

Programs for Men who Perpetrate Domestic Violence: An Examination of the Issues Underlying the Effectiveness of Intervention Programs

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Abstract This review paper seeks to explore some of the reasons why rehabilitation programs for male perpetrators of domestic violence appear to be less effective in reducing recidivism than programs for other offender groups. It is argued that while the model of systems response to domestic violence has predominated at the inter-agency level, further consideration might be given to way in which men’s intervention groups are both designed and delivered. It is concluded that the program logic of men’s domestic violence programs is rarely articulated leading to low levels of program integrity, and that one way to further improve program effectiveness is to incorporate some of the approaches evident in more general violence prevention programs and from what is known about good practice in general about offender rehabilitation.

Keywords Domestic violence · Batterer’s programs · Program integrity · Offender rehabilitation

Introduction

Although it has been estimated that worldwide approximately 8.7 million women are victimized by a current or former intimate partner each year (Roberts and Roberts 2005), it is perhaps only in relatively recent years that domestic violence has become widely accepted as a serious and widespread issue. In part this is attributable to the advocacy work of the women’s movement which has, over the last 30 or more years, advocated strongly for society to better recognize and respond to domestic violence as a significant social problem. Considerable resources and efforts have been dedicated to the protection of women and child victims and, in recent years, attention has turned to the development and delivery of intervention programs which seek to reduce the risk of known offenders committing further offenses. Development of service responses has thus occurred in an environment that widely acknowledges domestic violence as a gendered issue where the vast majority of offenders are men.

Responses to domestic violence have varied across both location and time. As a consequence, in relation to men’s programs, there is currently a range of responses from those run by community based agencies where men attend voluntarily/not by an order of the court, through to programs for men who have been found guilty of a criminal offence related to domestic violence and are mandated to attend. Programs vary in terms of their stated purpose, disciplinary emphases, and core understandings of the nature of domestic violence. Those services and programs which are embedded within criminal justice responses and are commonly referred to as ‘integrated’ or ‘coordinated’ responses, whilst others are separated and are run relatively independently, for example, in relationship counseling or community health based services.

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The most common integrated service response combines a criminal justice response with referral to a group intervention program which is aligned to support services for victims. The basis for such responses has come largely from North America, and in particular from the Duluth Program, which has been hugely influential. The model, developed in Minnesota, is based on a strong interagency approach closely linked to the judicial system, whereby the ongoing safety of victims is given paramount importance. It takes account of research demonstrating that women may continue in relationships with abusive partners because of a lack of economic resources, social support networks, and low self-efficacy (amongst other factors) (Chronister 2007). The focus of the Duluth model is thus much broader than just intervention with offenders. It is a system response to domestic violence forging an intersectoral approach with formal protocols and responsibilities that are not centered or reliant on offender rehabilitation. As such, criteria for effectiveness are somewhat different from that of conventional psychological treatment. Successful intervention may result in the linking of the victim to support services that can facilitate a process for separation. Offender attendance at a program may also allow for effective monitoring and support for victims over a set period of time. The impact of the Duluth style system response is not, however, the focus of this paper. Specifically, the paper aims to critically examine the direct intervention provided to offenders and ask how it might be possible to improve intervention with domestic violence offenders based on consistent program logic, empirical evidence, and knowledge from other offender rehabilitative approaches.

Domestic Violence Programs

Origins of specialist domestic violence services lie in advocacy and volunteer based services for women which promote a gendered explanation of domestic violence. As such, they have developed rather independently from other treatment approaches with offenders. Approaches that rely heavily on an individual deficit model (such as anger management) are typically regarded as lacking sufficient psycho-educational content on gendered power and stereotyped gender socialization to be effective with domestically violent men. The approach to intervention with men advocated by Duluth can be characterized as essentially psycho-educational in nature, although it usually incorporates some features of cognitive behavioral work (for example, relapse prevention) (Gondolf 2007). It includes a strong educational component aimed to confront what has been described as a belief system of masculinity (Pence and Paymar 1983). Important in the conceptualization of the Duluth model is the theoretical and political influences from both feminist and sociological analyses of domestic

violence. The approach is underpinned by some explicit values and principles in positioning domestic violence as an outcome of gender power imbalances.

