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ORGANISATION FOR WOMEN'S SAFETY

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### **Acknowledgement of Country**

ANROWS acknowledges the traditional owners of the land across Australia on which we work and live. We pay our respects to Aboriginal and Torres Strait Islander elders past, present and future; and we value Aboriginal and Torres Strait Islander history, culture and knowledge.

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## **Perpetrator interventions in Australia: Part one - Literature review. State of knowledge paper**

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# Introduction

Violence against women is an insidious and entrenched problem in our society. In Australia, since the age of 15, one in six women has experienced physical violence by a current or former intimate partner and one in five women has experienced sexual violence (Australian Bureau of Statistics, 2012). Nationwide, nearly one woman is killed every week by a current or former partner (Bryant & Cussen, 2015). With sexual assault and domestic violence still being significantly under reported, these statistics only provide a limited snapshot of the true number of women and children that have experienced violence and abuse (Marcus & Braaf, 2007; Gelb, 2007).

This violence has devastating physical, emotional and psychological consequences for women and their children, as well as profound social and economic consequences for society. In Australia, the Commonwealth and state and territory governments have committed to the National Plan to Reduce Violence against Women and their Children 2010-2022 (the National Plan)(Council of Australian Governments [COAG], 2011). The National Plan was formulated around a vision that “Australian women and their children live free from violence in safe communities” (COAG, 2011, p. 10), and contains a number of national outcomes to be delivered by all governments over a 12-year period.

This paper focuses on the sixth outcome of the National Plan, which is that “perpetrators stop their violence and are held to account” (COAG, 2011, p. 29). The Second Action Plan (2013-16) of the National Plan contains action items directed towards supporting governments to implement high quality and consistent responses to perpetrators across systems (Australia. Department of Social Services, 2014). In particular, it focuses on improving the evidence-base and the quality of, and access to, perpetrator interventions. It identifies that systems including police, justice, corrections, and community services need to work together in consistent and integrated ways to increase the effectiveness of perpetrator interventions and stop perpetrators reoffending.

In addition, the Commonwealth, state and territory governments have agreed to finalise a set of National Outcome Standards for Perpetrator Interventions during the life of the Second Action Plan (2013-16) of the National Plan. To support the Federal/state government collaborative efforts needed to achieve this, the Prime Minister announced in January 2015, that the issue of violence against women and their children, including the development of a set of national standards, would be elevated to COAG in 2015. COAG ministers agreed at their April 2015 meeting to consider a set of National Outcome Standards for Perpetrator Interventions (the National Standards) before the end of 2015.

In this paper, Australia’s National Research Organisation for Women’s Safety (ANROWS) contributes to strengthening the evidence base on perpetrator interventions by identifying the current “state of knowledge” on Australian perpetrator interventions for sexual assault and family/domestic violence. Part one of this paper identifies, synthesises and describes the large body of Australian and international academic and grey

literature on specific perpetrator programs, with attention to the definition, history, development and effectiveness of perpetrator interventions for sexual assault and family/domestic violence. The vast literature on perpetrator intervention considered in part one largely considers perpetrator programs (see Terminology section below), however, programs are just one type of perpetrator intervention. In recognition of this, part two of this paper sets out perpetrator pathways through the civil and criminal legal system in all states and territories in Australia, providing an overview of key legislative and policy frameworks in each jurisdiction for both sexual assault and family/domestic violence, in addition to mapping several specific programs in each jurisdiction back against these pathways.

While the National Plan “conceptually integrates” family/domestic violence and sexual assault (Wilcox, 2013, p. 6), and the importance of bridging the research and policy divide between these two types of violence has been noted (ANROWS, 2014), interventions for perpetrators of these two types of violence remain divided in practice. For this reason, interventions for family/domestic violence and sexual assault are largely discussed separately in this paper. Of course, even though the system response differs, sexual assault can and often does occur in a family/domestic violence context. Furthermore, it is important to note that sexually motivated murder and physical assault against children or elders does occur within intimate relationships and that these aspects are inadequately addressed in current intervention models. The final section of part one contains a discussion of the key similarities and differences between the two areas of perpetrator interventions.

Within the discussion of each type of violence, family/domestic violence, and sexual assault, part one of this paper provides an overview of specific perpetrator interventions before moving on to consider the different theoretical approaches informing perpetrator intervention programs. Programs addressing specific cultural and subpopulation groups are considered, as well as emerging and evolving interventions. Child protection systems and second responder interventions are briefly explored, before a summary of international perpetrator interventions and programs is provided. The report then outlines the key issues and debates associated with specific perpetrator intervention programs, particularly the process of behaviour change and how “success” and “effectiveness” of perpetrator intervention programs are measured. The family/domestic violence section of the paper concludes with a summary of the results from program evaluations that have been undertaken in Australia and overseas.

Section two of this literature review explores the different sex offender programs currently employed in Australia and overseas. After providing an overview of different programs, an examination of the dominant theoretical models underpinning these programs are then discussed. The paper then explores the programs for specific subpopulations, paying particular attention to those offenders who deny their offence, before moving on to explore the similarities and differences between family/domestic violence and sex offender program interventions.

Part two of this paper considers the multiplicity of perpetrator interventions beyond men's behaviour change programs, including: legal interventions by agencies such as police, justice, and corrections; and points of referral to other systems, services and programs such as mental health, drug and alcohol, housing and employment services, in recognition that these services can play a role in assisting men to stop perpetrating violence.

Throughout both sections of this paper, areas for future/further research are highlighted.

In terms of scope, this paper examines interventions for perpetrators of violence against women; that is, programs and practices designed to address the behaviour, attitudes and beliefs of men who have used violence against women. It does not consider primary prevention strategies to prevent the occurrence of violence against women. Given that the national priorities in relation to improving perpetrator interventions, as documented in the Second Action Plan (Commonwealth Department for Social Services, 2013), is informed by a gendered understanding of family/domestic and sexual violence, emphasis is placed on developing and defining “what works” in relation to interventions targeting men within this paper. We acknowledge that violence and sexual assault does occur within subpopulations (i.e. lesbian, gay, bisexual, transgender, intersex and queer (LGBTIQ)) and the need for appropriate interventions need to be developed. However, with the overwhelming victims of family/domestic violence and sexual assault being women and children, it is important to establish the current “state of knowledge” regarding interventions targeting the men who predominantly perpetrate this violence.

Finally, it is also worth noting that, in response to recognition by all governments that more needs to be done to tackle this issue, the state of knowledge in this area is constantly changing. Consequently, while every attempt has been made to capture the most accurate and up-to-date knowledge regarding perpetrator intervention strategies in the various jurisdictions across Australia and overseas, the information in this paper should not be taken as definitive and exhaustive. Both part one and part two represent a thorough, albeit limited, overview of a fast-moving policy, research and practice environment at the time of writing in August 2015.

# Terminology

While it is acknowledged that the language used to describe violence against women is varied, contested and will inevitably change over time, the following section outlines the key terms used throughout this paper.

## Family/domestic violence

There has been much discussion and debate about the appropriate terminology to use when discussing violence against women in the domestic context. In the past, terms such as “criminal assault in the home”, “spouse abuse”, and “family violence” have been used in the literature in Australia. Overseas, terms such as “intimate partner violence”, “domestic abuse”, “relationship violence” and “gender-based violence” are often used (Barner, Mohr & Carney, 2011, p. 235-244). This literature review adopts the term “family/domestic violence” to describe the physical, sexual, emotional and psychological abuse many women experience in intimate relationships. As noted in the National Plan, domestic violence refers to:

... acts of violence that occur between people who have, or have had an intimate relationship. While there is no single definition, the central element of domestic violence is an ongoing pattern of behaviour aimed at controlling a partner through fear, for example by using behaviour that is violent and threatening. In most cases, the violent behaviour is part of a range of tactics to exercise power and control over women and their children and can be both criminal and non-criminal. (COAG, 2011, p. 2)

However, as noted in the National Plan, the term domestic violence does not capture the experience of all people, with particular regard to Indigenous Australians. The term family violence is also important to encompass “the broad range of marital and kinship relationships in which violence may occur” (COAG, 2011, p.2). As such, the term family/domestic violence is considered more inclusive of the experiences of Indigenous Australians, is favoured in government reports, and used in this paper.

## Sexual assault

Legislative definitions of sexual assault vary among the states and territories of Australia. While acknowledging the complexity of the debate about definitions of sexual assault, this literature review adopts the following definition used in the National Plan:

Sexual assault or sexual violence can include rape, sexual assault with implements, being forced to watch or engage in pornography, enforced prostitution and being made to have sex with friends of the perpetrator. (COAG, 2011, p. 2)

## Violence against women

The United Nations' definition of violence against women is widely used in the literature. It is also employed in the National Plan and has been adopted for the purposes of this literature review. This definition encompasses both family/domestic violence and sexual violence against women, and refers to:

any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life. (United Nations General Assembly, 1993)

## Perpetrator

A number of terms are used in the literature to describe men who use violence against women, including offender, batterer, perpetrator and men who use violence. The term “perpetrator” is adopted for this literature review because it aligns with the language of the National Plan.

## Perpetrator intervention program

National Outcome Standards for Perpetrator Interventions (NOSPI) are currently being developed by all Australian governments to apply to wider systematic responses to domestic/family violence, of which specific programs intervening with both perpetrators of family/ domestic violence and perpetrators of sexual assault are components. For the purposes of this literature review, the term “perpetrator intervention program” is used to describe a discrete tertiary program designed to change men’s attitudes, beliefs and behaviour in order to prevent them from engaging in family/ domestic or sexual violence in the future.

## Treatment

The term “treatment” is used in the literature in relation to both sexual assault and family/domestic violence programs, and particularly the former. The frequency of the term in relation to sexual offending is because interventions addressing this behaviour have predominantly emerged from clinical practice and are informed by therapeutic approaches. However, many within the family/domestic violence sector are cautious of the use of “therapy” or “treatment” within programs, because of concerns around diminishing men’s accountability for violent and abusive behaviour. Because of these conflicting views, the term treatment is used in

this paper only in quotation or where necessary for context. Instead, the terms “intervention” or “program” are used where appropriate.

## Sex offender

Overwhelmingly, sexual assault perpetrator interventions are administered in the correctional context for men who have been convicted of a sexual offence. For this reason, the term “sex offender” is used to describe a man who has been convicted of an offence relating to the sexual assault of a woman. This term is widely used in the literature and is also used in this review.

## Sex offender program

Within the literature, these programs are often referred to as Sex Offender Treatment Programs (SOTPs). However, as previously discussed, the term “treatment” is considered problematic, and therefore the term sex offender program is utilised to refer to programs designed to rehabilitate a sex offender so that he does not commit a further sexual offence in the future.

# Methodology

In order to locate relevant material for the narrative literature review, searches of a number of electronic databases (including ProQuest, PsychInfo, Informit and Ovid Medline) were conducted using the following key words and combinations:

- 
- Domestic violence
  - Domestic violence perpetrator
  - Domestic violence perpetrator intervention
  - Domestic violence perpetrator intervention Australia
  - Perpetrator intervention
  - Perpetrator program
  - Batterer
  - Batterer program
  - Batterer intervention
  - Sexual assault
  - Sex offender
  - Sexual assault perpetrator
  - Sexual assault perpetrator intervention
  - Sexual assault perpetrator intervention Australia
  - Sexual assault perpetrator program
  - Sexual assault perpetrator program Australia
  - Sex offender program
- 

In addition to these searches, relevant materials were sourced from reference lists in key articles and by identifying articles that had cited key articles. Internet searches were also conducted to identify relevant grey literature, such as government and law reform reports, conference papers, speeches, brochures and agency annual reports that contained information about relevant topics. Given the large body of literature dealing with the design, structure, approach, operation and effectiveness of perpetrator intervention program, this review focused on literature reviews, meta-analyses, systematic reviews and other comprehensive resources, although a large number of peer-reviewed journal articles on key topics were also reviewed.

## Assessment criteria

The Cochrane Review system<sup>1</sup> of literature is recognised as the “gold standard” in terms of evidence-based health care due to the transparent and repeatable assessment process regarding the inclusion and exclusion criteria of material included for analysis. After careful consideration, it was agreed that for this review a strict application of the Cochrane review system may inadvertently replicate some characteristics associated with the family/domestic violence and sexual violence interventions as well as their divergences. Though this is important to map, the similarities between the two interventions may not have been as accessible if the “silo” effect of divergence was repeated due to the design of the review. As such, the descriptive capacity of available material was considered to be potentially as important as the assessment criteria for inclusion. For example, the justifications by a particular arm of an intervention system for the deploying of a particular theory and/or practices with regards to some aspect of perpetrator intervention as written about in practice related documents may not fit the requirements of a systematic review inclusion criteria; e.g. be greater than 10 years old. Thus, excluding the material on this basis may have arbitrarily obscured an opportunity to better describe that intervention. For example, much of the literature regarding certain interventions is greater than 10 years old. It was also considered that commenting on an absence of reliable and valid evidence for the theoretical positions relating to a particular form of intervention contributes to an overall understanding of the “state of knowledge”.

Materials selected for review included:

- empirical research;
- theoretical accounts and practice guidelines and papers;
- conference papers;
- materials published by government departments
- materials published by non-government organisations operating within the violence against women sector
- news articles published by reputable media outlets

Materials excluded from review included:

- blogs;
- all materials addressing violence against men;
- women as perpetrators of violence against men; and
- materials specifically addressing child sexual assault and programs targeting child sex offenders.

Because of the approach taken and the inclusion criteria adopted, there is a risk of “selective outcome reporting”. However, in preparing this paper, ANROWS has circulated drafts to key thought leaders and relevant service providers, as well as to members of the National Outcome Standards for Perpetrator Intervention Working Group, further multiple representatives from governments from each state and territory and the Commonwealth Department of Social Services. This process not only countered any potential reporting bias in that stakeholders provided their perspectives regarding the literature, but it has also allowed ANROWS to clarify the current interventions and policy positions in effect across Australia and overseas. A list of those consulted is provided in Appendix A.

<sup>1</sup> For a thorough overview of the Cochrane review system see Higgins, J., & Green, S. (Eds.). (2008). *Cochrane Handbook for Systematic Reviews of Interventions*. Chichester: Wiley-Blackwell.

# National outcome standards

Australian governments are committed to establishing National Outcome Standards for Perpetrator Interventions (NOSPI) to apply to wider systematic responses to domestic/family violence, of which specific programs intervening with both perpetrators of family/ domestic violence and perpetrators of sexual assault are components. The NOSPI will operate in addition to practice standards that have been adopted in a number of states and territories (and which are described in detail in Urbis, 2013). Accordingly, the NOSPI will be high-level outcomes that will provide a national and shared vision about what perpetrator interventions should aim to achieve. They are however, intended to be flexible enough to allow jurisdictions to continue to design, develop and implement perpetrator intervention programs in accordance with local practice standards and for different types of violence against women.

There are standard guidelines for offender programs in corrections in Australia, which provide a framework within which programs should be delivered (Australian Institute for Criminology, 2012). Furthermore, the European Institute for Gender Equality (EIGE) recently conducted a review of 759 tools (i.e. perpetrator interventions, not limited to specific programs) being delivered across the European Union in order to identify good practices in addressing domestic violence (EIGE, 2015). EIGE have also published standards in relation to working with perpetrators of domestic violence (EIGE, 2014). However, there is little consensus regarding outcome standards, with most existing standards around the world on perpetrator interventions relating to practice and offender management. At the time of writing in August 2015, the NOSPI were being considered in the COAG process and were expected to be announced later in 2015. This paper and ANROWS's ongoing research on perpetrator interventions, is funded by the Commonwealth Government to support the development and implementation of the NOSPI by states and territories.

# Family/domestic violence perpetrator interventions

The vast literature on family/domestic violence perpetrator intervention programs is examined in this section. As noted above, ANROWS acknowledges that perpetrator interventions go well beyond perpetrator programs. Legal interventions such as civil protection order schemes in the context of perpetrator pathways through legal and justice accountability systems are considered in greater depth for each jurisdiction in part two of this paper. The multiplicity of perpetrator interventions beyond perpetrator programs render the Australian perpetrator intervention landscape extremely complex.

## Areas identified for future/further research

ANROWS has identified that a key area for future research will be a thorough analysis and evaluation of the effectiveness of system linkages. For example, linkages between perpetrator interventions including other prevention, intervention and tertiary responses (such as criminal, civil, child protection and family law proceedings); and collaborative efforts to effectively stop violence or enable a perpetrator to engage with behaviour change (for example, housing, employment or financial services; services addressing matters such as health, mental health, drug and alcohol; and case management).

## Overview of perpetrator intervention programs

Perpetrator intervention programs (known as “batterer programs” in the United States, Domestic Violence Perpetrator Programs (DVPPs) in the United Kingdom and Men’s Behaviour Change Programs (MBCPs) in many parts of Australia) emerged in a number of countries in the late 1970s and 1980s in response to growing recognition of the problem of violence against women. Women’s refuges were first developed in Australia in the 1970s and, once established, women involved in their operation began to unite and campaign against domestic violence (Domestic Violence New South Wales, n.d.). In the 1980s, most states and territories conducted public inquiries to investigate the nature and extent of family/domestic violence. A key focus of these inquiries was the use of perpetrator interventions to increase women and children’s safety (Murray & Powell, 2009).

The first perpetrator intervention program for family/domestic violence in Australia was established in Adelaide in 1983 (Lazarus & McCarthy, 1990) after group meetings of workers involved in combating family/domestic violence led to the recognition that there were no program options for men who committed violence (Heath et al., 1985). Programs were initially modeled on existing US programs and were also influenced “by existing counseling services such as

marriage guidance” (Lazarus & McCarthy, 1990, p. 31). In other parts of Australia, such as Victoria, the Duluth model had a profound influence on the development of specified perpetrator intervention programs in the late 1980s. Since this time, Australian programs have developed slowly and in an *ad hoc* manner (Laing, 2002a). The majority of perpetrator intervention programs in Australia are voluntary and utilise the group work approach. They emerged as an alternative to the criminal legal approach; however, these programs are becoming increasingly connected with the legal system (Centre for Innovative Justice, 2015). Even though the development of intervention programs in Australia has been sporadic, since the 1990s there have been calls from violence against women’s services for more standardisation in relation to perpetrator intervention programs. This led to the development of Australia’s first minimum standards for family/domestic violence perpetrator programs in Victoria in the mid 1990’s. Since then, Victoria and NSW have developed and implemented a minimum standards policy in relation to state funded government perpetrator programs. Professional practice standards have also been developed in Queensland and Western Australia.

Historically, perpetrator intervention programs have been controversial, with some arguing that they: 1) divert resources from victim’s services; 2) reduce perpetrator accountability through the criminal justice system; 3) are ineffective; 4) are complex and expensive; or 5) contribute to the risk of violence against women by promoting a false belief among partners of violent men that the men’s violent behaviour will cease (Urbis, 2013; Laing, 2002a).

However, perpetrator intervention programs are increasingly supported, with the 1992 National Strategy on Violence Against Women and the 1997 Partnerships Against Domestic Violence Strategy both emphasising the importance of program options for perpetrators of family/domestic violence. Political support for perpetrator intervention programs remains strong today, with the National Plan recognising that they are “an essential part of an effective plan to reduce violence against women and their children” (COAG, 2011, p. 29). One of the nine recommendations made by the Senate Finance and Public Administration References Committee (Cth) in its Interim Report released in March 2015 was to increase the availability of behavioural change programs for perpetrators and to ensure programs are evidence based (Parliament of Australia. Senate Finance and Public Administration References Committee, 2015).

