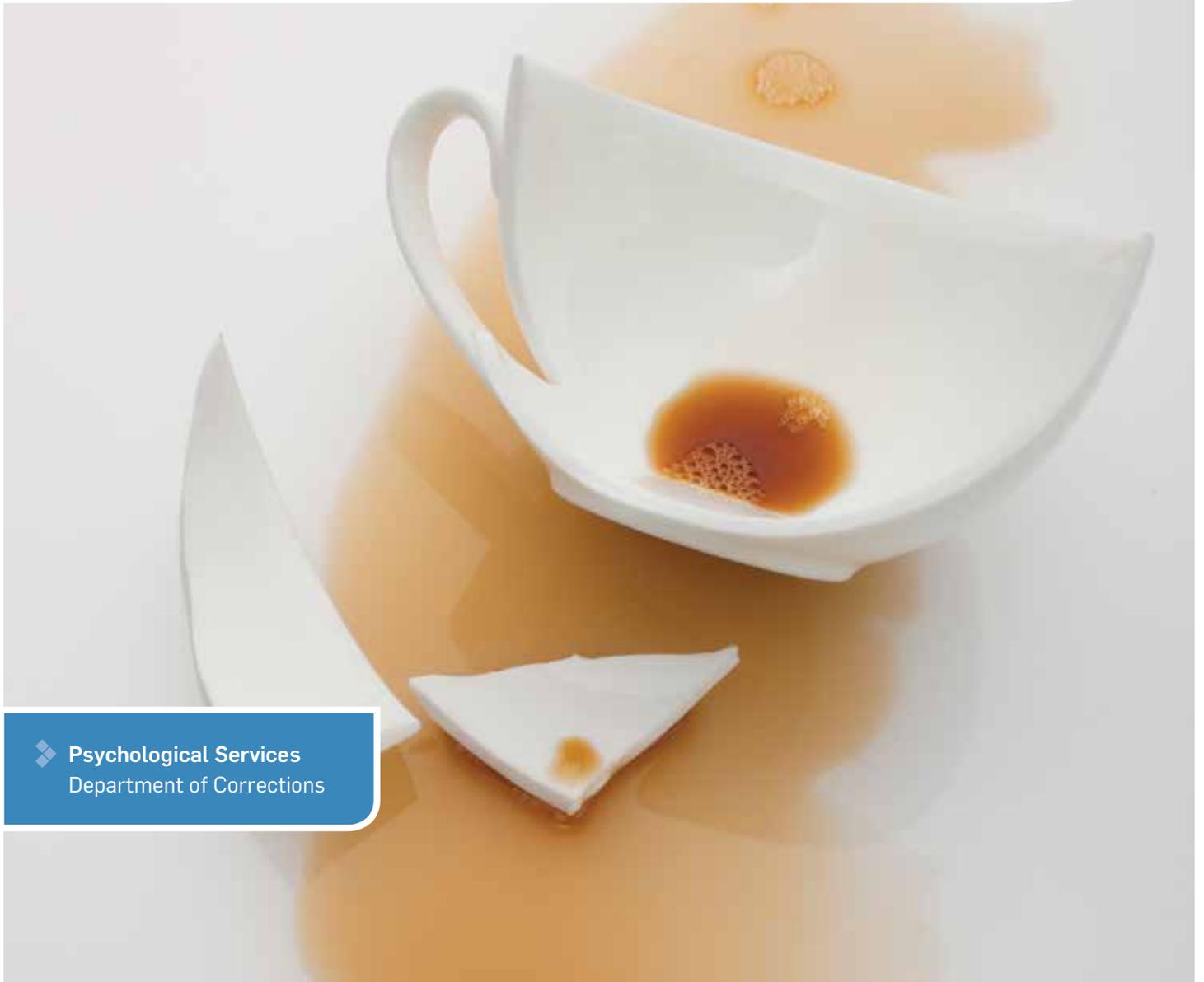




DEPARTMENT OF  
**CORRECTIONS**  
AHA POUTAMA AOTEAROA

# COMMUNITY-BASED DOMESTIC VIOLENCE INTERVENTIONS

A Literature Review // 2012



❖ Psychological Services  
Department of Corrections

# **Community-based Domestic Violence Interventions**

**A Literature Review – 2012**

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# Literature Review of Community-based Domestic Violence Interventions

## Summary

- 1 This literature and research review looked at the status of domestic violence interventions in Canada, United Kingdom, Australia, United States and New Zealand.
- 2 The domestic violence field is dominated by two approaches. The Domestic Abuse Intervention Project Programme (DAIP or the Duluth Programme) is based on a feminist psycho-educational model. An analysis of violence from this perspective suggests it is a result of socio-political forces that are influenced by patriarchal philosophy. Programmes focus on teaching clients about power and control elements that cause domestic violence. Clients also learn about engaging in their relationships or developing relationships on the basis of respect, equality and non violence.

Cognitive behavioural approaches, on the other hand, assume that domestic violence is a learned behaviour that can be replaced with non-violent behaviours. They include cognitive, emotional, behavioural analyses and skills training techniques. It is often difficult to make clear distinctions between the two models as many programmes combine elements of both.

- 3 Programmes in key jurisdictions vary across and/or within countries. Canada and the United Kingdom generally adhere to the Risk-Needs-Responsivity (RNR) model but community programmes in the United Kingdom may also be based on the Duluth model. In the United States, programme standards and processes vary across states; programmes appear to be based largely on pro feminist or blended models. Australia's approach to domestic violence also varies across states and programmes appear to be Duluth-based. Some regions have developed culturally suitable programmes.
- 4 The New Zealand Department of Corrections does not have specialised prison programmes for domestically violent offenders. Male domestic violence offenders are referred to prison-based general offending programmes (i.e. Special Treatment Units or Medium Intensity Programmes) based on individual risk and needs assessment.

