Literature Review on Domestic Violence Perpetrators

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TABLE OF CONTENTS

FIGURES:

Acronyms and Abbreviations

ABS	Australian Bureau of Statistics
ACT	Australian Capital Territory
CBT	Cognitive Behavioural Therapy
CODC	Collaborative Outcome Data Committee
CORE	CUBIT Outreach
CUBIT	Custody-Based Intensive Treatment
DAIP	Domestic Abuse Intervention Project
GLM	Good Lives Model
IVAWS	International Violence Against Women Survey
MBCP	Men's Behavioure Change Programs
NCRVWC	National Council to Reduce Violence against Women and their Children
NSW	New South Wales
NT	Northern Territory
NTV	No To Violence
RNR	Risk, need, responsivity
SA	South Australia
SOP	Sex Offender Program
SOTP	Sex Offender Treatment Program
SOTU	Sex Offender Treatment Unit
WA	Western Australia

Executive Summary

In the early 1990s in Australia, a significant change occurred in the response to violence against women. Building on the feminist movement of the preceding decades, a new undertaking began, with the delivery of programs aiming to address the violence of men against their female partners. Variously called perpetrator programs, men's behaviour change programs, or programs for men who use violence, the early instigators and providers of these programs committed to working in partnership across the traditional divide of services working with the victims of domestic violence, and those concerned with the men who use violence. The foundation of this ground swell was the location of responsibility with men for the violence used against women.

In the field of sexual assault, the treatment of sex offenders has been historically driven by a medical model combined with legal responses – this is not surprising given the perception of sex offenders as social deviants and the moral outrage that accompanies sex offences. While sex offender intervention programs continue to be primarily based within the criminal justice system, they have also increasingly incorporated the feminist paradigm in program content.

The purpose of this literature review is to provide an overview of the estimated incidence and prevalence of domestic violence and sexual assault in Australia, and the socio-demographic characteristics of perpetrators. Importantly, this literature review identified evaluations of domestic and sexual violence perpetrator intervention programs that have been undertaken nationally and internationally to describe the evidence regarding program effectiveness. This review also includes an analysis of the nature and extent of current research on intervention programs, and identifies research gaps, needs and priorities for future research.

The *National Plan to Reduce Violence against Women and their Children 2010-2022* (the *National Plan*) was developed by the Commonwealth and State and Territory Governments to achieve real and sustained reductions in the incidence of violence against women. The aim of the *National Plan* is to bring about attitudinal and behavioural change at the cultural, institutional and individual levels, with a particular focus on young people. The *National Plan* is unprecedented in its preventive focus through awareness-raising, building respectful relationships amongst young people and working to increase gender equality. It sets out six national outcomes for all governments to deliver during the next 12 years, through four three-year action plans.

This literature review has particular relevance for Outcome 6 (Perpetrators stop their violence and are held to account) of the *National Plan*, which focuses on developing strategies and implementing actions to hold perpetrators accountable and reduce the risk of recidivism, and early intervention. Critical actions identified in the *National Plan* to reduce the risk of recidivism include developing evidence-based best practice domestic violence programs, and establishing and monitoring national minimum standards for programs to ensure adherence to evidence-based best practice.

In undertaking this literature review, there was a focus on existing literature reviews, recent meta-analyses of empirical studies of domestic and sexual assault perpetrator intervention programs, and single studies and key discussion papers that address particular issues (e.g., evaluation methodology, elements of intervention program design and delivery).

The findings of this literature review indicate that, overall, there is mixed evidence regarding the effectiveness of domestic and sexual violence perpetrator intervention programs. The evidence supporting program effectiveness, particularly in relation to gendered cognitive-behavioural approaches, appears to be more consistent for sex offender intervention programs than domestic violence perpetrator intervention programs. Recent evidence points to the need to match programs to offender characteristics (e.g., risk, motivation, need), an important part of which is the initial screening and assessment process, which requires reliable and valid screening and assessment tools. However, it is unclear whether current research evidence, which is largely based on the North American context, are applicable to the Australian context, as very few evaluations have been conducted in Australia and those evaluations that have been undertaken have significant methodological limitations.

The question of 'what works for whom' remains largely unclear and research is still at an early stage in terms of identifying what program components are effective in reducing recidivism. It is clear, however,

that a multitude of factors, such as those associated with program characteristics, program contexts, and evaluation research design, can influence the effectiveness of intervention programs.

Based on the status of current research, there is a need for future research to enhance the quality of program evaluations, assess the generalisability of international findings to the Australian context, and to identify strategies that improve the capacity of intervention programs to reach and engage both convicted and non-convicted perpetrators of domestic and sexual violence, across socio-demographic groups and geographic locations.

1   Introduction

1.1   PURPOSE OF THE LITERATURE REVIEW

The primary purpose of this literature review is to describe the evidence regarding the effectiveness of domestic and sexual violence perpetrator intervention programs by drawing on current national and international evaluation research. In doing so, this literature review also provides an analysis of the nature and extent of current research on intervention programs to identify research gaps, needs and priorities for future research. As part of this review, an overview of the incidence and prevalence of domestic violence and sexual assault in Australia and the socio-demographic characteristics of perpetrators are presented.

The literature review addresses the following key research questions:

- What is the estimated figure of incidence and prevalence for domestic violence and sexual assault? How many perpetrators are there, what is their demographic composition, and what are their social characteristics?

- What evaluations have been undertaken in Australia regarding the effectiveness of domestic violence and sexual assault perpetrator interventions?

- What are the findings of these evaluations in terms of what approaches are effective and with whom? What are the strengths and limitations of different treatment models? And what is their transferability to other perpetrator groups?

- What additions does international literature make to our analysis?

- According to the literature, what are the key issues/elements which should be included in national good practice standards?

- What are the primary gaps within contemporary research? What priority areas need to be targeted for future research?

The primary focus of the review is on Australian literature. However, overseas literature (particularly from the US, UK, Canada and New Zealand) is referred to for comparative purposes where it is useful to do so.

1.2   DEFINITIONS

1.2.1   DOMESTIC AND FAMILY VIOLENCE

There are ongoing debates regarding the definition of 'domestic' and 'family violence', and 'sexual violence' in Australia. These terms, particularly family and domestic, are used interchangeably or in combination in the literature. In addition, other terms such as 'battered women' and 'sexual violence' are also commonly used (Laing 2000).

For the purposes of this review, and the broader study concerning intervention programs, domestic violence is understood to be an abuse of power perpetrated primarily, but not only, by men against women, both in the context of a relationship, as well as after the relationship may have ended. It occurs when one partner – and in some cases, both partners – attempt physical, psychological, emotional, financial or social control over the other. Whilst domestic violence takes several forms, the most commonly recognised, and officially recorded, forms include physical and sexual violence, threats of violence and intimidation, emotional and social abuse, and economic deprivation.

In light of the varying ways in which domestic violence can be categorised and understood, we have utilised the definition of family violence as prescribed in Section 4 of the *Family Law Act 1975*.

> *Conduct, whether actual or threatened, by a person towards the property of, a member of the person's family that causes that or any other member of the person's family reasonably to fear for or reasonably to be apprehensive about, his or her personal well-being or safety.*

1.2.2 SEXUAL ASSAULT

Definitions of sexual assault vary considerably (Fileborn, 2011). For the purpose of this project, sexual assault will be defined to include

> *intentionally or recklessly engaging in a sexual act (whether or not it involves penetration of the vagina by the penis) without the consent of the victim.*

This definition is taken to exclude sexual harassment.

The above definition is informed by the essential elements of the criminal offence of sexual assault across Australia, as set out in the Australian Centre for Sexual Assault's paper, *Sexual Assault Laws in Australia* (Fileborn, 2011, p. 6). This is consistent with our definition of sex offender programs (see below), which is tied to a perpetrator having been charged or convicted of a sexual offence.

1.3 DEFINITION OF DOMESTIC VIOLENCE AND SEXUAL ASSAULT PROGRAMS

For the purpose of this project:

- A domestic violence program will be defined as: a behaviour change program in a group context for perpetrators of violence against their partners or former partners (whether or not they are/were married or cohabiting at the time).
- A sexual assault program will be defined as: a behaviour change program in a group context for perpetrators of sexual assault who have been charged or convicted of at least one sexual assault offence (including indecent assault) against an adult (aged over 18 years) which has occurred in either a familial or non-familial context.

The following components were included in the literature review: programs for male perpetrators of domestic violence and sexual assault against women, and for female perpetrators of domestic violence and sexual assault against women.

Male perpetrators of domestic violence or sexual assault against men and female perpetrators of either offence against men have not been considered in this literature review. It is acknowledged that in practice the great majority of programs will be targeted towards men who commit domestic violence or sexual assault against women.

We have excluded sexual assault programs that work with juvenile sexual assault offenders as these programs are beyond the scope of this review.

This review included literature that refers to individual programs as well as broader analyses.

1.4 SEARCHES CONDUCTED FOR THE LITERATURE REVIEW

The searches for the review were conducted for Urbis by the Australian Domestic & Family Violence Clearinghouse at the University of NSW. A detailed scoping document was prepared by Urbis to guide this process.