Despite the undoubted success of the Duluth approach in raising awareness of problems experienced by victims of domestic violence and in developing integrated service responses (Dobash et al. 1999), considerable debate has occurred in relation to the quality and nature of the treatment that is offered to male perpetrators (Dutton and Corvo 2007). Concerns have also been expressed that such programs are not funded at the expense of needed services to women and children (Chung and Zannettino 2005–06). Probably the most significant of all the criticisms, however, is the lack of empirical support for the effectiveness of Duluth style programs in reducing further incidents of domestic violence, regardless of the treatment modality employed. Whilst some studies have produced promising results (Gondolf 2007), evidence relating to the overall effectiveness of programs is unconvincing. A meta-analysis by Babcock, Green, and Robie (2004) concluded that the effect sizes associated with different types of approach to domestic violence intervention were typically small ($d=0.35$ for Duluth programs; $d=0.29$ for cognitive-behavioral programs), with the base rates of re-offending across studies reported to be 21% based on police reports, and 35% based on partner reports. However, when only those studies employing experimental designs were reviewed, these effect sizes reduced to $d=.09$ using victim reports as the outcome measure, and $d=0.12$ based on police reports. This was interpreted by the authors to mean that “a woman is 5% less likely to be re-assaulted by a man who was arrested, sanctioned, and went to a batterers’ program than by a man who was simply arrested and sanctioned” (Babcock et al. 2004 p.1032). Another meta-analytic Feder and Wilson (2005) on program outcomes with mandated clients concluded that “the mean effect for victim reported outcomes was zero” (p. 239).

Regardless of other debates in this area which potentially sideline the real issue of violence prevention (e.g., about responsibility and blame, reciprocity in partner violence, and the prevalence of male victimisation), any program that is offered to male perpetrators should be able to demonstrate that it leads to reductions in either the intensity or frequency of aggressive and violent behavior and/or promotes women’s and children’s safety. On these grounds alone, it would appear that many current domestic violence programs would not meet the criteria of offender rehabilitation program accreditation systems currently used in some form or other by correctional services around the Western world (Howells et al. 2004).

In this paper some possible explanations for this lack of effectiveness are discussed, along with possibilities for improvement. Indeed, there does seem to be some potential

for domestic violence programs to be more effective, particularly given the rather robust evidence base supporting the effectiveness of offender rehabilitation more generally (appropriately designed programs reduce recidivism rates by around 40%) (Andrews and Bonta 2004), and the promising evidence supporting effectiveness of treatment programs for serious violent offenders (Polaschek and Collie 2004).

It may, of course, be that insufficient well designed and controlled research has been conducted to adequately test this type of treatment, leading to spurious results in meta-analytic research. Gondolf (2004) has discussed in detail some of the issues in developing appropriate research methodologies for evaluating the effects of programs, noting that while meta-analyses can “help appraise a variety of single site evaluations... [the approach] does tend to decontextualize the evaluations and still requires interpretation” (p.625). He reports data from a multi-site longitudinal study in which the conclusion was that the “vast majority of men referred to batter counseling appear to stop their assaultive behavior” (p.623), calling for investment in more multi-site evaluations which also focus on the influence of system components on program outcomes.

Questions have also been asked about the integrity of those interventions which have been subject to evaluation. The National Institute of Justice (Ashcroft et al. 2003), for example, reviewed two intervention programs using a Duluth based model, one site revealed no difference between treatment and control groups, while a second site using an 8 week and 26 week program showed that offenders in the longer treatment programs showed greater reductions in recidivism than those in the short treatment and control groups. Jackson et al. observed, however, that there were a number of confounding variables in this type research (such as parole and court monitoring processes) that potentially contributed to positive change. They also noted a great variance in modes of intervention delivered across both sites. In a rebuttal of these findings, advocates of the Duluth model (Minnesota Program Development Inc. 2008) contested the research design, questioning whether the sites accurately delivered a Duluth model. They advocated for greater consideration of victim outcomes as a result of offender attendance, despite lack of lasting change in the offender.

