Assessing the efficacy of Domestic and Family Violence behaviour change programs: A Rapid Evidence Assessment

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Report prepared for CRCS, Canberra

January 2022

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Summary

There has been a growth in Domestic Violence Behaviour programs over recent times, with programs aimed at preventing the likelihood of recidivism among domestic violence perpetrators. The aim of this study was to assess the efficacy of current domestic and family violence behaviour change programs. This report is underpinned by the following research questions: *What are the conceptual and theoretical frameworks of Behaviour Change Programs?; What is the content of Behaviour Change Programs?;* and *What is the efficacy of Behaviour Change Programs?* The chosen methodology was a Rapid Evidence Assessment (REA) in which existing scientific evidence and literature regarding behaviour change programs has been analysed. This research was informed by the Centre of Business Management's REA framework in which the analytical framework of a thematic analytical framework was adopted. Search engines such as Google Scholar, EBSCOhost (psychology), ProQuest and Sage Journals were used to source existing literature and evidence regarding the efficacy behaviour change programs.

The findings revealed that while many programs were aimed towards men, there was no evidence that showed them to be the most successful in the prevention of domestic violence. There were evidently two approaches when it came to behaviour change programs, there was an ideological driven approach, focused on the implementation of the Duluth model versus a gender inclusive approach that focused on evidence-based practice. The REA revealed that programs that adopted a more inclusive approach to offender treatment addressed the underlying issues of offending, a noticeable gap that gendered programs had.

Abbreviations

This section provides a list of abbreviated terms that are used throughout the report:

ACT – Australian Capital Territory

BCP/s – Behaviour Change Program/s

CBT – Cognitive Behaviour Therapy

CEBMa – Centre for Evidence Based Management

CRCS – Capital Regional Community Services

DFV – Domestic and Family Violence

MBCP – Male Behaviour Change Program

NSW – New South Wales

PICOC – Population or Problem, Intervention, Comparison, Outcome and Context

REA – Rapid Evidence Assessment

RNR – Risk-Needs-Responsivity

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Section One: Introduction to study

Domestic and Family violence (DFV) is a widespread issue both in Australia and globally, occurring across all socioeconomic groups 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 their 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, patriarchism and femininity (Gutmann, 2021).

During the mid-1980's Australia saw the emergence of Behaviour Change Programs (BCP's) aimed at men recognising, addressing, and changing their violent behaviours towards women (Day et al., 2018). Houston (2014) acknowledges the key role that feminists of the time played in developing Domestic violence laws and their continuing influence on the development and structure of BCP's. However, as the times changed, it became apparent that DFV was not just a problem faced by any 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, by doing so, it rejected other understanding and perspectives (Houston, 2014). Although statistics show that women experience DFV at the hands of men much more frequently than males, it raises the question; is domestic violence a gendered issue? No matter the platform, when domestic violence is the central topic, the comparison between the male and female genders is always discussed. There have been numerous conversations around the topic of theory and how efficient it is when applied to practice and programs. This is highlighted in literature where the issues regarding theoretical frameworks for offender treatment is examined (Day et al., 2018; Broady et al., 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 feminism and 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 the topic of debate within the DFV field. 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. This study seeks to explore and consider both the similarities and differences between non-DFV offender behaviour programs and BCP's with a key focus on the Duluth model and Cognitive Behaviour Therapy (CBT).

Gender inclusive DFV research details that men are not inherently violent, as mentioned above, and instead negative behaviours are often learnt during childhood where individuals are exposed to such materials and situations (Gutmann, 2021). Day et al., (2018) has suggested that it is possible to implement strategies and/or programs that assist in changing an individual's harmful tendencies. As a result, various organisations have attempted to implement BCP's with the aim of assisting individual's in recognising their negative behaviours and developing strategies for positive change. Some notable organisations include Mission Australia, relationships Australia, Catholic Care, Anglicare etc. these programs are targeted mainly towards men. They all have the same objective, assisting men in recognising their negative behaviours and attitudes, helping them to change them and recognise their accountability. Notably, some of the program names seem to be based upon gendered bias for example mission Australia have named their program 'Manin' Up', this term itself highlights the social construct of gender expectations. It is these gender expectations that often lead to negative behaviours developing, especially when experienced 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'. However, there is a common theme amongst these organisations and programs. Existing literature show that there has been little evidence-based research regarding the effectiveness of current BCP's, even less data regarding 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 BCP's, most prevalent are the areas regarding what actually works and what needs to be changed and/or implemented. This study seeks to address this particular area, by assessing existing literature and programs to determine the current strengths and weaknesses, as well as the efficacy of BCP's.

In Australia, each state has legislation and policies that aim to provide the guide and structure for BCP's or as they are often referred to, Men Behaviour Change Programs (MBCP). The New South Wales (NSW) Government (2021) sets out the guiding principles that must be followed when providing a BCP within NSW. This guide refers to men as the perpetrators and women as the victims, whilst it acknowledges the experiences of domestic violence within the Queer community it does not provide and guidelines for specific programs for them. Rather we see policies adhering to gender bias's and gendering violent behaviour, referring to programs as 'interchangeable' regarding the group it targets with little thought on the differing social, psychological, and emotional aspects of each. In comparison, the Victorian government have tried to provide diverse programs for different cultural groups and sexualities (Victorian State Government, 2021). It is evident that in Australian policy negative behaviours relating to DFV is often viewed as a gendered issue with links gender power imbalances. Nevertheless, there is still a lack of evaluations and assessment of long-term impact of the programs they are providing guidelines for.

In light of this knowledge base, the current study aims to assess the efficacy of Domestic and Family Violence Behaviour Change Programs. Furthermore, this research aims to provide a contribution to the field of domestic and family violence studies. Additionally, this study seeks to support the practice of the Capital Region Community Services (CRCS) in the Australian Capital Territory (ACT) in developing their own behaviour change program based upon evidence. The aim is underpinned by the following research questions:

- *What are the conceptual and theoretical frameworks that inform BCP's?*

- *What is the content of BCP's?* and,

- *What is the efficacy of BCP's?*

Section Two: Methodology

This study adopted a secondary data approach to research, with a Rapid Evidence Assessment (REA) selected. An REA is a part of the Systematic Review approaches to research; however, the REA approach is a more condensed process.

As stated in the Centre for Evidence Based Management (CEBMa, 2017) guideline for REA's, an REA is a systematic methodology in which aims to search and evaluate empirical studies in which then provides a stable assessment on what is known and unknown regarding a particular issue, problem, or intervention (CEBMa, 2017). The CEBMa (2017) guide provided researchers with a framework on how to successfully conduct a REA. The first and second steps involve finding relevant search terms that are relatable to the study and deciding upon the most applicable databases for the REA question. Step three involves the researcher conducting a systematic study on how reproduceable the search terms are 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 of the study and the main limitations. Step seven comprises of the researcher rating how trustworthy the study is, followed by step eight in which they assess the main findings before providing a summary of such. The REA method fitted with the constrained timeframe on the research.

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 research's search strategy. It is useful in organising the exclusion and inclusion criteria when searching for secondary evidence. Additionally, the PICOC framework helps researchers to develop specific research questions and to decide which type of research will provide the best study approach (Schardt et al., 2007).

Table 1: PICOC Framework

	PICOC	
P	Population or problem	Domestic and Family Violence perpetrators Area(s): Australia(n), United Kingdom (UK), Canada, United States of America (USA), New Zealand (NZ)
I	Intervention	Behaviour Change Programs
C	Comparison	Offender treatment programs (Cognitive behaviour therapy)
O	Outcome	Efficacy of Behaviour Change Programs
C	Context	BCP providers/organisations

Inclusion and Exclusion Criteria

Table 2: PICOS framework with corresponding study inclusion and exclusion criteria

PICOS Elements	Inclusion Criteria	Exclusion Criteria
Population or problem	1. Australian, UK, USA, Canada, NZ 2. Domestic and Family Violence perpetrators	1. Non-English 2. Non-domestic violence offenders
Intervention	1. Behaviour Change Programs 2. Government 3. Non-Government	
Comparator	1. Non-Domestic and Family Violence offenders 2. Cognitive Behaviour therapy programs (core components)	

Measurement	1. The efficacy of Behaviour Change Programs 2. Strengths and weaknesses 3. Impact on offenders	
Study Design	1. Any study design	
Other Factors	1. Publication language is English 2. Academic Articles 3. Published between January 2011 to May 2021	

Search strategy

Table 3: Study search strategy organised using the PICOS framework

PICOS elements	Keyword(s)	Search terms and strategies
Population or Problem	Domestic Violence	"Domestic Violence" **OR** "Domestic and Family Violence" **OR** "Domestic Abuse" **OR** "Family Violence" **OR** "Intimate Partner Violence"
	Offender	Offend* **OR** Aggress* **OR** Perpetrat* **OR** Crimin*
	Area	Australia* **OR** United Kingdom **OR** United States of America **OR** Canada **OR** New Zealand

Intervention	Programs	Programme **OR** "Behaviour Change Programs" **OR** BCP **OR** Cognitive therap* **OR** "Cognitive Behaviour Therapy" **OR** CBT **OR** Behaviour* **OR** "Domestic Violence treatment" **OR** Treatment **OR** Intervention **OR** "Gender inclusive"
Study design	Any Study Design	

Note. * Represents any further letters following the search term. Each group of the search terms are connected by the Boolean operator **AND.**

Table 4: Research database search results

Database			Number of hits from electronic databases searched
1	GoogleScholar	(Offend* **OR** Aggress* **OR** Perpetrat* **OR** Crimin*) AND ("Domestic Violence" **OR** "Domestic and Family Violence" **OR** "Domestic Abuse" **OR** "Family Violence" OR "Intimate	1690

			Partner Violence" OR IPV) AND ("Behaviour Change Programs" OR "Behavior Change Programs" OR BCP OR "Cognitive behaviour therapy" OR "Cognitive Behavior therapy" OR CBT" OR "Gender Inclusive")	
2	ProQuest		("Domestic Violence" OR "Domestic and Family Violence" OR "Domestic Abuse" OR "Family Violence") AND ("Behaviour Change Programs" OR "Behavior	58

		Change Programs" **OR** BCP) AND Australia* **OR** United Kingdom **OR** United States of America **OR** Canada **OR** New Zealand	
3	Sage Journals	(Offend* **OR** Aggress* **OR** Perpetrat* **OR** Crimin*) AND ("Domestic Violence" **OR** "Domestic and Family Violence" **OR** "Domestic Abuse" **OR** "Family Violence") AND (Treatment **OR** Program **OR** Intervention) AND Australia* **OR** United Kingdom **OR** United States of America **OR**	41

		Canada **OR** New Zealand	
	EBSCO (psychology)	(Offend* **OR** Aggress* **OR** Perpetrat* **OR** Crimin*) AND ("Behaviour Change Programs" **OR** "Behvior Change Programs" **OR** BCP **OR** "Cognitive behaviour therapy" **OR** "Cognitive behavior therapy" **OR** CBT" **OR** "Gender Inclusive") AND Australia* **OR** United Kingdom **OR** United States of America **OR** Canada **OR** New Zealand	37
	Total		1826

	Total after duplicates and those that do not meet the search criteria removed		61

Analytical framework

The analytical framework used within this study was a thematic analysis. This framework was used in order to make sense of the scientific literature obtained. This framework is beneficial due to its ability to provide a systematic process based upon the categorisation of search terms and themes. A thematic analysis allows a large variety of data to be analysed and managed extensively and in-depth to provide a comprehensive understanding of relevant literature. The benefit of utilising this method of data analysis is that it allows for a researcher to learn the fundamental skills required for qualitative research and data analysis. As described by Braun and Clarke (2006), a thematic analysis is concerned with process of 'identifying, analysing and reporting patters (themes)' which are found within the data.