The following key search terms were used:

- sexual assault program* and perpetrator*,
- sexual assault perpetrator*
- domestic violence or spouse abuse and review
- treatment program* and men
- perpetrator program*
- behavio* change program*

- violence

The key library databases searched were: PsychInfo, Ovid Medline, Informit (including databases contained within: Health & Society, Rural & remote health database, APA-FT - Australian Public Affairs, Humanities and Social Sciences Collection, CINCH), Web of Science (including databases: Science Citation Index Expanded, Social Sciences Citation Index, Arts & Humanities Citation Index, Conference Proceedings Citation Index- Social Science & Humanities), and ProQuest. The Australian Domestic & Family Violence Clearinghouse's Research and Resources database and Good Practice database were also searched.

The following key websites were also searched:

- Google, Google Books and Amazon

- No To Violence

- Australian Centre for the Study of Sexual Assault (ACSSA)

- Australian Institute of Criminology (AIC)

- Australian Institute of Family Studies

- NSW Bureau of Crime Statistics and Research (BOCSAR)

- MINCAVA Electronic Clearinghouse (http://www.mincava.umn.edu/categories/879)

- Canada National Clearinghouse on Family Violence (http://www.phac-aspc.gc.ca/ncfv-cnivf/index-eng.php)

- VAWNET- US National Online Resource Center on Violence Against Women (http://www.vawnet.org)

- Coordinated Action on Human Rights Violations (http://www.cahrv.uni-osnabrueck.de/)

- RAND

- Respect Network in the UK

- World Health Organization

- National Criminal Justice Reference Service (US)

- Domestic and Family Violence Clearing House (Canada)

- XY (a pro-feminist website)

- Respect Network (UK)

- MINCAVA Electronic Clearinghouse (http://www.mincava.umn.edu)

1.5   PERPETRATORS AND OFFENDERS

In this literature review, perpetrators refer to both convicted and non-convicted individuals of domestic violence and sexual assault, whereas offenders refer specifically to those who are convicted.

2 Prevalence of domestic violence and sexual assault in Australia

2.1 INTRODUCTION

This section provides an overview of the estimated incidence of domestic violence and sexual assault in Australia. Both self-reported data by women (Australian Bureau of Statistics [ABS] personal safety and crime victim surveys) and official crime statistics (victim and court statistics for perpetrators) are used to inform these estimates.

2.2 DATA LIMITATIONS

While there are a number of data collections that provide information about the incidence and prevalence of domestic and sexual violence[1] in Australia, there are some notable limitations to these data sources. These limitations relate primarily to differences in official definitions of domestic violence, under-reporting, and data on victim and perpetrator characteristics.

2.2.1 DEFINITIONS OF DOMESTIC VIOLENCE AND SEXUAL ASSAULT

Estimating the prevalence of domestic violence and sexual assault is complicated by the different ways in which both domestic violence and sexual assault have been defined and recorded across jurisdictions.

The definition of domestic violence adopted for this project includes behaviours that are criminal offences as well as those that are not. Criminal justice statistics relating to domestic violence only capture a sub-set of all domestic violence incidents of interest here.

Sexual assault can range from public indecency and exposure through to more severe and violent forms of rape and penetration. Caution is required when examining official crime statistics for sexual assault because the data do not differentiate between indecent exposure, public indecency, attempted rape, or penetration.

2.2.2 UNDER-REPORTING

It is well recognised that sexual assault and domestic violence offences are significantly under-reported, and that the true incidence of domestic violence and sexual assault is much higher than official criminal statistics (Marcus & Braaf, 2007; Gelb, 2007). The reasons for under-reporting include fear and shame (especially when reporting an offence to the police), and victim dependence on the perpetrator. This means that the exact numbers of victims and perpetrators of domestic violence and sexual assault in Australia can only be estimated. Importantly, this underestimation has implications for targeting intervention programs or determining the full extent of need for programs.

Evidence of under-reporting of sexual assault (based on the most recent data) can be seen in Figure 1. A marked attrition from the actual incidence of domestic violence and sexual assault through to an offender being convicted of a criminal office and then spending time in custody can also be noted.

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[1] These instruments collect data on violence in relation to the following discipline areas: crime and safety surveys (CSS), health and lifestyle surveys (HLS), and Indigenous specific surveys (ISS). More specifically, CSS include the *ABS National Crime and Safety Survey*, *ABS Personal Safety Survey*, *International Violence Against Women Survey* and the *ABS Women's Safety Survey*. Health and lifestyle surveys include the *Australian Longitudinal Study on Women's Health*, and the *National Drug Strategy Household Survey*, and ISS are canvassed by *ABS National Aboriginal and Torres Strait Islander Social Survey (NATSISS)* and the *National Aboriginal and Torres Strait Islander Health Survey (NATSIHS)*

FIGURE 1 – SEXUAL ASSAULT DATA FROM ACTUAL INCIDENCE THROUGH TO OFFENDERS IN CUSTODY
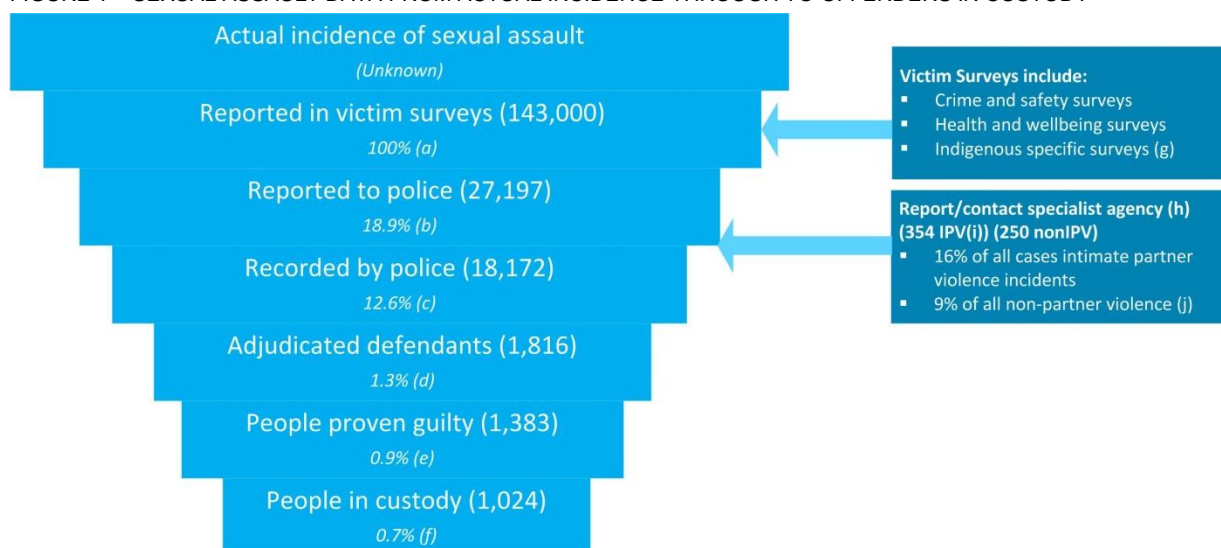
(a) ABS, 2006a, *Personal Safety Australia, 2005,* Catalogue 4906.0
(b) ABS, 2006a, *Personal Safety Australia, 2005,* Catalogue 4906.0
(c) ABS, 2006b, *Recorded Crime–Victims Australia, 2005,* Catalogue 4510.0
(d) ABS, 2006c, *Criminal Courts Australia, 2004-05,* Catalogue 4513.0
(e) ABS, 2006c, *Criminal Courts Australia, 2004-05,* Catalogue 4513.0
(f) ABS, 2005, *Prisoners in Australia, 2005,* Catalogue 4517.0
(g) Al-Yaman, Van Doeland, & Wallis, 2006
(h) The most common specialist help sought for both IPV and nonIPV was a counsellor, 9% and 5% respectively of all reported contact with specialist agency
(i) IPV – intimate partner violence, nonIPV – violence perpetrated by someone other than an intimate partner
(j) Mouzos & Makkai, 2004, *Women who experienced intimate partner and non-partner violence, by contact with a specialised agency, 2002-03*

2.2.3   DATA ON VICTIMS AND PERPETRATORS CHARACTERISTICS

This project focuses on the perpetrators of domestic violence and sexual assault. However, available incidence and prevalence data[2] focus primarily on victim characteristics – for example, the total number of victims and their demographic characteristics. While there is a breadth of data on victims of crime, particularly as it relates to sexual assault and domestic violence, there is a critical need for similar investment in data collection on the demographic characteristics of domestic violence and sexual assault perpetrators.

2.3   DOMESTIC VIOLENCE

2.3.1   PERSONAL SAFETY DATA

In Australia, apart from official crime statistics, the primary sources of information on the prevalence of domestic violence are personal safety and victim surveys.

The most recent Personal Safety Survey (ABS, 2006a) estimates that for one-third of women, physical violence has been an experience within their lifetime. The International Violence Against Women Survey (IVAWS) (Mouzos & Makkai, 2004) found that almost 57% of women surveyed reported experiencing at least one incident of physical or sexual violence in their lifetime, 48% of whom experienced physical violence.

In the 12 months prior to the Personal Safety Survey (2005) (ABS, 2005), 363,000 women were physically assaulted (4.6% of survey participants). The ABS (2005) reported 2.1% (160,100 persons) of women had experienced violence from a current domestic partner, and 15% (1,135,500) reported violence from a previous partner.