Community-based domestic violence programmes are contracted in from Ministry of Justice-accredited private providers. These programmes are mostly Duluth-based and psycho-educational, with cognitive behavioural elements. They also need to be culturally responsive. Both high risk and moderate risk offenders and mandated and non- mandated domestically violent offenders are eligible to attend community programmes.

- 5 There have been few evaluation studies of domestic violence programmes. Assessments of Duluth-type and cognitive behavioural programmes or a

combination of the two show few or no significant differences in effectiveness between programme types. At best programmes appear to have a weak positive impact on recidivism rates.

- 6 Overall, the research provides more information on what does not work rather than on effective ways to stop family violence.
- 7 Findings from research on other interventions with general offenders suggest that the most effective interventions are consistent with the principles of risk, needs and responsivity. These principles are principles are also relevant to domestically violent offenders. Treatment effectiveness is enhanced when programmes maintain treatment integrity.
- 8 Some groups of domestic violence offenders may have additional needs and/or responsivity issues such as difficulties with motivation, serious mental illness, personality disorders and substance abuse.
- 9 The review noted the weak positive impact on recidivism rates of domestic violence offenders within a risk, needs and responsivity framework.

## **Community-based domestic violence programmes**

### **Introduction**

- 10 With the passing of the Domestic Violence Act (1995), the New Zealand Government committed to providing compulsory programmes for individuals involved in family violence. The Act's primary objective is to reduce and prevent domestic violence and provide greater protection to victims. While the Act adopted a broad definition of domestic violence, treatment programmes typically do not address sexual offending against children or adults. Individuals convicted of sexual offending within a domestic relationship are traditionally referred to programmes designed to address sex offending. Domestic violence programmes generally target real or threatened physical violence within the context of a domestic relationship.
- 11 The Domestic Violence (Programmes) Regulations (1996) document requirements for programme providers. The Regulations stipulate that domestic violence programmes must aim to stop or prevent domestic violence. They aim to change the respondents' behaviour by increasing their understanding of domestic violence and developing their skills to deal with conflicts in non-abusive ways. The Regulations give guidance on programme duration but comments on methodology are limited to a directive that programmes "must involve the use of well-founded methodologies which have been shown to be effective in stopping or preventing domestic violence" (Regulations, 1996).
- 12 Domestic violence treatment programmes for offenders managed by the Department are delivered by community-based providers. Community Probation Service refers offenders only to external programme providers accredited under the Domestic Violence Act 1995 and registered with the Ministry of Justice.

### **Defining domestic violence**

- 13 This review was based on the Domestic Violence Act (1995) which defines domestic violence as violence against a person by any other person with whom that person is, or has been, in a domestic relationship. Violence can be physical, sexual or psychological abuse (which includes having a child bear witness to violence in the home). Victims as defined in the Act may include partners, family members and others who share a household or have a close personal relationship with the perpetrator.
- 14 Sexual violence was excluded from the review as perpetrators of sexual offences within a domestic relationship are rarely if ever referred to domestic violence programmes. The study was limited to adult males with priority given to convicted offenders and mandated treatment.

## **Review of current literature and research**

15 A number of search parameters were used to source documents for the literature review. Subject areas searched were:

- Theories of domestic violence
- Domestically violent offenders versus generally violent offenders
- Domestically violent offenders presenting with co-morbid disorders
- 'What works' in offender rehabilitation, domestic violence in New Zealand
- Overseas interventions for domestically violent offenders
- International best practice for domestically violent offenders.

Search definitions included: *domestic violence, family violence, intimate partner violence, child abuse, spousal assault, wife abuse and batterers*. The terms *sexual abuse, sexual assault, sexual offending, child sexual offending* were specifically excluded. The search parameters for the literature review were deliberately kept as broad as possible

16 An electronic search yielded a database of potential publications. Included publications were quality assured to ensure they met scientific standards and priority was given to meta-analyses and literature reviews. Single studies had to include appropriate statistical analysis. Publication types that included books, literature reviews, single studies, journals, reports, and meta-analyses, from 2001 - 2009. Full publications were reviewed and references that did not meet criteria were excluded.

17 The literature review also drew on 'grey literature' (such as research reports compiled for governmental agencies) that may or may not have been peer reviewed and information held within the Department, notably introductory statistics and anecdotal data related to overview of the current referral and evaluation processes. This information was sourced from within the Department in consultation with the steering group.

18 A number of articles pre-dated the timeframe identified in the search parameters. This reflected the strength of the cited literature as well as an indication of the relatively small number of publications pertaining to specific focus areas of the review.

19 Given that the review had to be completed within a relatively short timeframe, only publications that were received within the specified timeframe were included in the review. The final database for this review comprised 255 publications.

## **Findings of literature and research review**

20 The review included an examination of the current status of domestic violence interventions in Canada, the United Kingdom, Australia, the United States and New Zealand.

