

Working with Men Project Plan



Acknowledgement of Country

Gippsland Family Violence Alliance acknowledges the Gunai/Kurnai, Bunurong, Bidjilal & Ngarigo/Monero people as the Traditional Owners and Custodians of the lands now also known as Gippsland.

We pay our respects to elders past, present and visiting and acknowledge they hold the stories, traditions, spiritual connection and living cultures of this Country.

We recognise the Gunai/Kurnai, Bunurong, Bidjilal & Ngarigo/Monero people's long and continued connection and protection of the beautiful coastline from the oceans through inland areas and to the rugged southern slopes of the mountain ranges.

We recognise their continued connection to these lands and waters and acknowledge that they have never ceded sovereignty.

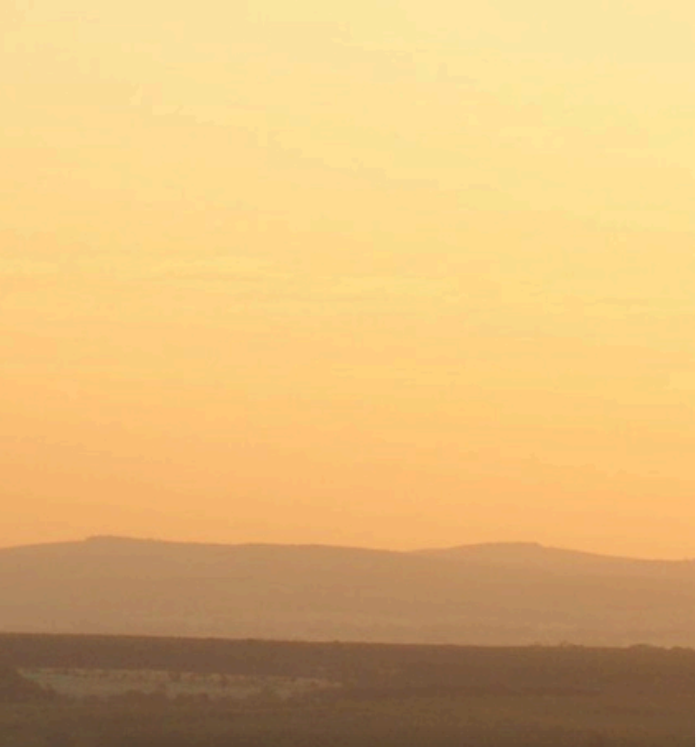
Always Was Always Will Be, Aboriginal Land.



Recognition of Victim Survivors

The Gippsland Family Violence Alliance would like to acknowledge the victims and survivors of family violence, whose tenacity, advocacy and courage have shaped the family violence service sector and provided us with the evidence base for our work.

We would also like to acknowledge those who have lost their lives due to family violence and the families, friends and communities who have been impacted by these devastating crimes.



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Recommendation Summary

Recommendation One

The system's approach to working with men appears to be poorly understood. We suggest series of workshops, starting with leaders to assist with the knowledge of MARAM aligned process which need to be established in order to support practitioners to use a system's approach. We would then move on to a series of practitioner focused forums.

Recommendation Three

It is clear among practitioners across the sector that there still remains misunderstandings of the responsibilities they hold, with many saying they hold responsibility for only one party.

We need to reframe responsibilities, both through a leadership approach, but also through resources and ongoing public communication.

Recommendation Five

Increased understanding of the system's approach, should increase the secondary referrals. To promote the expert knowledge of the Men's Practitioners and to build interagency relationships, we are suggesting that consultations about how to undertake a conversation and referral should go directly to the Men's Services, not the Orange Door for the time being.

Recommendation Two

We need to target specific programs to assist them to understand the systems' response to working with men. It is suggested we begin with:

- Family Services (specifically FPR/restoring family programs)
- Drug and alcohol funded programs
- Mental health services
- Gambling support programs
- Homelessness

Recommendation Four

Advocacy is needed, in conjunction with NTV around how the targets are recorded, tracked and allocated to Men's Programs. There is the lack of ability to do systems work for men who do not engage, as it cannot be recorded as a target. Risk management coordination targets should sit with Men's services to provide a system's response when men refuse to engage.

