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Perspectives on domestic violence: the influence of organisational issues on program outcomes

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Abstract

This paper explores the role of intervention programs for men who commit acts of domestic violence against women and children. It discusses policy, organisational, practice, and research issues in the delivery of contracted-out legally mandated perpetrator programs, drawing on the findings of a collaborative research project conducted between an Australian department of corrective services and an independent group of researchers. This paper, based on a series of in-depth interviews with service providers, victims, and other stakeholders, discusses how the way in which services are organised can influence the nature and quality of program delivery.

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1. Introduction

Domestic violence is widely recognised to be a major social problem, both in Australia and around the western world. Around 5% of all women will be victimised in any one year, and it has been estimated that domestic violence cost Australia \$8.1 billion in the financial year 2002-2003; a figure that excludes the costs associated with domestic violence prevention (Access Economics Pty., 2004). Often the abuse is serious. Nearly half of all incidents involve physical injury, and approximately two thirds of all women who are murdered are killed by their husband or live-in partner. Indeed, the most recently published Australian statistics on homicide show that of the 113 incidents involving female victims, over half followed arguments related to domestic disputes (Davis & Mouzos, 2007). Statistics such as these not only point to the need to raise awareness of the issue of domestic violence and to develop services that address the needs of victims and their families, but also to find ways to prevent known perpetrators from committing further offences. In Australia, as in many other parts of the world, a number of different approaches to the delivery of programs that aim to manage the risk of re-offending in known offenders have been developed (Saunders, 2008), and considerable debate exists about their value. This paper reports the findings of a review of perpetrator programs delivered in one Australian state. The programs, for men who are legally mandated

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to attend, are delivered by a number of local non-government organisations with interventions delivered in small-group settings and typically lasting for up to six months.

2. Domestic Violence Perpetrator Programs in Australia

Recent funding initiatives in Australia include the joint Commonwealth, states and territories' *Partnerships against Domestic Violence* initiative. This has been responsible for the funding of a raft of projects designed to share knowledge about what is deemed to be good practice and has included funding for the development of emergency accommodation services for women and children, the introduction of specialist domestic violence legislation, and research relating to the effectiveness of interventions for perpetrators.

Programs for domestically violent men first began to emerge in the later 1970s and 1980s, with most of the earlier programs being strongly influenced by services for victims (e.g., the women's shelter movement) and an understanding of domestic violence in relation to issues of gender and power relationships. Although models of service delivery vary across jurisdiction, the typical approach to intervention for perpetrators is one that focuses on changing attitudes towards women, and in particular intimate partners, addressing issues such as sexual jealousy and disputes over the distribution of household resources, and in developing new skills by which conflict can be managed in ways that do not involve aggression.

One notable aspect of service delivery in relation to Australian perpetrator programs has been the increasing trend for government departments to contract third-sector agencies to deliver domestic violence services. This has occurred as part of a broader trend of contracting out welfare services in Australia and emerged as a central focus of this research given its apparent impact on program design, data collection, and the assessment of program outcomes.

2.1. Standardisation

A series of in-depth interviews with both providers and funders of perpetrator programs delivered by three separate non-government agencies revealed that even though a standardised contract for services existed between the government (Department of Corrective Services) and the provider (non-government, not-for-profit) agencies, this did not result in standardised services being delivered. This made evaluation a difficult, if not impossible, task. It pointed to the need to treat each program independently, and to consider ways in which the different models of program delivery could be compared with one another. However, articulating what has been referred to as the 'program logic' (McGuire, 2000) of each program was far from straightforward. Although each of the agencies had developed comprehensive program manuals, and each claimed to work in ways that were informed by the approach advocated in the Duluth model (Pence & Paymar, 1983), it was not clear how this translated into practice and, indeed, if the manuals were consistently delivered as intended. In short, the link between the way in which problems were conceptualised and the ways in which interventions were operationalised (in terms of session content) was inadequately specified, to the extent that the programs could be considered to be in a pre-evaluation stage of development.

