<center>**Rapid review of Men's Behaviour Change Programs**</center>

Violence against women is one of the most prevalent human rights abuses in Australia and internationally, with approximately one quarter of Australian women aged over 15 years experiencing at least one incident of violence by an intimate partner or ex-partner (ABS 2017b, 2017d; AIHW 2018). Intimate partner violence is recognised as physical, sexual, or psychological harm by a current or former partner or spouse (Centers for Disease Control and Prevention, 2017; Laskey, Bates, & Taylor, 2019) as opposed to random acts of violence against women that are sudden, unexpected violent attacks by perpetrators with no connection to the victim (Best, 1999). Family violence refers to the violence between family members, including intimate partners, with the central element being an ongoing pattern of control through physical, sexual, emotional and psychological abuse (COAG, 2009a).

Family violence is the greatest health risk factor contributing to the burden of disease for Australian women aged 18 to 44 years and has a wide range of health impacts including: mental health issues such as anxiety, depression, suicide and self-inflicted injuries, alcohol use disorders, homicide of women and early pregnancy loss (ANROWS, 2018; Webster, 2016). Indigenous women are at a disproportionately higher risk of experiencing family violence, however, not all perpetrators of violence against indigenous women are indigenous men; instead violence is perpetrated by wide range of men from different backgrounds, cultures and socio-economic positions (ANROWS, 2015; Keel, 2004). Family violence is not exclusively the domain of indigenous communities, in fact it cuts across all cultural and socio-economic divides (ANROWS, 2015). Because of this pervasiveness, extensive specialist support mechanisms, responses and system interventions are required to provide women and children, from all populations, with support during crisis periods and for their restoration and recovery. A greater emphasis and investment in early intervention and primary prevention to stop violence from occurring in the first place is also required

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alongside crisis and tertiary responses to address the need for long term social change (Webster, 2016).

Family violence is a complex problem with multiple inter-related factors, an increased understanding of these factors and long term objectives (systematic change for prevention) are outlined in a national framework for the prevention of violence against women and their children (Our Watch, ANROWS & VicHealth, 2015; World Health Organisation, 2010). The most significant underlying driver of family violence is gender inequality between men and women (Our Watch, ANROWS & VicHealth, 2015. Other variables contributing to family violence include individual characteristics, attitudes, beliefs and histories of the perpetrator; dynamics and practices of intimate and family relationships; and societal and community norms, structures and practices (Flood, 2009; UN Women, 2015). Together these factors are recognised as the primary drivers or root causes of intimate partner violence (Ellsberg et al., 2014; Our Watch, ANROWS & VicHealth, 2015; WHO, 2010). Interventions that identify and work with individuals and groups that hold men accountable and responsible have been identified as promising practice models to address the factors that influence the use of family violence (Webster, 2016).

Men's Behaviour Change Programs (MBCPs)

MBCPs primary aim is to achieve change in perpetrators' violent attitudes and beliefs, by making men accountable and responsible for their actions, enhancing women and children's safety and monitoring men's use of coercive control, abuse and violence, as well as the risk they pose to partners/ex-partner and their children (Day, Vlais, Chung & Green, 2019; Kelly & Westmarland, 2015). MBCPs are family violence intervention strategies focused on the source of violence and addressing the primary factors contributing to the use of family violence (Day et al., 2019). MBCPs hold men to account, keep them in view and challenge men's beliefs about their superiority to women, as well as their use of coercive

power, control and manipulation tactics. These programs have continued to develop from their inception in the 1970's, starting off in that decade as anger management and therapeutically inspired programs, and developing into behaviour change programs as they are currently.

