

# Responding to perpetrators of family violence

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## Key Messages

Integrated response systems offer the most promise for responding to family violence in New Zealand. Integrated systems:

- Are built from the perspective of system users, not individual service providers
- Include crisis services but also continue to provide support until change is firmly established
- Include response subsystems that cater for perpetrators, but also victims and families
- More New Zealand research is needed before any redesign proceeds, because good design requires knowledge about service users, and about current responses that is lacking
- Our communities hold expertise that is important to harness in any redesign. More researcher-practitioner collaboration should be built into any ongoing research and evaluation, because evidence-based practice is a process, not an outcome. Victims and victim advocates also hold expertise that is valuable to this research.

An integrated perpetrator response system includes co-ordination between crisis response and immediate containment, criminal and civil court proceedings, sentence or order compliance, risk monitoring and behaviour change components, and provides services based on risk and need.

Necessary components include:

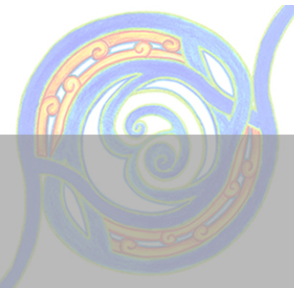
- “Best practice” risk assessment and reassessment processes that are used consistently with findings well documented
- Providing more dangerous perpetrators more oversight and assistance than less dangerous cases
- Prompt detection of increases in risk status, with a corresponding change in response
- Providing case managers for those with high and complex needs (e.g., mental health, alcohol and other drugs, housing) who co-ordinate and monitor planned responses.

These response systems offer more opportunities to hold perpetrators to account, and in turn, better account to victims for their efforts in keeping them safe.

New Zealand currently has no such system, and integrated systems are difficult to build and challenging to make work. Developing a system like this in New Zealand will require a significant investment in funding and the development of the necessary human resources.

Current responses are piecemeal and insufficient, and mired in a complex web of bureaucracy.

- Four government departments provide funding for short term perpetrator non-violence programmes in the community
- More work is needed to develop better risk assessment and risk management practices across different parts of the system
- Behaviour change-oriented programmes are relatively short with limited scope for tailoring to the heterogeneity of perpetrators
- Level and type of service is based on referral pathway rather than risk or need
- Self-referrals are growing, but most are unfunded
- Methods for engagement with victims and families for safety monitoring are still developing
- There is a lack of recognition in service provision models that contact between perpetrators, victims and families often continues or resumes after a specific episode
- A sustained programme of public education similar to road safety campaigns is needed “at the top of the cliff”, to increase the impact of these “bottom of the cliff” efforts.



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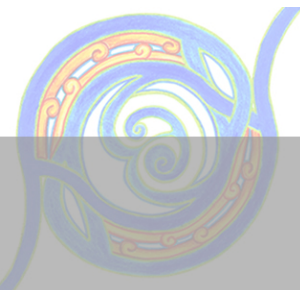
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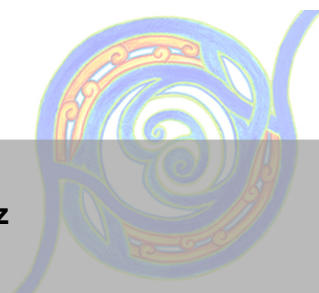
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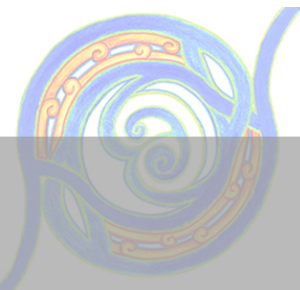
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## Glossary

Term	Definition
Family violence	A broad range of violent and controlling behaviour perpetrated by someone who has previous shared or still shares an intimate relationship, or a family relationship (e.g., siblings, parent-child or grandparent grandchild or other caregiver-child relationship, or between anyone who has lived as if they were close family such as fostering and whangai arrangements, cousins or aunts and uncles or half-siblings raised together etc.)
Family violence perpetrator	Person who commits at least one act of violence toward family members as defined above. Perpetrators often show a pattern of coercive and controlling behaviour over a sustained period, including over multiple relationships in time and with family members.
Non-violence Programme (NVP)	One component of a response; can be group or individually based, intended to educate a family violence perpetrator, monitor risk and support behavioural change toward non-violence.
Intervention/Response	Any government system or community-based action or resource or combination of both intended to alter the likelihood that the perpetrator's behaviour will continue to be violent, and to enhance autonomy of the victim and family.
Intimate partner violence (IPV)	As for family violence but the victim is someone who is or has been in an intimate relationship with the perpetrator, whether cohabiting or not.
"Mainstream" responses	Interventions and programmes intended to be used with a variety of adult perpetrators.
Tertiary family violence prevention	Focuses on long-term care in the wake of violence, such as rehabilitation and reintegration of perpetrators. (Tertiary prevention also includes long-term support for adult and child victims.)



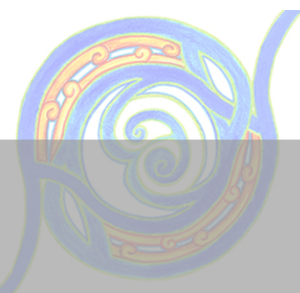
## 1. Introduction

The economic costs of child abuse and partner violence in New Zealand were conservatively re-estimated as ranging between \$4.1 billion and \$7.0 billion in 2014; or, less abstractly, between our nation's total annual export earnings for timber, and 60% of earnings from 2013 dairy exports.<sup>1</sup> Without taking away from the resources needed to support the victims of these crimes, making the necessary funding and human resource commitments to changing the behaviour of perpetrators is a vital component of any plan for reducing family violence. Of the approximately \$1.4B spent on responses to family violence and sexual violence currently,<sup>2</sup> only a very small proportion goes toward supporting perpetrators to stop violent behaviour. Police reportedly identify about 30,000 individual perpetrators of family violence each year; about half of the incidents they investigate are against children.<sup>3</sup> Research indicates that most family violence is not reported to police [estimated 76-87% of IPV<sup>4,5</sup> not reported]. It follows that many perpetrators do not access services intended for them, or are re-apprehended after doing so. Therefore a key question is "how is positive change best achieved with those already perpetrating family violence?"

Given the high degree of co-occurrence and entanglement of intimate partner violence (IPV) and child abuse, and the impacts of exposure to violence on children, both of these need to be addressed in responding to perpetrators. Currently the majority of programmes are designed for male perpetrators and include some content on changing behaviour toward children as well as partners. More intensive, safe and effective responses in relation to perpetrators, parenting and children are required.<sup>6-8</sup> The term *family violence* will be used through much of this paper, to reflect that it is not sufficient to change behaviour toward one family member. The term is also used because in New Zealand, adult perpetrators of types of family violence other than IPV are provided with similar responses to IPV-only perpetrators.

Perpetrators are not always adult men. But there is limited research on responses for women who use violence, and less on how to intervene effectively with violence in lesbian, gay, bisexual and transgender, intersex and queer (LGBTIQ) relationships, sibling violence, child-to-parent violence and so on. So unless otherwise noted, this paper focuses predominantly on heterosexual-identified adult men as perpetrators.

Recently there has been an unprecedented number of comprehensive review reports on family violence, with comprehensive sections on perpetrator interventions (see Appendix: Further Reading). This paper can only touch on their content. Its modest aim is to contextualise key issues for a wide range of readers, and consider their relevance to New Zealand. It is based on diverse sources, including recent inquiries, commissions and working group reports across several "Western" nations, peer reviewed research publications and books by perpetrator response experts, publically available New Zealand government documents, and speaking to people with current experience in the provision of community-based programmes for perpetrators. The paper begins by considering the framework for these programmes: system-wide responses, before taking a closer look at the



perpetrator-specific components, and concluding with an examination of approaches to supporting perpetrator behaviour change.

