

Literature Review: Family Violence Perpetrator Interventions

Prepared by Inside Policy for the Department of the Prime Minister and Cabinet

30 April 2017

1. Introduction

This document captures the findings of a literature review of effective interventions for perpetrators of family violence. The review scanned evaluation reports, peer-reviewed studies and grey literature on programs / services / interventions operating in Australia, the United States of America, New Zealand, United Kingdom and Canada.

This literature review sought to identify and define perpetrator interventions and their key elements for addressing family violence. The findings of this review will frame the co-design process for Indigenous specific services to be delivered under the Third Action Plan of the National Plan to Reduce Violence against Women and their Children

2. Perpetrator behaviour change programs defined

Perpetrator or men's behaviour change programs (MBCPs) aim to reduce or cease the violent behaviours of men who are violent and controlling towards their partners, children and family members.¹ According to the Victorian Royal Commission into Family Violence, 'MBCPs are currently the main programmatic intervention to address men's violence against women'.²

MBCPs emerged in the 1980s to explore whether men could be engaged initiatives to address family violence as well as to hold them to account for their actions.³ Prior to MBCPs, family violence interventions largely focused on addressing the needs of victims while providing a criminal justice response to perpetrators.

MBCPs are targeted towards the perpetrators of family violence, who are most often men.

According to No To Violence – the Australian peak body for men's support services – every MBCP is unique due to the array of providers and the diversity of their backgrounds, settings, disciplines and theoretical underpinnings.⁴

One of the differences for men participating in MCBPs is their motivator. Some men voluntarily participate in MCBPs by way of self-referral. While others participate involuntarily as a result of:

- a court-referral
- a court order
- a period of imprisonment, and / or
- conditions of a community-based order or parole.⁵

MBCPs are not anger management programs, rather these programs frequently address behaviours that are violent as well as controlling. These behaviours include

¹ State of Victoria (2014–16); No to Violence (2005); Kelly et al (2015).

² State of Victoria (2014–16), page 241.

³ Kelly et al (2015).

⁴ No to Violence (2005).

⁵ State of Victoria (2014–16).

physical violence as well as behaviours that affect others' health, wellbeing, freedom, sense of safety and autonomy.⁶

Ultimately, MBCPs aim to support men to change their thinking, feelings, attitudes and behaviours. Participants of MBCPs also need to learn new skills, and to practise and integrate these in their lives while being supported to consolidate and maintain change.⁷

Perpetrator accountability

Regardless of theoretical underpinning, all MBCPs aim to hold men to account for their violent and controlling behaviours.⁸ Accountability has different meanings depending on the perspective. According to various literature:

- For perpetrators, accountability can be achieved by gaining insight into their conduct and acknowledging its impact on their family.⁹
- For the community this involves 'keeping the perpetrator in view and responding appropriately and consistently to their conduct through rigorous risk assessment and management, attitudinal and behaviour change interventions or through restrictive and punitive justice system interventions and community condemnation'.¹⁰
- For women and children, accountability involves the violence stopping and doesn't necessarily require punishment.¹¹

A central tenet of MBCPs is the absence of any excusing, condoning or minimizing of a man's violent and controlling behavior.¹²

Gaining momentum in contemporary perpetrator intervention discourse is the concept of a 'web of accountability'. Posited by No To Violence and the Men's Referral Service in their submission to the Victorian Royal Commission into Family Violence, this refers to strengthening perpetrator accountability by ensuring formal (service system) and informal (family and friends) 'accountability processes work together to form a web of accountability around the man'.¹³ Specifically, this includes:

- attempts to hold men accountable through formal criminal justice, civil justice and child protection systems
- the actions of non-mandated service systems that attempt to engage men through proactive, assertive outreach, and
- informal attempts by women and the community to hold their partners / fathers accountable.¹⁴

⁶ No to Violence (2005), page 13.

⁷ Ibid.

⁸ Department of Social Services (no date); State of Victoria (2014–16); No to Violence (2005); Kelly et al (2015).

⁹ State of Victoria (2014–16); No to Violence (2005); Kelly et al (2015).

¹⁰ State of Victoria (2014–16).

¹¹ State of Victoria (2014–16); No to Violence (2005); Kelly et al (2015).

¹² Ibid.

¹³ State of Victoria (2014–16).

¹⁴ Ibid.

3. Key components of MBCPs

It is important to note from the outset that two distinctly different theoretical approaches that underpin MBCPs exist. This section explores both approaches and their core elements. The section then goes on to describe the effective elements of all MBCPs.

The Duluth Model

The first approach to MBCPs is commonly known as the Duluth Model. Developed in the 1980's in Minnesota in the United States, Duluth is a gender-driven psycho-educational model. The underlying premise of this model is that 'family violence is a result of entrenched gender inequality and patriarchal ideology'¹⁵ that exists within our society. As such MBCPs built around this notion aim to raise men's awareness and understanding of the gendered nature of their behaviours and its harmful impact. MBCPs do this by challenging men's belief systems around masculinity and gender.

In addition to directly challenging men's belief systems regarding gender and masculinity, Duluth 'brings the justice and human service interventions together around the primary goal of protecting victims from ongoing abuse'.¹⁶

Bringing all of this together, according to Pence (date unknown) the four key elements of the Duluth Model are:

1. protecting victims from ongoing violence
2. holding perpetrators and intervening practitioners accountable for victim safety
3. offering perpetrators an opportunity to change, and
4. ensuring due process for perpetrators through the intervention process.¹⁷

The Duluth Model promotes group programs rather than individual counselling. However, the Victorian Minimum Standards do support individual counselling where communication barriers or remoteness mean that a man cannot participate in a group program.