Recommendation Six

There is no available data for men who ideally could have benefitted from a systems' response if they were unwilling to engage, or would have benefitted from a longer term case coordination/case management, to assist with addressing protective factors, We're not recording due to the lack of the ability to record this data. We suggest a data project focuses on tracking this information for advocacy purposes.

The problem

Referrals to men's services

Referrals to men's services primarily come through:

- The Orange Door (TOD)
- The Department of Justice and Community Safety (DJCS)
- Child Protection

Across the region, services are reporting *low* referral numbers. While full referral data is not available, the Sector Report provides insights through Orange Door (TOD) allocation data. In Graph One (Inner Gippsland), referral numbers appear to decline around August and September compared to the previous ten months. Similarly, Graph Two (Outer Gippsland) shows notable dips in May, June and September.

For context, Graph Three (Barwon)—the next largest regional area after Latrobe, with similarly high family violence rates—and Graph Four (Eastern Metro)—which has a significantly larger population than Inner and Outer Gippsland combined—both show lower referral rates to men's services than Gippsland.

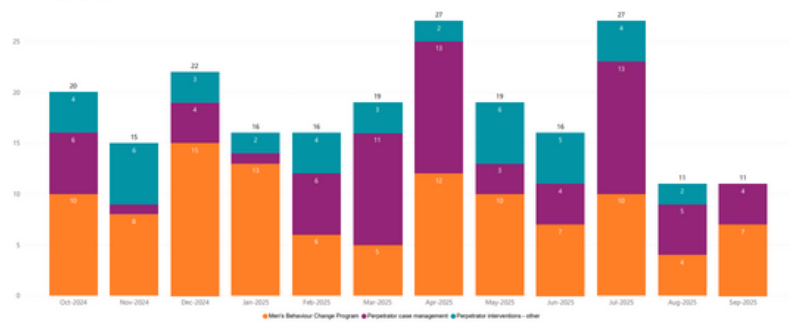
This suggests that the issue is not unique to our region but reflects a statewide trend: men are not taking accountability to engage with the intake point.

Several factors contribute to this trend:

- **Delays in referral information:** TODs often do not receive sufficient information from Victoria Police to make timely contact with the person using violence. Correcting this can take 3–5 days, reducing opportunities for early engagement.
- **Demand pressures:** Due to high demand, TOD practitioners are frequently unable to contact men within the critical 24–48-hour window after an incident—when engagement likelihood is highest—resulting men not engaging in support.
- **Workforce capacity:** Staff turnover within the men's roles at TODs has a disproportionate impact, as these teams are smaller. Even one vacancy significantly affects the ability to engage men consistently.

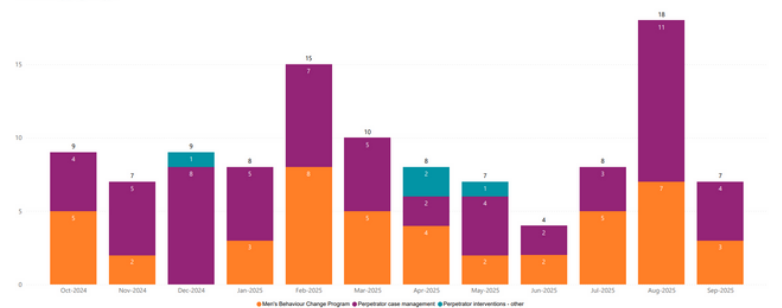
While our referral numbers are consistent to other areas of the state, there are improvements Gippsland can look to address.