Perpetrator intervention programs vary widely in their design, content, and mode and manner of delivery. They can be delivered by a range of providers (including non-government organisations or correctional services agencies) and may be run in the community or in correctional centres. Attendance at a program can be voluntary or mandated by a court order. The duration of programs may vary, with some anger management interventions taking only hours to complete, whereas specified family/domestic violence programs can take over a year. The program can be delivered to open or closed groups or on an individual basis (or may involve a combination of both group-work and individual counselling). As noted below, methods of enforcing compliance with court orders to attend a perpetrator intervention program vary between jurisdictions.

## Program approaches

There are a number of different types of perpetrator intervention programs in operation around the world today. The array of approaches addressing perpetrators of family/domestic violence is largely a result of “myriad theories about why battering occurs and how it can be stopped” (Paymar & Barnes, n.d., p. 9). This section provides a brief overview of the theoretical underpinnings, key features and leading criticisms of the dominant approaches to perpetrator intervention programs today. Regardless of the approach adopted, it is important to note that the design, structure and delivery of individual programs can and do vary widely.

### Psychoeducational

A psychoeducational approach is used to address a number of issues and therefore is not content specific. However, in programs addressing perpetrators of family/domestic violence this approach is informed by the theory that family/domestic violence is a result of socio-political factors, such as entrenched gender inequity and patriarchal ideology. These factors are the primary cause of men’s sense of entitlement and men’s belief in their right to exercise power over women. The psychoeducational approach views violence against women as a deliberate and intentional tactic used by men to control and dominate women (Laing, 2002b). In order to address the underlying causes of family/domestic violence, psychoeducational programs require men to first accept responsibility for their actions. They then attempt to educate men about power, social constructions of gender and the patriarchal nature of society. Psychoeducational programs tend to be well-structured and vary in regard to program length (Raakil, 2002). They also operate with a pre-determined curriculum and offer limited confidentiality to participants (Raakil, 2002; Laing, 2002b).

The psychoeducational approach to men who are violent in the domestic context has been criticised for lacking empirical support and being ineffective at promoting authentic and self-directed change. It has also been criticised for failing to theoretically account for violence in same-sex relationships or violence perpetrated by women against men, and adopting a “one-size-fits-all” approach to intervention that does not consider the complexity of the causes of family/domestic violence or the individual differences among perpetrators (Raakil, 2002; Weaver, 2008).

### Psychotherapeutic

Psychotherapeutic approaches are based on the understanding that family/domestic violence is caused by personal dysfunction. They are derived from the disciplines of psychiatry and psychology (Urbis, 2013), and aim to treat the mental and

emotional states of the perpetrator. Psychotherapeutic programs operate on the understanding that factors such as behavioural deficits, trauma or psychopathology are the causes of family/domestic violence (Eckhardt et al., 2013). Programs are “person-centred” in that they offer individualised programs devised after information is exchanged between the therapist and the perpetrator. They are conducted by trained psychologists and may utilise one or more of types of therapy, such as psychoanalysis, behaviour therapy and humanistic therapy. It has been noted that there is little discussion about other forms of psychotherapeutic-based intervention for perpetrators of family/domestic violence, and that this may be a result of the reluctance of therapists to categorise clients, or the fact that perpetrator programs tends to be located largely in the context of the criminal justice system (Weaver, 2008).

Cognitive behavioural therapy (CBT) is considered to be another modality of psychotherapeutic practice by some scholars (Beck, 2011), while others suggest that a distinction can be made, in that psychotherapeutic programs tend to address deeper issues relating to people’s behaviour and are much longer in duration than CBT (Hofmann, 2012). It is also important to make the distinction between cognitive therapy and CBT. Cognitive therapy, although associated with broad range of CBT approaches, is distinctive owing to the relationship that develops between the therapist and the individual. This approach does have a behavioural change component, but it is less pronounced than CBT, instead focusing on cognitive rather than behaviour change.

CBT for perpetrators of family/domestic violence is based on the belief that violence is a learnt behaviour that can be “unlearned” through a process of further education. The CBT approach requires the therapist and the perpetrator to work together to identify, test, dispute and ultimately alter the cognitive distortions or thought processes that contribute to the perpetrator’s violent behaviour (Eckhardt & Schram, 2009). It also involves teaching the perpetrator new skills to help him to control his desire to use violence, such as skills relating to anger management or interpersonal communication (Eckhardt, Murphy, Black & Suhr, 2006). CBT approaches in perpetrator programs have developed over the last 20 years and are widely applied (Eckhardt et al., 2013).

CBT approaches to perpetrator programs have been “criticized” for not adequately addressing the more personal and embedded aspects relating to men’s use of violence and its connections with wider structural inequalities (Weaver, 2008, p. 176). Others have argued that CBT does not provide the therapist with appropriate theoretical tools to address persistent negative behaviours and that it disconnects behaviour from wider social

and political aspects operating within society that informs people's behaviour (Ryle, 2012). However, it could be argued that by embedding CBT within a gender-based framework, as the Duluth model and other perpetrator interventions informed by a feminist perspective do, these underlying structures that inform men's attitudes and behaviors are addressed.

### Family therapy and couples counselling

The use of family therapy and couples counselling, where the intervention is delivered in an individual or couples setting, is used to address the issue of domestic violence (Urbis, 2013). With research suggesting that group interventions are not suitable for all perpetrators and that some men experience negative effects from such programs (Edleson & Tolman, 1992), individual or couples therapy has been advocated by some scholars and practitioners as a suitable alternative for particular types of perpetrators (Stith, McCollum, Rosen, Thomsen, 2004). As with other approaches, family therapy and couples counselling is informed by various theoretical perspectives. Nevertheless, family therapists or couples counsellors tend to approach the issue of family/domestic violence from the perspective that it is a consequence of a dysfunctional relationship and that it is the role of the therapist to address this underlying dysfunction or discord in the relationship (McCollum & Stith, 2008). Advocates of this approach argue that support should be provided to both perpetrator and the victim in order for them to work through their issues, given that in the majority of cases women remain or return to the abuser after seeking help from a refuge (Stith et al., 2004). However, a number of scholars, practitioners and activists have questioned the appropriateness of this approach, with some arguing that it places women in more danger (Gondolf, 2012; Lipchik, Sirles, & Kubicki, 1997) and implies that the perpetrator and the victim are both responsible for the violence (Jacobson, 1993 as cited in Babcock, Green & Robie, 2004). It is also the case that women experiencing violence can be coerced or threatened by the perpetrator to attend couples counselling (Gondolf, 2012).

There are ongoing concerns regarding women's safety in relation to this approach and consequently, in many jurisdictions, standards and guidelines discourage or prohibit the funding of family and couples counseling as a primary intervention for domestic violence (Babcock et al., 2004; McCollum & Stith, 2008). Nevertheless, practitioners and scholars in support of this approach maintain that it is an appropriate intervention for couples with low levels of violence or what Johnson (2010) classifies as "situational violence" (Stith et al., 2004; McCollum & Stith, 2008) and for those couples committed to staying together (Carr, 2012).

### Combined approaches

There is some conceptual confusion relating to the difference between psychoeducational and CBT intervention programs, given that both focus on changing the attitudes and behaviours of perpetrators (Eckhardt et al., 2013). In reality, there may be few

purely psychoeducational or CBT-based perpetrator intervention programs, with many mixing these two approaches in various ways (Dutton & Corvo, 2006; Eckhardt et al., 2013). It has been noted that many programs combine "feminist theory of power and control as well as specific interventions that deal with anger control, stress management and improved communication skill" (Babcock et al., 2004, p. 1045). Indeed, many or even most applications of CBT in the family/domestic violence perpetrator intervention program field occur within some sort of gender-based power and control framework that, while is not exactly a Duluth approach (see below for discussion of Duluth model), perceives family/domestic violence as a social rather than purely psychotherapeutic phenomena. Many programs that draw upon CBT see this as useful tools to help men change their attitude. Therefore, CBT programs can perceive violence as a gendered act as well as informed by psychotherapeutic factors. It is also important to note that the confusion associated with CBT and psychoeducational interventions can result for practitioners' and researchers' making inappropriate distinctions between the content or curriculum of an intervention (e.g. the power and control wheel developed by Duluth) and the behaviour change method (e.g. psychoeducation, CBT, or group therapy).

### Matched interventions

Matched interventions are based on the understanding that family/domestic violence has multiple causes. A range of psychological, psychiatric, bio-physiological and sociological factors explain men's use of violence towards women (Begun, Shelley, Strodloff & Short, 2001). For this reason, programs should be tailored and individualised in order to address the behaviour and attitudes of the particular individual. Matched perpetrator interventions may be used to tailor a perpetrator intervention program to the type of perpetrator, the perpetrator's risk or criminogenic needs, or the perpetrator's readiness to change (the latter intervention being known as a stage-matched intervention). It has been noted that "matching treatments to individual needs is not well established in the domestic violence sector" (Day, Chung, O'Leary & Carson, 2009a, p. 207).

Programs that are targeted at particular types of perpetrators rely on attempts to classify this diverse group into subgroups with shared characteristics, traits, attitudes or behaviours. For example, advocates of family therapy and couples counselling have suggested that this approach is only appropriate for couples with low levels of violence, sometimes referred as "situational violence" (McCollum & Stith, 2008). Situational violence is one of the categories developed by Johnson (2010) in his typologies of domestic violence and relates to the use violence in isolated incidents. Johnson's other typologies include: "intimate terrorism" (men's systematic use of violence and abuse in order to control and dominate their partner) and violent resistance (when violence is used by a person when they feel threatened or controlled). Other typologies focus on the nature of the perpetrator's violent behaviour. For example, one typology identified four types of perpetrator: 1) the generally violent perpetrator; 2) the family-only violent perpetrator; 3) the low

level anti-social perpetrator; and 4) the borderline/dysphoric perpetrator (Holtzworth-Munroe, Meehan, Herron, Rehman & Stuart, 2000). In some cases, typologies focus on factors other than the nature of the violence, such as “personality traits and subtypes, as well as dimensions, such as attitudes toward women, intrinsic anger, depression, psychiatric history and substance abuse patterns” (Begun et al., 2001, p. 118). Research emerging from the UK suggests that there are pathological differences between perpetrators who desist from violence and those who persist, with the former reflecting the “family-only violent perpetrator” and the latter being associated with the borderline/dysphoric typologies (Walker, Bowen, Brown & Sleath, 2015).

Another type of matched program is a program that is matched to a perpetrator’s criminogenic needs. The way in which a program may be so matched is outlined further under the heading “Risk Needs Responsivity”.

It has been suggested that programs be appropriately targeted to those perpetrators that are at different stages of motivation to change their behaviour. Identification of the perpetrator’s readiness to change could rely on theoretical models, like the Transtheoretical Model (TTM) of Change, which was developed in the field of health psychology (Begun et al., 2001). This model outlines six stages of behavioural change as follows:

Pre-contemplation (no wish to change/no recognition of a problem), contemplation (intention to change problem behaviour within the next 6 months), preparation (intention to take immediate action, usually measured as within the next month), action (characterized by specific, overt modifications within the past 6 months), maintenance (relapse prevention), and termination (change process is complete/no further need to prevent relapse) (Casey et al., 2005, p. 159).

It has been argued that adapting program content and method of delivery to the perpetrator’s stage of change would enhance the effectiveness of the program by assisting the perpetrator to transition effectively through the various stages of change (Day et al., 2009a). Therefore, programs addressing the earlier stages would need to raise awareness of the issue and highlight family and domestic violence as a negative behaviour, whereas programs addressing the latter stages would focus on specific actions that perpetrators could take in order to change their behaviour. In addition, awareness of the offender’s stage of change may be relevant when providing a perpetrator’s partner with information about the expected outcome of a perpetrator intervention program (Begun et al., 2001).

Motivational interviewing (MI) is a therapeutic strategy developed by Miller and Rollnick (2002). It was originally designed for therapists working with substance abusers in order to motivate change. It is now frequently used by a number of programs targeting convicted perpetrators of domestic violence (McMurrin, 2009) and second responder programs (Mbilinyi, Walker, Neighbors, Roffman, Zegree, & Edleson, 2009). Although this approach can be utilised as a stand-alone therapy, it is frequently employed as part of a wider program

directed at behaviour change. This approach is closely related to the TTM, due to the fact that it recognises that individuals can be at different stages of change and therefore require tailored support. Central to MI is the relationship that develops between the therapist and client. Therapists help individuals to realise the benefits of change and help them to achieve the positive behaviour change.

As with many interventions, evidence regarding the effectiveness of MI is inconclusive. Kistenmacher and Weiss’ (2009) study, which compared perpetrators that received two sessions of MI pre-group intervention with those that received no MI, found that the MI group displayed an increase in contemplation and action and a greater willingness to assume responsibility for their behaviour. However, with these measures being taken immediately after the second session, it is not an accurate indication of the long-term effects of this approach (Murphy & Maiuro, 2009). It is also inconclusive as to whether MI used as part of a wider program increases retention rates, with some studies suggesting that it has no effect (Kennerley, 1999), while others document an increase in attrition (Taft, Murphy, Elliott & Morrel, 2001). Nevertheless, its use has grown in popularity, with a number of programs targeting domestic violence perpetrators and women that have experienced abuse employing it in Australia; it is even included in the Royal Australian College of General Practitioners’ (RACGP) Abuse and Violence clinical guidelines (RACGP, 2014). What is clear, is that more research needs to be conducted in order to establish whether MI is effective and if it is, what aspects of this approach works to effective change.

## Programs addressing adolescent violence

The subject of child to parent violence, or “adolescent violence in the home” (AVITH) as it is more commonly referred to in Australia, is a relatively new area of study and policy development. It is of increasing concern for service providers and law enforcement agencies across Australia. There is an ongoing debate as to the prevalence of this issue and indeed the gendered nature of the violence, i.e. the gender of the young person using violence and those subjected to it. However, recent reports suggest that the majority of victims are women (Centre for Innovative Justice, 2015). This form of violence also presents challenges in terms of responding appropriately, as some perpetrators might also be victims of abuse.

Because of the complexities involved with this form of violence, it has been suggested that initiatives and programs addressing this form of violence should be distinct from other perpetrator interventions (Centre for Innovative Justice, 2015; Holt, 2015). Perpetrator intervention programs designed to address family/domestic violence are generally targeted towards adult men. There is very little literature discussing the appropriate theoretical framework within which to view AVITH and appropriate interventions for this group of perpetrators (Condry & Miles, 2013). It has been noted that adolescent violence “does not fall within common definitions of family violence” and has not yet found a “policy home” (Howard, 2011, p. 2).

In the United States, the Step Up initiative provides an intervention program for court-mandated adolescent males who have been violent in the family and domestic context. The intervention approach uses group-based CBT, but also involves parents in the program and integrates restorative justice approaches into the program curriculum. Evaluations of the initiative have been positive, showing both behavioural change and reduced recidivism among adolescent males who have completed the program (King County, 2015).

It has been suggested that a similar initiative to Step Up could be incorporated into pre-existing youth diversion programs in Australia (Howard, 2011). A community service organisation in Victoria is currently trialling the Step Up program to address adolescent violence in the home (Child & Family Safety Ballarat Inc., n.d.). In addition, the Victorian Adolescent Family Violence Program service model proposes the use of a group-based intervention program for adolescents in order to address adolescent family violence (Victoria. Department of Human Services, 2014). Another handful of community-based providers offer interventions targeting adolescent violence against parents in Australia, although the programs have not been evaluated (Bobic, 2004).

## Programs for specific populations

### Programs for Indigenous men

Indigenous peoples have observed the need for culturally responsive perpetrator intervention programs for Indigenous men. For example, it has been noted that programs need to be designed so as to acknowledge and target the different causes of family/domestic violence in Indigenous communities (including the impact of colonialism, family dysfunction, substance abuse, entrenched poverty, the loss of culture and kinship relationships, the effects of institutionalisation and geographical isolation) (Bartels, 2010). These programs also need to operate with an understanding of the fear of the involvement of external agencies in Indigenous affairs on the part of Indigenous peoples, in light of high rates of Indigenous incarceration, deaths in custody, and the history of the removal of Indigenous children from their families (Tasmania. Department of Justice, 2009).

Indigenous programs also need to acknowledge Indigenous views of family/domestic violence, including that the violence is less about patriarchal power than “a compensation for lack of status, esteem and value” (Queensland Parliament. Legal Affairs & Community Safety Committee, 2014, p. 179) or an expression of trauma (Thomas & Thomson, 2012). Programs should also be cognisant of the complex ways in which family/domestic violence can manifest in Indigenous communities (including, for example, the wider range of potential perpetrators of the violence) and be aware that “[c]oncepts of safety for Aboriginal victims should also extend beyond physical safety and physical location, to incorporate concepts of cultural safety, threats to cultural identity, cultural appropriateness and cultural relevance” (Tasmania. Department of Justice, 2009, p. 24).

It is also important for Indigenous programs to have a strong cultural foundation and be delivered as part of a holistic approach that encompasses the social, emotional, spiritual and cultural wellbeing of individuals and the community as a whole (Victoria. Department of Human Services, 2010). Many have noted the importance of healing in Indigenous perpetrator intervention programs (Thomas & Thomson, 2012; Mosby & Thomsen, 2012). Programs should be tailored to specific circumstances and needs of the local community (Thomas & Thomson, 2012), be developed and run in consultation with the local community, be delivered in a way that engages Indigenous men, and operate for the benefit of the whole community (Memmott, Chambers, Go-Sam, Thomson, 2006).

These views have been reflected in conversations between ANROWS and Indigenous thought leaders and service providers in Australia, all of whom emphasised the importance of understanding cultural and historical dynamics in designing and implementing perpetrator programs, together with practical constraints such as few alternative accommodation options for Indigenous women living in remote communities. Stakeholders

noted the importance of acknowledging what perpetrators have been through within the course of an intervention program and that doing this should not be seen as colluding with men or not holding them to account. Indeed, even terms such as “perpetrator” were seen as particularly unhelpful when working with Indigenous peoples, with many men not resonating with the terminology. Rather, conversations should be structured around values and concepts that men relate to, and could, for instance, be located in the context of sporting clubs. Sporting clubs can tap into broader social groups that Indigenous men are part of.

Currently, there are several community-based Indigenous perpetrator intervention programs in operation in Australia, such as programs at the Helem Yumba Central Queensland Healing Centre, the Boorndawan Willam Aboriginal Healing Service in Victoria (which works with both perpetrators and victims), and Kornar Winmil Yunti, in South Australia. In addition, programs are run by the Cross Borders Indigenous Family Violence Program, a joint initiative between the Northern Territory, South Australian and Western Australian governments, which provides services to both Indigenous men and women. An integrated response to family/domestic violence is currently being implemented in Alice Springs, which includes a specified family violence perpetrator intervention program. There are also a number of programs for Indigenous perpetrators of family/domestic violence that have been designed and implemented by state and territory correctional services agencies (e.g. programs in Victoria and Western Australia noted in part two of this paper). Although state and territories have made progress in terms of funding programs for Indigenous peoples, there is still a lack of services and programs in remote communities (Centre for Innovation Justice, 2015).

It is important that any intervention program examines how the dominant Anglo-Australian culture may inform its delivery, content and measures of success and effectiveness. Indeed, placing greater emphasis on building relationships and working *with* Indigenous peoples will undoubtedly have significant outcomes in terms of tailoring programs to suit specific needs, and will also help evaluate the effectiveness of interventions.

### Areas identified for future/further research

ANROWS recommends that future research in this area draws on what is already known from extensive consultation with Indigenous leaders, researchers, service providers and community members to determine best practices in program delivery for Indigenous perpetrators. Future research must acknowledge that the needs of Indigenous perpetrators may intersect with issues linked to the effects of colonisation, such as health, economic, and housing concerns.

