

Family Violence Perpetrator Treatment

EVIDENCE BRIEF

Family Violence Perpetrator Treatment is an important investment intended to reduce reoffending and protect victims of family violence. International evidence of its effectiveness is mixed, but NZ evidence is showing early signs of success.

OVERVIEW

- This brief uses the generic term ‘perpetrator’ to refer to all those who commit violent offences against family members, regardless of whether those offences are reported.
 - Many family violence perpetrators have extensive histories of other kinds of offending. As such, Corrections provides some perpetrators with general treatment programmes. These Cognitive-Behavioural Therapy programmes are covered in a separate evidence brief.
 - In addition, Corrections provides, and the Ministry of Justice, Ministry of Social Development and Corrections fund, a range of specialist family violence programmes that are the topic of this evidence brief.
 - The international evidence is mixed and does not allow us to conclude that programmes that treat family violence perpetrators tend to be effective.
 - Nevertheless, the offender rehabilitation literature contains several examples of effective programmes, so it is likely that well-designed and delivered programmes can reduce reoffending.
 - Further, the specialist family violence programmes that Corrections funds have recently begun to deliver statistically significant reductions in re-imprisonment.
- Any expansion in investment needs to be preceded by rigorous research to better understand whether, how, and in what circumstances offender treatment is effective at reducing family violence.

EVIDENCE BRIEF SUMMARY

Evidence rating:	Fair
Unit cost:	Corrections: \$1,700 per person referred to a contracted programme MOJ/MSD: variable
Effect size (number needed to treat):	Latest results from Corrections suggest that for every 24 people attending a programme one fewer will be reconvicted, and for every 50 people attending a programme one fewer will be re-imprisoned.
Current spend:	\$9.6m (MSD, MOJ, Corrections combined)
Unmet demand:	Unknown

DOES FAMILY VIOLENCE PERPETRATOR TREATMENT REDUCE CRIME?

International evidence

In the international literature the evidence for the effectiveness of treatment for family violence perpetrators is mixed. For example, a substantial number of studies purport to show that family violence perpetrator treatment reduces reoffending, but other researchers raise concerns about the reliability of these findings because of fundamental methodological shortcomings.

The meta-analyses and systematic reviews provide different conclusions about the effectiveness of perpetrator treatment depending on how they treat these methodological problems and which studies they include (see appendix one for details).

Older reviews and studies are generally supportive of the effectiveness of these programmes, but not conclusively so.ⁱ More recent meta-analyses are relatively less supportive.ⁱⁱ

Meta-analyses also disagree on the magnitude of the effect of perpetrator treatment on reoffending. The estimates range from non-existent or tinyⁱⁱⁱ through to substantial.^{iv}

Methodological problems: Perhaps the largest methodological problem is that large differences typically emerge depending on whether reoffending is measured using victim reports or police records.

Only three of the seven meta-analyses examine separately police records and victim-reported outcomes. Of these, two found that programmes appear to be effective when looking at police records, whereas victim reports suggest the programmes are ineffective.^v

The third meta-analysis finds the same effect size for both police- and victim-reported offending, and is the only one to find a significant effect using victim-reported measures of offending.^{vi}

Of the other four meta-analyses, two failed to find that perpetrator treatment is effective despite collapsing victim reports and police records together.^{vii}

These results leave the possibility that what appears to be a reduction in violence through official records may just be a reduction in victims' willingness to report offending after their partner has completed treatment, perhaps because they have lost faith in the ability of official processes to keep them safe.^{viii}

Another important limitation to the evaluation of treatment programmes is that participants often fail to complete their treatment, and many evaluations compare treatment completers to drop-outs or no-shows. Both these factors make it difficult to untangle programme-effects from selection effects.

