

MANAGING RECIDIVISM AMONGST HIGH RISK VIOLENT MEN

DR MICHAEL SALTER

Lecturer in Criminology, University of Western Sydney

Key points

- Some men who abuse their partners are considered particularly high risk due to the frequency and/or severity of their violence, and their resistance to current intervention strategies.
- Risk assessment and management practices have become increasingly prominent in agency responses to these offenders.
- The way in which 'risk' is defined, assessed and managed varies between research studies and between agencies, and does not always reflect the complexities of practice or the lives of domestic violence offenders, victims and survivors.
- Established approaches to the reduction and management of domestic violence risk have drawn on the traditional justice principles of punishment, deterrence, incapacitation and rehabilitation.
- The use of these approaches has changed as evidence has accumulated that neither the threat of punishment, nor treatment, is curtailing the risk posed by very dangerous offenders.
- Emerging approaches to risk assessment and management include a focus on offender surveillance, individualised and comprehensive approaches to treatment, and outcome-orientated partnerships that integrate policing and judicial responses with health and welfare services.
- Preliminary research suggests that interventions responsive to both perpetrator risk and need are more likely to be effective than interventions that adopt a standardised approach.
- The social connectedness of the perpetrator is a primary determinant of both his risk and his need, and further research is needed into interventions that reduce risk by addressing the complex needs of offenders.

INTRODUCTION

The prediction and management of recidivism has become increasingly important in the field of domestic violence. It is well recognised that recidivism is high amongst domestic violence perpetrators and there is a cohort of perpetrators who are resistant to intervention or treatment (Gondolf 2002). Provocative research from the Winnipeg Family Violence Courts in Canada found that from 1992 to 2002, the thirty most frequent offenders appeared in the court 2263 times, accumulated 1843 charges, were responsible

for 862 police incidents, were subject to 551 court cases and had 319 court convictions (Ursel 2011). They were generally being incarcerated for short periods of time and the average time between release from jail and reoffending was less than two months. Most frequently, this cohort was being convicted for breaches of protection orders rather than for the assault of their partners, who were too frightened to testify in relation to domestic violence. As a result, these men were attracting a 'medium risk' classification in the criminal justice system despite a history of chronic violence and recidivism.

The accurate identification and effective management of recidivism amongst high risk violent men is a complex but important matter. High risk offenders commonly display a set of interlocking problems relating to mental health, substance abuse and socioeconomic disadvantage that pose barriers to intervention and treatment. Change may be easier to achieve among violent men who are concerned about the impact of arrest and other domestic violence interventions upon their employment or social status. Violent men without these social connections can react to an arrest or some other intervention by escalating rather than reducing or ceasing their violence, and they repeatedly breach protection and exclusion orders. The group has a high rate of attrition from counseling or treatment even when court mandated and, where treatment is completed, lasting behaviour change may not be achieved. Not only do they commit multiple offences against the same woman but also, should a relationship end, they often go on to commit offences against other women as well. This violence can escalate and result in homicide as its ultimate outcome (Campbell *et al.* 2007). This pattern of recidivism and escalation is compounded by the widely observed reluctance of criminal and family courts to respond to allegations of domestic violence in ways that protect women and children.

This paper will examine the range of interventions aimed at reducing or preventing repeat offending by perpetrators of domestic violence. It has been written by a criminologist with a background in research on gendered violence and policy responses. It considers the emergence of risk assessment and management practices in the domestic violence sector in the context of their increasing prominence in the criminal justice system more generally, where criminal recidivism remains an ongoing challenge. However, efforts to contain and reduce the risks associated with domestic violence have evolved, at least in part, as a response to the neglect of gendered violence by legal and justice processes. In order to protect women from persistent recidivists, women's services and domestic violence agencies have brokered innovative working arrangements with other relevant sectors, and this paper will discuss established and emerging risk management strategies within coordinated community responses.

The paper will begin with an overview of research on high-risk domestic violence offenders before providing a critical examination of the ways in which 'risk' and offender 'management' have featured in the domestic violence literature. The paper will then survey the

evidence relating to a range of established intervention strategies that have been developed in Australia and overseas, before considering recent developments in relation to the management of domestic violence risk. A need for further research to respond to perpetrators of domestic and family violence has been identified by the National Council to Reduce Violence against Women and their Children. The limitations of current responses and their constrained outcomes clearly indicate the need for further dialogue on these issues to occur in Australia and this paper is intended to contribute to that process.

UNDERSTANDING OFFENDER RISK

There is increasing recognition of the diversity of patterns of violence that occur in the context of intimate relationships. While any incident of violence in a relationship is cause for concern, it is clear that some patterns of domestic violence are more harmful than others. Research suggests that low-level and occasional couple violence, for example, is less serious and harmful than violence linked to controlling behaviours (such as threats and expressions of suspicion and possessiveness), which has a higher likelihood of physical and psychological injury to victims (Johnson & Leone 2005).

While the use of violence in intimate relationships is not exclusively the province of one gender, the overwhelming majority of cases of injurious violence inflicted by a controlling, possessive intimate partner involves the victimisation of a woman by a man (Tjaden & Thoennes 2000). Research in Australia has found that women partnered to men exhibiting controlling behaviour are twice as likely to have experienced violence in the previous twelve months than other women, and they report significantly higher levels of violence than other women reporting violence (Mouzas & Makkai 2004). Such patterns of controlling behaviour are very prominent amongst men who batter, stalk, terrorise and/or murder their partners and ex-partners (Stark 2007). The assessment of risk in relation to domestic violence addresses the likely frequency of future violence, as well as the likely seriousness or dangerousness associated with that violence, which may include consideration of relationship dynamics and characteristics.

While the reduction or cessation of occasional couple violence may be accomplished by a range of programs, including couples or individual counseling and/or

substance abuse treatment, these are not considered appropriate or effective for men who engage in repeated and terroristic violence (McCollum & Stith 2008). Men who have committed very injurious violence against their partners are typically referred to perpetrator/men's behaviour change programs but evaluative data on these programs is mixed at best. Researchers have suggested that some violent men are so resistant to change that the primary usefulness of perpetrator programs is to effect a brief cessation in violence that enables workers to make contact with victimised women and children (Day *et al.* 2009a). Although serious domestic violence spans class and culture, there is a common cluster of factors in the lives of high risk domestic violence offenders, including substance abuse, mental illness, a criminal history, low socioeconomic status and other markers of disadvantage. Research has found that these factors are related to an unresponsiveness to treatment, drop-out from programs (attrition) and the increased likelihood of reoffending (Capaldi & Kim 2007). They are also linked to domestic violence homicide risk (Mouzos & Rushforth 2003; Renzema & Mayo-Wilson 2005).¹ The most dangerous recidivist offenders that come to the attention of the authorities are also the most resistant to treatment or behaviour change.

Research suggests that the motivations of recidivist offenders include a persistent desire for control over their partner that is linked to idealisations of masculine honour and authority (Wood 2004). In the context of disadvantage, domestic violence may create a feeling of power and control for the perpetrator where socially legitimate markers of status are absent (Messerschmidt 1993). Such an offender may respond to intervention by escalating, rather than reducing or ceasing his violence (Sherman *et al.* 1992). While middle- and upper-class men may engage in serious domestic violence, it appears that the threat of arrest is a greater deterrent due to the serious implications for their employment and social status (Sherman *et al.* 1992).

The men who are the most likely to reoffend are also those with the least to lose and those with the most complex needs. These are the perpetrators who have typically come to the attention of domestic violence services and the criminal justice system, since it is their partners and children who are most at risk of injury or death (Johnson 1995). The resistance of these perpetrators to intervention or change accounts for many of the challenges experienced by domestic violence services and other agencies that seek to protect women from domestic violence.

VOCABULARY OF RECIDIVISM, RISK AND MANAGEMENT

Research on domestic violence recidivism has many similarities with research on criminal recidivism more generally. It is well acknowledged that a significant proportion of criminal acts are committed by a relatively small group of repeat male offenders who are undeterred by rehabilitation or punishment. General criminal offenders share a common cluster of characteristics associated with disadvantage, including high levels of substance abuse, low levels of educational attainment and transient or no employment (Gendreau, Little & Goggin 1996). Rates of recidivism within this group have remained trenchantly high regardless of the modality of treatment and intervention, leading to the view amongst some criminologists in the 1970s and 1980s that 'nothing works'.