These debates highlight the challenges faced by researchers in effectively managing a range of factors in evaluation studies. They highlight how domestic violence perpetrator programs are nested within a related set of responses (addressing the safety of women and children) making the evaluation of their effectiveness influenced by what is occurring in other areas, unlike other offender programs which are unrelated to their victims' lives. They also draw attention to problems in the consistency with

which the Duluth model is adapted by organisations that claim its use. Of course this may, in practice, be because such programs are by nature of their design difficult to implement, rather than any indictment of the study or the agency. This could suggest the need for the further development of program materials that can be consistently delivered in accordance with the program designer's intentions.

A national Australian review of integrated programs for domestic violence offenders showed that many organizations claim that their programs are based on a Duluth model (Chung et al. 2004). However, detailed documentation and observations of program delivery in men's group interventions showed varying levels of adoption of the Duluth program, and inconsistent levels of operationalization of Duluth principles in practice and conceptualization. This review also showed that program integrity was reliant on an intersectoral approach, but that this could be compromised by a disparity in the intervention delivered to offenders.

Theoretical Debates

Explanations of Crime

A wide range of theories has been proposed to explain crime, ranging from broad structural, sociological theories to theories about individual offenders. These theories can be understood as operating at different levels of explanation, with different objectives and different explanatory foci (McGuire 2000). For example, in the case of domestic violence, social structural theories can explain why women are primarily the victims and men the perpetrators of such abuse, while psychological theories provide insights and interventions into how individual men's behavior is developed and maintained. While criminologists have for many years sought to develop theories that explain crime from structural (e.g., strain theory, conflict theory, feminist theories) and geographical (e.g., differential opportunity theory) perspectives, psychological theories of crime tend to emphasize social and group influence processes (e.g., sub-cultural delinquency theory, differential association theory, social learning theory), crime events and “routine activities” (e.g., routine activity theory, rational choice theory), and individual factors (e.g., neutralization theory, psychological control theories, cognitive social learning theory) (McGuire 2002).

The need for any intervention or rehabilitative program to be based on a coherent and empirically supported theory of the causation of the offending behavior under consideration is widely acknowledged to be critical to program effectiveness (Andrews and Bonta 2004; Cooley-Quille and Lorion 1999), and it is the individual or psychological

theories that have had most influence on rehabilitative interventions with offenders. In theories framed at this level, (e.g., social learning theory) the individual offender is the unit of analysis and offending is explained in terms of intra-individual processes of cognition, affect, and behavior. A particularly useful outcome of this individual level of analysis has been the identification of a number of variables that are associated (probably causally) with offending. Such variables are often referred to as ‘risk factors’ and when they are dynamic in nature (i.e., capable of change), they constitute ‘criminogenic needs’ and form the targets for change in any intervention. Programs that succeed in changing criminogenic need have been shown to be amongst the most effective in reducing risk (Andrews and Bonta 2004).

Such theories emphasize individual human agency in offending, generally de-emphasize contextual or structural factors in offending¹ and, as a consequence, understand domestic violence in a different way to the more structural feminist theories of crime that underpin the Duluth model. The issue here is not about which theory or level of description is likely to be ‘correct,’ but rather on which framework is likely to lead to the development of the most effective interventions. In this respect the differing theoretical explanations are not necessarily dichotomous. Indeed, a sole focus on either individual or structural factors is likely to be inadequate, with an over-emphasis on structural factors potentially leading to a “sense of impotence in the absence of major political change,” and an over-emphasis on agency factors potentially leading to “naive solutions that are doomed to failure” (Watts 2001, p.172). However, the attempt to provide interventions that integrate both structural and psychological levels of explanation for domestic violence evident in the Duluth approach may ultimately prove to be unrealistic and undermine program effectiveness.

Program Integrity

Our observations of a number of intervention groups run with domestically violent men, along with discussions with program facilitators, has revealed a marked diversity in the way in which programs which purport to adhere to the Duluth model are delivered. On the one hand, proponents of Duluth would be disappointed in how the key features of the model (such as ‘male privilege’) sometimes receive relatively scant attention in group sessions, and in the way

in which misogynist comments are sometimes left unchallenged. On the other hand, cognitive behavioralists would be concerned about the shallowness of treatment that is offered. Treatment is, for example, rarely individualized in the way that might be expected (e.g., lack of case formulation), is allowed to proceed without the formation of an adequate therapeutic alliance, and often pays insufficient attention to self-monitoring and skill development. Such observations are consistent with findings from a review of Australian programs several years ago (Chung et al. 2004).

