ‘organically’ both in Australia and overseas, driven initially by individual practitioners who were passionate about developing the work (Gondolf, 2012; Mackay, Gibson, Lam & Beecham, 2015; Phillips, Kelly & Westmarland, 2013). The field has placed significant attention on the application of various theoretical approaches – Duluth, CBT, narrative, strengths-based and others – to develop and continuously improve groupwork curricula, develop and apply minimum standards of practice, and towards workforce development and capability building.

Some program providers have articulated the philosophical and conceptual underpinnings and objectives of their program in the form of an opening theory section in their program manual. The Scottish Caledonian System theory manual, for example, runs to over 100 pages, though most program statements of underlying theory are considerably briefer than this.

Few MBCP providers, however, have developed detailed program logic models to guide program conceptualisation and implementation (Day, Vlais, Chung & Green, 2018). The lack of program logic models makes it difficult to assess program integrity and fidelity – the degree to which programs are

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being implemented as planned. This also makes process, impact and outcome evaluation difficult. Without clear statements detailing what the program is attempting to achieve, and through what mechanisms, a firm basis does not exist for the selection of both (short-term) process markers and medium - and long-term impact and outcome indicators (Flatau, Zaretzky, Adams, Horton & Smith, 2015).

Indeed, a program logic model is a precursor to the development of an evaluation plan. The latter is developed by extending the program logic model through to outcomes, so that each logic statement is associated with one or more indicators, data sources and contextual considerations concerning how to obtain the data. However, it has been difficult for the MBCP field to grapple with the question of what outcomes to measure when this preliminary theory of change work has not been done.

**Limitations of program evaluations**

Given the increasing pervasiveness of FDV against women and children in Australia and internationally, evaluation of MBCPs has become an increasing source of focus. Whilst evaluations of these programs seek to determine the ‘success’ of service delivery, very few nuanced understandings of success exist (Kelly & Westmarland, 2015). Presently MBCPs, in Australia and across the world, vary substantially in their approach, length, participant eligibility and content which can make assessing their effectiveness difficult. This is further complicated by the varying approaches taken towards program evaluation which has resulted in inconsistent research findings and outcome data (Akoensi, Koehler, Lösel, & Humphreys, 2013; Wojnicka, Scambor, & Kraus, 2016). While the specifics of this literature are quite technical in nature, it is essential to highlight the limitations and challenges of this research as it helps to contextualise the debate around the evidence base itself.

As noted, a comprehensive review of perpetrator intervention program evaluation research is challenging because there is no consensus as to what works and for whom. The literature indicates that the effectiveness of perpetrator intervention programs remains inconclusive and further research is required (Arias, Arce, & Vilariño, 2013; Connors, Mills, & Gray, 2013; Crockett, Keneski, Yeager, & Loving, 2015; Eckhardt, Murphy, Black, & Suhr, 2006; Eckhardt et al., 2013). This is evident in both the North American and European literature (although most of the reviews are of US programs/services). In many studies, knowledge of the outcomes evaluated and the methods used to evaluate them is neither stated in detail or remains vague (Eckhardt et al., 2006; Gondolf, 1997). In their extensive review of over 30 program evaluations, Eckhardt et al. (2013) noted that most evaluations of perpetrator intervention programs have been nonexperimental or quasi-experimental in design. Due to a lack of methodological rigour, causal conclusions can rarely be determined between the actual intervention and outcome of the programs evaluated.

The literature on intervention program evaluations overwhelmingly supports the argument for experimental or quasi-experimental designs in these evaluations; however, these designs have challenges and limitations. Gondolf (2010, p. 356) claims experimental or “random assignment of subjects to treatment and control groups is the best way to isolate the effect of treatment compared to “no treatment” or some alternative treatment” (p. 356). However, it is often difficult to include a control group because an untreated control group may put a perpetrator’s victim(s) at a higher risk (Wojnicka et al., 2016). Additionally, some studies will use a comparison group, typically made up of perpetrators who have dropped out of the program (or “non-intervention completers”). However, it has been argued that intervention completers are not comparable to non-intervention completers...
as these groups may have different personal characteristics and/or motivations (Cunha & Gonçalves, 2014).

In addition to problems with program design and outcomes, the literature also identifies high attrition rates and short follow-up periods as problematic in many evaluations, thus limiting the validity of the findings. Many evaluations follow up on outcomes less than 6 months post-intervention, whereas a period of 12 months or longer is preferable (Akoensi et al., 2013). It has been argued that evaluations reporting successful outcomes using a short follow-up period might be due to a “honeymoon period” at the immediate completion of the program, which might wane as the post-intervention period continues (Akoensi et al., 2013, p. 1219). Additionally, in a number of studies, when successful outcomes are reported, the findings cannot be generalised or applied to wider populations because the sample size was small and/or the research site is representative of a specific region (Eckhardt et al., 2013).

Some authors suggest that evaluation research works best as a collaborative effort between researchers, practitioners and victims themselves; however, victims are often left out of this research (Gondolf, 1997). Furthermore, intervention programs that are “coordinated, communitywide efforts” as opposed to stand-alone interventions show the most potential (Saunders, 2008, p. 166). The influence of this “intervention system”, which includes courts, policing, community/social services and victims’ services is an important consideration when conducting evaluations (Gondolf, 2004; Wojnicka et al., 2016).

Despite the limitations discussed above, a number of international evaluations have claimed varying levels of effectiveness of perpetrator program interventions; however, due to methodological issues (or a lack of methodological rigour) in these evaluations, it cannot be concluded with confidence which component of the intervention was effective or rather, if the outcome can be attributed to the actual intervention at all. In addition, the reviews cannot conclude whether one intervention approach is more effective than another. Some reviews claim there is no “one-size fits all” program intervention for perpetrators.

In the context of Australian research, the single Australian multi-program longitudinal study conducted of MBCP effectiveness (Brown, Flynn, Arias & Clavijo, 2016) claimed perpetrators “show a sharp reduction in the nature and severity of violence over the duration of the programs and that this reduction is maintained and improved upon in subsequent months and years. Most of the men become violence free or almost violence free two years after their program”3. However, the study suffered from the lack of an outcomes framework to guide the research questions, evaluation methodology and the measures used. The lack of an underpinning framework was also apparent in the conclusions that the authors drew from the findings, purporting much higher levels of program effectiveness than what the methodology actually enables (Stopping Family Violence, 2017).

More specifically, SFV’s critique of this study identified:

The research is not geared towards measuring the effectiveness of MBCPs in systemic terms or through a triangulation of data sources, but rather as stand-alone programs focusing predominately on individual-level change in men’s behaviour ... The researchers make the (unwritten) assumption that changes in men’s behaviour correlate very highly with changes in family member safety, thereby only evaluating one indicator of behaviour change. The multiple other pathways through which MBCPs can potentially contribute towards (or

compromise) the safety of family members are not part of the conceptual framework of the research, and are therefore not measured (Stopping Family Violence, 2017, p.1).

The existence and use of an outcomes framework could have made a substantial difference in clarifying research question issues such as these, thereby improving the ability of this research to contribute to the evidence-base.

In terms of the emerging focus, a number of reviews highlight areas for further consideration. Programs might want to consider perpetrator categories (for example, based on the degree of risk) and/or characteristics, and whether interventions would be more effective if they were tailored to these cohorts. There is also an interest in the efficacy of alternative or complimentary perpetrator interventions that address motivation and readiness to change. Additionally, future research needs to examine the multi-faceted nature of domestic violence looking at other factors/variables related to the perpetrator: for example, low SES, substance abuse, and childhood trauma. Finally, the influence of the intervention system (not just the intervention program by itself) and its effects on outcomes needs further exploration. The intervention system includes the courts, policing, community/social services, victims’ services, etc.