Braun and Clarke (2006) provide a six-phase model on how to utilise and conduct a thematic analysis. The first phase is 'familiarising yourself with the data', This involves the researcher not only actively engaging with the data they will be utilising but also immersing themselves with it. It is important that the analyst begins to take notes of ideas and patterns that they can look back on as they progress onto the further phases, this includes the 'transcription of verbal data' such transferring speeches and interviews etc to written form. The second phase of a thematic analysis as stated by Braun and Clarke (2006) is the process of 'generating initial codes'. This requires the researcher to create arrangements of initial codes from the relative data they have engaged with that they believe to be interesting and important. Phase three, 'searching for themes', then requires the researcher to broaden their focus and identify how these codes can be transformed into themes. Phases four and five are then dedicated to the revision and naming of the themes identified. By completing these first five phases, it should result in the analyst in having refined themes of which will be found within your thematic analysis.

Once these first five phases have been completed, phase six is forthcoming, this phase is labelled 'producing the report'. This phase is can only be completed once all the themes have

been identified. Braun and Clarke (2006) note that the final phase is the write up, in which all the data collected is written up in a clear and concise manner addressing all the themes throughout without adapting a repetitive manner. Braun and Clarke's (2006) thematic analysis and the six-phases will support this study and the chosen REA methodology, allowing a comprehensive assessment of the efficacy of behaviour change programs for DFV perpetrators.

The remaining sections of the report presents the findings from the REA conducted.

Section Three: Theoretical and Conceptual Frameworks of DFV Programs

As outlined in section one, feminism has played an immense role in the development and implementation of BCP's for DFV program facilitators. Wood et al., (2021) noted that DFV is one of the most prevalent forms of gender-based violence that men perpetrate on women and is based in ongoing forms of control and gender-power disparities. When BCP's adapt a feminist ideology, they are implementing a framework that understands the problem of DFV through social and/or political lenses, it is sociological in nature (Forsdike et al., 2021). The ideology underpinning a feminist approach is that of a heterosexual, cisgender framework that is focused on understanding DFV through the female experience (Forsdike et al., 2021). There have been suggestions that the paradigms need to be reconsidered and changed, with a refocus away from ideologies and a focus on a more holistic approach (Voith et al., 2018). These suggestions detail the need to address DFV and intimate partner violence as an issue unto itself and not focus on gender as a key risk factor (Vlais et al., 2017). However, it has been a regular occurrence that research has depicted DFV as an issue faced predominantly by women at the hands of men (Forsdike et al., 2021). Therefore, the violence and abuse are evidently a gendered-issue and needs to be treated as such by DFV program facilitators and the wider society. As previously mentioned, feminist theory emphasises that DFV is learnt through the female experience and therefore, it is highly beneficial to implement structures and frameworks that incorporate such understandings (Montalto, 2016).

It is advantageous to understand the concepts that underpin feminist ideology to also understand why past and present frameworks have been implemented and what ideas inform them. This section of the report now moves to explore these concepts, starting with patriarchy and the role it plays within feminist ideology and relevant programs, before moving on to look at the concepts of masculinity and gender inequality.

Patriarchy

The term 'Patriarchy' is used by feminists to understand the power imbalances and violent behaviours that occur between men and women (Tully & Barrow, 2017). The concept of patriarchy is considered to be embedded into social and political structures. Vlais et al, (2017) highlight that patriarchal structures are fixated on the male experience and their privileges

whilst taking a negative view towards women, especially when they break traditional gender norms. This particular view is in contrast to that of the feminist narrative which views DFV through the female experience as they are the prevalent victims in DFV research and studies (Dowse, 2017).

Archer et al, (2012) note that researchers within the field of intimate partner violence and male violence look at the issue through a patriarchal lens, that is, violence towards women is a direct result of male-controlled beliefs and structures. Male violence towards women can also be understood as a response to the rise in female equality and power they are gaining at a social and political level (Tully & Barrow, 2017). Violence is being used to reinforce male superiority and the subordination of women. It is proposed that men will engage in violent and/or abusive behaviours due to their need to maintain the 'traditional' patriarchal role they hold within relationships and the wider society (Tully & Barrow, 2017). This is evident in the way in which some men interpret their role as a father and what it means to discipline their child (Heward-Belle, 2016). Bad children are those that do not listen or obey and therefore they are subjected to some form of corporal punishment as a consequence (Heward-Belle, 2016). This is also relevant to the patriarchal views on how women should act and behave, and the consequences if they fail to conform to their gender role (Dowse, 2017). It is here where we see patriarchism being validated through the use of violence, abuse, and 'traditional' structures and beliefs. Dowse (2017) proposes that men are 'recruited' to these negative behaviours by male family members, media outlets and 'systematic patriarchy'.
BCP's that are informed by feminism attempt to remove heavily entrenched patriarchal views that men hold towards gender roles and norms. Addressing these gender roles and reinventing perceptions around these are considered a core component of DFV BCP's, which will be later discussed in section four of this report. The concept of patriarchy is frequently used in conjunction with the concept of masculinity, which will now be discussed.

Masculinity

The concept of masculinity is associated with the term patriarchy. Whilst patriarchy is based within maintaining the systems and structures in place that solidify male privilege, masculinity is the characteristics, behaviours and roles that are often associated with men. Archer et al,

(2012) has noted that masculinity is frequently linked to "problematic behaviour" when analysed by feminist researchers.

Notably, Heward-Belle (2016) has noted that irrespective of the type or amount of masculinity men showcase, they receive a 'patriarchal dividend'. This concept forms the belief that regardless of a male's social status and/or situation, they still benefit more from social structures when compared to women. This dividend highlights the issue of gender inequality in terms of inherited privilege due to social constructs and beliefs.

It is relevant to highlight the importance that subjective norms play in the reasoning behind negative masculinity and the associated behaviours. Subjective norms help researchers understand the beliefs that are held within society regarding what behaviours are deemed acceptable. Furthermore, understanding subjective norms allows researchers to analyse how society expects individuals should act. Societal perception and interpretation of gender and the accompanying behaviours that are deemed a characteristic of such, plays an immense role in the justification of adverse behaviours (Forsdike et al., 2021). Men who engage in negative behaviours, notably DFV, are conforming to societies perception of masculinity, in which violence and aggression are known attributes (Forsdike et al., 2021). Thus, men are provided a justification for their behaviour, they are simply conforming to the label given to them by society (Forsdike et al., 2021).

By placing set attributes and behaviours on the term's masculinity and femininity, it has the potential to inhibit men from seeking help due to this being considered a feminine trait. This may impact the number of men who acknowledge their negative behaviours but do not wish to be seen as being feminine (Wood et al., 2021). It is expected that men who engage in BCP's work towards challenging their 'toxic' masculine qualities, gender norms and the gender inequalities (Wood et al., 2021). Both patriarchy and masculinity are connected with the concept of gender inequality, which will now be deliberated.

Gender inequality

Gender inequality has been a core feminist concept for decades focusing on the idea of men trying to maintain the patriarchal traditions whilst keeping women as their subordinate

counterpart and that social constructs are made for men by men (Forsdike et al., 2021). Gender inequality has long been one of the main influencing factors for DFV movements (Wilcox et al., 2021). Gender inequality is not only a core concept, but also a social theory used by feminists to understand the reasonings behind the phenomenon of DFV. Societal beliefs on gender norms play an immense part in maintaining inequalities amongst men and women, as mentioned previously, social norms provide a justification and/or encourage gender power imbalances (Wood et al., 2021).

As mentioned above, men are given a patriarchal dividend enhancing inequality due to the constructs within society and politics that allow men to maintain their superiority and privilege. In terms of DFV, the inequality is considered evident in the number of women who are subjected to violence and abuse from their male partner. BCP's aim to change male perceptions on gender and the inequalities that women face due to the social structures and constructs in place (Wood et al., 2021). As such, BCP models, such as the Duluth Model, implement strategies that are focused towards deconstructing the proposed inherent beliefs and attitudes of men towards gender inequalities. BCP practitioners must be aware of their own beliefs, knowledge, and attitudes towards their male clients, as they can unintentionally demonstrate the sort of behaviour they seek to stop (Moss, 2016). Furthermore, practitioners must be aware of how they communicate with the men, program facilitators should aim to avoid confrontational relationships with their clients. These concepts go beyond the level of individual change and BCP, these concepts are socially and politically entrenched and so advocacy in changing these at a social level is highly important. Furthermore, the Duluth model does little to address these concepts at a social/political level. If men are influenced by the social privileges, they receive inherently due to their gender, would they not revert back to those negative behaviours once completing their BCP? This report will now move on to discuss the Duluth model.

The Duluth Model

The theoretical foundation of this model is that patriarchism is the root cause of the gendered violence (Voith et al., 2018). The three concepts outlined above, are all contributing influences on the creation and continual implementation of the Duluth model. The Duluth model is perhaps the most prevalent feminist framework implemented for DFV BCP's, with

various organisations utilising this model. The basis is to educate men and correct adverse behaviour (Voith et al., 2018). The model was designed to minimise the amount of violence faced by women at the hands of men and the societal and political frameworks that condoned such behaviour. Additionally, it is used to assist men in taking responsibility, holding themselves accountable and recognising the power they have due to societal structures (Hasisi et al., 2016). The Duluth model has often been the subject of debate within the field of DFV research in regard to behavioural treatment processes.

Programs informed by the Duluth Model do not, or rarely, have published evidence relating to their effectiveness. The Duluth model lacks empirical support (Aaron & Beaulaurier, 2016). One of the main issues with the Duluth model is that it claims DFV is a direct result of patriarchism, yet empirical studies and evidence contradict this (Vloith et al, 2018). If it is a patriarchal society, why is it that not all men engage in DFV behaviours? Additionally, studies have shown that men and women have the equal ability to engage in violent behaviours. There is also the issue of program facilitators viewing the victim as their client rather than the men within the program, creating a type of accusatorial relationship.

Furthermore, Pro-feminist theory has been criticised for exaggerating the socio-cultural influences, with the direct result of excluding the individual factors that are also highly relevant (Tully & Burrow, 2017). It has also been noted that models like the Duluth do little to minimise the likelihood of perpetrator recidivism. Montalto (2016) has observed that *"the focus in feminist explanations of domestic violence revolves around power, promoting a reduced influence of individual explanations of violence over more general society-wide causes".* There is evident bias when it comes to the implementation of these models and the 'supporting' research. In fact, Dixon and Graham-Kevan (2011), have highlighted that feminist frameworks focus on DFV articles and journals that suits their narrative, for example research focusing on gender as the most important risk factor.

Radatz and Wright (2016) puts forth that the model guideline does note the requirement for evaluations on recidivism rates, efficacy, impact, and policy. However, the guide does not set out how often these evaluations must be done nor how to conduct these assessments.

