Case study

MeLI

Young Men's Behaviour Change Group

A specialist behaviour change program for men aged 18–25 who use intimate partner violence

No to Violence | OPEN Expansion Project | 2026

Acknowledgements

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Contributors

This case study was developed through in-depth interviews conducted in February 2025. The following practitioners participated and agreed to be identified by name and role:

Research participants

- Lisa Robinson, Director, Family Safety and Therapeutic Services, Meli
- Kristy Berryman, Manager, Family Violence, Men's Centre, Meli
- Bernadette McCartney, Executive Director, Services, Meli
- Maxi Bongiorno, Men's Family Violence Practitioner, Men's Centre, Meli
- Connie Pini, Safety Contact Worker (Women's Family Violence Practitioner), Meli
- Rachel Morgan, Team Leader, Meli

Client case studies (Jai, Poppy, Scout) use pseudonyms. All practitioners who described these cases agreed to the use of this material.

Resources referenced

- The Algorithm of Disrespect: Respect.gov.au. Video resource used in group sessions on digital culture
- Love and Abuse (YouTube): used to explore coercion dynamics
- Meli YMG Participant Workbook: developed in-house
- Family Safety Victoria guidelines and the MARAM framework
- Duluth model of power and control
- Gottman's Emotion Wheel.

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Meli Young Men's Behaviour Change Group

A specialist behaviour change program for men 18-35 who use intimate partner violence

1. Executive summary

Meli's Young Men's Behaviour Change program (YMG) is a tailored intervention for men aged 18-25 who use intimate partner and family violence. Developed to address gaps in standard adult programs, it responds to the developmental, trauma, and digital realities of this age group.

The hybrid structure combines fourteen group and ten individual sessions, moving beyond the standard twenty-seven-week group-only approach. Individual sessions are essential; they form the infrastructure that makes group work effective. Accountability remains central, but the Meli team acknowledges that genuine accountability is unachievable for participants without stable housing, support for harmful substance-use, or trusted adult support.

With almost two decades' experience, Meli's Men's Centre accepts all referrals and assesses client suitability. Retention rates have increased from 12% to over 80% under current leadership. The YMG maintains a client-focused, trauma-informed, accountability-driven approach, influencing broader practices at the Centre.

Initially funded by three philanthropic sources, the program is now secured for three more years. It has generated strong results for a small, highly complex cohort. Participants disclose more violence than in standard programs and show increased emotional literacy. One participant re-engaged after program closure, completing sixteen weeks of inpatient rehabilitation and securing housing and employment.

This case study outlines the program's development, practice, and key lessons. It is based on interviews with leadership and practitioners from across the Centre, including Lisa Robinson (Director, Family Safety and Therapeutic Services), Kristy Berryman (Manager, Family Violence), Bernadette McCartney (Executive Director, Services), Maxi Bongiorno (Men's Family Violence Practitioner), Connie Pini (Family Safety Contact Worker), and Rachel Morgan (Team Leader).

Key messages

- Young men aged 18–25 who use intimate partner violence are a distinct cohort with distinct needs. Placing them in standard men's behaviour change programs designed for older adults does not work—and may actively undermine engagement.
- Accountability and trauma-informed practice are not opposites. Holding both is producing higher rates of disclosure and deeper engagement at Meli now than when they treated them as competing frameworks.
- The hybrid model matters. Individual sessions are preparation for group work—they are the infrastructure that makes group possible. Pre-group case management, in-reach during crisis, and real-time responses to incidents between sessions are what keep young men engaged long enough for change to happen.
- Relationship is the mechanism of change. The same worker who walks alongside a young man before group facilitates the group. That continuity is not an efficiency—it is the point.
- Developing participants' emotional literacy is critical.
- You cannot do accountability work with someone who is homeless, in crisis, or has never had a stable relationship with a trusted adult. Stabilisation is not a detour from the program; it is part of it.
- The young men reaching this program are not the radicalised, online manosphere cohort many expected. They are young men from low socioeconomic backgrounds carrying significant trauma, with extensive histories in child protection, corrections, and out-of-home care. Services need to be designed for who is actually showing up.
- Affected family members of young men in this cohort have complex, high needs that phone-based support cannot adequately meet. The affected family member support model needs rethinking for this group.
- The window when a young person is ready to seek help is narrow. When it opens, the system must respond immediately. Waitlists and delays during that window are not neutral—they are risks.
- There is no adequate service response for young people aged 15–17 using intimate partner violence. This gap is known, well-documented by practitioners and remains unaddressed.