Despite a lack of program evaluations there is a growing body of evidence that supports the efficacy of MBCP's (Kelly & Westmarland 2015; Brown & Hampson, 2009). More recently in Australia, the Royal Commission into Family Violence, commissioned by the Victorian State Government in 2015, made 227 recommendations, directed at improving the current system, while also transforming the way that we respond to family violence, and identified that a stronger response to the men who use family violence is required. The Victorian State Government is leading the response to these recommendations through Family Safety Victoria in collaboration with peak body; No To Violence (NTV) Victoria. Family Safety Victoria's new Minimum Standards and Implementation Guide 2018, provide governance for the delivery and accountability of MBCPs. Considering the Royal Commission into Family Violence recommendations, these updated minimum standards and changes made to service delivery by providers of MBCPs, it is imperative and timely for research to be conducted into evaluating the implementation and effectiveness of MBCPs. MBCPs are about holding perpetrators to account and about keeping women and children safe, and an evidence-based framework around MBCPs is critical.

Literature Reviews

Australia's National Research Organisation for Women's Safety (ANROWS), Urbis reports on MBCPs and Project Mirabal include information relating to systematic literature reviews, however, program details and specific findings for each program are not provided (Day et al., 2019; Grealy et al., 2013; Kelly & Westmarland 2015; Mackay, Gibson, Lam & Beecham 2015). The ANROWS report provides a review of the theoretical approaches, the

state of knowledge and focusing on standards of practice, evaluation design and evidence-based assessment of change and opportunities for practice development (Day et al. 2019; Mackay et al. 2015). The Urbis report focuses on the reporting of incidence and prevalence of family violence, the demographics of perpetrators, methodology underpinning programs and overall program effectiveness (Grealy et al. 2013). Project Mirabal examines multiple domestic violence perpetrator programs and the final report is included in this review (Kelly & Westmarland 2015).

The most recent review conducted by ANROWS also examines evaluation readiness, program quality and outcomes in MBCPs. This ANROWS review notes a current limited evidence-base of evaluations examining the effectiveness of MBCPs with previous evaluations being process-oriented and success being determined through the measurement of outputs, for example, program completion. Program outcomes including improvements in the safety and wellbeing of women and children and reductions in violent and controlling behaviours of MBCP participants have rarely been measured. This ANROWS review identified how to: improve the quality of MBCPs, measure outcomes and develop standards and accreditation processes in order to improve quality and consistency of practice. ANROWS reported key findings and recommendations including: (1) practice guidelines, accreditation standards and compliance monitoring frameworks should provide consistency and safety; (2) MBCPs should be supported to articulate their program logic models; (3) program logic models should guide evaluation; (4) program quality can be improved by strengthening safety and accountability planning and (5) program quality can be improved by engaging with victims/survivors (Day et al., 2019).

Considering ANROWS recommendations, the recent changes governing MBCPs, and the shift in focus from men's anger management to behaviour change focusing on accountability and responsibility, a rapid review of MBCP evaluations was deemed necessary

and the overall aim of this review was to examine MBCP content, implementation and the impact on participant and family outcomes. We included published papers from 2013 onwards and synthesized information about the methods adopted (i.e., the sample of men and families targeted, the content of intervention, the duration, the pre and post measurements), the intervention effects on the men's, women's and children's outcomes and program outputs, the theory driving the MBCPs and the quality of the studies.

Methodology

Information sources

Articles were identified by searching the electronic databases: EBSCOHOST: Medline; Informit: FAMILY - Australian Family & Society, Families & Society Collection, Humanities & Social Sciences Collection; PsychINFO and Scopus for the time period between January 2013 and December 2019. The 2013 URBIS review was the most recent review of perpetrator intervention programs, following consideration of timing of this review and the changes to practice standards in 2015 the search timeframe of January 2013 to the current date was selected. The search terms aimed to identify all peer review examining men's behaviours change programs (see Figure 1).

Eligibility criteria and study selection

A rapid review of peer-reviewed publications was conducted for evaluations of MBCPs published in English between January 2013 and December 2019 in accordance with Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines (Moher, Liberati, Tetzlaff, & Altman, 2009). Articles were excluded if they were not published in English, did not evaluate a MBCP or domestic violence perpetrator program and did not include male perpetrators of family/domestic/intimate partner violence as program participants. A total of 3426 articles were identified for suitability and possible inclusion, duplicate articles were removed, and the titles and abstracts of retrieved articles were

screened by one author (AO) of this review. A second author (HM) independently co-screened 10% of the titles and abstracts; agreement for the inclusion of the articles to be read in full was 100%. Following this screening stage both two authors (AO and HM) agreed upon the final inclusion of 13 articles.