Of all reported instances of physical violence against women, approximately 31% were committed by a previous or current partner (ABS, 2006a; Mouzos & Makkai, 2004, p. 44). According to the IVAWS

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[2]   For example, the *ABS's Recorded Crime Statistics (4509.0)*, the *National Crime and Safety Survey*, and the *Women's Safety Survey (1995)*, now the *Personal Safety Survey (2005)*.

(Mouzos & Makkai,, 2004, p.44), 34% of women who have ever been in a relationship reported at least one incidence of violence during the course of their relationship.

The Women's Safety Survey (1996)[3] (ABS, 1996) estimated that 20% of women who were physically assaulted by a man sought professional help. Doctors and counsellors (9% and 13% respectively) were most commonly sought by women for professional assistance. Similar data are not available for perpetrators – there is no equivalent national study regarding what help, if any, treatment or support (non-convicted) perpetrators seek in relation to their offending behaviour.

2.3.2 CRIMINAL JUSTICE STATISTICS

There are very few sources of criminal justice statistics available from which to approximate the incidence and prevalence of domestic violence. National recorded crime statistics for victims of assaults are not available owing to the lack of comparability in data collected across States and Territories (ABS, 2011). The ABS (2011) recommends using the Personal or Women's Safety Survey for national estimates and cross-jurisdictional comparisons.

2.4 SEXUAL ASSAULT

Sexual assault is a crime disproportionately experience by females (84%) versus male victims (15%) (ABS, 2006, 2010).

2.4.1 PERSONAL SAFETY DATA

According to the Personal Safety Survey (2005) (ABS, 2006d), 1.6% of women had experienced sexual violence in the last 12 months (1.3% sexual assault and 0.5% sexual threats). Of the women who experienced sexual violence, 81% (101,600) experienced an incidence of sexual assault and 28% (34,900) experienced a threat of sexual assault. Since the age of 15 years, approximately 17% (1,293,100) of women experienced sexual assault compared to 4.8% (362,400) of men.

The highest percentage of sexual assaults were recorded for women aged 25 to 34 years (29.2%), followed by women aged 18 to 24 (28.2%), and 35 to 44 years (25.4%). Women aged 45 years and over were reported to be victims of sexual assault at a rate of approximately one in six (17.2%).

The decision by female victims of sexual assault to report cases to police appear to be informed by their relationship to the offender (ABS, 2006d). The Personal Safety Survey reported that 46.3% of women who were sexually assaulted by a stranger reported the incident to police. This is in stark contrast to levels of reporting where the perpetrator was a boyfriend or date (22.1%), current partner (18.2%), previous partner (35.7%), or other known male (25.5%) (ABS, 2006d).

2.4.2 CRIMINAL JUSTICE STATISTICS

In 2010, according to recorded crime statistics, the Australian victimisation rate for sexual assault was 79.5 victims per 100,000 persons (ABS, 2011). The highest victimisation rates were recorded for sexual assault for persons aged 10 to14 years (40%) when compared to all other offences: 579 female victims, per 100,000 (compared with 144 female victims per 100,000 for other offences). These rates were more than four times higher than the overall male and female victimisation rates (ABS, 2011).

The age demographics for victims of sexual assault demonstrate the increased prevalence and incidence of sexual assault against younger persons – 40% of all sexual assault victims in 2009-2010 were aged between 0 and14 years and 37% were aged between15 to 24 years. The prevalence figures lower to 11% for those aged between 25 to 34 years.

Across all States and Territories[4], in at least half of all sexual assaults, the perpetrator was known to the victim (ABS, 2010). In NSW, in 79% of sexual assault offences, the perpetrator was known by the victim, 39% of whom were in a familial relationship with the perpetrator. Similar figures are reported across other

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3   The more recent, *Personal Safety Survey (2005)* (ABS, 2006), did not report help seeking behaviours of victims/survivors. In this regard, the earlier *Women's Safety Survey (1995)* (ABS, 1996) report is referenced to provide an indication of reporting tendencies of female victims/survivors.

4   With the exception of Western Australia for 2009.

Australian States and Territories. Sexual assault, where the perpetrator and victim are in a familial relationship, represent approximately 30% of all sexual assault, as reported by crime and police statistics (ABS, 2010). Among non-Aboriginal victims of sexual assault, 19% were victimised by a stranger, compared with 10% of Aboriginal and Torres Strait Islander victims (ABS, 2011).

In 2010, Aboriginal and Torres Strait Islander peoples in NSW were victims of sexual assault at almost four times the rate of non-Aboriginal people (304.3 victims per 100,000 persons compared to 76.7 victims per 100,000 persons) (ABS, 2011).

2.5 CONCLUSION

This section has highlighted that:

- The true incidence of domestic violence and sexual assault is unknown and can only be estimated, owing to a high level of under-reporting. Estimates of the incidence of sexual assault and domestic violence are much higher in the personal safety and crime victim surveys compared to the official crime statistics. This highlights, for example, that convicted domestic violence and sexual assault perpetrators are likely to constitute only a very small proportion of all perpetrators.

- Very little is known about the demographics and characteristics of perpetrators of domestic violence and sexual assault. There are significant gaps in both official criminal justice system data, and broader safety and victimisation surveys.

- Females have disproportionately higher rates of victimisation of physical and sexual violence during their lifetime. This is particularly the case where perpetrators are known to victims, and even more so when perpetrators are in a familial relationship with victims.

- Research indicates higher victimisation rates amongst Aboriginal and Torres Strait Islander peoples and other vulnerable minority groups. To date, however, very little is known about the specific experiences of domestic violence and sexual assault amongst people from culturally and linguistically diverse backgrounds, rural populations, the elderly and disabled, male victims, and gay, lesbian, and transgender identities, although some women are more vulnerable to domestic violence and sexual assault than others[5].

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[5] There is evidence that previous victimisation is one of the strongest predictors of subsequent victimisation (e.g., Brewin, Andrews & Valentine, 2000; Byrne, Resnick, Kilpatrick, Best & Saunders, 1999). Findings of the 2004 International Crime Victimisation Survey indicate that 45% of all those victimised over a five-year period experienced more than one different types of crime. Within different crime categories, many victims also reported multiple victimisations, with 68% of all victims reporting one incident of crime, 19% reporting two incidences, and 13% reporting three or more separate incidents during the one-year period (Johnson, 2005).

3 Research on domestic and sexual violence perpetrator intervention programs

3.1 OVERVIEW

As incidents of domestic and sexual violence become increasingly publicised, there has also been a rapid growth in the body of research on domestic and sexual violence perpetrator intervention programs, particularly since the 1990s.

Research has sought to inform the design and delivery of intervention programs by:

- developing and refining theoretical frameworks for understanding the causes of domestic and sexual violence

- evaluating the effectiveness of intervention programs in reducing recidivism and identifying methodological issues for assessing program effectiveness

- identifying elements of good practice for intervention programs (i.e., effective program components) as well as evaluation research.

Theoretical frameworks for domestic and sexual violence play a critical role in shaping intervention programs for perpetrators, who are predominantly men (e.g., Chung, O'Leary & Hand, 2006; Day, Chung, O'Leary & Carson, 2009). The conceptualisation of domestic and sexual violence as behaviour caused by psychological dysfunction or other individual or socio-demographic characteristics, for example, removes the responsibility of violence from the perpetrator, and tends to support a psychotherapeutic approach to intervention. Understanding domestic and sexual violence as the result of social constructions about masculinity, gender identities and power relations, on the other hand, supports a gendered and educational approach to intervention, and points to the need to address social structures that reinforce men's violence against women.

Different theoretical frameworks place different emphasis on intervention programs as the best ways to address domestic violence and sexual assault. The social constructionist or feminist perspective of men's violence against women has had a particularly important role in putting the emphasis on the principle of responsibility or accountability, which has been widely incorporated in the design of intervention programs across theoretical frameworks. However, there remains a great deal of debate and questions about whether and how theoretical frameworks can be effectively translated to program delivery, and which aspects of which theoretical frameworks (hence, program components) have the greatest impact on reducing recidivism.

Rather than being underpinned by a single theoretical framework, intervention programs for domestic and sexual violence perpetrators are increasingly drawing on multiple (and sometimes contradictory) theoretical perspectives. This amalgamation of theoretical approaches poses challenges for evaluation research in terms of attributing overall program effectiveness to specific theoretical approaches and ascertaining the relative contribution of different program components to perpetrator and victim outcomes. While an increasing number of evaluation studies have been undertaken on domestic and sexual violence perpetrator intervention programs, there are also a number of methodological challenges that affect the capacity of evaluation research to determine program effectiveness.

In this section of the literature review, we first outline key evaluation approaches to domestic and sexual violence perpetrator intervention programs and associated methodological issues. Major intervention approaches and the evidence on program effectiveness for domestic violence intervention programs and sexual assault intervention programs are then discussed in separate sections.