Furthermore, there are evident disparities between theory and application, especially in relation to program evaluation (Radatz and Wright, 2016).

It is worth noting that the Duluth model frequently disregards and/or overlooks how applicable its program is for other minority groups such as the Queer community and ethnically diverse groups. Due to the time constraints of this study, this area is not covered. However, it certainly is an area that would be highly beneficial to research and has been noted as such in previous research, for example, see the work of Vlais et al. (2017). This report will now move on to discuss violence from a gender inclusive perspective.

Violence: A Gender inclusive perspective

In contrast to the belief that violence is a gendered issue, comparative studies have debated that effective treatment for DFV offenders lies within the realm of psychological informed programs (Archer et al., 2012; Thornton et al., 2016; Dixon & Graham-Kevan, 2011; Hamel, 2012). DFV is considered a result of accumulated social, economic, psychological, and environmental factors impacting/influencing an individual. Notable academics such as Hamel (2012) have contributed to the field of DFV by asserting that all perpetrators of DFV need to be held accountable, regardless of gender, as it has been highlighted that both women and men are as equally culpable of violence. Dixon and Graham-Kevan (2011) have added that both policy and practice within the DFV field have, for the past 40 years, been influenced by feminist ideology focused on outlining the issue rather than identifying and addressing the underlying socio-psychological influences. It has also been proposed that research outside of feminist explanations of DFV are frequently met with defensive behaviour (Dixon & Graham-Kevan 2011).

DFV research has often taken a gendered approach, referring to women and children as victims and men as the aggressors, and yet the concept of aggression is not gendered (Archer, 2018). Women engage in adverse behaviours just as frequently as men, yet it is treated as if it is a rare occurrence (Archer, 2018). If violence and DFV was gendered, how would that, for example, explain same-sex couples experiencing the same problem as heterosexual couples? If violence is in fact gender-inclusive, and the current BCP's that are ideologically informed rather than informed by evidence, the efficacy of such programs is brought into question. As

mentioned previously in this report, if men are violent due to the patriarchal systems, then why is it that not all men engage in DFV (Archer et al., 2012). Similarly, if aggression and violence are attributes of men, why are there occurrences of women engaging in such behaviours? The language that is used within the DFV field is mainly gender specific, even when programs claim to offer support to men, it is in regard to their violent behaviours (Dixon & Graham-Kevan 2011). Likewise, programs such as 'Respect' do claim to offer support to male victims, and yet the facility still screens them like any other DFV perpetrator (Archer et al., 2012). Very rarely, it seems, do organisations that implement feminist ideologies seem to inform their practice with gender inclusive research, focusing on those articles that are written for journals such as 'violence against women' (Archer et al., 2012). It would seem that these program facilitators are pushing a particular narrative that has been debated and at times, discredited.

This remaining parts of section three will discuss the Cognitive Behaviour Therapy (CBT). The framework does not consider gender as a key risk factor of DFV, instead it looks at the thoughts the precede violence and aims to modify behaviour and implement coping mechanisms (Voith et al., 2018). Cannon et al, (2020) highlight that there are significant differences between Duluth oriented programs and Cognitive Behavioural Therapy oriented programs. In regard to BCP's, CBT is frequently offered to offenders within prisons of whom are non-DFV perpetrators, majority of research regarding CBT's seems to have been done relating to drug, gambling, and sex offender programs. This section will begin by discussing they key concept of evidence-based practice before moving onto the Risk-Needs-Responsivity model and CBT.

The role of evidence-based practice in BCPs

As aforementioned, there is a need for more BCP's to be informed by evidence-based practice, which is something the Duluth model fails to adhere to. Evidence is required to be non-bias, peer-reviewed articles, that can inform practice with little implications for those involved (Archer et al., 2012). It is proposed that due to studies showing how effective evidence-based practices have been for offenders within corrections, it would be beneficial to apply similar principles to DFV BCP's (Radatz & Wright, 2016). Furthermore, research done on current frameworks of BCP's have shown little evidence of effectiveness in relation to

offender recidivism. Archer et al, (2012) put forth that programs should be evidence informed as there have been studies done that show these are more likely to limit or reduce the likelihood of offenders re-offending.

Regarding DFV, when studies have been done on the effects of CBT there is awareness of the lack of evidence regarding efficacy due to the exclusion of those within 'specialist units', these units include drug treatment, mental health, sex offenders and, DFV (Cotti et al., 2020). It is evident that gender inclusive DFV researchers do not consider gender as the core risk factor that needs to be considered and reiterated in practice, rather they see it as one factor among many (Archer et al., 2012). Hamel et al, (2020) concludes that evidence-based practice is highly important within the DFV field and that there needs to be solid cooperation between scholars, workers, and practice. Additionally, it was noted that workers that dealt with DFV victims and perpetrators lacked the knowledge and training on the risk factors that is found within evidence-informed practice.

Risk-needs-responsivity: An offender treatment model

Often when studies are conducted on offending behaviour, assessment, and treatment, the RNR model is discussed (Sondhi et al., 2021). First, the risk principle requires facilitators to match the level of services provided to the likelihood of recidivism. Second, the need principle identifies and assess the criminogenic requirements and offer targeted treatment. Finally, the responsivity principle requires the offender to absorb what is learnt through the rehabilitative program via cognitive behaviour treatments that are specific to the individual's capabilities to learn and be motivated. These principles will now be considered in relation to their ability to lower the likelihood of offender recidivism.

Risk Principle

Radatz and Wright (2016) have put forth that when offenders in corrections have been deemed high risk and have had intensive treatment to match their risk level, the results have been positive and recidivism less likely. There has been a noted risk of low-risk offenders engaging in intensive treatments, which had a negative impact on recidivism rates (Sondhi et al., 2021). This is due to low-risk offenders being exposed to those deemed higher in risk. The

risk principle is about balance, applying the right level of service befitting the risk level of the offender (Radatz & Wright, 2016).

Needs Principle

The needs principle aims to address the criminogenic needs of the offender (Sondhi et al., 2021). There are eight central factors of criminogenic needs, these include "antisocial personality patterns, pro-criminal attitudes, social supports for crime, substance abuse, poor family/marital relationships, poor school/work performance, and low levels of prosocial recreational activities" (Radatz & Wright, 2016). It is further proposed that evidence has shown that by targeting these factors of need, the likelihood of recidivism lowers significantly (Radatz & Wright, 2016). In fact, research has suggested that when multiple factors of 'need' are addressed impact on recidivism rates is notably increased.

Responsivity Principle

As mentioned above, in order for the responsivity principle to be effective the treatment and services provided must be relevant to the offender's levels of capabilities and learning style (Radatz & Wright, 2016). The responsivity principle accentuates that offenders are not homogenous. Furthermore, offender attributes and characteristics may either hinder or promote their success within a rehabilitative program (Sondhi et al, 2021). It has been suggested that when a cognitive behaviour treatment program is applied the implications are positive. It is also noted that failing to account for certain responsivity factors may impede the success rate within cognitive programs, these factors include, age, personality, and gender (Rataz & Wright, 2016). Offender's, as mentioned, are not homogenous which means that they will have different responsivity factors that need to be acknowledged. By acknowledging these differences, programs can be tailored to suit the offender and gain the efficacy of such, increased (Radatz & Wright, 2016). This section of the report now moves on to discuss the Cognitive Behaviour Therapy (CBT) framework for offender treatment.

Cognitive Behaviour Therapy

CBT emphasise that behaviour and cognition are associated and that changing adverse belief, attitudes and thinking patterns, it will change the harmful behaviours and characteristics (Aaron & Beaulaurier, 2016). CBT is focused on assisting offenders with adapting coping

mechanisms that will assist them in handling stressful situations that would result in them resorting to hostile behaviours. Some core components of CBT's include problem solving and communication skills, anger management techniques and impulse control (Bernardi & Day, 2015). It aims to address the thoughts and beliefs that precede violent behaviour, as well as the thoughts and beliefs used to justify such violent tendencies after it has occurred (Bernardi & Day, 2015).

Aaron and Beaulaurier (2016) have discussed CBT in treating DFV offenders, in which offenders are assisted in recognising and examining undesirable cognitions and norms that come before their violence. This is done to disturb the sequence of events that result in adverse behaviours. Furthermore, it is proposed that CBT elements be required in DFV treatment programs in conjunction with the RNR model (Aaron & Beaulaurier, 2016). It is suggested that models move away from gendered ideologies as it does not explain the violence thar occurs in non-heterosexual relationships. Hasisi et al, (2016) conducted research on how effective CBT programs are on DFV perpetrators and recidivism rates. The findings showed a significant decrease in recidivism rates when revaluated a year after completion. There are recognised problems with utilising CBT as a sole method for behavioural treatment. For instance, the effect on the lower brain which deals with learnt emotional associations is minimal (Voith et al., 2018). As opposed to the impact it has on the upper brain and the regulation of emotions. However, it is the impact it has on the lower brain that emphasises that relying solely on CBT to address violence may not be beneficial as it does little to address the foundation of the negative thought processes (Voith et al., 2018). Studies have proposed that there is no significant difference in results between the Duluth model and CBT when used solely to treat offenders (Voith et al., 2018). It has been advised that utilising a combination of CBT and feminist frameworks may be the most appropriate method to provide a more holistic approach to violence and the underlying influences (Blatch et al., 2016).

Therefore, if BCPs that adapt a feminist ideology have aims to deconstruct the social structures and the norms that they consider to be inherent factors of DFV, utilising CBT would be highly beneficial. The basis of CBT is to understand and address the external factors that influence an individual's behaviours and norms. If this was used in conjunction with feminist models such as Duluth, concepts such as patriarchal beliefs and masculinity could be

addressed in an effective manner. This would mean that DFV programs could be considered as holistic approaches, addressing all factors that influence an individual's morals, values, and behaviours.

In conclusion, this section has analysed violence as a gendered and gender inclusive notion based on the 25 articles yielded from the REA process. The feminist framework for offender treatment, the Duluth Model, has been considered with adherence to the core concepts patriarchy, masculinity, and gender inequalities from this it can be concluded that whilst these are relevant concepts in regard to feminist ideology, in practice these concepts go beyond what can be achieved at an individual level within a BCP. The Duluth model only seems to work at an individual level; however, the concepts are considered to be validated and enhanced within the social/political setting, so the likelihood of long-term effect seems minimal. This is due to the influence of these environments that these men are re-entering. In contrast, gender inclusive frameworks have also been considered. The main concept of evidence-based practice has been discussed. Furthermore, the RNR model and CBT have been discussed in relation to offender treatment and recidivism rates. It can be concluded that in relation to the theoretical and conceptual frameworks, there needs to be an approach that can address all the relevant influencing factors of DFV. These factors include external and internal aspects of contributing influences. Furthermore, a holistic and integrated approach to DFV BCPs would be much more effective than the current models and frameworks due to the ability to address those internal and external factors.