Since that period, the traditional principles of the criminal justice system such as punishment, deterrence and rehabilitation, have been supplemented (and some have argued superseded) by new practices of surveillance, regulation and monitoring (Garland 2001). Risk assessments have become an important tool in this shift towards offender control and management. The criminal justice system and related agencies now employ a range of instruments and assessments that claim to predict recidivism and, thereby, identify 'high risk' offenders who are then subject to a range of incapacitation or management strategies (Feeley & Simon 1992). Crime prevention for the police is increasingly a matter of identifying likely future criminals and advising potential victims on ways to reduce their risk exposure and enhance their safety, often in the context of inter-agency working partnerships (O'Malley 2001).

Similar shifts have been observable in the domestic violence literature since the early 1990s, coinciding with evaluative data that suggests that neither punishment nor treatment is likely to deter particularly dangerous domestic violence offenders. In the domestic violence sector, risk reduction and management initiatives are a response not only to patterns of reoffending amongst high-risk offenders but also to the unwillingness of the criminal justice system to respond to the threat that they represent. Considerable effort has gone into the development of risk assessment practices designed to identify and manage perpetrators who pose an ongoing risk to women and children, and who are unlikely

to be responsive to intervention, although the implementation of risk assessment practices varies across agencies and between Australian states and territories (Australian Law Reform Commission 2010).

The Victorian Government has developed a state-wide risk assessment and management framework for all service providers that integrates a victim's assessment of her risk, evidence-based risk indicators and a practitioner's professional judgements (Family Violence Coordination Unit 2007). Western Australia has also developed a common risk assessment and management framework to 'promote a uniform approach to screening, risk assessment and referral across the State' (Department for Child Protection 2011). Tasmania's 'Safe at Home' strategy is designed to promote a whole of government response to domestic violence as a criminal justice matter. The strategy integrates a range of policy initiatives that incorporate a standardised risk assessment protocol in order to accurately identify high-risk victims (Mason & Julian 2009). In other jurisdictions standardised risk assessment and management practices are in operation at a local and regional level (Australian Law Reform Commission 2010).

Risk assessment and reduction practices involve an interlocking set of responses from multiple agencies, including domestic violence services, the police, welfare and health services and others. Risk assessment tools and practices are important, not only in identifying women at risk of serious and life-threatening violence but also in prioritising cases within time- and resource-intensive partnership arrangements. Advice, information and support that aims to decrease victimisation risk is often effective and genuinely empowering, furnishing workers and women with practical tools to enhance safety and wellbeing and, in the case of lethality risk assessments, save lives. The shift towards the development of a common set of risk assessment and management practices, and new forums for information sharing and partnership working between agencies, may also improve the service experiences of victims by encouraging a continuity of responsiveness across services and systems. This in turn can facilitate ongoing assessment and case management, consistent evidence gathering, data collection and analysis and more accurate evaluation. Research on risk factors has sought to light the overlap between sexual and physical violence amongst particularly dangerous domestic violence offenders, prompting renewed attention to the prevalence of sexual violence in domestic contexts (Braaf 2011).

There are a number of clear advantages to the increased prominence of risk assessment assessments and discourse in relation to domestic violence but it is important to think critically about the rhetoric of 'risk', 'management' and 'recidivism'. Walklate and Mythen (2011) suggest that there can be an overly optimistic acceptance in domestic violence policy and practice that it is possible to measure risk, identify the cause of violence and manage the risky (whether perpetrators or victims). Risk factors may be statistically robust in research studies but slippery at the level of individual cases and practice. Risk is dynamic and influenced by context and situational factors that shift over time, complicating efforts to develop standardised and reliable instruments to assess risk and protect victims.

A narrow focus on risk reduction may overestimate the power of workers to shape client outcomes and/or result in women being held inadvertently responsible for perpetrator behaviour. Sullivan (2011) emphasises that patterns of revictimisation are the fault of perpetrators and not clients or services. Therefore, assessment of safety and risk should not presume a cause-and-effect relationship between service provision, client behaviour and safety. Victim safety planning may aim to empower a woman to maintain her own safety. However, a potential negative consequence is that it could hold her responsible for doing so, when her capacity to reduce her risk of victimisation is determined to a large extent by a range of factors outside of her control, for example, the perpetrator, the responsiveness of the police and criminal justice system and so on.

Sherman (2007) highlights the ambiguous use of the term 'high risk', which can refer to the likely *frequency* of future offending and/or to the likely *seriousness* of future offending. In the literature on domestic violence, these two definitions of 'high risk' are often used interchangeably or synonymously. Yet, very serious offending is not necessarily correlated to a high frequency of offending. For example, research has found that sizeable minority of domestic homicides are not preceded by an escalating pattern of violence towards the victim (Dobash & Dobash 2009).

Research on domestic violence risk tends to define risk narrowly in terms of the likelihood of recidivism; that is to say, in terms of the possibility of any future violence. This is similar in many respects to the medium-to-long term and aggregated view of risk that predominates in corrections settings. However, these approaches are not always sensitised to the issue of imminent risk or the harms associated with particular forms of violence, both of which are pressing concerns for domestic

violence workers and victims. Workers often take into account the 'who, what, where, when, and how' of violence and not solely the future possibility of any violence (Kropp 2008, p. 203).

Research that finds that women's own assessments of their risk are as likely to be accurate as standardised risk assessment measures suggests that these instruments should not take precedence over the voices of victims (Weisz, Tolman & Saunders 2000). Indeed, a more accurate picture of risk may be developed by integrating women's assessments into risk assessment practices (Connor-Smith *et al.* 2011), although women may also underestimate their level of risk (Campbell *et al.* 2003). In effect, such approaches seek to integrate considerations of frequency, as well as seriousness/harmfulness into risk assessments. Women's assessments of risk are not limited to predictions of future violence but include calculations relating to their emotional relationship with the perpetrator, financial concerns and a host of other emotional and practical considerations (Griffing *et al.* 2002). Therefore, the complexity of domestic violence practice and the aspirations of clients can be masked by the actuarial vocabulary of 'risk' and 'recidivism', overlooking the practicalities of domestic violence work while rendering clients 'irrational' when they make decisions outside the narrow bounds of risk reduction strategies.

There are clear limits to the utility of risk assessment practices. A significant proportion of cases of serious domestic violence and intimate partner homicide occur amongst women who have not come to the attention of the police or domestic violence services. They represent a group of very 'at risk' women who are nonetheless beyond the reach of risk assessment and reduction practices. An American study of 456 women killed or almost killed by domestic violence perpetrators found that relatively few had been seen by services in the year prior to the homicide or attempted homicide (Campbell 2004). Even where women are assessed for domestic violence risk, some important risk factors (such as homicidal ideation or misogynist attitudes) are not amenable to external measurement (Kropp 2008). The increasing prominence of risk assessment practices in the domestic violence sector may provide new tools for agencies in their work with clients. Nevertheless, it goes without saying that they cannot meet the needs of women who have not presented as clients. As a result, it has been recommended that routine domestic violence screenings be implemented in a range of health settings in order to identify victimised women

who have not contacted services or the authorities (Spangaro, Poulos & Zwi 2011; Taft *et al.* 2009).

The management of high risk offenders has often involved initiatives that bring both survivors and perpetrators into closer contact with the police and the criminal justice system. Wider shifts towards community corrections and the monitoring of recidivist offenders in the community have been criticised as a form of 'net widening' that expands the reach of the criminal justice system into the lives of the poor and marginalised (Cohen 1985). This has had a range of unintended implications for women from ethnic, Indigenous or impoverished communities where rates of domestic violence recidivism are high.

Coker (2004) describes the ways in which 'crime control' approaches to domestic violence can exacerbate the 'entanglement' of poor, ethnic or undocumented migrant women within the child protection, welfare, criminal justice and immigration systems. Efforts to overcome the entrenched neglect of domestic violence by justice agencies and systems have given rise to law enforcement initiatives that have had a range of negative consequences, such as the criminalisation of abused women by pro-arrest polices (Muftić, Bouffard & Bouffard 2007). The application of risk assessment tools has been experienced by some women as disempowering since, once assessed as 'low risk', they may find that their experiences of violence are not taken seriously and they are unable to access necessary police protection or support (Radford & Gill 2006).