3.2 EVALUATION RESEARCH METHODOLOGY AND ISSUES

While an increasing number of evaluation studies have been undertaken to determine the effectiveness of domestic and sexual violence perpetrator intervention programs, few studies are considered to be of high quality (from an empirical perspective), and have limited capacity to inform the effectiveness of intervention programs (see e.g., Babcock, Green & Robie, 2004; Eckhardt, Murphy, Black & Suhr, 2006).

There are also ongoing debates among researchers about the design and quality of evaluation studies of domestic and sexual violence perpetrator intervention programs, in particular, what constitutes a high quality study and how effectiveness should be determined (e.g., Ashcroft, Daniels & Hart, 2003; Day et al., 2009; Eckhardt et al., 2006; Gondolf, 2004, 2009, 2010).

A set of guidelines for evaluating sex offender treatment was developed by the Collaborative Outcome Data Committee (CODC; Beech et al., 2007). These guidelines were developed in light of the lack of consensus regarding the characteristics of a high quality or credible study. The CODC recognises that both experimental and quasi-experimental studies have merit and limitations, and that different approaches are needed to address different research questions in different contexts. Given the complexity of intervention programs for sex offenders, the CODC argued that multiple research methods and small studies are needed to contribute to cumulative knowledge about the effectiveness of different intervention programs.

The guidelines address seven elements: administrative control of the independent variable, experimenter expectancies, sample size, attrition, equivalence of groups, outcome variables and correct comparison conducted. These seven elements are assessed via 20 items to produce a categorisation of the study quality as strong, good, weak or rejected. A strong study is well designed and implemented, has minimal bias in the estimate of the effectiveness of the treatment and convincing results. A strong study is likely to have only minor problems that are unlikely to change the findings.

Using the CODC guidelines, a recent meta-analysis of studies on sexual offender intervention programs by Hanson, Bourgon, Helmus and Hodgson (2009) categorised only five studies (out of 129 studies) as good, with 19 as weak, and 104 as rejected.

Evaluation research on perpetrator intervention programs typically involves randomised controlled trials (RCTs), that is, a 'true' experimental design, or quasi-experimental designs. Each design has its own challenges in terms of evaluating the effectiveness of domestic and sexual violence intervention programs. The two research designs and their methodological challenges are described below. We recognise that in addition to experimental and quasi-experimental studies, qualitative studies based on interviews or focus groups have also been undertaken (and are sometimes a preferred method by feminist researchers) to determine the effectiveness of intervention programs. The empirical reliability and validity of qualitative studies, however, can often be more difficult to establish, and qualitative studies are generally not included in meta-analyses of domestic and sexual violence perpetrator intervention programs.

3.2.1 EXPERIMENTAL DESIGNS

A true experiment is conducted in highly controlled conditions in order to isolate the effects of an intervention program, so that changes in the outcome measure(s) can be attributed to the intervention program. In doing so, a true experiment involves randomly assigning participants (i.e., offenders) to either the intervention or no intervention (control) condition, and matching participants in the two groups to ensure equivalence on a wide range of relevant variables such as age, employment status, psychological indicators (e.g., depression, personality disorders), and criminal history. The implementation of the intervention program is tightly controlled and monitored in an experiment, with training and program manuals provided to program facilitators to ensure consistency and integrity in program delivery.

While considered to be the 'gold standard' in evaluation research, true experimental designs pose significant implementation challenges (e.g., see Day et al., 2009; Gondolf, 2004, 2009, 2010). Random assignment to the intervention or no intervention group is not always feasible owing to ethical and practical concerns (e.g., not providing intervention to offenders who are perceived to be in a high need for intervention or who are motivated to change). Random assignment and identifying a matched control group can also often be time and resource consuming, and are challenges for evaluating.

Conducting a highly controlled experiment requires close collaboration between the researcher and service provider and places more resources pressures on the service provider (e.g., staff training). Factors such as the organisation's research readiness and staff turnover, which are beyond the control of the researcher, can impact on the integrity of program implementation, and therefore the quality of the research and validity of the findings. Further, while a true experiment might have high internal validity, it can lack external validity – that is, its findings cannot be generalised to real program implementation contexts.

Given the challenges associated with conducting experimental studies, quasi-experimental designs are most commonly employed in evaluations of domestic and sexual violence offender intervention programs (Gondolf, 2004, 2009).

3.2.2   QUASI-EXPERIMENTAL DESIGNS

Evaluation studies using quasi-experimental designs typically determine the effectiveness of intervention programs by comparing offenders who complete the program (intervention group) to those who drop out of the program or 'no-shows'. This comparison is problematic because program completers and non-completers can differ systematically on a range of individual variables (e.g., criminal history, comorbidity, education). Consequently, differences in recidivism between program completers and non-completers may be caused by differences in pre-existing characteristics between completers and non-completers rather than the effects of the intervention program. These differences, however, have typically been addressed by statistically controlling the effects of variables such as criminal history, alcohol use, and age prior to assessing the effects of the intervention.

In addition, it is worth noting that 'program dropouts' are not defined in a consistent way. They may include those who are removed from a program as a result of poor compliance or those who self-withdraw from the program. While quasi-experimental designs are easier to implement and have greater external validity, the findings of such studies are considered to be less valid because there are fewer controls to eliminate alternative explanations of findings.

3.2.3   IMPLICATIONS

A multi-site approach to program evaluation is increasingly endorsed by researchers in order to take into account the impact of the program context on the effectiveness of intervention programs (e.g., Day et al. 2009; Gondolf 2004, 2009).In other words, rather than evaluating only a single program at one location, program (internal) and contextual (external) factors affecting the effectiveness of a program can be more adequately discerned when the evaluation includes multiple programs at multiple locations.

Despite the challenges associated with implementing well-designed experimental and quasi-experimental studies of domestic and sexual violence offender intervention programs, the accumulation of evaluation studies over time has provided valuable information about, and points for further investigation on, the nature and effectiveness of intervention programs.

3.3   DOMESTIC VIOLENCE PERPETRATOR INTERVENTION PROGRAMS AND EFFECTIVENESS

This section focuses on the approaches underpinning intervention programs for perpetrators of domestic violence, and what is known about the effectiveness of these programs. The analysis draws on empirical studies, which have been undertaken largely in North America (the United States of America and Canada) and, to a lesser extent, Europe, with only a small number of studies conducted in Australia. The types of evaluation undertaken and the implications for further research are also discussed.

3.3.1   DOMESTIC VIOLENCE PERPETRATOR INTERVENTION PROGRAMS

Intervention programs for domestic violence perpetrators can be broadly characterised as having a psycho-educational approach or a psychotherapeutic approach, or a combination of the two approaches. These intervention programs may be either court-mandated or non-mandated (i.e., involving voluntary participation).

Psycho-educational approaches emerged from the Duluth model (Duluth Domestic Abuse Intervention Project, DAIP), which has become one of the most widely adopted model since the 1980s. The Duluth model is based on an interagency approach that promotes intersectoral collaboration and links to the criminal justice system. It applies a feminist perspective with an educational approach that involves consciousness raising and confronting offenders' beliefs about masculinity and gendered power relations (see Barner & Carney, 2011; Day, Chung, O'Leary & Carson, 2009; Pence & Paymar, 1993). The Duluth Model combines punishment (for the offender's violent behaviour) with education to facilitate change in offenders' attitudes and behaviour.

Psychotherapeutic approaches are derived from the disciplines of psychiatry and psychology, and intervention programs include those that have a psychodynamic, humanist or cognitive-behavioural

perspective. Cognitive-behavioural therapy (CBT) has emerged as the most widely used psychotherapeutic intervention approach for a wide range of behavioural problems. CBT is focused on identifying and correcting erroneous or distorted cognitions and skill training, and may involve anger management.

It is noteworthy that, over time, there has been a merging of psycho-educational and psychotherapeutic approaches, most commonly with the amalgamation of CBT and the Duluth Model or feminist (gendered) perspective. As a result, intervention programs for domestic violence perpetrators are increasingly difficult to differentiate based on their theoretical approach (Eckhardt et al., 2006).

In addition, programs that articulate the same intervention approach are not necessarily comparable because the same approach is operationalised in different ways. In the national review of integrated programs for domestic violence perpetrators conducted by Chung et al. (2004), it was found that many organisations identified the Duluth Model as the underpinning for their programs. However, examination of detailed program documentation and observations of program deliver revealed different operationalisation of the Duluth model in practice (Day et al., 2009).

Intervention programs differ not only in approach but also on a range of dimensions, including program duration and intensity, conditions of participation (e.g., court-mandated or voluntary, acceptance of responsibility), policies such as those relating to payment, absence, monitoring and assessment, linkage to the criminal justice system and other related agencies, session structure (e.g., structured or open), facilitator qualifications and experience, contact with the victim, referral sources, funding sources, target group characteristics, and program integrity (e.g., Cissner & Puffett, 2006; Price & Rosenbaum, 2009; Smith, 2009). It is therefore a challenge to assess the relative effectiveness of intervention programs and identify the active components of a program – that is, program components that contribute to improved perpetrator and victim outcomes (e.g., Eckhardt et al., 2006).

While the majority of intervention programs are delivered in a group setting, individual and couples counselling are also used for domestic violence perpetrators.