Section Four: Examining Policy Frameworks and Program Content that inform Domestic and Family Violence Behaviour Change Programs

This section of the report focuses on the themes that arise from the policies relating to Domestic and Family Violence (DFV) Behaviour Change Programs (BCP). BCPs are aimed towards perpetrators and focuses on assisting them in changing their adverse behaviours towards their partners and taking responsibility for their actions. These programs believe that perpetrators who engage in DFV are able to change, however, they require assistance to do so. BCPs are governed by a set of policies or frameworks to avoid damaging or ineffective treatment/programs being administered. Australian states, for example, each have their own policy/framework of minimum standards that are expected to be followed. These frameworks set out the principles of the programs as well as the standards that must be respected, regardless of if the program is run by government organisations or non-government organisations. The DFV program standards policies from New South Wales (NSW), Victoria, Australian Capital Territory (ACT), and New Zealand's will now be discussed in relation to the emerging themes.

Men as Perpetrators

The first theme that will be discussed is perhaps the most prevalent in government policies, men being viewed and labelled as the perpetrators in majority of DFV situations. Within NSW the relevant policy states that the guiding principles and values are there to encourage and support men in understanding and accepting accountability for their negative behaviours and support their want to change (Day et al., 2018). It is noted that these principles and standards are interchangeable and can be applied to gender and/or sexually diverse individuals, and that program facilitators be aware of and provide support to these individuals (Day et al., 2018). This is beneficial as it recognises the aspect of diversity among relationships. However, the main focal point is when it comes to defining the term perpetrator, it takes a gendered approach in referring to men. The issue with this is that it contradicts the requirement for the support of diverse individuals. Furthermore, although the NSW policy does note that women can be perpetrators, this violence is seen as self-defence or only occurring in rare circumstances (Day et al., 2018). This contradicts the basis of DFV BCP ideology in which the main goal is for perpetrators to accept accountability for their actions. This policy seems to

guide interpretation and opinion when it comes to determining who the aggressor or abuser is. Additionally, it disregards the male experience of being victims of DFV. Again, this challenges the policies mandate to be inclusive and supportive of diversity.

Victoria is similar to NSW in the fact that they apply gendered connotations to the term 'perpetrator', focusing on men as the offenders. The Victorian policy for minimum standards states that DFV is a crime that is mainly perpetrated by men against their female partners and/or other members of the family (Day et al., 2018). This sets out the tone of which the policy implements throughout, men are referred to as the perpetrators and women the victims. Similar to NSW, the issues with applying gendered connotations are that it has the potential to disregard the male experience of DFV. BCPs are concerned with assisting men understand and take accountability. Whilst this policy notes that program content will involve the social influences of DFV, it is mostly centred around devising strategies to prevent their violence rather than deconstructing the underlying causes for such behaviours (Day et al., 2018). This can be seen as a problem as it is often the underlying issues that influence negative behaviours. If these underlying issues can be addressed along with education and developing strategies, it will provide a more holistic and complete form of treatment. Victoria does note that individual sessions may be held if the client requires specific needs to be met, although the preferred delivery method is group sessions (Day et al., 2018). This is highly beneficial as some men may feel reluctant to engage in a group setting as it can be quite confronting. Furthermore, BCPs are required to refer individuals to appropriate services before, during and after the program (Day et al., 2018). The Victorian policy also provides a list of potential groups that may experience DFV, however, it is still suggested that it is the men within these groups perpetrating (Day et al., 2018). Again, there is this preconception that DFV needs to be viewed and addressed through the female experience, disregarding the experiences of male victims and other non-female identifying individuals. Consequently, the policy refers to BCPs as Men's Behaviour Change Programs, limiting the scope of who can attend such treatment programs (Day et al., 2018). Similar to NSW, Victoria also highlight that BCP facilitators be aware of other diverse groups that may be experiencing DFV and provide appropriate support for them.

ACT policy also considers DFV to be a female problem in which they are the prevalent victims who need to be protected by implementing BCPs aimed at addressing men's adverse behaviours. The language used is focused towards identifying women as the victims and programs are about enhancing their safety. The principles of the ACT policy are very similar to that of NSW, with programs aiming to educate and change men's behaviours.

New Zealand's policy is limited in what is actually provided however it too highlights that men are more likely to be the perpetrators in a DFV situation (Day et al., 2018). The language used within the policy is similar to that of the other government policies that have been discussed. However, New Zealand does seem to focus their intervention more on the victims rather than the perpetrators which differs slightly from other policies, this will be discussed later in section four.

Overall, all policies consider men to be the main perpetrators of DFV. Women who perpetrate are considered to be acting in self-defence rather than engaging in DFV to maintain control and power over their partner. It is evident that there are discrepancies between what the policy actually says and how it is implemented and/or interpreted by program facilitators.

Safety and wellbeing of women and children

The overarching theme of most BCP policies is focused on empowering women and creating safer relationships for them and their children. This is considered to be a top priority for program facilitators and policy makers. The most prevalent principle, according to the NSW policy, is that DFV programs should aim to enhance the safety and wellbeing of women and children (Day et al., 2018). In fact, it is the number one principle of the policy. This is due to the fact that in DFV statistics women make up the vast majority of victims. This is the same for BCP policy from Victoria, New Zealand, and the ACT. Policy sets out that the end goal of BCPs is to improve and enhance healthy relationships between men and their families (Day et al., 2018). Overall, this theme of women and children and their safety is seen all throughout policies, programs, social media, public opinion, and education, to name but a few areas.

Whilst policies are not wrong for having the safety and wellbeing of women and children at the forefront, it again raises the question of: what about the other victims? What about male

victims? Or non-binary victims? These groups are only skimmed over in policy, whilst they are mentioned there is a lack of awareness regarding their experiences of DFV. What about female perpetrators? They are given justifications for their violence; it is often considered self-defence. Furthermore, there are implications for when it is not self-defence, there is a lack of support given to female perpetrators to change their behaviours. The Duluth Model as previously mentioned in section three of this report, focuses on the aspects of masculinity, patriarchy, and gender inequality to explain men's engagement in DFV. This raises questions of how such programs would be beneficial for women who do not experience these aspects.

Focus of Intervention

The focus of intervention does differ between policies, for instance, it is evident that Australian states policies focus their intervention on men and holding them accountable for their behaviour in order to enhance the safety of women and children (Day et al., 2018). However, there is still the aspect of forming programs around victim needs over offender needs. This is more evident in New Zealand where programs concentrate on what the victims require rather than the perpetrator (Day et al., 2018). Programs are developed around what the victims deem beneficial rather than focusing on the perpetrator's complex needs, with little focus on what the offender may require from treatment. This is concerning as it is the offender who attends the program, it is the offender who is attempting to change their behaviours, and it is their needs that need to be addressed. Focusing on the needs of the victims not only has the potential to cause problems between practitioner and client, but also has the ability to limit the engagement of the offenders in program content.

New Zealand also have a keen focus on practitioners being aware of diversity and being culturally competent when providing BCPs (Day et al., 2018). The policy suggests that understanding diversity and cultural competency in practice is necessary for programs being conducted in areas with culturally diverse populations (Day et al., 2018). Whilst Australian policies also highlight awareness of diversity and cultural competencies, New Zealand consider it to be one of the highest principles. This raises questions regarding these awareness's in practice and the issue of female perpetrators and male victims, and other diverse individuals who may be either victim or perpetrator. The issue with this aspect of the policies is that the principles of diversity and cultural competency is scarcely regulated. There

are limited processes in place to regulate such important principles, which results in discrepancies between policy and implementation.

All policies studied focus on group therapy as the main form of intervention (Day et al., 2018). Once more, this focus of intervention is targeted towards male offenders. These policies determine that female perpetrators are rare cases, acting out against controlling behaviour and in self-defence. These cases are considered too complex for group treatment, and it is suggested that individual treatment is more beneficial (Day et al., 2018).

In summary, it can be proposed that the guiding principles and standards for BCPs are primarily concerned with the safety of the women and children of whom are victims of DFV. Whilst programs are about enhancing safety, there is a lack of diversity when it comes to who is a victim and who is a perpetrator. Policy titles may lack gendered terms; however, the content of such policies continually note victims as being female and children. When addressing male victims, it is frequently in the context of same-sex relationships. Nevertheless, the focus is yet again on male perpetrators and limiting the potential homophobic abuse they may face within BCPs. When searching for BCPs in Australia, the results are full of Men's BCPs and there is a lack of culturally specific and/or gender diverse programs. However, the introduction of minimal standards and principal policies have provided an overarching body that regulates programs. Day et al (2018) note that the implementation of minimum standards has had little change in the safety of women and children. This report will now move on to discuss the traditional and therapeutic approaches of BCPs.

Traditional approach towards Behaviour Change Programs

Traditional forms of BCPs are concerned with holding male perpetrators accountable for their actions through a disciplined and limited program focus (Moss, 2016). This is the main objective of BCPs of traditional approaches and those being offered contemporaneously, with many of these programs being informed by feminist ideologies, illustrated by, The Duluth Model. The traditional approaches implement a one-size-fits-all method, disregarding the potential to disadvantage certain participants. This approach combines education with a confrontational tone.

Before beginning a traditional DFV program the offender must go through an assessment process. Individuals are assessed on their eligibility for the BCP before they are allowed to begin (Moss, 2016). It is worth noting that regardless of if a male is a victim or perpetrator, they are screened as if they are the offender. So, it would seem that traditional approaches are reluctant to accept that a male may indeed be solely a victim of DFV without also being an offender. The screening process involves understanding the client's needs and their level of risk, this involves utilising the Risk-Needs-Responsivity model (Day et al., 2018). Notably, DFV programs rarely include substance abuse interventions even if this is a contributing factor for their negative behaviours (Voith et al., 2018). This is an issue unto itself as research has shown that DFV is often the result of underlying, contributing factors such as socioeconomic statues and substance abuse (Voith et al., 2018). It would be beneficial to address both the underlying issue, such as alcohol and drug abuse, as well as the DFV to provide a more holistic treatment. By doing so, it addresses other potential factors that have the potential to lead to DFV occurring.

The program content often involves activities that centre around reading and writing exercises, both methods require participant cooperation and engagement (Moss, 2016). This approach to BCPs measures cooperation by how engaged the client is regarding the program activities. Those who do not participate at the desired level are considered to be unwilling to change. However, there are some evident issues that arise from this approach. The main issue is that some men are at a disadvantage when it comes to these forms of activities. Some men may not know how to read and/or write, and they may not understand English. Their disengagement is not due to their ego or beliefs but rather a lack of understanding regarding what is required from them or the men being unsure on how to actively engage with the program content (Moss, 2016). Policy does outline the need for practitioners to be aware of diversity (see Day et al., 2018), yet in practice, the traditional approaches to BCPs and their method of delivery limits how engaged men from diverse backgrounds can be. This is no fault of their own but rather an issue that needs to be addressed by these programs. Additionally, culturally diverse men may have different beliefs on power, control, and the relationship between men and women. This needs to be considered and addressed with cultural sensitivity, for the same program content may not be appropriate for men from different cultures.

Most traditional programs devise their content around what the victims and/or family members require from the individual (Day et al., 2018; Moss, 2016). Programs that take a traditional approach seemingly view the victim as the client and focus on women empowerment rather than those actually attending said programs. This has slightly changed with the introduction of BCP policy, however there is still aspects of victim needs over offender needs. The programs, in groups, discuss strategies to prevent further violence and encourage participants to take responsibility for their actions (Dixon & Graham-Kevan 2011). However, they do little to understand the potential cause for negative behaviours, such as childhood trauma, the role of social media, social and political structures that enable such adverse behaviours (Heward-Belle, 2016). Instead, programs focus on conflict resolution, strategies that stop violent behaviours and accountability.

