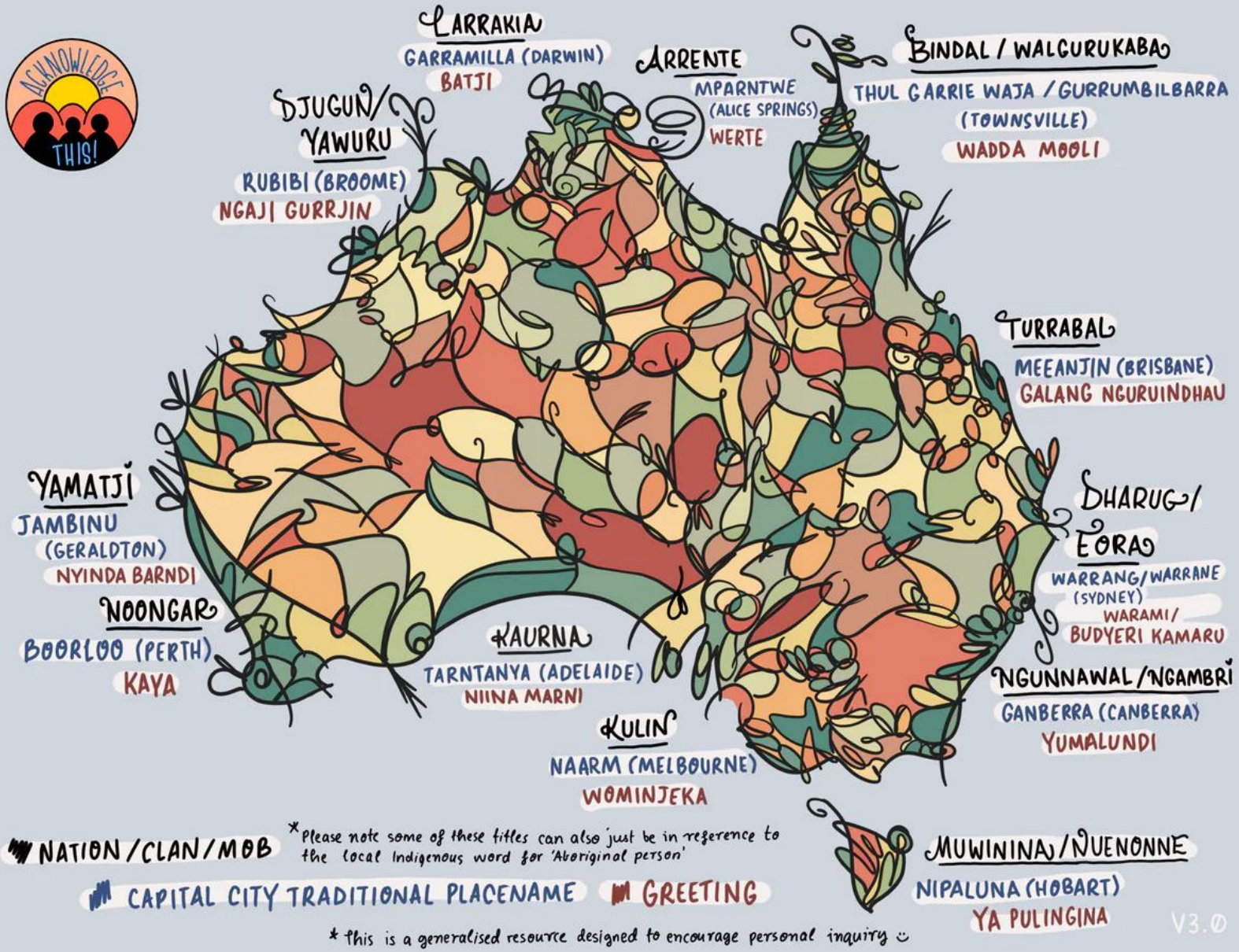
START

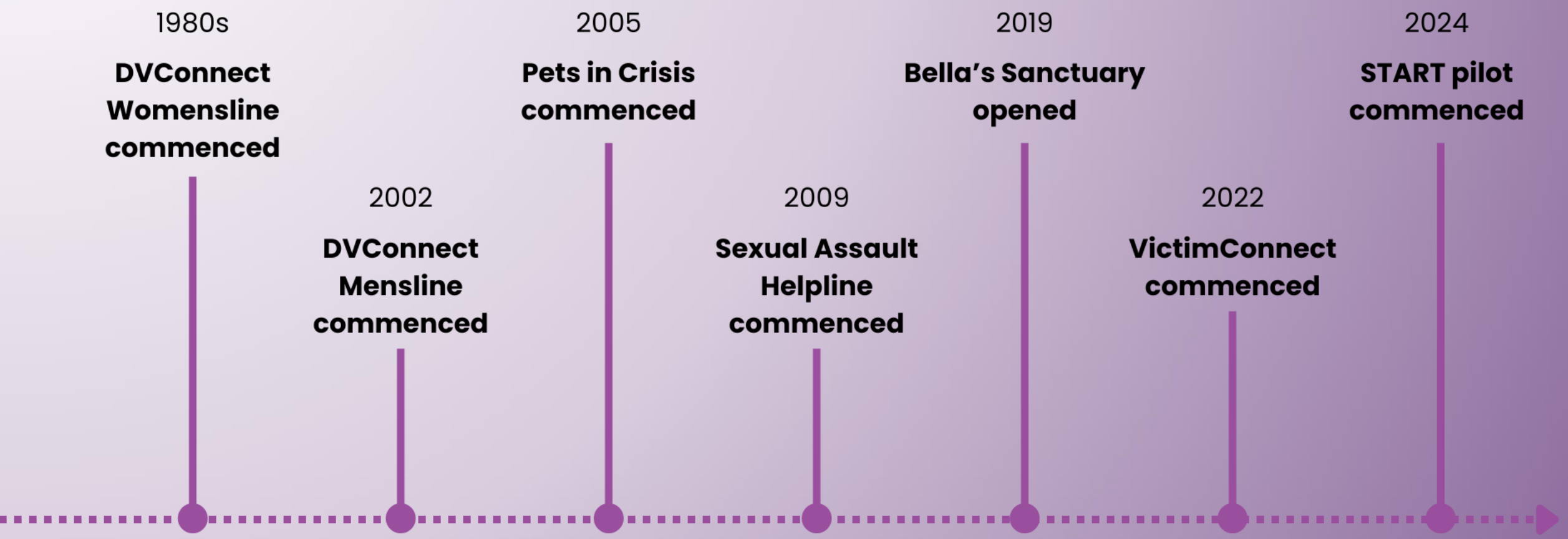
Brief Intervention Action Learning Pilot

DVCONNECT
Be heard. Be safe.



Source: [Foundation for Indigenous Sustainable Health]