This paper suggests that it is not a coincidence that a focus on domestic violence risk and offender management has emerged, as evaluative data indicates that current intervention strategies are failing to deter high-risk offenders. Efforts to manage offender risk are a practical response to the barriers encountered by domestic violence victims in relation to the unresponsiveness or potentially harmful interventions of the police, the courts and other authorities. While the utility of risk assessments and offender management practices is clear, it is important to consider their unintended effects and implications.

The mixed evaluations of efforts to prevent recidivism has led to increased calls for more rigorously controlled experimental studies, and criticisms of domestic violence services and agencies for failing to 'fully' implement complex multi-agency interventions. However a range of researchers agree that the variable and relational nature of domestic violence service delivery does not lend itself to strictly quantitative

measures of efficacy (Abel 2000; Lundy & Grossman 2001; Sullivan & Alexy 2001). Identifying 'what works' in relation to risk reduction and offender management has become an increasing priority amongst researchers and policy-makers, with broad implications for the domestic violence sector as a whole. The following sections of the paper will consider established and emerging approaches to the management of high-risk offenders.

MANAGEMENT OF HIGH-RISK OFFENDERS

Prior to the 1970s, little attention was paid to domestic violence in Australia. Police adopted a policy of non-intervention (Hatty 1989) and male violence against their partners was not generally considered a matter for the criminal justice system (Alexander 2002). A range of studies in the 1980s and early 1990s documented the unwillingness of the police to intervene in cases of domestic violence, and the widespread belief that victims were responsible for their own victimisation (Mugford & Mugford 1992). The advocacy of the women's movement, which established the first refuges and services for abused women, drove a significant increase in public awareness of domestic violence during the 1980s. This period saw the development of the basic framework for the Australian response to domestic violence perpetrators, which includes the interlocking strategies of protection orders, perpetrator programs, and arrest and conviction. Over time, this has been supplemented by a range of additional risk reduction and management strategies that are rarely implemented in isolation but instead are designed to complement existing approaches. Kropp and colleagues (2002) have outlined four basic kinds of risk management activities in relation to domestic violence:

1. **Monitoring:** The behaviour of the perpetrator can be monitored by gathering data on the perpetrator's contacts with health and welfare agencies, his conduct at work and/or his compliance with mandated treatment. Other forms of monitoring include electronic surveillance, polygraph interviews, drug testing and the inspection of his mail or telecommunications. Such surveillance practices can be utilised by probation or specialist courts to enhance victim safety and ensure perpetrator compliance with protection orders.

2. **Treatment:** Treatment seeks to reduce the risk of reoffending by addressing psychological or psychosocial problems that are understood to contribute to violence perpetration. Treatment may include domestic violence perpetrator programs, counseling and psychotherapy, psychiatric medication, substance abuse programs or education and training.
3. **Supervision:** The perpetrator may be subject to community supervision by the police or by a probation or parole officer in order to restrict their capacity to engage in violence. Supervision may also encompass practices such as judicial monitoring, which will be discussed in more detail later.
4. **Victim safety planning:** Safety planning aims to address factors that may increase the vulnerability of the victim to re-abuse and to provide them with additional resources to reduce the risk of threat or harm. Victim safety planning services may be delivered by a range of social service, human resource, law enforcement and private security professionals.

These four categories include established as well as emerging approaches to the management of domestic violence offenders. The 'risk' paradigm has not only given rise to new strategies but also promoted new understandings of established practices. In the absence of a 'one size fits all' risk reduction mechanism, the array of established and emerging interventions can be understood as a set of 'tools' within the 'tool kits' of workers and clients to be used when necessary. This involves a considerable amount of discretion from agencies to tailor multiple interventions to meet the specific risks faced by clients, often in the context of inter-agency partnerships where quality of professional relationships and communications, and resourcing are crucial to effectiveness. In Australia, such work is being undertaken by those workers and services with a strong advocacy, interagency and case management focus, although comprehensive approaches formulated overseas (such as the MARAC model discussed below) have not been implemented here other than in pilot form (in South Australia). The following section will consider established approaches first, before going on to review emerging forms of offender monitoring and supervision.

ESTABLISHED APPROACHES

Approaches to the management of domestic violence offenders that emerged in the 1970s and 1980s drew on traditional justice principles of punishment, deterrence, incapacitation and rehabilitation. However, the use of these approaches has changed over time as evidence has accumulated that the threat of punishment or attempts at rehabilitation are not curtailing the risk posed by dangerous offenders. Although they offer only limited protection to women, these approaches may have strategic utility in the context of community coordinated responses by providing new opportunities for services to engage with victims of domestic violence, providing new ways of monitoring and regulating perpetrators, and increasing victims' sense of confidence and autonomy. In this regard, these interventions have broader applications beyond violence cessation and the ways in which multiple (and sometimes qualitative or intangible) factors interact may contribute to risk reduction. Contextualising risk reduction practices within a coordinated community response is widely recognised as increasing their effectiveness, although this can make it difficult to identify which factors contribute to success due to the presence of multiple interventions and services (Day *et al.* 2009b).

Protection orders

Protection orders are a central feature of the Australian legal response to domestic violence. They were introduced in the 1980s as an accessible civil remedy to the security needs of victims of domestic violence. Tens of thousands of domestic violence protection orders are applied for every year in Australia, in comparison to relatively few comparable orders being made in countries such as Canada, the United States and the United Kingdom (Wilcox 2010). An Australian study of 493 young women reporting domestic violence found that almost 40% had obtained a protection order (Young, Byles & Dobson 2000, p. 3). However, Young and colleagues found that the effectiveness of these applications was mixed, with almost half of women who applied for a protection order reporting subsequent violence by their partner. There was no significant difference in violence cessation over time reported by women who sought legal protection in comparison to women who did not. In an American study of 2691 women who reported a domestic violence incident to the police over a two year period, permanent protection orders (of 12 months duration) were associated with diminished

risk of physical violence over a twelve month period. However, the study found that women granted temporary protection orders (of 24 to 72 hours) were at significantly increased risk of psychological abuse during the period of the protection order and after it, and they reported increased physical violence over the twelve month period (Holt *et al.* 2002).

The violation of protection or restraining orders is common and applying for an order may trigger an escalation in violence. Spitzer's (2002) meta-analysis of 32 studies of restraining orders found they were violated 40% of the time and associated by victims with increased violence 20% of the time. Rates of arrest for protection order violations vary between locations but research suggests that many or most violations do not result in an arrest (Frantzen, Miguel & Kwak 2011). Where perpetrators are arrested and convicted for an order violation, this does not appear to have a significant effect on recidivism rates (Frantzen, Miguel & Kwak 2011). In Australia, a number of researchers have raised concerns about the protection order regime, arguing that it has supplanted appropriate criminal justice interventions (Douglas & Godden 2003; Fergus & Lappin 2008; Scutt 1990). Furthermore, protection orders may be applied for by perpetrators of domestic violence where women have violently retaliated to abuse, in an effort to discredit and harass the victim (Wangmann 2009).

Order violation is not the only measure of the worth of protection orders, which can be used strategically to prevent the escalation of violence and provide a legal option for victims who do not want to pursue criminal charges (Wilcox 2010). Protection orders can include the option of an exclusion provision, which can remove the perpetrator from the family home, while allowing women and children to maintain stable housing and social support. This simultaneously sanctions the perpetrator's behaviour while upholding the rights of women and children to safety and stability. Hunter (2008) argues that the efficacy of protection orders can be strengthened through complementary criminal justice reform and specialist policing initiatives. Protection orders are increasingly understood as an important feature of joined-up, specialist responses to domestic violence. Recently, the Commonwealth Government has worked with state and territory law reform commissions in order to establish a national register to assist in the enforcement of protection orders across state borders. Some jurisdictions now routinely include children in a protection order. Furthermore, a number of studies have emphasised the increased sense of control and empowerment that

some women experience from obtaining a protection order (Connelly & Cavanagh 2008; Stubbs & Powell 1989; Trimboli & Bonney 1997).

Perpetrator and behaviour change programs

Programs for domestically violent men began to emerge in the 1970s and there are currently many different program models being implemented around the world. Early program development was informed by the work of the feminist movement in rallying public awareness of domestic violence and, today, most perpetrator programs combine feminist and cognitive behavioural approaches (Gondolf 2007b). Nonetheless, programs vary in terms of their length, aims, theoretical basis and their understanding of the causes of domestic violence, as well as the degree of coherence between stated aims and principles and actual practice (Chung, O'Leary & Zannettino 2004). This is compounded in Australia by a lack of standards for such programs, with Victoria's No To Violence organisation offering the only (voluntary) standards in the country (at the time of writing).