2.2. Contact with victims

Perhaps one of the strongest recommendations from feminists working in the field of domestic violence has been the need to involve and support of victims in the development of services, be they criminal justice responses, women's advocacy initiatives, or approaches to the education and treatment of male perpetrators (Howard, 2008). Some suggest that without victim input, safety, accountability, program planning and implementation, monitoring and evaluation are all compromised (Hague, Mullender, & Aris, 2003). Indeed, it has been argued that a lack of victim support and involvement can place victims at greater risk, for example, by underestimating the true level of risk of further violence occurring (Gondolf, 2002). A particular problem that emerged in this research was that victim safety was not followed up to the extent that was specified in the service delivery model purported to underpin the program (Duluth), and which was expected by the funding body. This raised issues about contract monitoring and the funder's recourse to respond to variations in outcomes that are held to be critical to effective service delivery.

Analysis of a series of in-depth interviews with partners of men referred to the program highlighted the importance of this aspect of service delivery. One theme that has been well-documented in other research (e.g., Kim & Gray, 2008), is the tension that exists between women wanting the violence to end while simultaneously wanting their relationship to continue. The women hoped that their partner's attendance a program would keep them safe from further victimisation. This, coupled with a reluctance to further antagonise the abusive partner, as well as to disrupt their lives by leaving him and the family home, appeared to hinder many women from seeking help, leaving them isolated and at continued risk. All of the women who participated in this study (n=20) felt that they would have benefited from receiving more information about the program, being consulted about the progress of their partner, and being informed about issues of future risk. An opportunity also existed to engage women more fully in the processes of reporting of future assaults, and connecting them with support services but in two out of the three agencies this was not taken. In the one agency where there was some effort to do so (the smallest of the three agencies) this was partly a consequence of the culture of that agency to do so, as well as the dedication of one key worker in the program in question. However, this did not occur routinely across the different programs and, indeed, few of the women interviewed felt that any concerted effort had been made to engage them with the service; despite this being expected as part of the service funding agreements. Service providers declared that despite a desire to develop this component of their programs, they did not have the resources to do this.

2.3. Relationship with other agencies

Despite estimates that in at least 30-60% of families where either child maltreatment or domestic violence is identified, the other form of violence will also be present (Edleson, 1999), the child protection and domestic violence sectors often operate relatively independently. Over one-third of mothers interviewed in a recent study reported that children had been accidentally injured during an incident of domestic violence (and over one quarter that the abusive partner had intentionally injured their children when the child intervened in an attempt to stop the abuse) (Mbilinyi, Edleson, Hagemester, & Beeman, 2007). Abuse was also known to be present in the homes of over half (55%) of 156 deaths of children known to the Department of Community Services in New South Wales, Australia, in 2007 (Burney, 2008). In the services reviewed as part of this research, no formal partnerships existed between correctional services, the non-governmental service providers, and child protection services. This is despite some awareness from all parties of the need for inter-agency collaboration.

3. Evaluation of Outcomes

Evidence-based policy and practice are the touchstones of recent debates about social welfare provision, notwithstanding heated debates about what constitutes evidence, how one prioritises different types of data, and what methodological paradigms are privileged in these rankings (Gondolf, 2007). It is important for agencies to demonstrate that they are achieving their intended outcomes, not only so that they are competitive in winning contracts when they are due for renewal. This is particularly important in the domestic violence sector where international research investigating the outcomes of perpetrator programs has, on the whole, produced rather disappointing outcomes. Meta-analytic reviews have concluded that these programmes typically produce small effect sizes, particularly when victim reports are used as the dependent variable (Babcock, Green, & Robie, 2004), or when participants are legally mandated to attend (Feder & Wilson, 2005). Conflicting results have, however, been recently reported in a large scale US study (Coulter & VanderWeerd, 2009) which showed that both public health approaches and more specialised interventions can have positive impacts on re-arrest rates, both for domestic violence offences and other offences.