2. Context and background

2.1 About Meli and the Men's Centre

Meli, formed from the merger of Bethany Community Support and Barwon Child, Youth and Family, is a large Geelong-based community organisation offering legal, family violence, housing, alcohol or other drug services, youth, and parenting services. 'Meli' reflects meliorism—the belief that communities can create positive change together. The Men's Centre, a standalone perpetrator intervention centre within Meli, maintains its own facilities and stable workforce. Staff turnover is low; most are hired during expansions or new funding, not because of departures.

The Men's Centre offers various programs, including standard men's behaviour change groups, a modified group for men who cannot sustain participation in a mainstream program, a serious risk program, a 10-session case management model, short- and long-term case management, and now the YMG. All services are free, and no clients are turned away. As Lisa notes: *"If a man is reaching out for a service, we don't turn him away."*

Even for statutory referrals, the Centre upholds a voluntary engagement model. Men attend because they choose to take responsibility for their behaviour, not because they are compelled to do so. External systems (including courts, corrections, and child protection)—not the Centre—impose consequences for non-attendance. The more than 80% retention rate reflects a respectful, needs-focused environment where practitioner relationships drive change.

2.2 Why the young men's group was started

Program development followed data: Meli collected information on all men since opening, revealing an increase in younger men clients. Lisa, through her work on RAMP (Risk Assessment Management Panel),[1] saw 18-year-olds newly exiting child protection appearing with serious violence issues and nowhere to go.

> *We just had constant conversations about how it just didn't suit. You've got a recidivist in his 50s sitting next to an 18-year-old who's never touched a service system. How could we do something different?"*
>
> **— Lisa, Director, Family Safety and Therapeutic Services**

Issues like tech-facilitated abuse, social media, and gaming culture were emerging in referrals from younger men — issues that existing men's behaviour change programs, which primarily catered to men aged 45–65, did not address. There were simply no programs designed for this younger cohort. Generational differences in views on relationships and masculinity called for a new approach.

[1] A Risk Assessment and Management Panel or 'RAMP' is a formally convened meeting of key local agencies and organisations who conduct a multi-agency risk assessment of people who are at high risk of serious harm from family violence.

Meli also had something useful: a couple of younger staff with youth work backgrounds and a strong relationship with a philanthropic funder who had a genuine interest in family violence. When the conversation came up, the response was: “Why don’t you have a crack at it?” So, they did.

2.3 Development process

Before the program went anywhere near a funder, Eliza Arbaci (Practice Leader) had already begun pulling it together. Staff interviews, focus groups with affected family members, and structured interviews with young men in existing programs were done before a pitch was written. By the time funding was sought, the groundwork was solid.

A working group was established bringing together representatives from youth justice, alcohol and other drug services, housing, corrections, and child protection to inform the program's design. Through this process, practical barriers to participation emerged — for example, many young men were reluctant to use public transport, whether due to cost, lack of familiarity, or the risk of running into rival groups.

Three philanthropic funders—the Geelong Community Foundation, the Anthony Costa Foundation, and Dawn Wade—provided the initial twelve-month funding. Philanthropic funders historically do not fund perpetrator services; this was an explicit shift, and Meli was upfront that they were asking for something that did not usually get funded. They were also upfront, throughout the pilot, that things were not going as planned. That transparency kept the funder invested. The program has now been funded for a further three years, with evaluation included.

3. Program design and model

3.1 Framework

The YMG program sits within the same framework as Meli's mainstream men's behaviour change work—Family Safety Victoria guidelines, the Multi-Agency Risk Assessment and Management (MARAM) Framework,[2] and the Duluth model of power and control.[3] Accountability is non-negotiable. What has changed, over years of practice development and in the YMG specifically, is the willingness to hold trauma-informed practice alongside accountability rather than treating them as opposites.

This did not happen overnight. Fifteen years ago, the Centre was running groups that were punitive by design—a man showed up with a beer bottle (not drinking it) and was removed on the spot. As Kristy describes it: *"Everyone around us was doing it that way, so we thought that was the way."* The shift came gradually, through exposure to different thinkers, through watching what produced engagement, and through recognising that men sitting in silence for twenty weeks was not behaviour change.