## 2. Aims of perpetrator responses

The components of a comprehensive response for perpetrators have diverse aims that can be grouped into at least three categories: punitive, containing, and rehabilitative.<sup>a</sup> Punitive responses are those assumed to harm, discomfort or inconvenience the perpetrator, and include arrest, conviction, and most forms of sentencing, including imprisonment. Containment responses are those intended to make it logistically difficult for the perpetrator to commit further acts of violence or abuse: imprisonment, police safety orders and protection orders, and some forms of GPS monitoring may be examples.<sup>b</sup> Rehabilitative sanctions are responses that aim to reduce recidivism through supporting perpetrators to make positive changes that enhance desistance from offending. In the family violence domain, NVPs are sometimes described as rehabilitative (and sometimes as educational). Although some would argue that all of these types of responses are intended to reduce the frequency and harmfulness of perpetrator behaviour, that does not mean that they necessarily do so.

## 3. Deterrent responses to family violence perpetrators

One of the most advocated responses to the perpetration of family violence is to hold the perpetrator “to account.” There are various ways of understanding what this phrase means; often it refers to punitive or deterrent responses. Criminal justice responses underpinned by deterrence theory—in popular parlance, “get tough” approaches—are based on the idea that offenders are rational beings who find tangling with the criminal justice system unpleasant or even painful. Therefore, they will stop offending in order to avoid the legal consequences of their continued violence and abuse.<sup>9</sup>

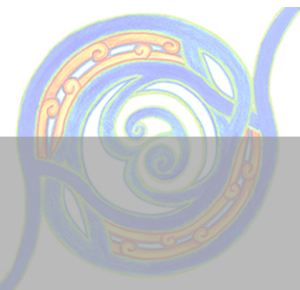
Arrest is the most well-investigated deterrent response with intimate partner violence (IPV) perpetrators. Decades of research has failed to convincingly show that mandatory arrest reduces IPV,<sup>10</sup> or that other criminal justice responses such as prosecution make a difference to rates of family violence.<sup>11</sup>

Elsewhere in the criminal justice system, deterrent options have fared little better overall. Across all of the major “Western” nations, and based on a wide variety of “get tough” responses for a diverse

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<sup>a</sup> Restorative Justice initiatives are largely outside of the scope of this paper.

<sup>b</sup> It is worth remembering though that complete containment can be difficult to achieve. Even in prison, although it is more difficult to hit family members, it is still relatively easy to abuse them in other ways (e.g., by making unreasonable economic demands, intimidating and threatening over the phone or in visits, arranging for associates in the community to do the same).



range of crimes and people, deterrence has been found at best, to have little or no effect on reconviction risk. For example, the overall effects of imprisonment on reconviction are now well established to be about 0%,<sup>12</sup> including for family violence.<sup>13</sup> The picture is no more encouraging for intensive community surveillance forms of probation, curfews or electronic monitoring.<sup>14</sup> The overall pattern of results is neutral (i.e., no effect) to slightly negative.<sup>c</sup>

Specifically for IPV, studies combining together criminal justice responses such as arrest, prosecution and punitive sentencing show some positive results,<sup>15</sup> especially in reducing reconviction compared to arrest alone (i.e., arrest and then dropping the charges). But there are other results showing no benefit.<sup>16,17,18,19,20</sup> In short, punitive criminal sanctions on their own do not appear to be a panacea for reducing crime, or specifically, family violence.

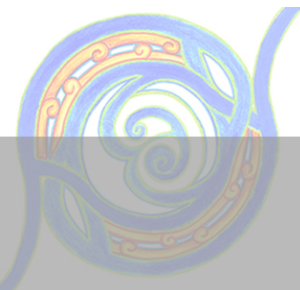
Deterrent or punishment components may be valuable in other ways. They still serve to send an official message to the perpetrator, victims and others that behaviour is unacceptable. But what about those who do not respond to a putatively deterrent experience? Some experts have advocated instead for a “web of accountability”,<sup>d</sup> arguing that simply relying on tougher responses not only doesn’t work, but also fails to hold the community to account, because it enables us to avoid our collective responsibility for the solutions<sup>21</sup> (p. 35). This term recognises the importance of both formal and informal elements of accountability (e.g., the potential importance of positive social influences in changing perpetrator behaviour such as the victim “drawing a line in the sand”). It also recognises the importance of our formal response systems being accountable to both each other, to the victims of family violence, and actually, to perpetrators themselves. In other words, we owe it to perpetrators to provide them with support, if needed, so that they can take full accountability. The 2016 Victorian Royal Commission into Family Violence drew attention to this issue when it reported that “the current service system rarely engages men and does not have the capacity to provide men with a long-term strategy to stop the violence (p. 254, Vol III).<sup>22</sup> It is unlikely that their response for women perpetrators is any better, and at present, New Zealand appears to be no different on either count. In fact it has been argued we do not even have a “system” from which to respond.<sup>2</sup> What other responses should be part of the such a system?

*“Some experts have advocated instead for a ‘web of accountability’;<sup>d</sup> arguing that simply relying on tougher responses not only doesn’t work, but also fails to hold the community to account, because it enables us to avoid our collective responsibility for the solutions.”*

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<sup>c</sup> Popular “get tough” approaches include longer and harsher prison sentences, scared straight and boot camp programmes, community curfews, and random drug tests. Even the death penalty, which certainly can reduce a specific offender’s ability to reoffend, has not been found to reduce homicide overall.<sup>14</sup>

<sup>d</sup> This term is credited to Joanie Smith at the University of Melbourne.



## 4. Integrated safety-oriented system responses

A key focus of this paper is on non-violence programmes (NVPs), but perpetrator programmes do not and cannot function in isolation. Reducing the high prevalence of family violence requires integrated responses. There are several ways of viewing integration. This first type refers to an immediate episode-based crisis response (e.g., following a police callout). It includes risk/safety assessment of victims including children, and of perpetrators, and short-term management and service provision for all parties. Services may extend beyond containment of the perpetrator and family safety to addressing some of the underlying risk factors for violence, and their negative outcomes (e.g., health, housing, finances, education<sup>23</sup>).

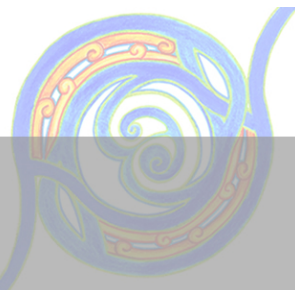
The Duluth model is an example of a comprehensive systemic response to family violence. Originally developed in Duluth, Minnesota in the 1980s, the approach has evolved over the last 30 years and spread to many countries around the world. The approach is described in Box 1 below.