Many community-based MBCPs in Australia are based on the Duluth model. In fact, the Victorian Minimum Standards on Men's Behaviour Change Programs and their delivery are based on the Duluth theoretical underpinning and methods.

The Risk Needs Responsivity Model

The second approach to MBCPs is the Risk Needs Responsivity (RNR) model. RNR is a highly effective intervention in reducing recidivism in sex offenders and more recently is being applied to family violence perpetrators. RNR 'seeks to identify and address specific criminogenic factors that contribute to, or exacerbate, offending'.¹⁸ Such factors include unemployment, homelessness, substance misuse, mental ill health and a range of other personal risk factors.¹⁹

Specifically, RNR interventions are framed as follows:²⁰

- Risk – matching the intensity of the intervention to the complexity and the risk of the individual through the use of valid assessment tools.

¹⁵ State of Victoria (2014–16): Vol 2, page 256.

¹⁶ Pence (2017).

¹⁷ Pence (2017).

¹⁸ State of Victoria (2014–16): Vol 2, page 257.

¹⁹ Centre for Forensic Behavioural Science and Forensicare, Submission to the Royal Commission into Family Violence.

²⁰ Andrews (1990).

- Needs – addressing the specific factors that contribute to the offending behaviour through treatment programs that focus on psychological, social and emotional functioning.
- Responsivity – matching the treatment to the individual’s needs through treatments that are cognitive behavioural in nature.

RNR interventions are individual in nature and are more likely to be offered through an individual counselling model rather than a group-work setting.

RNR interventions are more commonly delivered in custodial settings rather than community settings.

Approaches for engaging Indigenous Australian men in behaviour change

From the outset it should be noted that the effectiveness of MBCPs that target Indigenous Australian men has not been rigorously evaluated or studied. The evaluations that have been conducted largely relied on participants’ self-assessment of change and do not incorporate partner, ex-partner or children’s perceptions. Nor are the existing evaluations experimental or quasi-experimental. Therefore the content in this section largely relies on studies of common features of culture-based interventions.

An examination of the common features of a range of family violence interventions for Aboriginal and Torres Strait Islander men by the Menzies School of Health Research found that such programs are generally informed by:

- reconnecting men to culture and their role within their community – this is achieved through spending time out of community at outstations or by ‘going bush’, learning / participating in cultural dance, learning / sharing stories
- understanding the dynamics of Indigenous family relationships – this is achieved by defining a man’s family in the extended sense i.e. their partner, children, parents, siblings, aunts and uncles as well as acknowledging complex kinship systems
- recognising the ongoing impacts of intergenerational trauma resulting from colonisation, dispossession and disadvantage – this is achieved by understanding and exploring the trauma the men have experienced and how this impacts on their behaviour, and
- connecting with other supports and services within the community – this is achieved by referring men to community-based services such as Alcoholics Anonymous, health services.²¹

Unlike MCBPs built around the Duluth or RNR models, the content of these programs are not framed around gender beliefs nor do they incorporate cognitive behavioural interventions.

Similar to mainstream MBCPs, Indigenous men’s programs tend to be based around facilitated group work and focus on men taking responsibility for their violent and controlling behaviours.

MBCPs for Aboriginal men in Canada are built around a similar philosophy – that reconnection with culture, involvement of community and understanding past trauma – is critical for reducing violence. As such, an effectiveness and appropriateness review of 15 programs funded by the Canadian Government identified the following characteristics have been identified for designing culturally appropriate family violence programs for Aboriginal men in Canada:

²¹ Arney (2012).

- valuing of Aboriginal tradition and culture
- recognising the importance of ritual and ceremony
- valuing the wisdom of Elders
- having a strong sense of community and sharing responsibility
- connectedness to land, family and community
- restoring the balance between all of an individual's responsibilities
- valuing nurturing and mutually respectful relationships
- honouring the central place of women
- accepting and respecting the client as a whole person
- a sense of equality between service provider and service recipient
- a central attitude of caring
- preferring forgiveness rather than judgment and punishment, and
- a holistic connection of body, mind and spirit.²²

However, another review of family violence interventions in Aboriginal communities in Canada highlighted the lack of effective perpetrator programs. In particular, this review found that communities were aware that anger management programs and men's circles were not enough to address the violent behaviour of men and more effective options were required.²³ Similar findings have been made of culture-based offender programs in New Zealand prisons.²⁴ It is interesting to note that a review of culture-based offender programs in New Zealand suggested that incorporating culture into the intervention aligns with the responsivity principle of the RNR model.²⁵ Specifically the report stated, 'incorporating culturally-based concepts, imagery and activities into programme content is regarded as a way of both attracting minority-group participants into programmes, and ensuring that the programme engages and retains them'²⁶.

Interventions and young people

The literature suggests there are two effective approaches to working with young people. The first – Step Up – focuses specifically on young people as perpetrators of violence against their family members. The second – Roca's Intervention Model – focuses on young men with offending history more broadly and does not focus in on family violence offences specifically.

Step Up is an adolescent family violence intervention program designed to address youth violence toward family members. Step Up was first designed in the US and is now delivered in the UK and Australia. The goal of the program 'is for youth to stop violence and abuse toward their family and develop respectful family relationships so that all family members feel safe at home'.²⁷

Central to the original Step Up program is the work undertaken with the young person and their parents both separately (via youth and parent groups) and together. The Australian version of the program delivered by Child and Family Services in Ballarat provides 'intensive outreach work'²⁸ to adolescents and their families in addition to group-work and individual counselling.