The practical result of that evolution is a program that holds firm on accountability for violence while acknowledging that a nineteen-year-old who has been in out-of-home care since childhood, who started using substances at ten, and who has never had a stable adult relationship, cannot engage with that accountability work unless someone has first helped him stabilise.

3.2 Structure

The hybrid model consists of fourteen group sessions, each lasting two hours, with a short break and refreshments provided, guided by a thematic curriculum. These group sessions are complemented by individual sessions and are structured so that group work is supported and reinforced by one-on-one engagement. There are ten individual sessions tailored to participants' needs. These sessions can take place before, between, or after group sessions—addressing incidents as they arise, managing case management needs that would otherwise swamp the therapeutic work, and building the one-to-one relationship that gives the group work its credibility. Family Safety Contact Worker support is run in parallel for affected family members.[4]

Practitioners have also paused group sessions entirely when the whole cohort was in crisis—shifting to individual sessions for four weeks before resuming. In a mainstream, government-funded program, that would not be possible.

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[2] The MARAM framework was developed to enhance the safety and well-being of individuals and families experiencing family violence across the Victorian service system. MARAM provides evidence-based information designed to support practitioners, organisations, and whole sectors in responding to family violence in a consistent and collaborative way. It guides professionals in screening, identifying, assessing, and managing family violence risk across multiple agencies, to encourage a coordinated response to family violence.

[3] The Duluth Model, developed in Duluth, Minnesota in the 1980s, is one of the most widely used frameworks in men's behaviour change work. It identifies patterns of coercive and controlling behaviour used by perpetrators of intimate partner violence and underpins much of the curriculum design in men's behaviour change programs across Australia.

[4] A Family Safety Contact Worker (FSCW) supports victim-survivors of family violence by assessing risk, coordinating safety plans, and liaising with programs addressing perpetrators' behaviour.

3.3 Curriculum

Core content covers the drivers of violence, the role of gender norms and entitlement, emotional literacy and regulation, trauma, shame, healthy relationships, and consent. The curriculum explicitly addresses contemporary influences: social media, online gambling, pornography, gaming culture and manosphere content, including Andrew Tate.[5] These influences are layered on top of existing challenges around masculinity, status, belonging, and connection.

Emotional literacy has emerged as a major focus—one that was not as prominent in the original design but has become central to the work. Young men who arrive in the program often have a vocabulary of only two or three emotional states—and for many, identifying or expressing emotion at all feels uncomfortable or unsafe. The 'boys don't cry' messages they have absorbed mean that naming feelings is not just unfamiliar; it carries a sense of threat. The emotion wheel, introduced in the past twelve months, gives them language and a way in. As one practitioner put it:

> *When we tried to talk about emotions, it was shit, bad, anger. That was the extent of it. Finding that those conversations are so important has been one of the bigger shifts."*
>
> **— Maxi, Men's Family Violence Practitioner**

The program has developed its own participant workbook with exercises exploring emotions, anger triggers, and regulation strategies, alongside space for notes at each session—something not used in mainstream groups.

Guest speakers from youth-specific services are brought into group sessions—alcohol and other drug counsellors doing breathwork, for example—to demystify services, build bridges and lay the groundwork for rapport-building when referrals occur.

3.4 The group

The group format has itself evolved. The program began with a rolling group—new members joining as others finished—and is now trialling a closed group. Opening sessions are structured around rapport-building, value exploration, and engagement. A card game exploring themes of gratitude, vulnerability and emotion gives young men a way in—most arrive nervous, and the last thing they need is an immediate deep dive into their violence.

The purpose of the group for this cohort is accountability—participants challenge each other, and hearing someone else's experience can open doors that a worker alone cannot. But being held accountable in a room full of strangers requires trust, and trust requires belonging. Many of these young men do not have a sense of community or connection.

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[5] The 'manosphere' refers to a loose network of online communities—spread across social media platforms, forums, and video channels—that promote anti-feminist and often misogynistic ideologies. 'Red pill' content, a term borrowed from the film The Matrix, is used within these communities to describe the adoption of beliefs that women hold unfair power over men, and that traditional masculine dominance is natural and desirable. Figures such as Andrew Tate have significantly amplified this content to young male audiences globally.