In summary, the evaluation literature on domestic violence perpetrator program intervention has failed to come to any consensus as to whether MBCPs of any form are effective in reducing perpetrator recidivism or behaviour change. At this stage, the program evaluation literature cannot confidently claim what programs work and for whom. This is mainly due to a lack of methodological rigour in most of the research associated with the field. The literature does offer several possible avenues for further exploration and highlights the need to consider evaluations that look at outcomes beyond the remit of the program itself.

**Recidivism as the fall-back outcome measure**

One of the most common measures of program effectiveness/outcomes used in perpetrator intervention research is official data concerning violence recidivism (post-treatment), focusing on incidents of family and domestic violence that have come to the attention of law enforcement or justice system agencies. In our recent review of current issues and trends facing the MBCP field in Australia (Vlais, Ridley, Green & Chung, 2017), we noted:

Service systems are still primarily designed to identify and respond to FDV as *incidents* (of physical violence). An incident-based narrative about FDV is reinforced through frequently used terms such as ‘recidivist offenders’, ‘recidivism’, ‘re-offending’, etc., systems built around police call-outs to family violence incidents, and the ways in which crisis services for victims are funded and understood. This is distinct from a more *pattern*-based understanding of FDV that acknowledges the continuous use by the perpetrator of a range of tactics of coercive control and entrapment of women and children (Mandel, 2014; Stark, 2007).

A pattern-based understanding of family and domestic violence is related to Stark’s notion of coercive control, explained here by Walby et al. (2017):

Coercive control is the harmful and unwarranted control of one human being by another, which is caused by a myriad of small actions. Coercive control can be established by the repetition of either physical or non-physical actions. Stark deploys the concept to distinguish between severe and non-severe forms of abuse of women, locating the severity of the abuse in the consequence (control) of the action rather than in the action itself. His focus is on the
long duration of the consequences rather than the episodic nature of the repeated actions. Thus, coercive control is the danger, which might occur without physical violence ... The focus here is on the implications of many small actions (as well as large ones) for the enduring experiences of women and the overall environment within which women live (p.99).

As Mackay, Gibson, Lam & Beecham (2015) note “By simply focusing on recidivism as a measure of success, evaluators fail to capture the range of systems-level, risk assessment and risk management outcomes that perpetrator intervention programs contribute towards” (p.30). As a measure recidivism is also unable to focus on what victim-survivors and communities want from perpetrator participation in MBCPs (Health Quality and Safety Commission New Zealand, 2015; Shah, 2017).

Indeed, as we’ve previously explained, (Vlais, Ridley, Green & Chung, 2017, pp.42-42), recidivism:

- Captures only physical and sexual violence tactics used by FDV perpetrators, rendering invisible other tactics of violence (emotional, social, financial, sabotaging the mother’s parenting and the family’s links with health and community supports, etc.).

- Directs program evaluations to investigate “Has he stopped using (detected) incidents of physical violence?” at the expense of the more nuanced question “How has his patterns of violent and controlling behaviour been impacted by the program?”

- Fails to detect perpetration of FDV that has not come to the attention or law enforcement or justice system authorities.

- Can make it difficult to interpret the mechanisms of change and the impact of the overall system – for example, do any increases in recidivism associated with a program indicate lack of program effectiveness (or worse), or that the program has improved the system’s ability to detect and sanction ongoing violence?

- Renders invisible or de-prioritises the multiplicity of ways in which FDV perpetrator programs can work towards the safety of women and children. In their evaluation of the Scottish Caledonian System approach to working with FDV offenders, for example, Ormston, Mulholland & Setterfield (2016) found that women felt safer as a result of the program, even in circumstances where the offender did not change his behaviour. This was due to the program’s direct provision of support to women through safety planning and assistance in reporting probation order breaches, and through women’s ability to keep better track of perpetrator behaviour due to his participation in the program.

The widespread use of recidivism measures in evaluations of perpetrator intervention programs, while relatively convenient and straightforward, cannot account for these complexities and nuances in what these programs attempt to achieve.
Program completion as the fall-back output measure

Given the lack of an outcomes framework to guide evaluation in the field, it is not surprising that MBCP provider reporting to governments and funders has predominantly adopted a focus on outputs. Funding and service agreements and contract arrangements with program providers generally specify outputs such as the numbers of:

- referrals into the program
- men who start the program
- men who complete the program
- women who are provided with partner contact

Unfortunately, over-reliance on output-based criteria has resulted in outputs such as these being used to judge the success of these programs; and even more fundamentally, the very objective of running them. In the absence of agreed-upon outcomes, the objective of these programs becomes, by default, getting men into programs and keeping them there.

This over-reliance on output-based criteria has amplified concerns that referrers and other stakeholders are equating program completion with behaviour change. Minimum standards of practice often explicitly caution program providers when reporting to referrers against inferring in any way that program completion is automatically predictive of behaviour change (NSW Department of Attorney General and Justice, 2012; No To Violence, 2006). Outputs-based reporting, however, strengthens the conflation of program participation with behaviour change.
Existing work relevant to outcomes framework development

We are aware of an existing outcomes framework for MBCP work in only one jurisdiction: England and Wales. Before detailing this framework, we briefly summarise work in some other jurisdictions that while not focusing directly on the development of such a framework, has some relevance towards this goal.

Australia – National Outcome Standards for Perpetrator Interventions

The National Outcome Standards for Perpetrator Interventions (or NOSPI as they are better known), were developed in late 2015 after a thorough national consultation process to “consistently guide and measure the actions our governments, community partners and systems take, and the outcomes they achieve when intervening with male perpetrators of domestic, family and sexual violence against women and their children” (Department of Social Services, 2015, p. 3).

The NOSPI consist of six headline outcome standards and a more detailed list of specific performance indicators stemming from the standards. The six headline standards are:

1. Women and their children’s safety is the core priority of all perpetrator interventions
2. Perpetrators get the right interventions at the right time
3. Perpetrators face justice and legal consequences when they commit violence
4. Perpetrators participate in programs and services that change their violent behaviours and attitudes
5. Perpetrator interventions are driven by credible evidence to continuously improve
6. People working in perpetrator intervention systems are skilled in responding to the dynamics and impacts of domestic, family and sexual violence

These outcome standards and the associated performance indicators exert an important influence on state and territory government policies regarding FDV and sexual assault perpetrator engagement and interventions.

The standards, however, were not designed to take the form of an outcomes framework for MBCP and similar community-based perpetrator intervention programs. Needing to encompass a wide range of statutory, government and non-government services that engage with perpetrators – including those that have low to moderate levels of FDV specialisation – these outcome standards are necessarily too broad to guide the conceptualisation and operationalisation of outcomes for specialist perpetrator intervention programs.

New South Wales – program logic and evaluation consistency

No To Violence in NSW has recently commenced an industry panel to guide MBCP providers towards consistent risk assessment processes and program planning in ways that incorporate the Risk Needs Responsivity (RNR) framework into program delivery. With participants from industry and government, the panel aims to explore the development of:
• a common risk framework and set of risk assessment and safety/accountability planning tools

• a program logic to inform and assist accredited MBCP providers in evidence-based program delivery and evaluation processes

The panel’s findings and recommendations will feed into the development of a Compliance Framework for program providers to meet the revised NSW minimum practice standards (NSW Department of Justice, 2017). While the focus is on end-point tools and processes to assist new and existing MBCP providers to implement the revised standards, the panel is considering some ‘big picture’ issues concerning how to conceptualise and measure outcomes. Although the development of an outcomes framework is not within scope nor the capacity of the panel, its recommendations could serve as one of many sources of input into the development of a national framework.