Some programs are run through counseling or community based health services, whereas others are embedded within the criminal justice system. Perpetrator programs are sometimes linked with support services for victims and typically linked with specialist criminal justice responses, such as pre-arrest policies, prompt prosecution and monitoring of offender compliance with probation conditions. The most prominent and perhaps the paradigmatic perpetrator program model has been called the Duluth model, described by Gondolf (2007b, p 645) as a 'gender-based cognitive-behavioral approach to counseling and/or educating men arrested for domestic violence and mandated by the courts to domestic violence programs'. It is designed to educate domestically violent men about the ways in which their violence is a form of power and control over their partners, and it challenges the denial and minimisation common amongst men in treatment.

One of the key aims of coordinated community responses to domestic violence has been to impact on the level of domestic violence in the community. However, a recent multi-site, large scale survey of communities with coordinated community responses found no apparent effect on attitudes towards domestic violence, knowledge about/use of domestic violence services or the prevalence of domestic violence (Post *et al.* 2010). Coordinated community

responses may have a systems impact by, for example, increasing the responsiveness of the criminal justice system, but evidence for this effect is mixed and it can have unintended consequences for women, such as arrest (Salazar *et al.* 2007).

A range of empirical studies, literature reviews and meta-analyses have found limited or no improvement in the behaviour of men who complete batterer treatment programs (Babcock, Green & Robie 2004; Feder & Wilson 2005; Labriola, Rempel & Davis 2008), with the men most at risk of recidivism the least likely to complete treatment (Olver, Stockdale & Wormith 2011). Day and colleagues (2009) highlight the general ineffectiveness of domestic violence perpetrator programs in comparison to the relative success of other offender programs in reducing recidivism. They suggest that there is a gap between the conceptualisation of perpetrator programs in theory and the operationalisation of programs in practice, and question whether the aetiological framework of structural and psychological factors that underpins perpetrator programs has generated the most effective intervention approach. They note the absence of individualised treatment in perpetrator programs and the lack of opportunity for the development of a therapeutic alliance which, in other contexts, is considered crucial to therapeutic change (see Martin, Garske & Davis 2000).

Gondolf (2004) notes higher rates of program attrition amongst some ethnic groups, although an attempt to address this through culturally specific program development did not prove successful (Gondolf 2007a). A subsequent study of a more comprehensive case management approach to the needs of ethnic minority men highlighted a range of service challenges and obstacles, but this approach has yet to be established as more effective in preventing recidivism (Gondolf 2008).

In their review of perpetrator programs in Australia, Day and colleagues (2009b, p. 211) concluded that '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'. The importance of addressing 'criminogenic needs' has been flagged in relation to the prevention of criminal recidivism more generally (Gendreau, Little & Goggin 1996) and there is increasing interest in more individualised treatment approaches for domestic violence perpetrators. Research with women

partnered to men in perpetrator programs suggest that they have a range of aspirations that include but are not limited to cessation of violence, including improving the quality of their relationship and their access to life opportunities (Westmarland, Kelly & Chalder-Mills 2010). These aspirations were shared by men in perpetrator programs interviewed as part of the project and by domestic violence workers. The authors note that their findings challenge the presumption about what 'success' means in the context of perpetrator programs and whether measurements of program success should be limited to quantitative data on violence cessation, or include additional measurements of quality of life and satisfaction amongst both victims and perpetrators.

Shephard and colleagues (2002) emphasise the importance of considering the efficacy of perpetrator programs in the context of all interventions that constitute a coordinated community response to domestic violence services, since it may be that factors such as interagency cooperation and communication have an important role to play in preventing recidivism and improving outcomes for victims. This is underscored by research that finds that the effectiveness of treatment programs is enhanced when they are delivered in the context of a coordinated community response in which the needs of women and children (including but not limited to violence cessation), as well as perpetrators, are addressed by multiple agencies and services (Murphy, Musser & Maton 1998).

Despite the lack of evidence for their efficacy, perpetrator programs have proliferated on an ad hoc basis in Australia and continue to be funded.

Arrest and conviction

Prior to the 1980s, police officers were reluctant to make arrests for domestic violence, even when the woman's life was in danger, she had suffered visibly serious injury, and/or she had explicitly requested arrest. Under pressure from women's groups, the police began to implement a range of measures in the 1980s in order to increase rates of arrest. An early experimental study compared the outcomes of arrest, exclusion/separation and informal 'advice' and mediation by the police, and found that arrested subjects were significantly less likely to reoffend six months later according to either police records or partner interviews (Sherman & Berk 1984). However, the findings of subsequent studies have been mixed.

Arrest has been found to have a deterrent effect on men with strong 'social bonds' (that is, employed and/or middle class) but it was found to increase the risk of retaliatory violence against the woman where the perpetrator was unemployed and/or had a low socioeconomic status (Sherman, Schmidt & Rogan 1992). Arrest policies also appeared to have different impacts in different ethnic communities (Schmidt & Sherman 1993). Subsequent studies found that the arrest had a modest effect in reducing domestic violence reoffending (Maxwell, Garner & Fagan 2001) and short-term deterrent effect at best, and that it could lead to an increase in violence in the long-term (Schmidt & Sherman 1993).

In the United States, some jurisdictions have responded to this data by implementing pro-arrest and mandatory prosecution policies. These policies were designed to overcome the inaction of the police or criminal justice system to act in relation to domestic violence but they have had a number of unintended effects. For example, they can disempower or alienate women who do not want their partner arrested and impoverish families dependent on the income of the perpetrator. It is increasingly recognised that police forces have responded to mandatory arrest policies by arresting both victim and perpetrator where the woman has used retaliatory violence or acted in self-defence, where there are counter claims of violence by parties at the scene or where police are unable to determine the primary aggressor (Braaf & Sneddon 2007; Hovmand *et al.* 2009).

Police forces may persist in doing so, despite guidelines to the contrary, and dual arrest may then have an impact upon victim credibility should the case be brought to trial (Humphries 2002). Mandatory arrest or prosecution policies may also decrease the likelihood of victim reporting and increase the likelihood of perpetrator reprisals (Radha 2009). Belknap and colleagues' (2001) research with battered women found that 47.7% of victims reported that fear of retaliation by the batterer was a barrier to pursuing criminal justice interventions. Given that women's perceptions of their own risk are frequently accurate (Connor-Smith *et al.* 2011) and the evidence of the seriousness of post-arrest recidivism, this fear may be well-founded. It is clear from arrest data that a minority of offenders continues to physically abuse their intimate partners, regardless of the intervention that they receive (Maxwell, Garner & Fagan 2001; Schmidt & Sherman 1993). Further, some have responded to arrest by killing their partner or ex-partner (Radha 2009).

While emphasising the need for the judicious use of arrest, researchers have advanced a range of reasons why arrest may be a useful intervention in domestic violence. Most obviously, arrest provides the victim with immediate protection and may provide the time and opportunity for her to connect with services and/or plan for her safety. In Australia, police in all states and territories have holding powers that allow them to detain without charge where they have reasonable grounds to suspect a domestic violence victim is at risk and/or to ensure her safety while she seeks an intervention order (Wilcox 2010). There is evidence that pro-arrest policies can build victim confidence in the police and encourage victims to come forward. In one study, pro-arrest domestic violence policing policies were found to be associated with increased victim satisfaction and confidence in the police, and did not appear to result in a drop in victim willingness to report domestic violence to the police (Jaffe *et al.* 1986). Studies of coordinated police outreach services, where a social worker and a police representative make a home visit after a domestic violence notification, have found that women contacted by outreach services subsequently increase their calls to police for intervention in domestic violence (Davis & Taylor 1997; Hovell, Seid & Liles 2006; Stover, Poole & Marans 2009). Such outreach and advocacy initiatives may increase the willingness of ethnic minority women to access support and services (Stover *et al.* 2008). Furthermore, Morley and Mullender (1992) argue that pro-arrest policies encourage police to take domestic violence more seriously.