Group offers that too, and it is what makes the accountability work possible. As Kristy notes: *"The opposite of addiction is connection. That's what group brings."*

Group does not have to happen in a circle in a room. Plans are underway for a day trip to pick up participants in outlying areas and spend a day together. The accountability principles travel with the format.

3.5 Safety and the Family Safety Contact Worker

Connie holds the Family Safety Contact Worker role—supporting affected family members while their partner or ex-partner is in a program. Her work and Maxi's are tightly integrated. They do not have a formal weekly meeting; the communication is continuous, informal, and immediate.

> *I pretty much update Maxi after every individual session. What came up, what themes, any concerns? You can't wait for a scheduled meeting when AFM [affected family member] and PUV [person using violence] interactions are happening so quickly and so often."*
>
> **— Connie, Family Safety Contact Worker**

Both workers have access to the same case management system, and Maxi's case notes are detailed enough that Connie can already know where the participant is sitting before she picks up the phone to the affected family member.

However, the phone-based FSCW support model—standard for mainstream groups—does not work well for this cohort's affected family members, who often have their own high, complex needs. It is one of the known limitations of the current program design (see Section 7.2) and something the team will work to improve.

4. Who the program works with

4.1 The young men

Before the program started, there was an expectation that it might attract young men radicalised by manosphere content—the red pill cohort, Andrew Tate's online followers. That has not been the experience.

> *That cohort aren't engaged with services. They're not being referred here. We've been seeing men from lower socioeconomic backgrounds with trauma histories, not young men sitting there following red pill content. A lot of them come in without a phone."*
>
> **— Maxi, Men's Family Violence Practitioner**

The young men who have come through the program are almost uniformly from low socioeconomic backgrounds with extensive service histories and layered disadvantage:

Typical presenting profile

- Ages 18–25, predominantly lower socioeconomic background
- Trauma histories: out-of-home care, parental violence, neglect, multiple system contacts
- Complex mental health issues
- Alcohol and other drug use, often beginning in childhood
- Housing instability or homelessness
- Justice involvement, corrections contact, child protection history
- Low educational and employment engagement
- Developmentally, often presenting significantly younger than their age
- Violence patterns include coercive control, stalking, technology-facilitated abuse, sexual coercion.

A striking finding is how strongly these young men identify with rigid masculine norms—boys don't cry, don't show emotion, don't ask for help. Older men in mainstream groups sometimes say, "Things are different now for the younger generation." The evidence from the YMG points in the opposite direction. The man box is as alive for these young men as it is for anyone, perhaps more so.[6]

The men from more privileged backgrounds who use violence are not showing up here. They will not until pathways exist through elite sport, private schools, or other systems that can reach them. Those pathways do not currently exist in any meaningful way.

4.2 Affected family members

The affected family members of YMG participants often share a similar level of complexity. As Connie observes: *"If Maxi has a really complex person using violence, it's likely the affected family member also has significant unmet needs."*

Patterns that stand out in this younger cohort: technology-facilitated abuse is pervasive, stalking is significantly more common than in older groups, and the level of possessiveness and obsessive control is higher. Relationships often began in adolescence—long before either person had developed the tools to recognise or name what was happening.

Parents—particularly mothers—frequently appear as affected family members alongside, or instead of, intimate partners. Adolescent violence in the home that has transitioned into intimate partner violence is a common thread.

4.3 Engagement and referral

Most referrals come from corrections and child protection. Referrals from youth services, headspace,[7] and the broader community sector remain limited despite significant outreach efforts—such as team meeting attendance, brochures, and emails across the system. The challenge is that identifying a young man does not mean he will engage. If he is not mandated, the odds of voluntary participation are low. Jai (Section 7.1) is the only voluntary participant to date.

Getting young people in the door required a vastly different approach. Assessments moved out of the office. Workers walk along the river with clients. Transport is initially funded, then gradually reduced to a myki card,[8] and finally to nothing, as participants build capacity. Kristy: *"We thought we knew where we were starting. We had to go so much further back."*

Transport barriers are real and specific—young people with social anxiety after COVID who will not get on a bus or train; young people who fear running into rivals. These are not excuses, they are the terrain.

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[6] The 'man box' is a term used to describe the rigid set of social expectations placed on men and boys — that they should be tough, self-sufficient, unemotional, and dominant. First developed as a framework by Paul Kivel and later popularised by Equimundo's global research, it describes the pressure men face to conform to a narrow version of masculinity, and the harm that results — both to themselves and to others — when that conformity is enforced.