²² Hart (1997).

²³ Aboriginal Healing Foundation (2003).

²⁴ Department of Corrections (2009).

²⁵ Ibid, page 41.

²⁶ Ibid, page 42.

²⁷ Three programs run in Victoria <https://cafs.org.au/programs-services/step-up-ballarat/>

²⁸ <https://cafs.org.au/programs-services/step-up-ballarat/>, date accessed 9 April 2017.

Step Up targets adolescents aged between 12 to 18 years and their families. Prior to accessing the program, all adolescents and their families undergo a thorough risk and needs assessment.

Typically, Step Up is delivered on a weekly basis, for 1.15-2 hours over 10-21 weeks in duration.

Similar to RNR model interventions, Step Up uses ‘a cognitive behavioural, skills based approach to help teens stop the use of violent and abusive behaviours and learn nonviolent, respectful ways of communicating and resolving conflict with family members’.²⁹

Participants are assisted to understand the impact of their violent behaviour as well develop empathy and take responsibility through a range of restorative practice methods. The ‘Wheels of Abuse and Respect’³⁰ are used to guide these discussions with participants.

Using the above techniques, the participants are guided to develop:

- safe behaviours
- responsibility for behaviour
- self calming
- self awareness of thinking, feelings and behaviour, and
- respectful communication.³¹

Parents are also taught methods to respond to violence in the home and parent to promote respectful relationships.

In addition to the interventions provided through Step Up, participants are also referred to a wider range of supports in the community.

Roca is an organisation based in the United States that has developed ‘an evidence-based and data-driven Intervention Model’³² that targets high-risk young people. This model does not specifically target young people who perpetrate family violence.

The five critical features of this model are:

1. Relentless outreach – youth workers are employed to ‘find our young people, knock on their doors and bring them to programming’.³³
2. Transformational relationships – youth workers and young people work intensively over the long-term in order to build trust ‘using a range of techniques including Motivational Interviewing and Cognitive Behavioural Theory’.³⁴
3. Engaged institutions – Roca works closely with key institutions involved in a young persons life including Police, probation, housing, schools and others in order to create a ‘safety net’ around the young person.³⁵
4. Performance based management – Roca has developed a tested and evaluated program logic which is used to captures program performance information on a daily, weekly and monthly basis.³⁶

²⁹ <http://www.kingcounty.gov/courts/superior-court/juvenile/step-up/curriculum/content.aspx>, date accessed 9 April 2017.

³⁰ Ibid.

³¹ Ibid.

³² <http://rocainc.org/work/our-intervention-model/relentless-outreach/>, date accessed 14 April 2017.

³³ <http://rocainc.org/work/our-intervention-model/>, date accessed 14 April 2017.

³⁴ Ibid.

³⁵ Ibid.

³⁶ Ibid.

5. Stage based programming – using a range of techniques, the Intervention Model focuses on developing young peoples’ skills in the three core areas of Education, Life Skills and Employment.³⁷

Practical Application

The literature suggests that in practice a blend of the most effective elements of both the Duluth and RNR models is what’s required for perpetrator interventions. Variations of these elements by way of a delivery model are examined below.

Pre-conditions for delivery

Outlined below are the important pre-conditions, which a meta-analysis of the literature suggests is required in order for MBCPs to be effective. These pre-conditions relate to the organisational and broader service system context in which the intervention operates as opposed to the actual intervention itself.

Gendered power and control theoretical underpinning

Drawing on the Duluth approach, the literature suggests that a program / intervention which recognises the gendered context within which family violence exists is critical. This requires a program or intervention to:

- Involve women and children as the victims of men’s violent behaviour. This can be achieved by keeping women and children informed of the man’s progress in the program, seeking their input at the intake and assessment stage, seeking their input following the man’s participation to understand if the violence has ceased, and ensuring they access support services alongside the MBCP intervention.³⁸
- Challenge men’s belief systems regarding masculinity (i.e. what it means to be a man), women’s role and the nature of the relationship between men and women in society.³⁹

System integration

Gondolf (2000) noted in a number of studies that the effectiveness of MBCPs cannot be divorced from the context in which they operate.⁴⁰ In particular, interventions beyond the control of MBCP facilitators that form part of an integrated response to family violence – such as courts, victim support programs, alcohol and drug addiction programs – may have a positive effect on men’s behaviour change.

Services which form part of an integrated response include the courts, police, health services, mental health services, legal services, family violence services, victim support services, children’s services.

Referral mechanisms, networking, information sharing are all important mechanisms which need to be established in order to facilitate service integration.⁴¹

In its submission to the Victorian Royal Commission into Family Violence, the Victorian Aboriginal Childcare Agency (VACCA) noted that effective perpetrator

³⁷ Ibid.

³⁸ Department of Social Services (no date); NSW Government Attorney-General and Justice (no date); No to Violence (2005); Kelly et al (2015).

³⁹ No to Violence (2005); and Kelly et al (2015).

⁴⁰ Gondolf (2000).

⁴¹ No to Violence (2005).

interventions for Indigenous men must also address mental ill-health as well as drug and alcohol addiction.⁴²

System integration also enables the ‘web of accountability’ (refer to earlier), which is required to hold perpetrators to account.

Appropriately qualified and skilled staff

Regardless of whether the MBCP is based on the Duluth or RNR models, the literature cites the importance of appropriately skilled and qualified staff. This includes contact workers, assessors, counsellors and facilitators.