Earlier this decade, NSW Women commissioned the development of one of the first program logics for MBCP service provision in Australia, to help inform service specifications and an evaluation and monitoring plan for four pilot MBCP projects (Urbis, 2014). This program logic conceptualises outcomes across two levels – systemic or systems-level outcomes, and those at the individual level. The development of a national outcomes framework would be informed by this and other existing work to develop program logics for MBCPs and other specialist perpetrator intervention programs.

Victoria – principles of interventions and systems

In 2017, through the work of an Expert Advisory Committee on Perpetrator Interventions established to provide high-level oversight of reforms to meet relevant recommendations of the Victorian Royal Commission into Family Violence, the Victorian Government developed the following eight principles for perpetrator interventions (Family Safety Victoria, 2017).

1. Victims’, including children’s, safety and freedom underpins all interventions with perpetrators of family violence.

2. Interventions with perpetrators are informed by victims and the needs of family members.

3. Perpetrators take responsibility for their actions and are offered support to choose to end their violent behaviour and coercive control.

4. Inter-agency risk assessment and risk management processes are consistent, robust and strong, and any risk associated with intervention is minimised.

5. Perpetrators are kept in view through integrated interventions that build upon each other over time, are mutually reinforcing, and identify and respond to dynamic risk.

6. Responses are tailored to meet the individual risk levels and patterns of coercive control by perpetrators and address their diverse circumstances and backgrounds which may require a unique response.

7. Perpetrators face a range of timely system responses for using family violence.

8. A systems-wide approach collectively creates opportunities for perpetrator accountability, both as a partner and a parent. Actions across the system work together, share information where relevant, and demonstrate understanding of the dynamics of family violence.
These principles have been used to inform the revised Victorian minimum standards for running MBCPs (Family Safety Victoria, 2017).

In separate but related work, the Centre for Innovative Justice (2018) will soon publish a set of twelve principles or foundations of perpetrator intervention systems. These take a broader view of the collective responsibilities that integrated service systems and community partners could have towards effective perpetrator engagement. These dimensions are:

1. Government and non-government agencies have a collective responsibility towards bringing perpetrators into view in a way that works towards adult and child victims’ safety, wellbeing and dignity; each agency can map their roles and responsibilities for doing so as part of an ongoing, collaborative mapping exercise, so that these roles and responsibilities are transparent and work to synergise positive outcomes across agencies.

2. Stakeholders and agencies comprising the perpetrator intervention system actively develop a shared understanding of how success is defined in terms of perpetrator interventions and engagement, rather than automatically assuming that a shared understanding exists.

3. Perpetrator behaviour is understood as intentional patterns of behaviour rather than as specific incidents of violence; these patterns exert significant control and influence over victim behaviour and family functioning, despite the best efforts of family members to maintain dignity and safety.

4. Systems can pivot towards a focus on the perpetrator without losing the centrality of victim experiences and needs; indeed, bringing the perpetrator into view can help broader integrated FV systems to ally with and support those who are experiencing harm.

5. Perpetrator intervention systems involve a wide spectrum of interventions: front-end, mid-point and back-end. While back-end, deep interventions are generally only provided by specialist perpetrator intervention services, non-specialist services have roles to perform across many points of the spectrum.

6. Perpetrator intervention systems focus on identifying and responding to the dynamic risks posed by perpetrators, including acute dynamic or spikes in risk that can emerge or vary over time; addressing specific risk issues and situations can be stepping stones towards longer-term and deeper behaviour change goals.

7. The needs and experiences of family members affected by a perpetrator’s use of violence are central to perpetrator intervention system responses to his violence; these responses act on behalf of and in solidarity with family member goals and struggles to resist the violence they are experiencing and to create spaces for dignity.

8. All engagement and interventions with people who cause family violence harm can potentially involve immediate or longer-term risks to the safety of victims; agencies engaging with perpetrators need to identify and be mindful of these risks in determining whether to engage, when, how, in what context and by which agency or practitioner.

9. While much FV perpetration is an expression of gender-based power, and many perpetrators choose violence as part of enacting (male) entitlement and privilege, some perpetrators simultaneously experience oppression by virtue of Indigeneity, ethnicity, socioeconomic class, sexual orientation, gender identity, or physical or cognitive ability; understanding intersectionality is crucial in this context.
10. Perpetrators have multiple identities, and the community networks that they associate with and belong to can exert an important influence on pathways towards responsibility and accountability; informal community networks can interact with formal service system interventions to co-create these pathways.

11. People who cause family violence harm are heterogeneous in terms of the level and nature of the risks they pose, their backgrounds and life situations; furthermore, pathways towards responsibility and accountability can be lengthy, non-linear and idiosyncratic. In this context, perpetrator intervention systems can tailor common interventions to each perpetrator through ongoing processes of accountability planning and review.

12. Men’s violence against women, children and people with diverse gender identities cannot be prevented by ‘working with one perpetrator at a time’. Perpetrator intervention systems can be conscious of how their work can support, rather than inadvertently undermine, societal and structural changes required to address the roots of men’s use of violence.

These areas of work focusing on principles of perpetrator interventions and perpetrator intervention systems can help to inform the development of a men’s behaviour change outcomes framework, particularly to help scope and frame the philosophical and conceptual discussions required in the early stages of the framework’s development.

Victoria – Family Violence Outcomes Framework

The Victorian Government has recently published a Family Violence Outcomes Framework in relation to its reform work to implement the 227 recommendations of the Victorian Royal Commission into Family Violence. The Victorian Government writes:

We have embedded the Family Violence Outcomes Framework (Outcomes Framework) from the outset with each part of our reform agenda being clearly linked to the outcomes we want to achieve. This is particularly important as aspects of this reform are new and innovative and parts of the system will need to change, evolve or adapt over time … The Outcomes Framework now includes a set of indicators that describe the immediate commitment we are making and what we aim to achieve. The indicators are consistent with, and complement those we have developed in Safe and Strong, A Victorian Gender Equality Strategy and Free from Violence: Victoria’s Strategy to prevent family violence and all forms of violence against women. These indicators represent an initial list of high priorities which we will use to clarify and focus our efforts in the short to medium term. Further work is underway on more specific measures to track progress against each indicator for particular cohorts, including for Aboriginal and diverse communities. Over time, the Outcomes Framework will be progressively embedded across funding, accountability and performance systems (State of Victoria, 2017, p. IV).