Risk of bias assessment

Included articles were assessed for quality of methodology using Thomas, Ciliska, Dobbins and Micucci's (2004) quality assessment instrument. Ratings of strong, moderate and weak are used to evaluate six components: selection bias, design, confounders, blinding, data collection methods and withdrawals and dropouts. Each article received a strong, moderate and/or weak rating for each of these six components. A strong rating consists of at least four strong components and no weak components; a moderate rating consists of less than four strong components and one weak component, and a weak rating includes two or more weak components.

Data collection

Data were extracted from the articles for program evaluations and program characteristics. Table 1. includes the program evaluation summaries including: author, year, country, MBCP, aim, participants, study design, outcomes, measures and findings. Table 2. outlines the program characteristics including: program name, participants, facilitators, duration, content and partners/ex-partners and children's support.

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Results

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Search outcomes

Figure 2. details the selection process for included articles with 13 eligible for inclusion in this review. These articles identified 10 MBCPs: Contexto Program (Carbajosa, Catalá-Miñana, Lila, Gracia, & Boira 2017), Domestic Abuse Program (DAP) (Blatch, O'Sullivan, Delaney, van Doorn, & Sweller 2016), Facing Up (Gray, Lewis, Mokany, &

O'Neil. 2014), Stopping the Violence (Gray et al., 2014), Taking Responsibility (Broady, Gray & Gaffney 2014; Broady, Gray, Gaffney & Lewis 2015; Gray et al., 2014; Gray, et al., 2014; Gray, Broady, Gaffney, & Lewis 2015), Group Cognitive-Behavioural Therapy (CBT) (Semiatin, Murphy, & Elliott 2013), High Intensity Family Violence Prevention Program (HIFVPP) (Connors, Mills & Gray 2013), REAL Fathers Initiative (Ashburn, Kerner, Ojamuge, & Lundgren 2017), Standard Batterer Intervention Program (SBIP) (Lila, Gracia, & Catalá-Miñana 2018) and Strength at Home (SAH) (Love, et al. 2015). The final report for Project Mirabal - Domestic Violence Perpetrator Programs (DVPP) is included here, however specific DVPP details were not included in this report (Kelly & Westmarland, 2015).

General description

Of all the articles, six articles evaluate Australian MBCPs (Blatch et al., 2016; Broady et al., 2014; Broady et al., 2015; Gray et al., 2014; Gray et al., 2014; Gray et al. 2015), two articles evaluate United States of America MBCPs (Love et al. 2015; Semiatin et al., 2013), two articles evaluate MBCPs in Spain (Carbajosa et al., 2017; Lila et al., 2018) and the remaining three articles individually evaluate MBCPs in the United Kingdom (Kelly & Westmarland, 2015), Canada (Connors et al., 2013) and Uganda (Ashburn et al., 2016). Of the ten interventions, seven describe the theoretical approaches and models to support the programs including: Motivational Interviewing (Lila et al., 2018; Semiatin et al., 2013), cognitive and behavioural psychology (Blatch et al., 2016; Carbajosa et al., 2017; Love et al., 2015; Semiatin et al., 2013), Risk-Need-Responsivity (Blatch et al., 2016; Connors et al., 2013), social cognitive theory (Ashburn et al., 2016), social learning theory (Ashburn et al., 2016) and Theory of Change (Ashburn et al., 2016). Three interventions (Facing Up, Stopping the Violence and Taking Responsibility) do not specify the theoretical approaches used to underpin the programs. Two identified MBCPs target specific male populations, HIFVPP (Connors et al., 2013) is a program for incarcerated male offenders and SAH (Love

et al., 2015) is a program for male military personnel and veterans. None of the articles reported the use of program logic models to underpin the evaluation and performance monitoring planning.