ANROWS also recommends that future research document what it looks like in practice for Indigenous perpetrator interventions to be “grown” by Indigenous communities, and how to place lore and culture at the centre of Indigenous perpetrator interventions. It will be important to consider how healing practices and accountability of Indigenous men to women and community may be best balanced with ensuring safety of Indigenous women who experience violence.

## Programs for men from culturally and linguistically diverse backgrounds

Many perpetrator intervention programs accommodate men from a range of cultural and linguistic backgrounds. It is good practice, therefore, for staff involved in designing and delivering the programs to respect linguistic and cultural diversity and to have some understanding of how diversity may affect a man's participation in a perpetrator intervention program (Victoria. Department of Human Services, 2009). In addition, some programs may use individual sessions to give further support to men from diverse cultural backgrounds concurrently to their engagement in group interventions (No To Violence, 2011).

However, some scholars have noted that the content of current programs may not adequately address the nature and causes of family/domestic violence committed by men from culturally and linguistically diverse backgrounds. For example, it has been noted that theories of male violence against women are "predominantly ethnocentric in that they are largely based on western notions of family and family life" (Crichton-Hill, 2001, p. 204). It has been argued that the Duluth Power and Control Wheel, an important educational resource in the Duluth perpetrator intervention program, cannot easily be used in the context of violence against women in Samoan communities (Crichton-Hill, 2001). In addition, programs may not be available for men who do not have sufficient proficiency in the language in which the program is offered. For this reason, there has been increasing interest in perpetrator intervention programs designed for specific cultural groups and some have argued that, where possible, men from specific cultural backgrounds should be offered a choice between culturally homogenous and culturally heterogeneous groups (Thandi, 2012).

Perpetrator intervention programs have been developed for African Americans, Native Americans and Latin Americans in the United States, and for men of Middle Eastern origin in the United Kingdom (with a program for Polish men under development) (Debbonaire, 2015). In Victoria, programs have been developed for perpetrators from the Vietnamese and South Asian communities. These culturally focused programs use a tailored curriculum that integrates cultural issues into the educational material and is delivered by a counsellor of the same cultural group with ties to the cultural community (Gondolf, 2008). The programs are usually delivered in a group format, as group work may be a particularly important means of providing social support to men of culturally and linguistically diverse backgrounds.

It has been argued, however, that there is difficulty in accurately defining a cultural group and that it is reductionist to categorise people as belonging to one group only, when in fact people belong to multiple groups that together define their identity (Debbonaire, 2015). Accordingly, it is difficult in practice to establish specific

programs for distinct cultural groups (Debbonaire, 2015). Nevertheless, attempts to classify perpetrators certainly have benefits in terms of developing better designed research, more nuanced and appropriate policies and more targeted interventions (Kelly & Johnson, 2008). Conversely, some researchers have raised concerns regarding the methods used to devise these typologies and how these categories are operationalised in policy and interventions. Indeed, some have suggested that misapplication of these typologies could place women and children at a greater risk (Wangmann, 2011).

Research with probation officers involved in providing interventions to perpetrators of South Asian backgrounds points to the need for programs to address not only patriarchal attitudes, but stressors caused by immigration and acculturations, lack of social support, and substance abuse (Thandi, 2012). It has also been observed that programs for Muslim men should be run by staff with a sound knowledge of Islam and the Muslim culture (including family types, structures and relationships) and how these may affect the intervention process (Baobaid, 2007). The curriculum of these programs may be adapted to be more relevant to Muslim men. For example, the Muslim Power and Control Wheel is based on the Duluth version of the wheel, but identifies types of abusive behaviours that Muslim men may engage in when perpetrating family/domestic violence. At the time of writing, there was an Arabic speaking program being developed in Victoria to address this subpopulation.

Commentators have noted that there may be a need for special programs for migrant men, particularly those who are refugees. The programs should recognise that the trauma arising from pre-migration experiences is a risk factor for family/domestic violence (Baobaid, 2008) and should attempt to address issues, such as acculturation as well as "social isolation, low-socio-economic status, racism, inadequate access to, or knowledge of, services and supports" (Rees & Pease, 2006, p. 10). The programs should also take into account the fact that migrant men may have different attitudes to intervention programs. For example, the male participants in a study of 78 refugees from Iraq, Sudan, Ethiopia, Bosnia, Serbia and Croatia indicated that government intervention to address family/domestic violence undermined their authority and the cohesiveness of their family (Rees & Pease, 2006).

In addition to specific programs, there may be other models of intervention that can be adopted when working with perpetrators from diverse cultural and linguistic backgrounds. For example, the Cultural Context Model is an established model of intervention developed in the 1990s and adopted by the Institute of Family Services in New Jersey. Under this model, the importance of family cohesion is acknowledged and

a team of therapists offers intervention to both the men and the women in a family unit (although joint counselling is at the discretion of the victim and only occurs after the man has taken responsibility for his behaviour in cases involving family and domestic violence) (Almeida & Dolan-Delvecchio, 1999). The program adopts a largely group-based socio-educational model. The program uses sponsors—men from the same cultural group—who act to provide support and accountability (Almeida & Dolan-Delvecchio, 1999). The program also employs culture circles, which are same-sex meetings which aim to support and encourage men to make “safe and respectful choices within their relationships” (Almeida & Dolan-Delvecchio, 1999, p.678).

### Areas identified for future/further research

Currently, there is no evidence that programs designed for specific cultural groups are any more effective than traditional programs (Edleson, 2012). ANROWS has identified as a future research priority the evaluation of relevant models to address the different needs of culturally and linguistically diverse perpetrators, for example, the Cultural Context Model.

ANROWS has also identified as a further research priority the evaluation of similar models or best practice principles for interventions with further sub-populations such as: rural and remote perpetrators; perpetrators with disability; younger perpetrators; older perpetrators; and gay, lesbian, bisexual, transgender, intersex and queer (GLBTIQ) perpetrators.

### Emerging and evolving approaches to family/ domestic violence

There are a number of other possible program approaches that are not generally accepted or used in the field of perpetrator interventions programs. For example, it is widely accepted in the literature that anger management is ineffective and unsuitable as a sole intervention for men who use family/ domestic violence, as anger is generally not seen to be the primary cause of men’s violent behaviour. Nevertheless, it is often incorporated as a component of CBT programs.

Narrative Therapy, a form of psychotherapy, has also been adopted by some non-government organisations in Australia. Developed in Australia and New Zealand in the 1980s by Michal White and David Epston, it perceives family/domestic violence as manifesting from dominant narratives within society. Consequently, the narrative therapist tries to explore alternative narratives or stories, for example, inviting perpetrators to consider the effects of their violence or explore alternative ways of being within relationships (Augusta-Scott, 2006). It is argued that by perpetrators exploring these different ways of being, they come to realise the destructive impact they have had on their relationships and how their behaviour is informed by current gender power relations.

More recently, there has been growing interest in the use of restorative justice for perpetrators of family/domestic violence (Farmer & Callan, 2012). Restorative justice approaches in this context include victim-offender mediation and restorative justice conferences, such as family group conferences (Farmer & Callan, 2012). A Canadian study examining family conferencing, not only highlights how approaches developed for Indigenous peoples can inform “mainstream” interventions, but also illustrates how family conferencing can produce positive results when it is informed and led by women and receives active participation and support from extended family members and the wider community (Pennell & Burford, 2002). An Australian study found that many Indigenous women experiencing violence were concerned for their abusive partners’ safety and wellbeing within the standard criminal justice system, particularly if they were sentenced to prison (Kelly, 2002). Many of the Indigenous women in this study believe that community Elders played a significant role in addressing family/domestic violence and that a community response was preferable to the “white” criminal justice response (Kelly, 2002). In comparing the views of Indigenous and non-Indigenous women on the topic of restorative justice, Nancarrow (2006) found that the former overwhelmingly supported this approach, because it was seen as more commensurate with the interests of Indigenous communities. However, scholars, social workers and women’s services have expressed many reservations about the appropriateness of this response to family/domestic violence and there are few restorative justice

interventions for family/domestic violence in operation (Stubbs, 2004). A perpetrator intervention program provider in the UK is currently piloting a restorative justice approach, results of which are not yet available (Respect, 2015).

### Areas identified for future/further research

ANROWS has identified the effectiveness of restorative justice approaches to family and domestic violence as a priority area for further research.

### Risks, Needs and Responsivity (RNR) framework

The Risks, Needs and Responsivity (RNR) framework was developed in the 1980s and has been used with a broad range of offenders in the correctional rehabilitation context (Andrews & Bonta, 2007). In summary, it requires the intensity of the program to be tailored to the level of risk of re-offending posed by the offender, the nature of the intervention to respond to the offender's rehabilitative needs, and the delivery of the intervention to conform to "a style and mode that is commensurate with the offender's ability and method of learning" (Austin, Williams & Kilgour, 2011, p. 55).

It has been suggested that the RNR framework, which has much empirical support for its effectiveness, may be well suited for perpetrator intervention programs. The RNR framework could be applied to intervention models such as Duluth in terms of targeting interventions based on the level of risk, criminogenic needs and responsivity principles. The literature on offender programs generally indicates that targeting interventions on the basis of offender's risk of reoffending is effective (Day et al., 2009a). Under this approach, higher risk offenders are offered more intensive programs, "typically involving at least 100 h[ours] of face-to-face contact" (Day et al., 2009a, p.210).

Existing literature on the dynamic risk factors associated with family/domestic violence may help to identify perpetrators' criminogenic needs, so that issues such as unemployment, financial stress and substance abuse, can be incorporated into the program (Scott, Heslop, Kelly & Wiggins, 2015). The responsivity principle also applies to programs for perpetrators of family/domestic violence. It has been noted that when delivering programs in an attempt to change behaviour, it is best practice to establish a warm, respectful and collaborative relationship with the perpetrator and to use techniques such as modelling (Andrews & Bonta, 2007). It is also important to tailor the delivery of a program to the individual perpetrator, including, for example, his level of education and learning modality (Andrews & Bonta, 2007).

Research examining attrition rates of specified perpetrator programs reveals that different program approaches may suit different men, and that program styles should be tailored to be responsive to the particular perpetrator (Jewell & Wormith, 2010). The factors that influence drop out rates in perpetrator intervention programs are similar to those that are considered when assessing an offender's needs under the RNR model (e.g. education, income levels, age and marital status) (Jewell & Wormith, 2010). Given the tailored nature of the RNR assessment and model in terms of addressing the particular needs of perpetrators, its application to existing community and corrections based family/domestic violence interventions may help to reduce drop out rates.

### Areas identified for future/further research

ANROWS has identified as a future area of priority research the evaluation of whether RNR informed models are best practice for perpetrators of family and domestic violence, considering the issues raised above and those relevant to the Australian context, such as numbers and access issues in remote areas.

## Beyond specific intervention programs

The following section examines some initiatives to address family/domestic violence, which sit outside the current paradigm of perpetrator intervention programs.

### Child Protection/Safety System

Child protection services are considered a vital component of an integrated system addressing family/domestic violence. This has been particularly case in the United Kingdom and United States. However, the relationship between child protection services and other departments and agencies addressing family/domestic violence has not always been harmonious (Douglas & Walsh, 2010). Historically, women have been afraid of losing their children to the child welfare system because of their partners' violence, an issue that was outside of her control (Mandel, 2014; Humphreys, 2010). It is only in the past two decades that child protection services have become more interested in addressing family/domestic violence (Humphreys & Absler, 2011).

In the UK, perpetrators can be referred by children's services to perpetrator intervention programs, if the child support worker believes that the man poses a significant risk to children. Perpetrators can also be referred by family courts to perpetrator intervention programs as part of a contested child contact application (Kelly & Westmarland, 2015). In some areas of the UK, perpetrator intervention programs are co-delivered by child support agencies. As part of the Caledonian system (the integrated domestic violence response system, which forms part of the justice response) in Scotland, child welfare plays a crucial role. In many cases, a lead professional is appointed to develop and oversee the implementation of a children's plan. This plan is developed collaboratively with relevant professionals and family members, including the perpetrator. In many cases, attending a specific perpetrator intervention program is part of a child's plan (Macrae, 2014). Consequently, many perpetrator intervention programs that form part of the Caledonian system include a module on children and fathering. This module explores perpetrators' desire to be a good father and what motivational factors are involved in order for them to change their behaviours to reach this goal. The module also requires men to acknowledge and recognise how their behaviour can damage the relationship they have with their children (Macrae, 2014). Perpetrator intervention program facilitators also contribute to the development of children's risk assessments, by informing the lead professional about the perpetrators' progress and level of risk.

There has also been tremendous development in the United States in relation to child protection services being part of an integrated response system. David Mandel's Safe and Together model has been particularly influential in terms of highlighting

family/domestic violence as a child welfare issue. This child centred model is designed to improve knowledge transfer and collaboration across the various sectors involved in addressing family/domestic violence. Influenced by a feminist perspective, the underlying philosophy of the Safe and Together model is that children are “best served when we can keep them safe and together with the non-offending parent” (the victim/survivor of domestic violence) (Mandel & Associates LLC, 2014, p.1). Nevertheless, the model recognises that there are situations where the perpetrator is so dangerous that removing the child from the non-offending parent is the most appropriate response in the short term. The model specifically highlights that it is perpetrators’ choices and behaviours that pose significant risks to children and that perpetrators need to accept responsibility for those choices and their consequences. At a systems level, the model aims to achieve a fundamental shift in terms of how child protection and family/domestic violence services work together; for example, to improve information sharing and the ability for service professionals to assess the effectiveness of services in terms of improving child safety (Mandel, 2014).

In Australia, there have been improvements in terms of a coordinated response between child protection and family/domestic violence services. One of the most coordinated state-wide approaches in terms of improving perpetrator responsibility for their behaviour in relation to child welfare has occurred in Western Australia. In 2013, Western Australia’s Department for Child Protection published a report, which provided resources for child protection workers engaging and responding to men who perpetrate coming domestic violence (Western Australia, Department of Child Protection, Family and Domestic Violence, 2013). This report highlighted that the different components of an integrated response system share the responsibility for holding perpetrators to account and that this can only be achieved via collaboration and information sharing. More importantly, this report highlighted how different components of an integrated system can sometimes come in conflict with one another. For instance, the issuing of a violence restraining order (VRO) can sometimes increase the risk to women and children in the short term and therefore child protection agencies and other parts of the system need to respond accordingly.

Other jurisdictions in Australia, such as Queensland and Victoria are developing more coordinated strategies, with the former employing aspects of David Mandel’s model. Increasingly, more attention is being paid to the role of fathering in relation to family/domestic violence, particularly after family/domestic violence has occurred. There is currently an Australian Research Council (ARC) funded linkage project being led by University of Melbourne, which is examining the role of fathers in the

context of domestic and family violence.<sup>2</sup> Indeed, the role of fathering has particularly informed researchers’ and practitioners’ understanding in terms of motivators for change.

### “Second responder” programs

Second responder programs, such as programs that involve home visits or telephone contact with women by social workers, are now a well-established means of intervening with victims of family/ domestic violence. These programs aim to assist and empower women to seek help to reduce their risk of victimisation (Scott et al., 2015). Recently, however, there has been interest in applying these types of programs to perpetrators.

One example of a second responder program is the ReachOut program in Christchurch, New Zealand. This program was a collaboration between the Police, child protection workers and those working across the family/domestic violence, criminal justice and government sectors. The program facilitated perpetrators’ access to services that they were previously unable to access and provided appropriate interventions at identified “crisis points” when men were motivated to change their behaviour. The ReachOut program also adopted a tailored intervention program, thus allowing services to adapt interventions to suite perpetrators’ needs (Campbell, 2014).

Another example of a second responder program for perpetrators is a program that involves following up with the perpetrator within a specified period of time after a reported instance of violence, by an organisation other than the police (for example, a social worker or program provider). While the focus of these programs is largely to encourage men to seek help and support for their behaviour and to refer them to the appropriate interventions, they may also be considered an intervention program, when they aim to use the contact to attempt to change the beliefs of the man about the acceptability of family/domestic violence and share information from that contact with the perpetrator with agencies or services that may be monitoring the safety risk for the victim of their violence.

The Men’s Referral Service in Victoria is a second responder program and, while the aims of the staff making contact with the perpetrator are modest, they do “try to plant conversational seeds relating to the value of safety and using safe behaviours” (Johns & Benjaminsen, 2012).

It may also be possible to devise different programs for men who do not self-refer and are not mandated to attend traditional perpetrator intervention programs; that is, men who would otherwise be unlikely to receive help for their behaviour. In

<sup>2</sup> For more details, see No To Violence [http://ntv.org.au/conference/wp-content/uploads/150428-KirstinDiemer\\_Overview\\_workshop.pdf](http://ntv.org.au/conference/wp-content/uploads/150428-KirstinDiemer_Overview_workshop.pdf)

one study, moderate to high risk men who were ineligible for interventions offered via the court system in London, Canada, were contacted by telephone and invited to attend an appointment with a therapist. Of the 63 men contacted, 40 attended at least one appointment with a therapist. At the initial appointment, the men completed an assessment of dynamic risk for family/domestic violence and were provided with information about the results of this assessment. They were then invited to attend further sessions, an invitation which 65 percent of the men accepted. At the further individual sessions, men were provided with referrals to services to address addiction as well as with CBT to address abuse-supporting cognitions. The results of the study were “surprisingly positive” and showed that the men who attended the program were significantly less likely to reoffend in the following two-year period (as determined by police reports) than those in the comparison group (Scott et al., 2015).

## International programs

The following section provides a brief description of perpetrator intervention programs provided in a necessarily select number of countries, namely, the United Kingdom, the United States and Nordic countries. While ANROWS initially aimed to look closely at literature about perpetrator interventions in non-English speaking countries, particularly those with more progressive approaches to gender equity, such as Nordic countries, the lack of availability of the relevant literature in English has limited the comprehensiveness of the paper in this area.

### The Duluth model

The “Duluth model” is the most enduring and prominent model of perpetrator intervention in existence today. Designed in 1981 by the Domestic Abuse Intervention Project (DAIP) in Duluth, Minnesota, the model is a court-mandated program aimed at men who do not receive a custodial sentence for their family and domestic violence offences (Dutton & Corvo, 2006). It is predominantly used in the United States, where it is mandated as a form of intervention in many states, and has also been used in other jurisdictions, such as Canada, the United Kingdom and here in Australia (Dutton & Corvo, 2006).

The Duluth model can be described as a coordinated community response to family and domestic violence that focuses on holding offenders accountable for their behaviour and ensuring that victims are protected from ongoing violence. A fundamental feature of the model is that the perpetrator intervention program is deployed in a “larger system of intervention that includes arrests for domestic violence, sanctions against non-compliance to court orders, support and safety planning for victims, and referral to other agencies with collaborative approaches (e.g., family court, child protection services, alcohol and drug treatment, mental health treatment)” (Gondolf, 2007, p. 645). In the Duluth model, program providers are in contact with perpetrators’ partners or, if appropriate, ex-partners to provide them with information about the program and the potential outcomes (Paymar & Barnes, n.d.).

The Duluth perpetrator intervention program, *Creating a Process of Change for Men Who Batter*, aims to: encourage men to recognise and accept responsibility for their violent and controlling behaviour; educate men about patriarchy and corresponding notions of male privilege; and facilitate cognitive restructuring of men’s attitudes and beliefs about women and violence (Gondolf, 2007). Typically, the program is delivered in a group setting where vignettes, discussions and role playing are utilised to generate dialogue and encourage critical thinking about power relationships that underpin men’s violent and dominant behaviour. A well-known component of the program is the “power and control” wheel, which is used

to visually display the behaviours and tactics that perpetrators use to control and dominate their partners (while the equality wheel outlines the changes that men must make in order to transition from abusive to non-abusive relationships).

