



# Domestic and family violence behaviour change programs: An examination of gendered and non-gendered frameworks

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## ABSTRACT

This article sets out to examine the dichotomous frameworks used to inform domestic and family violence (DFV) behaviour change programs (BCPs). Based on a Rapid Evidence Assessment (REA) methodology, we consider what works and what does not work in the delivery of Domestic and Family Violence programs through a gendered and non-gendered framework. This methodology was selected as it supports a balanced assessment of existing published research in the area, allowing for the current knowledge base to be critically examined. As a result, the REA revealed both the strengths and weaknesses of traditional gendered approaches focusing on the Duluth Model and non-gendered therapeutic approaches focusing on Cognitive Behaviour Therapy (CBT). Yet, while strengths and weaknesses can be seen in both the “violence as gendered” and “violence as non-gendered” paradigms, a case is made for only delivering BCPs within a non-gendered framework.

**Key Words** Gendered violence; non-gendered violence; Duluth model; cognitive behaviour therapy; offender behaviour; treatment intervention.

## INTRODUCTION

Domestic and family violence (DFV) is a widespread issue globally, occurring across all socioeconomic groups and impacting individuals of all religions, ages, genders, cultures, and sexualities (Hegarty et al., 2000). The term domestic and family violence is not a gendered term. Yet when an example is given or the media depict a portrayal of DFV, the scenario is often the same: a male figure abusing his female partner and family members. These scenarios commonly overlook the other instances in which DFV occurs, i.e., where the female is violent towards the male, same-sex relationships, the Queer community to name but a few. As a result, society has, to an extent, embraced the feminist ideologies of aggressive masculinity, patriarchy, and femininity (Gutmann, 2021).

During the mid-1980s many Western democracies saw the emergence of Behaviour Change Programs (BCPs) aimed at men recognizing, addressing, and changing their violent behaviours towards women (Day et al., 2018). Houston (2014) acknowledges the key role that feminism played in developing this area of work. However, as the times changed, it became apparent that DFV was not just a problem faced by one singular group, and as such, questions regarding domestic violence

as a gendered issue began to emerge (Bates et al., 2019). It was proposed by feminists that domestic violence be viewed as the male oppression of women, thereby rejecting other forms of oppression (Houston, 2014).

Men are not inherently violent, nor is violence or aggression a gendered behaviour (Gutmann, 2021). However, domestic violence programs are contextualised within the framework of feminist ideology. The Duluth model, as an illustration, arose as a framework to address male violence towards women and has been entrenched in DFV programs for the past 40 years (Bohall et al., 2016). In recent times, the Duluth model has been a topic of debate within the DFV field, in which it has been suggested the model lacks the ability or will to address the psychological and/or emotional aspects of violence and is underpinned by gender bias (Bohall et al., 2016). Again, the question of domestic violence being a gendered issue arises as does the question of how domestic violence is depicted to society.

Gender-inclusive DFV research posits that men are not inherently violent, and instead negative behaviours are often learned during childhood where individuals are exposed to violent situations and the use of violent materials (Gutmann, 2021). Day et al. (2018) have suggested that it is possible to implement strategies and/or programs that help change an

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individual's harmful tendencies. As a result, various organizations have attempted to implement BCPs with the aim of helping individuals recognize their negative behaviours and develop strategies for positive change. A common feature of these approaches is that they all have the same objective: assisting perpetrators in recognizing their negative behaviours and attitudes, helping them to change and acknowledge their accountability. Notably, some of the program names seem to be based upon gender bias. Mission Australia, for example, have named their program "Manin' Up," a term that highlights the social construct of gender expectations. It is these gender expectations that often lead to developing negative behaviours, especially by heterosexual men (Sinacore et al., 2021). In comparison, there are programs with positive names that come across as neutral and non-judgemental, such as "choosing change" and "taking responsibility."