This potential bias is concerning because, as noted by Feder and others (2008, p15), *'...studies using men who were rejected from treatment or who rejected treatment were the only studies to consistently show a large, positive and significant effect on reducing re-offending.'*

These inconsistent findings are not limited to programmes delivered in the United States, where most research in this area has been conducted. Akoensi and others (2012) conducted a systematic review of family violence perpetrator programmes in Europe and were unable to conclude that these programmes are effective, primarily because of a dearth of methodologically rigorous studies.

New Zealand Evidence

The family violence programmes that Corrections funds are regularly evaluated using its Rehabilitation Quotient methodology.

Corrections uses reduced rates of reconviction and re-imprisonment amongst participants in comparison to a matched control group as the primary measure of effectiveness.

The results from this analysis are summarised in the following tables:

Year	Percentage point reduction in reconviction in 12 months (RQ)	Offenders needing to complete programme to prevent one from being reconvicted within 12 months
2008	6.0*	17*
2009	4.0*	25*
2010	7.0*	14*
2011	0.4	250
2012	1.0	100
2013	0.1	1000
2014	4.5*	22*
2015	4.2*	24*

Year	Percentage point reduction in re-imprisonment in 12 months (RQ)	Offenders needing to complete programme to prevent one from being re-imprisoned within 12 months
2008	2.0	50
2009	2.0	50
2010	3.0	33
2011	0.1	1000
2012	-	-
2013	2.9*	34*
2014	2.1*	22*
2015	2.1*	24*

* statistically significant

The tables show variable effectiveness over the years. However, over 2014 and 2015 there appears to have been a stabilising of effect. In both years the programme has led to a modest but statistically significant reduction in reoffending and re-imprisonment rates among

those who attended dedicated non-violence programmes.

However, these results only focus on offending that results in conviction or imprisonment, not victim-reported offending. As noted in the international evidence above, this can create difficulties in interpretation given high levels of non-reporting of family violence.

Other than this annual Corrections monitoring, three New Zealand studies have looked at the effectiveness of specialist family violence programmes are provided by a range of community-based organisations that are funded by the Department of Corrections, the Ministry of Justice and the Ministry of Social Development.^{ix}

All three studies used a pre-test-post-test design and showed that men were less likely to be violent after completing the programme.

While these appear encouraging results, these studies did not use a control group. As such, our ability to attribute the reduction in offending to the intervention is limited.

A further problem with these studies is the sample sizes used. McMaster and others (2000) started with 83 couples, reducing to 40 by the second follow-up, but Hetherington (2009) had only 17, and Lloyd-Pask and McMaster (1992) only 21. Small sample sizes reduce statistical power and make it more difficult to conclude that a programme has reduced reoffending.

Summary of effectiveness

Although the international evidence is mixed, Corrections has found some degree of success at reducing reoffending over the last three years with the family violence programmes it funds.

These Corrections-funded programmes have recently been redesigned and updated to ensure a more consistent and evidence-based

approach, which should further increase their effectiveness at reducing reoffending.

However, given the mixed international research, the general effectiveness of family violence treatment cannot be assumed. Given the international findings that effectiveness can differ depending on whether official or victim-reported offending is used as the outcome measure, expanding the existing Corrections evaluation to include victim reports would seem an important next step.

Further investment in this area needs to be preceded by further investment in programme development, either using the existing programmes as a base or designing new programmes, as well as rigorous outcome evaluation using a range of measures. This evaluation process is well underway for the Corrections-funded programmes, but adequate evaluation of the Justice- and Social Development-funded programmes has yet to occur.

WHAT WOULD MAKE FAMILY VIOLENCE PERPETRATOR TREATMENT EFFECTIVE?

Given the inconsistency of results, the research base does not conclusively show which types of perpetrators are most likely to benefit from programmes, or what features of a programme design would make it more likely to reduce reoffending.

One central argument in the literature is which theory of behavioural change the programmes should adopt: the feminist theory or the psychological theory.