In our view, however, these program integrity issues are not simply a matter of low levels of facilitator skill or knowledge (although obviously this may be a factor in some programs, and clearly program facilitators should be well trained and supported). Rather it may relate to problems associated with what Hollin (1995) has referred to as ‘program drift’ and ‘program degradation,’ or the tendency of programs to be delivered in ways that over time become quite different to those intended by program developers. The problem that arises here is that little guidance is available to program facilitators about what high integrity programs might look like, and how they should respond to specific issues that arise in group programs. This may be a result of the attempt to offer interventions that attempt to embrace both individual and structural explanations for domestic violence.

Models of Change

Treatment integrity is a term that has been used to describe the process by which the theoretical model is visible in the process by which offenders are expected to change (McGuire 2000). Lack of a coherent model of change in a program will inevitably lead to confusion amongst both clients and facilitators about the goals of the program and how session content might achieve these. In a previous review of domestic violence perpetrator programs (Chung et al. 2004), this was evident where the counseling approaches observed often drew on Rogerian and humanist techniques in style, which in these instances was at odds with a program purpose focusing on consideration of the impact on the victim, responsibility, and individual agency in the process of change.

One model of change in treatment that has been adapted for use with perpetrators of domestic violence is the Trans-theoretical Model of Change (Casey et al. 2005). According to this model, problem resolution involves a progression through a sequence of change stages (Prochaska and DiClemente 1992), each of which is characterized by different attitudes, thoughts, beliefs, and values. A number of different stages of change has been described, including:

¹ Although there has been some discussion, for example, of constructivist views in cognitive therapy which see problems as discrepancies between environmental stressors and current capacities (see DiGiuseppe and Linscott 1993), the focus of cognitive-behavioural interventions tends to be on the individual maladaptive responses or on adaptation to the environment.

Precontemplation (no wish to change/no recognition of a problem), *contemplation* (intention to change problem behavior within the next 6 months), *preparation* (intention to take immediate action, usually measured as within the next month), *action* (characterized by specific, overt modifications within the past 6 months), *maintenance* (relapse prevention), and *termination* (change process is complete/no further need to prevent relapse) (Velicer et al. 1998). Individuals in the pre-contemplative stage, for example, who are unwilling to acknowledge they have problem or who are unwilling to change typically minimize and/or deny the abusive behavior and its consequences (Pence and Paymar 1993). They may exhibit a tendency to provide excuses and justifications for their aggressive behavior (Dutton 1986, 2007).

Murphy and Baxter (1997) have argued that, given many perpetrators arrive in treatment in the early stages of change, the stages of change construct provides a useful framework within which to motivate these individuals to change their behavior. Levesque, Gelles, and Velicer (2000) reported that while only 13% of their sample could be categorized as in the ‘action’ stage of change, 24% were in the ‘precontemplation’ stage. In order to achieve the treatment goals of this stage (i.e., increased awareness of the negative aspects of the problem, acknowledgement of the problem, and the accurate evaluation of self-regulation capacities), motivational discussions are considered most appropriate (Day et al. 2006).

Transition through each of the stages can be optimized with the appropriate focus on the processes of change aligned to each of the stages (Casey et al. 2005). In the contemplation stage, for example, this is achieved through consciousness-raising strategies (e.g., educating perpetrators about the physical and mental consequences of violence on their victims), dramatic relief (e.g., facilitating group discussions wherein perpetrators can discuss aspects of their violent behavior), and both environmental- and self-evaluation (e.g., social comparison, self-monitoring exercises, group feedback regarding the impact of the abusive behaviors). Self-liberation is the key process in the preparation stage and entails the individual making a commitment to change (e.g., the signing of no-violence contracts, encouragement to refine treatment goals). In the action stage, the focus shifts to counter-conditioning (e.g., systematic desensitization through the exposure to anger-producing situations while in a relaxed state), stimulus control (e.g., removing reminders of unwanted behaviors/keeping or adding reminders to perform alternative behaviors, the teaching of stress management techniques), and contingency management (e.g., reward for positive behavior change, building of helpful relationships with group members). Finally, given the nature of the behavior in question, the maintenance stage for perpetrators of domestic violence is critically important. Because of the necessity to

sustain behavior change, the focus in this stage is the prevention of relapse.