From the research, it seems that arrest may have a role to play in a coordinated and integrated response to domestic violence. However, it has a limited deterrent effect on its own and may prove harmful to victims if poorly managed by the police and criminal justice system. While arrest may deter some men, Tolman and Weisz (1995) found no deterrence effect of 'successful prosecution', a result supported by other studies (Davis, Smith & Nickles 1998; Gondolf 1999; Kingsnorth 2006; Thistlethwaite, Wooldredge & Gibbs 1998). Fagan (1989) found that men with a more serious history of domestic violence were more likely to recidivate if prosecuted. Nonetheless, a number of researchers are optimistic that arrest and prosecution may have a deterrent effect if combined with other strategies, such as treatment and supervision through probation (Gondolf 1997; Murphy, Musser & Maton 1998; Thistlethwaite, Wooldredge & Gibbs 1998).

There may also be scope to improve the effectiveness of policing practice in relation to domestic violence. The provision of domestic violence training to police officers and emergency telephone operators, and the establishment of specialist domestic violence teams, may improve victim experience, police responsiveness and evidence gathering (Goodall, Trevillion & Muncie 2006). Police may optimise their effectiveness by identifying and specifically targeting prolific domestic violence offenders (Goodall, Trevillion & Muncie 2006).

Jail

Domestic violence perpetrators may be jailed for a brief period of time under police holding powers described above or they may be sentenced to incarceration after being found guilty of a domestic violence-related offence, for a parole/probation violation or for violating a protection order. However, it is well acknowledged that it is rare for domestic violence perpetrators to be incarcerated for these reasons, and researchers and activists have suggested that the negligible sanctions given to offenders has encouraged and enabled reoffending (Pence 1999). A recent analysis of New South Wales court data found that, from January 2008 to June 2009, only 11% of those found guilty of a domestic violence related assault were given a sentence of imprisonment (Ringland & Fitzgerald 2010, p. 4, Table 3). Even amongst those found guilty of recklessly causing grievous bodily harm, 40% received a non-custodial sentence (p. 2, Table 1), and of those imprisoned the mean sentence was 12.6 months (p. 3, Table 2). This raises questions about the contribution of jail to either deterrence or rehabilitation, given the low likelihood of imprisonment and the brief stay of most domestic violence offenders.

The impact of jail on domestic violence recidivism has not been extensively studied but the available evidence does not support the proposition that incarceration has a deterrent effect on domestic violence offenders. It is clear that prison does not prevent recidivism in the absence of other sanctions and strategies. In one study, men who were incarcerated in lieu of treatment were found to have a higher frequency of reoffending in comparison to those who completed treatment and those who were not jailed and did not complete treatment (Babcock & Steiner 1999). A range of studies have found no difference in the likelihood of rearrest between men sentenced to prison or men subject to other sanctions, including treatment, counseling, probation or fines (Davis, Smith & Nickles 1998; Gross *et al.* 2000). The

length of probation or the length of jail sentences appears to have no effect on recidivism (Davis, Smith & Nickles 1998; Kingsnorth 2006; Thistlethwaite, Wooldredge & Gibbs 1998).

Interestingly, Thistlethwaite *et al.* (1998) found that qualitatively more severe sentences (for example, jail time rather than a fine) were associated with a statistically significant reduction in recidivism. Other studies have emphasised that a combination of strategies (including prosecution, probation and treatment) may have a cumulative effect on recidivism reduction in comparison to other sanctions (Murphy, Musser & Maton 1998; Wooldredge & Thistlethwaite 2005).

EMERGING APPROACHES

Emerging approaches in relation to the management of high-risk offenders include the increasingly strategic use of parole and probation, new methods of surveillance, individualised approaches to treatment and the integration of outcome-orientated court processes into a coordinated community response. Some of these approaches have been criticised for the manner in which they 'widen the net' of criminal justice and welfare interventions over the lives of individuals. While evaluation data on many of these new approaches is forthcoming, they may offer ways of bolstering or enriching existing integrated responses to the management of high-risk men.

Probation, parole and community supervision

As rates of domestic violence-related arrests and prosecutions have increased, more abusers have found their way into probation and parole caseloads. Overseas, some jurisdictions have responded by establishing specialist domestic violence probation units. These units monitor offenders to ensure they are complying with mandated treatment and they may involve communication between probation officers and the victim to ensure the victim's safety (Johnson 2000-2001). Revocation rates for specialist domestic violence probation units are very high. In one study, between 42% to 60.9% of men on probation were sentenced to incarceration for probation violations (Klein & Crowe 2008, p. 227). Some studies have found that specialist domestic violence probation units have been successful at reducing overall rates of recidivism

and increasing victim satisfaction (Johnson 2000-2001; Klein & Crowe 2008).

In many ways, the findings of Klein and Crowe's (2008) study of the deterrent effect of a specialist probation unit mirrored research on the deterrent effect of arrest. They found that a specialist domestic violence probation unit reduced the likelihood of reoffending amongst low-risk offenders (that is, men with no prior arrests or history of alcohol and drug abuse). However, rates of recidivism amongst men at high risk of reoffending (that is, they had a history of domestic violence and other criminal offences) were not significantly impacted upon by specialist supervision. The risk factors for rearrest for a violent offence while on probation are similar to other recidivism risk factors, such as employment status, substance abuse and history of criminality (Johnson 2008b). While there is limited evidence that specialised probation can reduce offending amongst high-risk perpetrators, Ames and Dunham (2002) emphasise the practical utility of probation in monitoring offenders. In a series of case studies, they described how probation officers could use probation violations strategically in order to regulate perpetrator conduct and jail reoffenders when they were a known risk to their partner, even where the woman had not reported a contact violation. This can expand the capacity of services to protect women at risk of violence and increase opportunities for women to access support and services.

Electronic monitoring

Electronic monitoring was first developed in the early 1980s in the United States to enforce house arrest. It now serves as an alternative to imprisonment and as a way of monitoring compliance with parole, probation or exclusion orders. An electronic monitoring program typically includes mandated treatment (such as counseling or substance abuse programs), as well as a GPS tracking device being attached to the offender. The stated aims of electronic monitoring is to reduce the costs to the state of imprisonment, while providing a sanction that reintegrates offenders into the community, durably alters criminal patterns of behavior and deters them from future criminal behavior. However, Bonta and colleagues (2000) point out that most participants in electronic monitoring programs are non-violent, low-risk offenders and carefully screened and, therefore, already suited to community supervision.

One study of violent, high-risk offenders on an electronic monitoring program found no difference in long-term recidivism in comparison to other men

on parole, although there was a short-term delay in the recidivism of electronically monitored men (Finn & Muirhead-Steves 2002). A structured review of evaluation studies found little sound evidence that electronic monitoring reduces recidivism and suggested that the short-term 'dampening' effects of electronic monitoring are similar to those of other prison diversion programs (Renzema & Mayo-Wilson 2005). In the past, electronic monitoring units have been tampered with and removed by offenders (International Association of Chiefs of Police 2008) and there are other potential problems, including the possibility of mechanical failure, signal dropout and false alarms (Orchiston forthcoming).

Electronic monitoring has been used in some overseas jurisdictions to monitor domestic violence offenders and enforce protection orders. The offender is equipped with a transmitter, and their residence is fitted with a receiver that monitors their accordance with a curfew schedule. A receiver in the victim's home will detect the perpetrator if he breaches an exclusion radius around her home. The victim may also be equipped with a pager to receive messages from the monitoring centre, a pendent or phone that automatically contacts the authorities and/or a device to alert her of the approach of the offender when she is away from home. There has been little evaluation research on the effectiveness of electronic monitoring in ensuring victim safety. Qualitative research with judges and prosecutors in American jurisdictions that employ electronic monitoring have emphasised that it serves as a tool that enhances accountability and victim safety (Ibarra & Erez 2005). A study of two American sites where electronic monitoring was used found few breaches of the exclusion zone around the victim's home and few face-to-face contact violations away from their house (Erez, Ibarra & Lurie 2004). When interviewed, victims whose ex-partners were subject to electronic monitoring did report contact violations over the phone, at court or through the mail, although data was not gathered on the frequency of these violations. The authors reported that the women they interviewed were generally pleased with their experience of the program.