Group-based interventions are widely accepted as a more appropriate format for changing the attitudes and behaviour of domestic violence perpetrators than individual or couples counselling (e.g., Labriola et al., 2008). A group setting reduces the social isolation experienced by many perpetrators and provides greater opportunities for role-play, feedback and confrontation of existing beliefs (Labriola et al., 2008; Saunders, 2008). However, a group format is limited in its capacity to respond to individual needs, and group dynamics may reduce the willingness to self-disclose and engage among perpetrators who are less motivated to change (e.g., Murphy & Eckhardt, 2005; Murphy & Meis, 2008).

There is a growing view and evidence base that individual or individualised interventions increase the likelihood of program completion, which in turn reduces recidivism (e.g., Murphy & Meis, 2008). Murphy and Meis (2008) argued that individualised programs can be more effective than group-based programs in reducing recidivism because they can be tailored to the motivation and readiness to change for each perpetrator and have greater capacity to set and monitor individual change targets. Individualised programs also increase the likelihood that comorbid conditions (e.g., mental health and substance abuse problems) will be identified and addressed, and minimise potential reinforcement of problematic attitudes and behaviour through negative peer influences.

Notably, the Duluth Model has been increasingly criticised for its confrontational nature, which may decrease program compliance and completion (Bowen, 2010; Day et al., 2009; Sartin et al., 2006). It has also been argued that the focus on structural factors – for example, gendered power relations – as the primary causes of domestic violence can promote a one-size-fits-all approach and intervention programs that are less client-centred (e.g., see Day et al., 2009).In practice, current programs based on the Duluth Model often include individual assessments or sessions.

3.3.2   PROGRAM EVALUATION AND EFFECTIVENESS

INTERVENTION VERSUS NO INTERVENTION

Evaluations of individual intervention programs for men who use violence against women have produced largely mixed evidence about the effectiveness of such programs in reducing recidivism.

Recent meta-analyses of program evaluations generally suggest that intervention programs contribute to a small reduction in recidivism (e.g., Eckhardt et al., 2006; Saunders, 2008). In contrast, meta-analysis of court-mandated interventions for domestic violence offenders (Feder, Wilson & Austin, 2008) indicated no clear positive impact of court-mandated interventions. The effectiveness of intervention programs has been found to vary as a function of characteristics associated with the evaluation methodology as well as the perpetrators (e.g., Saunders, 2008).

Specifically, intervention programs were found to lead to greater reductions in recidivism when official records rather than victim reports of reoffence are used as the outcome measure, and when the evaluation employed a quasi-experimental rather than an experimental design with random assignment and matched control groups (e.g., Eckhardt et al., 2006; Labriola et al., 2008).

In addition, intervention programs were more likely to be completed by, and produce attitudinal and behavioural changes, leading to reduced recidivism for, perpetrators who:

- are more motivated or ready to change

- have no or fewer previous contacts with the criminal justice system

- have no comorbid (e.g., substance use or mental health) conditions

- are Caucasian, employed, married, older, and have a higher level of education (e.g., see Edleson, 2008; Jewell & Wormith, 2010; Kingsnorth, 2007; Olver, Stockdale & Wormith, 2011; Sartin et al., 2006).

There is some evidence to show the programs based on a well-established theoretical approach are more likely to be effective than programs (for a review, see Blatch & Delaney, 2009),

These findings suggest that while domestic violence perpetrators are not limited to particular socio-demographic categories, they do not respond to the intervention programs to the same extent. They also support the growing view that, to maximise the effectiveness of intervention programs, programs should be matched to offender characteristics (e.g., Day et al., 2009; Jewell & Wormith, 2010). Intervention programs, however, do not generally address differences in socio-demographic characteristics. A study conducted in South Australia to examine the impact of a perpetrator program in the context of a small rural community (Jamieson & Wendt, 2008) pointed to the need for rural perpetrator programs to address concerns regarding anonymity and confidentiality, and community attitudes that inhibit help-seeking among perpetrators (e.g., through community education). It also suggested the need for a holistic approach to intervention that is sensitive to community norms in a rural context.

Socio-demographic variables such as employment (hence, income) and marital status are also known as stake-in-conformity variables, because people who have social bonds through marriage, employment and stable housing have more to lose when they do not conform to non-violent social norms (e.g., Aldarondo, 2009). This view is consistent with findings demonstrating that perpetrators who are married and employed, and have residential stability (i.e., have a higher stake in conformity) are more likely to complete programs and remain non-violent post-program (e.g., Aldarondo, 2009; Ashcroft et al., 2003).

To date, there are few published evaluation studies of domestic violence offender programs in Australia. While there are some evidence on the effectiveness of Australian programs, the majority of studies did not include a control group.

Early Australian evaluation studies include the Urbis (then Urbis Keys Young) evaluations of the ACT Interagency Family Violence Intervention Program (2000), the ACT Family Violence Intervention Program: Phase II (2001), and the NSW Pilot Program for Perpetrators of Domestic Violence (2004). The evaluation of the NSW Pilot Program found that men who completed the program were less likely to reoffend than those who were withdrawn from the program, with first-time offenders being less likely to reoffend than those with previous domestic violence convictions. The vast majority of men also found the program to be helpful. It is important to note, however, that a significant group of men (albeit, a small proportion of program participants) did come into contact with the police after commencing the program.

A recent evaluation of the NSW Domestic Violence Intervention Court Model (Rodwell & Smith, 2008) found that there was no consistent impact of the program on recidivism across different sites.

Nevertheless, victims were found to be generally satisfied with the various processes involved, and other stakeholders generally agreed that the program was successful. No control groups were included in the evaluation. These findings suggest that measures beyond recidivism may hold meaning, but ultimately a lack of recidivism would indicate program failure.

The evaluation of Lifeworks, which provides intervention programs for perpetrators of domestic violence, was conducted by Monash University (Brown & Hampson, 2009). Specifically, this evaluation compared the benefits of Lifeworks' Men's Behavioural Change Program (based on the Duluth Model) and its Couple Counselling service. Evaluation findings supported the effectiveness of the Men's Behavioural Change Program in ceasing or reducing physical violence among program participants. However, it was unclear whether the group-based program was more effective than Couples Counselling because the clients wanted choice and preferred the type of intervention they selected. The researchers concluded that it is important for a service provider to offer a range of services to match client's needs and preferences. Little is known about the effectiveness of domestic violence perpetrator intervention programs for Aboriginal and Torres Strait Islanders. A review of selected domestic and family violence intervention programs by Loxton, Hosking, Stewartwilliams, Brookes and Byles (2008) found that interventions programs for Aboriginal people are more likely to be successful when they have been developed in consultation with the community, involve interagency collaboration, and are multi-disciplinary and holistic. The need for culturally competent programs for Aboriginal and Torres Strait Islander perpetrators is highlighted by Day, Jones, Nakata and McDermott (2011).

RELATIVE EFFECTIVENESS OF INTERVENTIONS

While offenders who complete an intervention program may be less likely to reoffend, there is no clear evidence that one type of intervention program is more effective than another in reducing recidivism (e.g., Eckhardt et al., 2006; Saunders, 2008). This finding is not surprising given that intervention programs are evolving on an ongoing basis, often based on an amalgamation of approaches, and differ not only in theoretical approach but also on a wide range of program characteristics (e.g., Cissner & Puffett 2006; Smith 2009). Given that domestic violence intervention programs have not had a focus on matched interventions, much is still unknown in terms of 'what works for whom'.

Saunders (1996) found men with antisocial tendencies obtained better outcomes from cognitive-behavioural counselling, whereas those with more depressive tendencies achieved better outcomes in psychodynamic counselling. Holtzworth-Munroe, Meehan, Herron, Rehman & Stuart (2000) developed four categories of domestic violence offenders: generally violent aggressor, family-only, low level antisocial, and borderline or dysphoric. While domestic violence offenders are not reliably associated with specific personality disorders (e.g., Edleson 2008; Gondolf 2004), other individual characteristics such as criminal history, comorbidity, employment and education have been shown to be related to program completion and recidivism rates.

In a recent study, Jewell and Wormith (2010) found that older offenders were more likely to complete cognitive-behavioural programs and other unspecified programs than feminist psycho-educational programs. In particular, it was found that people with lower levels of education were more likely to drop out of feminist psycho-educational programs. Offenders were more likely to complete feminist psycho-educational programs when program participation was court-mandated. Older offenders were also more likely to complete shorter programs.

These findings highlight the heterogeneous nature of domestic violence offenders and point to the need to match the intensity of the intervention to the characteristics of perpetrators (e.g., Day et al., 2009; Jewell & Wormith, 2010; Murphy & Meis, 2008). Given that high risk offenders tend to have more previous criminal offences, be less motivated to change, have comorbid conditions, and are more likely to drop out, having intervention programs that target high risk offenders and reliable assessment tools to identify high risk offenders are likely to improve outcomes.

The need for an individualised or matched intervention approach is also supported by evidence that program compliance and effectiveness in reducing recidivism are higher when:

- there is a working alliance between the service professional and the client

- the intervention is matched to the motivational readiness to change of the client (e.g., through motivational interviewing strategies)

- mental health and substance abuse issues are addressed concurrently (e.g., Day et al., 2009; Eckhardt et al., 2006; Edleson 2008; Olver et al., 2009; Sartin et al., 2006).