DVCONNECT'S HISTORY



OUR TEAM



3
Men's Accountability Practitioners

10
Mensline Counsellors

2
Senior Practitioners

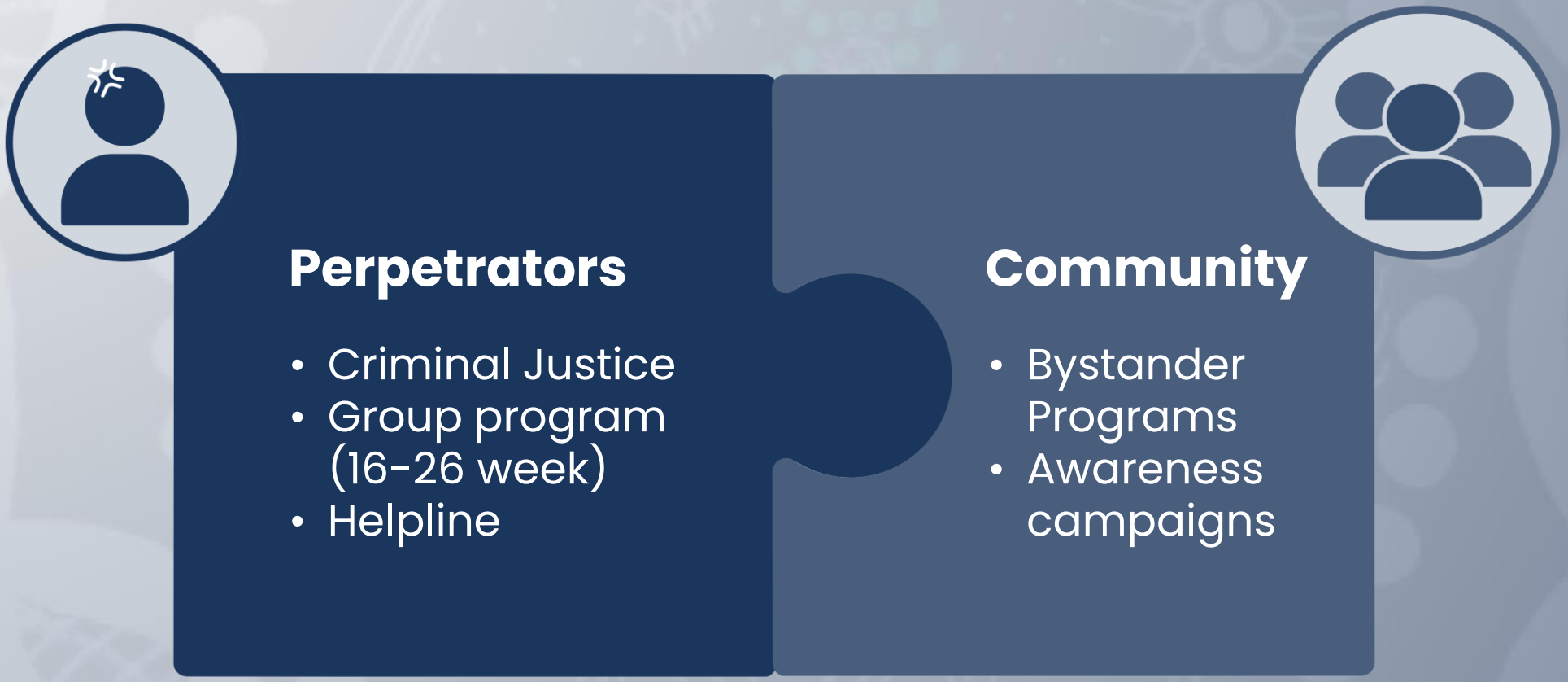
1
Team Leader

OUR SERVICES

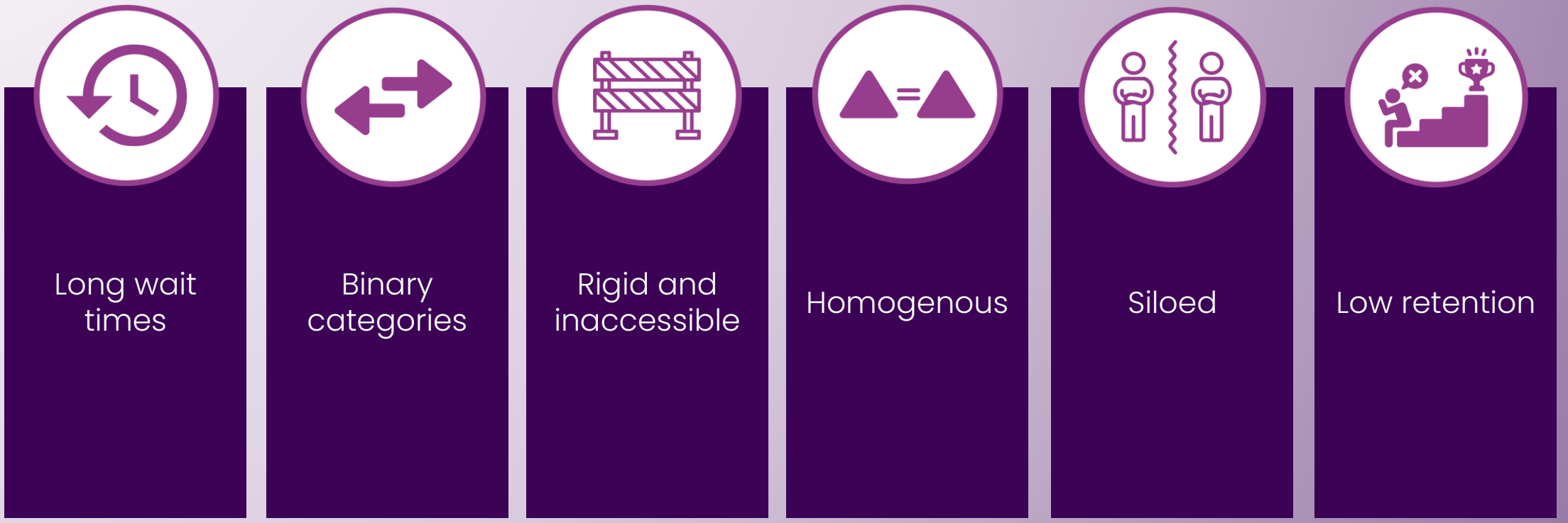
2002 DVConnect Mensline commenced

2024 START pilot commenced

AUSTRALIAN RESPONSES FOR MEN WHO USE VIOLENCE



Help seeking is pivotal to building motivation and creating change, yet barriers include:



PHILANTHROPIC INVESTMENT



DVConnect pursued philanthropic investment to allow flexibility in standing up and rolling out the START program



Key consideration was assuring investors and stakeholders that working with PUV would benefit victim-survivors and increase safety



After several pitches and a clear reporting framework, we succeeded in securing funds

EARLY DESIGN

- Flexible + responsive - testing and learning what works
- Immediate access
- DVConnect Mensline Referral
- Six-weeks of support
- Activities:
  - Social + systems work
  - Risk management
  - Changing behaviour

EARLY CHALLENGES

- No existing prototypes
- Unclear safety frameworks
- Ensuring caller engagement
- Anticipated Sector resistance

TWO PHASES OF EVALUATION

Pre Program

- Landscape review of short-term interventions
- DVConnect Mensline Baseline
  - Drivers
  - Presentations
  - Supports
- Engagement and understanding

Program evaluation

- Action learning
  - evolving program logic
  - responding to risk
- Qualitative and quantitative
- Accountability Network development

INITIAL PRESENTATIONS



Men present as victims *and* users



They are comfortable working with a DV service



Many complexities in life



There are many variations in clients i.e. demographics, presenting issues, etc.