- 21 All jurisdictions offer treatment programmes to perpetrators of domestic violence. Most have set standards for these programmes and most have some sort of accreditation or certification process for providers. There is a clear preference in the literature and in guidelines or standards for group interventions, with individual, family or couples' therapy deemed inappropriate or prohibited as a primary mode of intervention in many guidelines or standards. The recommended length of intervention ranges from 12 to 52 weeks.
- 22 Internationally, the domestic violence landscape is dominated by two approaches. The Domestic Abuse Intervention Project programme (DAIP, commonly known as the Duluth programme) is a feminist psycho-educational programme developed in the early 1980s. It has arguably been the most influential domestic violence programme and remains a prominent intervention with domestically violent men. Increasing dissatisfaction with the feminist approach and the inability of the socio-political stance (particularly in relation to patriarchal values) to adequately explain female or same-sex violence, led to growing agreement that the current approaches are limited in their success. This, coupled with advances in the "What Works" literature, contributed to a gradual shift towards including cognitive-behavioural treatment (CBT) modalities. These two models are the only ones that have been subjected to replicated empirical testing.
- 23 The Duluth model remains the unchallenged treatment of choice for many agencies and 95% of state standards in the United States endorse the conceptualisation of domestic violence as a form of power and control.
- 24 CBT is based on the idea that a person's mood and behaviour can be improved by changing dysfunctional thinking. CBT interventions are generally structured and short-term, and concentrate on present difficulties. Within CBT, domestic violence is conceptualised as a consequence of problems with the person's thoughts, assumptions, beliefs and behaviours. Cognitive behavioural interventions for domestic violence assume that violence is a learned behaviour that can be replaced with taught non-violent behaviours. CBT approaches typically focus on modifying faulty cognitive processes, and building behavioural skills to reduce anger (e.g. timeout, relaxation training and changing negative attributions), manage conflict and increase positive interaction (such as active listening and assertiveness). CBT also addresses areas such as coping with intense emotions, relationship skills and individual psychological difficulties.
- 25 In practice, the distinction between CBT and Duluth-based interventions is often unclear as most programmes blend together aspects of psycho-educational and cognitive behavioural approaches within a feminist context. CBT groups often include emotional components of violence and attitudes and values regarding women and violence against women. Similarly, groups that work from a Duluth model often address the learned and reinforced aspects of violence. Blended models are sometimes referred to as 'group practice' models. They assume that domestic violence has

multiple causes and therefore combine a psycho-educational curriculum with CBT techniques and assessment of individual needs.

### **Overview of key jurisdictions**

- 26 In Canada, responsibility for corrections is divided between the federal and provincial governments. The Correctional Service of Canada (CSC) is responsible for offenders serving sentences of two years or longer (including life sentences). The provinces are responsible for offenders sentenced to terms of less than two years.
- 27 Both the federal and provincial governments have implemented programmes for domestic violence offenders. At a federal level, CSC (2003; 2009) adheres to the Risk-Needs-Responsivity (RNR) model and has stringent accreditation criteria for its programmes. These criteria state that correctional programmes must:
- be based on theory and supporting research (an empirically-based model of change)
  - target criminogenic factors
  - be skills-oriented
  - take into account the particular characteristics of offenders to help ensure that they derive maximum benefit from the programme (responsivity)
  - address the particular risk and need profiles of offenders through their scope, intensity, duration and type of group setting (programme intensity)
  - ensure a continuum of care between institutions and the community
  - include a detailed programme description
  - include a plan for monitoring and evaluation
  - be delivered using proven treatment methods, in the least restrictive environment possible consistent with staff, offender and public safety, and according to approved standards.
- 28 All programmes are facilitated internally and targeted at low, moderate or high risk offenders. High risk offender programmes are only available in the prison, while moderate intensity and maintenance programmes are available both in prison and in the community. Special programmes are offered for women and high risk Aboriginal males, while a primer is made available to unmotivated and waitlisted offenders.
- 29 Canada has ten provinces and three territories. Each of these operates relatively independently so there is some diversity in domestic violence programmes. However all provinces are expected to align themselves with federal policy regarding the rehabilitation of offenders (i.e. the RNR model). Many provinces have implemented domestic violence courts that offer an early intervention service. At least one province has developed a programme (12 weeks) for short-serving prisoners, but the majority of intervention appears to be community-based. Programmes were traditionally outsourced to private providers, such as the Salvation Army, but some provinces are now facilitating some or all domestic violence

programmes internally. At least one province has restructured its funding model to appoint only one provider, who subcontracts to facilitators throughout the province. The provider is responsible for training and supervising subcontractors. It is hoped that this model will provide greater accountability and more effective evaluation.

- 30 The United Kingdom (UK) draws heavily on the Canadian model. Programmes are accredited by the Correctional Services Accreditation Panel (CSAP) of England and Wales. Its accreditation criteria are very similar and this facilitates cross-over of programming. UK prisons offer moderate and high intensity programmes based on Canadian family violence programmes. Community programmes consist of two options (one Duluth-based and the other based on the Canadian moderate intensity programme) and are facilitated internally. Outcome studies have not been undertaken as yet.
- 31 In the United States, domestic violence is equated with intimate partner violence and perpetrators are referred to private providers of Batterer Intervention Programs (BIPs). These community-based providers (estimated at several thousand) are not nationally regulated. Forty-five states have guidelines or standards for BIP and some states have started certifying providers but most standards are not strongly evidence-based. Providers appear to be offering largely pro-feminist programmes; with the most popular being Duluth and blended models (e.g. EMERGE and AMEND). While intake screenings appear to be common, literature suggests that these do not result in group allocation based on risk or needs as most BIPs offer the same programme to all participants irrespective of assessment findings.
- 32 Australia has no nationally consistent approach to domestic violence programmes and most states do not have standards or guidelines to regulate programming. While programmes appear largely Duluth-based, the Duluth programme content may have been adopted in the absence of a broader community response. Indigenous people are over-represented as perpetrators and victims of family violence and some regions have developed localised community-based programmes for indigenous offenders. Access to programmes (particularly in more remote rural areas) often depends on availability rather than risk or needs. RNR-compliant programmes are the exception rather than the rule. The focus currently is on developing standards and best practice guidelines for domestic violence programming.
- 33 The Department of Corrections in New Zealand does not offer specialised domestic violence programmes in prisons, but domestically violent offenders are referred to prison-based general offending programmes based on their risk level. Community-based domestic violence programmes are outsourced to private providers that are Ministry of Justice-accredited. Perpetrators of domestic violence are accepted into the Department programmes if their static risk is high. However, they are typically men with