### **Box 1: A community using the Duluth Model approach**

- *Has taken the blame off the victim and placed the accountability for abuse on the offender.*
- *Has shared policies and procedures for holding offenders accountable and keeping victims safe across all agencies in the criminal and civil justice systems from 911 to the courts.*
- *Prioritizes the voices and experiences of women who experience battering in the creation of those policies and procedures.*
- *Believes that battering is a pattern of actions used to intentionally control or dominate an intimate partner and actively works to change societal conditions that support men's use of tactics of power and control over women.*
- *Offers change opportunities for offenders through court-ordered educational groups for batterers.*
- *Has ongoing discussions between criminal and civil justice agencies, community members and victims to close gaps and improve the community's response to battering.*

Source: <http://www.theduluthmodel.org/about/index.html>

The model aims to have all parts of the family violence response system working together to provide a prompt, consistent and capable service to hold offenders accountable, support victims and families to be safe, and reduce family violence (known as a Coordinated Community Response). The model





was briefly enacted in New Zealand in the early 1990s as the Hamilton Abuse Intervention Pilot Project (HAIPP).<sup>e,f</sup>

It is a “no-brainer” that such systems, if well implemented, are more effective than just responding to one piece of the problem (e.g., victims’ immediate safety needs). And it follows that rather than attempting to evaluate whether a perpetrator group programme works in isolation, the evaluation of “what works” for family violence perpetrators should include documenting all of the components of the response (e.g., housing, protection order, referral to mental health services). To date, research into integrated system responses has shown just how difficult it is both to implement and maintain a co-ordinated response, and to investigate the system’s effectiveness.<sup>24</sup> Consistently, the biggest barrier is system integrity: fully integrated systemic responses are often only partially implemented as designed, or are continuously evolving away from the design. Often such responses are at best “co-ordinated” rather than truly integrated,<sup>25</sup> and may not be resourced even for that level of interaction.

Many victims and perpetrators will likely have ongoing contact, whether by choice or because they are forced to, for example in relation to child contact.<sup>9</sup> Intervening agencies need to plan for that scenario. One of the most problematic issues in working with perpetrators is the lack of credible information about their behaviour outside of the agency. Integrated responses offer the potential benefits of engaging the victim and family in another part of the system. When this happens, at least three consequences that are valuable for those working with perpetrators may result. First, the victim has access to support, resources and psychoeducation that may help with recovery and independence from the perpetrator. Whether or not they continue a relationship with the perpetrator, victims may also benefit from responses that are designed to increase life skills, support parenting and so on. When some form of contact is ongoing and only the perpetrator has access to such assistance, victims may report feeling at a disadvantage in later interactions with the perpetrator.

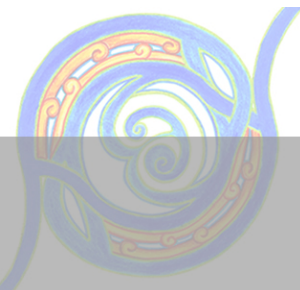
Second, when professionals are working with victims, and with perpetrators, in linked but separate services, information from other family members can serve to provide a more accurate picture about the perpetrator’s current level of risk, and progress or otherwise. It is now considered good practice but is not yet mandatory for agencies undertaking Ministry of Justice perpetrator assessments for

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<sup>e</sup> HAIPP remains as a NVP provider (known now as HAIP) but the full systemic response did not continue past the pilot.

<sup>f</sup> It is noted that “Duluth programme” or “Duluth model” are often used to describe stand-alone perpetrator non-violence programmes that are broadly influenced by Duluth but may in fact have only remnants of the Duluth programme, and that are not part of a coordinated community response or integrated system.

<sup>9</sup> Responding to perpetrators in relation to care of and contact with children is beyond the scope of this paper. For further information, see Wilcox (2012), *Family law and family violence: Research to practice*, Sydney: Australian Domestic and Family Violence Clearinghouse.



NVPs, to attempt contact with adult victims, both to ascertain their safety and to gather information that could safely inform the perpetrator assessment. It is considered best practice internationally for NVP providers to have contact with the partners of programme participants for these reasons (see for example the UK Respect Accreditation Standard, p.22).<sup>26</sup>

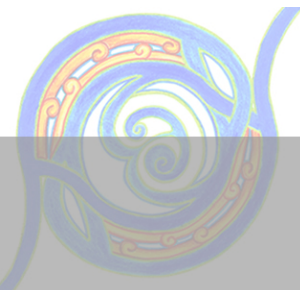
Finally, if the couple does reunite, many non-violence programme practitioners believe that involving services in that process may have the potential to be safer than if it happens without oversight and support although this is an emerging and contested area of practice. Integrated systems of response may offer more hope of assisting without adding to the harm. This is a fraught area of practice for many, and rightly so. But it is important to remember that perpetrators vary enormously in risk, and supported reunion may be the outcome of choice for some families. Investigating whether services should intervene in this process requires further careful consideration and if it was to proceed, investment in practice development and evaluation to establish safe response standards and guidelines.

## 5. Integrating perpetrator responses for desistance

Efforts to create integrated responses to family violence episodes have sometimes left longer-term responses for perpetrators out of the equation (e.g., some Multi-Agency Risk Assessment Conferences (MARACs) in England and Wales; see Bowen 2011,<sup>27</sup> Family Violence Integrated Response System [FVIARS] in New Zealand). This omission should not be too surprising, because these systems are oriented to immediate safety responses, and perpetrator containment may be the best response at that point.

But beyond taking care of safety concerns around a specific instance of family violence, a major aim of responses for perpetrators is to support them in desistance from family violence, and in cultivating healthy relationships with partners and family members. The integration of responses needed to achieve these longer-term changes may therefore look different to immediate safety systems. In most cases our response systems are not focused on long-term change.<sup>22</sup>

There has been relatively little research on desistance processes for family violence perpetrators.<sup>28,29</sup> Therefore findings from research on desistance with other offenders may be helpful here. That work suggests that desisting is a long-term process that involves significant internal changes alongside reduction or cessation of criminal behaviour.<sup>30,31</sup> Importantly, desistance is often a zigzagging process, with “lapses” on the way, as offenders struggle not to return to old habits at stressful times. A return to antisocial behaviour may also occur because prosocial behaviour is too



difficult due to a lack of adequate supports.<sup>32</sup> Consequently, offenders may report a commitment to desistance for some time before behaviour change becomes evident.<sup>33,h</sup>

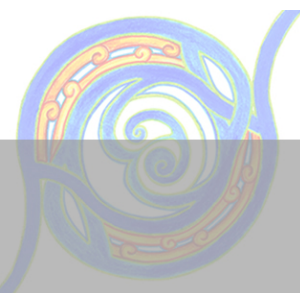
Providing better practical and social support for perpetrators in the weeks or even longer after a specific episode may have obvious benefits for victims and families as well. Emergency housing for perpetrators, for instance, may place less pressure on the victim to move out of the family home, or to take the perpetrator back in. Better social support may also lead to better compliance with court orders and engagement with change programmes, especially if the immediate crisis results in *rapid* referral to, and assessment at, a non-violence service.<sup>24,i</sup> Developing more extensive personal support can go hand in hand with greater perpetrator accountability through such mechanisms as *system level reviews* which can be built into service provision. Originally used with men in community-based treatment for sexual offending against children, periodic system reviews are hosted by the lead agency, and are gatherings of individual perpetrators and all those engaged in supporting them, both professional (e.g. alcohol and other drugs counsellor), and personal (e.g., sibling, parent, friend, employer). These meetings can be used by the perpetrator to account for current behaviour and progress made, and to describe current needs and high-risk situations. They help to ensure integrated support provision, by having all those who know the person and have a stake in his desistance “getting on the same page” and making their own realistic commitments (or otherwise) to assisting him.<sup>34</sup>

In New Zealand, perpetrator service providers report increases in the complexity and level of other needs that can feed into family violence, including financial, employment, alcohol and other drugs and mental health issues. Services for all of these needs are in short supply, and waitlists are common. Service users commonly report that interventions would be more effective if they did not involve traversing multiple agencies, with repeated retelling of their “story”, as they get to know new providers, and then being provided with services that are not tailored to people with a history of perpetrating family violence. One possible solution would be the designation and provision of resources for a case manager for higher needs perpetrators, probably based in the same service that provides non-violence programmes. Perpetrators on community sentences (e.g., parole and supervision) have a default case manager in the form of a probation officer, though often only for a few months. Those on protection orders, referred from the courts or self-referred do not have case

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<sup>h</sup> This research was conducted with high-risk violent prisoners (some who were serving sentences for family violence: the exact proportion is difficult to determine since New Zealand offence codes are not labeled specifically with family violence referents). Two-thirds admitted a history of family violence perpetration.