A recent study was also conducted by Coulter and VandeWeerd (2009) to assess a multi-level approach to domestic violence perpetrator intervention. The study involved a three-level approach to intervention programs, with program intensity based on perpetrator characteristics (e.g., previous violent convictions, history of mental health issues, relationship to victim(s), and nature and severity of most recent offence). The results showed that program completion rates were much higher than most existing programs, and recidivism was substantially lower among program completers than non-completers. These findings applied to all program levels. It is worth noting, however, that there were no matched control groups in the study.

In line with these findings, domestic violence researchers are increasingly pointing to the importance of applying the risk, need and responsivity (RNR) principles, which have been more widely used in sexual assault and other offender programs. It has been found that sexual offender intervention programs that adhered more closely to the RNR principles were more effective in reducing recidivism (Murphy & McGrath 2008; Olver et al., 2011).

The *risk* principle refers to the match between the intensity of treatment to the risk level of the offender, and points to the use of valid assessment tools. Based on the *need* principle, effective [?] treatment programs should address offender's psychological, social and emotional functioning linked to the development and continuation of criminal behaviour (i.e. criminogenic needs such as attitudes supportive of crime, delinquent peers, substance abuse, unemployment). The *responsivity* principle postulates that effective treatment should be cognitive behavioural in nature (general responsivity) and tailored to the learning style, cognitive capabilities, motivations, personality and cultural background of the offender (specific responsivity).

In order to increase program completion rates through a better matching of intervention strategies to perpetrator characteristics, Day et al. (2009) and others have suggested that the Transtheoretical Model of Change (Casey et al., 2005) could be applied to the design of domestic violence perpetrator intervention programs. In other words, intervention strategies could be matched to the perpetrator's particular stage of readiness to change (i.e., pre-contemplation, contemplation, preparation, action, maintenance, termination). For example, at the contemplation stage, consciousness-raising strategies may be used to prepare offenders for subsequent participation in the intervention program; at the preparation stage, the focus may be on making a commitment to change; and at the action stage, the strategies may be to facilitate the development of coping skills.

OTHER FACTORS INFLUENCING PROGRAM EFFECTIVENESS

Other program factors that have been associated with program effectiveness:

- There is some evidence that court-monitoring of program attendance can improve program completion, which is associated with reduced recidivism (Gondolf, 2004). However, others have found that monitoring did not make a difference (e.g. Labriola et al., 2008).

- Edleson (2008) argued that programs that are part of a coordinated effort within the criminal justice system are more likely to achieve better outcomes (reduced dropout and recidivism rates) when:

  - offenders receive intervention within two to two and a half weeks of their arrest

  - offenders are monitored on an ongoing basis in relation to their treatment compliance monitoring of compliance with treatment requirements

  - courts responded quickly to those who do not comply.

3.4 SEXUAL ASSAULT OFFENDER INTERVENTION PROGRAMS AND THEIR EFFECTIVENESS

3.4.1 SEXUAL ASSAULT OFFENDER INTERVENTION PROGRAMS

Intervention programs for sexual assault offenders include both prison-based and community-based programs, and are predominantly based on a psychological approach.

It is interesting to note that, while a wide range of theoretical approaches and models exist for intervention programs targeting domestic violence offenders, intervention programs for sexual assault offenders are less varied. This may be because sex offender intervention programs are more likely to be court-mandated and have been more strongly influenced by psychological perspectives.

Psychological intervention programs for sexual assault offenders (e.g., see Chung et al., 2006; Schmucker & Lösel, 2008) include aversion therapy, systemic family therapy, schema-focused therapy, and CBT, with CBT being the most prevalent form of intervention. Intervention approaches such as relapse prevention and a strengths-based or good lives model are typically incorporated in contemporary intervention programs based on a cognitive behavioural approach (e.g., Witt, Greenfield & Hiscox, 2008). CBT programs typically seek to address denial, behavioural motivation, cognitive distortions, empathy, anger management, social skills and self-esteem (Gelb, 2007).

A more recent approach to sexual offender intervention is the good lives model, which has a more psycho-therapeutic approach. The good lives model focuses on the strengths of the offender and supports the offender to develop personal and social competence to obtain 'human goods' (e.g., intimacy, autonomy and knowledge) and lead an adaptive and productive life (Chung et al., 2006; Murphy & McGrath, 2008; Prescott & Levenson, 2009).

While biological interventions such as hormonal therapy and organic treatments (e.g., surgical castration and steretoxic neurosurgery) have been less commonly used for sex offenders , there is increasing interest in the use of pharmacotherapies (e.g., antiandrogenic agents and selective serotonin re-uptake inhibitors) to reduce libido among sex offenders (e.g., Greenfield, 2006). Some sex offender programs in Australia are delivered in conjunction with pharmacotherapy.

Australian States and Territories vary in the nature and range of prison-based sex offender programs (see Heseltine, Sarre & Day, 2011). In NSW, Queensland and Victoria, there are programs that specifically designed for offenders with intellectual disability (or low IQ). Programs for Aboriginal sex offenders can be found in Queensland and WA. There are also preparatory programs (i.e., programs to prepare offenders for entry into the core program) for sex offenders (in NSW, Queensland and WA). While these prison-based programs typically have a psycho-educational orientation that incorporates CBT, they vary considerably in intensity and duration. All programs involve a risk or needs assessment prior to program participation.

3.4.2 PROGRAM EVALUATION AND EFFECTIVENESS

Early work to evaluate the effectiveness of single intervention programs for sexual assault offenders produced mixed findings, with no conclusive evidence on program effectiveness in reducing recidivism (e.g., Prescott & Levenson, 2009).

Recent meta-analyses, however, provided some evidence for the effectiveness of sexual offender intervention programs (e.g., Hanson et al., 2009; Schmucker & Lösel, 2008). Taken together, findings of evaluation studies suggest that CBT is the most effective psychological approach for reducing sexual recidivism (Chung et al., 2006). It is worth noting that the lack of empirical studies on more recent intervention approaches such as the Good Lives Model does not necessarily mean they are less effective relative to CBT programs. CBT approaches have a longer history and are more readily assessed in experimental or quasi-experimental designs, hence, there are also more empirical evidence relating to their effectiveness.

In a meta-analysis conducted by Schmucker and Lösel (2008), it was found that while the majority of evaluations did not employ a true experimental design to isolate treatment effects (e.g., random assignment and a comparable control group), interventions based on a cognitive-behavioural approach and hormonal treatment demonstrated relatively consistent reductions in recidivism post-treatment. Psychological approaches with a therapeutic or insight focus were not found to be effective interventions. In addition, it was found that large effects (on program effectiveness) tend to be obtained in studies with small sample sizes and a quasi-experimental design. Larger effects were also found when the researcher was involved in the delivery of intervention programs and when multiple data sources were used to assess recidivism.

A recent USA study of the Custody-Based Intensive Treatment (CUBIT) and CUBIT Outreach (CORE), which are based on CBT, showed that among those who received treatment, rates of recidivism – for both sexual and general criminal offences – was lower than the expected recidivism rates for sexual and

violent offences (see Gelb, 2007; Woodrow & Bright, 2010). CUBIT was found to facilitate the use of effective coping strategies, reduce feelings of loneliness, improve offenders' ability to form intimate relationships, and reduce thinking patterns that encourage sexual offending.

In Australia, five evaluation studies of adult sex offender programs have been undertaken (for a review, see Heseltine, Sarre & Day, 2011; Macgregor, 2008). Notably, the majority of these programs incorporate a range of approaches, including CBT, Good Lives Model, gendered analysis, empathy, and relationships and emotion management.

An evaluation of the NSW CUBIT and CORE Outreach program (Hoy & Bright, 2008, cited in Macgregor, 2008) showed a reduction in recidivism among offenders who completed the CUBIT program compared to the predicted sexual recidivism rate of 26%. It is important to note, however, that there was no control group. The 2007 evaluation of the Sex Offender Programs (SOP) unit in Victoria (Owen et al., in press, cited in Macgregor, 2008) found that high risk offenders were more likely to reoffend sexually than those categorised as medium or low risk. Program completers were also found to reoffend at a lower rate compared to those who dropped out. While no matched control group was used for comparison, recidivism for treatment completers was 4%, which is substantially lower than the figure obtained for most programs nationally and internationally.

In contrast, the 2002 evaluation of the Western Australian Sex Offender Treatment Unit (SOTU) (Greenberg, Da Silva & Loh, 2002, cited in Macgregor, 2008) indicated that there was no significant difference in sexual recidivism between treated and non-treated offenders. However, this finding might have been the results of systematic differences between treated and non-treated (control) groups (i.e., non- equivalence) in terms of offender characteristics such as sentence length and Aboriginal status (Lievore, 2004).

The evaluation of the Queensland Sexual Offender Treatment Program (SOTP; Schweitzer & Dwyer, 2003) showed no significant differences in recidivism among program completers, dropouts and a matched control group. A history of violent sexual offences was, however, related to recidivism. The researchers suggested that considerable missing data and limited and inconsistencies in follow-up periods might have contributed to the lack of program effects.