There is some academic debate about the classification of the perpetrator intervention program used in the Duluth model, with some scholars arguing that it is psychoeducational (Dutton & Corvo, 2006; Eckhardt et al., 2013), while others posit that it is grounded in a gender based cognitive-behavioral therapy approach (Gondolf, 2007, 2012; Paymer & Barnes, n.d.). Making this distinction is more problematic due to many programs blending psychoeducational and CBT approaches within a gendered framework (New Zealand. Department of Corrections, 2012). Indeed, there is some confusion regarding the use of the Duluth model, in that many programs that purport to use this approach only incorporate certain components of the model, whereas the Duluth model refers to a whole coordinated community response (CCR), of which the specified perpetrator intervention program is only one part.

The Duluth model has been criticised for being a “one size-fits all” approach to violence against women, that it lacks empirical support and has stymied innovation in the area of perpetrator interventions (Dutton & Corvo, 2006). It has also been argued that the model ignores, and accordingly fails to adequately address, the psychological and biological causes of violence, is too adversarial (and hence inhibits the development of a therapeutic bond between the perpetrator and the treatment provider) and has high attrition rates (Dutton & Corvo, 2006). Other scholars do not agree with Dutton and Corvo’s dismissal of the Duluth model, but do note that “the intervention components of the approach require further development in light of new knowledge about violent offending and offender rehabilitation that has emerged since the model was first proposed” (Day et al., 2009a, p. 209).

### Areas identified for future/further research

ANROWS has identified as a future area for priority research the evaluation of whether Duluth-informed models offer best practice for perpetrators of family and domestic violence, considering issues raised above and those relevant to the Australian context, such as numbers and access issues in remote areas.

## The United Kingdom

A large number of perpetrator intervention programs in the United Kingdom (UK) are embedded in the criminal justice system (Morran, 2011). While the first programs were delivered by community organisations, they were either funded by, or run in conjunction with, the Probation Service (Phillips, Kelly & Westmarland, 2013).

There is little integration or cross-over between perpetrator programs delivered by probation services and the community sector in England and Wales. Yet, this has not always been the case, with the community sector and probation services working together doing path-finding work in the 1990s. Indeed, before 2000, intervention programs particularly in London, accepted both court mandated men and those referred from other services. In 2005, the Probation Service in England and Wales began to develop their own programs for men ordered to attend a perpetrator intervention program by a court (Phillips et al., 2013), at which point community-based and Probation Service programs began to operate independently of each other. But, with probation programs predominantly focusing on addressing perpetrators, the concurrent provision for perpetrators’ partners has sometime suffered. Some practitioners have questioned whether it is appropriate and effective for the state, particularly probation services, to deliver perpetrator intervention programs in isolation from wider mainstream activism on violence against women (Blacklock, 2014).

This divide between probation services and community delivered programs has not occurred to the same degree in Scotland, where a more integrated approach has developed in the form of the Caledonian System (Macrae, 2014). The Caledonian system emerged out of the Scottish Governments’ policy of accrediting different perpetrator intervention programs to “improve the effectiveness of community sentencing options” (Macrae 2014, p.37). Many practitioners and academics argued that perpetrator intervention programs needed to be considered as part of a wider system response, which included safety planning and advocacy services for women and children experience violence. The Scottish Government accepted this recommendation and consequently this has led to greater cooperation and collaboration between community, government and criminal justice sectors.<sup>3</sup>

Today, in England and Wales, perpetrator intervention programs continue to be delivered by both voluntary organisations and the Probation Service (with a few programs being offered in the prison system) (Farmer & Callan, 2012). Programs are

3 For a detailed overview of the Caledonian System see Macrae, R. (2014). The Caledonian System: An integrated approach to address men’s domestic violence and improve the lives of women and children. *Ending Men’s Violence against Women and Children*. Autumn 2014, 37-58.

largely in group-based psychoeducational formats, with many including CBT elements (Farmer & Callan, 2012).

In 2013, the Probation Service implemented a new court-mandated program called Building Better Relationships. The program involves both group and individual work and moves beyond the traditional feminist psychoeducational approach to include more focus on individualised, therapeutic intervention (Phillips et al., 2013). The National Offender Management System (NOMS) is opening programs to men who have not been processed through the criminal justice system (Kelly & Westmarland, 2015). Perpetrator programs in the UK can apply for accreditation with Respect, a national organisation working with perpetrators of domestic violence.

## The United States

Perpetrator intervention programs in the United States (US) are largely group-based (which is recommended by the majority of state standards), and are integrated into a broader criminal justice and human services network (Daly & Pelowski, 2000). Most are modelled on the Duluth Model and, as such, adopt the psychoeducational approach to programs (Barner, Mohr & Carney, 2011). In some states, laws and guidelines specifically endorse this approach (Eckhardt et al., 2013). The vast majority of perpetrators who attend intervention programs are ordered to do so as part of criminal adjudication for charges arising from domestic abuse, such as simple assault, battery, or sexually-based offenses (Babcock & Steiner, 1999). There are also several thousand community-based providers of perpetrator intervention programs in the US. In addition to the Duluth model, other influential perpetrator intervention programs in the US are Emerge and Amend. However, as previously discussed, these programs, such as Emerge, should not be seen as an alternative to Duluth, as they incorporate certain aspects of the Duluth approach.

## Nordic countries

In contrast to the approach in North America, the Nordic approach to perpetrator interventions has been largely therapeutic. In addition, interventions for family/domestic violence in Scandinavian countries are typically voluntary, there being “little tradition and political will to sentence people to treatment” (Askeland & Heir, 2013, p. 283).

In Norway, there are a small number of perpetrator intervention programs. The oldest and most successful program, *Alternative to Violence*, was established in 1987 by two Norwegian psychologists and is currently delivered in ten centres around the country (Askeland & Heir, 2013). It adopts a model that is informed by a feminist understanding of gender based violence. It includes both individual and group work and is not time-limited (men join and end it at different times according to their needs). Generally, men are offered the opportunity to participate in group work. However, “men who perpetrate extremely severe and frequent violence, often in combination with a marked level of psychopathology, are viewed as not being able to benefit from a group format treatment and are directed to individual treatment” (Raakil, 2002, p. 90). This differentiation of intervention based on typologies of violence is particularly interesting, given that this does not occur in Australia. The average length of the program for men offered weekly individual sessions is approximately 10 months and 1.5 years for men in group programs (who attend double-session weekly meetings).

The majority of men in the *Alternative to Violence* program are voluntary participants who contact the program of their own volition or at the encouragement of a third party (although some are mandated to attend by court-order). Clients in the program go through phases that require the perpetrator to focus on violence and its harmful consequences, responsibility for violence, and the connection between the client’s personal history and violence (Raakil, 2002).

The program is delivered by clinical psychologists and student therapists (Askeland & Heir, 2013). It is based on psychological theories and includes “elements from cognitive behavioural therapy, emotion-focused therapy, trauma focused therapy, and psychodynamic inspired therapy” (Askeland & Heir, 2013, p. 825). It acknowledges that “violent behaviour could be integrated as part of a broader spectrum of psychological problems, typically depression and anxiety, trauma-specific reactions, attachment difficulties, and alcohol or substance abuse” (Askeland & Heir, 2013, p. 825).

Other programs available in Norway to combat family/domestic violence include the anger management programs run by, or in cooperation with, the Broset Competence Centre for Prison and Forensic Psychiatry. These programs

offer cognitive therapy to small groups of participants and are available to both men and women who act violently and seek assistance on a voluntary basis.

In Sweden, crisis centers for men, such as *Manscentrum*, provide interventions to men who use violence against women. Currently, there are 13 crisis centres staffed by psychologists and social workers (National Association of Swedish Crisis Centres, n.d.). The Swedish Probation Service also runs anti-violence programs for men who use violence against women. The programs accept both court-mandated and voluntary referrals and require men to attend 20 mandatory group sessions, with the possibility that they could be required to attend more. The reported dropout rate of the programs is 30 percent which is lower than the estimated dropout rate commonly reported in large international reviews of 50 percent (Edin & Nilsson, 2014). Edin and Nilsson note that the programs are reportedly inspired by *Manscentrum* in Sweden, *Alternative to Violence* in Norway, and *Duluth* programs (Edin & Nilsson, 2014). They focus on encouraging men to take responsibility for their behaviour and to address their notions of masculinity (Edin & Nilsson, 2014).

In Denmark, there are several state-sponsored programs for perpetrators of family/domestic violence (Clemensen & Nielsen, 2005). The newest of these, *Dialogue Against Domestic Violence (DADV)*, is a national one-year program for perpetrators of family/domestic violence that also offers concurrent services and support to women who have experienced violence, particularly in relation to Post Traumatic Stress Disorder. It also provides support services in the form of groups for children. The program utilises both group and individual sessions, with group sessions providing CBT and individual sessions being based on psychodynamic theories and theories of personality disorder (European Crime Prevention Network, 2007).

## Key issues and debates about family/ domestic violence perpetrator intervention programs

This section provides a high-level overview of some of the key issues and debates in the literature about perpetrator intervention programs. Note that the issues of effectiveness and evaluation are dealt with in detail in the following section. It appears that research, discussion and debate on a range of issues are needed to improve the effectiveness of interventions with perpetrators who use family/domestic violence.

### Process of change

The fundamental key issue for those working in the violence against women and criminal justice sectors is how to stop men using violence against women and children and what components of an integrated system facilitate this change. What is encouraging is that men can and do stop using physical violence, although this does not necessarily mean that they desist from other forms of control (Kelly & Westmarland, 2015). However, it is still unclear as to what specific factors trigger men to change their behaviour. It is crucial that a better understanding of the process of change is developed, as this will be invaluable when designing more rigorous risk assessments and targeted interventions (Göbbels et al., 2012).

As discussed above the, the transtheoretical model (TTM) of change (Prochaska & DiClemente, 1984) although originally applied to smoking cessation and substance abuse programs, has gained the interest of a number of researchers and practitioners within the field of family/domestic violence (Murphy & Maiuro, 2009; Alexander & Morris, 2008; Daniels & Murphey, 1997). Along with Rogers' (2010) diffusion of innovation model, it has also informed the development of the community readiness model, which has been used to address the issue of family/domestic violence in the US (Edwards, Jumper-Thurman, Plested, Oetting & Swanson, 2000). What is central to this model is the emphasis placed on individuals' motivation for change; that individuals need to realise and understand that their behaviour is an issue and that it needs to be changed before any actual behaviour change can occur. It is also important to note that individuals do not progress through the five stages in a linear fashion, rather they can vacillate between adjacent stages. It is also the case that individuals can go through the cycle of change multiple times before they successfully change their behaviour. Daniels and Murphy (1997) point out that there are a number of external factors that will greatly affect a perpetrator's motivation to change, such as shifting living arrangements, interactions with the court and the possible end to their relationship and that these issues must be taken into account when applying the TTM.

Evaluations of programs that have implemented TTM indicate that perpetrators in the later stages of change demonstrate less anxiety and depression and more control of their anger (Alexander & Morris, 2008). It has been noted that research and

evaluations of the TTM have predominantly been quantitative and have focused on perpetrators moving through the stages, rather than examining the actual "triggers and mechanisms that underlie the process" (Walker, Bowen, Brown & Sleath, 2015, p. 2728). Consequently, a qualitative methodology is required in order to gain a better understanding of the process of change.

Research exploring the change process has predominately focused on specific intervention programs and how change occurs within this environment. However, more recently, researchers have tried to explore the change process before perpetrators attend programs to identify those triggers that inform behaviour change. This research indicates that the process of change is complex and that perpetrators have to negotiate individual (psychological aspects and issues regarding anger and stress management), interpersonal relations and wider external factors (i.e. employment status and other economic pressures) in order to initiate behaviour change. Moreover, this research suggests that the process of change can occur after men have been through the criminal justice system (i.e. following arrested, charged and conviction), but before they enter a specific intervention program. However, it is not clear as to whether this change results in their desistance of violence (Curwood, De Greer, Hymmen & Lehmann, 2011).

Researchers based at Coventry University (UK) investigating the change process have developed a conceptual model that has three broad elements: Lifestyle behaviours (also known as old ways of being), Catalysts for change and Lifestyle behaviours (non-violence new ways of being) (Walker et al., 2015). They argue that moving from violent to non-violent behaviour requires the perpetrator to experience catalysts for change, which comprises triggers that directly or indirectly lead to change. Rather than being an isolated event or situation, triggers are often interrelated and accumulate and become more intense over a period of time. When the perpetrator perceives these triggers as being important, this can then lead them to make a conscious (or autonomous) choice to change. Some of the triggers identified by Walker et al. (2015) include, the perpetrators witnessing the negative impact of their violence on their family, seeing their children witness the violence, alcohol, loss of control and emotions of guilt, shame and fear occurring after an incident of violence. What this research illustrates is that the process of change is not a linear pathway that all perpetrators share; that each perpetrator has their own triggers and idiosyncrasies and thus requires individual assessment and tailored interventions. Furthermore, this research highlights a number of areas that require further investigation, for example, how the accumulation of triggers over a period of time leads to autonomous motivation (motivation to change originating from within the perpetrator) and a qualitative exploration of the process of change.

## Encouraging participation in programs and reducing drop-out rates

It is well established that self-referral rates to perpetrator intervention programs are low. Some scholars have noted that more research needs to be undertaken on ways to engage men voluntarily with perpetrator intervention programs. Research has indicated that establishing telephone contact with known perpetrators may be successful in encouraging program attendance, as may social marketing, and that both of these techniques may be more successful when they are followed up with individualised treatment and motivational enhancement therapy (Scott et al., 2015; Mbilinyi et al., 2011).

The use of social marketing was employed by the Strength to Change program implemented in the city of Hull (United Kingdom) in 2009. Informed by the Freedom for Fear campaign developed in Perth (WA), Strength to Change was the first UK campaign to adopt a social marketing strategy specifically aimed at perpetrators. The program comprised of a social marketing campaign and the Strength to Change service for perpetrators. The social marketing element of the program contained information about the services available, but also included elements that aimed to motivate men to contact the service via a helpline. Only self-referrals were accepted on to the program as these men were deemed sufficiently motivated to change their behaviour. The program evaluation found both extrinsic and intrinsic sources of motivation among perpetrators. For a number of men, the fear of losing access to their children or losing a partner were extrinsic factors motivating them to seek help and to stay engaged with the program (Stanley, Borthwick, & Graham-Kevan & Chamberlain, 2011). Interestingly, intrinsic motivational factors emerged as a result of continued engagement with the program, with a number of men noting that they wanted to be “better people” and take control of their behaviour as motivational factors for change. Because the specified intervention program consisted of a number of components, such as individual and group based interventions, it is difficult to provide an accurate attrition rate. Some perpetrators successfully completed the individual based intervention, but did not attend the group based program. It was suggested that perpetrators may find it hard to transition to group based interventions and therefore reverted back to the one-to-one intervention. Consequently, the evaluation noted that how the intervention is delivered may have an impact on program attrition. The evaluation also found that the social marketing component of the program did encourage men to contact the service; however, it also noted that the campaign raised awareness amongst social and health care professionals and consequently many of these individuals encouraged men to self-refer (Stanley et al., 2011).

There are several approaches that may be adopted to increase completion rates. For example, studies have shown motivational

interviewing techniques to be effective in increasing motivation and bringing about behaviour change in a number of contexts, including non-offending contexts (e.g. substance abuse treatment) and offending contexts (e.g., rehabilitation programs in correctional facilities) (Austin et al., 2011). A number of programs in the US, such as Emerge: Freedom from Domestic Violence (Boston, Massachusetts) and Chris Hall’s Structured Help Antiviolence Re-education Program (SHARP) adopt various strategies to engage and motivate men to participate in programs. For example, SHARP specifically addresses choice, attitudes and motivations that inform behaviour in the early stages of the program, thus allowing perpetrators to understand the drivers for motivational change and to help them set personal goals. It has been suggested that motivational interviewing may be particularly effective for young people and certain minority groups, although the effectiveness of this approach in a group context is less certain (Austin et al., 2011). In addition to motivational interviewing, there has been some discussion in the literature about the desirability of employing former perpetrators to provide support and encouragement to men undertaking perpetrator intervention programs (Morran, 2011).

One study found that the most effective perpetrator intervention programs used retention techniques to reduce program drop outs (Taft et al., 2001). A review of several recent studies has shown that programs that incorporate elements that address motivation and readiness have shown “successful impact on change-relevant attitudes, treatment engagement and/or abusive behaviour” and provide “strong initial support for the conclusion that well-conceived efforts to address motivation and readiness to change have specific benefit in work with [intimate partner violence] perpetrators” (Eckhardt et al., 2013, p. 221).

Studies have consistently revealed that drop out rates for perpetrator intervention programs are high, regardless of the program’s format or duration (Askeland & Heir, 2013; Daly & Pelowski, 2000). This is of concern, because several studies have found that men who complete perpetrator intervention programs are less likely to use physical or other forms of violence against their partners in the future (e.g., Bennett, Stoops, Call & Flett, 2007; Daly & Pelowski, 2000).

Researchers have explored the characteristics of men who drop out of perpetrator intervention programs, focusing in particular on demographic variables, violence-related factors and interpersonal characteristics (Daly & Pelowski, 2000). Studies of group psychoeducational and cognitive behavioural programs (primarily conducted in the United States) have consistently shown that demographic variables such as youth, low educational status, low income, unemployment, marital status and membership of a minority ethnic group are associated with higher drop out rates (Jewell & Wormith, 2010). The impact

of violence-related factors on program attrition rates is more equivocal. For example, while men with prior criminal histories are more likely to drop out of perpetrator intervention programs, the link between other violence-related factors, such as prior experiences with violence, past witnessing of family violence, and the severity of violence that a man inflicts on his partner, on program attrition rates is unclear (Jewell & Wormith, 2010). Finally, intrapersonal characteristics such as substance abuse have been linked to higher drop out rates (Jewell & Wormith, 2010).

In addition to the above variables, a number of studies have shown drop out rates to be linked with referral sources; with men voluntarily seeking assistance more likely to drop out than men who have been ordered by a court to attend (Jewell & Wormith, 2010). Some researchers have noted that even if mandated programs do have higher retention rates, this does not necessarily equate to a higher level of engagement. For example, the nature of mandated programs can contribute towards men's sense of victimisation, which can adversely affect their level of engagement (Day, O'Leary, Foster, Bahnisch & Gerace, 2009b). Prior experience with mental health treatment and therapist inexperience may also be factors associated with men dropping out of programs (Askeland & Heir, 2013).

Research has also indicated that certain approaches may be more appropriate for particular groups of perpetrators. In a meta-analysis of studies on perpetrator intervention program attrition rates, it was found that older perpetrators and those with less education were more likely to complete cognitive behavioural programs than feminist psychoeducational programs; whereas men with more education and those mandated to attend programs were more likely to complete feminist psychoeducational programs than cognitive behavioural programs (Jewell & Wormith, 2010).

Researchers have identified the need for more research on program attrition. This could focus on less-studied variables that may influence attrition, such as motivation, learning styles, cognitive abilities and therapeutic relationships, the witnessing of family violence in the past, as well as anger and depression (Jewell & Wormith, 2010). Research is needed to understand the process of dropping out of a perpetrator intervention program and this could be achieved by interviews with clients and program deliverers, as well as qualitative studies of program sessions (Askeland & Heir, 2013). Furthermore, the available studies on perpetrator program attrition tend to focus on in-program drop outs, and not at drop outs which may occur prior to the commencement of the program (for example, after referral and before assessment, or after assessment but prior to program commencement) (Jewell & Wormith, 2010). Further research is needed to assess drop outs at this early stage of intervention.