<sup>i</sup> Anecdotally, Aviva’s ReachOut programme and champions associated with “It’s Not OK” have reported similar improvements with provision of immediate social support.



managers, and this fragments the response for them, with no one directly responsible for overseeing or supporting their compliance.

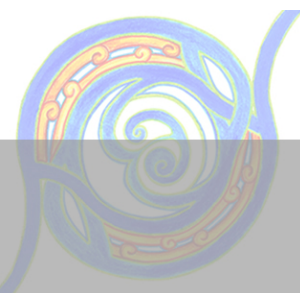
Repeat perpetration of family violence may be a consequence of many years of accumulating risk factors and dysfunction, quite often reaching back into early childhood.<sup>35,36</sup> A few hours of mandated intervention will not be enough to remediate these factors. Research on desistance suggests some will need more post-programme support, though optimal models for provision are not clear.

Repeating programmes may be helpful for some, but a more intensive response for others may be needed. Beyond stopping violence, additional support may be required in improving relationship and family functioning. This additional assistance may take the form of professional help, or support from family and community, who may themselves need information on how to support positive changes.<sup>37</sup>

Access to more positive, strength-building services, for enhancing relationship and parenting quality after their violence has ceased is often requested by former perpetrators completing programmes. Generic social services for men may offer a supportive follow-up environment (e.g., Harvey 2013<sup>38</sup>). Generic family-based services and brokerage may be a better alternative for others, particularly where the couple remains in a relationship. A number of NGOs, both mainstream and Kaupapa Māori providers have funding from several government departments that enables perpetrators and adult and child victims to transition within the agency into both more generic personal development group programmes, and to get more direct service provision through agency social work services. Some Kaupapa Māori agencies use Whānau Ora navigators to intervene with perpetrators and support their families whether they remain in contact with each other or not. Even when the couple separates permanently, such funding can help to build positive social support around perpetrators who often are socially isolated, and may thus prevent violence in new relationships.

One avenue that has been little explored is the use of peer supports, “buddies”, similar to sponsors in Alcoholics Anonymous, or mentoring schemes such as those used with youth offenders. A small trial of professional mentors in the UK suggested mentoring had potential with perpetrators of family violence.<sup>39</sup> Several New Zealand non-violence service providers are using a small number of former perpetrator mentors or buddies to work with current perpetrators, either for better early engagement, or to support post-programme progress.

Lastly, it appears that most perpetrators never attend a programme. And of those who do, some do not complete, and facilitators report that a significant proportion complete without showing any change. To increase effectiveness for those who reach programmes, more attention could be given to transport issues, childcare (especially for women perpetrators), text reminders, and personalised follow-ups when sessions are missed. More research is needed into the characteristics and circumstances of those who eschew attendance, and their outcomes, as well as how to make more progress with those who attend but maintain their harmful behaviour.



Perpetrator responses also need to be more accessible much earlier in the development of offending. Perpetrators commonly say it was hard for them to find out where to get help. Grassroots movements of community champions, linked to initiatives such as E Tu Whānau, “It’s not OK” and Pasefika Proud, have the potential to draw out many more referrals, as do assertive outreach programmes such as that run by AVIVA in North Canterbury. But currently many agencies are largely unfunded for the volume of self-referrals they are processing. More investigation of the needs of self-referrals and provision of services to suit those needs should be an important priority for any perpetrator response system, particularly if some of these referrals are people who would otherwise escalate the severity of their behaviour.

*“Grassroots movements of community champions, linked to initiatives such as E Tu Whānau, ‘It’s not OK’ and Pasefika Proud, have the potential to draw out many more referrals, as do assertive outreach programmes such as that run by AVIVA in North Canterbury. But currently many agencies are largely unfunded for the volume of self-referrals they are processing.”*

## 6. Containment responses in the community

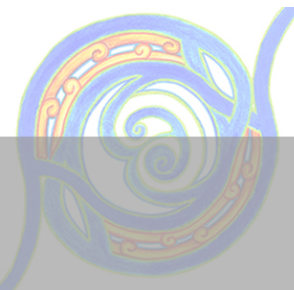
Containment responses in the community are intended to restrict perpetrator access to victims through the use of legislation and technology. Three types are briefly mentioned here: protection orders, policy safety orders and electronic monitoring.

Research on protection orders is limited and relatively poor in quality. Several studies have shown that breaches of such orders are common, although even so, victims may consider having an order to be beneficial, and may report feeling safer and experiencing less violence as a result.<sup>40</sup> This finding illustrates the importance of considering a range of outcomes in evaluating effects.<sup>23</sup> Little is known empirically about the effect of police responses to perpetrator breaches on perpetrator behaviour or on victim outcomes.<sup>j</sup> A New Zealand case study based on the accounts of 43 women reported protection orders had little obvious effect on perpetrator behaviour: breaches were responded to inconsistently and the process provided ample opportunity for the respondent to continue to subject the applicant to psychological violence.<sup>41</sup>

New Zealand has had Police Safety Orders (PSOs) since 2010, which allow police (without needing to consult the victim) to immediately order an alleged perpetrator (“bound person”) to leave the residence and refrain from contacting the victim for a maximum of five days, in cases where there is

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<sup>j</sup> Several major reports note that breaches of protection orders are common, and that police responses to breaches are variable, with the applicant or victim support agency sometimes having to locate the respondent and repeatedly request that the warrant for arrest be served.<sup>21,22</sup>



insufficient evidence for an arrest. There are similar orders in other jurisdictions such as the UK. Again, research on these responses is very limited. PSOs have been evaluated in one New Zealand study.<sup>42</sup> Reported breach rates were low, and most victims reported that the “bound person” was less angry and showing improved behaviour as a consequence.

Electronic monitoring (EM) is still a relatively new strategy, and technology is evolving rapidly. Most EM to date has restricted perpetrators to a particular area such as their home, and thus offered little protection to victims when the offender left that confined area, or if the victim also resided there. A comprehensive report of EM use with family violence concluded that it had no long term effect on arrest.<sup>43</sup> However, as with protection orders, victims were positive about its effects for them. Future GPS monitoring may enable more refined exclusion of offenders from a wider range of areas, and provide dynamic proximity warnings when victims and offenders come into close proximity with each other inadvertently.

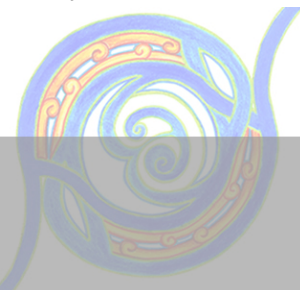
A major purpose of all of these forms of containment is to prevent contact between perpetrator and victim/s. But overall, little is known about whether legal powers are used consistently or effectively to prevent or contain such contact, what obstacles exist to doing so, and therefore whether they achieve their aims.

## 7. Perpetrator programmes

Generally regarded as a crucial component of systemic responses to perpetrators, most specialised family violence perpetrator programmes originated as part of the feminist movement in the 1970s and 1980s to criminalise and intervene effectively to reduce IPV. Early versions of these programmes were based on research documenting the experience of victims living through IPV, and theoretical ideas about the importance for IPV of one class of antisocial beliefs, attitudes and values, usually referred to as patriarchal: viewing women and children as less competent than men, overvaluing men as a subgroup, and considering it the right of men to dominate and control the lives of other family members.