[7] headspace is Australia's National Youth Mental Health Foundation, providing early intervention mental health services to people aged 12–25.

[8] Myki is the smartcard ticketing system used on public transport across Melbourne and regional Victoria, including Geelong.

5. What it takes to make it work

5.1 Practitioners

For Maxi, the importance of having spent her career predominantly in the youth space—in family preservation and residential care—is underscored in every session she facilitates. Young people are less scary to her. Their unpredictability does not throw her. She knows when to challenge and when to hold back—knowledge that comes from having worked with young people in crisis before.

Meli's staffing culture is deliberate. The Centre recruits carefully and has low turnover. When values alignment is not present, it is quickly identified and addressed. Facilitators are not just group facilitators; they are men's practitioners who do the full gamut—assessment, case management, individual and group sessions. The same person who walks with you along the river at the start is the person standing at the front of the group when you get there.

Meli has also invested in how facilitators run groups. A period of intensive supervision with an external consultant—facilitators wearing headsets, sessions recorded, detailed feedback provided—built a culture of critical reflection that new staff step into from day one. The discomfort of that process was worth it. Kristy: *"We had to learn to be invitational, to get the men to contribute to the work. It was extremely painful. But it really set the culture."*

5.2 Collusion and cross-sector dynamics

One of the recurring tensions in the YMG's context is the difference between how youth services work with young people and how a family violence accountability service works. Youth services operate from a strength-based, trauma-informed framework—and that is appropriate for their context. But when the same young man is also perpetrating violence, and the youth services message is 'it's not your fault, you had trauma,' the accountability work becomes harder.

> *You can have one worker in group trying to offset a whole set of messages from other services that say: it's not my fault, I had trauma. Whereas we're saying: yes, you can have a traumatic childhood, and it doesn't mean you go and perpetrate."*
>
> **— Lisa, Director, Family Safety and Therapeutic Services**

Meli has responded practically: developing and rolling out Non-Collusive Practice Training for other services across the region, bringing practitioners together to understand what collusion looks like and how to avoid it.[9] Around one-hundred and twenty practitioners attended in the first six months. The intent is to shift a sector norm, not just manage individual cases.

[9] In the family violence context, collusion refers to the unintentional reinforcement of a person using violence's minimisation or deflection of responsibility—for example, when a service responds to harmful behaviour primarily through a trauma lens without also naming the behaviour as a choice and holding the person accountable for it. Non-collusive practice means maintaining both: acknowledging trauma history while refusing to allow it to become a reason the violence is excused.

The Centre is also developing a philanthropically funded therapeutic counselling role specifically for men's program participants—an in-house counsellor employed by Meli who holds the family violence lens. The problem with external therapeutic services was not their skill; it was that they did not have the family violence framework. Having that role in-house changes the picture.

5.3 Case management

Meli's case management model is not a list of referrals. It is a 10-session structured model, aligned with men's behaviour change themes, that case managers deliver alongside the practical support. If a participant has an intervention order breach,[10] the case manager is not ignoring it while filling in a housing application—they are having the conversation about violence as part of the session.

For YMG participants, case management functions include finding emergency accommodation, funding motel stays during crisis periods, accompanying participants to Child Protection meetings, sourcing dental care to build participants' confidence to attend job training appointments, and applying for Rotary small grants for employment support. This is what 'having his back' means in practice—and it is what builds the trust that makes accountability work possible.

5.4 Organisational leadership

The program did not require persuasion at the leadership level. By the time it went up the chain, the development work was already done—focus groups, staff interviews, interviews with affected family members, and a working group across the sector. As Bernadette, Executive Director, Services at Meli, describes it: *"The model was already developed. I was just asked: we're applying for this funding, okay? Go for it."*

What leadership provided was permission to fail and keep going. The program did not meet its first-year targets. That was reported transparently to funders, alongside what was being learned. The three-year funding renewal came on the strength of that honesty, not in spite of it.

> *We've taken the view that we're going to demonstrate the practice, and researchers will catch up. The important thing is to document it. That's why this process matters—we just need someone to write it down."*
>
> **— Bernadette, Executive Director, Services, Meli**

[10] An intervention order (IVO) is a civil court order that prohibits a person from contacting, approaching, or behaving in specified ways toward another person. In the family violence context, they are commonly used to protect victim-survivors from further contact or harm by a current or former partner. Breaching an intervention order is a criminal offence.