## Program integrity

There is concern that programs that attempt to integrate different theoretical explanations for family/domestic violence may lack program integrity. It has been noted that “[l]ack of a coherent model of change in a program will inevitably lead to confusion amongst both clients and facilitators about the goals of the program and how session content might achieve these” (Day et al., 2009a, p. 206). In addition, “program drift” or “program degradation” refers to the tendency of programs to be delivered in ways that over time become quite different to those intended by program developers. Conversely, some have commented on the problem of programs being too fixated on adhering to specific manuals and structures. Morran (2006) comments that although there is a general concern regarding the structural integrity of interventions, particularly when it comes to evaluating the “effectiveness” of programs, evaluators need to take account of the fact that programs are a part of a wider integrated response and the relationships that emerge between perpetrators and program facilitators. Indeed, the evaluation of South Australia's Domestic Violence Perpetrator Program conducted by Office of Crime Statistics and Research (OCSAR) found that program facilitators perceived the program structure too rigid and did not provide the opportunity to explore certain aspects (South Australia. Office of Crime Statistics, 2014a). This has led some practitioners to argue that the conceptual clarity of the program, (i.e. clarity regarding the programs foundations and philosophy) is more important than facilitators rigidly following program manuals. Garvin and Cape (2014) argue that “[w]hen these are clear, it is possible to be creative, bring in new innovations, and experiment in ways that don't contradict these principles” (p. 207). This is not to say that Garvin and Cape believe programs should be inventive and unstructured. On the contrary, they firmly advocate that programs need a clear understanding of the processes involved in behaviour change and it is this aspect that is crucial.

It is generally accepted that perpetrator intervention programs should be based “on a coherent and empirically supported theory of the causation of the offending behaviour” (Day et al., 2009a, p. 205). However, there is little consensus as to what “program integrity actually means” (Kelly & Westmarland, 2015, p. 36).

## The need for integration

Many commentators have observed the need for integration of perpetrator intervention programs with other services and agencies involved in attempting to combat violence against women and in maintaining safety for women and their children, such as “women’s support services, law enforcement agencies, the judiciary, probation services and child protection or child welfare officers” (Hester & Lilley, 2014, p. 7). A coordinated, inter-agency response to family/domestic violence “works to interrupt the pathways to violence at the different levels—societal, institutional, community and individual” (Hester & Lilley, 2014, p.30). In summary, integration requires agencies:

... to decide on and articulate common goals and agree on ways to pursue those goals. Integration of services is more than coordinated service delivery—it is a whole new service. Co-location of agencies, agreed protocols and codes of practice, joint service delivery, agencies reconstituting or realigning their core business to confront the challenges posed by a broadened conception of the problem: these are the key indicators of an integrated response. (Domestic Violence and Incest Resource Centre, 2004, p. 11)

The need for perpetrator intervention programs to include, or be linked with, a women’s support service in particular has been noted on a number of occasions (e.g. Tasmania. Department of Justice, 2009). Many perpetrator intervention programs require program staff to share information about the risk a perpetrator poses to his partner or ex-partner with police and women’s services.

Perpetrator intervention programs also often require staff to establish contact with a man’s partner or ex-partner. This contact is widely regarded as important and, in some cases is essential in order for a perpetrator to enter a program (see Part Two, Victoria Family/Domestic Violence Perpetrator Pathway). Early research on women in refuges in the United States revealed that the decision of a woman’s partner to participate in an intervention program was the most influential factor in the woman’s decision to remain in the relationship (Laing, 2002b). As such, contact with a perpetrator’s partner or ex-partner is vital to ensure that the woman is properly apprised of the prospects of change in the man and is thus able to make an informed choice about the continuation of the relationship (Laing, 2002b).

Contact with a perpetrator’s partner or ex-partner may also enhance the safety and wellbeing of the partner or ex-partner in other ways. For example, program providers can inform the partner or ex-partner of the way in which the perpetrator may use his participation in a program to manipulate her and further his controlling behaviour. It may also provide the program provider with an opportunity to gain further information, which will assist in the delivery of the program to the perpetrator (such

as information about the perpetrator’s behaviour and level of risk). Finally, it may enable the program provider to refer to the perpetrator’s partner or ex-partner to relevant women’s support services when these have not already been accessed. Currently, the frequency and duration of partner contact varies among programs and further research is needed to determine the appropriate extent and level of partner contact by perpetrator intervention programs, and the manner in which this contact is made and sustained.

Courts, correctional services and perpetrator intervention programs should also be in close contact in the cases of court-mandated attendance at a program. It has been suggested that perpetrator intervention programs that are utilised as part of the criminal justice response to family/domestic violence are most effective when: 1) the court orders the perpetrator to attend the program at an early stage in the proceedings (i.e. shortly after arrest); 2) compliance with program requirements is monitored by the court; and 3) the court responds quickly to non-compliance (Edleson, 2008).

The Australian Law Reform Commission (2010) noted that most of the “integrated” responses to family/domestic violence in Australia are in fact more accurately characterised as cooperative or coordinated approaches. These coordinated approaches differ widely in their “design and strategy, structure and governance and resourcing of services and programs” (Wilcox, 2013, p. 4). Despite this, perpetrator intervention programs in Australia do not tend to collaborate with other agencies and the coordinated responses that have been developed appear to be in the early stages of development (e.g. Diemer, Humphreys, Laming & Smith, 2015).

There is also an ongoing discussion as to what role specific perpetrator intervention programs play within a wider integrated response to address family/domestic violence. Vlasis (2014) notes that the term “men’s behaviour change programs” suggests that attitudinal and behaviour change is the ultimate goal of these programs; however, behaviour change should only be seen as one of “a number of strategic objectives towards the fundamental aim of working towards the safety, wellbeing, human rights and dignity of women and children” (Vlasis, 2014, p. 4). Placing intervention programs within a wider system is crucial in terms of holding men accountable for their behaviour and for the voices and perspectives of women and children to inform the development of programs.

The role of children has been of particular interest to practitioners and scholars, not only in term of an extrinsic motivational factor (i.e., perpetrators engaging in programs in order to maintain access to their children), but also as an intrinsic motivational factor, with perpetrators wanting to become better fathers. Vlasis

(2014) highlights that the role of children has frequently been used in social marketing campaigns to motivate perpetrators to engage with services, but questions whether this is an appropriate message. Vlais cautions program facilitators to be mindful of the fact that perpetrators have mixed motivations in relation to their children; that some may express the desire to be a better father, whilst maintaining a belief of entitlement in relation to their children. With research highlighting the negative impact of the continual presence of the perpetrator on the mother-child relationship and the child's wellbeing (Thiara & Humphreys, 2015), this raises difficult questions for child protection services and services that provide support to women and children experiencing violence operating within an integrated system.

### Areas identified for future/further research

More research is needed to further the delivery of effective, coordinated or integrated responses to family and domestic violence, and this research should incorporate detailed consideration of the ways in which perpetrator intervention programs can and should be linked to other individuals, agencies and service providers.

### Co-occurrence of substance abuse and family/ domestic violence

The relationship between substance abuse and family/ domestic violence is complex and it is impossible to assert that substance abuse causes family/ domestic violence (Bennett & Bland, 2008). For example, many men who have substance abuse problems are not violent towards their partners and many men who have been treated for substance abuse problems continue to be violent towards their partners (Bennett & Bland, 2008). Nevertheless, substance abuse can be an amplifying factor for violence, and a number of studies have found there to be a co-occurrence of substance abuse and family/ domestic violence. For example, one study has revealed that half the men in perpetrator intervention programs have abused alcohol or other substances and that approximately half the men in substance abuse treatment programs have been violent towards their partners (Gondolf, 1999; Fals-Stewart & Kennedy, 2005). Other studies on the relationship between substance abuse and family/ domestic violence in men generally have shown co-occurrence rates of between 25 and 50 percent (Bennet & Bland, 2008). Men in either perpetrator intervention programs or substance abuse programs are much more likely to be violent on a day that they have been drinking and substance abuse is the best predictor of reoffending by men ordered to perpetrator intervention programs in the United States (Gondolf, 2002). Treatment for substance abuse is effective in reducing levels of family/ domestic violence (Murphy & Ting, 2010).

There are several theories for the co-occurrence of substance abuse and family/ domestic violence, including, for example, that: substance abuse affects a man's ability to interpret their partner's behaviour and to react appropriately to social cues, substance abuse may combine with other personality traits or disorders to increase the likelihood of violent behaviour among particular men, substance abuse provides violent men with a pre-existing need for power and control with another way in which to feel powerful and the process of obtaining illegal substances may increase the risk of family/ domestic violence (Fals-Stewart & Kennedy, 2005; Bennett & Bland, 2008). However, none of these theories adequately accounts for the relationship between substance abuse and domestic violence in all cases.

Most perpetrator intervention programs screen for substance abuse, and if it is identified, a number of different approaches can be adopted. In a "serial treatment" approach, the man is treated for substance abuse before he is accepted into a perpetrator intervention program, while in a parallel approach his substance abuse and violent and abusive behaviour is simultaneously addressed by different programs. A coordinated approach involves communication between

the two different service providers, while an integrated approach is when the two services are provided by the same agency (Bennett & Bland, 2008).

Commentators have stressed the need for more research to be conducted with regard to intervention strategies for perpetrators with substance abuse issues (Murphy & Ting, 2010). It has been argued that men with substance abuse issues should not be excluded from perpetrator intervention programs (Bennett & Williams, 2003). Alcohol not only affects the health and wellbeing of perpetrators, it also has far reaching effects on their families. Research conducted by the Centre for Alcohol Policy Research (Laslett et al., 2015) found that heavy drinking was linked to child neglect, abuse and violence. One of the recommendations that emerged from this study was that more funding was required for primary, secondary and tertiary prevention in order to support families that experience difficulties as a result of alcohol. The consumption of alcohol and other substances is also a major contributing factor in women in remote communities experiencing abuse (Nancarrow, Lockie & Sharma, 2009). Others note that there are few perpetrator intervention programs that treat both problems concurrently, and that there is often limited coordination between substance abuse and family/domestic violence agencies (Easton et al., 2007). However, it has been suggested that requiring a man to attend two different programs increases the man's dropout risk (Easton et al., 2007). One pilot study of an integrated CBT treatment for both substance abuse and family/domestic violence revealed that the integrated program was more successful than a traditional program in reducing alcoholism and slightly more successful in reducing future family/domestic violence (Easton et al., 2007). Some have commented that substance abuse programs may provide a non-stigmatising setting in which to address family/domestic violence and therefore should incorporate perpetrator intervention program elements (Farmer & Callan, 2012).

## Effectiveness of family/domestic violence perpetrator programs

Community and government based service providers are increasingly being asked to demonstrate how their particular service has contributed to a better outcome. This demand has certainly increased in recent times due to the fiscally constrained environment. Consequently, there has been an increased demand for evidence-based practice regarding perpetrator interventions. This demand for evidence-based practice is not necessarily negative, in that funders and, in many instances, tax payers, have a right to know whether their money is being put to good use (Gondolf, 2012). If programs are deemed to be "non-effective", it is likely that funds will be directed to other approaches or interventions that are shown to have an effect. Although this seems a sensible approach, this does pose significant issues for many violence against women services (Westmarland & Kelly, 2013). This is particularly the case for specified perpetrator intervention programs, with many scholars noting that the evidence regarding the "effectiveness" of programs is inconclusive or, at best, minimal (Corvo, Dutton & Chen, 2008; Stover, Meadows & Kaufman, 2009; Babcock et al., 2004). For example, a recent review of 30 studies of the effectiveness of perpetrator intervention programs concluded that most studies reveal that traditional psychoeducational or cognitive behavioural programs "show no evidence of effectiveness relative to a no-treatment control group" (Eckhardt et al., 2013, p. 221). However, Gondolf (2012) comments that "research findings are being reduced to a seemingly categorical statement about what works," but that this "yes-no dichotomy [...] betrays the complexity, nuance and qualifications of research" (Gondolf, 2012, p. 33).

Establishing the effectiveness of specified perpetrator programs is crucial in order to identify "what works" for different types of perpetrators within particular contexts. What is equally important is the need to clearly define the outcomes and objectives of specific perpetrator intervention programs within a wider systematic response. Although the aim of behaviour change certainly underpins many of the theories that inform perpetrator intervention programs, careful consideration needs to be given to what behaviours and attitudes are targeted by specified interventions and whether the behaviour change will improve the safety of women and children experiencing violence. For example, although many programs have been found to have a positive effect in terms of changing perpetrators' attitudes towards their behaviour, this does not necessarily result in behaviour change, i.e. cessation of violence (Bowen, Gilchrist & Beech, 2008). Therefore, it is important to clearly understand and clarify the aims of a particular intervention program and how this relates to the different components of an integrated

system response. It is appropriate that services, women and children experiencing violence, perpetrators and the general public understand that men's behaviour change programs are not a panacea and that a degree of skepticism should be taken in relation to evaluations of programs that indicate a reduction in violence and abuse (Kelly & Westmarland, 2015). What is clear is that behaviour change programs should be evaluated within the context of an integrated systematic response. Consideration also needs to be given to the role of programs within this systematic response; in other words, clarity is needed in terms of what these programs aim to achieve and whether there are more appropriate alternatives to address particular perpetrators. Day, O'Leary, Foster, Bahnisch, & Gerace (2009b) recommend that evaluation measures need to take into account change of circumstances and contexts over a period of time. They point out that a perpetrator that has separated from his partner will not have the same "opportunity to reoffend than a man who is still cohabiting" (p. 200). Although this could be true in many respects, this raises the question of what we mean by "reoffending". Therefore, it is crucial that there is clarity regarding the terminology that we use and the measures employed when assessing the "effectiveness" or "success" of a program. The problematic nature of the terms "effectiveness" and "success" are explored in the next section.

### Measures of success and effectiveness

The terms "success" and "effectiveness" are often used interchangeably in the literature on perpetrator interventions, but these terms often refer to different outcomes of the intervention. Success is usually described in terms of increasing women's safety, whereas the term "effective" can also refer to outcomes related to the broader aims of the intervention, such as effective integration between courts and programs. Further, "effective" often refers to a reduction in violence, whereas the term "success" often infers cessation of that violence. As such, the term "effective" has been noted to be preferred by practitioners due to reticence to claim that an intervention has been "successful" (Silvergleid & Mankowski, 2006). Attributing success to a particular intervention is problematic when interventions have an ill-defined program logic and therefore an unclear understanding of what "success" would entail.

Westmarland and Kelly comment that disagreement regarding what should, and is, considered to constitute success, "stems from the failure to consider a broad range of potential outcomes, with most research focusing on an overly narrow understanding of what 'success' means" (2012, p. 1092). Existing research has tended to examine the extent to which

perpetrator intervention programs reduce or eliminate incidents of *physical* violence against women (Westmarland, Kelly, & Chalder-Mills, 2010). This may be because the safety of women is the primary goal of the programs (Laing, 2002a), or because re-assault "is associated with physical injury, is the prime concern of the courts, and is more concretely measurable" (Gondolf, 2004, p. 607). Recidivism, or rates of re-assault, are also measures that have been adopted in order to examine the "success" of interventions. Data regarding these measures can be captured through self-reports, partner reports, or criminal justice data (such as further arrests for family and domestic violence offences or any violent offences), or a combination of these sources (Eckhardt et al., 2013).

Researchers have asserted that recidivism is a narrow measure of success, which fails to consider whether women are still subjected to a "pattern of coercive control" and the effect that this has on their health and mental and emotional wellbeing (Westmarland et al., 2010, p. 2). By simply focusing on recidivism as a measure of success, evaluators fail to capture the range of systems-level, risk assessment and risk management outcomes that perpetrator intervention programs contribute towards. The cessation of all forms of violence has been suggested as a benchmark of "success" (Cissner & Puffett, 2006), or that success must incorporate broader definitions of behaviour change, and be inclusive of coercive control and abuse rather than solely physical assault (Stark, 2007). To this end, some studies have attempted to measure the severity or frequency of the violence or controlling behaviour (through self-reporting and victim reports), and others examine the effect of the intervention on the attitudes and beliefs of men (Day et al., 2010).

A recent five-year multi-site study of men attending 12 different intervention programs in England and Wales indicated that the programs had a positive effect on recidivism (Kelly & Westmarland, 2015). After analysing both quantitative and qualitative data, the researchers concluded that perpetrator intervention programs resulted in men making changes in line with the six measures of success outlined below. Importantly, physical and sexual violence ended for the majority of women involved in the research, although abuse and harassment were not completely eradicated. The researchers note that while perpetrator intervention programs are not a panacea, they "do extend men's understandings of violence and abuse, with clear shifts from talking about standalone incidents of physical violence to beginning to recognise ongoing coercive control" (Kelly & Westmarland, 2015, p. 45). The six measures of success developed by Kelly and Westmarland are broader, more nuanced

and “based on the daily reality of domestic violence” (Kelly & Westmarland, 2015, p. 45). These have since been endorsed by Hester and Lilley (2014), the authors of a paper on Article 16 of the Istanbul convention, and are as follows:

1. An improved relationship underpinned by respect and effective communication.
2. Expanded “space for action” for women which restores their voice and ability to make choices whilst improving their well-being.
3. Safety and freedom from violence and abuse for women and children;
4. Safe, positive and shared parenting.
5. Enhanced awareness of self and others for men, including and understanding of the impact that domestic violence has had on their partner and children.
6. For children, safer, healthier childhoods in which they feel heard and cared about. (Kelly & Westmarland, 2015, p. 7)

In addition, perpetrator intervention programs may benefit women in different ways by, for example, linking them to support services (Day et al., 2009a) or enabling a better assessment of the risk posed by a perpetrator to be made (Day et al., 2010). They may also have wider social benefits, in that they “contribute to a wider process of cultural and political change towards abolishing gender hierarchies, gendered violence and gender discrimination as well as other forms of personal and structural violence and discrimination” (Hester & Lilley, 2014).

Researchers and practitioners working with Indigenous communities have also argued that concepts of “success” and “effectiveness” are anchored in an Anglo-Australian perspective. For example, when applying these concepts to Indigenous programs, non-attendance is deemed to be a negative attribute of the man. This may suit dominant understandings of the avoidance behaviour of male perpetrators, but in the context of interventions with Indigenous men, this shifts attention to the behaviour of Indigenous men, rather than viewing non-attendance as a possible symptom of problematic service delivery (Mitchell & Chapman, 2010).

### Areas identified for future/further research

ANROWS has identified the need to develop best practice evaluation principles in relation to perpetrator interventions. One of the research priorities will include evaluations of specific programs to determine effectiveness (including an assessment of safety and accountability).

## Research design

One preliminary issue that has been addressed in the literature is the best way to evaluate the effectiveness of perpetrator intervention programs. The methodological problems facing researchers and evaluators have been thoroughly documented by Laing (2002b; 2003) and Urbis (2013) and include the following:

Randomised control trials (experimental design)

A number of researchers have argued that an experimental design is required in order to establish the effects of a perpetrator intervention program. Randomised control trials involve randomly assigning participants to one of two groups, the treatment group and a control group, and then comparing the results of the research to ascertain whether the program had an impact. Although this approach is considered more “scientific”, implementing this design presents significant challenges. Indeed, many researchers within the fields of criminal justice highlight the difficulties and limitations of this approach (Gondolf, 2002; 2004). Gondolf (2004) points out that the distinction between a control group and treatment group is too simplistic, that researchers need to take account of the “dose response” i.e. the level of treatment that perpetrators receive and its effectiveness. Researchers have also questioned the ethics of this research design, in that assigning perpetrators to a control group effectively prevents them from gaining potentially positive and effective support, which could place women and children at greater risk (Bowen, Brown & Gilchrist, 2002).