Target population of traditional approaches

Traditional programs are targeted towards male DFV perpetrators, typically cisgender, white men (Forsdike et al., 2021). This is evident in the names of such programs as mentioned in section one above. As mentioned previously, these programs suggest that they may be utilised for same-sex couples, however the focus is still on male offenders. This is due to the ideology that violence is seen as a male attribute through the concept of masculinity (Archer et al., 2012). These programs are focused on working with men to recognise their violent behaviours and to devise strategies to stop these behaviours.

Delivery of Traditional Behaviour Change Program Content

Traditional BCPs are regularly delivered in the community and are conducted within a group setting with a practitioner facilitating the activities and discussions, groups typically have 12-18 attendees but may vary across programs (Montalto, 2016). Some programs may be run within a custodial setting, these are usually mandated program. Policy notes that these programs must be supervised by two facilitators, of whom must have a minimum of 50 hours in relevant supervised training and practice (Day et al., 2018; Montalto, 2016). Participants are there voluntarily or due to mandated attendance orders. Those who are mandated, mostly by a court order, are required to attend each session unless they have a reasonable excuse, failure to attend would result in a breach of court orders (Montalto, 2016). As a vast number of programs are aimed towards men, this attempt to change behaviour is targeted

towards addressing the three previously mentioned concepts which are: masculinity, patriarchy, and gender inequality (Forsdike et al., 2021). Masculinity and/or patriarchy are concepts that are considered to be entrenched within the value and belief systems of the perpetrators and the society of which they live.

The length, of DFV programs depends on the perceived level of behavioural change that needs to occur within an induvial that minimises their risk of violence and is usually governed by a state policy. The level of risk determines the number of sessions they will need to attend as well as the number of hours an individual must commit per week or month (Sondhi et al., 2021). Within NSW the guiding policy sets out that programs should be conducted over at least a 12-week period with a minimum of 24 hours across those weeks (Day et al., 2018). Victoria requires BCP's to be run for at least 40 hours over a 20 week or more period. Victoria does note that one-on-one sessions can contribute to the minimum time of delivery in order to meet specific needs (Day et al., 2018).

Drawing from the information gathered above, it is suggested that the longer the programs run the more successful they are. The optimal program length would be around the 20 week or more mark. Along with this it is suggested that the more hours spent in the program improves the chances of behaviour change occurring. Therefore, any program that is held for approximately 40 hours over the suggested timeframe would enhance the success rates. Therefore, over the 20-week period, clients should attend their program for roughly 2 hours each week to achieve the suggested 40 hours of attendance.

Therapeutic approaches of BCPs

Therapeutic approaches to BCPs are more collaborative in nature, practitioners work with the individual in order to understand their needs and requirements to positively change their behaviours (Moss, 2016). This form of BCP offers perpetrators multiple individual sessions in which individual program plans can be developed. Practitioners understand that some individuals need more one-on-one time before engaging in group discussions and therapy (Day et al., 2018). Furthermore, therapeutic approaches attempt to differentiate the individual from the violence. Practitioners aim to understand the person in order to understand and address the cause of violent behaviours (Moss, 2016; Day et al., 2018).

Experts found that when clients were able to discuss their past and the injustices that they have been subjected to, they were able to begin underdressing the concepts of ethics. Allowing them to discuss their past without shutting them down also allowed for the individual/group to be active in leading the activities and become more engaged in addressing their adverse behaviours (Moss, 2016).

Target population of Therapeutic approaches

Therapeutic BCPs are mainly for male perpetrators of DFV. As noted within the traditional model, BCPs are routinely aimed towards cisgender, white men (Forsdike et al., 2021). They are governed by the same policies as that of traditional BCPs, however, they apply a different approach in their program delivery. Rather than having set activities and discussion topics, therapeutic approaches are more fluid and adaptable depending on the individual and group needs (Moss, 2016; Day et al., 2018).

Delivery of Therapeutic Behaviour Change Program Content

Similar to the traditional BCPs, therapeutic approaches are offered within a community or custodial setting. The timeframe for this form of BCP is again much similar to that of a traditional approach. It is suggested that any program that is less than 12 weeks in length would be ineffective, and therefore, the same timeframe of 40 hours over a 20-week period should be applied for optimal effectiveness (Day et al., 2018). The main difference of this approach is that it is concerned with the encouragement of men in becoming active agents towards their change.

Moss (2016) highlights an issue with BCPs that solely offer group therapy as their preferred treatment method. The issue is that some men were not engaging or responding to group therapy in a positive manner. This can be attributed to the fact that some men find it difficult to open up about their negative behaviours in front of other men. It is assumed that men who show a reluctance to participate or engage in BCPs are showing evidence of their inherent negative characteristics and their egotism and/or stubbornness (Moss, 2016). Negative behaviours and male dominance/power can be seen as externally gained rather than aspects of internal attributes, they are learnt not something individuals are born with (Moss, 2016). Male violence is considered to be behaviour that is learnt through the influence of media,

education, religion, politics etc (Heward-Belle, 2016). Individuals are exposed to these social constructs at young ages when they are most impressionable, for example, if they grew up in a house with DFV, it is considered likely that they will engage in similar behaviours. This is due to the fact that they have learnt that this negative behaviour is okay. Therapeutic BCPs encourage men to deconstruct those learnt behaviours and acknowledge the harm that they cause. Additionally, men are encouraged to work with their practitioners in becoming active contributors to changing contemporary sociocultural factors, to challenge the social and political structures that has allowed negative behaviours to develop (Moss, 2016).

In summary, programs that offer both group and individual sessions seemed to be more effective in engaging men in devising their own program based on their needs. By offering both options, it allows men to engage with the program in a manner that they feel comfortable with. There is of course mandatory content that must be discussed, however, asking the men permission before commencing with exercises so that the men feel as if they are actively designing their program and collaborating appears to be the most beneficial option. The goal of therapeutic approaches is to encourage men in to becoming active members and participants of their change. By doing this, the program becomes client-centred, focusing on the perpetrator rather than the victim.

Notable concerns of BCP approaches

This part of section four will discuss the notable concerns of traditional and therapeutic approaches to BCPs. These concerns include the different approaches interpretation of underlying causes of DFV and how they need to be addressed, policy concerns, risk factors, and the focus on gender.

Illustrating the concerns of how different approaches interpret the underlying causes of DFV is Voith et al., (2018) who highlighted that traditional approaches to DFV programs often view the violence of men is a direct result of patriarchal dominance within society, and therefore, programs reflect this. This belief can interpret the way in which practitioners develop and deliver their programs. For instance, traditional approaches view the victim as their clienteles and by doing so, this has the potential to create a relationship between the male attending

the program and the practitioner to become confrontational. This then results in limited engagement and/or participation from the men.

Additionally, although policy sets out that organisations conducting programs are required to obtain research that promotes the evidence base for the effectiveness of BCPs, there is little empirical evidence that suggests traditional approaches to DFV are effective (Voith et al., 2018). The policies provide guidelines for all BCPs, and therefore, these concerns can be applied to both program approaches. Furthermore, these policies do not determine where this data should be collected from. As previously mentioned in section three, program providers are often utilising articles that focus on DFV being a gendered phenomenon and that suit their narrative (Dixon & Graham-Kevan, 2011). This is further supported by the content and principles of BCPs. Whilst it is understood that research and statistics highlight women are predominately the victims, by focusing on gender as the main risk factor, various other victims and perpetrators are without appropriate programs and support (Dixon & Graham-Kevan, 2011).

It has been suggested that current models, regardless of what the policies outline, view DFV and male perpetrators as a homogenous group (Bernardi & Day, 2015). This has created issues regarding offender treatment and program outcomes due to the fact that violence can occur in any setting regardless of gender, sexuality, religion, age etc (Heward-Belle, 2016). The concern with this is that this homogenous viewpoint is potentially hindering the effectiveness of BCPs (Bernardi & Day, 2015). Policy is not always reflected in practice, and it is for this reason BCPs need to have ongoing evaluations regarding their program content, delivery and who they are providing their services to.

It is evident the above information showcases that programs regularly reflect the practitioner's and the organisations interpretation of how DFV occurs and the underlying causes. This is shown by who the programs are targeted towards, and in both approaches it is at male perpetrators. Therefore, it can be understood that regardless of which approach is applied, they implement the ideology of women are the more often the victims and therefore, men are the perpetrators. This is fine as long as programs have the flexibility and ability to accommodate for diversity and the less prevalent perpetrators. Furthermore, there are grey

areas in relation to policy and the requirement of adding research to support the effectiveness of BCPs. This grey area includes the fact that there are no specifics on where data has to be collected from, meaning organisations can utilise articles that benefit their own ideologies. This is concerning because it shows that organisations can shape their programs according to their own beliefs.

Determining the Success Rates of Behaviour Change Programs

This section will now discuss the success rates of DFV programs overall. This will include how success rates are determined, the issues involved and an alternative to determining the rates of success.

It is difficult to determine the full picture regarding the success rates of BCPs, this is mainly due to the fact that there is little empirical evidence that suggests any one particular form of BCP works more effectively than any other (Day et al., 2018). Success rates are determined by the number of clients who complete their program and do not engage in negative behaviours. The issue with this is that there has been a noted lack of post program evaluations (Voith et al., 2018; Montalto, 2016). Where there have been evaluations, they are mainly in the short term rather than the long term. Additionally, the success of programs is a topic of debate, some articles highlight that traditional approaches are more successful in comparison to other forms, such as therapeutic approaches. However, this is then contradicted by other academics that say the opposite (Voith et al., 2018). From this it can be determined that there is a lack of empirical evidence that supports the effectiveness and success of any one BCP approach over another.

Whilst it is the organisations decision on which approach, they wish to utilise to inform their BCP, it must abide by the relevant state or country policy. This does have the potential to be problematic as organisations have the ability to choose which approach matches their ideologies, allowing possible bias to show through the implementation of their programs. It may be more beneficial to look at the strengths and limitations of each program and its approach to determine if it would be more effective when applied in practice. It is difficult to suggest anything other as policy determines how and what is included in a DFV BCP. However, by looking at the strengths and limitation of each approach it provides an overview on the

efficacy of each leading to a choice informed by evidence rather than opinion. This will be discussed in section five of the report.

In conclusion, section four of this report has discussed the core components of BCPs that are currently being conducted for DFV perpetrators based upon the 11 articles yielded from the REA process and government policy. Due to the study's timeframe restraints, only NSW, Victoria, Australian Capital Territory, and New Zealand policies are considered. The policies set out the minimal standards and principles that BCPs must abide by. From this it was determined that policies had three main themes. They focused on male perpetrators taking accountability for their negative behaviours, programs enhancing the safety and wellbeing of women and children, and what and who the focus of intervention was targeted towards. This section then moved on to discuss the traditional approach to BCPs of which it can be concluded that whilst this approach may suit some offenders, it seemingly lacks the ability to change accordingly to individual needs. The main method of content delivery was via group work and through exercises involving reading and writing. This left some men at a disadvantage and resulted in them being labelled as uncooperative and/or unwilling to change. Therapeutic approaches were also discussed, and it was determined that this approach is more fluid and adaptable in program delivery. This approach focused on separating the individual from the violence in order to understand the root causes for violence in order to get clients to engage in ethical conversations. Furthermore, a therapeutic approach worked with the male perpetrators to encourage them to become active agents in their treatments.