diverse criminality whose domestic violence offending is just one dimension of their offending.

- 34 In New Zealand, very little information is available on the content or success of domestic violence programmes. A 2003 publication (McMaster & Gregory, 2003) refers to both Duluth and CBT as having influenced local programming. Only four evaluation studies could be sourced and while they were all positive, none met project criteria in terms of study design, follow-up and recidivism focus.
- 35 Domestic violence strategy in New Zealand is guided by the Family Violence Ministerial Team, which is advised by the Taskforce for Action on Violence within Families. The current focus of the Taskforce is on allocating resources to interventions with proven impact. As a result, the Ministry of Social Development is moving towards results-based accounting while the Ministry of Justice has reviewed its funded programmes. The Ministry of Justice review was completed in 2010. The associated literature review found no conclusive evidence that programmes are successful, but the authors believed that it was premature to conclude that the programmes cannot work. They suggested that programmes be improved by moving away from a one size fits all approach and increasing follow-up services, but cautioned that even with improvement, programmes were unlikely to be successful as a stand-alone response to domestic violence.
- 36 Māori are over-represented in the criminal justice system in general and this is also reflected in the domestic violence arena. Additionally, Māori are over-represented in negative statistics (such as poverty and unemployment) that constitute risk factors for domestic violence. The need for programmes to be responsive to Māori is reflected in legislation (e.g. Regulation 27 of the Programmes Regulations) and government strategy (e.g. the Māori Reference Group that provides strategic advice to the Taskforce). Little has been published on domestic violence in Māoridom (other than prevalence studies) but existing literature supports the importance of developing Kaupapa Māori programmes that address the impact of colonisation and include the whanau and broader community. This is consistent with the Department's Māori Strategic Plan and the Māori Reference Group's E Tu Whanau Ora framework, but stands in contrast to current domestic violence approaches. Interventions for Māori would need to be localised, strengths-based kaupapa Māori programmes that support not only the offender but also the community and risk factors in that community.
- 37 Pacific Islanders constitute 7% of the New Zealand population. They are a young, fast-growing group that is also over-represented in negative socio-economic statistics. Domestic violence may be significantly under-reported due to reticence to engage with formal agencies and traditional cultural beliefs around the acceptability of domestic violence.
- 38 In addition to these minority groups, New Zealand has a large population of foreign-born residents from across the world. Migrants (particularly migrant

women) may be especially vulnerable to abuse and reluctant to engage with authorities. There is little data on the prevalence of domestic violence in ethnic communities or how this is (or should be) treated. No one approach for 'ethnic' perpetrators is likely to be successful given the heterogeneity of this group. Providers are likely to face difficulties not only in sourcing culturally diverse staff, but also in accessing cultural supervision for some nationalities.

### **Domestic violence programme outcome studies**

- 39 Few evaluation studies on domestic violence programmes have been undertaken. Methodological, logistical and ethical constraints contribute to the relatively weak quality of research designs. More robust designs tend to show smaller effects.
- 40 Babcock, Green and Robie (2004) conducted a meta-analysis of 22 studies published between 1984 and 2003 that evaluated treatment effectiveness for domestically violent males. Only methodologically rigorous studies were included. Selection criteria included presence of a comparison group, a follow up period beyond treatment completion and not relying on offenders' self reports.
- 41 The authors identified no significant difference in the effectiveness of Duluth- type and CBT interventions. They believed that this might be due at least in part to the two models being almost indistinguishable in many contexts. Quasi-experimental studies based on partner report produced the largest effect sizes, indicating that treated offenders showed a 15% reduction in recidivism compared to non-treated offenders. More rigorous experimental studies showed that recidivism was 5% less likely by men arrested and referred to an intervention programme than by men arrested and sanctioned without intervention. The authors cautioned that, while a 5% decrease in violence may appear insignificant, the cost and impact of domestic violence is such that even a small difference would justify intervention.
- 42 Feder and Wilson (2005) conducted a meta-analysis of controlled studies that involved randomization of participants and official reports to measure recidivism. The analysis focused on the effects of post-arrest mandated interventions on reducing intimate partner violence. Ten North American studies (four experimental and six quasi-experimental) were included in the analysis. All ten used a psycho-educational, feminist oriented and/ or cognitive behavioural approach. Programme duration ranged from 8 to 32 weeks.
- 43 In contrast to the earlier review (Babcock et al 2004), evidence from the Feder and Wilson (2005) study was mixed. They found a 7% decrease in recidivism beyond traditional criminal justice interventions, such as probation or community service. When using partner reports as the outcome measure (which is arguably a higher and more accurate estimate

of violence recidivism), they found no benefit from domestic violence intervention programmes.