The framework focuses on four areas: primary prevention work towards gender equality, systems (both prevention and response) and workforce development, safety of victim-survivors and families, and perpetrator accountability and engagement. With respect to the latter, the framework specifies four outcomes with associated indicators:
| Early intervention prevents escalation (perpetrator) — people, including children and young people, at risk of using family violence are identified early and provided with effective early interventions | Increase rate of compliance with statutory orders
Decrease repeated family violence behaviour by individual perpetrators
Increase in positive parenting by people with a history of family violence |
| Perpetrators are accountable for their behaviour — people are supported to recognise factors contributing to their violent behaviours and provided with tools and strategies to act differently, preventing reoffending | Increase awareness and understanding of the forms and impact of family violence by perpetrators
Increase self-identification and self-referral by people committing or at risk of committing family violence
Increase engagement and retention of perpetrators in behaviour change programs and other interventions |
| Perpetrators are held to account — perpetrators of family violence face timely and appropriate consequences | Increase identification of and consequences for a family violence intervention order breach
Increase enforcement of family financial obligations for people charged with family violence
Increase in consistency of criminal charges and sentencing for perpetrators |
| Perpetrators are in view — perpetrators are engaged and connected to relevant agencies. Collaborative approaches and information sharing infrastructure support systemic responsibility for holding perpetrators to account. | Increase sharing of information material to assessing and responding to family violence risk
Increase sharing of information to enable a tailored service response for perpetrators |

These perpetrator-facing outcomes focus heavily on notions of early intervention, perpetrator accountability and keeping perpetrators within view, of which conceptual and policy development work is still at a very early stage (Centre for Innovative Justice 2015, 2018; Chung and Green, 2018). As highlighted previously, this includes a particular lack of clarity concerning what it means for perpetrators ‘to be accountable’ or to ‘hold perpetrators to account’. The Victorian Government has indicated that further indicators might be developed for the framework; as such, it is a relevant initiative for the development of a national outcomes framework that zeroes in more specifically on perpetrator intervention programs.

**Scotland – outcomes framework for children**

The Scottish Government’s approach towards improving outcomes for all children in the country, *Getting it Right for Every Child (GIRFEC)*, involves a range of legislative, policy and resource-based measures to support efforts by services and community organisations to focus on children’s wellbeing. While an outline of the GIRFEC approach is outside the scope of this discussion paper, the concept of children’s *wellbeing* is central.

To support a common understanding of children’s wellbeing, the Scottish Government developed eight Wellbeing Indicators to encourage services and the community to think more broadly than notions of ‘welfare’ and ‘child protection’:
Safe: Protected from abuse, neglect or harm at home, at school and in the community.

Healthy: Having the highest attainable standards of physical and mental health, access to suitable healthcare and support in learning to make healthy, safe choices

Achieving: Being supported and guided in learning and in the development of skills, confidence and self-esteem, at home, in school and in the community.

Nurtured: Having a nurturing place to live in a family setting, with additional help if needed, or, where possible, in a suitable care setting

Active: Having opportunities to take part in activities such as play, recreation and sport, which contribute to healthy growth and development, at home, in school and in the community.

Respected: Having the opportunity, along with carers, to be heard and involved in decisions that affect them.

Responsible: Having opportunities and encouragement to play active and responsible roles at home, in school and in the community, and where necessary, having appropriate guidance and supervision, and being involved in decisions that affect them.

Included: Having help to overcome social, educational, physical and economic inequalities, and being accepted as part of the community in which they live and learn.

These Wellbeing Indicators, each of which are detailed in more depth in the framework⁴, are used by the Children’s Service component of the Caledonian System approach to MBCP work, with perpetrators referred either through the criminal justice system or child protection. The Children’s Service applies a family violence overlay to GIRFEC processes and procedures to identify the wellbeing needs of children of perpetrators in the program (Ormston, Mullholland, & Setterfield, 2016).

While an Australian MBCP outcomes framework would not likely ‘zero in’ on a set of child wellbeing indicators such as these, the Scottish approach invites consideration of how some child-facing outcomes might need to be unpacked and delineated in an Australian framework. The framework might benefit, for example, by supporting a common understanding of concepts such as ‘safety’, ‘autonomy’, and indeed, ‘wellbeing’, in ways that have cross-cultural relevance rather than assuming Anglo-Celtic meaning.

Project Mirabal

A key consideration in the development of an outcomes framework is who gets to decide what outcomes to select and prioritise, and to define what counts as success in perpetrator intervention program work. The well-known Project Mirabal multi-site longitudinal evaluation of accredited domestic violence perpetrator programs in the UK took the rare step of consulting with victim-survivors, perpetrators, program providers and program commissioners/funders to seek their perspectives on what success means to them (Westmarland, Kelly & Chalder-Mills, 2010).

With victim-survivor views weighted heavily in the analysis, the researchers derived six outcomes that were each delineated into one or more quantitative scales containing multiple indicators of the

⁴ See www.gov.scot/Topics/People/Young-People/gettingitright/wellbeing
outcome. These scales were used as the central outcome measures for the longitudinal study of program effectiveness (Kelly & Westmarland, 2015).

The six outcome themes were, in decreasing order of how frequently they appeared across women’s narratives:

- respectful/improved relationships
- expanded space for action
- increased support/decreased isolation
- enhanced parenting
- reduction or cessation of violence and abuse
- the man understanding the impact of domestic violence.

Victim-survivor perspectives therefore had direct input into both what outcomes were chosen, and how they were conceptualised, defined and measured. For example, the researchers summarised victim-survivor narratives relevant to the space for action outcome theme as follows:

One of the impacts of living with domestic violence, and especially coercive control, is that women and children adapt their behaviour in an effort to prevent further outbursts: they narrow their space for action and live within the parameters the perpetrator sets. Being able to stretch this space was important to women, reflecting a sense of greater safety. Again, the examples focused on mundane everyday eventualities which had previously terrorised them, for example, no longer feeling scared about making a ‘mistake’, such as breaking something or getting a bank charge. A decrease in tension created a better atmosphere, which in turn meant women felt safer and more comfortable. It is easy to underestimate the importance of such shifts, but one woman described this as getting her life back and others that they felt able to move forward in life, for example go to college, university, or start a business (Westmarland, Kelly & Chalder-Mills, 2010, pp. 5-6).

The authors noted that while a reduction or cessation in the perpetrator’s use of violence and abuse was implicit across most of the outcome themes, that this was directly referred to less often than other hopes women had for their partner’s participation in a MBCP. Similar to the Scottish GIRFEC approach focusing on a range of child wellbeing indicators including but going beyond safety, what women considered (or at least these UK women considered) as important MBCP outcomes extended beyond their physical safety. This research invites consideration of how an outcomes framework could consider what counts as success in the context of women’s whole lives.

**England and Wales – Respect Outcomes Framework**

Respect UK, the peak body for domestic violence perpetrator programs (DVPPs) in England and Wales, has recently developed the world’s first (to our awareness) outcomes framework focusing specifically on perpetrator intervention programs. Relevant to a broad range of perpetrator intervention programs including but not limited to DVPPs (for example, programs that focus on adolescent relationship violence, family-violence informed parenting interventions for violent fathers, case management responses to high-risk perpetrators), Respect describes the framework as follows:
Survivors need to know that any intervention with an abusive partner or ex-partner has their own and any children’s safety at its heart. Commissioners, funders and referring agencies need to know that the service has taken all reasonable steps to work in a way which is safe, effective and accountable. Organisations need to be able to demonstrate that the services they provide have a positive benefit.

Respect encourages outcome focussed commissioning based on 5 key outcomes. These include three service user outcomes for perpetrators, survivors and children and young people and two organisational outcomes for multiagency work and the effective targeting of service provision … Respect accreditation does not require the use of a specific measurement tool, but it does require that outcomes are measured in a clear, proportionate way (Respect, 2017, p.2)

Each of the first three headline outcomes are associated with broad outcome statements, examples of relevant measures associated with the outcome, and ‘proxy indicators’. The final two outcomes are associated with evidence criteria.