Feminist Theory: Many family violence programmes were originally based on the Family Abuse Intervention Project Programme, originally designed in the early 1980s in Duluth, Minnesota.^x

The Duluth approach, as it is known, is a psycho-educational model based on feminist analysis. Treatment of perpetrators under this approach focuses on teaching them about the power and control elements within male-female relationships that can contribute to family violence.

Treatment of perpetrators is only one part of the Duluth approach, which also focuses on changing societal attitudes towards women.

When first introduced in the 1980s, programmes in New Zealand were explicitly modelled on the Duluth approach.^{xi}

Psychological theory: Internationally and in New Zealand, the Duluth model has been modified to incorporate elements of cognitive-behavioural therapy, which considers family violence to be a learned behaviour that can be modified.

While programmes generally can be classed as either Duluth or cognitive-behavioural therapy, in

practice programmes are diverse, and often include components of both philosophies.^{xii}

Despite the vigorous theoretical debate about the relative merits of feminist- or psychology-derived treatments, the type of intervention model does not seem to change the result. Duluth, cognitive-behavioural therapy and other treatment types demonstrate similar effect sizes.^{xiii}

Miller and others (2013) found that non-Duluth treatments tend to reduce reoffending. But these alternative programmes are diverse, including couples and relationship therapy, as well as combined alcohol/family violence treatment and cognitive-behavioural therapy. This limits our ability to interpret Miller and others' (2013) finding.

For a good overview of the detailed research into practice models, see the recent work by Morrison and others (2015).

BROADER CONSIDERATIONS

Supporting Desistance: Although repeat offending and repeat victimisation are both common for family violence, perpetrators can and do desist, sometimes without intervention. Understanding the processes underlying desistance can help support the design of programmes.

This literature is summarised in a recent Corrections literature review. Key factors associated with desistance include:

- involvement in situational couple violence rather than coercive controlling violence
- having little or no offending history
- changing partners
- access to pro-social networks and ongoing support
- having a sense of hope and the ability to forge a positive non-violent identity in the context of intimate and broader familial relationships.^{xiv}

Supporting desistance can be aided by adherence to the well-evidenced principles of Risk, Need and Responsivity.^{xv} These principles are widely used in offender rehabilitation. The most effective rehabilitation programmes appropriately match an offender to a programme based on their likelihood of reoffending (risk), target changeable risk factors (need) and the learning style of the offender (responsivity).

Systematic social response: The designers of the Duluth model emphasised the importance of a coherent social response to family violence, of which perpetrator treatment is just one part.

For example, Robertson (1999) argued for compulsory treatment as a way for society to condemn offending, and to not offer treatment as a 'choice' to the perpetrator.

From this perspective, it may be less important that the programmes in themselves deliver

results, if they help deliver a consistent message that family violence is unacceptable and is associated with clear and meaningful consequences. However, we did not encounter any research to assess the effectiveness of a system-wide response.

Alternative approaches: While it is beyond the scope of this brief to provide a comprehensive assessment of the various approaches to preventing family violence, we note briefly that there is emerging evidence for the effectiveness of alternative approaches. A brief overview of research examining some of these alternative approaches is provided below.

Kilmer and others (2013) illustrated that an enforced abstinence programme for repeat drink-drivers also reduced the number of family violence arrests by 9%.

Easton and others (2007) and Stuart and others (2003) similarly found that providing substance abuse treatment for alcohol-dependent family violence perpetrators can reduce violent recidivism.

We cannot conclude that this approach is effective on the basis of two studies, one of which used a pre-test-post-test research design, but these findings suggest that this is a promising area for further development.

There is also evidence from a recent meta-analysis that victim-centred programmes can be effective at reducing re-victimisation, as well as improving other markers of well-being.^{xvi}

At the same time, we note that some other approaches have not yet demonstrated success. For example, Davis and others (2008) found in a meta-analysis that the brief intervention for victims known as 'second responder programmes' does not tend to reduce the likelihood of re-victimisation.