A recent review of the South Australian Sexual Behaviour Clinic (both prison- and community-based) undertaken by the Department of Correctional Services (Proeve, 2010) found that program content was largely in line with current literature on best practice. Additionally, it was found that although facilitators sometimes included activities that were outside the program manual, these activities had a logical rationale or were designed to engage program participants. Program attendance and completion rates were found to be high, with completion rates being higher among non-Aboriginal perpetrators and perpetrators with child victims. No difference in completion rates were found between those who denied and those who admitted to their offences. Program completers showed small to moderate reductions in risk of sexual recidivism following program completion. The overall rate of recidivism was found to be low among program completers.

Recommendations made by this review highlighted the need to:

- assess the intellectual ability of offenders prior to program participation

- individualise case formulations for those with mental health issues, female offenders and those with conviction for child pornography offences

- address attitudes of sexual entitlement and deviant sexual fantasy (the need for facilitators to be able to identify the presence of, and have the skills to address, these attitudes and fantasies)

- develop and implement guidelines for referrals

- ensure facilitators have knowledge and skills in group processes

- develop a treatment framework that includes a focus on pro-social identity and pro-social goals

It can be seen that evaluations of Australian sex offender intervention programs have produced inconsistent findings. Although there are some evidence of program effectiveness in reducing recidivism,

it is unclear what program components are responsible for the behavioural change, and there are also methodological limitations to existing evaluations.

It is noteworthy that the RNR principles have been much more widely articulated in the design and evaluation of sexual assault than domestic violence offender intervention programs. These principles are widely endorsed by researchers in sexual offender treatment as best practice elements, and intervention programs that have greater adherence to the RNR principles were found to be more effective in reducing recidivism (e.g., see Hanson et al., 2009; Murphy & McGrath, 2008).

Murphy and McGrath (2008) identified a set of best practice principles in offender treatment:

▪ a clear, evidence-based model of change (e.g., the Good Lives Model)

▪ adherence to the RNR principles

▪ ensure continuity of care

▪ provide staff appropriate training and supervision

▪ conduct ongoing program monitoring and evaluation.

While there is increasing argument for the need to match interventions to offender characteristics (i.e., intervention at the individual level), it is also important to address the socio-structural factors that perpetuate domestic and sexual violence (i.e., intervention at the societal level).

3.5   CHALLENGES IN ESTABLISHING THE EFFECTIVENESS OF DOMESTIC AND SEXUAL VIOLENCE OFFENDER INTERVENTION PROGRAMS

Establishing the effectiveness of domestic and sexual violence perpetrator intervention programs is challenging due to a wide range of factors associated with the research methodology, the implementation of intervention programs, and the broader social context.

Apart from whether an experimental or quasi-experimental design was used, other methodological differences among evaluation studies of domestic and sexual violence perpetrator intervention programs include:

▪ the definition of domestic violence or sexual abuse

▪ measurement of recidivism (e.g., based on official records of reconviction or self-reported re-offending by victims)

▪ number and type of outcome measures (e.g., official records of recidivism only or recidivism plus other psychological and behavioural measures)

▪ follow-up period

▪ type of statistical analyses

▪ measures of perpetrator characteristics and inclusion of these measures in data analysis

▪ measures of program characteristics and inclusion of these measures in data analysis

▪ inclusion of a control group or the characteristics of the comparison (no treatment or program dropout) group

▪ involvement of researchers in program implementation

▪ sample size or response rate.

In addition, a number of factors external to the evaluation study can influence the capacity of the evaluation to establish the effectiveness of intervention programs. These factors relate to program integrity and the program context.

- Program integrity (e.g., Day et al., 2009; Schrock & Padavic, 2007) – differences in program effectiveness have increasingly been attributed to varying levels of program integrity (i.e., the extent to which the program is delivered as intended). Program integrity is a critical factor to reaching the intended program outcomes. However, achieving program integrity is challenging as program facilitators differ considerably in experience, training and qualifications. Limited organisation resources (e.g., staff shortage) can also compromise program integrity (e.g., ability to deliver group sessions with two facilitators rather than just one facilitator). Schrock and Padavic (2007) provided evidence that ineffective implementation rather than the curriculum of the program led to poorer outcomes for program participants.

- A program may be either less effective or ineffective altogether because of inadequate funding, a more challenging client group, and limited capacity among program facilitators to engage or motivate program participants and address comorbid conditions or other external risk factors for program participants (Prescott & Levenson, 2009).

- Differences in program effectiveness have been attributed to differences in the context of program implementation (Carson, Chung & Day, 2009; Gondolf, 2004; 2009), for example, the extent to which the program is part of a coordinated and multi-level intervention, as advocated by the Duluth Model. The effectiveness of the program can also be enhanced or offset by the broader societal or community norms about the gender identities and power hierarchy. In recognition of the importance of context in program outcomes, multi-site evaluations are increasingly favoured as a means of assessing contextual impacts on program outcomes (e.g., Day et al., 2009; Gondolf, 2004; 2009).

3.6   PROGRAM STANDARDS

There is a continuing debate among researchers and practitioners about the extent to which program standards should be based on evidence, and how different types of evidence should be used in the development of standards.

While there are currently no national standards for domestic violence perpetrator intervention responses in Australia, some jurisdictions have developed practice guidelines or standards for service design and delivery. Victoria, Queensland and Western Australia, in particular, have relatively comprehensive practice guidelines or standards for the delivery of domestic violence perpetrator intervention responses.

Current standards document or guidelines include:

- *Men's behaviour change group work: Minimum standards and quality practice* (No To Violence, Victoria)

- *Professional Practice Standards: Working with men who perpetrate domestic and family violence* (Department of Communities, Queensland)

- *Guidelines for responding to family and domestic violence* (Department of Health, Western Australia, 2007)

- *Competency standards for intervention workers: Working with men who perpetrate domestic abuse and violence* (Department of Human Services, South Australia, 2001)

NSW has recently produced an Issues Paper on its Minimum Standards for Domestic Violence Behaviour Change Programs (Department of Justice and Attorney General, NSW).

While the South Australian standards focus on workforce requirements, the Victorian, Queensland and Western Australian standards cover a number of elements. These elements include definitions, the conceptualisation of men's violence, safety, client characteristics, workforce requirements, program intake and delivery practices, safety and risk assessment, partnerships and referrals and program review and evaluation. The Queensland standards identify unacceptable and essential practices, and articulate the

standard required and the expected outcomes for each element. The Victorian standards include minimum standards as well as practice guidelines.

In the area of sexual assault, there appears to be one key standards document developed by the National Association of Services Against Sexual Violence (NASASV, Carmody, Evans, Krogh, Flood, Heenan & Ovenden, 2009) – *Framing Best Practice: National standard for the primary prevention of sexual assault through education.*

In a review of standards for domestic violence perpetrator treatment in the USA (Maiuro & Eberle, 2008), only five states did not have standards or regulations for treating convicted or non-convicted domestic violence perpetrators (as at 2007). The primary treatment philosophy in most state standards is derived from a feminist perspective that conceptualise domestic violence in terms of power and control (95%). The majority of standards combine the notions of power and control with social psychological approaches (e.g., focusing on attitudes toward violence and sexism, skill deficits and poor role models in the family) (68%). Many states explicitly forbid the primary use of treatments based on psychopathology or disease models, psychodynamic theory, and models focused on family systems, impulse control disorders, co-dependency or addiction (35%) because they are perceived to reduce the perpetrator's sense of responsibility or compromise victim safety.

Almost all (98%) of the standards emphasise group therapy as the preferred and primary mode of intervention. It is noteworthy that despite the lack of evidence on the relative effectiveness of treatment modalities, a small number of states prohibit the use of individual treatment (5%), and the majority of states (68%) prohibit any form of couples sessions during the course of the primary intervention programs.

In terms of the intake protocol, the majority of states (75%) require intake assessment or the participation in other related programs such as substance use treatment prior to program participation. Most states (91%), however, enforce a uniform course of treatment (i.e., a one-size-fits-all approach) for all perpetrators regardless of the findings of the intake assessment, with only three sates allowing for different treatment programs based on whether a perpetrator is a first time or repeat offender, and the perpetrator's risk level.

For 93% of the standards, some type of victim contact is required. Training requirements for facilitators vary, with 40% requiring an undergraduate degree in a human services field and a specific length of experience or training in the domestic violence field. A small number of states (15%) required a postgraduate qualification for facilitators (usually at a Masters level). Approximately one-third of the states do not have specific educational requirements but require training and experience in the domestic violence sector.

The majority of standards (75%) do not include references or evidence for the requirements specified. For those standards that include references, the majority cited dated references or only a small number of references. Approximately one-third of the standards mention the need for program valuation and research, however, few (18%) require actual data collection to determine program effectiveness.

Based on this review, Maiuro and Eberle (2008, p. 147) identified a number of positive trends in standards development:

- increasing multi-faceted nature of content of treatment protocols (despite the treatment theoretical basis)

- increasing number of standards requiring intake assessment before treatment

- increasing number of standards requiring dander/lethality assessment to help manage risk

- increasing recognition of the need for program evaluation and research

- requirement to collect standardised data sets for some standards

- increasing minimum level of education required for treatment providers.