- 44 A handful of studies published since then have demonstrated small or no positive effects (e.g. Bennett, Stoops, Call, & Flett, 2007; Bowen, Gilchrist & Beach, 2005; Labriola, Rempel & Davis, 2005, in Davis, Rubin, Rabinovich, Kilmer, & Heaton, 2008; Stover, Meadows & Kaufman, 2009). Overall, literature is consistent in suggesting that domestic violence programmes at best have a small positive impact on offending.
- 45 Internationally, compliance with and completion of community-based offender programmes is a problem and domestically violent offenders in particular have higher attrition rates than most. Research suggests that attrition may not only remove the effect that completion would have produced but also be detrimental to programme outcomes. A number of studies have found increased recidivism in programme non-completers.
- 46 Attrition may be compounded by inappropriate referrals or other organisational issues. Dropping out of treatment seems to be associated with increased risk. It appears that those most in need of intervention (e.g. high risk, multiple needs) are also most likely to drop out. Attrition may also reflect responsivity issues (e.g. lack of programme engagement and motivation, treatment readiness and ethnicity). A number of motivational interventions have shown promise in improving treatment retention.
- 47 The current state of knowledge about domestic violence is not sufficient to promote any specific treatment modality or programme. How and why domestically violent offenders desist remain unclear, with the focus of most studies being on the more general question of whether treatment has resulted in any desistance at all. Studies on domestic violence programmes are therefore of limited value in guiding future interventions beyond, as noted earlier, to tell us what does not work. Findings from literature on other interventions with offenders may be more useful in understanding the elements of a successful treatment programme. Findings from general offending literature are explored in the following section.

### **Lessons from the general offending literature**

- 48 More than 75 meta-analytic reviews of research with offenders indicate that well-designed and delivered interventions that focus on offending-related attitudes and behaviour, and use recognised psychological methods can significantly reduce re-offending rates (Wales & Tiller, 2011). Literature suggests that the more effective interventions with offenders are those that are consistent with the principles of the Risk-Needs-Responsivity model (RNR) outlined in Andrews and Bonta's 2010 "The Psychology of Criminal Conduct" (Wales & Tiller, 2011).
- 49 In summary, the risk principle asserts that criminal behaviour can be predicted (i.e. risk can be assessed). Levels of treatment should be matched to the risk level of the offender. Higher risk offenders require more

intensive services. The need principle proposes that for offending to decrease, the needs or dynamic risk factors associated with the participant's likelihood of offending must change. Programmes aimed at reducing recidivism should therefore target these needs (termed 'criminogenic' needs). The responsivity principle proposes that programmes should be delivered in a way that facilitates learning and behaviour change. Generally speaking, social learning and cognitive behavioural treatment strategies are most effective in bringing about behaviour change. At the individual level, treatment needs to take into account characteristics specific to each participant (such as intellect, literacy, motivation and anxiety) and adapt treatment style or delivery accordingly (Andrews & Bonta, 2010).

50 Research has also shown that treatment effectiveness is enhanced when programmes adhere to treatment integrity criteria (Hollin & Palmer 2006).

51 The RNR principles are widely promoted in Canada, the United Kingdom, the United States, New Zealand and Australia as 'best practice' in offender assessment and treatment (Astbury, 2008). This model forms the foundation of the "What Works" literature and informs programme development and implementation with the Department of Corrections.

### **Can "what works" work for domestically violent offenders?**

52 Studies on the career trajectories of domestic violence offenders suggest that a significant percentage of domestic violence offenders offend in other ways, notably other violent offending and drug and dishonesty offences (Klein, 2008). A percentage of them will come to the attention of authorities for domestic violence and their other offending will remain undetected.

53 Similarly, a significant percentage of offenders who are in the criminal justice system for offending other than domestic violence have a history (formal or self-reported) of violence towards partners<sup>1</sup>. In Canada, an estimated 40% of male federal offenders have some history of intimate partner violence, even though most domestic violence offenders do not come under the jurisdiction of the federal correctional system (Stewart, Gabora, Kropp, & Lee, 2005). In Ohio, more than one-fifth (22.4%) of prisoners had at least one domestic violence conviction as an adult or juvenile (males = 24.8%; females = 8.1%; Bickle, 2010).

54 Given these findings, it is likely that the risk levels of domestic violence offenders will vary significantly, ranging from low risk offenders with no prior convictions to high risk offenders with multiple convictions for domestic violence and/or other offences. The principle of matching treatment intensity to level of risk holds across offence categories and there is no

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<sup>1</sup> While no New Zealand data was available, Polaschek, Calvert and Gannon (2009) noted that a history of intimate partner assault is "common" in men entering the Violence Prevention Unit.

evidence to suggest that domestically violent offenders are exempt. This suggests that domestic violence programmes may not be suitable for low risk 'single offence' offenders. Conversely, these programmes may be equally unsuitable for high risk generally antisocial offenders. McMaster and Wells (2003) point out that legislation limits community-based domestic violence programmes in New Zealand to a maximum of 50 hours, which may be an under-dose for many participants.