Section Five: Efficacy of Domestic and Family Violence Behaviour Change Programs

Section five of this report considers the strengths and weaknesses of Domestic and Family Violence Behaviour Change Program's and will be done by using 15 journal articles that were identified during the REA process. Furthermore, section five will consider what works and what does not work regarding the implementation of Domestic and Family Violence programs and the policy that informs such. The strengths and weaknesses of traditional approaches focusing on the Duluth model and therapeutic approaches focusing on Cognitive Behaviour Therapy will be discussed followed by consideration of the strengths and weaknesses of Behaviour Change Program policy. Section five of the report will conclude by providing an evaluation of the policies.

An Analysis of Traditional approaches to Behaviour Change Programs: Duluth Model

The following will focus on discussing the efficacy of the Duluth Model, a traditional approach to Behaviour Change Programs (BCPs). Firstly, the focus will be on the strengths of such an approach before moving on to discuss the weaknesses. It will then be concluded with a discussion on what works and what does not.

Strengths of the Duluth model

The effectiveness of the Duluth model is a constant debate among Domestic and Family Violence (DFV) researchers. This is due to the fact that evaluations done regarding this model show varying outcomes. When research on the efficacy of the Duluth model has been conducted by feminist focused researchers, the programs come across as highly successful and effective (Voith et al., 2018). In comparison, when the efficacy of programs is looked at from a more neutral perspective, the outcome is that the effectiveness is quite low. Nevertheless, the Duluth model has both its strengths and weaknesses.

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 recognise and change their 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) highlights that by focusing on these aspects, it aims to educate men on the systems in place that promote their negative use of power and control. By understanding these and the harmful implication 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). Perhaps one core strength of this is its suggested ability to be applied in conjunction with other models. Academics such as Voith et al., (2018) have noted that one way the Duluth model could be enhanced or made more relevant to contemporary times is to utilise it in combination with more therapeutic approaches such as Cognitive Behaviour Therapy (CBT). This is due to the fact that by adapting an approach that uses aspects of both approaches, it becomes more multi-dimensional in its treatment process, it not only treats the behaviour but the problems that cause such negative behaviour. This report will now move on to discuss the weaknesses of the Duluth Model.

Weaknesses of the Duluth model

In comparison, the main weakness of the Duluth model is that although women are more prevalently the victims of DFV, they are not the only victims. The model lacks the ability to be applied to and for other groups that face and engage in DFV, the ideology behind the model is to address male control and power over women (Wood et al., 2021). An illustration of this is that it would be difficult to apply that same model to a group of female offenders, as women do not benefit from the concepts such as patriarchy. Nevertheless, it has been documented that whilst the Duluth model has had some success in behaviour change, it is often criticised for its 'one-size-fits-all' approach (Moss, 2016). The Duluth model lacks diversity, by focusing solely on the experiences of women, other offenders are more than likely to feel as if they can not reach out for assistance (Dixon & Graham-Kevan 2011). BCPs 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, increasing the likelihood that the clients will respond will limited compliance, feeling attacked rather than

supported (Moss, 2016). This is an issue, especially if the men are attending voluntarily. It can be assumed that they are attending because they have already recognised their negative behaviours and the consequences of such. They are accessing a service to find help, not to feel as if they are being ostracised by their program facilitator. 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, regardless of if a male victim contacts support that utilises a traditional approach, they are still screened as if they are a perpetrator (Archer et al., 2012). This does not occur to women in the same situation. The implications of such are that it implies that women cannot be the aggressors in a DFV situation without there being a justifiable reason. Arguably, this position lends one to suggest that the Duluth model disregards the experiences of men and others who do not identify as female. It does not seem right to provide a justification for female violence when one of the main aspects of the Duluth model is to recognise and take accountability for one's actions. Furthermore, it is hypocritical to address the issue of society providing men with justifications for their violence, when the model inherently does the same for violent women. Nevertheless, it is a very 'one-size-fits-all' approach, as previously mentioned, to DFV focusing on male control and male aggression towards women as key risk factors. The model frequently disregarding other risk factors such as past trauma, employment status, socioeconomics, and substance abuse, to name but a few. This section will now move on to provide an evaluation of the Duluth Model.

Evaluation: Duluth model

Whilst the Duluth model does have its positives, the negatives far outweigh those. It is certainly noted that women experience DFV at a higher rate than that of men. The issues are, however, that 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 a female-focused environment (Wood et al., 2021). Whilst there is a focus on prevalence, it can be suggested that the current statistics regarding victim rates are not showing the real picture due to this reluctance to seek support (Wood et al., 2021). Traditional approaches also appear to be more hypocritical than other approaches, they apply opinion over evidence to their program, for example, the opinion that women who use violence mainly do so out of self-defence (Day et al., 2018). Additionally,

traditional approaches such as the Duluth model also base their programs around the opinion that men engage in DFV due to inherent characteristics of masculinity and patriarchy (Forsdike et al., 2021; Vlais et al., 2017). This hinders the BCP from providing a service to <u>all</u> DFV offenders in favour of <u>some</u> DFV offenders. Furthermore, the Duluth model cannot be considered more effective than any other treatment models as it is not informed by evidence-based research (Cannon et al., 2020). This is highly important when it comes to implementing a DFV program. In order to be successful, programs need to be informed by evidence, to understand what works and what does not. By providing a program that lacks this, such as the Duluth model, the programs credibility and efficacy is questioned. Furthermore, the program is not addressing the contemporary issues that cause DFV, rather it remains focused on past ideologies and social opinion. This is not to say that the traditional approaches cannot work nor be effective, rather it means that these approaches need to be revisited and revised. It has been suggested that certain features of the Duluth model being applied in conjunction with aspects of other approaches, such as CBT, has an increased effective regarding treatment with more successful outcomes (Voith et al., 2018). The reasoning behind this is that it means implementing treatment programs that are more holistic, individualised, and targeted (Voith et al., 2018).

An Analysis of Therapeutic Approaches to Behaviour Change Programs: Cognitive Behaviour Therapy

This report now moves on to consider the strengths and weaknesses to determine the efficacy of therapeutic approaches to BCPs, focusing on CBT, before moving on to discuss what works and does not work. Therapeutic approaches to BCPs have been suggested to be one of the more effective in addressing CBT also has its strengths and limitations when it comes to DFV BCPs.

<u>Strengths of Cognitive Behaviour Therapy</u>

One of the main strengths of CBT is that it is informed by research, enhancing the effectiveness and the positive outcomes (Cannon et al., 2020). It utilises research to understand the underlying causes for the perpetrator's violent behaviours and works to address these accordingly. The key strength of CBT is that it is evidence-based, it uses that research to determine what works and how it needs to be applied to depending on the

individual's needs and their situations (Aaron & Beaulaurier, 2016). CBT also assists DFV perpetrators by assisting them in adopting 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, if these coping mechanisms are maintained then the likelihood of recidivism is lowered as the offender is equipped to understand and avoid adverse behaviours. Additionally, this approach identifies early indicators of violence which allows for the coping mechanisms to be formed and applied in the appropriate manner (Aaron & Beaulaurier, 2016). Furthermore, this model of DFV treatment is not informed by gendered ideologies meaning the terminology is neutral and aimed at promoting inclusivity and gender-inclusive treatment. However, this may not be the case for all CBT programs, it is dependent on the organisations and who they wish to target their program towards. This section will now move on to discuss the weaknesses of CBT.

Weaknesses of Cognitive Behaviour Therapy

A limitation of CBT is that it can also 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 an increase of stress as they confront their own thoughts and feelings as well as addressing the underlying causes for their violent behaviours (Voith et al., 2018). This has the potential to lead to discomfort and an unwillingness to continue their 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, 2016). If the individual has complex emotional or mental needs, CBT has the potential to be harmful for them, as they may begin to feel overly emotional with their revelations on their behaviours and the change process (Voith et al., 2018). So, the implementation of CBT needs to be carefully considered in order to avoid any potential harm to the clients. It has been suggested that CBT would also benefit by being used in conjunction with other forms of treatments, such as aspects of the Duluth Model (Blatch et al., 2016). Again, this is all about providing a form of treatment that is holistic and multifaceted, addressing all areas of concern of the clients.

Evaluation: Cognitive Behaviour Therapy

CBT can be considered the more effective method for BCPs to utilise as it is informed by research and outcomes have been evaluated at a more frequent rate to that of traditional approaches (Bernardi & Day, 2015). This means that the approach is constantly being evaluated and implements research to determine if there needs to be any changes or amendments made to treatment programs. Additionally, this model views violence as a learnt behaviour which can be unlearnt (Aaron & Beaulaurier, 2016). By doing so it recognises that non-violent behaviours and coping strategies can also be learnt in order to minimise relapse into negative behaviours. This therapeutic approach has been proven to be effective when applied to other 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 aforementioned, much like the Duluth model, it is proposed that in order for CBT to enhance its success it would be beneficial to also apply other forms of treatment alongside (Voith et al., 2018). By implementing a multi-faceted program, it has the ability to address all or most of the needs of the offender that are influential for behaviour change. It is important to acknowledge and address all the offender's needs, if they are not addressed it enhances the risk that the program will not be as effective in treatment and the offender may fall back into negative behaviours. This report will now move on to discuss the strengths and limitation of DFV BCP policy.

An Analysis of Behaviour Change Programs Policy

Since the implementation of the 'minimum standards of practice' policies, the efficacy of BCPs has improved (Day et al., 2018). Programs now have a set of standards that they must abide by, limiting the number of programs that are damaging and non-beneficial for perpetrators and victims. Although each country and/or state have their own government mandated policy, they all seem to share similar themes (see Section Four of this report). This section will begin by discussing the strengths of BCP policy.

Strengths of Behaviour Change Programs Policy

As mentioned, a strength of the policy regulating BCPs is that it provides facilitators a guideline on how they are to conduct their programs so that the outcomes are positive. The policies offer a clear outline on what program facilitators are required to do and implement

so that they are providing a safe and effective BCP (Day et al., 2018). This is highly important and beneficial as it limits the potential for harmful practice. Another strength of policy is that it holds organisations accountable for how they construct their programs (Day et al., 2018). The policies allow for consistency across the country and/or state by having one guideline or similar guidelines on how to construct and implement a BCP. A strength of BCP policy is that it also works alongside organisation's code of conduct (Day et al., 2018). This is relevant as it means there are no conflicting principles or standards. An additional strength of the policies is that it aims to enhance the safety and wellbeing of women and children who are experiencing DFV. Whilst it does mainly focus on just these two groups of victims, it still means that these individuals feel safe and hopeful for safe and healthy relationships post the offenders completion of a program. Furthermore, the policy recognises that male perpetrators can change their negative behaviours for the better and has provided a guide on how this can be achieved (Day et al., 2018). The fact that policy does recognise men's capability to change has the potential to encourage male perpetrators to do so and strive towards implementing positive behaviours towards their families. The relevant policy is certainly beneficial; however, it does seem like there needs to be some sort of change to reach its full potential. This will now be discussed in the weaknesses section.