A quasi-experimental study

A number of evaluations have adopted a quasi-experimental approach; indeed, this approach was adopted by Gondolf (2002) for his multi-site evaluation of batterer programs in the US. Evaluations using this method generally compare those perpetrators that complete the program with those that drop out or the “no shows”. But, as noted by Gondolf (2004), researchers are not comparing like with like when they adopt this approach, because program completers and non-completers can differ tremendously in terms of their criminal history, education levels and intellectual ability. Gondolf (2004) also comments that the category “drop out” is poorly defined in many studies and therefore encompasses perpetrators that have been removed from a program, those that re-assault their partners and those that voluntarily withdraw from a program. Consequently, establishing the effectiveness of programs can be problematic, given the different number of variables that evaluators have to consider.

Attributing a particular outcome to a specified perpetrator intervention when the program is part of a wider integrated response

The difficulty for many evaluators is what to consider as part of the program being evaluated. In discussing evaluation designs, Gondolf (2004) notes that it is extremely difficult for an evaluator to accurately capture what the program actually entails. For instance, should the evaluator only consider the “counselling” component of an intervention as the “program”, or is it appropriate to include the “outreach” aspect in the evaluation. With intervention programs being embedded within “an elaborate intervention system that includes police practices, court action, probation supervision, civil protection orders, victim services, additional services for the men, community resources, and local norms,” it is difficult to “separate and distinguish batterer counselling from these components” (Gondolf, 2004, p. 608). However, as noted above, the need to demonstrate “effectiveness” is becoming increasingly important for services. Therefore, more sophisticated and nuanced measures are required in order to attribute outcomes to a particular component of an integrated system.

Evaluations of programs being conducted by program staff

Evaluations conducted by perpetrator intervention program staff should be reviewed with caution, particularly if they indicate that the program has been a resounding “success” (Gondolf, 2002). When funding is based on the level of success or effectiveness of a program, there is an incentive for program staff to document the “successes” over the “failures” or “weaknesses” of the intervention. With governments increasingly looking to maximise a return on their investment, there will be increasing pressure placed on programs illustrate their “effectiveness”. These factors need to be taken into consideration when reviewing evaluations of perpetrator programs.

Attrition rates relating to longitudinal research

The difficulty of maintaining attrition rates in longitudinal studies has been well documented by researchers. This is particularly problematic within the field of family/domestic violence, with many perpetrators and women experiencing violence disengaging from the research (Gondolf, 2004). There are also methodological implications associated with longitudinal research that need to be carefully considered by researchers and which could have an impact on the documented “effectiveness” of a program. The length of time between a perpetrator completing a program and when the follow up component of the research is conducted could have an impact on the findings. For example, is a program only considered “effective” if there has been no new incidents of violence between program completion and the

follow up; or is “effectiveness” measured in terms of a reduction in violence between these two timeframes? These issues need to be taken into account when developing measurements and how these relate to timeframes.

#### Qualitative versus quantitative methods

It has been argued that quantitative research methods fail to reflect the reality of the family/domestic violence experience and that more qualitative research is needed in order to capture the practice wisdom of program providers and to understand how and why interventions work (as opposed to whether it works) (Breckenridge & Hamer, 2014). However, this assumes that the intervention works and that the next step is to understand how the intervention works. There are cases where more qualitative research needs to be conducted, for example, in exploring the process of change and understanding the different triggers and motivators for change (Walker et al., 2015). But, even though qualitative approaches can and do contribute a wealth of data in terms of evaluating perpetrator programs, it can be difficult to “generalise results and develop policy” (Gondolf, 2004, p. 612). It can also be difficult to establish outcome measures with qualitative measures and therefore quantitative methods are more appropriate. Overall, there needs to be careful consideration of the methods used when evaluating specific programs and wider perpetrator interventions.

#### Perpetrator self-reporting

A number of studies exploring the “effectiveness” of programs use pre and post perpetrators self-reporting measures. Day et al. (2009b) identify a number of issues associated with this type of data, especially when this is used to illustrate a change in behaviour. They point out that men have a vested interest in reporting positive change or responding to questions in a “socially desirable manner” (Day et al., 2009b, p. 200). Of course, perpetrator self-reports are rarely used in isolation, with other measures such as partner reports, facilitator observations and validated scales being employed. Therefore, findings from program evaluations that only use this method should be considered with caution (Laing, 2003).

#### International research

The research that has been conducted on perpetrator intervention programs has produced mixed results. Some early studies indicated that men who receive appropriate supports were less likely to commit further acts of violence and that longer intervention programs were more effective. Conversely, there are others that indicated that perpetrator intervention programs have no effect on the behaviour of perpetrators (Urbis, 2013).

Gondolf’s longitudinal multi-site evaluation of perpetrator intervention programs in four US cities found that the programs

had a positive effect on recidivism and that this effect was greater after a lengthy period of time. After four years, only 10 percent of men who had completed the program had re-assaulted their partner in the last year (Gondolf, 2004). More recently, Gondolf has commented that swift and certain consequences for non-attendance or compliance are particularly effective. Gondolf also suggests that reducing the time between first contact with the police and accessing a program greatly increases the impact of a program for those men accessing a program at the pre-sentence stage (Gondolf, 2012).

When research has indicated that a program has been effective in reducing further violence, the results are typically small. In a meta-analysis of the effectiveness of perpetrator intervention programs, it was noted that “a woman is 5% less likely to be re-assaulted by a man who was arrested, sanctioned, and went to a batterers’ program than by a man who was simply arrested and sanctioned” (Babcock et al., 2004, p. 1044). Nevertheless, in light of the prevalence of family/domestic violence, small program effects may in fact have an impact on large numbers of women and as such are worth pursuing (Babcock et al., 2004).

An evaluation of Norway’s Alternative to Violence program, a program based on CBT, emotion therapy, trauma therapy and psychodynamic therapy, showed positive changes in men’s personal profiles and use of violence, although these suffer from weaknesses arising from methodological problems. The Norwegian Centre for Violence and Traumatic Stress Studies is currently studying the Alternative to Violence program. Early findings from this study indicate that 70 percent of men voluntarily seeking assistance from Alternative to Violence suffer from a psychiatric disorder, with three disorders being the most prevalent: depressive disorders, anxiety disorders, and alcohol/substance abuse. It has been argued that these factors should be considered when developing treatment approaches to family/domestic violence (Askeland & Heir, 2014).

The existing research indicates that there is no difference between the effectiveness of the psychoeducational approach or the CBT approach to perpetrator interventions. It has been argued that there is no empirical basis for promoting one approach over another when addressing perpetrators of family/domestic violence (Eckhardt et al., 2013, p. 221).

There is limited research evaluating the effectiveness of other forms of interventions, such as other types of psychoeducational programs or matched programs. A 2005 study of a RNR-based program offered to federal inmates in Canada demonstrated positive results, with analysis of police and correctional services data showing that men who completed the program

were much less likely to engage in further family/domestic violence than men who did not undertake the program (Canada. Correctional Services, 2005).

### Australian research

There is limited research on the effectiveness of perpetrator intervention programs in Australia. One early study asserted positive behaviour change for men who completed a 12-week intervention program in South Australia (Poynter, 1991).

A study of the Gold Coast Integrated Response Service showed that after 12-months, seven of 20 program completers had further charges recorded against them, compared to 16 of the 18 men who did not complete the program (Day et al., 2010).

A study of a perpetrator intervention program run by Lifeworks and the Rotary Club of Brighton in Victoria reported that 69 percent of the men studied reported changing their violent behaviour after participation in the program, while 22 percent reported that they had reduced it (Brown & Hampson, 2009). However, with perpetrator self-reporting measures being utilised in the evaluation of this program, caution is required when considering these results.

In 2014 the Office of Crime Statistics and Research (OCSAR) in South Australia completed a two-year evaluation of the implementation of the *Intervention Order (Prevention of Abuse) Act 2009 (SA)* and accompanying Intervention Response Model, which included the Domestic Violence Prevention Program. The perpetrator intervention program (*Bringing Peace to Relationships*), was informed by Moral Reconciliation Therapy (MRT), which is a structured cognitive behavioural approach that addresses beliefs and attitudes that underpin behaviour (South Australia. OCSAR, 2014a). MRT addresses learned power and control strategies as the underlying basis of family/domestic violence. It consists of 24 modules, with one module covered per week. Each module is conducted in a group setting and perpetrators are required to present 16 out of 24 modules.

Some of the strengths of the MRT program noted by OCSAR (South Australia. OCSAR, 2014a) included: the rolling intake of the program, as this permitted defendants to enter at any time and allowed those at more advanced stages of the program to provide support and insight to those at earlier stages; the structured nature of the tasks that participants had to complete kept the group discussion focused and on track; the ability to administer the program to a large number of men at one time and; the task-orientated structure of the program, which kept the men focused. Nevertheless, some program facilitators (four facilitators provided feedback) noted that although the structured approach provided by MRT was generally constructive, it could be too rigid, in that it did not allow a thorough exploration of

perpetrators' beliefs and attitudes. The evaluation also notes that facilitators were reluctant to deviate from the prescribed program because they did not wish to compromise the program's integrity.

Findings from the evaluation suggest that the program did not account for the diversity of defendants and victims, in terms of non-English speaking participants or those with cognitive issues. Defendants with particularly poor literacy skills have been referred to non-government organisations, such as Uniting Communities, for one-to-one or group counselling. In other instances, defendants were not referred or did not attend the perpetrator intervention program due to their employment and/or inability to pay for the cost of transport (South Australia. OCSAR, 2014b). The evaluation also questioned the reliance on perpetrators to provide the contact details of their partner (or ex-partner) to services on entry to the program. This made some women experiencing violence feel uncomfortable knowing that their partner was aware that they were receiving assistance (South Australia. OCSAR, 2014a). In many cases, perpetrators provided false or incorrect contact details. The evaluation noted that this process of allowing perpetrators to forward contact details could be perceived as allowing them to continue to exert power and control over their partners. Nevertheless, the outcome evaluation did find that the perpetrator intervention program had a positive impact on perpetrators' attitude and beliefs and that those men who completed the program had slightly better offending records than those not attending any intervention. However, these results are only indicative, as the outcome data was limited (South Australia. OCSAR, 2014b).

## Conclusion and priorities for future/further research

In summary, the majority of studies are methodologically inadequate, have been conducted in North America, and involve a small number of participants (Eckhardt et al., 2013). For example, there are few longitudinal studies that examine the long-term effectiveness of perpetrator intervention programs. There is also little research on men's views about perpetrator intervention programs, the change process or the process of dropping out of a program. In one Australian study that did canvass men's views on a perpetrator intervention program, the men expressed a significant amount of fear of relapsing into violent behaviour and expressed a desire for a maintenance program (Brown & Hampson, 2009). However, what is interesting to note is that it has been extremely difficult to prove a clear evidence base for domestic violence perpetrator interventions in terms of outcomes, whereas this does not seem to be the case for sex offender programs (see below).

Through developing this paper, ANROWS has identified several areas of future research related to the effectiveness of perpetrator interventions, commencing with further consideration of definitions and measures of effectiveness. This could be done by ascertaining and considering differences and commonalities in views between different groups, practitioners, men who use violence, and women who experience violence.

## Areas identified for future/further research

ANROWS has also identified the need to develop best practice evaluation principles and guidelines for interventions, including a consideration of the following:

- individual and group based interventions;
- specific intervention components (such as mandatory attendance and facilitator characteristics);
- timeliness of interventions;
- different philosophical approaches underpinning interventions;
- long-term effectiveness of specific program components, including links between program completion and recidivism; and
- generalisable evaluation mechanisms such as pre- and post-assessment tools and quality assurance processes.

ANROWS has identified that further research should include evaluations of specific perpetrator intervention programs to determine effectiveness (including an assessment of safety and accountability). This would preferably include evaluations of alternative or restorative approaches.

The remainder of this section deals with the literature on sexual assault perpetrator interventions, and then turns to a brief consideration of the similarities and differences between perpetrator interventions dealing with family/domestic violence, and those dealing with sexual assault. Pathways for perpetrators of sexual assault are examined in part two of this paper.

# Sexual assault perpetrator interventions in Australia

## Sex offender programs

Sex offender programs aim to reduce or eliminate recidivism and reintegrate perpetrators into the community (Hester & Lilley, 2014). As with perpetrators of family/domestic violence, sex offenders are a heterogeneous group (Chung, O’Leary, & Hand, 2006). Most are known to their victims and are often family members (Chung et al., 2006). Because of the nature of sexual offences, incidences tend to be under reported to the police, consequently it is difficult to accurately ascertain accurate recidivism rates. Notwithstanding this aspect, it is argued that sex offenders typically have a lower rate of recidivism than other offenders, although rates do vary depending on sub-groups of offenders. These lower rates relate to the same category of recidivism, i.e. sexual reoffending and not reoffending as a whole. However, it is not clear whether this lower rate is connected to a lack of opportunity to offend, to rehabilitation or under reporting of repeat offences (Gelb, 2007; Leviore, 2004). Recidivism rates for offenders who commit sexual offences against adults are higher than those offenders who commit sexual offences against children (Leviore, 2004).

Sex offender programs are a well-established feature of the correctional rehabilitation landscape in Australia (Heseltine, Sarre & Day, 2011). Programs for adult offenders operate in correctional centres in every state and territory (Macgregor, 2008; Heseltine et al., 2011) and generally operate on a voluntary basis (although being granted parole by demonstrating efforts to rehabilitate is often the extrinsic motivation of offenders to volunteer for the programs) (Leviore, 2004). Programs in Australia are largely prison based.

Interventions targeting sex offenders emerged out of psychological research into human sexual behaviour (Laws & Marshall, 2003b). Early interventions in the late 1960s were largely based on the theory that deviant sexual preferences were the cause of the offending behaviour and utilised aversion therapy (Laws & Marshall, 2003a). These early behavioural approaches were soon influenced by cognitive psychology and this led to the development of Cognitive Behavioural Therapy (CBT) as an appropriate intervention in the 1970s (Laws & Marshall, 2003a). These approaches targeted “empathy for victims, low self-esteem and the perceptions offenders had of others” (Laws & Marshall, 2003b, p. 97). In the 1980s, programs were developed for developmentally disabled sex offenders and the range of programs available to offenders expanded rapidly in the 1990s (Laws & Marshall, 2003b). State and territory

governments in Australia began to fund, develop, implement and evaluate programs for sex offenders in the 1990s (Smallbone & McHugh, 2010).

Prison-based sex offender programs in Australia generally offer CBT to offenders. In most jurisdictions, there are manuals for the programs, which “include detailed theoretical and empirical rationales, descriptions of therapeutic principles and notes for facilitators” (Heseltine et al., 2011). Programs are often intensive (i.e. of lengthy duration) and targeted at moderate to high-risk/need offenders (Heseltine et al., 2011). They are generally delivered in a group format and programs for high risk offenders are often conducted in a residential setting (Leviore, 2004). Programs typically accommodate offenders against both child and adult victims.

Sex offender programs are usually fixed-length and offered to a closed group. However, in New South Wales (NSW), a “rolling” group format has recently been adopted with the aim of: 1) maximising the number of men treated, as drop outs could be replaced at any time and offenders with shorter sentences had more opportunity to complete the program; 2) enhancing disciplinary responses to disruptive offenders, by allowing suspensions from the program as opposed to relying solely on dismissals; and 3) increasing the individualisation of the program, as offenders may spend more or less time on specific modules according to their needs (Ware & Bright, 2008).

In addition to standard sex offender programs, some jurisdictions have “denier’s”<sup>4</sup> programs (e.g. NSW and Western Australia (WA)) and ongoing custody-based maintenance programs (e.g. NSW and Queensland) (Heseltine et al., 2011). There are community-based programs for adult offenders in most jurisdictions (Macgregor, 2008), and some jurisdictions (e.g., NSW) offer community-based maintenance programs.

4 Programs constructed to engage men who maintain a level of innocents and are in denial about their offending behaviour. Denial is considered a risk factor in terms of recidivism and is covered by risk assessment tools (Freeman, Palk & Davey, 2010).

## Approaches to sex offender programs

### Overview

Unlike interventions for family/domestic violence, there is little debate about the appropriate approaches and response to adult sex offenders (Chung et al., 2006). This is probably due to the fact that early programs targeting sex offenders were heavily influenced by behavioural psychologists, who were of the view that sexual offending was a result of learnt behaviour that could be changed (Laws & Marshall, 2003a; Heseltine et al., 2011; Chung et al., 2006). Theoretical explanations for sexual offending did not develop until the 1980s and when they did, they emphasised the broad range of factors that drive sex offenders to commit their offences (Laws & Marshall, 2003b). Group therapy is generally the preferred mode of delivery (although one-to-one therapy may be utilised if an offender has a mental illness or intellectual disability), and tends to be administered by multidisciplinary teams comprising social workers, psychologists and correctional services staff (Chung et al., 2006).

### Cognitive behavioural therapy (CBT)

The majority of sex offender programs, both overseas and in Australia, utilise CBT techniques (MacGregor, 2008; Lösel & Schmucker, 2005). These seek to identify and alter cognitive distortions that underlie the offender's dynamic risk factors. The main risk factors for sexual offending are sexual deviancy and antisocial orientation (Hanson & Morton-Bourgon, 2005). Typically, programs aim to enhance an offender's self-control, critical reasoning skills, problem-solving ability, interpersonal perspective-taking, socio-moral decision making and empathy (Heseltine et al., 2011). They also tend to include a relapse prevention component, which aims to help offenders to recognise high risk situations that may lead to reoffending, and provide them with skills and strategies to manage these situations (Gelb, 2007). Many programs are delivered in a group format (Gelb, 2007), although some may also incorporate individual sessions (Lösel & Schmucker, 2005).

### Other psychotherapeutic approaches

Other forms of psychotherapeutic approaches for sexual offending include aversion therapy, systemic family therapy, schema focused therapy (Urbis, 2013), classical behavioural treatment, insight oriented treatment and therapeutic community treatment. It has been noted that none of these approaches has demonstrated a consistently positive impact on recidivism rates of sex offenders (Lösel & Schmucker, 2005).

## Dominant models of intervention

The following section examines the two dominant models used to inform sex offender interventions, the Risk, Needs and Responsivity (RNR) model and the Good Lives Model (GLM). It should be noted that sex offender programs have aspects of both models and both advocate the use of the same treatment approach, namely group-based CBT. Furthermore, the GLM is perceived by many scholars as an enhancement, rather than an alternative to the RNR model (Netto, Carter & Bonell, 2014; Andrews, Bonta & Wormith, 2011). The RNR model is about reducing and managing risk, whereas the GLM is about working with offenders to develop positive goals. However, for the sake of clarity, these models are discussed separately below.

### The Risk, Needs and Responsivity Model

As noted above, the Risk, Needs and Responsivity (RNR) model is well-established and is currently widely used in programs addressing sexual offending (Brooks et al., 2014). A meta-analysis of sex offender program evaluations demonstrated that the largest reductions in sexual recidivism were found in programs that adhered to all three of the RNR principles (Hanson, Bourgon, Helmus & Hodgson, 2009).