In this research, a total of 155 men were recruited from three different agencies providing domestic violence group programs across the state. The men ranged in age from 18 to 59 years (mean age = 33 years for 57 men). At the time of program commencement, 52.9% had been living with a partner during the previous 6 months. An additional 10 men were no longer living with their partner but indicated they still saw their partner regularly (i.e., more than 1-5 times per week). A suite of self-report measures was administered before and after the program. These were selected to include a range of measures considered relevant to domestic violence program outcomes (i.e., measures of abusive behaviour and attitudes, alcohol dependency, treatment readiness, and trait anger). Descriptive data showed that this group was broadly comparable with other samples of domestically violent men.

For example, they held similar beliefs about domestic violence, had relatively high levels of anger, and experience a range of mental health and substance use problems that place them within the clinical range. As a group they were generally unmotivated to attend a program. These data are important as they identify the likely needs that this group of men have, and enable comparisons with research conducted with similar populations. However, they say little about program effectiveness. The standardised data that was collected was, however, descriptive in nature and said little about program quality or effectiveness. Post-program data were available for only a small number of participants ($n=12$), making meaningful analysis of program effects impossible due to low statistical power. This type of data, examining change on a range of dynamic risk factors, is critical to the development of intervention programs as it highlights areas in which participants have changed, and where program content may need to be strengthened.

The reasons for the lack of post-program data are many, but included participants not willing to volunteer for the research, high program non-completion and drop-out rates, and a lack of monitoring over time. It was also apparent that those delivering the programs did not see data collection for evaluation purposes as within their contractual obligations, or possible within the time they had available to complete the work. A parallel could be drawn here between the experiences of program staff and victims of domestic violence: both operate on a desire to maintain the status quo (maintain familiar routines) and the hope that programs will be effective. This results, in the absence of any supporting data, to lip service about evidence based practice and policy, and potentially false optimism about outcomes. It points to the need for capacity development in both the department funding the programs and the agencies.

4. Conclusion

Programs for domestically violent men are now relatively commonplace in Australia and are stable enough to warrant both a review of practices and the evaluation of outcomes. This research identified a number of issues that constrain both of these activities, and in this context were understood in relation to the contracted-out nature of services. Program providers were generally constrained in their ability to offer the range of services that are considered to be good practice in this area; they were able to deliver perpetrator groups, but broader aspects of system integration such as ongoing contact with victims and partnerships with other stakeholders were not well developed. In addition, given that a number of different agencies had been awarded contracts to deliver programs, there was some inconsistency in the programs that were offered and a need to further develop and articulate the program logic that sits behind program delivery.

It was apparent that the provider agencies felt that they were doing what was possible within the resources that were available. However, a stronger organisational commitment might have been made to the delivery of integrated services. Since implementation gaps abound in the social policy arena, good intentions and explicitly declared policy and program objectives are not in themselves enough to ensure good outcomes, and provider agencies need to ensure that services for victims and collaborative work with other agencies are afforded a central role in their overall approach to program delivery. However, it was also apparent that the way in which service contracts were designed and implemented limited the scope for this type of program development and inter-agency liaison to occur. This points to the need for greater consistency between programs, monitoring and reporting of outcomes, and contract management processes if services are to be funded in this way. The contracting out of government services is, however, not necessarily the problem here; others have pointed to similar problems arising in other domestic violence services delivered by government agencies (Potito, Day, Carson, & O'Leary, 2009; Day, Chung, O'Leary, & Carson, 2009). There is a clear need for these services to be funded in ways that allows for each aspect of domestic violence services, from men's programs to victim contact and service integration, to be delivered. Underpinning this is the need to develop standardised processes and procedures that will allow evidence to be systematically collected that can address questions of effectiveness, and assess the extent to which victim and community confidence in the effectiveness of these programs in managing future risk is warranted.

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