Programmes based on these models, of which the best known is the Duluth men’s perpetrator programme, are usually described as psychoeducational, meaning they aim to teach perpetrators to critique and to change thinking by challenging this thinking, leading to consciousness raising or developing insight into the unacceptability of their behaviour.<sup>44,45</sup> Class sessions typically cover a range of coercive and controlling behaviour, and include such themes as respect, honesty, accountability and partnership.<sup>44</sup>

The other main approach used with perpetrators is cognitive-behavioural. The underlying theory here is that cognitive errors or distortions result in violent behaviour. If those “distortions” take the form of patriarchal beliefs, then interventions derived from this theory and the one above will overlap,<sup>46</sup> and they are often described as indistinguishable. However, cognitive-behavioural theories of family



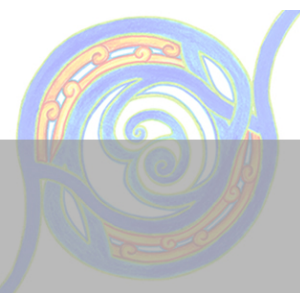
violence also posit that people learn to be violent, often from those around them, and that in doing so, they fail to learn alternative, more functional and healthy behaviour, attitudes and beliefs. Therefore, some CBT approaches may go beyond providing information and facilitating discussions with people, to teaching the actual skills that are missing (e.g., communication skills). It has also been noted that emotional regulation components, such as remediating low empathy, and excessive jealousy and anger are often parts of a CBT programme. In CBT, these emotional deficits are seen at least in part to result from thoughts and beliefs.

Currently in New Zealand, three broad types of intervention can be recognised. First, there is a variety of NVPs being delivered in group and individual format across a wide range of non-governmental service providers. Developed and modified over a number of years, often in communication with each other, these programmes appear to have more similarities than differences. They are described by agencies as “psychoeducational.” Perpetrators and facilitators work through a menu of topics that is partly driven by the emerging needs of the perpetrators in attendance.

A second type of intervention for offenders on community sentences at medium to low risk of reimprisonment (i.e., Roc\*RoI <.05) has recently been implemented by the Department of Corrections. Based on the empirically well-established findings on what works to reduce reconvictions across a wide range of criminal behaviour, this programme can also be delivered in both individual and group formats. The full implementation of the new programme has only just begun with NGOs. A number of them are or will be running both their established NVPs and the Corrections programme for different referral sources.

New Zealand has a third broad category: Kaupapa Māori programmes which offer a range of distinct responses drawn from Te Aō Māori. Although each service is unique, these programmes share a philosophy and conceptual framework that states that the restoration of participants’ connections to Te Aō Māori — including whakapapa, tikanga, wairua, tapu, mauri, mana and so on — will prevent whānau harm and generate long-term wellbeing.<sup>47,48</sup> Thus these models are whānau-based. In practice, like other types, Kaupapa Māori programmes have limited resources which may constrain the extent of implementation, with the potential to compromise their effectiveness. In addition, there are ongoing difficulties with obtaining financial support from government while maintaining autonomy over the integrity of the conceptual model. There are many gaps in knowledge with regard to these programmes,<sup>47</sup> and little is known formally about their impact, but they warrant more investment and investigation.

Group therapy has been the preferred modality for most types of perpetrator family violence programmes, just as it is currently for other types of offender rehabilitation. Group approaches have many advantages, including prosocial support, peer challenging, modelling prosocial behaviour, and cost efficiency. However, some perpetrators will respond better to individual programmes.



Do perpetrator interventions work? Bowen (2011)<sup>27</sup> comprehensively reviewed research on the effects of IPV perpetrator programmes (reviews have also been carried out by Babcock and Gondolf<sup>46,49</sup>). The minimum scientific standard for credible outcome studies is a comparison of a programme sample with another sample on a range of outcome variables, including post-programme incidents of IPV, based on police or victim reports for a fixed period after the programme. Random allocation has been held up as the “gold standard” for these studies, though this design is very difficult to implement in practice.<sup>k</sup> Otherwise a variety of quasi-experimental designs and statistical techniques can be used to simulate experimental conditions by comparing samples that are as similar as possible on characteristics that could influence outcome (e.g., risk of IPV perpetration). One sample has not been exposed to the response being evaluated (e.g., a NVP). Surprisingly little research reaches even this standard and no such studies were located from New Zealand.

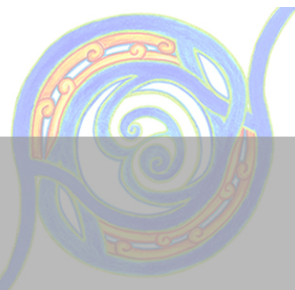
Most studies of programme effects are for CBT programmes or psychoeducational programmes. Some are based on or influenced by a version of the perpetrator programme component of Duluth’s coordinated community response.<sup>l,50</sup> The overall results to date can be interpreted as showing that programmes have no effect on later violence. However, researchers have remained reluctant to state this conclusion because of a combination of the consequences of doing so if it is wrong, the risks of stopping programmes that are actually effective, and the formidable measurement difficulties in evaluating programme effects.<sup>27</sup> But of course there are equally major consequences if these programmes don’t work, and we persist in believing that they are effective.

Improving the methodology of research on responses is crucial and difficult. In programme evaluations where there is no satisfactory comparison group there is still much to be learned. Studies of changes in those who attend programmes can tell us whether (a) some perpetrators (the attendees) can change, (b) what proportion make meaningful changes, and (c) what types of changes occur and how. One recent example is Project Mirabal, which highlights some important findings (see Box 2 below).

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<sup>k</sup> Even when implemented as designed, selective attrition or small sample size still often render the design problematic: more of a “bronze standard” than gold.<sup>24</sup> Furthermore there are ethical issues in allocating people to non-intervention, though it should also be noted that a failure to rigorously investigate whether programmes are effective also poses significant ethical issues.

<sup>l</sup> Some New Zealand programmes accredited by the Ministry of Justice refer to themselves as “Duluth-based.” However this can be confusing as programmes are generally not using the whole Duluth model approach, because (a) the perpetrator programme component is only a small part of the Duluth model, and (b) even that part has evolved over time, leading to confusion within New Zealand about “which Duluth programme”? Similarly, these international research studies have generally considered only the programmes, rather than whether they were operating as part of a coordinated response, whereas programmes were never intended to be able to achieve change on their own.





## Box 2: Project Mirabal

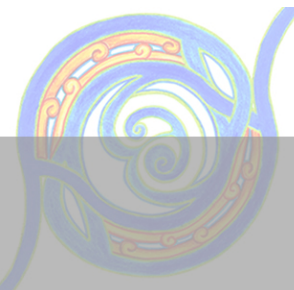
Project Mirabal was a UK research project from 2009-2015, led by Professors Liz Kelly, Nicole Westmarland and Charlotte Watts. The research used six innovative measures of “success” to recognise more subtle measures of control: reduction or cessation of violence; respectful relationships; expanded space for action; decreased isolation; enhanced parenting and understanding the impact of domestic violence. They also interviewed some children.

The researchers recorded improvements in a wide range of perpetrator behaviours based on both victim and perpetrator reports before and after programme attendance. Physical and sexual violence virtually stopped; other forms of coercion and harassment more than halved but were still quite prevalent. Notably, both victims and perpetrators reported evidence that perpetrators were using skills learned in the programme, albeit sometimes imperfectly. Victims reported that perpetrators’ changes were associated with a number of other valued outcomes such as an increased sense of safety, more “space” in which to live their lives, and more respectful behaviour toward them.