The five outcomes are:

<table>
<thead>
<tr>
<th>Reduction in perpetrator’s violent and abusive behaviour</th>
<th>Reduction in physical and sexual violence and abuse</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Reduction in coercive control</td>
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<td></td>
<td>Reduction of risk of future harm</td>
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<td></td>
<td>Better conflict resolution</td>
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<td></td>
<td>Improvement in the quality of close relationships</td>
</tr>
<tr>
<td>Increase in survivor’s safety, well-being and freedom</td>
<td>Increase in safety</td>
</tr>
<tr>
<td></td>
<td>Improvement in well-being</td>
</tr>
<tr>
<td></td>
<td>Increase in freedom</td>
</tr>
<tr>
<td>Improvement in children’s well-being and safety</td>
<td>Better mental health</td>
</tr>
<tr>
<td></td>
<td>Better relationships with peers and family members</td>
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<tr>
<td></td>
<td>Improvement in confidence and self-esteem</td>
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<tr>
<td>Improvement in multiagency work</td>
<td>Improvement in information sharing about perpetrator behaviour and risk</td>
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<tr>
<td></td>
<td>More options available to agencies for intervention</td>
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<tr>
<td></td>
<td>Improvement in multiagency decision making and accountability</td>
</tr>
<tr>
<td>Effective targeting of interventions</td>
<td>Better match of intervention to perpetrator risk, needs and capacity to change</td>
</tr>
<tr>
<td></td>
<td>Safer and more effective interventions</td>
</tr>
<tr>
<td></td>
<td>Reduction in the unintended consequences of matching perpetrators to interventions which are not suitable</td>
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<tr>
<td></td>
<td>More flexible approach to changes in risk and need</td>
</tr>
</tbody>
</table>

The Respect framework provides brief contextualisation of the headline outcome statements. For example, with respect to the first outcome Respect notes:
Those perpetrators with the most entrenched behaviour, greatest level of additional needs and lowest capacity for change require the most intense and sustained intervention to bring about change. In such cases, behaviour change is always possible, but is often unlikely, and the focus should first be on risk management and containing and disrupting the perpetrator’s capacity to cause harm. Therefore, the expectation on outcomes should reflect this (Respect, 2017, p.2).

With respect to the second outcome Respect emphasises:

Although Outcome 2 is closely linked to Outcome 1, it is important to measure outcomes for survivors as well as, and separate to, outcomes for perpetrators, and to note that a reduction in abusive behaviour does not always bring about improved survivor safety, freedom and well-being. Likewise, when a perpetrator fails to change, a survivor can still be safer, if effective risk management of the perpetrator has occurred alongside effective support and safety planning for the survivor (Respect, 2017, p.3).

However, in an attempt to maximise brevity and applicability across a wide range of perpetrator intervention program contexts, there are few instances where the framework dives down into such conceptualisation. For example, the framework focuses on the difference between short-term and longer-term change as follows:

Linked to the reduction of violent and abusive behaviour, an improvement in close relationships is an important measure of success. The sustainability of a cessation of violence and abuse is linked to this across the literature on domestic abuse and general offending. A short-term reduction in violence and abuse can be achieved, where the perpetrator avoids difficult situations or engages in a form of disguised compliance. However, this does not necessarily lead to longer term, sustainable change. Increased problem solving, listening and conflict resolution skills are better markers of significant change, particularly when these are reported by survivors themselves (Respect, 2017, p.2).

Absent in this brief differentiation are notions of coercive control, social entrapment, secondary and tertiary desistance and other concepts that might be relevant to help define more detailed outcomes, measures and indicators relating to longer-term, sustainable change. Hence, while the Respect framework is the only such example of its kind that we’ve found, and keeping in mind the need for brevity and accessibility, an outcomes framework in the Australian context would benefit from a more detailed consideration of relevant issues.

Social Return on Investment and systems-level outcomes

Social Return on Investment (SROI) research is rare in the MBCP field, with the authors knowing of only two (both from the UK) conducted to date (Lancaster, 2010; Ariss, Ali & Squires, 2017). Such research takes a broader lens on outcomes through a focus on how a MBCP contributes towards the work of partner agencies and allied sectors, particularly in terms of cost savings to government and non-government budgets. This might for example include the impact of the program on preventing:

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5 Australia’s first SROI concerning a perpetrator intervention system is currently underway in Kalgoorlie as part of an ANROWS funded project led by the School of Occupational Health and Social Work at Curtin University; this SROI, however, will not focus specifically on the MBCP component of this system.
• police call-outs to FDV incidents
• periods of incarceration
• out-of-home-care responses to children
• emergency department and other hospital responses to victim-survivor injuries

SROI studies point to the broader systems-level objectives that MBCPs work towards as part of contributing to coordinated community responses and integrated service systems. Vlais (2014a, p.9) argues that MBCP evaluation should include the extent to which a program has (or hasn’t) assisted:

- Child protection and family services workers to ensure safe conditions for children of the men participating in the program – for example, is there a reduction in the men’s active attempts to sabotage the mother’s parenting (Domestic Violence Resource Centre Victoria, 2009)? Are the men becoming more supportive of the mother and her children receiving appropriate social and health services, rather than attempting to isolate them from services? Is the man working towards providing a safer parenting environment for the children?

- Corrections/probation and parole officers in their supervision work with domestic violence and sexual assault offenders. Has this made the management of offenders easier, and assisted with compliance of probation or parole conditions?

- Courts to use appropriate civil and criminal justice system measures to protect women, children and others affected by the man’s violence, and to make appropriate judicial decisions (for example, regarding bail conditions) based on the assessment of risk provided by the program

- Local or regional multi-agency high-risk client strategies in managing risk for particularly high-risk offenders.

Systems-level outcomes are increasingly being considered in MBCP program logic models (see, for example, Urbis, 2014), and as such, are relevant inclusions in a national outcomes framework.

**Evidence Confidence Framework**

Another relevant body of work, also from the UK, is the development of a framework to guide decisions regarding outcomes and evidence generation in situations where innovation and the replicability of innovative projects are of primary concern. Given the current emphasis across many Australian (and other) jurisdictions on innovation and expanding the range and types of perpetrator intervention programs (Vlais, 2017), and the inevitable questions about the scalability of innovation trials, this work is highly relevant.

An **Evidence Confidence Framework** has been developed by Catch-22, a UK NGO that focuses on supporting innovation and replication of evidence-based interventions for vulnerable young people and their families. The framework is based on conceptualising evidence as *confidence* rather than evidence as truth:

… too often we rely on evidence to support unequivocal claims of truth. We say things like ‘this works’ and ‘this is cost-beneficial’, yet the truth is often more nuanced than this. In relation to evidence of impact, for example, even with the most robust evaluations, we cannot unequivocally conclude ‘this works and this does not’. Rather, at best, we might be able to say that the evidence suggests that a particular intervention (or practice, or
approach) is effective (or ineffective) in improving one or more specified outcomes
(assuming certain contextual factors hold). Put another way, we might say “We can be
(reasonably) confident that ...” This is not as strong – or confident – as saying “This works”
but equally it is stronger – or more confident – than concluding that we can only say that a
particular service had a positive impact when delivered by a particular organisation to a
particularly group of beneficiaries in a particular context in a particular point in time (Catch-
22, 2016, p.7)

Their framework posits five elements of a program, intervention or service that if present would
provide confidence for replication, with each element potentially demonstrated or supported by
four types of evidence. The framework is reproduced below (Catch-22, 2016, p.8).