Under the RNR model, programs are tailored to an offender's risk level; for example, programs may be targeted at offenders with a "low-moderate" or "moderate-high" risk of reoffending (Macgregor, 2008). Risk assessment tools have been used since the 1990s to attempt to determine an offender's risk of recidivism (Brooks et al., 2014). A number of actuarial tools are currently in use to predict sex offender recidivism and are generally preferred over professional assessments (Brooks et al., 2014). For example, STATIC 99 is an internationally used 10-item tool that is "based on a large sample of sex offenders in the United Kingdom and Canada" (Macgregor, 2008, p. 2). It is the most widely used tool in the UK, Canada and the US (Craissati, 2005) and has been found to be accurate in its prediction of risk (Hood, Shute, Feilzer & Wilcox, 2002). However, it has been noted that some risk assessment tools focus on static risk factors, such as criminal history, which may skew results for older offenders, and are not infallible (Brooks et al., 2014).

Under the needs principle, sex offender programs target dynamic (potentially modifiable) factors that may contribute to further sexual offending. These factors, or criminogenic needs, are generally individual-level factors, and include: deviant sexual interests, pro-offending attitudes, and intimacy and relationship problems (Smallbone & McHugh, 2010). The classification of the sex offender may also inform the type of program he is referred to (Wilson & Tamatea, 2013). Some classification systems point to four main types of

rapist: the aggressive aim rapist; the sexual aim rapist; the antisocial (sociopathic) rapist and the sadistic rapist (Craissati, 2005). The Massachusetts Treatment Centre: Revision 3 (MTC: R3) system is another well-known classification system that identifies two categories and five types of rapist within two broader categories: sexually motivated rapists (i.e. opportunistic, non-sadistic and sadistic); and anger-motivated rapists (vindictive and pervasively angry) (Wilson & Tamatea, 2013).

The responsivity principle requires a program to be delivered effectively. A number of factors may affect the responsivity of sex offenders to the intervention, such as low motivation, cognitive impairment, learning difficulties and illiteracy (Olver & Wong, 2013). Programs can be tailored to address these problems using simple techniques, such as reducing the reliance on written material and utilising more visual material, using simple language and concrete examples, and slowing the pace of program delivery (Olver & Wong, 2013).

Some scholars have criticised the RNR model for overlooking the influence that the pursuit of human needs has on human behaviour, failing to address the role of the therapist in encouraging change, omitting to address issues of offender motivation, and focusing on reducing risk factors rather than providing offenders with the resources to live better lives (Ward, Mann & Gannon, 2007).

### Areas identified for future/further research

As noted above in relation to family/domestic violence perpetrator interventions, ANROWS has identified the evaluation of RNR to determine whether it offers best practice principles for Australian interventions as a priority for future research.

### The Good Lives Model

There has been recent interest in the use of the Good Lives Model (GLM) to rehabilitate adult sex offenders. The GLM is a community-based program that is managed by correctional services and is in use in Australia, the UK, the US and Canada to address sex offending and violent behaviour (Walby et al., 2013; Langlands, Ward, & Gilchrist, 2009). It is a strengths-based approach to treatment that is said to be more supportive than the CBT approach in that, along with managing risk, it aims to identify an offender's strengths and acknowledge that the offender has the capacity to lead a "good life" (Chung et al., 2006).

The GLM is based on a view that offenders engage in criminal activities: 1) because of an inability to achieve primary human goods (such as friendship, happiness and excellence in work and play) in socially acceptable ways; or 2) to relieve the negative emotions that result from a failure to achieve primary human goods (Ward et al., 2007). An offender's criminogenic needs are obstacles that prevent the offender from achieving primary human needs (Ward et al., 2007). The GLM focuses on improving an offender's social functioning, and a major focus of the model is the identification of goals which the program facilitator encourages the offender to achieve (Chung et al., 2006). Group programs adopting the GLM can be systematic and structured, but should also include a degree of personalisation (for example, in homework tasks) that reflects the individual's needs (Ward et al., 2007). A meta-analysis of programs employing GLM with convicted offenders serving custodial and community based sentences found that the impact of the model on reoffending is unclear and that there was a lack of evidence to substantiate facilitators' reports that offenders undergoing treatment may be more engaged and motivated (Netto et al., 2014). Conversely, this study suggests that when the GLM is employed as part of a wider therapeutic program addressing sex offenders, it may yield positive results in terms of retention (Netto et al., 2014).

The GLM has been criticised on the basis that it assumes that there are universal needs for all people (Chung et al., 2006), focuses too much on human needs at the expense of criminogenic needs, has not been empirically-validated, and adds little to the existing RNR Model (Andrews et al., 2011). In the context of sex offender treatment, the GLM is often adapted so that it is delivered as one module in a larger treatment program.

### Areas identified for future/further research

ANROWS has identified further consideration and evaluation of programs using the Good Lives Model (GLM) as a priority for further research in the Australian context. Research should particularly focus on exploring the impact of GLM on program engagement and retention rates.

## Beyond established programs

### Circles of Support and Accountability (COSA)

The Circles of Support and Accountability (COSA) initiative was first devised in Canada and has since been used in the US, Scotland and England and stems from grass-roots community based movement (Wilson, Cortoni & McWhinnie, 2009) COSA is not a tertiary intervention, rather it is a program that provides enhanced social support to high-risk offenders on their release from prison. Core Members (offenders) that are targeted for the program are typically those that have failed previous treatments and have high criminogenic needs (Wilson et al., 2009). Participation is voluntary and support personnel are volunteers (on average four to six per offender) trained to provide relapse prevention and identify early signs of potential recidivism (Gelb, 2007). COSA volunteers are also trained so that they understand the roles and responsibilities associated with holding high risk sex offenders to account within their communities. During the course of the program volunteers have access to an advisory committee, which usually consists of law enforcement, corrections and health service professionals. Contact is made with the Core Member by a primary volunteer on a daily basis, with the full circle (all the volunteers plus the Core Member) meeting at least once per week. COSA is based on friendship and accountability and therefore openness amongst all members is crucial if the program is to succeed (Wilson et al., 2009). Volunteers essentially help the offender make good choices and provide the necessary support structures in order for them to achieve positive and valued goals. Consequently, the COSA program is largely informed by the GLM (Wilson et al., 2009).

There have been a number of evaluations of COSA conducted in the USA, Canada and the UK. Findings indicate that offenders find COSA profoundly useful, and that those involved had lower recidivism rates for sexual offences than a comparison group (Gelb, 2007). A recent study in Canada found that rates of reoffending of men involved in COSA were lower than those of similar risk not participating in the program (Wilson et al., 2009). An evaluation conducted in the US using an experimental design, found no statistical significance in terms of re-conviction rates between the control group and those undertaking COSA (Duwe, 2012). An evaluation conducted by the Ministry of Justice in the UK highlighted that, although COSA is a voluntary it is not cost free, with the average cost of a circle being £8,700 (AUS \$ 17,600). This evaluation also found that 21 out of 32 Core Members reported positive changes in relation to their attitude, motivation and anger management. These Core Members also reported a greater understanding of

their offending and the development of appropriate coping strategies. Conversely, the end of program reports noted that a number of Core Members demonstrated a lack of honesty and engagement with the program and that some even engaged with other registered sex offenders (United Kingdom. Ministry of Justice, 2014). The UK evaluation noted that there has not been a long-term evaluation of COSA and that more research is needed in order to explore the police, probation service and other statutory agencies' views regarding COSA and that more robust outcome measures need to be developed (United Kingdom. Ministry of Justice, 2014).

### Surgical and chemical castration

Mandatory surgical castration of sex offenders is currently conducted in Germany, the Czech Republic and two states in the United States (Walby et al., 2013). Surgical castration aims to reduce the offender's interest in sex and therefore the likelihood of recidivism (Walby et al., 2013). It has been noted that there are multiple ethical issues surrounding this approach given that it may be coercive, is irreversible, and affects an offender's ability to procreate (Walby et al., 2013). These issues make it unlikely that it will become a dominant approach to address sex offenders (Brooks et al., 2014).

Hormonal treatment (also known as "androgen deprivation therapy" or "chemical castration") is also offered on a voluntary basis to high risk offenders in a number of jurisdictions, including the UK, the US, Scandinavia, Germany, Poland and the Czech Republic (Walby et al., 2013). This treatment is designed to lower an offender's sex drive and hence prevent recidivism. Again, there are ethical issues about consent and medical side effects associated with the treatment (Walby et al., 2013). It has been argued that when hormonal treatment is used, the drug with the least side effects should be administered, the treatment should be combined with psychological treatment, and offenders should be able to withdraw consent at any stage (Harrison, 2008).

In addition to ethical debates, there is dispute about the effectiveness of both surgical and chemical castration. This is because both surgical and chemical castration are based on a disputed premise that sexual offending is caused by biological imperatives and research has demonstrated other neurobiological and psychological factors that contribute to a person's sex drive (Brooks et al., 2014). Moreover, a number of feminist scholars have long argued that sexual violence is not rooted in biological drives, but rather is an

expression of power. Indeed, Tsang goes as far as to say that “drug therapy for rape cases...goes against the feminist view of rape as a crime involving violence and domination of women” (Tsang, 1995, p. 400).

### Areas identified for future/further research

As noted with respect to family and domestic violence perpetrator interventions above, ANROWS has identified non-traditional programs as a priority area for further research for sex offender interventions.

## The effectiveness of sex offender programs

General offender rehabilitation programs for sex offenders have performed much better than perpetrator intervention programs for family/domestic violence (Day et al., 2009a). Research indicates that appropriately designed general offender rehabilitation programs reduce recidivism rates by up to 35 percent (Andrews & Bonta, 2010).

The effectiveness of sex offender programs is primarily measured by analysing the recidivism rates of perpetrators who have participated in the programs and comparing them to the recidivism rates of a control group (Leviore, 2004). However, some studies without a control group compare the recidivism rates of offenders that have participated in programs to those predicted by certain tools, such as STATIC 99 (Macgregor, 2008).

Recidivism is often determined by an examination of reconviction rates (Gelb, 2007), although some studies use arrest data and correctional services information or self-reporting to determine recidivism (Macgregor, 2008). Some argue that the definition of recidivism should be expanded beyond sexual recidivism to include arrest or conviction for any new criminal offence, regardless of its nature (Brooks et al., 2014). As with research into intervention programs for family/domestic violence, the focus on recidivism is problematic given the under reporting of sexual offending, differences in definitions of recidivism, and variability between data sources (Leviore, 2004). Numerous studies across Australia, New Zealand, Canada, England, Wales and the United States indicate recidivism rates among sex offenders are generally lower than for other offenders, ranging from below 10 percent to about 20 percent (Lievore, 2004). Recidivism rates for offenders who commit sexual offences against adults are higher than those who commit such offences against children.

As with perpetrator intervention programs for family/domestic violence, there has been debate about the appropriate way to evaluate the effectiveness of sex offender programs. While the ideal or “gold standard” approach is an experimental design, it has similar ethical problems to those identified in relation to perpetrator intervention programs (Leviore, 2004). It is also difficult to implement in a correctional setting, where most sex offender programs are delivered (Smallbone & McHugh, 2010). For this reason, instead of using a randomly assigned control group, many evaluations use a control group comprising drop outs, those who did not elect to undertake the program or were ineligible. Thus, the control group may vary in terms of important factors that may influence a perpetrator’s likelihood of rehabilitation including levels of

aggression or motivation to change, and this in turn may affect the results of the study (Leviore, 2004).

Research into program effectiveness is also complicated by the fact that recidivism rates are low among sex offenders (Hanson & Morton-Bourgon, 2005). Accordingly, large sample sizes and long follow-up periods are needed to identify the efficacy of programs (Smallbone & McHugh, 2010), and it is often difficult to find a statistically significant effect (Gelb, 2007). In addition, sample sizes of men who have committed a sexual offence against an adult woman are often small (Craissati, 2005). Although practitioners and researchers have excellent knowledge of the risk factors associated with reoffending, little is known in terms of what rehabilitation methods work for specific types of sex offenders (Hanson, 2014). As with perpetrators of family/domestic violence, more research is needed in order to understand the process of change in sex offenders and how certain programs can facilitate this change (Hanson, 2014).

### International research

The effectiveness of sex offender programs has been the subject of much research, although there are fewer studies of these programs than of general offender programs (Lösel & Schmucker, 2005). Several studies and meta-analyses of studies on the topic have indicated that programs generally have a positive effect on reducing recidivism among sex offenders, particularly when they are used in combination with maintenance programs (Leviore, 2004).

A meta-analysis of 43 programs in four different countries revealed a sexual offending recidivism rate of 12.3 percent for sex offenders who had completed a program, compared to 16.8 percent of those in a control group (Hanson, Gordon & Harris, 2002). Another comprehensive meta-analysis of 69 studies found similarly positive results. This study found mean sexual recidivism rates of 11.1 percent for treated offenders and 17.5 percent for control group offenders (Lösel & Schmucker, 2005). The study also revealed that voluntary and adolescent participants were less likely to reoffend than those mandated to attend the program and adult offenders (Lösel & Schmucker, 2005, p. 138). A further meta-analysis found recidivism rates of 10.9 percent for offenders that have undergone a program and 19.2 percent for offenders in comparison groups (Hanson et al., 2009).

A difficulty of many of these evaluations, however, is that they involve offenders who have been convicted of both adult and child sexual offences. Evidence for the effectiveness of programs targeting offenders who have committed adult sexual offences is not as conclusive as for programs addressing offenders who have committed child sexual offences (Leviore, 2004). The research also fails to establish the specific components of programs that are most effective in eliciting behavioural change (Leviore, 2004).

There is limited research into the effectiveness of surgical or chemical castration. A review of eight studies on surgical castration indicated that men castrated were significantly less likely to rape again (Lösel & Schmucker, 2005). However, these studies did not use a control group and hence their validity is questionable (Lösel & Schmucker, 2005). Chemical castration has also been reported as being effective; however, these results are also questionable given that the men electing to undergo this procedure may have been more motivated not to re-offend than those who did not (Lösel & Schmucker, 2005). No randomised controlled trials investigating the efficacy of hormonal treatment for sex offenders have been conducted.

### Australian research

There has been Australian research on the effectiveness of sex offender programs, although historically these evaluations have been difficult due to small sample sizes and the fact that only a small amount of a program's funds are dedicated to the evaluative component. (Macgregor, 2008, p. 2). Nevertheless, 2002 evaluation of the prison-based programs for moderate to high risk and low risk sex offenders in NSW revealed that cognitive distortions related to general offending and sexual offending were significantly lower at the conclusion of the programs (Mammone, Keeling, Sleeman & McElhone, 2002). A review of the South Australian Sexual Behaviour Clinic found small to moderate reductions in recidivism upon completion of the program (Urbis, 2013).

A review of the Queensland Sexual Offender Treatment Program found no difference in the recidivism rates of treated and untreated adult male sex offenders released from custody between 1992 and 2001 (although the authors noted problems with limited follow-up and data collection in the study) (Schweitzer & Dwyer, 2003). Conversely, a 2010 review of the sex offender treatment programs in Queensland revealed that the intervention reduced men's dynamic risk factors by addressing their criminogenic needs. It also reduced their rate of sexual (3.2% versus 6%) and non-sexual offending (2.5% versus 9.6%), although the low base-rates of sexual recidivism prevented meaningful statistical analysis (Smallbone & McHugh, 2010).

A 2011 evaluation of the NSW Custody-Based Intensive Treatment (CUBIT) and CORE program showed that combined recidivism rates of treated offenders to be lower than the norm (as determined by the STATIC99 risk assessment tool) (Woodrow & Bright, 2011). However, the results may need to be interpreted with some degree of caution, given a shorter follow-up timeframe than that used to determine the STATIC99 norms and the lower base recidivism rates in Australia compared to those used in the development of STATIC99 (Olver & Wong, 2013).

## Programs for specific populations

### Indigenous sex offender programs

Indigenous men are more likely to be convicted of violent or sexual offences than non-Indigenous men (Leviore, 2004), and more likely to re-offend than non-Indigenous offenders (Smallbone & McHugh, 2010). However, it has been suggested mainstream sex offender programs have been ineffective in changing the behaviour of Indigenous offenders (Leviore, 2004). It has been observed that CBT-based programs may not be as effective for Indigenous sex offenders as their individualistic approach is incongruent with the approach to learning in many Indigenous communities (Macgregor, 2008). Further, cultural beliefs may impact on the disclosure of information at the assessment stage of a program, poor literacy and language skills may hinder an Indigenous offender's ability to participate in a program, and racism among other inmates and fear of authority may deter Indigenous offenders from participating (Leviore, 2004).

It has been noted that it is important for Indigenous staff to be involved in the delivery of sex offender programs, although it is often difficult to attract skilled Indigenous staff to deliver sex offender programs (Macgregor, 2008). It is also important for members of the Indigenous community to be involved in the design and the delivery of the program (Macgregor, 2008).

A number of prison-based programs have been designed for Indigenous sex offenders (e.g. in Western Australia, South Australia and Queensland) (Macgregor, 2008). For example, the Indigenous sex offender intervention program in Queensland aimed to recognise and address the cultural and social experiences of Indigenous sex offenders. Concepts and information were explained in appropriate language, with little focus on written material. Art, music, dance and narratives were also incorporated into the curriculum and included the development of skills to deal with the Indigenous history of colonisation and repression. The program was residential and offenders lived with four other Indigenous prisoners who had been trained to help and support other prisoners. (Leviore, 2004).

Many of the same issues noted above in relation to family/domestic violence perpetrator programs in Indigenous communities are relevant in relation to sex offender programs.

### Other groups

There is no review of sex offender programs for men from culturally and linguistically diverse backgrounds in the following discussion given the absence of material on this topic in the literature. In addition, programs for adolescent sex offenders are not considered as most adolescent sex offenders do not target adult women but offend against younger children or children their own age (Chung et al., 2006).

### Areas identified for future/further research

Reviews and evaluations of Indigenous and community-based programs in Australia are limited. As noted above in relation to family violence in Indigenous communities, ANROWS has identified a need for further research and evaluation in this area.

### International approaches

While there is variation in the exact design and approach to sexual assault perpetrator programs in different countries, the majority of programs are: delivered by correctional services agencies; group-based; voluntary; and adopt a CBT approach (although in Europe other approaches were initially pursued, such as psychoanalytic approaches). As such, programs in different countries are not canvassed in detail in this review.

## Key issues and debates

There are fewer debates in the literature about the design and delivery of sex offender programs than in relation to family/domestic violence perpetrator programs. This may be because recidivism rates for sexual offending are generally low (Brooks et al., 2014) and the programs currently employed demonstrate an encouraging amount of success. Following is a brief discussion of some of the issues that are identified in the literature as requiring further research and analysis.

### Offenders who deny their offences

Offenders who categorically deny their offences may be ineligible to attend sex offender programs (Macgregor, 2008) and often there are no alternative program options for this group (Gelb, 2007). However, some scholars have questioned the necessity of “breaking through” denial and having offenders publicly acknowledge and discuss their offending behaviour. There is no evidence that denial is related to risk of reoffending and today, a number of jurisdictions have developed “Deniers’ programs” (Olver & Wong, 2013). The Rockwood Deniers Program addresses typical dynamic risk factors but it is delivered on the basis that it will help men to understand the “personal issues and circumstances in their lives that led to their being accused of a sexual offence” (Olver & Wong, 2013). Further research is needed into the effectiveness of deniers’ programs.

### High-risk sex offenders

A high-risk sex offender is an offender who has been assessed through an actuarial tool and whose risk of committing another sexual offence has been determined to be high (Olver & Wong, 2013). High risk sex offenders often have extensive histories of prior sexual offending, commenced offending at an earlier age than other offenders, and are less likely to benefit from interventions than other offenders (Olver & Wong, 2013). Many high risk violent sex offenders are deemed unsuitable for programs (Macgregor, 2008). When programs are offered, they tend to be longer than programs for other offenders, although it is unknown if they are effective (Olver & Wong, 2013).