- 55 Literature suggests that the risk factors associated with intimate partner violence are similar to those associated with general criminal behaviour (Stewart et al., 2005). Evidence for the role of dynamic risk factors such as anger, patriarchal and pro-domestic violence attitudes, interpersonal dependency, depression and external locus of control in domestic violence is equivocal (Bowen et al., 2005; Andrews & Bonta, 2010).
- 56 A low stake in conformity is reflected in a history of criminal behaviour, domestic violence, and unemployment, as well as youth and is strongly related to recidivism (Bowen et al., 2005). Some findings suggest that alcohol abuse may be a greater risk factor in partner abuse than in general offending (Andrews & Bonta, 2010). Hanson, Helmus, and Bourgon (2007) found that risk scales designed for general and violence recidivism also predicted partner assault recidivism. In a meta-analytic review of 18 different studies published since 2000, Hanson et al. found moderate predictive accuracy for most methods used and no difference between specialised risk scales (such as the SARA or the ODARA) and risk scales designed for general or violent recidivism. The authors concluded that general or violent recidivism risk tools could be used for standard correctional practice and supervision, while more work was needed to identify the specific criminogenic needs of domestically violent offenders.
- 57 A body of research suggests that violent offenders tend to hold similar sets of core beliefs about themselves, the world and their violence that can help explain their aggressive behaviour and inform attempts at intervention (Dempsey & Day, 2011). In a small study of eight domestically violent men, Dempsey and Day (2011) found preliminary support for the contention that the implicit theories of domestically violent men are likely to be similar to those of other types of violent offenders. New Zealand research undertaken by Polaschek et al. (2009) concluded that higher risk subtypes of domestic violence offenders (i.e. those that commit other forms of antisocial and violent crimes) hold the same implicit theories as other violent offenders, but noted that further research was needed to determine if this also holds true for the lower risk subtypes. Polaschek (2011) also pointed out that few offenders specialise exclusively in one type of offending and notes that recent developments have been towards more generic group-based treatment programmes. She suggested that offending (and criminogenic needs) overlap and that there are few risk-related treatment targets that exclusively or even mainly map onto just one offence type (except for – possibly – deviant sexual arousal in some child sex offenders).

- 58 Individuals who are frequently aggressive are usually found to have multiple criminogenic needs (McGuire, 2008). Persistently violent offenders have greater needs in the areas of employment, marital and family relationships, associations, substance abuse, community functioning, personal and emotional stability and criminal attitudes (Baker, 2011). These men may self-select (based on their offending history and needs) into a high risk/high needs pool that requires intensive, long-term intervention targeted at a number of needs.
- 59 While domestic violence offenders appear very similar to other offenders, research has identified certain subgroups of domestically violent offenders who may have unique needs and/or responsivity issues. These include difficulties with motivation, serious mental illnesses, personality disorders (e.g. narcissistic, dependent and antisocial personality features) and substance abuse. Assessments need to be thorough and treatment approaches may need to be multi-dimensional to respond to the individual needs of these offenders.
- 60 A number of researchers have suggested that treatment outcomes may be improved by matching interventions to 'subtypes' of offenders, based on personality disorder constructs. However, critics of these typologies and subtypes have pointed out that the subtypes may be unstable and/or reflect a continuum rather than discrete categories and that inter-rater agreement is limited.
- 61 In summary, existing research suggests that offender interventions that are aligned with the "What Works" literature are more likely to reduce re-offending. Given that domestically violent offenders are not profoundly different from other offenders in terms of criminogenic needs and/or responsivity, it can be reasonably extrapolated that "What Works" is equally likely to work for domestic violence offenders.
- 62 There is limited research on the extent to which domestic violence programmes comply with the "What Works" literature. Available data suggest that the RNR principles are largely ignored in these interventions. While most domestic violence providers have some form of individual assessment, this does not translate to group allocation based on each participant's risk and needs. Unstructured clinical assessment continues to be used most widely (Kropp, 2004, in Bowen, 2011). The syllabus is pre-set and follows a standard format (thus potentially rendering a thorough risk or needs assessment irrelevant). In her evaluation of a community-based Duluth-type programme in the North Island, Hetherington (2009) noted that participants attended an hour-long initial interview during which they were assigned to the group "*most suitable to their location, work and family commitments*" (p. 42, italics added). This suggests that allocation was based on logistical issues rather than RNR principles.

## **Some thoughts on the relative lack of success of domestic violence programmes**

- 63 Within the New Zealand context, the Regulations (1996) specify that group programmes must be between 30 and 50 hours, while individual interventions must total between 9 and 12 hours. This implies that low risk offenders may receive more intense treatment than required while medium- and high-risk offenders (particularly those with multiple needs) are significantly under-serviced.
- 64 The literature does not advise using the same intervention with all perpetrators without regard to risk level. Hilton and Harris (2009) note that doing so could produce an overall increase in partner violence, or cancel the beneficial effects achieved with higher risk offenders by increasing detrimental effects on lower risk offenders. Alternatively, including high risk offenders in low intensity “one size fits all” programmes offered by facilitators of varying skills levels may have a negative impact on their re-offending.
- 65 High risk offenders do not simply need an increase in treatment hours but also an increase in the degree to which the programme fits around the person’s idiosyncrasies. They need dynamic tailoring of content and support for learning and manipulation of the therapy environment to reinforce and consolidate change (Polaschek, 2011). It is possible that current programmes simply do not offer the level of individuation, intensity or therapeutic skill that these offenders require.
- 66 In addition to disregarding the risk principle, mainstream models may also adopt an overly simplistic philosophy on why offenders abuse. This leads them to focus on one (or a few) criminogenic needs while disregarding the complex interplay of risk factors pertaining to each individual offender. Domestic violence is a complex and multifaceted phenomenon and its aetiology reflects multi system involvement that includes biologically predisposing factors, family of origin experiences, societal expectations and interpersonal and intimacy deficits. Thomas (2007) stated: “Perpetrators commit abuse for many reasons, including external stressors such as financial problems, unemployment, extended family pressures, community violence, racism, personal addictions, insecurity, fear of abandonment, or jealousy. Pregnancy and the birth of a new child raise multiple issues for new couples. Or there can be escalating conflict prior to and just after separation” (p.433). Most domestic violence programmes provide a single intervention, thus overlooking important differences in the interaction of factors, such as substance use and psychological disorders (Coulter & VandeWeerd, 2009). If programmes are not considering multiple complex criminogenic needs, they may meet with less success.
- 67 The assumption of an overly simplified aetiology of domestic violence may also contribute to a lack of individuation. While many correctional programmes might be seen as “one size fits all” approaches, this is even more the case with domestic violence programmes. Rehabilitation