Study quality assessment

Table 3. details the risk of bias assessment conducted for the included articles. All articles received overall weak ratings (Ashburn et al., 2016; Blatch et al., 2016; Broady et al., 2014; Broady et al., 2015; Carbajosa et al., 2017; Connors et al., 2013; Gray et al., 2014; Gray et al., 2014; Gray et al. 2015; Kelly & Westmarland, 2015; Lila et al., 2018; Love et al., 2015; Semiatin et al., 2013). Eight articles had weak study designs (Broady et al., 2014; Broady et al., 2015; Connors et al., 2013; Gray et al., 2014; Gray et al., 2014; Gray et al. 2015; Love et al., 2015; Semiatin et al., 2013), 12 articles had weak selection biases (Ashburn et al., 2016; Blatch et al., 2016; Broady et al., 2014; Carbajosa et al., 2017; Connors et al., 2013; Gray et al., 2014; Gray et al., 2014; Gray et al. 2015; Kelly & Westmarland, 2015; Lila et al., 2018; Love et al., 2015; Semiatin et al., 2013) and none of the articles mentioned confounders (Ashburn et al., 2016; Broady et al., 2014; Broady et al., 2015; Connors et al., 2013; Gray et al., 2014; Gray et al., 2014; Gray et al. 2015; Kelly & Westmarland, 2015; Love et al., 2015; Semiatin et al., 2013). Data collection methods for six of the articles were strong, reporting the use of valid and reliable measures (Ashburn et al., 2016; Broady et al., 2014; Carbajosa et al., 2017; Lila et al., 2018; Love et al., 2015; Semiatin et al., 2013). Four articles had strong reporting of withdrawals and dropouts (Ashburn et al., 2016; Carbajosa et al., 2017; Love et al., 2015; Semiatin et al., 2013).

Intervention content

Nine interventions provided information about the content of the programs including: motivation (Lila et al., 2018; Semiatin et al., 2013), improving relationships (Blatch et al., 2016; Gray et al., 2014; Semiatin et al., 2013), communication skills (Ashburn et al., 2016;

Blatch et al., 2016; Lila et al., 2018; Love et al., 2015; Semiatin et al., 2013), awareness and education (Connors et al., 2013), thinking skills (Connors et al., 2013), emotion management (Blatch et al., 2016; Broady et al., 2014; Broady et al., 2015; Connors et al., 2013; Gray et al., 2014; Gray et al., 2014; Lila et al., 2018), social skills (Connors et al., 2013), parenting (Ashburn et al., 2016; Connors et al., 2013), power and control (Broady et al., 2014; Broady et al., 2015; Gray et al., 2014; Love et al., 2015), beliefs (Broady et al., 2014; Broady et al., 2015; Gray et al., 2014), impact of family violence (Blatch, et al., 2016; Broady et al., 2014; Broady et al., 2015; Gray et al., 2014), behaviour (Broady et al., 2014; Broady et al., 2015; Gray et al., 2014; Love et al., 2015), mindfulness (Broady et al., 2014; Broady et al., 2015; Gray et al., 2014), conflict (Blatch et al., 2016; Love et al., 2015), coping strategies (Love et al., 2015) and recidivism (Carbajosa et al., 2017). One intervention did not include details about the content of the MBCP (Gray et al., 2014).

Intervention implementation

All MBCPs (Ashburn et al., 2016; Blatch et al., 2016; Broady et al., 2014; Broady et al., 2015; Carbajosa et al., 2017; Connors et al., 2013; Gray et al., 2014; Gray et al., 2014; Gray et al. 2015; Kelly & Westmarland, 2015; Lila et al., 2018; Love et al., 2015; Semiatin et al., 2013) are conducted in a group setting using a range of delivery methodologies including narrative (Gray et al., 2014), motivational interviewing (Semiatin et al., 2013), self-reflection and goal setting (Connors et al., 2013), peer mentoring (Ashburn et al., 2016) and psychoeducational (Love et al., 2015) approaches. Three interventions (Ashburn et al., 2016; Broady et al., 2014; Broady et al., 2015; Connors et al., 2013; Gray et al., 2014) also included additional individual counselling sessions for the male participants during their engagement in the MBCP. Four programs (Ashburn et al., 2016; Broady et al., 2014; Broady et al., 2015; Gray et al., 2014) offer additional whole family support to partners/ex-partners and the men's

children as either a family support contact, women's, children's and adolescent's groups, individual counselling sessions, safety checks and seminars.