Key to ensuring this is providing all staff with access to:

- professional development – this includes participation in training, workshops, symposiums and conferences as well as having their practice observed and reviewed, and
- professional supervision – this is a formal mechanism where staff meet with a more senior and experienced practitioner to debrief and build on their practice.

The Victorian and New South Wales Minimum Standards / Principles for MBCPs state a minimum level of qualification for MBCP staff. It also requires that MBCP staff participate in a minimum of three professional development activities in a 12-month period.⁴³

In addition to the skills and experience required, staff should also operate from a non-gendered, non-violent value set.⁴⁴

Service governance

The literature regarding the Duluth Model in particular emphasises the importance of the MBCP intervention operating in connection with the broader service system. Even the RNR model requires men to access supports to help them address a range of personal, social and life issues that go beyond the behaviour change intervention. This requires engagement with the broader service system.

To enable this, the literature suggests that how a provider is governed can increase the level of service integration that exists. To this end, the establishment of a reference group comprised of relevant local providers is critical. Providers that may participate in this reference group include:

- family violence services
- police
- child protection
- forensic mental health
- health services
- employment services, and
- schools.

Holistic and local

As noted above, the Australian literature recognises that family violence in Indigenous communities exists in a context of social disadvantage, colonisation,

⁴² VACCA submission outlined in State of Victoria, Royal Commission into Family Violence: Summary and recommendations, Parl Paper No 132 (2014–16), Vol 2.

⁴³ Department of Social Services (no date); NSW Government Attorney-General and Justice (no date); No to Violence (2005).

⁴⁴ No to Violence (2005).

dispossession and resultant trauma.⁴⁵ This can manifest itself in social exclusion, violence, poor parenting, and substance misuse. Therefore interventions for Indigenous men, women and children must be holistic in the sense that they acknowledge this context and their results, while not excusing men's violent behaviour.

In addition to understanding the context, a recognition of the need to be culturally appropriate – for the local context in which the intervention is being delivered – is also critical.⁴⁶ Local cultural appropriateness refers to sound communication ability, and sufficient levels of flexibility and adaptability to respond to changing circumstances affecting target communities, such as:

- kinship structures and dynamics
- cultural obligations
- competing priorities facing participants, and
- communication barriers.⁴⁷

Delivery mechanisms

Outlined below are the essential mechanisms by which MBCPs are delivered. For each mechanism, the literature is inconclusive about how each mechanism is designed to be most effective, therefore the different approaches that are applied are explored below.

Enquiry

Often the first step in accessing a MBCP, an initial enquiry is usually made by the man himself, or by a referring agency on the man's behalf.

Critical at this point is, the:

- skill-level of the staff member handling the enquiry
- information provided to the man or referrer about the MBCP / intervention and its theoretical underpinning, and
- behaviours that are modelled to ensure that a non-gendered, non-violent value set is upheld.

Intake and assessment

This step is critical for determining who is eligible to participate in the intervention. MBCPs are generally targeted towards men who have moderate levels of offending / violent behaviour. Men who may be ineligible for MBCPs are those who:

- have untreated drug and alcohol addictions
- are at the high / severe end of the offending spectrum
- have not yet perpetrated violence
- have language barriers which preclude them from participating in group work
- have significant mental ill health concerns including those who have severe criminogenic disorders such as psychopathology, and
- do not agree to the terms of participating in the MBCP.

The literature identifies a range of different approaches and eligibility requirements for MBCPs. Some MBCPs only accept men who have been court-referred or mandated, while others accept men who voluntarily participate. The literature is inconclusive as to whether voluntary or mandated programs are more effective.⁴⁸

⁴⁵ Closing the Gap Clearinghouse (2016).

⁴⁶ Ibid.

⁴⁷ Arney et al (2012).

⁴⁸ Day et al (2009).

Processes for conducting intake and assessment also vary. For example:

- The time providers spend with men during the intake and assessment phase ranges from one hour to a series of meetings and interviews over several weeks.
- Some providers talk only to the men while other talk to the women and children in the men's lives as well as other providers.
- The intake and assessment activities can range from an interview (by telephone or face-to-face) to an in-depth psychometric and / or risk assessment.

In terms of intake and assessment process, the Victorian Minimum Standards require MBCP providers to:

- accept men referred voluntarily and involuntarily,
- undertake an initial face-to-face assessment interview with the man then conduct subsequent assessment meetings by phone or face-to-face, and
- interview the women and children who have experienced violence as part of the assessment process.

Induction

For group-based MBCPs, following the intake and assessment stage is induction of the new participants. Induction introduces new participants to the program, what to expect from the program and any pre-reading material.

Induction is an important opportunity for program staff to gauge the level of commitment the man has to the program and to changing their behaviour.

The literature suggests that induction is important for preparing men for what to expect from the program so that it is not so foreign once they commence the program.

Delivery

As noted earlier, there are a variety of ways in which MBCPs are delivered. Providers of MBCP have different modes of delivery, entry points, durations and intensity, facilitation models and program content. The only conclusive evidence about delivery is that the longer and more intense the engagement of men in the intervention, the more effective the intervention is in changing behaviour.⁴⁹

As noted earlier, there are negligible differences in levels of effectiveness between MBCPs that use the Duluth or RNR models.⁵⁰

A summary of the approaches to different aspects of delivery is outlined below:

- **Group-work:** Most MBCPs are conducted face-to-face in a group setting. Group work is a powerful tool for men's behaviour change and has been shown to be effective in a range of settings.⁵¹ The rationale for group-work is that the group challenges individual's violent behaviours and beliefs as well as holds individuals to account. For example, hearing the stories of other participants provides men the opportunity to reflect on their own behaviour. Assuming the right group norms are in place, group members also hold each other to account for their behaviours.