A review by Renzema and Mayo-Wilson (2005) emphasised that, while electronic monitoring may be useful as part of a larger 'package' of interventions, there is no evidence that it produces enduring effects in high-risk offenders. A recent evaluation study of an early release program from Sweden using electronic monitoring showed a statistically significant effect on recidivism amongst low to medium risk offenders

but not high risk offenders (Marklund & Holmberg 2009). The study nonetheless documented a small (and possibly coincidental) reduction in reoffending amongst high risk offenders and significant reductions in offending overall amongst program participants. The program had a number of unique features, including a condition that, upon release, participants be engaged in employment or training, and be regularly screened for drugs and alcohol. Prior to release, the prison and/or state services were actively engaged in finding suitable work or education for participants and easing their transition into the community. It is unclear whether the overall positive impact on recidivism was due to the electronic monitoring component or the other aspects of the program, however, the study highlights an innovative and potentially efficacious synthesis of electronic monitoring with social work support.

Treatment

Turning away from the 'nothing works' pessimism of earlier rehabilitation studies, researchers have emphasised the principles of risk, need and responsivity in maximising the effectiveness of offender treatment (Birgden 2004). Firstly, higher risk offenders should receive more intensive services. Secondly, the particular needs of offenders that are related to offending should be addressed in treatment. Lastly, treatment approaches should be responsive and flexible according to the learning styles and motivation of the offender. These three principles have often been lacking in relation to domestic violence treatment. Over the last decade, the 'one-size-fits-all' approach to domestic violence perpetrator treatment has come under scrutiny. Concern has been expressed that the feminist treatment paradigms that have been promoted since the 1980s have focused on the sociopolitical antecedents of domestic violence without paying adequate attention to the different ways that misogyny and male violence is enmeshed in the life histories, circumstances and psychology of offenders. The profile of 'high risk' offenders common to virtually all studies is the typical profile of a 'complex needs' client who requires individualised and sometimes intensive treatment in order to achieve genuine and lasting change, although such forms of treatment are rarely available to domestic violence offenders.

Researchers have argued that a tailored approach to domestic violence treatment that seeks to address the individual, as well as social and cultural factors that contribute to men's violence may offer practical

ways to overcome men's barriers to change. This has offered a range of new and promising approaches to offender treatment. Day and colleagues (2009) report on a number of emerging areas in relation to the development of domestic violence offender treatment. In particular, they emphasise the need for treatment to address the complex needs of individual offenders in the context of a coherent and validated model of behaviour change, underpinned by well established and articulated theories of violence.

While the Duluth program has been adapted in a variety of ways, Day and colleagues suggest that it has generally promoted a de-individualised approach to offender treatment, rather than a pragmatic and evidence-based approach to behaviour change and violence. The Duluth model's focus on the similarities between abusive men may have occluded their differences and its confrontational approach to behaviour change may be alienating men from treatment, contributing to the high rates of attrition documented in domestic violence programs and their low rates of success. Nonetheless, the authors suggest that the Duluth model can be understood as an important contributor to future program development and new theoretical and therapeutic advances.

In their review of perpetrator programs in the United States, Stuart and colleagues (2007) note the challenges to successful perpetrator treatment, including inadequate funding, inadequate training, a lack of individualised treatment and a lack of motivation amongst clients, most of whom are court-mandated and often feel 'forced' into treatment. They make a number of suggestions to increase program effectiveness, including:

- motivational strategies to enhance men's willingness to engage in treatment and their rapport with service providers
- treatment that is tailored to the particular needs and risks posed by different offenders
- the integration of substance abuse treatment into domestic violence services, in recognition of the strong association between alcohol and drug abuse and domestic violence perpetration.²

At present, it is unclear whether these approaches will result in different outcomes than standard treatment programs. The relationship between domestic violence, recidivism and alcohol abuse is well known and perpetrator treatment programs may be enhanced by their integration with substance abuse programs, although the effect on recidivism rates over the long-term are unknown (Easton *et al.* 2007; Stuart 2005). The

application of Motivational Interviewing techniques in order to assess and respond to individual men's readiness for change has had, at best, a marginal effect on domestic violence recidivism, although it appears to have enhanced men's engagement with treatment (McMurran 2009). There is some enthusiasm for tailoring treatment according to different perpetrator 'subtypes' but there is as yet no consensus on how to correctly identify them or address their different behavioural or psychological problems in treatment. Some studies have grouped perpetrators according to the results of psychometric testing (Holtzworth-Munroe & Stuart 1994), whereas others have used behavioural and demographic indicators (Johnson 2008a). There are a range of statistically validated actuarial risk assessment tools in relation to domestic violence (Hanson, Helmus & Bourgon 2007), and it is generally recognised that perpetrators can be meaningfully categorised as low, medium and high risk. Regardless of the ways in which perpetrator categories have been developed, it has not been established that treatment can be tailored according to such categories in ways that reduces post-treatment recidivism.

The categorisation of offenders has been based on measurements of psychological and social deficits and behavioural problems, and treatment has typically been focused on the same. Alternative models of treatment have incorporated strengths-based and relational approaches. Langlands and colleagues (2009) advocate for an individualised approach to domestic violence treatment that seeks to enhance the capacity of offenders to live 'meaningful, constructive, and ultimately satisfying lives so they can desist from further offending' (p. 119). Such a focus redefines risk management in terms of addressing factors that inhibit a perpetrator's capacity to live a fulfilling life that is free from violence perpetration.

This approach is part of a general trend towards conceptualising perpetrator needs alongside risk to maximise the responsiveness (and, therefore, effectiveness) of treatment approaches. A view of the perpetrator that identifies and builds on his life goals as a way of encouraging violence cessation is more likely to facilitate the establishment of rapport between therapist and client, which is recognised as the most efficacious agent in lasting therapeutic change (see Martin, Garske & Davis 2000). In this model, effective offender management involves the maximisation of offender wellbeing, since violence perpetration is understood holistically not only as a

form of harm to women and children, but also as a barrier to the perpetrator's quality of life.

Multi-Agency Risk Assessment Conference

In the United Kingdom, the Multi-Agency Risk Assessment Conference (MARAC) model has been promoted as one that aims to encourage 'information sharing and partnership working' between a range of services, in order to enhance the safety of high risk domestic violence victims and their children (CordisBright Consulting 2011). Each MARAC is made up of representatives from a range of statutory and voluntary organisations who review high-risk domestic violence cases and produce and implement a coordinated action plan to increase victim safety.

There are approximately 250 MARACs in operation in the UK. Most MARACs are led and chaired by police representatives and they include a range of agencies, such as domestic violence advisors and workers, as well as representatives from other sectors, such as housing, health, mental health, probation, and children's and youth services. MARACs are generally expected to meet monthly and involve the discussion of cases referred to the MARAC as 'high risk' by participating agencies. These discussions assist in information sharing across the agencies and the bridging of community and criminal justice efforts to reduce the risk posed by recidivist domestic violence offenders (Robinson 2003). Action plans change depending on the level of risk, ranging from periodic case review, through routine police or probation visits, to enhanced police surveillance alongside the coordination of care for affected women and children.

The available data suggests that MARACs have the 'potential to improve victim safety and reduce re-victimisation' although there is a need for further research and evaluation (Steel, Blakeborough & Nicholas 2011, p ii). Preliminary evaluation research suggests that the MARACs are part of a suite of initiatives that is improving the experiences and outcomes of domestic violence survivors in the courts and other settings (Tapley 2010). The complexity of need amongst women referred to MARACs is increasingly being recognised and documented, with women in MARAC caseloads also present in alcohol and drug agencies, and correction settings (Vickers & Wilxoc 2011).

Justice

Burgden (2004) suggests that the principles of effective interventions, such as responsiveness to risk and need, are being incorporated into legal, as well as therapeutic processes. The rise of 'therapeutic jurisprudence', in which the authority of the courts is directed towards achieving therapeutic (rather than retributive) ends, has been accompanied by increased scrutiny of the outcomes of policing and justice interventions for victims and perpetrators, and an awareness of the ways in which legal processes can result in additional complexity or harm for victims. Traditional policing and legal procedure can deny victims the opportunity to contribute to decision making during a time in which re-establishing a sense of control and mastery in their lives is crucial to recovery and wellbeing. This tendency has been exacerbated by some efforts to increase arrest and prosecution rates for domestic violence.

Attempts at police and court reform have often occurred outside the coordinated community response paradigm. Frequently the criminal justice system has served to complicate rather than resolve cases of domestic violence, leaving victims faced with contradictions between criminal, civil and family law and their own interests in protecting themselves and their children. The experiences of domestic violence victims in the criminal justice system are often poor, characterised by lengthy proceedings, patterns of victim-blaming and low penalties (Douglas 2008).