6. What has been achieved

Outcomes for this cohort are best measured over time and in relational terms. The numbers are small; the complexity is high; formal measurement is constrained by the absence of long-term follow-up mechanisms (a known gap in the broader sector). What practitioners can observe:

- Self-disclosure of violence is significantly higher in YMG than in standard men's behaviour change groups. Participants bring incidents to sessions unprompted, having already begun thinking about them.
- Emotional literacy has developed among participants who arrived with a two-word vocabulary of emotions.
- Participants who started as mandated attendees have sought voluntary re-engagement after program closure.
- Young men have initiated contact with services they previously refused, including alcohol and other drug treatment and Centrelink.
- Some participants have secured stable housing and employment after completing the program.

The integrated Family Safety Contact Worker role means that risk to affected family members is monitored and responded to more quickly than in siloed service delivery. The combination of group and individual sessions creates more opportunities to identify and act on safety concerns in real time.

The broader organisational impact is also real. The flexibility developed through YMG has influenced how the Men's Centre approaches its mainstream programs—less rigidity around attendance rules, greater willingness to address barriers, and more permission for practitioners to try things. The modified group—lower numbers, slower pace—for men who cannot sustain a mainstream program reflects the same logic.

7. Case studies from practice

The following are drawn from the program with practitioners' knowledge. Client names are pseudonyms.

7.1 Jai: The window that had to be seized

Jai (pseudonym)

Age at referral: eighteen

Referral: Corrections (mandated)

Presenting: Family violence, alcohol and other drug use, significant trauma, homelessness

Jai was referred at eighteen through a corrections order following serious family violence toward his then-partner. He had been in and out of foster and residential care and had experienced significant neglect and harm as a child. He started using substances at ten. He had no positive peer relationships and a deeply negative sense of self.

He completed the initial assessment, was incarcerated for several months, and re-engaged on release. In group, he was sometimes substance-affected, could be difficult to engage in a focused way, and was resistant to alcohol and other drug, and mental health referrals. The work was not easy. But he kept showing up, completed every required session, and met his corrections order. The case was formally closed in June.

Three weeks later, following an incident with his mother, he called Maxi crying. *"I need support. I'm not ready to do this on my own. Can I re-engage?"*

That moment—unsolicited, voluntary, self-aware—was a pivot point. And it required an immediate response. He was homeless, couch-surfing with people who were using and at high risk of relapse. The window was narrow.

What happened next was a coordinated sprint: emergency motel accommodation funded through brokerage, a referral to an external service for short-term funding, admission to detox (one week that he extended to two), an in-reach session from Maxi during detox, and then—because Jai himself, from inside detox, asked for rehabilitation for the first time in his life—a referral to a sixteen-week youth inpatient rehabilitation program in Gippsland. Three and a half hours away.

The three weeks between detox and the rehabilitation placement were critical. Without a motel to go to, he would have been back on the street, back in the same networks, likely using again before he got in. He also had no income. He was resistant to Centrelink because he had rigid beliefs around the male's role to provide, and he linked his sense of worth to being a hard worker. That resistance had to be worked through.

He went to rehabilitation. He continued individual online sessions voluntarily throughout the sixteen weeks. He invited Maxi to his graduation virtually. She drove him to the Melbourne transfer point.

He left rehabilitation with a job and a house in Gippsland and stayed there.

> *I'd get a text from him out of nowhere. He had a conversation at the rehab about someone objectifying a woman, and he sent me this whole paragraph, working through it: this person did this, which means he was treating her as an object. Is this right? That kind of thing, every time it happened, just made me so happy."*
>
> **— Maxi, Men's Family Violence Practitioner**

Jai's mother was held as an affected family member by Connie—the intimate partners declined contact. That brought a different window into the family's history. The incident that Jai disclosed in session, his mother also disclosed to Connie, with a very different narrative. Having both perspectives and the ability to share them carefully and ethically between workers gave the intervention greater depth than it would otherwise have had.