Existing literature shows that there has been little evidence-based research studying the effectiveness of current BCPs, even less data on post-program evaluations, and limited long-term impact evaluations (McGinn et al., 2019). There is a grey area within the field of domestic violence concerning BCPs, particularly in terms of what actually works and what needs to be changed and/or implemented. This study seeks to address this particular shortcoming by assessing existing scientific evidence to determine the current strengths and weaknesses of the gendered and non-gendered frameworks that inform such programs.

## METHODOLOGY

This study adopted a secondary data approach to research in the form of a Rapid Evidence Assessment (REA). An REA is part of the systematic review approach to research and is a short process in terms of timeframe, taking approximately 6 months (CEBMA, 2017).

The Centre for Evidence-Based Management (CEBMA) recognizes that an REA is a systematic methodology which aims to search and evaluate empirical studies and then provide an assessment on what is known and unknown regarding a particular issue, problem, or intervention (CEBMA, 2017). The REA involves a number of steps, outlined by the CEBMA, with the first and second steps based on finding relevant search terms that are relatable to the study and deciding on the most applicable databases for the REA question. Step three involves the researcher conducting systematic and reproducible search terms in the selected databases. This is followed by step four, verifying the "methodological appropriateness and quality" of the study. Steps five and six involve identifying the effect size of the study and its main limitations. In step seven, the researcher rates how trustworthy the study is, and in step eight, they assess the main findings before providing a summary. The alternative to a REA is a full systematic review, but this approach takes longer and fell outside the study timeframe. In sum, a REA was chosen for its ability to provide a thorough and detailed analysis of relevant data, much like a full systematic review, but within a shorter timeframe.

### Search Terms/Themes (PICOC Framework)

The following tables are based on the acronym PICOC, which stands for Population or Problem, Intervention, Comparison,

Outcome and Context (Schardt et al., 2007). The PICOC framework is used to focus a study's search strategy. It is useful in organizing the exclusion and inclusion criteria when searching for secondary evidence. Table I lists the parameters used in each PICOC component.

Table II illustrates the inclusion and exclusion criteria that guided the REA.

This study used a thematic analysis to make sense of the scientific literature obtained through the REA. A thematic analysis allows a large variety of data to be analyzed and managed extensively to provide a comprehensive understanding of the relevant literature. As described by Braun and Clarke (2006), a thematic analysis is concerned with the process of "identifying, analysing and reporting patterns (themes)" found within the data.

## FINDINGS

The following findings consider the strengths and weaknesses of Domestic and Family Violence Behaviour Change Programs based on 15 journal articles identified through the REA process. The strengths and weaknesses are considered within the context of traditional gendered approaches focusing on the Duluth model and non-gendered therapeutic approaches focusing on cognitive behaviour therapy (CBT).

### An Analysis of Gendered Approaches to Behaviour Change Programs: The Duluth Model

The effectiveness of the Duluth model is an ongoing debate among DFV researchers, in part because evaluations of this approach show varying outcomes. When research on the efficacy of the Duluth model has been conducted by feminist-focused researchers, the programs are assessed as highly successful and effective (Voith et al., 2018). In comparison, when the efficacy of this approach is considered from gender-inclusive-focused researchers, the effectiveness is shown to be poor. Nevertheless, it can be shown that the Duluth model has both strengths and weaknesses.

### Strengths of the Duluth Model

The main strength of this model is that it allows DFV to be understood and addressed from the female experience/perspective (Forsdike et al., 2021). Furthermore, it provides men with an opportunity to recognize and change their

TABLE I PICOC Framework

| PICOC component |                       |  |
|-----------------|-----------------------|--|
| <b>P</b>        | Population or problem | Domestic and Family Violence offenders Areas: Australia, United Kingdom (UK), Canada, United States of America (USA), New Zealand (NZ) |
| <b>I</b>        | Intervention          | Behaviour Change Programs (BCPs)   |
| <b>C</b>        | Comparison            | Traditional gendered programs; Offender treatment programs (cognitive behaviour therapy)   |
| <b>O</b>        | Outcome               | Strength/Weakness of BCPs; Impact  |
| <b>C</b>        | Context               | BCP providers/organisations  |