Similarly, Ramsay and others (2009) were unable to conclude in a meta-analysis that providing advocacy support for victims of family

violence prevents the recurrence of abuse, with the possible exception of intensive advocacy for women in family violence shelters.

In summary, there are theoretical benefits from perpetrator programmes, but they are yet to be demonstrated. Alternative approaches to reducing re-victimisation are starting to show some success. For further reading on alternative approaches, see Stover and others (2009) for a review.

CURRENT INVESTMENT IN NEW ZEALAND

Family violence perpetrator programmes are primarily delivered by non-government organisations. These organisations are funded by the Ministry of Justice, Ministry of Social Development and Department of Corrections.

The Ministry of Justice funding relates to services provided either after the Family Court orders a respondent to attend under the Domestic Violence Act 1995, or during a pre-sentence remand in the criminal court for a family violence related offence where attendance at a programme is requested.

Attendance mandated through the family court is supported by legislation. However, provision of programmes in the criminal jurisdiction has been introduced in 2008 primarily as a component of the Judiciary-led Family Violence Courts initiative.

The current appropriation for these services is about \$5.5m for referrals coming from both the family and criminal courts. The Ministry of Justice also funds safety programmes for adult victims and children. The Ministry contracts with 101 providers to deliver these programmes.

Reforms to the Domestic Violence Act came into effect on 1 October 2014. These reforms changed the structure and delivery of programmes and introduced a requirement for a respondent to attend for an assessment and non violence programme.

This new approach allows for programmes to be tailored to address the assessed risk and need of the individual – a tiered approach based on risk, need and responsivity principles.

In 2014/15, there were 4944 referrals from the family and district courts.

In addition, providers report that they also accept many referrals that have not been

initiated through the court process and for which they receive no funding.

The Ministry of Social Development provides contributory funding to 37 providers of services for non-mandated adult and youth perpetrators of family violence (both male and female) to address their violent behaviour. The number of self-referrals has increased following the successful “It’s not OK” campaign. Current expenditure is estimated to be approximately \$1.41m.

The Department of Corrections purchases non-violence programmes as a component of community sentences for perpetrators convicted of family violence in the criminal court.

Corrections’ current spend is about \$3.3m on these specialist community-based family violence programmes, with about 2,000 offenders starting one of these programmes each year.

Those of medium- or high-risk of reoffending are offered mainstream general rehabilitation programmes or individualised treatment with Corrections psychologists. These programmes are covered in a separate evidence brief on Cognitive-Behavioural Therapy.

Corrections has also developed and implemented a specialist family violence programme that it delivers itself.

EVIDENCE RATING AND RECOMMENDATIONS

Each Evidence Brief provides an evidence rating between Harmful and Strong.

Harmful	Robust evidence that intervention increases crime
Poor	Robust evidence that intervention tends to have no effect
Inconclusive	Conflicting evidence that intervention can reduce crime
Fair	Some evidence that intervention can reduce crime
Promising	Robust international <i>or</i> local evidence that intervention tends to reduce crime
Strong	Robust international <i>and</i> local evidence that intervention tends to reduce crime

According to the standard criteria for all evidence briefs¹, the appropriate evidence rating for family violence perpetrator treatment is Fair, an upgrade from its previous rating of Inconclusive in the first edition of this evidence brief.

According to the standard interpretation, this rating means that:

- There is some evidence that interventions can reduce crime.
- It is uncertain whether interventions will reduce crime even if implemented well.
- Intervention may be unproven in New Zealand or subject to conflicting research.
- Interventions may benefit from trial approaches with a research and development focus.

- Robust evaluation is needed to confirm interventions are reducing crime and to aid in detailed service design.

This result is encouraging, given the serious problems with family violence in New Zealand.

Nonetheless, more remains to be done to continue improving these programmes, and the effectiveness of the Justice- and Social Development-funded programmes is still unknown.