The practice required holding all three things at once: accountability for the violence he had used, a gendered analysis of family violence, and trauma-informed engagement with what had shaped him. Maxi: *"You can't ignore his experiences in childhood. But he still had to own the violence. And he did—that's what changed."*

7.2 Poppy: Reunifying safely after serious violence

Poppy (pseudonym)

Age: 21–23

Role: Affected Family Member

Relationship: Approximately six years; began in adolescence

Poppy is sharp, reflective, and engaged. She engages fortnightly via phone. She has been with her partner since before she was seventeen, which means the patterns of control and dependency have been forming for most of her adult life.

Early in her contact with Connie, she disclosed the violence clearly enough that Connie could see what was coming. She was linked into specialist family violence case management just before a period of severe escalation—nearly twelve months during which she was removed from the shared tenancy, placed in emergency accommodation, and eventually helped into secure independent housing.

Now she wants to reunify. She knows the history. She does not minimise it. She wants to know whether reunification can be made safe, and what that would require.

The current work with Poppy is about keeping risk in view while respecting her decision-making. Hard conversations are being prepared for—conversations about specific incidents, about what accountability from him would look like, about what a safe father means to her, since she wants children. These conversations are being practised while they are still separated, so that if reunification happens, there is at least some shared language for what happened and what safety requires.

Close coordination between Connie and Maxi's work with Poppy's partner allows real-time alignment between the safety planning and the accountability work happening in the YMG program. It is not formally structured—it is a conversation after a session, a case note read in the system, a check-in when something has escalated.

7.3 Scout: When the system cannot keep up

Scout (pseudonym)

Age: eighteen

Role: Affected Family Member

History: Partner violence beginning at age sixteen; current emergency accommodation

Scout's partner was briefly incarcerated for attempting to strangle and drown her. She has disclosed multiple strangulations, sexual violence, coercive control, and stalking via social media. She has an acquired brain injury—likely from the strangulations. Her mother holds an intervention order against her. She is eighteen years old.

Despite all of this, she is motivated. She knows what she wants: to get clean, repair things with her mother, move to Geelong, and get away from the environment she is in. She self-referred to alcohol and other drug treatment before her most recent crisis. She can articulate her goals clearly.

The problem is that the system is not set up to hold her. Her risk is not quite high enough for intensive case management, or the waitlist is too long, or the service type does not match her needs. The AFM support Connie can provide is phone-based because that is how the funding works. Phone-based support does not let you sit with someone and help them change their phone's privacy settings. It does not let you check whether a car has been tracked. It does not let you do anything that requires being in the same room.

Scout engages intermittently. Her motivation is genuine, and her goals are clear, but instability makes follow-through hard. She falls between service responses that were designed for someone either more or less complex than her.

> *I might be the only service she's linked to. Phone-based support helps her feel heard. But she has needs that just can't be met over the phone—and often she's not eligible for the services that could meet them."*
>
> **— Connie, Family Safety Contact Worker**

Scout's case is an example of something the program keeps encountering: young women experiencing serious violence, who do not fit neatly into the service system because they are too complex for some services and not meeting the threshold for others.

8. What has been learned

8.1 What works

- The hybrid model works. Pre-group individual sessions build trust before accountability work starts. Individual sessions during the program allow real-time responses that a group alone cannot provide.
- Emotional literacy is foundational, not supplementary. Expanding participants' capacity to name and differentiate emotional states changes what becomes possible in the group.
- Accountability and trauma-informed practice are not opposites. Programs that hold both consistently are likely to produce higher disclosure rates and better engagement. Understanding does not mean excusing.
- Relationship is the mechanism. The same person who does pre-group case management facilitates the group. That continuity is not incidental—it is structural.
- Flexibility must be a design feature, not an exception. Pausing group, funding a motel, walking along a river—these are not deviations from the program; they are the program.
- Group sessions offer connection and accountability. For young men without community, belonging, or experience of being heard, the group itself is therapeutic.
- Timing is everything. When a young person presents as help-seeking, the system must respond immediately. Every week of delay during a window of readiness is a risk.

8.2 What is hard

- Voluntary engagement is rare. Without a mandate, referral-to-attendance rates are exceptionally low. The program has not yet cracked how to reach young men who are using violence but not in contact with corrections or child protection.
- Youth services and family violence services are not working from the same framework. When other services are colluding—even without intending to—the accountability message is harder to sustain.
- Phone-based AFM support does not work for this cohort's affected family members. The gap between what is needed and what is funded is significant.
- Alcohol and other drug services, and housing systems are overstretched. The three weeks between Jai's detox and his rehabilitation placement nearly undid everything. Bridging gaps like that requires brokerage that most services lack.