Inner Gippsland September 2025
Allocations by program type



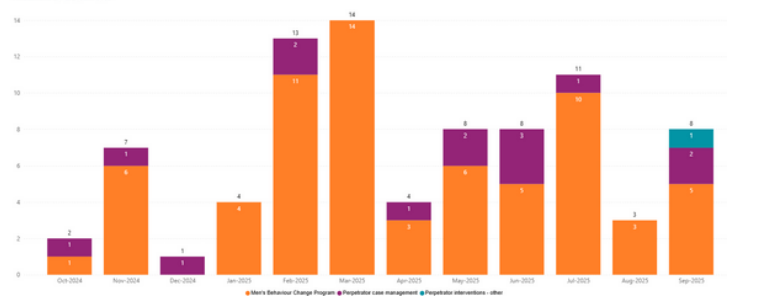
Graph one

Outer Gippsland September 2025
Allocations by program type



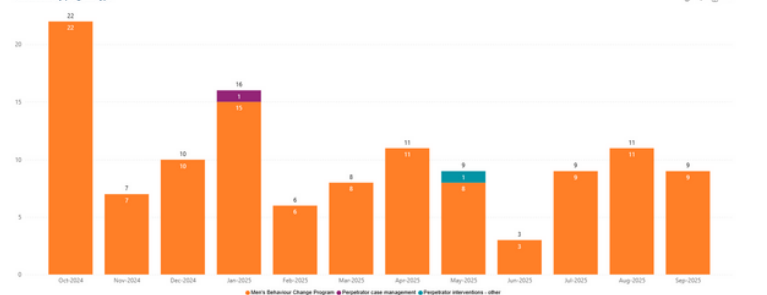
Graph two

Barwon September 2025
Allocations by program type



Graph three

Inner Eastern Melbourne September 2025
Allocations by program type



Graph four

The problem

Responsibility

To increase referral rates, it is essential to broaden the range of professionals and services referring into men's services. However, there remains a widespread reluctance among services with intermediate responsibilities under the MARAM Framework to engage directly with men. This reluctance stems from three key, ongoing challenges:

- **Lack of confidence in engaging men**

Many practitioners lack confidence in how to engage men who may display narratives that minimise or justify violence, but whose use of violence is not yet clearly established. This uncertainty is often compounded by inconsistent or insufficient training, and by leadership practices that fail to reinforce MARAM responsibilities. As a result, some practitioners remain unsure of how to fulfil their role safely and effectively when working with men.

- **Fragmented service history and evolving practice expectations**

Historically, family violence service funding has been highly siloed, with agencies typically funded to work with either men, women, or families — rarely across all. The Family Violence Royal Commission and subsequent reforms called on services to broaden their understanding and scope of responsibility. However, data collected through the Working with Men survey (below) indicates that, while practitioners can often identify their MARAM responsibilities, many misunderstand who they hold those responsibilities to, resulting in missed opportunities for engagement and coordination.

- **Limited funded options for men who do not engage**

There are insufficient funded options for risk management coordination with men who are not willing to engage voluntarily. Practitioners report feeling disheartened and less inclined to undertake this work when there are no viable referral pathways for men who remain disengaged but continue to pose a risk to their families.

System complexity

Systems thinking is a complex and specialised skill that requires both training and practice to develop. The MARAM Framework is built on an underlying assumption that practitioners are able to:

- Understand the system's coordinated response to family violence as outlined in the Framework; and
- Effectively navigate that system on behalf of their clients.

However, this level of systems understanding is not an inherent or intuitive skill, nor is it consistently taught in current training programs. Practitioners often work under significant time pressures and high caseloads, leaving little capacity to navigate or analyse system-level responses while also managing individual client needs.