In the future, further efforts to consolidate the redesigned programmes and continued evaluation may lead to a further upgrade to an evidence rating of Promising or Strong.

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¹Available at www.justice.govt.nz/justice-sector/what-works-to-reduce-crime/

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whatworks@justice.govt.nz

Recommended reading

Arias, E., Arce, R. & Vilarino, M. (2013). Batterer intervention programmes: a meta-analytic review of effectiveness. *Psychosocial Intervention*, 22(2).

Feder, L., Wilson, D. & Austin, S. (2008). Court-mandated interventions for individuals convicted of family violence. *Campbell Systematic Reviews*, 2008(12).

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Morrison, B., Bevan, M., Tamaki, M., Patel, V., Goodall, W., Thomson, P. & Jurke, A. (2015). *Bringing perpetrators into focus: A brief assessment of international and New Zealand evidence on effective responses to family violence perpetrators*. Wellington: Department of Corrections.

Citations

ⁱ Davis and Taylor 1999, Babcock et al 2004 and MacKenzie 2006

ⁱⁱ Feder et al 2008, Smedslund et al 2011, Miller et al 2013 and Arias et al 2013

ⁱⁱⁱ Miller et al 2013

^{iv} MacKenzie 2006

^v Arias et al 2013 and Feder et al 2008

^{vi} Babcock et al 2004

^{vii} Smedslund et al 2011 and Miller et al 2013

^{viii} Feder et al 2008

^{ix} Lloyd-Pask and McMaster 1992, McMaster et al 2000 and Hetherington 2009

^x Slabber 2012

^{xi} McMaster et al 2003

^{xii} Slabber 2012

^{xiii} Babcock et al (2004) and Arias et al (2013)

^{xiv} Morrison et al 2015

^{xv} Slabber 2012, Day et al 2009, Andrews and Bonta 2010

^{xvi} Hackett et al 2015

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SUMMARY OF EFFECT SIZES FROM META-ANALYSES

Meta-analysis	Treatment type	Outcome measure	Reported average effect size	Number of estimates meta-analysis based on	Percentage point reduction in offending (assuming 50% untreated recidivism)	Number needed to treat (assuming 50% untreated recidivism)
MacKenzie 2006	Feminist (Duluth) approaches	Re-abuse (victim- or police- reported)	OR=2.82*	5	0.24	4
Davis and Taylor 1999	All treatment	Re-abuse (victim- or police- reported)	d=0.412 (NR)	5	0.16	6
Arias et al 2013	All treatment	Officially recorded re-abuse	d=0.42 (NS)	33	0.17	6
Miller et al 2013	Non-duluth treatments	Official or victim-reported recidivism	d=0.4*	5	0.16	6
Feder et al 2008	Court-mandated interventions	Re-abuse (officially recorded)	d=0.26*	7	0.11	9
Babcock et al 2004	All treatment	Re-abuse (victim-reported)	d=0.18*	16	0.07	14
Babcock et al 2004	All treatment	Re-abuse (police-report)	d=0.18*	20	0.07	14
Smedslund et al 2011	CBT	Violent behaviour	RR=0.86(NS)	6	0.07	14
MacKenzie 2006	CBT	Re-abuse (victim- or police- reported)	OR=1.20 (NS)	5	0.05	22
Arias et al 2013	All treatment	Couple reported re-abuse	d=0.05 (NS)	13	0.02	49
Miller et al 2013	Duluth model	Official or victim-reported recidivism	d=-0.1 (NS)	6	Not effective	-
Feder et al 2008	Court-mandated interventions	Re-abuse (victim-reported)	d=0.00 (NS)	7	Not effective	-

* Statistically significant at a 95% threshold

OR=Odds ratio

d=Cohen's d or variant (standardised mean difference)

Φ=phi coefficient (variant of correlation coefficient)

NA=Not applicable (no positive impact from treatment)

NS: Not significant

NR: Significance not reported

RRR: Relative risk