⁴⁹ Cluss et al (2011); Gondolf (1999); Gondolf (2000); Kelly et al (2015).

⁵⁰ Day et al 2009.

⁵¹ Cluss et al (2011); Gondolf (1999); Gondolf (2000); Kelly et al (2015).

- **Individual counseling:** Individual counselling is not recommended as a primary mode of delivery in the Duluth model, though it is a core component of the RNR model. No To Violence suggests using individual counselling only provided where a man cannot participate in a group program because of language or distance barriers. The literature suggests it should be framed by a 'therapeutic alliance' between the therapist and client (Attorney-General's Department: 2010) characterised by collaboration, affect and agreement on treatment goals and tasks.⁵² When it comes to adolescents, Roca's model incorporates motivational interviewing throughout the intervention to monitor the individual's progress in the change process.⁵³
- **Online programs:** Some literature suggests that the group-work approach is out-dated in some situations and individual counselling and / or virtual modes of engagement should be offered. Victoria recently trialled an online MBCP and its evaluation, while highlighting some limitations, overall found it to be as effective as face-to-face programs in changing belief systems.⁵⁴
- **Entry:** there is no reliable evidence to determine whether closed, open or rolling entry programs are more effective. Though rolling entry programs do have the benefit of being able to engage men when they are at their highest level of motivation to change their behaviour.⁵⁵
- **Duration and intensity:** while there is no definitive evidence on the most effective length and intensity of MBCPs or 'dosage', a number of studies have shown that for programs offering 2-3 hours of group-work per week men's behaviours positively improve after participation in a six month program⁵⁶ and the rate of serious reassaults dramatically reduces after participation in a nine-month program.⁵⁷
- **Group dynamics:** a group norm that addresses collusion, condoning of violence and misogyny is critical for changing men's violent and controlling behaviours.⁵⁸
- **Facilitation:** co-facilitation of groups by male and female facilitators – where responsibilities are not divided along traditional gender lines – is espoused to be essential for challenging the unhealthy beliefs around gender.⁵⁹ Reflective practice by facilitators at the end of each group by way of de-brief is also critical for safety and risk management.⁶⁰
- **Program activities:** Check ins, discussions in pairs, small or whole groups, presentations, drawing and other creative processes, roles plays, reading exercises, journaling, surveying. Culturally-based groups also incorporate off-site activities like camping trips, 'going bush' or time at outstations/ on homelands. In an RNR model, cognitive behavioural therapy in a individual and group setting is used to change thoughts and behaviours.
- **Program content:** the focus of MBCPs is on violence and control. The cessation of violent and controlling behaviour is prioritised over other potential outcomes, such as personal development. As discussed earlier, holding the

⁵² Attorney-General's Department (2010).

⁵³ <http://rocainc.org/work/our-intervention-model/relentless-outreach/>, date accessed 14 April 2017.

⁵⁴ Rutter et al (2014).

⁵⁵ No to Violence (2005).

⁵⁶ Kelly et al (2015).

⁵⁷ Gondolf (2000).

⁵⁸ Various programs cited as evidence in State of Victoria, Royal Commission into Family Violence: Summary and recommendations, Parl Paper No 132 (2014–16).

⁵⁹ Pence (2017).

⁶⁰ No to Violence (2005).

men to account for their violent and controlling behaviours is a core objective of these programs. As a result program content tends to focus on men:

- identifying their violent and controlling behaviours
- understanding the impact of these behaviours on their partners, children and others, and
- developing strategies to reduce / cease these behaviours.

Culturally-based programs incorporate content on the kinship dynamics and the cultural responsibilities of men.

A 2013 meta-analysis of MBCPs by Washington State Institute for Public Policy found that the below approaches can be effective depending on the needs of the perpetrator:

- Cognitive behavioural therapy with 'an emphasis on improving empathy, communication and relationships with women'⁶¹.
- Relationship enhancement, which focuses on 'improving intimate relationships'⁶².
- Substance Abuse Treatment that assist perpetrators to address any alcohol and / or drug misuse which contributes to their violent and controlling behaviours.⁶³
- Group couples counselling for those couples wanting to remain together.⁶⁴

For men with specific needs the same study also suggested that treatments to address psychopathology may also be required.⁶⁵

Exit including exit planning

Planning for an individual's completion of a program is critical. Programs achieve this by referring men to appropriate supports (e.g. counselling, employment services, education providers, accommodation providers) as well as providing post-program follow up.

4. What MBCPs can achieve

It is important to note that there is no evidence to support that MBCPs framed around a particular theoretical model are more effective than others.⁶⁶ A study by Deakin University noted that the effect sizes for MBCPs underpinned by the Duluth model were $d=0.35$ while RNR models were $d=0.29$, with base rates of reoffending to be 35 per cent based on partner reports.⁶⁷ The effect size reduces considerably when the results of experimental studies are examined. While evidence submitted to the Victorian Royal Commission into Family Violence noted that both the Duluth and cognitive behavioural therapy approaches 'have had a small yet positive impact on reoffending'.⁶⁸ This assessment was confirmed by a 2013 meta-analysis of evaluations of MBCPs by Washington State Institute for Public Policy, which found 'no effect on [family violence] recidivism'⁶⁹ for the six evaluations that tested the effectiveness of MBCPs based on the Duluth model. It should be noted that this

⁶¹ Miller, M et al., (2013).

⁶² Ibid.

⁶³ Ibid.

⁶⁴ Ibid.