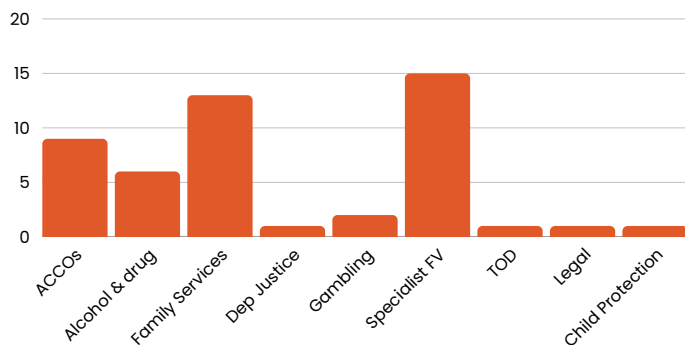
The challenge is even greater when working with men who use violence. The majority do not engage voluntarily in funded programs such as Men's Behaviour Change. It is far easier to engage with a victim survivor who is actively seeking help than with a man who is resistant or avoids intervention altogether. Moreover, the system tends to default toward safety planning with victim survivors—which can unintentionally shift responsibility onto them—rather than investing in coordinated, system-level risk mitigation focused on the person using violence.

Given these realities, it is unreasonable to expect individual practitioners to consistently apply systems thinking in their day-to-day work. Their workload, position level, and limited decision-making authority make this expectation unrealistic. Instead, systems thinking must be embedded as an organisational responsibility—integrated into program design, supervision, and service delivery processes. This approach ensures that system coordination and accountability are not left to individual interpretation but are structurally supported and sustained.

Survey Results

In an attempt to identify the barriers to working with men, we ran a survey that was open to the broader community sector for three weeks.

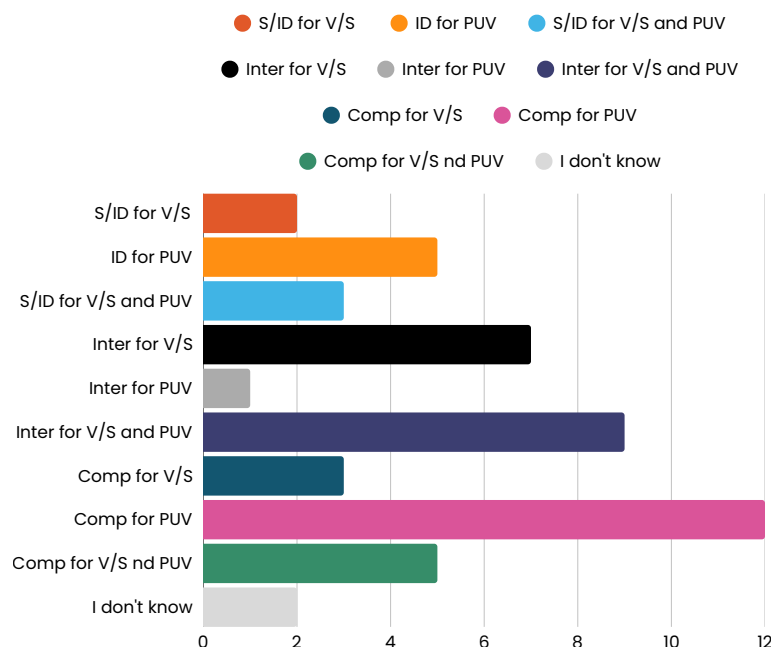
Sector the participants worked in



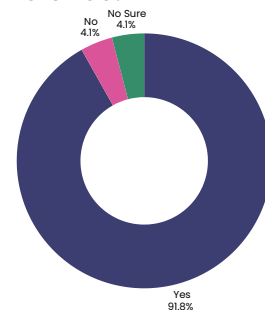
49

Total practitioners surveyed

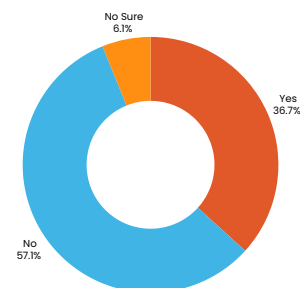
Responsibilities they identified they held:



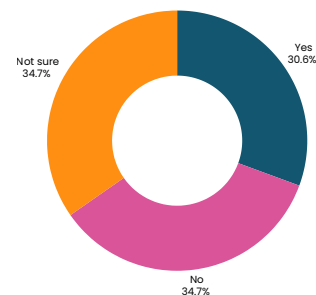
Completed MARAM Training for people who use violence:



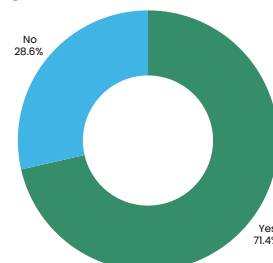
Accessed a secondary consult for PUV:



Did the consult provide you with a comprehensive assessment of risk and advice regarding ongoing risk management?