<table>
<thead>
<tr>
<th>Elements of service</th>
<th>Evidence for replication</th>
</tr>
</thead>
<tbody>
<tr>
<td>A tightly defined service</td>
<td>Supported by strong logic model</td>
</tr>
<tr>
<td>That is effectively delivered to those who need it</td>
<td>Eligible individuals in need are served</td>
</tr>
<tr>
<td>Evidence is used to learn and adapt, as required</td>
<td>Outcomes are routinely monitored</td>
</tr>
<tr>
<td>There is confidence that outcomes will improve</td>
<td>Evidence from elsewhere that outcomes improved</td>
</tr>
<tr>
<td>The service is cost-beneficial and sustainable</td>
<td>Analysis of costs and likely financial return on investment</td>
</tr>
</tbody>
</table>

The Evidence Confidence Framework invites reflection on whether an Australian MBCP outcomes
framework should be driven primarily by the question “How do we think about outcomes, and what
outcome indicators do we need, to determine whether a perpetrator intervention program works?”
In a recent analysis of issues pertaining to MBCP quality and outcomes in Australia, Day, Vlais,
Chung and Green (2018) argue that asking this type of question might be premature as many Australian
programs lack some of the requirements – for example, program logic models, program integrity
checks, accreditation – to be evaluation-ready.

As Catch-22 further argue:

Timely questions should drive the generation of appropriate evidence, yet too often we see
evidence commissioned or generated without enough consideration of whether the
question is timely or appropriate. Evidence of impact is usually first and foremost in people’s
mind (especially funders and commissioners of evidence). However ... different questions
require different forms of evidence to answer them, and different questions will be more or
less relevant at different stages in the replication journey. (p. 11)

Not only should an outcomes framework be sensitive to how outcomes could be conceptualised and
measured to reflect realistic expectations and an accurate understanding of the ‘wholeness’ of
MBCP work. It should also be sensitive to what are the right questions to ask in what situations. In an era of increasing innovation and adaptivity of perpetrator intervention programs to address specific issues, contexts and cohorts, prematurely asking “Does it work?” might place inappropriate pressure on new interventions to demonstrate that they can run before they can crawl.
An outcomes framework in the Australian context

In this section, we briefly outline some of the main considerations and facets involved in the development of an Australian outcomes framework for MBCP work. The development of such a framework would require both broad-based and thorough consultative processes; in this context, the considerations referred to below are, at best, preliminary signposts to what could eventuate.

How might it be structured?

While not wanting to pre-empt the structure of a national outcomes framework, as this would arise through the developmental process, the framework could consist of the following elements or layers:

- Consistent with the format of an ‘outcomes hierarchy’, an opening section focusing on desirable population or community-based outcomes that MBCP and other perpetrator intervention programs would work towards. While the framework would focus on outcomes for specific interventions, these need to be contextualised in terms of the question *What are we trying to achieve as a society in engaging perpetrators of family and domestic violence?*

- A relatively small number of high-level outcome statements, almost (but not quite) at the level of outcome principles, that would be of a similar form (though not necessarily similar content) to the high-level outcomes in the UK Respect Outcomes Framework. These outcome statements would be pitched at the level of asking the question *What are we trying to achieve with our program?*

- Contextual information to articulate the assumptions, meanings and conceptualisations inherent in these high-level outcome statements. These would be based where possible on broad consensus arising through the framework development process, while enabling scope and room for various stakeholders to interpret them differently based on their own local circumstances, targeted perpetrator cohorts and implementation contexts.

- Delineation of a more specific set of outcome statements for each of the headline outcomes, with some (concise) explanatory context for each. This explanatory text would make clear the relevance of the outcome and how it is, or can be, conceptualised.

- Examples of evidence indicators attached to each of these more specific outcome statements. Influenced by Catch-22’s Evidence as Confidence framework, where applicable, the indicators would be divided into different categories depending on whether a perpetrator intervention program that the framework is being applied to is a relatively new initiative or innovation, or one that has already been replicated to some considerable scale.

- Examples of outcome measures and tools relevant to collecting data towards evidence indicators associated with each specific outcome statement, and any important (succinct) notes on their use and/or interpretation.

- Other data sources relevant to the evidence indicators, and any important notes to assist with interpretation.

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6 We would anticipate a greater number of high-level outcomes than five, the number in the Respect framework.

7 Attempting to elucidate the full range of possible evidence indicators for any given outcome statement would not be possible and would make the framework too lengthy.
Given the likelihood that some tools and data sources would be relevant across multiple specific outcome statements, the framework could include a matrix of tools and data sources.

Ideally, the framework would also contain two supplementary sections to assist perpetrator intervention program providers and other stakeholders in formative and summative evaluation efforts. One would pertain to data used for process (as distinct from impact or outcome) evaluations and for program providers to review how their program is being implemented. This would include guidelines towards monitoring and reviewing program integrity and fidelity — the extent to which the program is being implemented broadly as planned, and to which its implementation reflects the underlying program logic and theory of change.

The second supplementary section would briefly explore impact indicators that sit at a preliminary stage prior to longer-term outcome measures. Impact indicators explore what proximal changes — for example, in a perpetrator’s attitudes and behaviour, the immediate or medium-term risk that he poses, victim-survivor autonomy and well-being, or in service system collaborative working relationships — might sign-post progress towards the longer-term outcomes that the program is working towards.

The framework would not, however, attempt to draw together a program logic model or unified theory of change for the MBCP or broader perpetrator intervention program field. Despite possible sections on process and impact indicators, the framework’s predominant focus would be on outcomes. Furthermore, the framework would not attempt to link together process, impact and outcome indicators as per a logic model, nor explore the assumptions or evidence-base that might underpin these links.

How might it be developed?

A crucial phase in the development of a national outcomes framework would involve both broad-based and deep consultative processes to address a range of relevant conceptual issues and questions, such as those outlined in the “Conversations we need to have” section below. Skipping this phase would be detrimental for the numerous reasons outlined in this paper and would substantially limit its use.

Obtaining full consensus on the entire range of these issues and questions would be highly unlikely nor necessary; however, broad consensus would need to be achieved with some issues. The discussions and debates arising through this stage would also help enable the framework to encompass diverse positions and stances.

These discussions would need to be national in scope, and occur separately within each state and territory, in addition to across state borders. State and territory-based MBCP provider peak bodies and networks, such as No To Violence, the NSW Men’s Behaviour Change Program network, and Services and Practitioners for the Elimination of Abuse Queensland would perform essential roles in helping to facilitate these conversations. Conversations that cross state and territory boundaries would occur via video-conferencing platforms, with the added possibility of a national conference.

We also believe there is considerable merit in adopting qualitative research methodologies such as those employed in Project Mirabal to seek the views of victim-survivors, perpetrators, program providers/practitioners and funders concerning what counts as success in this work. While this would necessitate research ethics clearance and a component of the framework’s development entering the realm of primary research, the development of a framework without direct input from each of these stakeholder groups, particularly victim-survivors, would have limited legitimacy. The
views of child victim-survivors is also central here, with recent Victorian qualitative research with children and young people aged 9 – 19 having canvassed in detail their views on what outcomes they would ideally seek if their fathers were to participate in a MBCP (Lamb, 2017).

The increasing number and range of intervention programs for Aboriginal men using family violence (Gallant et al., 2017) points to the need for careful consideration of how Aboriginal communities and Aboriginal community controlled organisations define outcomes. This would be an important stream of the project, as outcomes based on an individualist Western philosophy of well-being might not be appropriate, or fully appropriate, for these communities.