**TABLE II** PICOC framework with corresponding study inclusion and exclusion criteria

| PICOC elements        | Inclusion criteria  | Exclusion criteria  |
|-----------------------|---|---|
| Population or problem | 1. Australia, UK, USA, Canada, NZ<br>2. Domestic and Family Violence offenders                              | 1. Countries other than Australia, UK, USA, Canada, NZ<br>2. Non-domestic violence offenders  |
| Intervention          | 1. Behaviour Change Programs<br>2. Government<br>3. Non-Government  | 1. Other offender interventions   |
| Comparator            | 1. Gendered programs<br>2. Cognitive behaviour therapy programs (core components)                           | 1. Offender programs based on alternative theories/ approaches.   |
| Measurement           | 1. Strengths and weaknesses<br>2. Impact on offending   | 1. Specific program content & structure   |
| Study design          | Any study design  | N/A   |
| Other factors         | 1. Publication language is English<br>2. Academic articles<br>3. Published between January 2011 to May 2021 | 1. Publication language is non-English<br>2. Non-academic articles/publications<br>3. Published before January 2011 or after study completion (May 2021). |

adverse behaviours. This is highly beneficial, as it focuses on a core component of behaviour change, recognition that a change needs to occur. Another strength is that it holds the perpetrator, in this case men, accountable for their actions and provides them a program in which they can work to change for the better (Hasisi et al., 2016). Additionally, the model aims to address the notions of patriarchy, masculinity, and gender inequalities, with the goal of creating safer environments and relationships for women and their children (Forsdike et al., 2021; Voith et al., 2018). Wood et al. (2021) highlight that by focusing on these aspects, the model aims to educate men on the systems in place that promote their negative use of power and control. By understanding these and the harmful effects these have on women, men are encouraged to promote change in not only themselves but the systems that justify their misuse of power (Hasisi et al., 2016). Further to this, it has been noted in some academic circles, for example by Voith et al., (2018), that the Duluth model could be enhanced by combining it with more a therapeutic approach such as CBT. By using aspects of both approaches, the intervention becomes more multi-dimensional in its treatment process. In this way, it not only treats the behaviour but considers the problems that cause such behaviour.

### *Weaknesses of the Duluth model*

The main weakness of the Duluth model is that, although women are considered the most likely victims of DFV, they are not the only victims. The model lacks the ability to be applied to other groups who are victims of DFV, as the ideology behind the model is to address male control and power over women (Bohall et al., 2016; Wood et al., 2021). The Duluth model is often criticized for its “one-size-fits-all” approach (Moss, 2016). The model lacks diversity, focusing solely on the experiences of women, such that other offenders are likely to feel as if they cannot reach out for assistance (Dixon & Graham-Kevan, 2011). Behaviour change programs need to be accessible and relevant to everyone who perpetrates DFV and acknowledges that they want to change. Furthermore, the Duluth model is quite confrontational in its

implementation, and clients can feel attacked rather than supported (Moss, 2016).

As noted by Hamel (2020), women are just as likely to use violence as men are, yet the Duluth model argues that, in most cases where women use violence, it is out of self-defence. Also, when a male victim contacts support that uses a traditional approach, he is still screened as if he is a perpetrator (Archer et al., 2012). This does not occur to women in the same situation. The implications is that women cannot be the aggressors in a DFV situation without there being a justifiable reason. Arguably, it could be said that the Duluth model disregards the experiences of men and others who do not identify as female. The model also frequently disregards many other risk factors, such as past trauma, employment status, socioeconomics, and substance abuse, to name but a few.