Matched Interventions

Attention to issues of treatment integrity and theories of change represent a level of sophistication that is not present in the original Duluth program materials, probably because the focus for many services has been legal and system reform based on the assumption better statutory responses need to be in place before interventions can be improved. Indeed stage matched interventions, such as motivational interviewing, have only really been developed since the Duluth program was proposed, and the general principle of matching treatments to individual needs is not well established in the domestic violence sector. This applies not only to matching interventions to levels of motivation to change, or more broadly what Howells and Day (2003) have referred to as treatment readiness, but also to different types of individual need or levels of risk.

It is likely that interventions which are matched to the needs of the individual offender will be more effective than those which are not (although we note that there is some inconsistent evidence for this contention, particularly in relation to substance use interventions; see Klag, O’Callaghan, and Creed 2005). However, it does seem likely that a person who has no other serious problems other than domestic violence is likely to have a quite different set of treatment needs to a person who has, for example, an antisocial personality disorder, severe substance abuse problems, limited verbal skills, and the absence of family support. While there have been attempts to classify domestically violent men into typologies—Gondolf’s (1988) ‘sociopathic batterer’ whose violence is both inside and outside of the home, ‘antisocial batterer’ whose violence is restricted to the relationship, and ‘typical batterer’ whose violence is less severe and also unlikely to occur outside the home, or Johnson’s (1995) distinction between ‘common couple violence’ and ‘patriarchal terrorism’—this work appears to have had very little impact upon practice (Bender and Roberts 2007). In addition the notion of offering more intensive programs (over 100 h) to higher risk offenders is well established in the offender rehabilitation field, but largely absent in the domestic violence area, despite the evidence supporting the effectiveness of this type of strategy (Andrews and Bonta 2004).

These analyses all point to the importance of individualized assessment of each client’s treatment needs, such that interventions can be matched to the particular needs of the individual offender. However, they assume an individual level theory of crime which recognizes that considerable heterogeneity exists between men who perpetrate domestic violence. Structural theories generally assume that the same

processes underpin violence for all men, and as such the same type of responses are likely to be helpful for all domestically violent men. As such, this approach would suggest that there is no reason to tailor treatment to particular individuals, and indeed point to the dangers in doing of assuming that some offenders are less culpable than others.

Implications for Group Practice

These theoretical divides also impact on the way in which practitioners respond to domestically violent men in group, particularly in working with those offenders who have low levels of problem awareness and limited motivation to change. Most, if not all, practitioners working in this area can readily identify motivational problems on the part of program participants as a major factor determining progress in program sessions, and yet motivational issues have been curiously neglected in the domestic violence literature. This is despite some studies reporting exceptionally high rates of attrition in domestic violent programs (up to half of all men who begin a program do not complete it) (Feazell et al. 1984). Gondolf (2008) has recently reported a completion rate of approximately 55% for a 16-week group based program. These statistics are of major concern given recent evidence those who start, but who do not complete rehabilitation programs, are left at higher risk of re-offending than those who do not enter programs at all—findings which appear to be robust across a broad range of treatments and offense types (McMurran and Theodosi 2007), including domestic violence (DeMaris and Jackson 1987). They point to the potentially iatrogenic effects of interventions with domestically violent men, although a contributing factor here may be inconsistencies in the criminal justice and referral pathways for mandated domestic violence offenders. The Duluth model is often promoted for effectiveness in developing systemic responses, but in some jurisdictions court referral and administration by correctional services to intervention program can often take place after a significant time delay (sometimes up to a year or more) since the offense. Furthermore, the power to legally enforce an offender's program attendance can be inconsistent and in many cases non-attendance has had no or lenient statutory consequences (Chung et al. 2004).