High risk psychopathic sex offenders have long posed challenges in the rehabilitative context, with some viewing them as an immutable subgroup of offenders (Wilson & Tamatea, 2013). Like other high risk offenders, high risk psychopathic sex offenders show fewer benefits upon completion of programs (Olver & Wong, 2013). In addition, they are far more likely to reoffend than non-psychopathic sex offenders (Craissati, 2005). They are also more likely to drop out of programs than non-psychopathic offenders and are particularly challenging

clients for program providers (Olver & Wong, 2013). Further, inappropriate programs may actually increase recidivism among high risk psychopathic offenders (Rice, Harris, & Cormier, 1992). One commentator noted that “no treatments are currently known to reduce recidivism rates of psychopaths” (Leviore 2004, p. 116). Yet, some researchers have recently argued for “cautious optimism” regarding the treatment of high risk psychopathic sex offenders (Olver & Wong, 2013). More research into the most effective intervention methods for this group of sex offenders is needed (Leviore, 2004; Olver & Wong, 2013).

### Program dropouts

As is the case for family/domestic violence programs, men who drop out of sex offending programs are more likely to reoffend than those who complete the program (Olver, Stockdale & Wormith, 2011). A meta-analysis of predictors of offender program attrition, discovered a 27.6 percent non-completion rate for sex offender programs (Olver et al., 2011). Men who attend the programs voluntarily are more likely to complete them. Men who drop out of sex offender programs are generally young, uneducated and exhibit antisocial personality traits (Leviore, 2004). As with family/domestic violence, commentators have noted the importance of motivational enhancement strategies for offenders at risk of not completing programs. In two Australian jurisdictions (Queensland and NSW), short preparatory programs have been developed for sex offenders that aim to prepare them for the program and enhance their motivation to complete it (Heseltine et al., 2011). There is a need for further research into offenders who drop out of programs to determine the reasons for their failure to complete the course (Leviore, 2004).

### Concurrent programs for sexual and non-sexual offences

The studies discussed above indicate that sex offender programs have a positive influence on sexual recidivism rates. They also reveal, however, that sex offenders have much higher rates of recidivism for non-sexual offences. A meta-analysis of recidivism rates indicated that the average rate of sexual recidivism among sex offenders was 13.7 percent, compared to a general recidivism rate of 36.2 percent (Hanson & Morton-Bourgon, 2005). This “criminal versatility” among sex offenders has led some to argue that programs for sex offenders should also attempt to address the risk factors for more general re-offending (Smallbone & McHugh, 2010). This approach has not yet been adopted and sex offender programs remain separate, specialised programs (Smallbone & McHugh, 2010).

### Specialised programs for adult sex offenders with adult victims

It has been observed that in many jurisdictions those guilty of sexual offences, such as rape of an adult, are placed in programs with those men that have committed sexual offences against children (Wilson, Kilgour & Polaschek, 2013). There is debate about whether such programs are desirable. For example, groups targeted solely at men who have committed sexual offences against adult women have not been shown to be more effective than mixed programs that also treat men who have committed child sexual offences (Harkins & Beech, 2008). Furthermore, it has been observed that mixed groups may help to prevent collusion between offenders of the same sub-category, which may serve to reinforce common attitudes and beliefs (Harkins & Beech, 2008). However, they may also create disruptive subgroups (Brooks et al., 2014). It has also been argued that there may be important differences between the two groups of offenders, such as in degrees of empathy and masculinity and that these may give rise to an argument that programs should be tailored to address the needs of adult sex offenders (Leviore, 2004). Some commentators have speculated that the higher recidivism rates of offenders with adult victims may be because the programs are not adequately addressing their needs (Pithers & Cumming, 1989 as cited in Harkins & Beech, 2008).

### Similarities and differences between sexual assault and FDV interventions

There is a growing recognition of the similarities and crossover between sexual assault and family/domestic violence, with sexual assault often taking place in the context of family/domestic violence (ANROWS, 2014). However, services and intervention programs are still largely distinct and positioned within different sectors, with little collaboration or sharing of practice between sectors. This relates to specific differences regarding programs, including assessments, for example, but also the different theoretical underpinnings and context in which programs operate.

As discussed further in part two of this paper, sexual assault is predominantly dealt with under criminal law and while an incident of family/domestic violence may constitute a criminal offence, it is often dealt with under civil protection order schemes in the first instance. This is partly in recognition of the need for immediate assistance that may be afforded by a less onerous degree of proof. As a consequence of the criminalised nature of sexual assault perpetrator interventions, many sex offender programs have tended to take place within a custodial setting, whereas family/domestic violence interventions work with men in the community as well as in custody.

Perhaps as a result of this historical context, the theoretical basis for sex offender programs is distinct from that of family/domestic violence programs. Sex offender programs emerged from the medical model, particularly the fields of psychology and psychiatry. In many cases, sex offender programs adopt a gendered cognitive behavioural approach and have rigorous assessment and screening tools in order to determine a perpetrator's level of risk and motivation (Urbis, 2013). Indeed, assessments for sex offender programs tend to be rigorous, are conducted by professional psychologists and try to identify perpetrators' criminogenic needs. Sex offender interventions have consistently deployed static and dynamic risk factors as part of the overall establishment of program targets and as a way of helping the perpetrator understand his own offending pathway. Though studies have indicated varying predictive validity for different static measures based upon the content of the offending and characteristics of the offender, assessment of change in dynamic risk factors to predict recidivism has been empirically validated in a number of international studies (Babchishin, Hanson & Helmus, 2011; Beggs & Grace, 2010; Eher, Matthes, Schilling, Haubner-MacLean & Rettenberger, 2011; Helmus, Hanson, & Morton-Bourgon, 2011; Scoones, Willis, & Grace, 2012).

Family/domestic violence interventions historically emerged from the feminist paradigm, which placed family/domestic violence within a context of gendered power relations. This perspective informed the first iteration of the Duluth

model. It has been noted by researchers that family/domestic violence interventions need to develop programs that are able to accommodate the individual differences in men's lives (O'Leary, Day, Foster, & Chung, 2009). There has been growing support for a greater targeting of interventions to the particular dynamics of individual perpetrators (Kelly & Johnson, 2008; Sellbom, Ben-Porath, Baum, Erez, & Gregory, 2008). As noted above, there is greater debate in the family/domestic violence sector than the sexual assault sector on the best approaches to perpetrator programs.

The different theoretical approaches between the sexual assault and family/domestic violence sectors have played out in a number of ways, which can be seen for example, in different narratives about substance abuse. Discussions about alcohol in the family/domestic violence sector are often approached from the perspective of responsibility, and a man's gendered sense of entitlement (Jenkins, 1994). Conversely, in the sexual assault sector, substance misuse is more often described as a risk factor in the offending pathway. It is often considered that substances can have a disinhibiting effect and for men predisposed to committing sexual violence, the cognitive impairments induced by alcohol may encourage him to act with an impaired and/or reduced attention to the potential consequences (Abbey, 2002).

Another difference relates to the way that "success" and "effectiveness" are measured in the context of the two different sectors. For example, sex offender programs may include recidivism measures in their measures of effectiveness, but these programs also take account of an individual's "success" in reducing their level of risk. This may be a product of differing intervention theories from the family/domestic violence sector, but also in part due to sex offender programs occurring predominantly in the forensic context. Actuarial risk assessment tools that have been rigorously tested are frequently employed by sex offender intervention programs in custodial and corrective settings. Community-based sex offender programs, particularly those linked to a statutory authority, also use standardised measures of risk to infer intervention effectiveness. The use of risk measures is certainly an area that family/domestic violence perpetrator and sex offender program delivers can learn from one another. Practitioners and academics working in the field of sex offender programs have extensive knowledge of those risk factors and propensities that motivate men to commit sexual offences. They also use empirically validated scales to evaluate and identify the level of risk that an offender poses to the community (Hanson, 2014). There is a greater understanding of risk factors and how these can change over time and that recidivism decreases

as offenders "remain offence-free within the community" (Hanson, 2014, p. 5). Conversely, little is known about the long-term risk factors associated with family/domestic violence, although practitioners are well aware of the short-term risks, particularly in relation to the safety and security of victims. Also, in interventions with adult sex offenders, the input of victims to future assessments of risk is limited or absent, whereas engaging the partner or ex-partner of family/domestic violence perpetrator is frequently employed by programs as a means of assessing the progress of perpetrators, and holding perpetrators to account. Indeed, there is a potential for these different fields to learn from one another. Not only would interventions targeting sex offenders and perpetrators of family/domestic violence be enhanced, but this would bridge the gap between these two fields.

As noted above, the recidivism rate for sex offenders is relatively low (Macgregor, 2008; Leviore, 2004), although the lack of evaluation data in this area should be noted. It is also important to note that underreporting and attrition is a significant issue in sexual assault matters and the recording of sexual assault matters by the criminal legal system is not necessarily indicative of actual levels of sexual assault in the community (Mackay, 2013).

### Areas identified for future/further research

As the NOSPI will cover perpetrator interventions in both the sexual assault and family and domestic violence contexts, further research is necessary to evaluate the effectiveness of both sexual assault and family and domestic violence perpetrator interventions and determine best practice principles for both.

# Conclusion

Part one of this paper provided an overview of the theoretical underpinnings and characteristics of interventions for perpetrators of violence against women in Australia and overseas, as well as key issues and debates around these interventions. These interventions are discussed within the two forms of violence against women; family/domestic violence, and sexual assault. The key findings are summarised below.

## Family/domestic violence perpetrator interventions

### Program approaches

There are a number of theories about the causes of family/domestic violence, ranging from socio-political factors, personal dysfunction, learnt behaviour, to behavioural deficits, trauma and psychopathy. These theories inform the different approaches to perpetrator intervention programs currently operating in the world today, including psychoeducational, psychotherapeutic, CBT, combined approaches and matched interventions.

The two dominant models of intervening with perpetrators of family/domestic violence are: the Duluth model, a coordinated response that focuses on holding offenders accountable for their behaviour and protecting victims from further violence; and the Risk, Needs and Responsivity (RNR) Model, which targets interventions best suited to offenders' risk of reoffending, rehabilitative needs, and learning ability and style.

Beyond these two models, other initiatives that deal with family/domestic violence include:

- “second responder” programs for perpetrators, which involves following up with perpetrators within a certain period of time to encourage them to seek assistance, provide them with referrals and attempt to change their beliefs about family/domestic violence;
- programs addressing adolescent violence, which incorporate both CBT and restorative justice principles to intervene with adolescent males who engage in gendered family/domestic violence (typically towards their mothers); and
- perpetrator intervention programs that accommodate Indigenous men, and men from culturally and linguistically diverse backgrounds.

Most perpetrator intervention programs in Australia are voluntary, group-based programs. In the United Kingdom and the United States, interventions for family/domestic violence perpetrators are mostly court-mandated, psychoeducational programs, while Nordic countries tend to adopt voluntary, therapeutic programs. Further research into the best practice models and principles in the Australian context is required.

## Success and effectiveness

Evaluations of perpetrator intervention programs have produced mixed results and even when a program has been shown to reduce further violence against women, the effects are usually small. However, given the prevalence of family/domestic violence perpetrator intervention programs with small effect sizes may still be worth pursuing as they may have a significant positive impact on large numbers of women.

There is no evidence to suggest that the psychoeducational or the CBT approaches to perpetrator interventions are more effective than the other. While there is limited research on other types of interventions, one study found that an RNR-based program in Canada was effective in reducing further family/domestic violence. Of the handful of studies that have been conducted to evaluate the effectiveness of perpetrator intervention programs in Australia, most showed modest but positive results. The majority of the evaluations conducted of perpetrator intervention programs have methodological problems, such as small sample sizes and being geographically specific, thus making generalisations problematic. Further evaluations are required, which include considerations of long-term effectiveness and multiple views of program participants, such as perpetrators, facilitators, women and children experiencing violence and other service providers.

## Key issues and debates

Key issues and debates surrounding intervention programs for family/domestic violence perpetrators include: how to better engage men with the programs; how to reduce the drop out rates for these programs; the need to consider how program integrity can be ensured while maintaining sufficient flexibility in service provision (especially in rural and remote areas); the need for integration of perpetrator intervention programs with other services and agencies involved in combating violence; how best to “treat” perpetrators with substance abuse issues; and how best to “treat” perpetrators with mental health issues.

## Sexual assault perpetrator interventions

### Program approaches

In contrast with interventions for family/domestic violence, the appropriate approach to address adult sex offenders is rarely debated. Explanations of sexual offending focused on the wide range of factors that lead to the offences. The preferred approach is group therapy administered by multidisciplinary teams of social workers, psychologists and corrective services staff.

Most sex offender programs rely on CBT techniques. Other types of psychotherapeutic approaches for sex offenders (such as aversion therapy, systemic family therapy and classical behavioural treatment) have not demonstrated a consistently positive impact on recidivism. While some overseas countries conduct surgical or chemical castration of sex offenders, these are unlikely to become a mainstream approach, given the questionable ethical nature of these approaches and their disputed effectiveness.

There are two dominant models of intervening with perpetrators of sexual assault: the RNR model, which tailors programs to the offenders’ risk level, dynamic factors that contribute to the offending, and factors that affect sex offenders’ responsiveness to interventions; and the Good Lives Model, a strength-based approach that manages risks as well as identifies an offender’s strengths and acknowledges his ability to lead a good life.

An alternative approach is the Circles of Support and Accountability (COSA) initiative used in Canada, the United States, Scotland and England. This initiative aims to provide increased social support to high risk sex offenders upon their release from prison. Evaluations of the initiative found that it has a positive impact on recidivism and is well regarded by the offenders.

Both in Australia and overseas, sex offender programs tend to be group-based, voluntary CBT programs run by correctional services. In Australia, sex offender programs are well-established in the correctional setting in every state and territory. Offenders usually take part in the programs voluntarily, although they may be motivated to do so by the fact that participation in such programs could be perceived favourably by rehabilitation services, particularly with regard to their parole applications. The prison-based programs are usually group-based, intensive CBT programs aimed at

moderate-to high-risk offenders. While most programs are for a fixed duration and offered to closed groups, some states and territories have adopted an open, “rolling” group format. The rolling group format allows offenders to join the program at any stage and links an individual’s progress through the program modules with evidence of his rehabilitation progress.

Some jurisdictions also offer programs for individuals who deny their offence (“deniers” programs), as well as ongoing custodial maintenance programs. Most jurisdictions offer community-based sex offender programs for adult offenders, and some also offer community-based maintenance programs.

Some Australian jurisdictions also run custodial programs designed for Indigenous offenders. Indigenous offenders may be inhibited from joining or participating in mainstream sex offender programs due to: the fact that the individualistic nature of mainstream CBT-based programs may not accommodate the different approach to learning in many Indigenous communities; their cultural beliefs that may prevent them from disclosing information when being assessed for eligibility to participate in a program; possible literacy and language barriers; racism among other inmates; and fear of authority. Programs designed for Indigenous sex offenders should involve the Indigenous community in the design of the programs, as well as Indigenous staff and community in their delivery.

### **Success and effectiveness**

Much research has been conducted on the effectiveness of sex offender programs, which is usually measured by recidivism rates. Several studies and meta-analyses found that such programs are usually effective in reducing recidivism among sex offenders, particularly when used with maintenance programs. However, there are several limitations to these evaluations, in that: few evaluations consider offenders who have been convicted of adult sexual offences only; there is less evidence of the effectiveness of programs for offenders who have committed adult sexual offences than there is for programs for offenders who have committed child sexual offences; and there is no assessment as to which specific components of effective programs brought about behavioural change.

### **Key issues and debates**

Debates in the literature about sex offender programs centre on: the effectiveness of “deniers” programs; the most effective intervention for high-risk sex offenders; how to reduce program drop out rates; concurrent interventions for sex offenders for non-sexual offences; and specialised programs for adult sex offenders with adult victims. Further research is necessary in order to clarify these points.

## Areas for future/further research

In this paper, ANROWS has identified a number of areas for future research that will support the implementation of the forthcoming NOSPI. However, for the sake of clarity this information is provided below:

### System effectiveness

One research priority is to evaluate the effectiveness of the systems dealing with perpetrator interventions, including:

- a meta-evaluation of where perpetrator interventions are and should be situated within the overall response to violence against women and their children;
- an evaluation of specific system responses, such as police responses, court appearances/sentencing, corrections, and community services; and
- an evaluation of the NOSPI (once determined) to ensure best practice principles inform the ongoing implementation of the Standards by states and territories.

### Effectiveness of interventions

A second research priority relates to the effectiveness of perpetrator interventions, which should include ensuring that the definition and measurement of effectiveness takes into account the views of different groups, practitioners, men who use violence and women who experience violence.

There is also need for further research into the development of best practice evaluation principles and guidelines for interventions, including a consideration of:

- individual and group based interventions;
- specific intervention components (such as mandatory attendance and facilitator characteristics);
- timeliness of interventions;
- different philosophical approaches underpinning interventions;
- long-term effectiveness of specific program components, including links between program completion and recidivism; and
- generalisable evaluation mechanisms such as pre- and post-assessment tools and quality assurance processes.

In addition, future research should evaluate specific perpetrator interventions to determine effectiveness (including an assessment of safety and accountability), preferably including evaluations of alternative or restorative approaches.

Finally, further research is needed to effectively engage and retain perpetrators in interventions, including the best interfaces and times at which to connect with men who use violence, and best ways to address attrition points and points of vulnerability in all types of interventions.

## Models to address different perpetrator needs

A further research priority concerns three types of evaluations of best practice models to address different perpetrator needs.

First, there should be an evaluation of whether the RNR models are best practice for perpetrators of sexual assault in Australia, which should include an examination of alternative/hybrid models such as the Good Lives Model. Examples of issues that should be considered include:

- the suitability of targeting treatment to risk;
- the applicability to different types of violence; and
- the practicality of this type of treatment model in Australia, given small numbers of perpetrators in remote area programs and potential language barriers.

Second, there is a need for an evaluation of whether Duluth-informed models are best practice for perpetrators of family and domestic violence, including examination of alternative/hybrid models. The evaluation should consider practical issues relevant to the Australian context, such as numbers of perpetrators in remote area programs.

Finally, there should be an evaluation of relevant models to address the different needs of sub-populations of perpetrators, which should include the consideration of women's safety—for example, the Cultural Context Model for culturally and linguistically diverse perpetrators. Further research should include evaluations of similar models or identification of best practice principles for interventions with further sub-populations, such as:

- rural and remote perpetrators;
- immigrant perpetrators;
- perpetrators with disability;
- younger perpetrators; older perpetrators; and
- gay, lesbian, bisexual, transgender, intersex and queer (GLBTIQ) perpetrators.

## Indigenous communities

The final research priority concerns interventions with Indigenous perpetrators. It is important to determine best practice principles for program delivery for Indigenous perpetrators, by drawing on what is already known from extensive consultation with Indigenous leaders, researchers, service providers and community members. In conducting this research, it should be acknowledged that the needs of Indigenous perpetrators may intersect with issues linked to the effects of colonisation, such as health, economic and housing concerns.

In addition, further research is needed to document what it looks like in practice for Indigenous perpetrator interventions to be developed by Indigenous communities, and how to place lore and culture at the centre of Indigenous perpetrator interventions. This research should also consider how healing practices and accountability of Indigenous men to women and community are best balanced with ensuring the safety of Indigenous women who experience violence.

# Appendix A: Consultation list

ANROWS consulted on this project with several members of the NOSPI Working Group and a range of key thought leaders, policy-makers and service providers. Individuals were consulted face-to-face, by telephone or via email. ANROWS also included an invitation in its fortnightly Notepad for interested stakeholders to contact ANROWS for consultation.

## NOSPI Working Group members

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