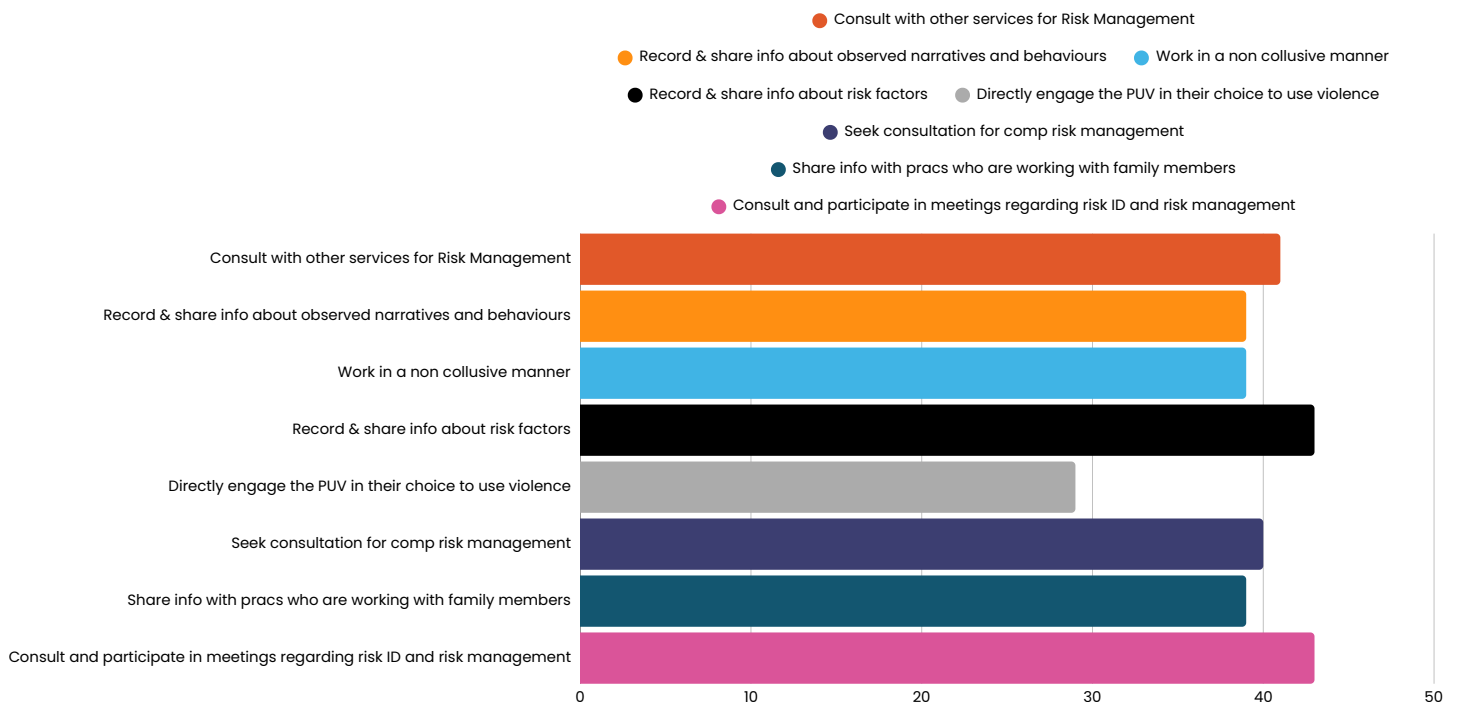


Confident in mitigating identified risk factors, when working with the adult person using violence?