Responding to Low Levels of Motivation and Treatment Readiness

In the broader literature on the rehabilitation of violent offenders Renwick, Black, Ramm, and Novaco (1997) have pointed to the therapeutic pessimism felt by both clients and

therapists to enduring problems of low motivation, treatment resistance, and avoidance. These authors note the resentful, distrustful, and even combative style of some offender participants in therapeutic groups. The approach advocated in the Duluth Program is to adopt a strategy of consistent, direct, and often intense confrontation of defenses (Murphy and Baxter 1997) to 'jolt' the client into active behavior change and overcome any claims that their behavior was not serious, or that victims provoked or deserved the violence (Dutton 1986; Pence and Paymar 1983). This approach is based on clear program values underpinned by feminist principles that abusive behavior is not simply poor impulse control but premeditated decisions to assert power and control. It also takes a political position that such behavior is culturally learned within gender relations. However, it is difficult to assess the effectiveness of such an approach which is much less client centered than those that are widely regarded in the psychological literature as likely to be more effective. A pre-requisite for effective cognitive-behavioral treatment, for example, is to work collaboratively with offenders on motivational problems in order to engage them in treatment (Day 2003). This emphasis on therapeutic engagement highlights the critical role of the therapeutic alliance in effective program delivery, a term which refers to three different aspects of the relationship between the client and therapist: the collaborative nature of the relationship; the affective bond between client and therapist; and the client and therapists ability to agree on treatment goals and tasks (Bordin 1994). The alliance has been shown to be a moderate, but significant and consistent predictor of treatment outcome across a variety of therapeutic modalities and client groups (Bambling and King 2001; Horvath and Symonds 1991). It would seem from this literature that programs which do not attend to the development of strong therapeutic alliances will be less likely to be effective.

Ways Forward

This paper has thus far attempted to offer some explanations for the apparent low effectiveness of domestic violence programs in terms of both program pathways and system responses to non-attendance and the intervention logic and integrity. The underlying suggestion is that any attempts to blend individual and structural approaches to treating violence are likely to be unsuccessful in so far as they lead to a 'one size fits all' approach to program delivery, and programs that are not responsive to the needs of individual participants. The arguments presented in this paper, however, although critical of Duluth style interventions in men's programs, do not lead to the conclusion that it represents what Dutton and Corvo (2007) refer to as a 'failed

paradigm’; merely that the intervention components of the approach require further development in light of new knowledge about violent offending and offender rehabilitation that has emerged since the model was first proposed. In other ways, the Duluth approach might be considered to be ahead of other areas of offender rehabilitation: victim voices are now being heard more than ever before in the criminal justice process (Ward et al. 2006), and innovative and integrated responses such as those framed within therapeutic jurisprudence approaches are only just beginning to emerge outside of the domestic violence sector (Birgden 2002).

Applying Theory to Program Delivery

There are, perhaps, two main ways in which domestic violence programs might be improved. First, in regard to their theoretical underpinnings, current theories of violence might be better integrated. Howells and Day (2002) have argued that two classes of theories might be expected to be relevant and informative in devising interventions for violent offenders—theories of criminal behavior in general and theories of violence in particular. General theories of crime will be useful to the extent that some individuals with convictions for violence may be best regarded as generalist offenders (that is their domestic violence is part of a broader pattern of anti-sociality, involving for example, violence in non-domestic settings or substance use). For others the offending pattern will be restricted to domestic violence. The corollary of the generalist offender approach is that violent offenders would need a similar criminogenic needs assessment and similar program interventions to those conducted with any other offender type.