We also believe that the Delphi research method should be considered for latter stages of the framework’s development. Ultimately, input from state-based and national consultations, discussions and conversations would need to be synthesised and analysed into iterative drafts of the framework. Rather than this being done by one or two central project workers, there would be much merit in convening a panel of industry experts who help give shape, in draft form, to the framework over at least two successive drafts. These drafts would be sent back out through appropriate networks and consultative forums to obtain feedback from a wide range of stakeholders, and again at a national level, helping to shape the next iteration of the industry panel’s work.

**What might it help to drive?**

A national outcomes framework would have a range of highly important uses in improving the quality and effectiveness of MBCPs and other perpetrator intervention programs. It would:

- Help to set transparent and realistic expectations about what these programs can achieve, to guide partner agencies in the context of integrated service systems when referring clients and families, and when collaborating with program providers as part of risk assessment and risk management processes.
- Make explicit how MBCPs can potentially contribute to integrated responses, and how their work can be of benefit to the core concerns of partner agencies.
- Guide funders and commissioners when setting and negotiating monitoring processes and performance indicators and targets in program funding and service agreements.
- Assist program providers to develop program logic models and to maximise the conceptual clarity of their programs.
- Assist program providers to identify ways to monitor the integrity and fidelity of the various components, processes and activities that make up their program, to enhance the likelihood that their program is being implemented coherently and as planned.
- Inform future reviews and updates of state-based minimum standards of practice, and help to promote consistency in minimum standards between states.
- Provide the foundations for compliance monitoring and accreditation processes to assist funders and regulators to know whether programs are complying with minimum standards.
- Inform program provider operational reviews and process evaluations of their programs.
- Inform impact and outcome evaluations of program effectiveness.
- Maximise the likelihood that research into MBCPs and perpetrator intervention programs adopts the types of conceptualisations and measures that will contribute towards building the evidence base.
Overall, a national outcomes framework would give confidence to stakeholders and the community that MBCPs are working towards clearly articulated and consistent goals, and would make explicit the multiple ways in which they do so. It would also help partner agencies, funders and the community to monitor the accountability of program providers in working towards these clear outcomes.

In our view, a national outcomes framework is an essential precursor to outcomes-based funding and monitoring of MBCPs and other perpetrator intervention programs. Currently, there is too much uncertainty about how to conceptualise and measure success for outcomes-based funding to operate in this field.
Conversations we need to have

In an earlier section of this discussion paper, we outlined several examples of work in Australian and overseas jurisdictions relevant to the development of an outcomes framework for MBCPs. We emphasised that many of these efforts lack a solid up-front focus on a range of conceptual and philosophical issues relevant to how we conceive of and measure outcomes in this work. As many of these issues are either highly contentious in the field, have attracted relatively little discussion or debate thus far, or are associated with automatic and taken-for-granted assumptions that are yet to be sufficiently interrogated, engaging the field to discuss these issues is not a small step.

Some of these issues are outlined in our recent issues paper *Family and domestic violence perpetrator programs: Issues paper of current and emerging trends, developments and expectations* (Vlais, Ridley, Green & Chung, 2017); in the ANROWS publication *Program quality and outcomes in men’s behaviour change programs* (Day, Vlais, Chung & Green, 2018); and in the forthcoming Centre for Innovative Justice (2018) paper *Foundations of Family Violence Perpetrator Intervention Systems*. While these and other issues are categorised and listed below, readers are referred to these publications for further detail.

As highlighted in the previous section, stakeholder conversations around these issues would need to be considered in parallel with input from victim-survivors (adult and children) and perpetrators.

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**Foundational questions and issues for developing a national outcomes framework**

**Outcomes that matter for victim-survivors**

*What implications does conceptualising FDV as pattern-based coercive control, as distinct from incident-based behaviour, have for the outcomes framework?*

*In what ways can victim-survivor space for action, and felt and actual freedom to make choices without perpetrator attempts to constrict this space, be measured?*

*How might an understanding of perpetrator tactics of coercive control as one part of a broader pattern of social entrapment⁸ influence outcomes in the framework?*

*How a victim-survivor and their family defines success in relation to a perpetrator’s participation in a MBCP is particular to them. Safety is a complex concept and can mean different things for different victim-survivors. How might a framework conceptualise outcomes for victim-survivors in ways that do not narrowly prescribe what outcomes should be meaningful or important for all victim-survivors? How might the framework allow room for each victim-survivor and their family to define what outcomes are important to them?*

*MBCP provider attempts to change a perpetrator’s behaviour does not occur in a vacuum. Social responses to the perpetrator’s violence-supporting attitudes and behaviours – from peers, extended family, and communities that he belongs to – can either collude with these attitudes and behaviours to counteract the efforts of the program, or express dissent and support these efforts. Should the framework take these broader social responses and contexts into account?*

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⁸ Social entrapment refers to the ability of a perpetrator to combine tactics of coercive control, the use or manipulation of service system responses and broader social responses to the victim to his advantage, and any marginalisation that the victim might face in addition to gender-based oppression, to attempt to entrap her within his control (Tolmie et al., 2018).
How might the framework conceptualise program outcomes in relation to victim-survivor resistance and responses to the violence?

Outcomes for children

How might outcomes specific to children’s safety and well-being be incorporated into the framework?

How might the framework incorporate existing research (e.g. Alderson, Kelly & Westmarland, 2013; Lamb, 2017) concerning the outcomes that might matter to children in terms of their father’s participation in a MBCP?

How will the framework measure outcomes in relation to perpetrator control over family functioning, including tactics to harm the bond that his children have with the non-perpetrating parent, the non-perpetrating parent’s confidence and capacity to parent, and the family’s connection with community, cultural, health and social supports and services?

Collective responsibility and community-level outcomes

Should the framework focus not only on individual-level outcomes, but also community-level changes? Particularly for communities where MBCPs cannot be ‘dropped in’ to the community as tertiary services without accompanying community engagement strategies.

Should concepts of community transformation, intergenerational change, community-level healing and wellbeing, and community accountability – particularly as they apply to marginalised communities – have a place in the framework?9

More broadly, what might taking an intersectional analysis based on an anti-oppression lens mean for the framework?

How will Aboriginal communities be able to define outcomes that matter to them, rather than outcomes being prescribed for them? In what ways can the framework incorporate Aboriginal worldviews (e.g. Gallant et al., 2017; Hovane, 2015; Mosby & Thomsen 2013)?

Addressing FDV, including perpetrator response, requires the collective responsibility of many government and non-government services based on an understanding of their collective impact. This includes establishing shared metrics and measuring the same things (Hanleybrown, Kania & Kramer, 2012). How might the framework take this into account, especially when it might sometimes be difficult to isolate the effects of the MBCP provider from those of partner agencies within an integrated service system context?

MBCP conceptualisation and implementation

How might the framework take into account the diversity of philosophical and conceptual positions within the MBCP and broader perpetrator intervention program industry, and the diversity of intervention models and approaches?

Tailoring perpetrator interventions to each individual’s risk profile and dynamic risk factors, responsivity issues, circumstances and the needs of adult and child victim-survivors is a crucial consideration in enhancing the effectiveness of programs (Shah, 2017; Stewart, Flight & Slavin-Stewart, 2013; Vlais, Ridley, Green & Chung, 2017). What might this mean for the outcomes framework if ‘clinical’ outcomes need to be tailored for each perpetrator, based on individualised case plans?