programmes make use of detailed initial assessments to identify the drivers of behaviour, risk and motivation to change. Intervention is (at least to some extent) tailored accordingly by having individuals actively create their own offence maps. This contributes both to motivation and to the identification of unique risk factors, needs and safety strategies. Domestic violence programmes, on the other hand, may rely on tools such as the power and control wheel to provide a 'ready-made' model of the client's offending behaviour. Baker (2011) cautions against Duluth-based providers being overly reliant on the power and control wheel and states that the substantive focus should be on motivating change and exploring desirable behaviours rather than on fitting the individual's behaviour into an established model of generalised behaviour.

- 68 The co-occurrence of domestic violence, substance abuse and mental health difficulties present a particular conundrum in that these offenders tend to be high risk/high needs and unlikely to comply with two or three different programming requirements. Gondolf (2009) found that out of 148 batterers who were referred for mental health evaluation, only 48 complied with the evaluation. Those who did receive treatment (n = 28) did better than those who did not. Given the high drop-out rates from domestic violence, substance abuse and mental health treatment interventions, it is possible that those with multiple needs across these fields are unlikely to receive adequate dosage in each. Even with thorough screening for both substance use and mental health difficulties, referral to an appropriate agency is unlikely to meet with success given the attrition rates of this subgroup. If the interaction of the individual's violence and co-occurring disorders is an important dimension, providing interventions that can address multiple factors may result in more effective treatment (Coulter & VandeWeerd, 2009).
- 69 In addition to disregarding the risk and needs principles, domestic violence programmes may not be consistently and proactively addressing responsivity factors. The literature supports increased use of CBT in increasing general responsivity. Psycho-educational groups are less effective than CBT in treating behavioural problems and it is questionable whether a psycho-educational approach to a serious behaviour problem like violence would be most effective (Babcock, Canady, Graham, & Schart, 2007). However, CBT in itself is not sufficient to meet responsivity needs.
- 70 General offender interventions have not only adopted the RNR model, but have also started to incorporate supplemental approaches to enhance programmes. Strengths-based approaches are particularly relevant to addressing specific responsivity issues. Literature suggests that current domestic violence models may disregard some responsivity issues. High attrition rates suggest that lack of motivation is a responsivity barrier common to many offenders and is inadequately addressed in current programmes. CBT interventions rely on participants having the motivation to learn and practise new skills. Similarly, psycho-educational groups work best when participants are highly motivated, leading some to suggest that

those who lack motivation should be screened out of these kinds of groups (Babcock et al., 2007).

- 71 Research also suggests that family support is important in rehabilitation programmes and the active inclusion of the offender's whanau and local community should be supported from the outset (Frost, 2011).
- 72 At the very least, a person's environment (including social supports, living situation, leisure activities and work) needs to be supportive enough to allow him or her to adhere to their relapse prevention plan to have the best chance of success (McMaster & Wells, 2003). While caution should be taken to ensure the safety of the offender's social supports, it is unlikely that interventions that deliberately treat the offender in isolation will meet with success.
- 73 Research points to a relationship between programme effectiveness and programme integrity (Andrews & Dowden, 2005). Treatment integrity is defined as the delivery of an intervention as intended. It includes adherence (whether facilitators are doing what they should be doing), competence (how well are they doing it) and differentiation (whether treatments differ from each other along critical dimensions). The concept of programme integrity recognises that many programmes may not be implemented and delivered as designed (Shaffer & Pratt, 2009). It is possible that programme content may be more relevant to offenders than what is reflected by outcomes due to implementation issues.
- 74 A programme with high integrity is likely to have:
- Specific model: A model or theory of criminal behaviour is specific in regard to desired practice.
  - Selection of workers: Workers are selected who possess general interpersonal influence skills such as enthusiasm, caring, interest, and understanding.
  - Trained workers: Workers are trained in the delivery of the specific programme being investigated.
  - Clinical supervision of workers: Workers receive clinical supervision from a person who has been trained in the delivery of the specific programme being delivered.
  - Training manuals: Desired practice is specified through printed and/or taped manuals.
  - Monitoring of service process and/or intermediate gain: Structured procedures introduced to assess service as actually delivered and/or intermediate gains actually achieved. (Andrews & Dowden, 2005)
- 75 These characteristics are often easier to achieve when programmes are new, small and are evaluated by a person who was involved in their design, delivery or supervision (Andrews & Dowden, 2005).
- 76 Programmes can fail because of poor implementation just as easily as they can from poor theory (Astbury, 2008). Hollin (2005, in King & Sinclair, 2009) described three threats to programme integrity:

Programme drift	Gradual shift in the practices and aims of a programme over time
Programme reversal	Active resistance and opposition; attempts to undermine the workings of the programme
Programme non-compliance	Practitioners independently decide to change the programme

77 Whitaker and Lutzker (2009) point out that careful attention may be given to constructing detailed intervention manuals, but relatively little attention is given to describing the specific training required so that the intervention can be delivered as intended. They describe the core components of effective implementation as staff selection, training, consultation and coaching, staff evaluation and programme evaluation. Wales and Tiller (2011) caution that simply working through and ‘ticking off’ identified aspects of integrity might be insufficient as effective rehabilitation requires the highly skilled use of complex psychological techniques by intervention workers, a critical quality aspect of programme delivery that cannot be monitored with a checklist.