They are eager for ongoing support, but unsure what they want/need



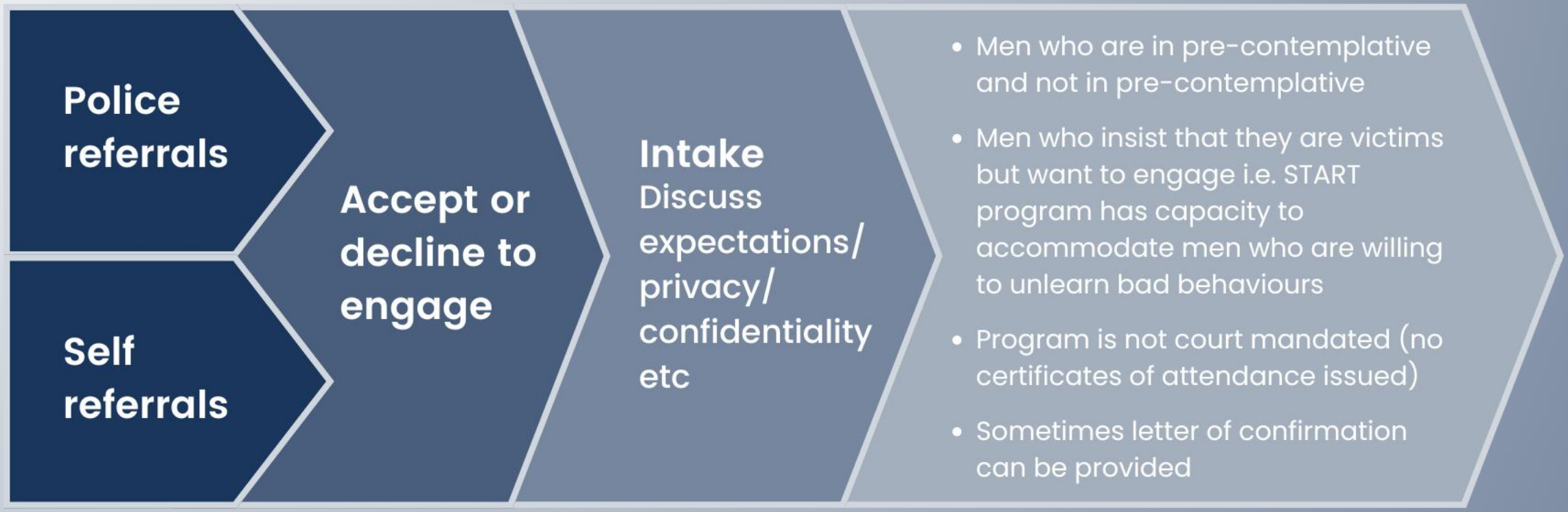
Responding to police referrals and direct calls from men

DVCONNECT START

SELF
TRANSFORMATION
ACCOUNTABILITY
RESPONSIBILITY
TOGETHER

- Short–term phone-based program that runs for 6 weeks
- Team comprises 3 practitioners + T/L

REFERRAL PATHWAYS



NO WAITLIST

START program delivered 1:1 over the phone for one hour

Flexibility to clients who decide to re-engage in a brief intervention program due to long waitlist for MBCP

Focuses on the measurement of what is believed to be an eradicable level of stopping violence and help to facilitate behaviour change

Men can still access DVConnect Mensline services regardless

6 WEEKS OF SERVICE

- Intake session
- 6 other sessions over a 6-week period
- Can go over 6 weeks in instances where the client needs extra support
- May also be less than 6 sessions for some clients

RISK MANAGEMENT



Conduct check-in, regular debriefs with T/L and case discussions



Notifications made to relevant agencies e.g. DoCS



Collaborate with DVConnect Womensline and DVCOMMS to ensure optimum safety for women and children



Referrals made to other services as part of safety planning

OVERSIGHT / CASE DISCUSSIONS



- Team meeting twice every week i.e. Tues and Wed
- Regular meetings on Tue
- Case discussions every Wed

START: PROGRAM AS IT IS NOW

- Differential presentations, differential pathway
- Four pillars of intervention



JOURNEY to BEHAVIOUR CHANGE



SOCIAL + SYSTEMS WORK



RISK



ACCOUNTABILITY NETWORK

PROGRAM LOGIC

We identify three primary presentations:

- Motivated for Change
- High Risk / Low Engagement
- Barriers to Change

Each pathway draws on different combinations of the four pillars:

- Risk
- Behaviour change
- Social work
- Accountability network

Overarching outcomes

- Safety for women and children
- Positive help-seeking pathways for men
- Sustained behaviour change through connection and accountability

MOTIVATED TO CHANGE

Program sequencing:

RISK

1. Behaviour change counselling

2. Accountability network

3. Social + Systems Work

Outcomes Focus

Building knowledge and networks to drive and support change

HIGH RISK / LOW ENGAGEMENT

Program sequencing:

RISK

1. Accountability network
2. Social + Systems Work
3. Behaviour change counselling

Outcomes Focus

Management and response to risk

BARRIERS TO CHANGE

Program sequencing:

RISK

1. Social + Systems Work
2. Accountability network
3. Behaviour change counselling

Outcomes Focus

Addressing barriers and educating men and their supports to recognise violence and respond to risk