Weaknesses of Behaviour Change Programs Policy

Whilst these policies mention diversity, there are disparities between what the principles of diversity are implemented and what the policy actually states. It is suggested in policy that practitioners be aware of gender and sexually diverse individuals who are engaging or experiencing DFV and provide appropriate support accordingly (Day et al., 2018). However, the tone of such policy suggests that within these diverse groups, the perspective is still focused on the men or male figure engaging in adverse behaviours. This is perhaps the biggest weakness of policy, its lack of ability to recognise non-female perpetrators and to view violence as a gender-inclusive concept (Day et al., 2018). It has been noted by Hamel (2020) that in all factors of violence and abuse (excluding sexual) men and women engage in negative behaviours just as frequently as one another, policy does not reflect this. Rather, policy focuses on the physical side of DFV and from the perspective of women's experiences as victims (Day et al., 2018; Forsdike et al., 2021). A weakness of BCP policy is that the implementation of some principles are not done in the correct manner. For instance, most

policies require organisations to contribute the field of DFV study and implementing evidence-based practice (Day et al., 2018). However, a large portion of current BCP's adopt the Duluth model or feminist ideologies and therefore, their contribution to research or the articles they use to inform their practice are somewhat bias. Their contribution to research, in relation to their program, will focus on male perpetrators, as that is who their program is targeted towards, and understanding DFV through the female experience (Archer et al., 2012). Furthermore, it has been suggested that organisations will utilise research that aligns with their ideologies i.e., a feminist understanding of DFV (Archer et al., 2012). The problem with organisations doing this is that it hinders researchers from understanding the full spectrum of DFV, for example, men as victims, same-sex couples and DFV, female violence to name but a few areas. Moving on, this report will now evaluate BCP policies.

Evaluation: Behaviour Change Program's Policy

It is evident by assessing research conducted by Day et al., (2018) that BCP policy takes a gendered narrative, this is evident by policies referring to perpetrators as male, victims as women, and BCPs as men's behaviour change program. Whilst BCP policy does have its limitations and room for improvement, it is still highly beneficial and effective in regulating BCPs and ensuring that programs are both effective and safe. There seems to be a focus on gendered violence resulting in non-female victims being excluded from or not recognised by support services. Whilst female offenders are mentioned to some extent, albeit scarcely, policy has set out a guideline aimed at providing consistency and clarity to program facilitators that are mainly focused on male perpetrators. Where female perpetrators are mentioned, they are deemed rare cases, or their violence justified as self-defence.

There are also disparities between what the policy states to how it is implemented in practice. The implication of this is that some principles, as mentioned in section four, lack regulation. It can be concluded that the current policies for BCPs certainly favour the traditional approach to DFV programs, however, they do highlight the need for mandatory evaluations, the need to incorporate the Risk-Needs-Responsivity model, the requirement to contribute to DFV research, and to implement evidence-based treatment methods (Day et al., 2018).

In conclusion, section five has assessed the efficacy of domestic and family violence behaviour change programs, in order to answer the research question: what is the efficacy of Behaviour Change Programs? This was done by utilising the 15 journal articles that had been identified during the REA process. This section of the report has discussed the strengths and weaknesses of the traditional approach to Domestic and Family Violence, the Duluth Model. Research found that whilst the Duluth Model had its strengths in relation to addressing the concerns of women who were/are the prevalent victims of domestic violence. The weaknesses overshadowed these. The main weakness of the Duluth Model is that it lacks diversity, it is a model made by women for men, it is difficult to apply this model to any other group. Additionally, it lacks empirical evidence to support its effect and implementation. Overall, this section of the report has found that upon evaluating the Duluth Model, this approach is not beneficial when utilised as the sole method of treatment. This section then discussed the strengths and weaknesses of the therapeutic approach, Cognitive Behaviour Therapy. The key strengths identified included 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 identified was that if a client had complex needs beyond the underlying causes for their violent behaviour, it may be damaging to continue treatment. Upon evaluating Cognitive Behaviour Therapy, it was deemed to be highly effective but had room for improvement. Much like the Duluth Model, it was suggested that it be utilised in conjunction with other models, to provide a more holistic approach to handle the complexity that is Domestic and Family Violence. Finally, section five has discussed the strengths and weaknesses of Behaviour Change Program policy. The main weaknesses identified was that there are discrepancies between policy and practice, and policy focuses on gendered connotations of victims/offender. The main strength is that it provides a guideline on how programs need to be implemented, as well as regulating programs and the content delivered. Upon evaluation, it was deemed that whilst policy is beneficial in regulating Behaviour Change Programs, there are some discrepancies between policy on paper and in practice. This report will now move on to the final section, section six, the conclusion to the study, where the key findings of the research will be outlined, and the recommendations drawn from the findings are considered.

Section Six: Conclusion to the Study

This study set out to assess the efficacy of behaviour change programs for domestic and family violence perpetrators. This was underpinned by the three research questions: What are the conceptual and theoretical frameworks that inform BCP's?; what is the content of Behaviour Change Programs (BCPs)?, and, what is the efficacy of BCPs? Each section of the report, has sought to answer these research questions, allowing the themes of feminism, masculinity, patriarchy, gender inequality, men as perpetrators, safety and wellbeing of women and children, focus of intervention. As well as the contrasting theme of gender inclusive violence all of which emerged from the Rapid Evidence Assessment (REA). Based on these finding the following key observations can be made.

First, section three of this report highlighted that when DFV is discussed in relation to Behaviour Change Programs (BCPs) there is a key focus on the physical aspect of domestic and family violence (DFV). Studies frequently focus on the physical harm that men subject their female partner and family too. Women perpetrators are seen as rare cases, with their violence justified as self-defence. However, as mentioned by Hamel (2020), women are just as likely to engage in physical violence as men. And yet, the focus is mainly always on male aggression and the reasons behind this. This study has highlighted that by focusing on just female victims, it disregards the experiences of other victims. Those victims that are not women, but 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, as by doing so it again limits who can access the service and support.

Most notable throughout this report, is the aspect of the two differing thoughts on violence: *violence as gendered* and *violence as gender inclusive*. Within society, Domestic and Family Violence (DFV) is presented as an issue faced predominantly by women at the hands of men. As this study has stated, this influences how society perceives DFV. As highlighted in section four above, policy takes a more gendered narrative when outlining the standard principles for Behaviour Change Programs (BCPs). From policy, this gendered narrative flows through to the implementation of BCPs. Terminology utilised refers to men as offenders or perpetrators and women as victims, disregarding the victims who are not female. This study has highlighted

that there are discrepancies within policy and how it is implemented. The implications result in BCPs applying their own opinion and/or interpretation of the policy principles, such as their contribution to DFV research.

This study has concluded that the most appropriate approach to DFV BCPs is to apply a multifaceted approach, incorporating aspects of both traditional models and therapeutical models in order to achieve a more holistic treatment plan. Section five provided an analysis of traditional and therapeutic approaches, as well as a reflection on policy. The key findings from this section of the report were that whilst both approaches to BCPs had their strengths and weaknesses, therapeutic approaches were more inclusive. Traditional approaches often adopt the Duluth model as their framework and are focused on ideology rather than evidence-based practice. In contrast the therapeutic approach was not only inclusive regarding gender, but it also aimed to address both the societal stressors and the underlying causes for domestic violence offending. Regarding policy, it was found that whilst it is good at regulating BCPs, there are evident discrepancies when it comes to the application in BCPs. For example, program facilitators provide research studies in program settings that are solely gendered, often aligning with their own personal ideology and understanding of DFV, rather than the evidence base.

From the findings in section five, this study reaches that conclusion that the optimal program length for increased efficacy in DFV treatment should last 20 weeks or more. The more hours spent in the program will significantly improve the chances of behavioural change occurring. Therefore, any program that is held for a minimum of 40 hours over the suggested timeframe of 20 weeks or more would enhance the success rates. So, over the 20-week period, clients should attend their program for roughly 2 hours each week to achieve the suggested 40 hours of attendance.

Recommendations from the research

This final section of the report will now provide recommendations based on the research findings, which have implication for policy and practice.

Recommendation 1: Behaviour Change Program's should adopt a gender inclusive framework

Hamel (2020) has argued, for example, that it is not correct to view physical violence as solely a male attribute, as it is something all genders engage in. Whilst it is noted women are subjected to DFV at a more frequent rate to that of men, it impedes male victims from accessing DFV victim services. Furthermore, traditional approaches such as the Duluth model view patriarchy, masculinity, and gender inequality as the causes of DFV, these concepts cannot be applied to female offenders or any other offender that does not identify as male.

It is recommended that a gender inclusive framework be applied as it not only addresses the gaps that gendered frameworks have, for example being adaptable, it also does not stereotype offenders due to their gender. Additionally, gender inclusive frameworks encompass all forms of DFV, such as psychological, financial, emotional to name a few, not just physical violence. Furthermore, gender inclusive approaches utilise evidence-based practice which has been noted as being much more effective than other approaches that do not (Archer et al., 2012).

Recommendation 2: A Behaviour Change Program length of treatment should be a minimum of 40 hours over 20 weeks.

Program content was discussed in this report, where the most effective length of treatment was determined to 40 hours over 20 weeks. Evidence collected from this study have shown that when programs are less than 40 hours over 20 weeks, the perpetrator is not able to get the appropriate amount of therapy that is necessary and required. Policy has noted that the longer the program, the more effective it will be (Day et al., 2018). Furthermore, it may take time for the attendees to feel comfortable to begin engaging with the program facilitator and group. Therefore, it has been recommended that BCPs last for the minimum of 20 weeks and include a minimum of 2 hours per week, resulting in 40 hours total.

Recommendation 3: Behaviour Change Programs should adapt a therapeutic approach over a traditional approach.

This report has considered the strengths and weaknesses of traditional and therapeutic approaches to BCP's. Upon analysis of these approaches, it was determined that a therapeutic

approach, such as Cognitive Behaviour Therapy, would yield the most effective form of treatment. Evidence collected from this study has shown that when programs are targeted towards to individual whose behaviour is in question, it is beneficial to understand their reasoning and the causes for their adverse behaviours. Traditional approaches do not do this, rather they look at the inherent qualities of men and determine those to be the cause of DFV. Furthermore, therapeutic approaches do not view violence as being an inherently male feature. It was noted that therapeutic approaches were less confrontational and did not take a gendered approach to treatment, resulting in higher engagement in clients, in comparison to traditional approaches.

Recommendation 4: Be aware of biases to avoid discrepancies in applying policy to practice.

BCP policy, as noted above in this report, does have its strengths in regulating DFV treatment programs, however, there is an issue when it comes to implementing policy in practice. Notably, policies highlight that programs should and do have the ability to be applied to all genders and sexualities, however, this is not seen in practice. Programs are still utilising the Duluth model to formulate their BCPs, and so the issue lies with the ideology behind said framework. The Duluth model sees DFV perpetrators as male, and that men engage in adverse behaviours as a result of patriarchy and masculinity. These concepts cannot be applied to women perpetrators, for example, and therefore the program is unable to facilitate female offenders. Policy also requires program facilitators to be evidence-informed and to supply and contribute to future DFV study yet does not provide a guideline of acceptable research. As noted by Archer et al. (2012), the issue with this is that it allows programs to provide and use research that aligns with their own ideologies and opinions of DFV. Furthermore, programs who adopt the traditional approaches use feminist driven research to discredit gender inclusive research (Archer et al., 2012).