Recommendations made by Maiuro and Eberle (2008, p. 149) to improve standards include:

- expanding one-size-fits-all treatments to allow client-centred, evidence-based multivariate content and case management

- enhancing screening and referral for comorbid conditions

- improving risk assessment through standardised checklists

- including researchers familiar with current literature on domestic violence on standards committees

- developing systematic program evaluation protocols

- developing modified standards for female perpetrators, military, gay and lesbian and minority populations.

A set of guidelines to develop standards for male domestic violence perpetrator programs was developed by Work with Perpetrators of Domestic Violence in Europe (2008). In particular, these guidelines relate to the pre-conditions for working with male perpetrators and key principles for the work with male perpetrators.

These pre-conditions for working with male perpetrators include:

- understanding and explicitly articulating the goal for working with male perpetrators (i.e., increase the safety of the victims of violence)

- collaboration with victim support services and intervention systems – perpetrator programs should be integrated as part of the broader intervention system

- theoretical understanding and explicit articulation of key concepts, including gender theory, definition of domestic violence and types of abuse, origins of violence, and theory of intervention or change

- Focus on relevant dimensions for the use of violence, including socio-cultural, relationships and individual factors (including cognitive, emotional and behavioural factors).

The principles for working with male perpetrators include:

- partner contact and support – it is important for partners to be informed about the program content, goals and limitations, and partner input should be obtained to inform perpetrator risk assessment. Partner contact should be voluntary and the risk for partners (by contacting them) should be minimised. a child protection policy should be included in the program

- approaches and attitudes in direct work with perpetrators – for example, holding the perpetrators accountable for their actions, treating perpetrators with respect, violence as a choice, and developing victim empathy.

- risk management should be undertaken systematically

- staff qualification – facilitators should have a commitment to violence free relationships and gender equality, violence awareness training, reflect on their own relationships, attitudes and behaviours, group work skills, comprehensive understanding of the dynamics of violent relationships and have access to continuing education and supervision

- quality assurance, documentation and evaluation should be integral to each program and strategies should be developed and implemented to monitor program activities and outcomes

Given that much is still unknown about what program components are effective in reducing recidivism, there is limited capacity to analyse existing standards against current empirical evidence.

Overall, the evidence for program effectiveness, particularly in relation to cognitive-behavioural approaches (which typically incorporate a gendered analysis), appears to be more robust for sex offender intervention programs than domestic violence perpetrator intervention programs. At the same time, it is important to note that larger number of studies have evaluated the effectiveness of intervention programs based on CBT compared to programs based on other approaches. Thus, it is possible that, rather than being less effective or ineffective, non-cognitive behavioural approaches, have not yet received the empirical investment required to demonstrate their effectiveness (for example, owing to the fact that they less readily lend themselves to experimental or quasi-experimental designs).

The question of 'what works for whom' remains largely unclear, and research is still at an early stage in terms of identifying what program components are effective (see also Blatch & Delaney, 2009).

Recent evidence points to the need to match programs to perpetrator characteristics (e.g., risk, motivation, need), an important part of which is the initial screening and assessment process and the need for reliable and valid screening and assessment tools. On the whole, there appears to be a stronger correlation between socio-demographic variables and recidivism for domestic violence than sexual offender intervention programs. On the other hand, there appears to be a stronger correlation between psychopathology (e.g., personality disorders) and offender outcomes (i.e., recidivism) for sexual than domestic violence perpetrator intervention programs.

While there may be a need for intervention programs to pay greater attention to individual differences in risk, motivation and need, current programs do not typically address socio-demographic differences among perpetrators such as socio-economic status, ethnicity and geographic location.

It is worth noting that the emphasis on an "individualised" approach to intervention, as discussed in the literature, relates to matching the type of intervention to individual factors such as risk level (e.g., previous criminal history), cognitive capacity, and comorbid conditions (e.g., mental health and drug use issues). While an "individualised" approach is historically linked to a clinical or psychopathological perspective on domestic and sexual violence, the conceptualisation of an individualised or matched intervention approach does not preclude the adoption of a feminist perspective or the use of group-based interventions.

Contemporary psychological perspectives on human behaviour recognise that a multitude of factors influence individual attitudes and behaviour, and that these factors occur at different levels and have both independent as well as interactive effects on behaviour. People define themselves at multiple (e.g., individual, interpersonal and group levels), and conceivably, socio-structural factors such as gender power relations can be targeted at the individual as well as at the group and societal levels.

It is noteworthy that research into domestic violence perpetrator intervention programs is increasingly emphasising the risk, need and responsivity principles that have been more widely adopted in sex offender intervention programs. However, it is unclear the extent to which findings from sex offender programs are applicable to the domestic violence field. Given the importance of contextual factors on program outcomes, it is also unclear the extent to which overseas research findings are applicable to the Australian context.

Efforts that occur at the intervention program level should be accompanied by intervention at the broader societal level to address socio-structural factors that reinforce or perpetuate domestic and sexual violence. A multi-level approach is most likely to result in sustained outcomes.

Although current empirical evidence for program effectiveness is not considered to be robust for either domestic or sexual violence perpetrator intervention programs, it does not mean that current programs are ineffective in reducing recidivism or the economic and social costs to the broader society. As highlighted in this literature review, a number of program and non-program (e.g., research methodological, contextual) factors influence the capacity of empirical studies to demonstrate program effectiveness. A greater investment in research is therefore needed to disentangle program effects from other factors that can impact on program effectiveness and to determine the combination of strategies that maximise program effectiveness in a given context.

4   Research priorities and directions

Research on intervention programs for domestic and sexual violence perpetrators remains at an early stage of development. Despite the progress that has been made, there is still a large gap in knowledge about how theoretical frameworks such as the feminist perspective on gender inequality should be addressed in intervention programs, and how intervention programs should be designed, delivered and examined empirically (e.g., Eckhardt et al., 2006). There is, however, a strong consensus among researchers that more and high quality evaluation studies of offender intervention programs are needed.

4.1   IMPROVING THE QUALITY OF RESEARCH

Researchers (e.g., Gondolf, 2004; 2009) are increasingly highlighting the importance of contextual factors in the effectiveness of intervention programs. The existing body of research, which is largely based in North America (USA and Canada), provides useful information about the design of intervention programs and their impact on psychological and behavioural outcomes. It is important, however, to assess the effectiveness of intervention programs in the Australian context. It would be important to conduct thorough evaluations of perpetrator programs in Australian (across geographic locations) to determine the extent to which findings from international research are applicable to the Australian context.

Central to any future research agenda is the need for adequate funding and resources, and collaboration between funders, researchers and service providers (Eckhardt et al., 2006). The Campbell Collaboration review also raised the importance of using larger samples, longer follow-up period, and both official and victim reports in the measurement of recidivism (Feder et al., 2008). Quality evaluation will also be supported by having stronger program logic (i.e., clearly articulated links among program objectives, activities, outputs and outcomes) underpinning intervention programs.

Humphreys, Ross and Diemer (2010) made a number of recommendations for future evaluations of men's behaviour change programs. These recommendations included:

- Information on the perpetrator's history of offending, conditions of the intervention order and police risk assessment be available for program facilitators and evaluators

- Systematic recording of non-attendance and sanctions and the provision of these data to the evaluators

- Compulsory participation in evaluation is needed to ensure valid and reliable evaluation findings

- Ability to observe program delivery practices

- Inclusion of partner follow-up as part of the evaluation (by systematically collecting data on all partner contacts made or attempted and ensure that the data is available to evaluators)

- Evaluators have access to police.

4.2   FUTURE RESEARCH OPPORTUNITIES

Specific areas for future research identified in the literature include:

- Strategies to recruit or engage domestic violence perpetrators who do not seek help or come into contact with the criminal justice system in intervention programs (e.g., Campbell, Neil, Jaffe & Kelly, 2010; Edleson, 2008) – given that previous convictions or criminal history is one of the strongest predictors of recidivism, it is critical for intervention programs to reach men early in the development of domestic and sexual violence. This finding suggest that there is a need to develop specific strategies to prevent reoffending among first-time offenders as well as strategies to better identify high risk offenders and increase their capacity to complete programs.

- Strategies to minimise program attrition – research indicates that program attrition rates are high for both domestic and sexual violence offender intervention programs, program completers have better

outcomes than non-completers (dropouts), and that those who drop out of programs can reoffend at a higher rate compared to those who did not participate in a program (e.g., Sartin et al., 2006).

▪ Strategies to improve the capacity of intervention programs to cater for perpetrators of different socio-economic and cultural backgrounds, and geographic locations.

▪ The development of reliable and valid screening and assessment tools to facilitate the matched intervention approach.

▪ Cultural competence of intervention programs – new methodologies are needed to determine the cultural competence of programs.

▪ The National Council to Reduce Violence against Women and their Children (NCRVWC, 2009) proposed the following areas for future research:

– Effectiveness of incarceration, deterrence and community restraint in reducing recidivism.

– Program characteristics that are effective in changing men's behaviour.

– Developing and evaluating best practice prison-based intervention programs – examining the principles and theory underpinning the program content, the approach used to work with female partners and managing safety issues, the capacity of the program to respond appropriately to perpetrators from a range of backgrounds and different geographical locations, and the impact of the program in reducing violence against women and their children

This paper reflects the conclusions drawn from the Australian and international literature. The final paper will include the findings from the survey of Australian intervention programs being undertaken as part of the overall project.

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