CASE STUDY #1



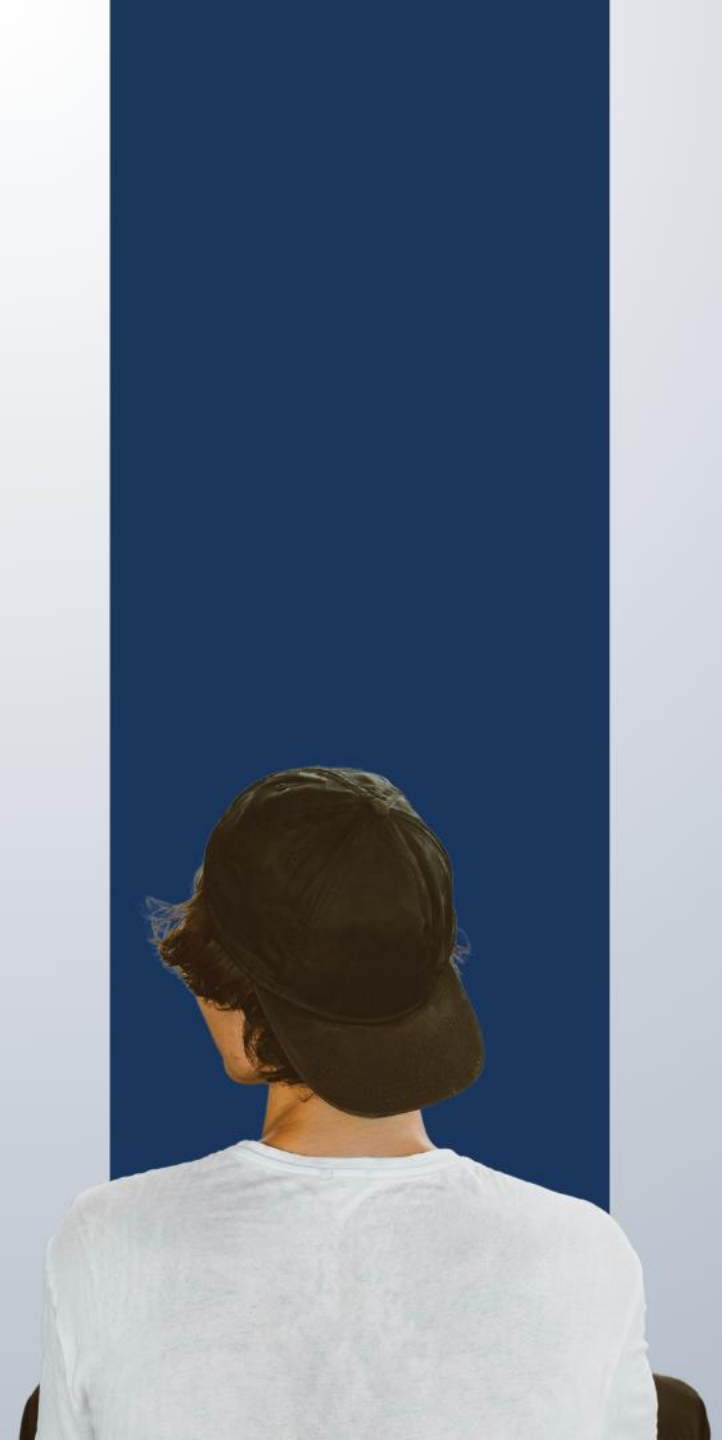
Background

- Violent incident toward his wife
- Referred by police
- Showed an openness to change

Interventions

- **Social + Systems Work:** social engagement, *innerBoy* app
- **Accountability Network:** safe community spaces like the Men's Shed, referred to group program
- **Journey to Behaviour Change:** naming violence, addressing unresolved childhood trauma
- **Risk:** assessment of violence use

**names and images have been changed*



CASE STUDY #2

Background

- First relationship breakdown
- Stalking and controlling behaviours
- Exiting foster care
- Ex-foster Carer referral

Interventions

- **Social + Systems Work:** employment support, social engagement, *innerBoy* app
- **Accountability Network:** carer, employment support workers, friend
- **Behaviour Change:** relationship education, naming violence
- **Risk:** assessment of violence use

**names and images have been changed*

CASE STUDY #3



Background

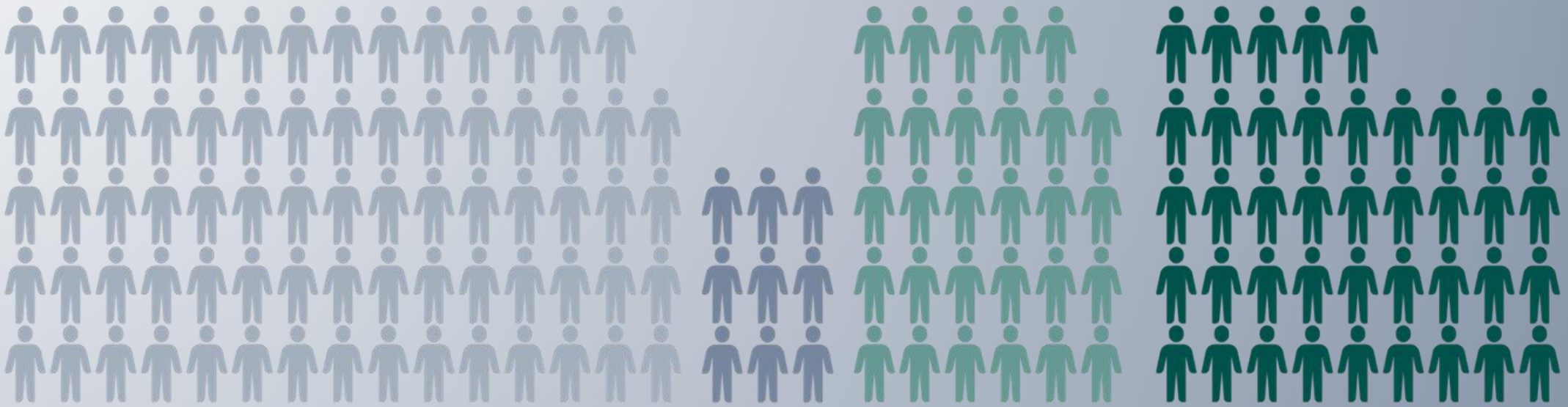
- Socially isolated
- Living on a farm
- Threats of violence toward his wife
- Referred by his sister
- Behaviour was escalating