⁶⁵ Ibid.

⁶⁶ Cluss et al (2011); Day et al (2009); Gondolf (2000).

⁶⁷ Day et al (2009).

⁶⁸ State of Victoria (2014–16).

⁶⁹ Miller, M et al., (2013).

study's effect modelling did not seem to control for program variables such as program duration.

Other research contends that, where long-term behavioural change is seen, it is due to a combination of factors including 'education from the program, sanctions from the court, and circumstances of the relationship'⁷⁰.

There is also scant evidence to how that MBCPs framed around cultural activities are effective for Indigenous Australian men. Further, there is a dearth of robust evaluative evidence on MBCPs to establish what works and what doesn't work, both in mainstream and Indigenous contexts. Where evaluations have been conducted, a range of methodological limitations existed, including:

- small study sizes
- reliance on participant self-assessment data, and
- flawed or non-existent program logics.

The robust evaluation of MBCPs conducted in the United Kingdom called Project Mirabal was recently undertaken. Project Mirabal evaluated the outcomes achieved by 11 Domestic Violence Perpetrator Programmes (DVPPs). The evaluators collected data not only from program participants, but also from their partners (or ex-partners) and children. Data collected included baseline (prior to programme commencement) and post program completion.

This evaluation found a number of promising outcomes were achieved through the DVPPs. The partners and ex-partners of DVPP participants reported positive change in the following areas:⁷¹

Dimension	Areas of greatest change
1. Respectful communication	<ul style="list-style-type: none"> • He negotiates during disagreements
2. Expanded 'space for action' (i.e. women have their sense of freedom restored)	<p>Less likely to:</p> <ul style="list-style-type: none"> • Make final decisions about whether people can visit / stay at the house • Restrict where I go • Tell me to change the way I dress or my appearance • Prescribe or criticise the way housework is done • Look at my messages and contacts • Prevent me participating in activities or groups outside of home including seeing or contacting my friends and family • Be suspicious that I have been with another man / someone else • Insist on knowing where I am or what I am doing
3. Safety and freedom from violence	<ul style="list-style-type: none"> • Significant reduction or cessation in physical and sexual violence • Feelings of safety significantly increased

⁷⁰ Gondolf (2000).

⁷¹ Kelly et al (2015).

4. Shared parenting	Less likely to: <ul style="list-style-type: none"> • Get children to take his side during arguments • Criticise me as a mother It should be noted that
5. Awareness of self and others	More likely to understand the impact of his behaviours on his partner and children.
6. Safer, healthier childhoods	Children are less likely to worry about their mother's safety and their own safety.

While the above outcomes are positive, it should be noted that little or no improvement was found in the following areas:

- harassment and other abusive acts
- men making excuses for, or justifying, their abusive behaviours
- men blaming their partners for their abusive behaviours
- all women still worried about leaving their children alone with their partner, and
- children still seemed anxious, nervous, worried and clingy.⁷²

Some MBCPs aim to reduce or cease:

- the danger to women and children, and / or
- reoffending by the men.

MBCP are also claimed to have broader benefits—including risk management—by ensuring the family remains in the view of service providers.⁷³

No to Violence notes that where MBCPs are not conducted in a structured or appropriate way with safeguards, this can endanger women, children and staff.⁷⁴

A 30-month follow-up of participants across four MBCPs in the US showed that 55 per cent of men did not reassault their partners (based on data provided by women).⁷⁵ For the 45 per cent who did reassault their partners, the majority of reassaults occurred in the first three months of the program (15 per cent) then dramatically decreased from nine months onwards (4 per cent).⁷⁶ Eight-three per cent of women who participated in this study also reported feeling safer 30-months from program commencement.⁷⁷

Another study comparing four MBCPs of different approaches and durations found the nine-month program had a statistically significant reduction in severe reassault (as opposed to all reassault) when compared to the two three-month programs.⁷⁸ The same study also did not find any relationship between a reduction in reassaults and services provided or when comparing court-mandated programs versus voluntary programs.⁷⁹ The finding that programs of longer duration are more effective was also

⁷² Kelly et al (2015).

⁷³ No to Violence (2005).

⁷⁴ Ibid.

⁷⁵ Gondolf (2000).

⁷⁶ Ibid.

⁷⁷ Ibid.

⁷⁸ Gondolf (1999).

⁷⁹ Ibid.

supported by a review of MBCPs by the US National Institute of Justice study cited in Day⁸⁰.

An evaluation of the Australian MBCP offered by Lifeworks showed the program to be effective in reducing the violence experienced by participants' partners and children.⁸¹ However, this data which informed these findings relied upon men's responses to a survey of violent behaviour. Such data is known to underestimate the true nature and extent of men's violent behaviours following program completion.

Effectiveness of interventions for adolescents who use family violence

Evaluations of both Step-Up and Roca's Intervention Model have shown significant improvements in the behaviours of their young participants.

Step Up participant and parent pre and post participation feedback has seen a significant reduction in the use of violent and abusive behaviour in youth who complete the program. While an independent evaluation of Step Up showed significant reduction in violent and abusive behaviour and lower long term recidivism rates for youth who completed Step Up than comparison groups.⁸²

A 2016 evaluation report on Roca's Intervention Model that is delivered through its Young Men's Program showed, that during and after participation:

- seventy-nine per cent of 711 participants had no new arrests, and
- eight-seven per cent of 238 participants in the intensive two-year intervention had no new arrests.⁸³

5. Examples of MBCPs

Described below are five MBCPs that have achieved success at either a participant and / or family and community level. Each model explored describes the program, the outcomes achieved and how it achieved those outcomes.