Project Mirabal set out to implement a design that would allow a stronger statement about the effects of the programme. As they stated “whilst we do have comparison group data (which largely found there to be no significant differences in reductions in violence and abuse), the fact that they are not an equivalent comparison group rendered the comparative data difficult to interpret in a way where we could be sure of our explanations.” (p.8) The comparison group was found to have important unanticipated differences including whether the women were still with the men who had abused them and whether the children had contact with their fathers (Kelly & Westmarland 2015).<sup>51</sup>

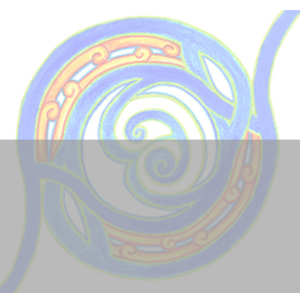
However as compelling as these results appear, for scientists, Project Mirabal cannot establish conclusively whether the programme itself was responsible for the changes, because of the lack of a matched comparison group. Although quite unlikely, it could be argued that the attendees could have made the same sort of changes in a completely different type of programme, or with no programme at all. Unfortunately, developing good comparison groups remains methodologically problematic for lots of reasons, including because of the numbers of participants that would be required. Replication across multiple sites is important for giving more weight to these findings.

It is perhaps also time to move on from thinking about the programme effectiveness issue as one of needing discrete samples, one of which has the programme while the other does not. In New



Zealand, one way forward would be to explore the implementation of the more complex “natural comparison” evaluation designs. These would capitalise on the naturally occurring variation in responses across different parts of the country, combining these variations with the use of a range of newer statistical strategies that can control for influences of these differences when that control is needed. Research by Edward Gondolf and his colleagues provides a model of how to work with the difficulties of this research area (see Box 3).

The international picture of programme effectiveness is probably best characterised as “show[ing] promise, but warrant[ing] improvement” (Gondolf 2012, p.77).<sup>24</sup> But it is also important to note that good programme and system response designs need to be built on a comprehensive understanding of the characteristics of those who are referred to the service. A number of investigators internationally have built up information both on the characteristics of referred perpetrators and on their responses to the programmes and services provided. These are important next steps for New Zealand, especially with regard to self-referred men.



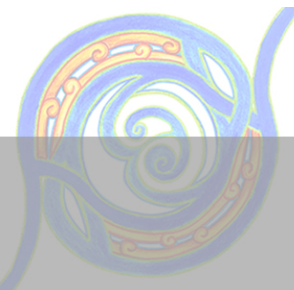
### Box 3: Evaluating perpetrator responses

With an eye to the challenges of conducting sound and interpretable evaluations, Gondolf and colleagues conducted a “naturalistic comparative design” where they engaged four well-established gender-based cognitive-behavioural programmes, each within a different set-up or system. Two took post-conviction referrals: in one programme participants went into a 3-month discussion-oriented programme, and in the second programme, into a 5.5 month programme that was more “instructional”. A third took participants at the pre-trial phase into a 3-month programme of group counselling with additional alcohol or psychological treatment if such a problem was identified in court. Finally, there was a comprehensive response system that took people post-conviction, assessed and treated referrals in-house for alcohol and psychological problems, monitored compliance through probation and provided 9 months of discussion-based group counselling.<sup>49</sup> Comparison of outcomes between these groups made it possible to learn something about what worked and what didn’t.

In the first year, 848 men were recruited into the study with their women partners, and followed up every 3 months for a total of 4 years. The researchers monitored the programmes and wider systems throughout the project, and collected information about outcomes from the men, their partners, & police records. More than two-thirds of women interviewed reported improved quality of life at both 30 and 48 months. Overall Gondolf concluded that most perpetrators stopped assaulting their partners and improved on abusive behaviour overall.

One of the interesting results from Gondolf and colleagues’ research is that no one programme was found to be associated with better recidivism outcomes than another, regardless of length. Gondolf speculated that this finding was due to the compensatory responses of other aspects of the overall system. In other words, it may make no sense to consider just the programme effect as if the other responses going on around the perpetrator (and victim and family) are not relevant.

It may follow that we should concentrate our efforts on getting the whole system to run better, rather than on making more minor modifications to just one part. Swift referral after arrest, and especially, rapid pre-trial referral was described as “particularly effective” (Gondolf 2004, p.624<sup>49</sup> see also Gondolf 1999<sup>17</sup> 2000<sup>52</sup> 2002<sup>51</sup>).



## 8. Changing criminal behaviour from a correctional psychology perspective

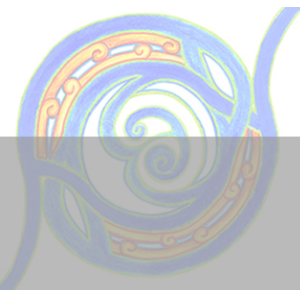
Against the larger backdrop of criminal justice efforts to reduce criminal behaviour, the development of perpetrator programmes for IPV is an interesting evolutionary quirk. In New Zealand, Corrections has only recently recognised family violence with a specialised programme. But over many years in the community, people advocating for victims have worked hard to provide programmes that are accountable to victims, or at least don't put them at increased risk of harm.

*"It may follow that we should concentrate our efforts on getting the whole system to run better, rather than on making more minor modifications to just one part."*

Victim advocates have also made a significant contribution to programme design, content and process. It is due to this strong advocacy that today's programmes exist. It is also true that perpetrator NVP development has proceeded somewhat separately from the advances made in reducing other types of criminal behaviour over the last 25 years. This body of research, variously referred to as "what works", "the RNR model", and the "principles of effective interventions" is the main source for evidence-based practice in reducing reoffending. It began in the 1980s with the work of the "Canadian school" of criminological psychologists: Andrews, Bonta, Gendreau, Wormith, and others<sup>52</sup> who began to pull together the disparate empirical findings that, over time have condensed into a fairly clear picture of how to design and deliver effective programmes.

A breakthrough that is just as salient today was their recognition of the importance of analysing interventions not by their labels (e.g., Duluth, CBT) but by their actual ingredients. Consider breakfast cereal as an analogy. If we want to choose the healthiest option, we should go not on what the cereal is called, or the claims that are made about its healthiness on the outside of the box, but by what is in the ingredients panel. So it is with our responses to perpetrators. For example, it has been shown with probation supervision that it is not supervision per se that does or doesn't work, it's *how* the supervision is done (e.g., treating the supervisee with respect as a person and being helpful, rather than being authoritarian), and what else supervisees undertake as a result (e.g., rehabilitation programmes).

Having identified how to code intervention components regardless of their "box label," Andrews and colleagues took advantage of the then recently developed statistical aggregation technique known as meta-analysis. Meta-analysis is a much preferable way to understand what scientific research is telling us than using the results of individual studies. If something is found to be effective across a wide range of settings and over hundreds or thousands of different people, it is considered much more likely to work in a new context. Andrews and Bonta and colleagues distilled the meta-analytic results from many different types of interventions into a set of (currently) 14 principles, known as the risk-need-responsivity model (RNR) that can guide the design of programmes that work, regardless of what these programmes are actually called;<sup>53</sup> see Box 4).



#### Box 4: The principles of the RNR model

##### *Core RNR principles*

- **Risk principle:** An offender's risk of reoffending determines the level of service provided. Low risk offenders receive little or no intervention. High-risk offenders take part in longer and more intensive forms of intervention. Intervening with higher risk offenders intensively will have the most impact on community safety; low risk offenders will probably not offend again anyway.
- **Need principle:** services and interventions work to change putatively dynamic factors with empirical links to recidivism risk.
- **General Responsivity principle:** Use behavioural, social learning, and cognitive behavioural approaches to influence offenders, and build prosocial skills.
- **Specific responsivity principle:** Take account of offenders' individual characteristics to maximise the likelihood that they can engage with the programme or service to change antisocial behaviour (e.g., cultural identity, age, reading ability, strengths and interests, intellectual functioning, personality, practical barriers to participation). Target noncriminogenic needs enhance engagement and support focus on changing criminogenic needs.