### *Evaluation: Duluth Model*

Whilst the Duluth model does have merits, its limitations arguably far outweigh those. It is certainly true that women experience DFV at a higher rate than that of men. Nevertheless, by focusing on one gender, we are neglecting non-female victims for the sole reason that they are not women. There is also the matter of victims not seeking support or reporting DFV, as they do not feel supported in an environment and context that is gendered and female-focused (Wood et al., 2021). In terms of prevalence rates within DFV, it could be suggested that the current statistics regarding victimization do not show the real picture due to this reluctance on the part of genders other than women to seek support (Wood et al., 2021). Traditional gendered approaches also appear to be more hypocritical than other approaches, applying opinion over evidence to their programs, for example the opinion that women who use violence do so mainly out of self-defence (Day et al., 2018). Gendered approaches such as the Duluth model also base their programs on the opinion that men engage in DFV due to inherent characteristics of masculinity and patriarchy (Forsdike et al., 2021; Vlasis et al., 2017). This precludes the BCP from providing a service to all DFV offenders in favour of some DFV offenders. Furthermore, the Duluth model cannot be considered more effective than any other

treatment model, as it is not informed by evidence-based research (Cannon et al., 2020). When implementing a DFV program, it is important to understand what works and what does not, with supporting evidence. Otherwise, the program's credibility and efficacy can be called into question. Finally, the Duluth model is not addressing the contemporary issues that cause DFV but remains focused on past ideologies and social opinion. This is not to say that traditional approaches cannot work or be effective; rather, it means that these approaches need to be revisited and revised. It has been suggested that treatment using certain features of the Duluth model applied in conjunction with aspects of other approaches, such as CBT, are more effective (Voith et al., 2018). Treatment programs that are more holistic, individualised, and targeted have greater chances of success (Voith et al., 2018).

## An Analysis of Non-Gendered Approaches to Behaviour Change Programs: Cognitive Behaviour Therapy

### *Strengths of Cognitive Behaviour Therapy*

The key strength of CBT is that it is evidence-based. Research is used to understand the underlying causes of the violent behaviour and to determine what approach works and how it needs to be applied depending on the individual's needs and situation (Aaron & Beaulaurier, 2017). This enhances the effectiveness and positive outcomes of the approach (Cannon et al., 2020). CBT also assists DFV perpetrators by helping them adopt coping mechanisms, so they do not revert to violent or adverse behaviours (Bernardi & Day, 2015). This is highly beneficial as it focuses on long-term treatment outcomes. If the coping mechanisms are maintained, the likelihood of recidivism is decreased, as the offender is equipped to understand and avoid adverse behaviours. Additionally, this approach identifies early indicators of violence, which allows for coping mechanisms to be developed and applied early on (Aaron & Beaulaurier, 2017). Furthermore, this model of DFV treatment is not informed by gendered ideologies, meaning that the terminology is neutral and aimed at promoting inclusivity. However, this may not be the case for all CBT programs, as it depends on the organizations and who they are targeting.

### *Weaknesses of Cognitive Behaviour Therapy*

A limitation of CBT is that it can be quite confrontational, in the sense that it often requires the offender to confront their emotions and the primary causes for them (Voith et al., 2018). Offenders may potentially feel increased stress as they confront their own thoughts and feelings as well as addressing the underlying causes of their violent behaviours (Voith et al., 2018). This has the potential to lead to discomfort and an unwillingness to continue treatment. Also, CBT on its own may not be able to offer the required support for behaviour change if the individual has a variety of complex needs (Voith et al., 2018). CBT focuses on the individual's thought pattern and their ability to engage and learn coping strategies (Aaron & Beaulaurier, 2017). If the individual has complex emotional or mental needs, CBT has the potential to be harmful to them, as they may begin to feel overly emotional about their behaviours and the change process (Voith et al., 2018). Thus, the implementation of CBT needs to be carefully considered in order to avoid any potential harm to the client. It has been

suggested that CBT should be used in conjunction with other forms of treatments (Blatch et al., 2016). Again, the key is to provide a form of treatment that is holistic and multifaceted, addressing all the clients' areas of concern.