Cognitive behavioural theory and young offenders: Roca's High Risk Intervention Model

Discussed earlier, Roca's High Risk Intervention Model targets high-risk young people who are 'trapped in a cycle of violence and incarceration'⁸⁴. The aim of this High Risk Intervention Model is to 'disrupt the cycle of incarceration and poverty by helping young people change their lives'⁸⁵.

Outcomes achieved

As stated earlier, an evaluation of Roca's Young Men's Program showed, that during and after participation:

- seventy-nine per cent of 711 participants had no new arrests, and
- eight-seven per cent of 238 participants in the intensive two-year intervention had no new arrests.⁸⁶

How this program is delivered

⁸⁰ Day et al (2009).

⁸¹ Brown et al (2009).

⁸² Conducted by Organizational Research Services in 2005 and cited at

<http://www.kingcounty.gov/courts/superior-court/juvenile/step-up/about/Evaluations.aspx>

⁸³ Roca, Fiscal Year 2016: High Risk Young Men Performance Benchmarks and Outcomes Report.

⁸⁴ Roca. (2016). Annual Report 2016.

⁸⁵ Ibid.

⁸⁶ Roca, Fiscal Year 2016: High Risk Young Men Performance Benchmarks and Outcomes Report.

Roca's High Risk Intervention Model claims to be an evidence-based system of support for high-risk young people. As discussed earlier this system of support includes 'Staged Programming' which assists program participants in the areas of education, life skills and employment.

The life skills component is delivered through a specially designed cognitive behavioural theory curriculum. This curriculum teaches young people the cause and effect relationships between their thoughts, feelings and actions. Focusing on 10 basic skills (basic emotional literacy, emotion regulation, and interpersonal skills) through short classes and constant reinforcement by all Roca staff, the curriculum aim to give young people 'the practical tools to bring about the change they want and need'⁸⁷. The essence of the curriculum is to communicate these new skills using simple language and practical exercises that enable participants to repeatedly practice in turn becoming second nature.

As with the other parts of the model, the curriculum is delivered in a way that is responsive to the needs and stage of development of the young person. Roca asserts that it's the model's responsiveness that is key to its effectiveness.

Reducing violence experienced by partners & children: Domestic Violence Perpetrator Programs in the United Kingdom

In the United Kingdom, Domestic Violence Perpetrator Programmes (DVPPs) are a court ordered activity where 'domestic abuse has been identified as a concern related to a family proceedings case'.⁸⁸ A group program for men, DVPPs aim to help men:

- improve their relationship with their ex-partner and where relevant, their current partner
- ensure, as far as is possible, their use of violence and abusive behaviour towards a partner is not repeated
- develop safe, positive parenting
- increase their awareness of themselves and the effect of the domestic abuse on their ex-partner and children, and
- resolve conflicts in intimate relationships non-abusively.⁸⁹

Outcomes achieved

Project Mirabal – an evaluation of 11 DVPPs in the United Kingdom – found that women (both partners and ex-partners of program participants) reported:

- improvement in respectful communication
- reduction in controlling behaviour by perpetrators such as preventing contact with friends and family
- a decline in the use of physical and sexual violence by perpetrators
- an increase in feeling safer (however, women still reported levels of abuse and of feeling unsafe), and
- a perception that their children were less anxious.

Children of program participants reported improvement in fathering. The program participants across the 11 DVPPs reported better self-awareness.

How the program achieved these outcomes

⁸⁷ Roca. (2016).

⁸⁸ <https://www.cafcass.gov.uk/about-cafcass/national-commissioning-team/dvpp-information-for-service-providers.aspx>, date accessed 1 April 2017.

⁸⁹ Ibid.

DVPP offer men's behaviour change through a group program. Group are of between 8-12 participants. Participants must attend weekly sessions of 2-2.5 hours for six months.

DVPPs that participated in the Project Mirabal evaluation had based their program on the Duluth model. Therefore, the men were held to account for their violent behaviours, had their beliefs systems regarding masculinity and gender challenged and were referred to additional supports to help them end their abusive behaviours. While each DVPP is different, the content explored by participants focuses on the below areas:

- What is violence and abuse? Why am I violent?
- Learning that I am in control of my own behaviour and can choose not to be violent
- Taking responsibility for my behaviour, without blaming others or minimising it
- Understanding the impact of violence and abuse on my partner and children
- Learning how to notice when I am becoming abusive and how to stop
- Learning different, non-abusive ways of dealing with difficulties in my relationship
- Dealing non-abusively with my partner's anger.
- Negotiation and listening- how to build a respectful relationship.⁹⁰

Every DVPP has a parallel service that supports partners and ex-partners at risk from domestic abuse and this service is offered to the partner and ex-partner of any person assessed for the DVPP.⁹¹

6. Implications for the design of perpetrator interventions

The literature findings highlight a number of implications for the design of perpetrator interventions for the purposes of the family violence service co-design project. Framed as possible design parameters for future perpetrator interventions, these implications are:

- Underpinning the intervention with a clear theoretical framework. At a minimum this framework must:
 - hold perpetrators to account
 - be grounded in a trauma-informed care approach which recognises the impact of complex trauma including intergenerational trauma which is often the context within which Indigenous family violence exists
 - ensure the deliverers of the program (e.g. facilitators) practice non-violence, and
 - be responsive to the perpetrator's criminogenic and life skills needs.
- Adopting the most effective therapeutic interventions. This includes combining the most effective aspects of the Duluth and RNR models:
 - assessing program participants' needs
 - challenging gender belief systems
 - challenging negative thought and behaviour patterns
 - building new, healthy behaviours

⁹⁰ <http://www.nfm.org.uk/index.php/separation-issues/legal/contact-activities/domestic-violence-perpetrator-programme-dvpp>, date accessed 1 April 2017.