A 'problem solving' courts model has emerged from the United States that integrates criminal matters with issues relating to orders of protection, as well as addressing legal matters pertaining to child custody, visitation and support. In this model, there is enhanced role for the judge in ensuring the compliance of offenders with treatment and it avoids inconsistent orders being made in separate systems. This 'problem-solving' approach first developed in the late 1980s in an effort to reduce drug and alcohol-related crime, attracting widespread attention due to evidence that it contributed significantly to a drop in recidivism amongst substance abusers (Goldkamp & Weiland 1993).

Other problem-solving court models have involved the 'community sentencing' of low-level offenders to community work and mandated referrals to integrated social and health services. There are a range of different problem-solving court models but they share an emphasis on enhanced judicial oversight, lengthier case management (often associated with

specialist probation and post-sentencing supervision) and a general philosophy of restorative rather than retributive justice (Butts 2001). Problem-solving courts are designed to enforce perpetrator accountability for harmful behaviour, with the intention of preventing future harm against either victims or the offender.

The harmful effects of retributive justice and incarceration are well documented at the level of the individual, families, communities and society in general. Advocates for domestic violence survivors have often been ambivalent about the potential of jail to prevent reoffending. In a research study of domestic violence workers, one advocate wryly noted that '[j]ails are not exactly places where men learn to respect women' (quoted in Pence & Shepard 1999, p. 19). Incarceration may temporarily incapacitate repeat offenders but it also exposes them to the various criminogenic and deviancy amplifying effects of prison. Upon release their mental and physical health may be (further) compromised by the prison environment, complicating the psychological and psychosocial issues underlying their propensity for violence and potentially contributing to recidivism (Humphries 2002).

Problem-solving courts are designed to ameliorate these harms, as well as the harms committed by the offender with the intention of contributing to the wellbeing of the community (Stewart 2011). They maintain a focus on the reduction of recidivism by promoting greater integration of service delivery to victims and offenders, and through the active use of judicial authority to solve problems and change the behaviour of offenders. Rather than referring cases to others, judges at problem-solving courts maintain a continuity of contact with cases even after adjudication. Offenders may be required to return to court repeatedly for progress assessment.

Pitts and colleagues (2009) describe the Domestic Violence Repeat Offender Program from New Mexico, which provides intensive supervision and case-specific services to offenders, as well as offering services to victims and their children. They emphasise the complex needs of offenders who commonly had low educational attainment and socioeconomic status, and alcohol and drug problems, and the likely contribution of these factors to offending behaviour. They argue that, for criminal justice interventions to be effective in reducing reoffending, they address perpetrators criminogenic needs in a holistic manner. The capacity of judges to monitor treatment compliance in the 'problem solving' or integrated model had a dramatic impact on perpetrator program attendance and

completion (Gondolf 2000). Since those who had completed treatment were half as likely to be arrested than those that did not, Gondolf (2000) concluded that court review may have a significant role to play in reducing program attrition and, hence, in reducing reoffending.

This accords with research on the problem-solving court model generally, which has found that it promotes increased program retention and completion and lower levels of recidivism amongst offenders in relation to substance abuse and low-level criminality (Berman & Feinblatt 2001). However, in an evaluation of seven 'problem-solving' domestic violence courts in England and Wales, Burton (2006) noted that the high rates of attrition of domestic violence victim-witnesses was not reduced, nor were conviction rates increased. In a summary of evaluations of domestic violence courts in the United States, Labriola *et al.* (2009) found that they had increased the speed of case processing but the results on their impact on conviction rates and recidivism was mixed and unclear.

Restorative justice is another approach that has been advanced on the basis of therapeutic jurisprudence. Restorative justice approaches include victim-offender reconciliation or mediation schemes and family group conferencing for juvenile offenders. Indigenous justice practices have at times been conflated with restorative justice processes, however, this has been robustly contested in the Australian context (Blagg 1997; Cunneen 1997). Nonetheless, 'circle sentencing' and other alternative justice approaches that incorporate Indigenous community representatives have similar aims to restorative justice practices. These practices have been applied to cases of domestic violence, although not without disquiet from researchers such as Stubbs (2002; 2004; 2010), who has argued that restorative justice practices decontextualise domestic violence from structures of gender and power. Since domestic violence is a relational process of control and domination, there is concern over the risk that the unequal power relations established through domestic violence or other forms of gendered violence (see Cossins 2008 for a discussion of restorative justice and child sex offences), may be reproduced in a mediation or conferencing setting (Stubbs 2010).

The evidence that restorative justice processes reduce recidivism, a key claim of proponents, is mixed (Kurki 2003). In Australia for example, evaluation data finds that circle sentencing practice has had no measureable impact on the frequency or severity of reoffending, or the period of time between offences, in comparison to traditional justice processes (Fitzgerald 2008).

The current evidence that models of therapeutic jurisprudence can reduce the risk of domestic violence recidivism is not strong, although its capacity to enhance judicial oversight and monitoring has promise. In relation to domestic violence offenders, Dorf and Fagan (2003) question whether 'therapeutic' justice outcomes can be delivered to such a heterogeneous group of offenders, a significant proportion of whom do not manifest psychological abnormalities. However, they note the capacity of problem-solving courts to create a 'web of reciprocal accountability' between the courts, offenders and service providers that is superior to traditional justice models. Critics have argued that therapeutically-orientated justice practices are unable to address the structural conditions that generate crime and deviancy (Malkin 2005; Nolan 2002; Pavlich 1996) but Mirchandani (2008) warns against an overly pessimistic or reductionist view of these judicial innovations. In a study incorporating interviews with court stakeholders, media analysis and participation observation of problem-solving courts, she argues that therapeutic-judicial deliberation has created a space that is responsive to the social and cultural drivers of violence and criminality.

Identifying what works

It is clear from the evaluations of numerous strategies that an effective model for responding to the risk of domestic violence reoffending is yet to emerge. Clearly identifying 'what works' is complicated by the interplay of social and individual risk factors in the lives of perpetrators and victims, and the variety of interventions that make up the community coordinated response to domestic violence. Evaluations of various risk management strategies typically seek to isolate the effectiveness of one intervention across the backdrop of a range of others, which in turn are interacting with other factors (often well beyond the researchers' capacities to control, and even un-quantifiable) that impact upon perpetrator behaviour and the safety of women and children.

The experimental paradigm that predominates in evaluations of domestic violence interventions tends to position perpetrators, victims, workers, stakeholders, systems and agencies as independent, isolated and discrete units rather than as agents interacting at an interpersonal, community and social level. Attempting to isolate one component as *the* success factor within this complex system may conform to prevailing 'orthodoxies' but work against the identification of effective intervention strategies (Kippax & van de

Ven 1998). It may be that the persistently 'mixed' evaluations of domestic violence interventions, which appear efficacious in some places and at some times but not others, is because these interventions succeed and fail at the local social level and at particular moments in time.

Bourdieu and Wacquant (1992) used the term 'social capital' to refer to those factors in social relations and networks such as trust and mutual recognition that facilitate the attainment of collective goals. Within a social network, social capital is linked to other available resources including economic capital and the education and qualifications of network members. Social capital is generated over time and through the work and interaction of many people. The coordinated community approach to the management of high-risk offenders requires (indeed, presumes) a very high level of social capital circulating within and between the various partners who operate as part of a domestic violence community response. For such a response to function effectively, partners must share to a significant degree common norms and values, and be adept at shaping their activities and directing their resources towards collective aims. From this perspective, the notion that successful complex multi-partner interventions can be reproduced by identifying the 'right mix' of interventions fails to acknowledge the underlying social capital that makes effective practice possible. The cohesion that underpins some successful interagency arrangements, including a shared conceptual understanding of domestic violence and offender management, may be a crucial but under-researched success factor in risk reduction.

Although the evaluative data is still emerging, it is those interventions that delineate strong but supportive boundaries for high risk perpetrators, simultaneously inhibiting their violence while addressing their complex needs, which appear to have the most promise in relation to risk reduction and victim safety. These interventions arise from multi-agency partnerships with a strong focus on case management and oversight, in which the principle of offender accountability is grounded in his relationship with an identifiable person (whether probation and parole officer, judge, social worker and so on) with the authority to draw on a range of resources and services to address the problem of his violence. While this arrangement may be very sensitive to issues of risk and victim safety, the offender is not constituted as a collection of 'risk factors' to be 'managed'. Instead, there is acknowledgement of the complexity of his criminogenic needs and interest in

identifying opportunities for personal growth and change. This approach complements the findings of research on criminal desistance more generally, which has emphasised the ways in which the development of valued intimate and family relationships, and the experience of social support and stability, contributes to the cessation of offending amongst recidivists (Laub & Sampson 2001).