Survey Results

Understanding about responsibilities working with men:



What would better support you to work with men who use violence in the home:

- *more service programs for male mentoring or casual supports for males as some behaviour change programs are intimidating for some men. Aboriginal male mentor programs would be appropriate.*
- *Less administration paperwork to face to face work with the clients.*
- *Confidence*
- *More resources for men in regard to educational programs to educate the men about behaviours they use and impacts on their families and especially children.*
- *Regular short updates or snippets as reminders of basics, e.g. scripting to use that is not collusive (with examples of the collusive alternatives to avoid); keeping PUV on track when they try to distract or divert to other family members. Things we know but can forget when working with someone over a long time.*
- *Better collaboration from other services who are working with the VS of the man we are working with*
- *Seminar/training Men's Behaviour Change Program (MBCP)*
- *Strengthening my understanding of risk factors How to support non-client / AFM when client / RESP is leaving program*
- *More training on how to support people using violence*
- *Having a training specifically designed around collusion*
- *Having better hand over from services such as TOD to ensure nothing is missed in the process to limit risk for AFM and other effected people.*

Survey Results

Anything else we should know:

- *The system needs more work to ensure men don't fall through the cracks and more attempts to engage with men as it takes longer for men to engage with services than women.*
 - *We support only women and children in the area that I work in. Some of our FV therapy / support programs include those directly suited to women ie Shark Cage for women and Shark Cage for young women (teenagers). It would be valuable for there to be a program for young men (teenagers)*
 - *If Aboriginal people are not able to be contacted for services by TOD then they should still be handed over to an Aboriginal service to be able to contact them for services as this is an area where men are slipping through the cracks. This is due to the 3 calls, and they are closed rule that TOD currently has.*
 - *TOD Intake and Assessment should supply full history if there has been previous Elevated/Serious risk behavior. As this gives us patterns and nuances in behavior that we can identify as FV comp specialists*
 - *Some of the MARAM documentation should be better suited to ongoing collaboration and management, instead of having to continually gather historical information for instance, having it be easily added to*
 - *I don't know if there is an online register of known men and women using violence, but that would be a great. Very hard subject to bring up with clients. You quite often don't get the full story.*
- Please note we removed comments related working in a MBCP as they were beyond the scope of this specific project.

What the survey results tell us:

- Of the 49 people surveyed, only 17 (34%) correctly identified their MARAM responsibilities. This suggests a common misunderstanding that workers with intermediate or comprehensive responsibilities hold them only for the party they primarily work with. In reality, these responsibilities apply consistently across all parties. This misconception—particularly among the intermediate workforce—may be contributing to a lower likelihood of engaging with the other party. Similarly, for the comprehensive workforce, it may be driving frustration around information sharing and collaboration, as some do not fully understand their responsibility to work with other services involved with the family.
- The majority had undertaken their required training for working with the PUV, so any shortcomings are not because of a lack of formal training.
- The majority were able to correctly identify their job responsibilities when working with men.
- 34% were unsure and 34% said no if the information they had received during a secondary consult provided them with a comprehensive response or advice regarding risk mitigation. This shows that there is a need to improve the secondary consultation process.
- Training and capacity building were ongoing themes in the comments, along with resources.

Recommendations

Recommendation One and Two

The system's approach is outlined within the MARAM Framework, however there are on-going issues with implementation. Partly this does come down both how agencies are funded, but also how the MARAM Framework has been written and presented by segmenting the responsibilities into two separate practice guides for victim/survivors and adults using violence, which has created a situation where practitioners find it difficult to navigate how to work with the family as a unit.

There hasn't been enough emphasis on how victim-survivor services work with men's services nor how agencies who hold intermediate responsibilities can create a shared ring of protective factors which support all family members. Instead the focus of MARAM Alignment largely remains on practitioners 'completing a MARAM' (which is actually an assessment of risk) and maybe undertaking a safety plan with the client and if the funding permits implementing strategies such as lock changes or getting intervention orders.

There is a lack of focus on working together, because it's still remains unclear what that means and the role agencies play in supporting the protective factors for all family members.