Theories of human aggression can be divided into cognitive-affective theories and self-regulation theories (Howells et al. 2008). ‘Cognitive-affective theories’ emphasize the emotion of anger being central to many, though not all, forms of violence. The emphasis here is on affective instigators of violence (such as anger, rage, annoyance), and on the cognitive processes which might give rise to them. These theories suggest that if we want to intervene successfully we will often need to change those anger-eliciting cognitions that facilitate violence. Such theories provide the underlying rationale for anger management programs and are useful in the development of interventions for those offenders whose violence follows a loss of temper. The idea that anger-mediated aggression is always impulsive and unplanned is almost certainly wrong, given what we know about the importance of angry rumination—where individuals may go over the perceived provocation for some time before aggression occurs. An alternative theory, and one that has been equally influential, is based on the notion that violent offending might be the product of

high levels of impulsivity or problems of self regulation. In these theories poor self regulation may occur either as a long-term trait (for example, being related to features of ADHD), or in response to state variables (such as the influence of alcohol) which can over-ride the broad dispositions to self regulate. Such theories are important in so far as much of the previous research on motives for violent crime emphasize the strength of instigation (such as overpowering feelings of anger) and neglect self-regulatory and inhibitory aspects, including things like desensitization through repetition of violent acts, escalation and mutual retaliation between perpetrator and victim, and physiological excitation in the course of violent encounters.

Such theories, supported by empirical data with violent offenders, can help to identify appropriate treatment targets. For example, the research literature points to a number of areas of potential criminogenic need in violent offenders. Serin and Preston (2001a), for example suggest the following are important: hostility, impulsivity, substance abuse, major mental disorders—acute symptoms, antisocial or psychopathic personality, and social information-processing deficits. Persistently violent offenders have been shown to have greater needs than non-persistent violent offenders and than non-violent offenders, particularly in the areas of employment, marital/family relationships, associations, substance abuse, community functioning, personal/emotional stability, and criminal attitudes (Serin and Preston 2001b). These theories can also consider the impact of gender, given that these behaviors are predominantly enacted by men, a gendered lens which examines masculinity as an individual and social construct is not irrelevant in these circumstances. Beesley and McGuire (2008) have recently suggested that there is now sufficient evidence to look seriously at interventions for violent offenders that target masculinity. In addition, Gilchrist (2008) has recently identified ten potential implicit theories held by domestically violent men, each of which would form a treatment target in its own right. Importantly many of these (e.g., ‘women are dangerous’; ‘the need for control’, ‘women are objects’, ‘entitlement/respect’, ‘sex drives are uncontrollable’, ‘real man’) relate closely to the type of area that Duluth type programs would aim to intervene in. The issue then is not that these beliefs are unimportant (clearly they are critical to change), but rather that individuals may not hold all of them equally and that different explanations and pathways exist as to how a person might come to hold beliefs such as these. Indeed, it would be reasonable to assume that interventions which successfully address these types of needs will also be successful in reducing risk, but program goals must be linked directly to treatment activities. In other words, *how* might a program facilitator seek to change someone’s belief that he is, for example, entitled to sex?

Social learning theories that underpin most approaches to behavior change emphasize the way in which beliefs and behaviors are acquired as well as maintained over time, and point to the need to understand the familial and social context from which perpetrators of violence come to learn that violence is either acceptable or appropriate. The intersection between domestic violence and child maltreatment is widely acknowledged (Shlonsky and Friend 2007), but less often applied to attending to the developmental experiences of perpetrators within intervention programs.

Developing Broader Responses to Intervention

There would appear to be a need to develop more differentiated service responses determined by a detailed assessment of the nature and causes of the offense, as well as the severity and risk of re-offending occurring. This is important in the effort to improve effectiveness; however, it also requires a concurrent change in program pathways. This is critical to ensure adequate numbers of referrals for specialist programs—one of the main problems facing domestic violence offender programs has been that they are difficult to evaluate because of the small and inconsistent numbers of men who are referred through the criminal justice system.

One way to approach differentiated responses is through classification of perpetrators into typologies (Bender and Roberts 2007). Holtzworth-Munrow, Meehan, Herron, Rehman, and Stuart (2000), for example, identified four types of offender (the generally violent aggressor, family-only, low level antisocial, and borderline/dysphoric). This work and that of others (see above) speaks to important potential differences in terms of the programming needs for subsets of domestically violent men, despite some of the similarities that all perpetrators share (such as the tendency to de-emphasize the consequences of their behavior). Another issue to consider is to group offenders purely on the basis of their risk of re-offense. The general offender literature would suggest that classifications based purely on level of risk leads to more successful outcomes. This leads to the referral of higher risk offenders to more intensive programs, typically involving at least 100 h face-to-face contact.