### *Evaluation: Cognitive Behaviour Therapy*

CBT can be considered the more effective approach for delivering BCPs as it is informed by evidence-based research. The outcomes of this approach have been evaluated more extensively than that of traditional [gendered] approaches (Bernardi & Day, 2015) and continue to be evaluated using current research to determine what changes or amendments can be made to treatment programs to enhance success. Additionally, this model views violence as a learned behaviour which can be unlearned (Aaron & Beaulaurier, 2017). As such, it recognizes that non-violent behaviours and coping strategies can also be learned in order to minimize relapse into negative behaviours. This therapeutic approach has been proven to be effective when applied to non-DFV offenders, such as sex offenders and violent offenders (excluding DFV) (Hasisi et al., 2016). It can be concluded that this model does work in changing behaviours. As previously mentioned, much like the Duluth model, the success of CBT could be enhanced by applying other forms of treatment alongside (Voith et al., 2018). The implementation of a multifaceted program has the potential to address all or most of the needs of the offender that are influential for behaviour change. If these needs are not addressed, there is an increased risk that the program will not be as effective and the offender may fall back into negative behaviours.

## DISCUSSION

The Duluth Model's principal strength lies in its ability to address the concerns of women who were or are victims of domestic violence. However, this is overshadowed by the model's main weaknesses, which are that it lacks diversity, it is a model made by women for men, and it is difficult to apply this model to any other group. Additionally, it lacks empirical evidence to support its effects and implementation. Overall, the findings of the REA have shown that this approach is not beneficial when used as the sole method of treatment. In contrast, the strengths of the non-gendered therapeutic approach, CBT, include its ability to assess violence as a gender-inclusive notion, removing all gender bias. Furthermore, it is supported by evidence, enhancing its credibility. The key weakness of this approach is that if a client had complex needs beyond the underlying causes for their violent behaviour, it may be damaging to continue, or even start, treatment. CBT is deemed to be highly effective, but there is room for improvement (for example, see the work of Sicard & Birch, 2020). It has been suggested for both the Duluth model and CBT that using them in conjunction with other models could provide a more holistic approach to address the complexity of domestic and family violence.

Based on the findings presented above, the following key observations can be made. First, when DFV is discussed in relation to BCPs the key focus is on the physical aspect of DFV. Studies frequently focus on the physical harm that men subject their female partner and/or family to. Women perpetrators are seen as rare cases, with their violence justified

as self-defence. However, as noted by Hamel (2020), women are just as likely to engage in physical violence as men. Yet the focus remains primarily on male aggression and underlying masculinity and patriarchy. This study highlighted that focusing on just female victims disregards the experiences of other victims—those who are not women but who are subjected to physical, financial, emotional, psychological and/or verbal abuse to name a but a few. If a BCP is to be implemented, it should incorporate all forms of DFV not just the physical abuse, which could limit who can access the service and support.

A second observation is the two differing thoughts on violence: *violence as gendered* and *violence as gender inclusive*. In general, DFV is presented as an issue faced predominantly by women at the hands of men. In fact, DFV is more complex than a binary gendered narrative, and recognizing therapeutic approaches that are inclusive of all offenders is an important observation drawn from the REA. Traditional gendered approaches often adopt the Duluth model as their framework and are focused on ideology rather than evidence-based practice. In contrast, the non-gendered therapeutic approach is not only inclusive regarding gender but also evidenced-based and aimed at addressing both the societal stressors and the underlying psychological and emotional causes of such violence.

## CONCLUSION

Of the two frameworks used to inform DFV BCPs, a non-gendered framework is a more holistic and evidenced-based approach for seeking change in the use of violent behaviour. As such, we make a case for only delivering BCPs within a non-gendered framework.

## CONFLICT OF INTEREST DISCLOSURES

The authors declare that there are no conflicts of interest.

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