This can't be addressed by practitioners. So recommendation one, is a series of targeted forums, aimed at leaders across:

- Specialist family violence
- Family Services
- Alcohol and drug
- Gambling supports
- Homelessness

to assist them to understand how to embed MARAM aligned risk mitigation processes around the person using violence.

We need commitment from:

- Senior leaders
- Middle managers
- Team leaders to attend these sessions.

These sessions will be held across Inner and outer Gippsland, and are expected to be a series of three, 3 hour workshops.

Once leaders have the skills and knowledge to embed the needed processes, we will hold a series of targeted Practice and Connection Forums aimed at practitioners, to address practice changes.

Due to the larger number of practitioners, we are suggesting that they will need to commit to a series of three sessions, but there will be a variety of dates in Inner and Outer Gippsland.

Recommendations

Recommendation Three

Most practitioners do not have the time or capacity to engage with the MARAM Practice Guides in a way that is both in-depth and meaningful. As a result, many rely primarily on the 1–2 day training sessions. However, according to the Ebbinghaus Forgetting Curve, approximately 70% of new information is forgotten within 24 hours, and up to 90% is lost without reinforcement.

For new knowledge to be effectively retained and applied in practice, practitioners need:

- Active and ongoing learning opportunities that reinforce key concepts
- Repetition of core ideas through varied formats
- Practical application that embeds theory into day-to-day work
- Optimal wellbeing conditions—including adequate sleep, low stress, and healthy habits—which support cognitive retention and professional performance.

While we have limited influence over individual wellbeing factors, the first three can be strengthened through accessible and sustained sector support. This can include:

- Leadership materials to help team leaders facilitate reflective discussions and internal learning activities that reinforce MARAM principles
- Quick reference materials such as electronic direct messages (EDMs), infographics, and social media reminders
- Visual tools and resources that make key MARAM concepts visible and easily integrated into practice.

Recommendation Four

Currently, there are limited response options for men who do not wish to engage in Men's Case Management or Men's Behaviour Change (MBC) programs. Two key service gaps have been identified:

- **Lack of funded system coordination for non-engaging men**

Even when men refuse direct intervention, there remains important system-level work that can and should be undertaken—such as coordinated risk management, information sharing, and engagement planning. However, no agency is currently funded to provide this function beyond the initial intake period.

Men's services, if adequately funded and supported, are best placed to deliver this coordinated systems response. Yet under the current funding and target model, their performance measures prioritise program participation and completions, leaving little scope to work with men who do not actively engage.

- **Absence of engagement-focused support options**

There is also a cohort of men who might engage in case coordination or support services that are not explicitly framed around behaviour change. While this may appear counterintuitive—working with men who have not yet acknowledged their use of violence—it represents a missed opportunity. Early engagement could strengthen protective factors that reduce the likelihood of further violence, improving safety for victim survivors. It would also allow practitioners to build rapport and trust, creating pathways for men to later participate in MBC programs once they are ready. Currently, these types of programs sit outside existing funding models. It is recommended that this issue be pursued through a longer-term advocacy strategy, in partnership with No To Violence, to explore funding and policy reforms that enable a broader, more flexible service response for men who use violence.

Recommendations

Recommendation Five

Secondary consultations occur for a broad range of reasons. However, there does appear to be an ongoing capacity gap for practitioners who have:

- Identified behaviour that indicates or is family violence, and how to have that conversation with the adult person using violence.

It has been indicated that the Orange Door, due to their role as an intake service, often has capacity issues around this, and if the client isn't yet in a position for a referral, they may not be able to assist with the more nuanced discussions.

We're suggesting that to increase the relationship between:

- Women and children's specialist family violence services
- Programs which hold intermediate responsibility
- and Men's Services

that for at least a period of 18 months we direct secondary consultations directly to men's programs in Gippsland.