It is therefore recommended that programs understand their biases and supply and use evidence-based studies. The benefits of this are that it allows programs to be formulated around the issue of DFV and not the supposed gendered issue.

In conclusion, this report summarises that Behaviour Change Programs can be highly effective in treating Domestic and Family Violence perpetrators. However, they need to be inclusive and recognise diversity. While domestic violence research needs to recognise gender inclusive studies on violence as it provides programs and policy with empirical evidence that informs Behaviour Change Programs.

References[1]

*Aaron, S. M., & Beaulaurier, R. L. (2017). The need for new emphasis on batterers intervention programs. *Trauma, Violence, & Abuse*, *18*(4), 425-432. https://doi.org/10.1177%2F1524838015622440

*Archer, J., Dixon, L., & Graham-Kevan. N. (2012). Perpetrator programmes for partner violence: A rejoinder to Respect. *Legal & Criminological Psychology*, *17*(2), 225–232. https://doi-org.ezproxy.csu.edu.au/10.1111/j.2044-8333.2012.02061.x

Bates, E. A., Klement, K. R., Kaye, L. K., & Pennington, C. R. (2019). The impact of gendered stereotypes on perceptions of violence: A commentary. *Sex Roles*, *81*(1), 34-43. https://doi.org/10.1007/s11199-019-01029-9

*Bernardi, J., & Day, A. (2015). Intimate partner violence perpetrator subtypes and their developmental origins: Implications for prevention and intervention. *Australian and New Zealand Journal of Family Therapy*, *36*(3), 371-379. https://doi.org/10.1002/anzf.1111

*Blatch, C., O'Sullivan, K., Delaney, J. J., van Doorn, G., & Sweller, T. (2016). Evaluation of an Australian domestic abuse program for offending males. *Journal of Aggression, Conflict and Peace Research*. https://doi.org/10.1108/JACPR-10-2015-0194

Bohall, G., Bautista, M. J., & Musson, S. (2016). Intimate Partner Violence and the Duluth Model: An examination of the model and recommendations for future research and practice. *Journal of Family Violence*, *31*(8). https://doi.org/10.1007/s10896-016-9888-x

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, *3*(2), 77-101. https://www.tandfonline.com/doi/abs/10.1191/1478088706QP063OA

*Broady, T. R., Gray, R., & Gaffney, I. (2014). Taking responsibility: A psychological profile of men attending a domestic violence group work intervention program in New South Wales, Australia. *Journal of Interpersonal Violence*, *29*(14), 2610-2629. https://doi.org/10.1177%2F0886260513517300

Bryman, A., & Cramer, D. (2012). *Quantitative data analysis with IBM SPSS 17, 18 & 19: A guide for social scientists*. Routledge. https://doi.org/10.4324/9780203180990

*Cannon, C., Hamel, J., Buttell, F., & Ferreira, R. J. (2020). The pursuit of research-supported treatment in batterer intervention: The role of professional licensure and theoretical orientation for Duluth and CBT programs. *Journal of Evidence-Based Social Work*, *17*(4), 469-485. https://doi.org/10.1080/26408066.2020.1775744

Centre of Evidence Based Management. (2017). *CEBMa Guideline for rapid evidence assessments in management and organizations.* https://www.cebma.org/wp-content/uploads/CEBMa-REA-Guideline.pdf

*Cotti, C., Foster, J., Haley, M. R., & Rawski, S. L. (2020). Duluth versus cognitive behavioral therapy: A natural field experiment on intimate partner violence diversion programs. Journal of Experimental Psychology: Applied, 26(2), 384–395. https://doi.org/10.1037/xap0000249

*Day, A., Vlais, R., Chung, D., & Green, D. (2018). Standards of practice in domestic and family violence behaviour change programs in Australia and New Zealand. *Australian and New Zealand Journal of Family Therapy*, *39*(4), 501-513. https://doi.org/10.1002/anzf.1332

*Dixon, L., & Graham-Kevan, N. (2011). Understanding the nature and aetiology of intimate partner violence and implications for practice and policy. *Clinical psychology review*, *31*(7), 1145-1155.

*Dowse, K. (2017). Thwarting shame: Feminist engagement in group work with men

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1 References used as part of the REA are marked with * throughout the reference list

recruited to patriarchal dominance in relationship. *International Journal of Narrative Therapy & Community Work*, (1), 1-10. https://search-ebscohost-com/login.aspx?direct=true&db=sih&AN=122649074&site=ehost-live

*Forsdike, K., Tarzia, L., Flood, M., Vlais, R., & Hegarty, K. (2021). "A Lightbulb Moment": Using the theory of planned behavior to explore the challenges and opportunities for early engagement of Australian men who use violence in their relationships. *Journal of Interpersonal Violence*, *36*(7/8), 3889-3913. https://doi-org.ezproxy.csu.edu.au/10.1177/0886260518780778

Gutmann, M. (2021). The animal inside: men and violence. *Current Anthropology*, *62*(23), 182-192. https://doi.org/10.1086/711706

*Hamel, J. (2012). "But she's violent, too!": Holding domestic violence offenders accountable within a systemic approach to batterer intervention. *Journal of Aggression, Conflict and Peace Research, 4*(3), 124-135. https://doi.org/10.1108/17596591211244139

*Hamel, J. M. (2020). Perpetrator or victim? A review of the complexities of domestic violence cases. *Journal of Aggression, Conflict and Peace Research, 12*(2), 55-62. https://doi.org/10.1108/JACPR-12-2019-0464

*Hamel, J., Cannon, C., Buttell, F., & Ferreira, R. (2020). A survey of IPV perpetrator treatment providers: ready for evidence-based practice?. *Partner Abuse*, *11*(4), 387-414. https://DOI:10.1891/PA-2020-0024

*Hasisi, B., Shoham, E., Weisburd, D., Haviv, N., & Zelig, A. (2016). The "care package," prison domestic violence programs and recidivism: A quasi-experimental study. *Journal of Experimental Criminology*, *12*(4), 563-586. https://DOI:10.1007/s11292-016-9266-y

Hegarty, K., Hindmarsh, E. D., & Gilles, M. T. (2000). Domestic violence in Australia: Definition, prevalence and nature of presentation in clinical practice. *The Medical Journal of Australia*, *173*(7), 363-367. https://www.mja.com.au/journal/2000/173/7/domestic-violence-australia-definition-prevalence-and-nature-presentation

*Heward-Belle, S. (2016). The diverse fathering practices of men who perpetrate domestic violence. *Australian Social Work*, *69*(3), 323-337. https://doi.org/10.1080/0312407X.2015.1057748

Houston, C. (2014). How feminist theory became (criminal) law: Tracing the path to mandatory criminal intervention in domestic violence cases. *Michigan Journal of Gender & Law*, *21*(2), 217. https://www.proquest.com/docview/1648955875/A29C1B4C838B45D0PQ/1?accountid=10344

McGinn, T., Taylor, B., and McColgan, M. (2019). A qualitative study of the perspectives of domestic violence survivors on behavior change programs with perpetrators. *Journal of Interpersonal Violence*, *36*(17/18). https://doi.org/10.1177%2F0886260519855663

*Montalto, J. (2016). How have academic theories of domestic violence influenced western physical domestic violence treatment programs in recent years?. *Alcohol Drug Depend, 4*(2), 1-12. http://dx.doi.org/10.4172/2329-6488.1000237

*Moss, D. (2016). De-centered and influential practice in men's behavior change programs: Possibilities and challenges. *Journal of Systemic Therapies*, *35*(3), 1-14. http://dx.doi.org/10.1521/jsyt.2016.35.3.1

New South Wales Government. (2021). *Practice standards for men's domestic violence behaviour change programs.* http://www.crimeprevention.nsw.gov.au/domesticviolence/PublishingImages/NSW%20Department%20of%20Justice%20-%20Men%27s%20Behaviour%20Change%20Programs%20-%20Practice%20Standards.pdf

*Radatz, D. L., & Wright, E. M. (2016). Integrating the principles of effective intervention
into batterer intervention programming: The case for moving toward more evidence-based
programming. *Trauma, Violence, & Abuse*, *17*(1), 72-87.
https://doi.org/10.1177%2F1524838014566695

Schardt, C., Adams, M. B., Owens, T., Keitz, S., & Fontelo, P. (2007). Utilization of the PICO
framework to improve searching PubMed for clinical questions. *BMC Medical Informatics and
Decision Making*, *7*(1), 1-6. https://doi.org/10.1186/1472-6947-7-16

Sinacore, A. L., Durrani, S., & Khayutin, S. (2021). Men's reflections on their experiences of
gender-based violence. *Journal of Interpersonal Violence*, *36*(3-4), 1660-1681.
https://doi.org/10.1177%2F0886260517742148

*Sondhi, A., Leidi, A., & Best, D. (2021). Estimating a treatment effect on reoffending by
people in prison with an alcohol use disorder: A national matched propensity score analysis. *Journal
of Offender Rehabilitation*, *60*(3), 179-195. https://doi.org/10.1080/10509674.2021.1887427

*Thornton, A. J., Graham-Kevan, N., & Archer, J. (2016). Intimate partner violence: Are the
risk factors similar for men and women, and similar to other types of offending?. *Aggressive
Behavior*, *42*(4), 404-412. https://doi.org/10.1002/ab.21635

*Tully, R. J., & Barrow, A. (2017). Using an integrative, Cognitive Analytic Therapy (CAT)
approach to treat intimate partner violence risk. *Journal of Aggression, Conflict and Peace Research,
9*(2), 128-140. https://doi.org/10.1108/JACPR-08-2016-0244

Victorian State Government. (2021). *Men's behaviour change minimum standards*.
https://ntv.org.au/wp-content/uploads/2020/06/FINAL-MBCP-Minimum-Standards-1-1.pdf

*Vlais, R., Ridley, S., Green, D., & Chung, D. (2017). Family and domestic violence
perpetrator programs. *Issues Paper of Current and Emerging Trends, Developments and
Expectations, Stopping Family Violence*. https://waconnect.org.au/document-
clearinghouse/data/93/FDVperpetratorprogramsissuespaper.pdf

*Voith, L. A., Logan-Greene, P., Strodthoff, T., & Bender, A. E. (2020). A paradigm shift in
batterer intervention programming: A need to address unresolved trauma. *Trauma, Violence, &
Abuse*, *21*(4), 691-705. https://doi.org/10.1177%2F1524838018791268

*Wilcox, T., Greenwood, M., Pullen, A., O'Leary Kelly, A., & Jones, D. (2021). Interfaces of
domestic violence and organization: Gendered violence and inequality. *Gender, Work &
Organization*, *28*(2), 701-721. https://doi.org/10.1111/gwao.12515

*Wood, L., Backes, B., Baumler, E., & McGiffert, M. (2021). Examining the impact of
duration, connection, and dosage of domestic violence services on survivor well-being. *Journal of
Family Violence*, 1-13. https://doi.org/10.1007/s10896-021-00298-x