⁹¹ <https://www.cafcass.gov.uk/about-cafcass/national-commissioning-team/dvpp-information-for-service-providers.aspx>, date accessed 1 April 2017.

- engaging men in skills development
 - delivering the program through group-work which is supplemented by individual counselling
 - using techniques like motivational interviewing to monitor participant's progress towards change
 - ensuring that counsellors and facilitators are highly trained (see Not to Violence Minimum Standards) and if suitable Indigenous staff cannot be found, consideration should be given to other strategies to ensure the service delivery is culturally appropriate
 - offering programs on a rolling entry basis of weekly sessions of at least two-hours for a minimum of six months participation.
 - linking programs to a network of external supports to assist men with their needs beyond changing their violent and controlling behaviours (i.e. employment, education, housing, parenting services, addiction services, and counselling).
- Culturally enriching the intervention to make it accessible to Indigenous men. This includes using cultural references (e.g. kinship systems) and practices (e.g. story telling) as part of the program delivery and content. Any cultural activity or reference should strengthen the program's integrity.
 - For young people who perpetrate family violence the involvement of their parents in a restorative intervention is critical as well as the provision of intensive outreach to engage the young person in a skills-based program (e.g. participation in education and employment) over a long period of time.

Bibliography

- Aboriginal Healing Foundation. Aboriginal Domestic Violence in Canada. The Aboriginal Healing Foundation Research Series. 2003.
- Andrews, D. A., Bonta, J., & Hoge, R. D. (1990). Classification for effective rehabilitation: Rediscovering psychology. *Criminal Justice and Behavior*, 17, 19-52.
- Arney F, Westby MA, 2012. Men's Places Literature Review. The Centre for Child Development and Education, Menzies School of Health Research, Darwin NT.
- Attorney-General's Department, AVERT Family Violence: Collaborative Responses in the Family Law System. Prevention strategies: involving and engaging perpetrators. Commonwealth of Australia. 2010.
- Bartels, L. (2010) 'Emerging issues in domestic/family violence research', Research in Practice Report, No 10, April 2010, Australian Institute of Criminology.
- Brown, T. & Hampson, R. (2009). An evaluation of interventions with domestic violence perpetrators. Melbourne: Department of Social Work, Monash University.
- Closing the Gap Clearinghouse (AIHW & AIFS) 2016. Family violence prevention programs in Indigenous communities. Resource sheet no. 37. Produced by the Closing the Gap Clearinghouse. Canberra: AIHW & Melbourne: AIFS.
- Cluss, P, and Bodea, A. The Effectiveness of Batterer Intervention Programs: A literature review and recommendations for next steps. University of Pittsburgh. March 2011.
- Day, Andrew, Chung, Donna, O'Leary, Patrick and Carson, Ed 2009-04, Programs for men who perpetrate domestic violence: an examination of the issues underlying the effectiveness of intervention programs, *Journal of family violence*, vol. 24, no. 3, pp. 203- 212.
- Department of Corrections. What Works Now? A review and update of research evidence relevant to offender rehabilitation practices within the Department of Corrections. New Zealand. December 2009.
- Department of Social Services, National Outcome Standards for Perpetrator Interventions. National Plan to Reduce Violence Against Women and their Children 2010-2022. Commonwealth of Australia.
- Gondolf, E. A Comparison of Batterer Intervention Systems: Do court referral, program length and services matter? *Journal of Interpersonal Violence*. Vol 14 No 1. January 1999, page 41-61.
- Gondolf, E. A 30-Month Follow-Up of Court-Referred Batterers in Four Cities. *International Journal of Offender Therapy and Comparative Criminology*, 44(1), 2000, pages 111-128.
- Hart R, Health Canada. Beginning a Long Journey: A review of projects funded by the Family Violence Prevention Division of Health Canada. Minister of Public Works and Government Services Canada. 1997.
- Kelly, L. and Westmarland, N. (2015) Domestic Violence Perpetrator Programmes: Steps Towards Change. Project Mirabal Final Report. London and Durham: London Metropolitan University and Durham University.
- Miller, M., Drake, E., & Nafziger, M. (2013). What works to reduce recidivism by domestic violence offenders? (Document No. 13-01-1201). Olympia: Washington State Institute for Public Policy.

Newell S. Tweed Yarn Up Group for Indigenous Men: A Pilot Program & Evaluation. Prepared for Rekindling The Spirit Ltd, March 2013.

NSW Government Attorney-General and Justice. Minimum Standards for Men's Domestic Violence Behaviour Change Programs.

No to Violence, Men's Behaviour Change Group Work: Minimum Standards and Quality Practice, 2005.

Pence, E. Duluth Model. Domestic Abuse Intervention Programs, www.theduluthmodel.org, date accessed 3 April 2017.

Roca. (2016). Annual Report 2016.

Roca, Fiscal Year 2016: High Risk Young Men Performance Benchmarks and Outcomes Report.

Rutter, A. and O'Connor, T. The Evaluation of the Online Men's Behaviour Change Program Trial 1 with Recommendations for the Second Trial. The University of Melbourne. Prepared for the Family Violence Prevention Foundation of Australia. July 2014.

State of Victoria, Royal Commission into Family Violence: Summary and recommendations, Parl Paper No 132 (2014–16).