##### *Key clinical issues*

- Services should be multimodal, and target multiple dynamic risk factors (criminogenic needs)
- Structured and validated assessment tools should be used to assess risk, need and responsivity. Every contact with the offender should be informed by this information.
- Offenders' existing personal strengths should be assessed and used to enhance responsivity.
- Professional discretion (i.e., overriding the principles) should be possible, but only occasionally, and on well-reasoned and well-documented bases.

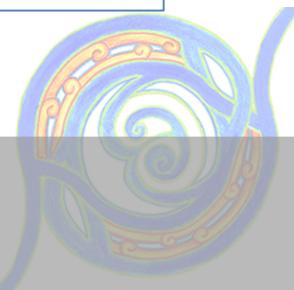
##### *Overarching principles*

- Respect the person and the normative context (e.g., services are humane, ethical, address wellbeing in mentally ill etc.)
- Base programmes on empirically validated psychological theory.
- Services directed at preventing crime are important and legitimate, even outside of the criminal justice system.

##### *Organisational principles*

- All other things being equal, **community-based programmes** are preferable, but the principles work in institutional programmes too.
- Staff employ both the **relationship and structuring principles** when interacting with offenders. That is, they develop a strong, warm, collaborative and flexible working relationship with offenders, and use that to structure interactions so that they model and reinforce prosocial behaviour, occasionally punish antisocial behaviour (by disapproval for instance), and use cognitive restructuring, motivational interviewing and other verbal techniques to stimulate change. They also help offenders through advocacy and brokerage (actively linking them up with other services they need).
- **Organisational management** supports the selection, training and clinical supervision of staff in accordance with this model. The quality of practice is monitored against specified standards, with provision for practice-enhancing feedback (programme integrity).

Adapted from Andrews and Bonta 2010<sup>14</sup>, Bonta 2016<sup>53</sup>; see also Polaschek 2012<sup>69</sup>



The RNR model is widely misunderstood by practitioners and with good reason; for example, there are no “RNR programmes”. A wide variety of different programmes can meet the RNR criteria to a greater or lesser degree and greater alignment tends to be associated with bigger impacts on reoffending: usually defined as “any reconviction.”<sup>m</sup>

## 9. What are the implications of RNR/“what works” for family violence perpetrator programmes

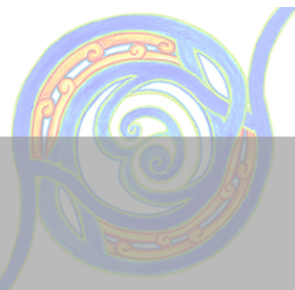
Reviewing family violence programmes against the empirical evidence for “what works” with other types of crime could be helpful in increasing the impact of family violence responses in reducing reconviction. Most offenders who come into contact with the criminal justice system are not specialists and that includes IPV offenders.<sup>55,56</sup> A number of studies show that there is overlap between IPV and other criminal behaviour and a number of the risk factors also overlap.<sup>36</sup> A strength of RNR-informed responses is that they emphasise the generic nature of the offender characteristics that are associated with crime. For some family violence offenders, generic factors that contribute to their offending may be being overlooked.

However, it should also be noted that in New Zealand, the development of knowledge about effective responses has been hampered by a lack of systematic evaluation of who perpetrates family violence, and who is referred to programmes. Anecdotally, and with some exceptions, programme referrals in many places are mainly of men with low socio-economic status and additional issues besides their violent behaviour (e.g., housing, financial, mental health, alcohol and other drug, parenting), and with quite high rates of other convictions. They appear not to be the cross-section of the community that research suggests is representative of the perpetrators of family violence. Little is known about perpetrators who do not come into contact with the criminal justice system; a group likely to include men with higher socio-economic status and non-Māori men.<sup>57</sup> Little is known yet about self-referred perpetrators: a rapidly growing group for some programme providers. In other words, it is not clear the extent to which the RNR or “what works” research findings are applicable to those who have not come to the attention of the criminal justice system.

The *risk* principle states that programme intensity should be higher for higher risk perpetrators, intervention should be limited for low risk perpetrators, and very different bands of risk should not be mixed. There appear to be no publicly available validation studies of risk instruments applied to family

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<sup>m</sup> Of course reconviction is at best an indirect measure of programme effectiveness, but it is the outcome that is most easily and reliably obtainable. As stated, some family violence studies such as Project Mirabal have used other measures such as asking victims about a much wider range of behaviours (Kelly & Westmarland 2015).<sup>54</sup>



violence perpetration in New Zealand that would facilitate confident decisions of this kind to be made. It is unlikely that perpetrators are currently matched to interventions on the basis of risk. And often there may be only one or two interventions available to a perpetrator in New Zealand, regardless of risk. Furthermore appraisals of risk can change quickly with new information.<sup>58</sup>

By correctional standards, perpetrator interventions for family violence in New Zealand are at a level of intensity suited only to low risk offenders. High-risk violent offenders typically require 200-300 hours<sup>59</sup> and medium risk, around 150 hours. However, as Box 3 on Gondolf's research above suggested, and consistent with other research on correctional programmes, the overall system effect should be considered in evaluating intensity, not just the NVP. It may also be valuable to increase the intensity of intervention support in the first several months after an episode for higher risk perpetrators, as some previous research suggests it is during this period that a reassault may be most likely.<sup>49</sup>

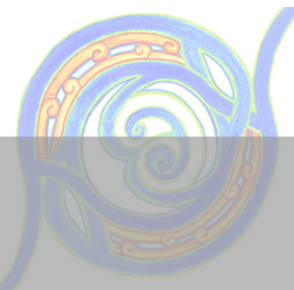
The RNR findings suggest that interventions currently mix risk levels which elsewhere has been found to be harmful for low risk offenders.<sup>10</sup> Practitioners may argue that having low risk offenders in a programme may benefit high-risk offenders since they serve as positive role models, but the risk is that for the low risk offender, the higher risk cases may negatively influence their behaviour, perhaps resulting in them dismissing the need to change since they are "not that bad", or leading to them getting less individual attention.

Higher risk levels imply higher levels of need (i.e., a greater number of targets for behavioural change). Turning to the *need* principle: there is no recognised need assessment tool for evaluating the fit between the factors underpinning perpetrators' risk of harm to partners and children (*criminogenic needs*), and the programmes in which they participate. It is not clear whether existing programmes and adjunct services together can sufficiently address the factors that contribute to perpetration.

*"By correctional standards, perpetrator interventions for family violence in New Zealand are at a level of intensity suited only to low risk offenders."*

A large body of empirical research has identified the *Central Eight*, the eight strongest predictors of criminal behaviour.<sup>53</sup> In descending order of importance they include a history of antisocial behaviour, an antisocial personality pattern (e.g., low self control, poor emotional regulation and poor problem-solving), antisocial cognition (e.g., normalisation of violence, defiance regarding the rule of law, entitlement, minimisation of impact of behaviour on others), antisocial peers (e.g., gang members, others who tolerate or support family violence), poor prosocial family circumstances, low engagement in work or education, low engagement in prosocial use of leisure time, and substance misuse.

The current evidence is that these factors also are relevant to family violence.<sup>60-62</sup> Stewart et al. (2013)<sup>61</sup> also point out that antisocial associates may play a larger role in supporting IPV than is sometimes thought, pointing to the importance of community-level violence interventions as a



complement to perpetrator-focused programmes. At the same time there may be one or two other factors that have more importance in family violence than other crime, such as some mental health issues and jealousy.