Interventions

- **Social + Systems Work:** personal safety plan
- **Accountability Network:** local police, sister
- **Journey to Behaviour Change:** not achievable in this context, risk assessment and safety planning prioritised instead
- **Risk:** assessment of violence use

**names and images have been changed*

153 clients referred



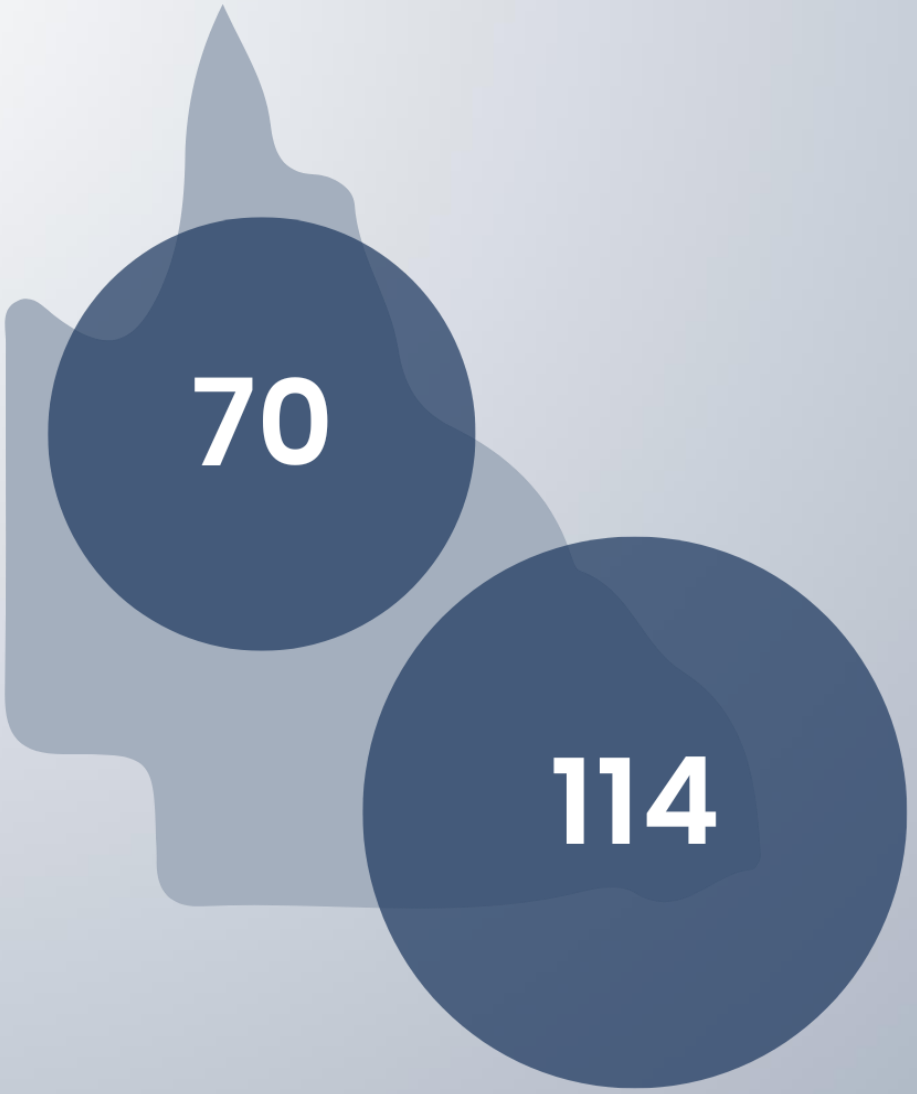
74 did not enter the program

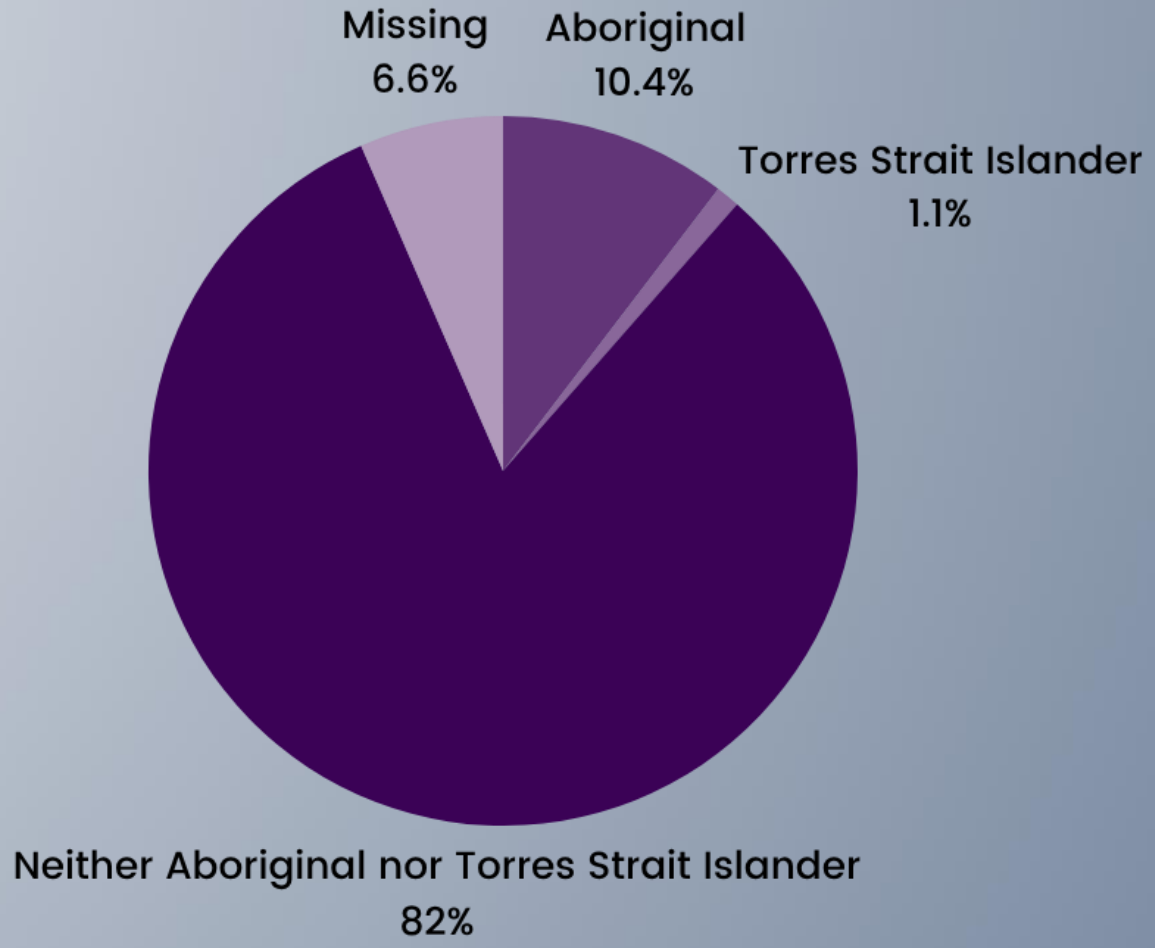
9 did not continue past week 1

29 progressed past week 1 but did not complete

41 completed the program

August 2024 to July 2025


70
114


Missing
6.6%
Aboriginal
10.4%
Torres Strait Islander
1.1%
Neither Aboriginal nor Torres Strait Islander
82%



64 were from regional areas of Queensland



89 from urban South-East Queensland



26% of those referred completed



51% of those who made it past intake completed the program



Most attended 6 appointments (low=3 high = 9) over 6 weeks (low = 3wks high =10wks)

EMERGING FINDINGS



Men's presentations usually followed a crisis, police involvement or separation



Varying levels of risk from low to very high



Presentations were sometimes as a 'victim' or sense of being unfairly treated by partner or system responses



Motivated to make change to their situation was the point of engagement

EMERGING FINDINGS



Gradual steps towards trust and acknowledgement of violence



Often intersectional issues that link them to other professionals and communities