- Courts remain largely disconnected. A man can be directed to attend a men's behaviour change program, complete it, and have that participation mean almost nothing to the court's subsequent decision-making. The specialist family violence court in Geelong opened without involving services. CourtLink[11] access has been changed in ways that make it harder for practitioners to attend proceedings they were attending the day before.
- There is a lack of contemporary, appropriate resources available, particularly resources tailored for working with young people who use violence.

8.3 Surprises

The cohort was not who they expected. The young men referred have been from low socioeconomic backgrounds with complex trauma histories—not the radicalised manosphere cohort that was anticipated. The red pill followers exist, but they are not in contact with services.

The man box is alive for young men as much as for older ones. The expectation from mainstream groups—that younger generations have moved past rigid masculine norms around toughness, emotional suppression, and self-sufficiency—is not borne out here. Boys do not cry. Asking for help is a weakness. These beliefs are deeply held.

Assessment for group readiness is more complex than anticipated. One participant who is not ready can set back the progress of everyone in the group, including themselves.

[11] CourtLink is a cloud-based, single, generic, integrated court assessment, referral and support program.

9. Implications

9.1 For services

- The same worker who does pre-group case management should facilitate the group. This is not efficient; it is essential.
- Group readiness assessment matters. Do not put someone in the group before they are ready. The work before the group is part of the program.
- Emotional literacy work should begin early and be treated as central to accountability, not separate from it.
- Practical support—transport, food, brokerage, accompanying people to appointments—is engagement infrastructure. Fund it accordingly.
- Collusion training for the broader service system is worth investing in. Other services working with the same young men need to understand what collusion looks like.
- AFM support for this cohort needs to be outreach-capable and in-person. Phone-based support is not sufficient.
- Recruit for a youth work background and comfort with the complexity of young people. Not everyone is suited to this work, and the cost of having the wrong person in a group is high.

9.2 For policy and funding

- Fund hybrid models. The individual sessions are not an optional extra—they are what make the group work.
- Philanthropic funders willing to fund perpetrator services are rare and valuable. The sector should make the case more actively.
- Give services money without prescribing how to spend it. The most valuable thing Meli's funder did was say 'go for it' and 'it's okay that you're still figuring it out.'
- There is no service for young people aged 15–17 who are using intimate partner violence. Step Up is too narrow.[12] Victoria's MARAM framework will soon extend to children and young people, meaning services will be required to identify young people using violence — but there is currently no appropriate program to refer them to.
- Court engagement with perpetrator services needs to be re-established. Pre-COVID, a family violence magistrate visited the Men's Centre quarterly to learn about the available programs. That relationship no longer exists.

[12] Step Up is a structured intervention program run by Meli for young people aged 10–17 who are using violence in the home toward family members. It is designed for adolescent family violence rather than intimate partner violence, which is why it does not adequately capture young people who are using violence in intimate relationships.

- Prison is a missed opportunity. If a young man is incarcerated for family violence, intervention during that period—when engagement might be higher—should be standard, not exceptional.
- Research and practice are not talking to each other in this area. Only 0.2% of family violence research focuses on perpetrators.[13] The practice is evolving faster than the research. This case study is part of addressing that.

10. What is next

With three years of secure funding, the program has time to consolidate and develop. Current priorities:

- embedding evaluation so that what is being learned is documented and can be shared
- trialling the closed group format, having moved away from a rolling group
- exploring outreach-capable, in-person AFM support with a small cohort
- developing the in-house therapeutic counselling role
- expanding Non-Collusive Practice Training across the regional service system
- continuing to build referral pathways beyond corrections and child protection—including exploring social media presence as a way of making the program visible to young men who might self-refer
- connecting with Meli's youth services directorate to strengthen the YMG model's developmental framework.

The broader aspiration is a model that can be documented clearly enough for other services to learn from and adapt. The practice is ahead of the research. The point of this case study is to share the deep insights the Meli team has gained through the YMG.

[13] Arrigo, J.-L., Taheri, M., Fitzpatrick, S., & McCormack, L. (2025). Domestic violence, behavior change programs, positive and negative outcomes: A scoping review. *Psychology of Violence*, *15*(2), 164–180. https://doi.org/10.1037/vio0000540