The duration and dosage of the MBCPs varied for each program with five programs (Broady et al., 2014; Broady et al., 2015; Gray et al., 2014; Lila et al., 2018; Semiatin et al., 2013) delivered weekly, one program (Connors et al., 2013) being delivered during multiple weekly sessions and another program (Ashburn et al., 2016) delivered twice per month. Three programs did not specify frequency of the sessions (Blatch et al., 2016; Carbajosa et al., 2017; Love et al., 2015). The length of time of the group sessions were found to range from 40 to 90 minutes (Ashburn et al., 2016), two-hours (Lila et al., 2018; Semiatin et al., 2013), three-hours (Connors et al., 2013; Gray et al., 2014) and five-hours (Connors et al., 2013). Five programs did not specify the duration of group sessions (Blatch et al., 2016; Broady et al., 2014; Broady et al., 2015; Carbajosa et al., 2017; Gray et al., 2014; Love et al., 2015). A range of facilitators were used to deliver the MBCPs with differing levels of qualifications: organisational facilitators (qualifications not stated) (Broady et al., 2014; Broady et al., 2015; Connors et al., 2013), male-female therapist teams (Carbajosa et al., 2017; Lila et al., 2018; Semiatin et al., 2013), licensed psychologist (Connors et al., 2013; Love et al., 2015), male-female specialist program facilitators (Blatch et al., 2016) and mentor (no qualifications) (Ashburn et al., 2016).

Two evaluations (Gray et al., 2014; Gray et al. 2015) reported on program outputs with men indicating that group attendance was challenging due to ongoing external demands (work and family activities) and diverse experiences such as family of origin, culture, relationship dynamics and lifestyle events and pressures (Gray et al., 2014). Some men found that continued attendance over many weeks was difficult due to financial pressures, particularly for separated men. Most men reported a lack of change or engagement in others reduced group cohesion and motivation to engage in the group process (Gray et al., 2014).

Group member (peer) discussion and relationships enabled continued attendance, motivation and behaviour change (Gray et al., 2014). Men's enthusiasm and engagement in the program gave women a sense of program effectiveness, however, most women acknowledged that attendance at MBCP is not sufficient evidence of behaviour change (Gray et al. 2015).

Effect of interventions on participants outcomes

Of the 13 articles included in this review, 10 examined the impact of the program on men's outcomes and a wide range of measures were utilised to determine the influence of MBCPs. Evaluation findings reported that engagement in more pro-therapeutic behaviours in group were associated with readiness to change and participants who engaged in this way displayed lower rates of physical and psychological aggression six months post program completion (Semiatin et al., 2013). Positive changes in participants, including communication, parenting, interpersonal relationships, aggression, abuse, responsibility for behaviour, self-awareness power and control tactics, empathy, skills development, cognitive beliefs, behaviour control, abusiveness pattern and reconviction were reported (Blatch et al., 2016; Connors et al., 2013; Kelly & Westmarland, 2015; Lila et al., 2018; Love et al., 2015). Significant positive effects were reported for MBCP participants on: increasing positive parenting practices, increasing confidence in using nonviolent discipline, improving couple communication; and reducing the use of physical punishment, psychological and verbal intimate partner violence (Ashburn et al., 2016). More limited effects were found on intimate partner violence attitudes and no effect found on gender norms (Ashburn et al., 2016).