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9 Shah (2017), for example, strongly argues for consideration of these community-level outcomes in any MBCP work with oppressed or marginalised communities.
What are the implications for the framework of an increasing focus on attempting to differentiate cohorts of perpetrators, for example by level of risk, complexity of dynamic risk factors or criminogenic needs, or readiness to change?

How might case management and service coordination outcomes be captured by the framework?

**Perpetrator journeys towards accountability**

Perpetrator change as a result of a MBCP or other intervention program is often incremental – the perpetrator might make some shifts in his patterns of coercive controlling tactics, but in general violent and controlling behaviour does not completely (or near-completely) cease as a result of one intervention. This is not only in relation to some harmful attitudes and behaviours changing by degree, but also, some coercive controlling behaviours being affected by the intervention and others not. The perpetrator might adopt new coercive controlling behaviours during the course of the program to substitute for others. How might the framework position incremental, pattern-based change?

The journeys by which some perpetrators come to take responsibility for their behaviour, and become internally accountable to adult and child victims concerning the harm they have caused, can be very long-term (Walker, Bowen, Brown & Sleath, 2015, 2017). A perpetrator participates in a MBCP as one point in time in this journey, rather than the program fully encompassing this journey. What does this mean for the outcomes framework?

How might the framework be sensitive to outcomes concerning secondary and tertiary desistance?10

How will the framework conceptualise ‘perpetrator accountability’, and accountability-based outcomes?

**Building an evidence base**

What are the implications of an Evidence as Confidence approach for the outcomes framework?

How might the framework be sensitive to perpetrator intervention programs at different stages of establishment – for example, those being implemented as part of innovation trials as distinct from others that are well-established?

How might the framework be sensitive to outcomes that matter in a local context, or when implementation issues are less than ideal (for example, in rural locations)?

Next steps

As highlighted earlier (see How might it be developed?) the creation of an outcomes framework for the MBCP field in Australia would be a major project requiring multiple rounds of extensive and nation-wide consultations.

This should be a national framework given its relevance to government policy, industry growth and recent and current developments in the field in most states and territories. For example:

- Western Australia recently established a Men’s Behaviour Change Program Provider Network auspiced by Stopping Family Violence, and is investing in other sector development activities.
- South Australia is finalising its first minimum standards and compliance monitoring tools for MBCPs and other perpetrator intervention programs.
- Following the state’s first significant increases in MBCP funding for some time, Queensland is reviewing its professional practice guidelines for MBCPs, and is developing a quality framework for perpetrator intervention programs.
- Victoria recently updated its minimum standards for MBCP provision, had commissioned work to develop a compliance monitoring and accreditation process, and is significantly increasing funding for MBCP provision including for innovative perpetrator interventions.
- NSW recently updated its minimum standards, is updating its registration process for MBCP providers, and as outlined earlier has tasked No To Violence to lead an industry panel to make state-wide recommendations concerning program logics, assessment and evaluation for use by registered providers. There is currently significant growth in MBCP activity in the state, with some investment flowing into the field for the first time.
- Tasmania is investing in evaluation activity for its Corrections and community-based MBCPs.
- The ACT Government has recently funded the territory’s first substantive community-based MBCP (as distinct from the long-running Corrections program)
- A specialist family violence court will commence later this year in Alice Springs, resulting in a significant increase in MBCP and other perpetrator intervention activity in central Australia.

A national outcomes framework would support these and other developments across Australian states and territories, given the unprecedented current focus on perpetrator interventions in government policy and community sectors over most of Australia. The timing for its development is clearly now.

While this discussion paper has focused predominantly on MBCPs rather than the broader range of perpetrator intervention programs, we would recommend that an outcomes framework should not be limited to MBCP provision only. The perpetrator intervention field in Australia is currently seeing an expansion of innovations and pilot initiatives focused on particular cohorts, intervention opportunities and contexts (ANROWS, 2016; Centre for Innovative Justice, 2015; Gallant et al., 2017; Vlais, 2017). These include, but are not limited to:

- A consolidation and expansion of ‘front end’ engagement with perpetrators based on police referrals in Victoria, NSW, Western Australia, Tasmania and Queensland, and with court referrals in Tasmania
• Respondent Practitioner engagement with perpetrators in Victoria and Queensland, and possibly in Western Australia
• Brief interventions to increase perpetrator compliance with protection order and FDV-related bail conditions in NSW
• Piloting of men’s FDV case management initiatives in Victoria – of both short-term and longer-term case management models – in court, family services and MBCP service provision contexts\textsuperscript{11}
• Conjoint FDV and substance abuse interventions in Western Australia and Victoria
• Specialist FDV perpetrator interventions in Queensland embedded within child protection and family support service provision contexts
• Adolescent relationship violence programs (focusing predominantly on their use of violence in the home) being piloted in most states and territories
• Specialist FDV-informed programs for fathers who perpetrate violence, focusing on their behaviour towards their children and their children’s other parent, trialled in most states
• A pilot program to address elder abuse perpetration in Victoria, that will include perpetrator engagement
• Programs addressing Indigenous men’s use of family violence in most states and territories, combining community engagement, cultural and individual healing work and men’s behaviour change service provision
• Adaption of MBCPs to work with perpetrators from LGBTIQ communities in Victoria and NSW, and with some established and newly arrived migrant communities in Victoria.

While a national outcomes framework would be developed with consideration of MBCP provision at the centre, it should be developed in a way that is relevant to as many of these and other innovations in perpetrator intervention programs as possible. At the same time, not all such programs could or should necessarily be reflected in the framework. Indigenous community-controlled organisations, for example, would decide whether the framework can be adapted for their work and contexts; whether it could be used with a significant cultural overlay; or whether their own outcomes framework is required. The potential breadth of use of a national outcomes framework necessitates sufficient scope and time for consultations with a wide range of sectors – not only with MBCP providers and related stakeholders.

**Making a start: A focus on Western Australia**

While Stopping Family Violence does not currently have the capacity to conduct a nation-wide outcomes framework development project, it is proposed that some foundational work will be undertaken through a state based and small scale in Western Australia in partnership with the WA Men’s Behaviour Change Network. The project will:

\textsuperscript{11} It is possible that case management initiatives will extend towards multi-agency intervention contexts focusing on high-risk, high-harm perpetrators, such as trials in the UK through the Drive Project (Hester, Eisenstadt, Jones & Morgan, 2017; see also \url{http://driveproject.org.uk/}) and those associated with the Priority Perpetrator Identification Tool (Robinson & Clancy, 2015, 2017), and in NZ through the use of Independent Perpetrator Services and Perpetrator Outreach Services as part of the Family Violence Integrated Safety Response trials (Mossman, Paulin & Wehipeihana, 2017).
1. Refine the philosophical, theoretical and conceptual issues outlined earlier in the document (see *Conversations we need to have*) into a set of questions that invite thinking and reflection.

2. Invite Western Australia’s six main government and non-government providers of MBCPs and other relevant stakeholders, to comment on whether these are the right questions to ask to inform initial thinking about the framework.

3. Conduct at least two workshops with these providers and key stakeholders, that will:
   a. provide a space for initial discussions concerning some of these questions
   b. enable program providers to identify some initial steps they can take towards more consistent and conceptually informed decisions concerning outcomes data recording and measurement, that they can apply or work towards applying in the context of program provision now.

4. Use the discussions and outcomes from this workshop to inform next steps in attempting to secure the resources and capacity for a project that develops a national framework.

We anticipate that the first of these workshops will take place towards the end of 2018 with follow-up work to occur in early 2019.
References