Isolation with limited contact outside family systems



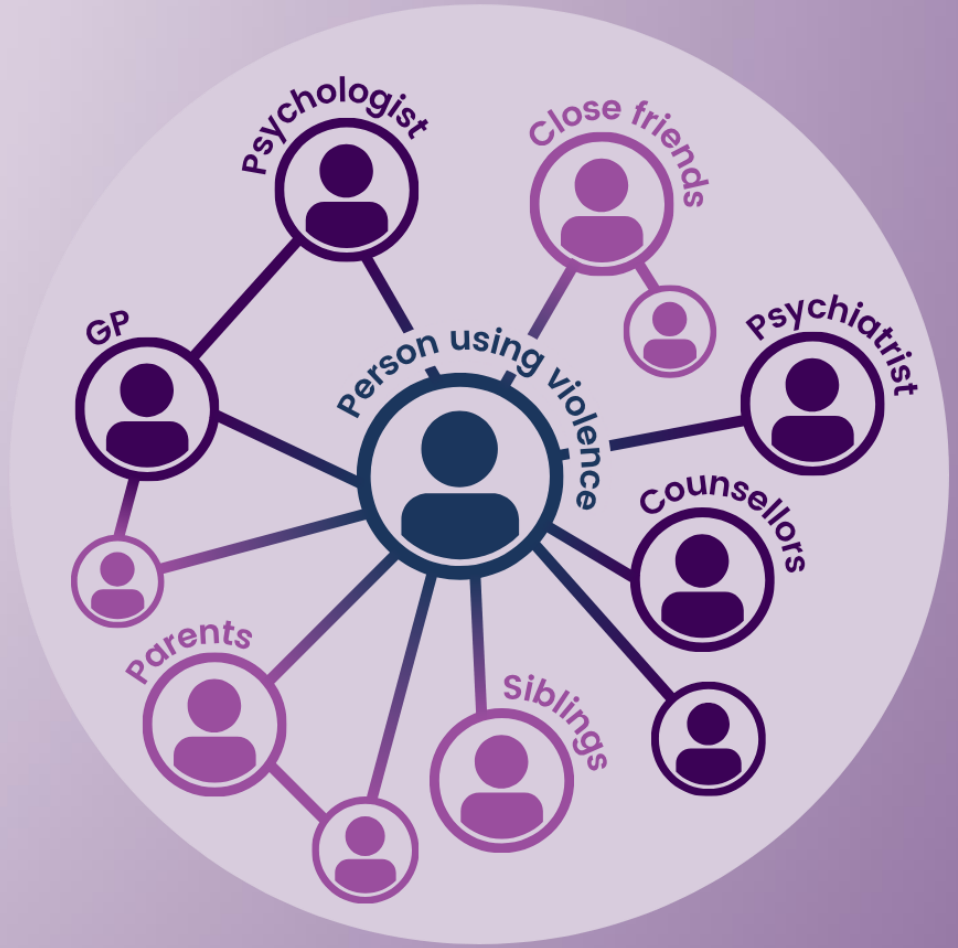
Positive change in self-regulation and self-reflection



Less tangible change in responsibility

ACCOUNTABILITY NETWORK

- The START program takes certain pathways to holding men accountable for their behaviours and helping them effect changes
- This involves identifying others who can help maintain alternative behaviours to violence



FAMILY CONTACT WORK



Time: short time frame of the program – engaging her in that time frame



Barriers: we want men to be connected to the system and wanted to strip away any excuses

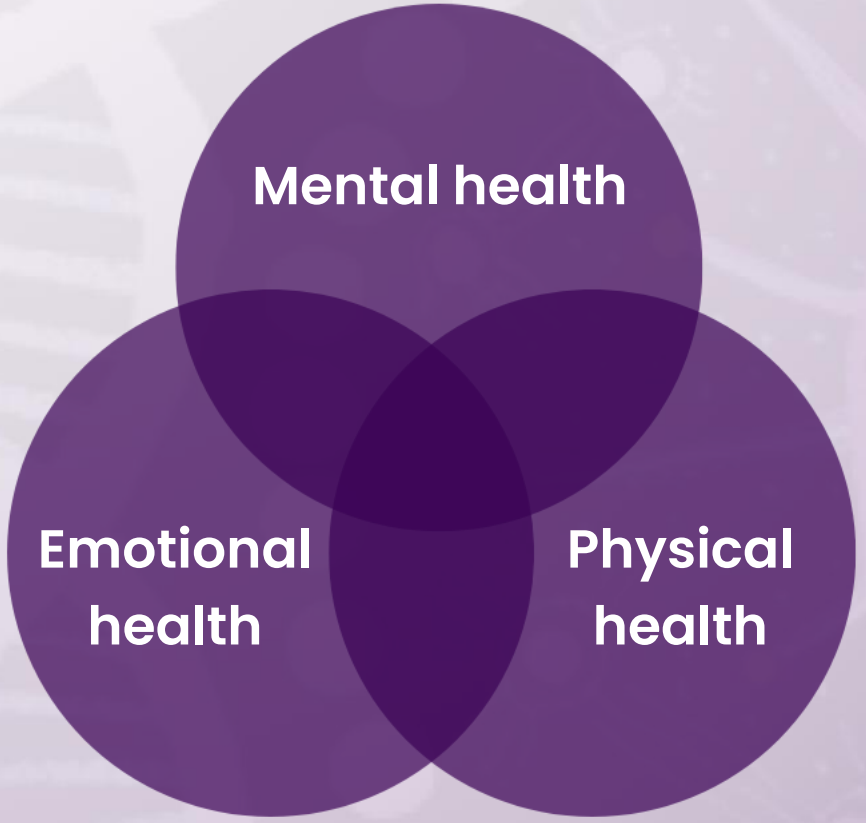


Responsibility on her: we wanted to remove labour from her in making him safe



No need to be in a relationship: wanted to address the level of risk even during the time when the person steps away from the relationship

SOCIAL SAFETY WORK



Social safety encompasses the broader environment that supports mental, emotional, and physical health at work.

WHAT'S NEXT?



More funding



Evaluation report due in December, final report in April

DVCONNECT

Be heard. Be safe.

www.dvconnect.org

mail@dvconnect.org