It may be challenging to contemplate prioritising perpetrator wellbeing when the needs and voices of victims so often go unheard and unaddressed, but if we are to distinguish 'what works' from what does not, then it is clear that punishment is not working with these men. In and of itself, this should come as no surprise. Validated models of behaviour change do not endorse the proposition that lasting change is achieved through the infliction or the threat of punishment. For this group of men whose violence appears to be, at least in part, an effort to shore up a fragile and unstable sense of masculine honour and entitlement, the threat of punishment appears as an additional affront to their authority and may trigger a compensatory escalation in violence. Sanctions that embed men within systems that address their needs, while protecting victims and enforcing accountability offer an alternative to traditional sanctions that appear to reproduce the kinds of authoritarian power relations of which domestic violence is a product.

Ways forward

Research has consistently shown that recidivism rates drop and treatment responsiveness increases, according to the social connectedness of the perpetrator. Good mental health, educational qualifications, stable employment and housing considerably ameliorate the risk and severity of domestic violence. Interventions that attempt to increase perpetrator wellbeing and social integration have shown promise in reducing rates of reoffending. However, this effect has been most pronounced amongst lower-risk offenders and achieving change amongst dedicated violent recidivists is likely to be intensive and long-term work.

This raises questions about resource allocation and priorities, particularly since the health and social and economic security of victims of domestic violence has often been seriously compromised, and there remain numerous deficiencies in the manner in which their needs are addressed in the health, welfare and legal systems. Nonetheless, addressing victim and perpetrator wellbeing does not have to be a 'null sum' game, nor does the adoption of a less punitive and

more constructive posture towards offenders suggest that their violence is being taken any less seriously. To the contrary, it is the failure of disciplinary approaches to offender management and risk reduction that has driven a range of workers and researchers to seek out more constructive approaches.

Where agencies have been tasked to respond to high-risk domestic violence offenders, they have usually sought to challenge, confront or control perpetrators but this has often alienated them. This has been true of agencies that adopt a socially orientated feminist explanation for domestic violence or institutions who eschew a social explanation in favour of an emphasis on individualised risk factors, such as personality 'types'. Whether misogyny, disadvantage or pathology is identified as the causal factor in violence propensity, interventions with high-risk perpetrators rarely engage them in ways that acknowledge the implicit value of a life free from violence for the perpetrator, as well as his victims. Such work is necessarily more relationally-orientated and intensive than current arrangements might allow for. However, it resonates with the restorative and re-integrative innovations that are emerging to complement disciplinary or punitive approaches to domestic violence offender management. Prioritising victim safety may involve paying attention to the *qualitative* experience of the perpetrator, subject to an array of risk reduction practices. A possible success factor in interventions may be the perpetrators' experience of them, and the manner in which his experience supports the development of new competencies and understandings suited to a life free of violence.

Many of the available risk assessment and management tools have been developed based on data from overseas that do not reflect some of the challenges facing the Australian domestic violence response, such as the over-representation of Indigenous people in relation to family violence cases and in the criminal justice system more generally (Allan & Dawson 2004). Like non-Indigenous offenders, Indigenous men who engage in family violence are a heterogeneous group and, at present, there is not a validated risk assessment tool available for this group. The stories of Indigenous women such as Nungarrayl Price (2009) graphically illustrate the research on the endemic levels of serious family violence in some Indigenous communities (Cox, Young & Bairnsfather-Scott 2009). Effective practice in this area is still developing, however, the literature has emphasised the critical importance of partnership and consultation with Indigenous communities throughout program

development and implementation. The interaction of family violence with contextual, cultural and historical issues specific to Indigenous people suggests that there may be important differences between the Indigenous and non-Indigenous experience of intimate partner violence (Kelly *et al.* 2009). However, the pervasive effects of colonisation and separation from family and homeland can manifest as well-recognised risk factors for domestic violence, such as alcohol and drug abuse (Walker & Shepherd 2008) and so effective responses to Indigenous family violence may share a number of similarities with other programs.

Advocates for more rigorously experimental and quantitative evaluation studies of domestic violence programs have been criticised by researchers who highlight the relational, open-ended and qualitative dimensions of social service practice (Carson, Chung & Day 2009). It may be that some factors that contribute to success are broader than the 'right mix' of interventions. In particular, the specific *culture* of agencies and partnerships, the *principles* that inform decision making, the nature of the *communication* and *interaction* between response partners and the *adaptiveness* and *reflexivity* of partnership arrangements vis a vis local contexts and needs is likely to have a significant impact on the effectiveness of community coordinated responses to domestic violence. While the research literature frequently calls for more rigorous quantitative and experimental evaluations of interventions, there may in fact be a need for more specific, localised studies of effective partnerships and responses in order to identify the less tangible and more qualitative dimensions of successful work.

ANALYSIS AND CONCLUSION

Research suggests that the management of high-risk domestic violence offenders requires multiple agencies to interact with a high degree of precision and coordination and yet, multiple definitions of 'offender management' emerge from the literature. It is a term that is treated in different places as synonymous with punishment, treatment, rehabilitation, protection of the victim, control, incapacitation and surveillance. There are many tensions and contradictions between these different understandings of 'management' just as there are different conceptual models of 'domestic violence' itself. The successful management of high-risk domestic violence offenders may involve combining sanctions in ways that are both punitive and

reintegrative, useful for offenders, as well as victims, supported by the range of stakeholders involved in the domestic violence response, and acceptable for the community. This involves an understanding of how strong community partnerships can develop, underpinned by a set of shared principles in relation to domestic violence and recidivism reduction. Such principles may shift according to the local community context. However, criminological research has emphasised, in particular, the importance of targeting interventions on the basis of risk and tailoring them according to the needs and propensities of particular offenders.

Measurements of risk often involve the reduction of complex behaviours, situations and life histories to a set of abstract 'factors'. Such approaches have furnished the domestic violence sector with a range of useful tools. However, risk assessments and risk management practices are just that: tools. They provide a useful but partial perspective on the complex lives and relationships of violent men and survivors of domestic violence. It is a perspective that might be useful in assessing victim safety but the actuarial language of 'risk' and 'recidivism' can mask the range of personal and social issues that must be addressed if lasting change is to be achieved.

There are now a range of emerging techniques that seek to enhance perpetrator accountability initially through direct surveillance and oversight and eventually through self-regulation, as the perpetrator is encouraged to develop new linkages with his community. These approaches are laudable in principle although sometimes uncertain in practice, particularly in some applications of therapeutic jurisprudence that are more focused on the symbolic rather than practical aspects of social reintegration. Crucially, research suggests that anti-recidivism initiatives are unlikely to be successful unless they are coupled with social welfare policies designed to address the housing, employment, health and other difficulties that are prevalent in the lives of serious domestic violence offenders and victims. In the absence of such policies, the management of high-risk domestic violence offenders is likely to maintain the punitive flavour that contributes to the cycles of disadvantage, disempowerment and abuse that characterise serious domestic violence.

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ENDNOTES

- 1 It should be noted that some research has found that men who murder an intimate partner tend to be less socioeconomically disadvantaged than men who use non-lethal but serious violence against an intimate partner (Dobash & Dobash 2009). In the Dobash and Dobash (2009) study, rates of alcohol abuse and criminality were also lower amongst lethal offenders in comparison to non-lethal offenders.
- 2 They also note the research that suggests that conjoint or couples treatment may be useful with men who display 'low or moderate' levels of violence, however, they do not suggest that such a treatment approach is appropriate for relationships where there has been high levels of controlling behaviour, fear and violence. Conjoint treatment for domestic violence remains very controversial and has been criticised for its focus on women's culpability in 'escalating' violence through resistance or 'de-escalating' violence through obedience and passivity (Bograd 1992).

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Australian Domestic & Family Violence
Clearinghouse

The University of New South Wales
Sydney NSW 2052

p: +61 2 9385 2990

f: +61 2 9385 2993

freecall: 1800 753 382

e: clearinghouse@unsw.edu.au

<http://www.adfvc.unsw.edu.au>

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