Effect of interventions on family outcomes

Project Mirabel was the only evaluation to explore the impact of MBCPs on women and children's outcomes. Improvements in women's space for action was reported, however, this was attributed to the women's change in actions as opposed to partners changes. Large decreases in violence was reported with smaller significant decreases in abuse. Physical and

sexual violence ended for the majority of women, although abuse and harassment were reported to be more difficult to change with smaller reductions reported. A marked reduction in the frequency of abuse was noted, albeit an overall reduction in abuse was less consistent. Safer, healthier childhoods were assessed and some improvements in children's anxiety, decreased worry about their mother's safety and being frightened of the perpetrator were reported, however, change was minimal (Kelly & Westmarland, 2015).

Discussion

This review aimed to examine MBCP content, implementation and the impact on participant and family outcomes. Overall the findings from this rapid review indicate a limited evidence-base of detailed MBCP evaluations, examining program effectiveness and implementation, which supports findings from the literature reviews and highlights the need for more extensive research to be conducted on MBCPs. Despite the limited evidence-base the MBCPs and evaluations included in this review show positive change on a wide range of measures examined. This body of knowledge contributes to the growing evidence of the efficacy of MBCPs and may further explain the continued use and development of MBCPs as a primary intervention to address family violence and support the safety of women and children.

The primary purpose of MBCPs is to make men accountable and responsible for their actions and behaviours in order to improve the safety of women and children. Some programs incorporating content of men being accountable and responsible for their behaviours were identified in this rapid review, other programs included content of awareness and education that may contribute to men's understanding of accountability and responsibility. However, these evaluations did not examine the links between men's accountability and responsibility to the safety and wellbeing of women and children. As recognised by the ANROWS 2019 report, further accountability and safety planning components in MBCPs may provide men

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with opportunities to outline specific strategies to maintain behaviour and attitude changes, thereby placing the focus on how to provide women and children with safe environments (Webster, 2016). Some of the evaluations provided minimal information relating to program content making it difficult to identify which elements of program content were beneficial.

The MBCP for incarcerated men included in this review highlights differences in programs being conducted in community-based settings and reflect the uniquely different contexts and experiences of prison and community perpetrators. The prison context requires MBCPs to account for the environment the men are living in and the ways in which vulnerability can be weaponised and manipulated for the purposes of the inherent power dynamics within a prison environment (Holder, 2001). Historically, criminal institutions have not provided a holistic model of care working directly with impacted family members, however, recent changes in Family Safety Victoria Minimum Standards No To Violence Implementation Guide now requires external agencies to support families of incarcerated perpetrators (No To Violence, 2018). This recent change is paving the way to provide a link between men's accountability and responsibility to the safety and wellbeing of women and children.

There were no assessments of the integrity of the program delivery and system processes included in any of the evaluations. Program quality assurance is underpinned through examination of program fidelity and integrity (Carbajosa, Boira & Marcuello, 2013). A lack of conceptual clarity, theory of change models and theoretical underpinnings for the MBCPs was noted in this review and has been previously acknowledged as being relatively rare in evaluations of MBCPs (Day et al., 2019). The absence of these elements contributes to the lack of understanding of program quality and implementation.

Program logics are useful research evaluation tools created at the beginning of the research to clarify program's theoretical underpinnings, key assumptions and pathways to

short, medium- and long-term outcomes. They contribute to the examination of program quality and integrity through explicit sets of process markers, program impacts and outcomes and assist in the selection of evaluation measures (ANROWS, 2019; McLaughlin & Jordan, 2015). To date program logics have been rarely utilised in MBCP research and none of the program evaluations included in this review acknowledge the development or use of a program logic to guide these evaluations. ANROWS (2019) strongly recommend the development and use of program logics for MBCP evaluations and for organisations to be supported during this process.

A systems approach to evaluation is also not widely utilised in assessing the success of MBCP programs and only Westmarland and Kelly (2013) of the Mirabal Project examined MBCPs across multiple system levels. This unique approach to MBCP evaluations was well received and stands as an optimal piece of work within the family violence field internationally. MBCPs are nested within a complex service system with multiple service providers involved to support all family members with co-ordinated responses required to address critical events and monitor levels of risk for the men and their affected family members (Westmarland & Kelly, 2013). Examination of the whole system including the logic, operations and co-ordination and systemic responses is required in addition to individual outcomes to determine program effectiveness.