An alternative approach, and one which has some currency in the treatment of sexual offenders, is to understand offender needs in terms of the offending behavior, rather than characteristics of the offender. Research into offense pathways (Yates and Kingston 2006), for example, has been influential in the development of sexual offender programs, and helps to focus attention onto the behavior that is problematic, rather than the personality of the offender. In this way, and in the light of Holtzworth-Munrow et al.'s (2000) work, it may be

possible to offer different intensity and types of intervention for those who commit 'bi-directional violence' from those who have been labeled as 'patriarchal terrorists.'

In addition, and as Eckhardt et al. (2004) have noted, the transtheoretical model of change can be easily integrated into most domestic violence programs currently being offered, including the use of methods such as motivational interviewing prior to entry into group programs. The Babcock et al. (2004) meta-analysis also found that the most effective programs incorporated 'retention techniques' within group therapy programs (such as reminder phone calls and follow-ups) to reduce attrition rates, and incorporate what they referred to as 'emotion-focused' interventions to improve emotional awareness and expression, empathy and communication skills (Howells and Day 2006, for a discussion of emotional components of treatment readiness). It is likely that programs designed in these ways will be more likely to meet the needs of participants, be more engaging, and have lower rates of attrition.

Discussion

The central argument of this paper is that men's domestic violence programs often experience difficulties in articulating what has been termed the 'program logic' (McGuire 2000), or the link between the way in which problems are conceptualized and the ways in which interventions are operationalized. Potentially, this may provide one explanation for the apparently poor outcomes of program evaluations. Models of behavior change do exist that can be applied to the process of change in domestically violent men and stage of change in domestic violence perpetrators can be reliably measured (Eckhardt et al. 2004; Levesque et al. 2008). Program integrity issues may be addressed by applying these models to the design and delivery of intervention programs for men (Casey et al. 2005).

Daniels and Murphy (1997) have argued that there is a number of special considerations regarding domestic violence that need to be taken into account when using the stages of change model. These considerations arise because of the complexity of behaviors that constitute domestic violence, which includes physical and sexual aggression as well as verbal and emotional abuse. Changes in frequency and intensity of physically abusive behavior may be difficult to detect without lengthy assessment, and emotional abuse also needs to be assessed. Furthermore, interpersonal dynamics of the relationship in which the abuse occurs must also be taken into consideration. Finally, the coercive nature of many interventions (e.g., court orders) can complicate the change process, particularly the initial decision to change and changes in living arrangements for the individuals involved (e.g., separation,

reunification) can also affect motivation to change. Adding to this complexity is the ethical responsibility of the treatment provider to ensure the safety and/or protection of the victims of domestic violence.

At the system or interagency level, there are two aspects which are critically related to the improvement of responses to men who are domestically violent. First, there needs to be greater consistency and clarity about men's referrals to domestic violence programs from the legal system to ensure there is the opportunity for intervention. Second, there is the need for consistent consequences for non-attendance and re-offending. Whilst this is to some extent outside of the remit of intervention programs, these 'system aspects' are key to assessment and attendance in programs.

Conclusion

In conclusion, there would appear to be a need to further develop intervention approaches for perpetrators of domestic violence, both in terms of greater sophistication in how domestic violence is understood, identifying the needs of treatment participants, and delivering programs in ways that are engaging and motivating for men to change. This review identifies program integrity as a critical issue that warrants the attention of those delivering programs for domestically violent men.

Any review of the intervention program in Duluth models should be done in the context of program values and principles, recognizing the relationship between individual differences and the social context in which domestic violence takes place. It follows that any changes to programs should be implemented within the criminal justice and system context, paying close attention to the ways in which men might be coerced to attend treatment as part of a community response to their violence. Such issues are critical to program effectiveness and significantly hamper research in the area, simply because they undermine attempts to be clear about program logic and integrity. The dangers of delivering programs that are unlikely to be effective is that attendance may falsely encourage women partners of men in domestic violence programs to feel safer than they ought, and thus increase rather than decrease their risk of victimization.

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