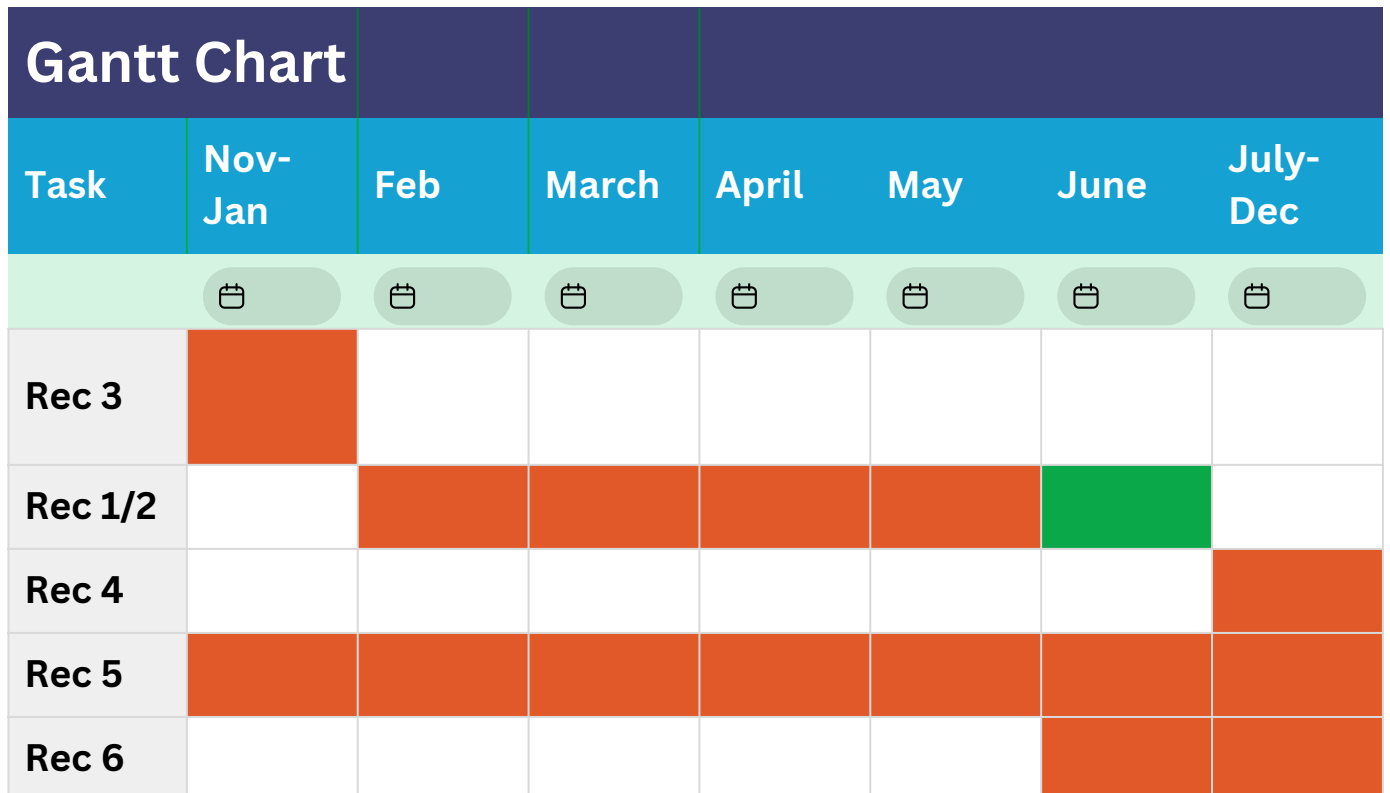
This, in no way should undermine the role the Orange Door plays, and we continue to suggest that all information gathering go through the local Orange Door.

Recommendation Six

While we have available data on the number of L17's and other men's referrals coming into the Orange Door, and what is going out to Allocations, we have no real mechanism to look at the unmet needs for men, which hinders our ability to undertake advocacy.

We suggest that we design a data project with the aim to try to identify the unmet need, so we have the data necessary for advocacy.

Project Timeline





**Gippsland
Family Violence
Alliance**

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