Three evaluations primarily examined program outputs: attendance, engagement and motivation, providing important information when examining implementation of the program but should not be used as isolated measures of program success. Program satisfaction, attendance and engagement have traditionally used by Australian government funding bodies as measures of success (Day et al., 2019). The Council of Australian Governments (COAG) (2015) recognised that outcome measures should also be used as indicators of program effectiveness and be included in evaluations. Program attrition and withdrawal within

MBCPs, with this cohort of participants, may influence overall outcome evaluations. Rather than seeing this as problematic, program designers should be encouraged to consider alternative support mechanisms for these men such as case management programs, individual therapy and pre-program support information sessions to keep the men engaged and in view.

Most of the MBCP evaluations examined participant outcomes covering a wide range of variables including safety, attitude and behaviour change, parenting practices physical and psychological aggression, inter-personal relationships and communication depending on the specific research questions. The evaluations reported an overall positive impact on the men's outcomes using wide variation of measures. Standardisation of these measures for the use with indigenous and culturally and linguistically diverse communities was not noted in the reporting of validity and reliability, this should be considered when generalising the men's outcomes across populations. Multiple informants contributed to the participant outcomes (men, partners and program facilitators) and although it has been noted that collecting data from partners/ex-partners is challenging, this rapid review indicates their input is valued and important to gain a wholistic perspective of the impact of the program.

Some of the evaluated programs used a whole family approach during the men's engagement in the MBCP, highlighting the importance of ensuring women and children are provided with safety mechanisms and the supports they need. The lack of holistic family approaches, in the delivery of MBCPs, may be due to ethical considerations of engaging with ex/partners and children and researcher's ability to access these family members as research participants. Engaging with victim/survivors during men's participation in MBCPs is an emerging practice and enables the affected family members to gain an understanding of the MBCP and inform program providers of the men's progress and current behaviours. This family safety work should be centred on the safety of women and children and is considered a critical emerging addition to delivering MBCPs (Day et al., 2019).

MBCPs offer men the opportunity to engage in programs designed to provide them with supporting information, strategies and activities to challenge their perspectives of family violence, the impact of family violence, gender equity, accountability and responsibility. Most programs utilise assessment and intake processes to determine suitability for program and levels of motivation, readiness to change and engagement. These factors may have significant influence on the impact of the programs on the outcomes of men's attitudes and behaviours and should be monitored and explored during participation in the programs.

This review contributes to the emerging evidence-base of MBCPs that are focused on supporting men using behavioural, psychoeducation, responsibility models to inform program design and provide foundational interventions that are fundamental to safer outcomes for the men, as well as, women and children. Given the changes to MBCPs following the Victoria Royal Commission into Family Violence, this review has the capacity to inform the development or refinement of future MBCP interventions. Considering the limitations discussed in this review future evaluations of MBCPs should include a more systematic approach with the inclusion of program logics, program content, delivery and implementation information. More extensive research combining impact, process and outcome measures is recommended to inform a systemic analysis and contribute to the growing evidence base. Longitudinal research following MBCP men and their affected family members is suggested to document the long-term impact of programs and men's ability to be accountable and responsible beyond the time they are engaged in the program. Following the recent development of the MBCP minimum standards, the Royal Commission into Family Violence recommendations and changes made to content and delivery of MBCPs it is now timely to extend the MBCP body of evidence.

Conclusion

In conclusion, this rapid review recognises the lack of evaluation of MBCPs conducted and the need for further extensive systemic evaluations to determine effectiveness of MBCPs. This review contributes to the growing evidence of MBCP evaluations through the reporting of program content and empirical data on participant and family outcomes. ANROWS evaluation readiness, program quality and outcomes in MBCPs key findings and recommendations are supported in the results reported and discussed in this rapid review. Through MBCP evaluations there is an opportunity to influence the capacity of MBCPs, content, delivery and implementation, to improve the safety and wellbeing outcomes for women and children and encourage men to be accountable and responsible for their attitudes and behaviours.

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