78 In New Zealand as elsewhere, domestic violence interventions were implemented quickly and expanded rapidly. Evaluations of programmes rolled out to larger populations have consistently found that programmes lost some effectiveness<sup>2</sup>, mainly because the larger programmes were not implemented properly<sup>3</sup>, particularly in terms of training and supervision of staff and monitoring of programme drift (Bickle, 2010). Numerous researchers have commented on the differences between programmes that describe themselves in a similar fashion (particularly Duluth-type programmes), suggesting that there has been significant drift and/or non-compliance in programming. In New Zealand, Baker (2011) states that few providers of domestic violence programmes have a clearly articulated programme logic that links problem conceptualisation to intervention implementation, thus making it difficult for facilitators and participants to understand how the programme is expected to achieve the intended outcomes and ultimately undermining programme integrity.

79 Poor integrity procedures are not exclusively the responsibility of the agency involved. Programme integrity issues may be compounded by differences in knowledge, expectations and assumptions between

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<sup>2</sup> See Wales and Tiller (2011) for a discussion on the pitfalls of large-scale programme roll-out.

<sup>3</sup> Parmar and Sampson (2006) also note that the ‘what works’ approach makes assumptions about similarities between the same types of projects and attempts to transfer projects into different contexts. They suggest that the effectiveness of domestic violence practices is often dependent upon subtle differences in how therapists approach their work, and how they formed relationships with victims and other agencies. They cautioned that “transferring projects which have the “best results” could be more a statement about the area and relationships between agencies than the work of the project itself” (p.682).

contractors (in this case, the Department of Corrections) and private providers. Wales and Tiller (2011) urged that all programmes need owners, and that ownership and responsibility for programme outcomes should be placed where it will have an influence. Ownership of domestic violence programmes may have been 'diluted' as it is spread across various agencies in both the private and public sector. Providers may also receive conflicting directives from different contractors.

- 80 Pereplechikova, Hilt, Chereji, & Kazdin (2009) point out that cost constraints are a strong barrier to integrity being assessed in evaluation studies. The same principle holds true in implementation, where higher integrity often equals higher costs. If contractors do not allocate funding specifically to implementation and evaluation of integrity, providers are likely to find the costs associated with some integrity procedures prohibitive. For example, group programme facilitators employed by the Department of Corrections undergo extensive training and receive both clinical and cultural supervision on a regular basis, in line with best practice findings (Farmer & Trainor, 2011, Department of Corrections, 2008). It has been suggested that approximately 5% of a Department programme budget should be allocated to quality assurance and monitoring (Personal communication, G. Sinclair, 10 June 2011). If current funding models do not allow for integrity procedures, it may be a case of 'you get what you pay for'.
- 81 The extent to which follow-up or maintenance sessions are used in domestic violence programming is not clear. Day and Casey (2010) reported considerable diversity in maintenance programmes. Some programmes did not offer a follow-up component, some offered voluntary sessions and others required attendance until the offender's sentence expired. Potential functions of maintenance sessions include: encouraging an ongoing commitment to change; meeting the goals of offenders that may not have been addressed in the core treatment programme; reinforcing the acquisition of skills; and reducing risk. Maintenance programmes may have a role to play in identifying and addressing high risk factors for offending.
- 82 Perpetrators of domestic violence have complicated psychosocial and psychiatric histories. Many have witnessed or suffered abuse as children and research suggests that these offenders have a range of individual problems such as anger, hostility, emotional dysregulation and personality disorder that are amenable to psychological treatment. Despite the frequent co-occurrence of these problems, domestic violence interventions typically do not target the perpetrator's own trauma history, personality disorders or other individual difficulties.
- 83 Burgeoning offender populations are resulting in skilled therapists being redirected to working with high-risk, high-need clients while more readily available, less skilled (and cheaper) programme deliverers are being deployed to meet the needs of the bulk of the offender population (Polaschek, 2011). Providers of domestic violence programmes often

receive inadequate funding, resulting in limited resources and overworked clinicians who often have minimal training and lack advanced professional degrees (Stuart, Temple & Moore, 2007).

- 84 Establishing a therapeutic relationship with a domestically violent offender presents a constellation of unique challenges. Factors that may contribute to the development of a poor or weak therapeutic relationship include offender motivation, a confrontational or overly detached therapist style, over-emphasis on treatment integrity in correctional programmes and the degree to which the therapeutic relationship is collaborative.
- 85 Alternatives to traditional courts are increasing in popularity and research suggests that an effective criminal justice response is likely to be systemic and coordinated. While coordinated systems are expected to provide a continuity of service from police investigation to eventual expiry of sentence, few criminal justice practitioners (e.g. police or probation officers) are equipped to measure the effects of their practice. The goal is regarded not as having achieved measured outcomes, but simply as the provision of service (Hilton & Harris, 2009). Programme failure may to a degree reflect failures in other components of the system, such as lack of consequences for non-compliance.

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