Interventions that work to change more of these factors are likely to be more effective, but more will not be better unless there is sufficient time to address each target. Relatedly, the *general responsivity* principle states that cognitive and behavioural techniques have the best results over the full range of programmes offered for reducing reoffending. The final “R”, the *specific* part of the responsivity principle states that programmes need to work hard to collaborate with attendees to, as far as possible, ameliorate any barriers to engaging with the programme and with the change process. Barriers include language and learning difficulties, but also, entrenched attitudes, personality characteristics, severe substance misuse and mental health issues, and any other personal circumstances that undermine a commitment to change. Quite a bit is known about those most at risk of failure to engage; they are also often those with higher levels of risk-related need.<sup>15</sup> Again the applicability of this research to family violence perpetrators is relatively unknown: substantial proportions of family violence perpetrators avoid programmes, fail to complete them or do so without change,<sup>49</sup> suggesting responsivity should be more fully investigated.

To summarise, applying the RNR model to the provision of behaviour change programmes for family violence perpetrators leads to the following conclusions: (1) family violence perpetrators in need of programmes will vary in their levels of perpetration risk, the changeable factors that underpin that risk, and their capabilities for engaging with programmes and with behaviour change;<sup>63,64</sup> (2) current funding and structure of NVPs leads to similar levels of resourcing being provided for each referral (at least within the same funded type), making it difficult for providers to respond to these differences.

Current funding from the Ministry of Justice, for example, provides some flexibility to accommodate perpetrator responsivity issues in that it allows for the use of individual intervention with people who cannot fully participate in a group, and for extra individual sessions for group attendees, which often are used to tackle personal responsivity and risk issues. However, this option may not be sufficient. Programme providers report concern that even with this option, a proportion of attendees do not appear to change. It is also not clear the extent to which other aspects of offender responsivity difficulties can be addressed effectively (e.g., personality disorder, mental health, active substance use) using this option. Finally, an unknown number do not engage even with assessment after referral, suggesting additional problems with responsivity that warrant investigation.

## 10. Some cautions in adopting an RNR/“what works” approach

The research on what works to reduce offenders’ propensities for criminal behaviour has relevance for our current responses for family violence perpetrators, and should be further explored for application in New Zealand. Harming one’s partner and children is a crime like other crimes and we would expect it to respond to many of the same overall strategies and approaches. But while there





are benefits to considering its application, it is not the only model of benefit, and there are limitations to how well it may fit the aims of family violence perpetrator responses.

The evidence base for RNR and “what works” grew first and foremost from correctional systems. Although their primary interest is certainly in reducing re-offending, monitoring actual offending is not possible (it is noted that including victims as research participants can be one way to increase the information available<sup>n</sup>). Consequently, programme success is often based on proxy measures, such as lower rates of reconviction, a longer time between convictions, reduced conviction seriousness and so on. This is a low bar for behaviour that occurs between family members in their homes.

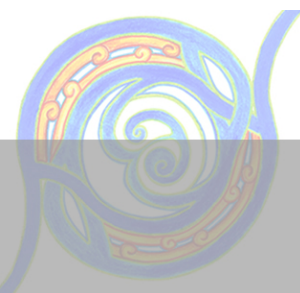
Second, RNR-based programmes have never claimed to be able to “make nicer people” of chronic offenders, or to give them and their families lives with fewer of the external stressors that increase the risk of family violence (e.g., poverty). In the context of NVPs, simply stopping physical violence is not likely to be sufficient if our aim is to reduce the overall impacts of family violence. Even if physical violence stops, ongoing conflict, psychological aspects of coercive control,<sup>65</sup> and neglect will still have substantial social, health and productivity costs for adults<sup>66</sup> and children.<sup>67</sup>

Third, the RNR framework and evidence-based principles can be applied to a wide range of response modalities, including family-based approaches to individual change (e.g., systemic programmes for youth offenders). But in adult corrections, there has been a heavy emphasis on working largely with the individual (albeit usually in group treatment), and intervening with the social context (e.g., family or whānau) is still in its infancy in the community.<sup>68</sup> And there have been numerous examples of poor application of RNR into highly manualised, rigidly delivered programmes (i.e., interventions that ignore the second “R”<sup>69</sup>) that are clearly inferior to some of the work observed with highly skilled facilitators in family violence perpetrator groups.

Finally, it follows that if outcomes well beyond reduced reconviction are important for family violence programmes, then there may also be a number of needs or change targets that go beyond those empirically associated with reducing reconviction in the RNR/“what works” literature. For example, RNR-conforming programmes for other types of violence often focus on masculinity-based belief systems (e.g., viewing oneself as the “sheriff” in one’s own home<sup>70</sup>). When considering the context of family violence, other links between violence and masculinities become an important component. “Gender transformative” approaches target two key risk factors for men’s violence against women—men’s sense of entitlement to power and rigidity of gender roles.<sup>71,72</sup> These targets are entirely

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<sup>n</sup> Again, this is why Project Mirabal used victims as the source of information on perpetrator behaviour. Note that this source also has limitations (e.g. if a relationship has ended and the couple do not have contact or have less contact). The highest rates of continued abusive behaviour by perpetrators are found in studies that complement victim reports with offender reports and information from the legal system.



consistent with RNR: but it is also possible that an RNR approach could be implemented for family violence without overtly acknowledging the importance of gender-related factors.

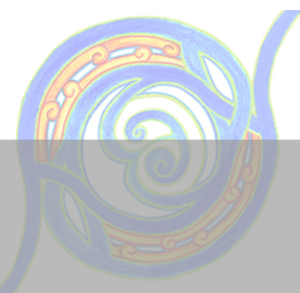
Targeting safe and effective parenting is also considered desirable for any complete family violence response,<sup>7</sup> but is seldom included in RNR programmes that target offending in general. Some other factors that are not commonly treatment targets for other types of offending that should be further investigated for family violence perpetrators include depression, attachment difficulties, jealousy, and shame (e.g., Stewart et al. 2013<sup>61</sup>).

To conclude, the application of “what works” correctional research-based principles to family violence responses may help to support wider recognition of the challenges in provision of services that support behaviour change for family violence perpetrators. It also provides a strong argument for resourcing interventions based on the needs of each referral. But rather than simply applying all aspects of this research as they have been in corrections (and sometimes ineptly) there needs also to be more systematic investigation of the pros and cons of doing so, and of whether further innovation will still be required.<sup>73</sup> It is always worth remembering that evidence-based practice is a process, not an outcome.<sup>24</sup> How can we capitalise on the best of both traditions?

## 11. Conclusions

Family violence costs New Zealand dearly and on many fronts.<sup>1,7,74</sup> One important part of changing these costs is for perpetrators to build non-violent, prosocial lives. Although “get tough”, deterrent, and punitive approaches may be a necessary part of any response to antisocial and harmful behaviour, they appear to have little or no impact on their own in tackling family violence. Decades of underinvestment in understanding and responding to family violence has constrained the development of other perpetrator responses, and of co-ordinated systemic responses. Programmes for perpetrators who harm their families have also had only patchy exposure to advances in other areas—especially in perpetrator assessment (e.g., risk and need assessment) and rehabilitation—for reducing criminal and antisocial behaviour, most notably those provided more directly by government (e.g., courts, Corrections). That means that it is not yet clear which parts of those advances may enhance family violence perpetrator responses and which may not be helpful. Instead, innovations in practice have been left largely to NGOs to develop and implement, which they have done with a great deal of dedication and ingenuity.

The current state of perpetrator responses suggests the need for several high-level initiatives. First, New Zealand needs to invest in large-scale research to inform our knowledge of perpetrators, their relevant characteristics and needs, and how these relate to their violent behaviour. This is foundational knowledge for any response system and currently it is absent. Because the work with perpetrators so directly affects the lives of victims and families, it is important that this research is informed by expertise from existing community providers, and the experience of advocates, and victims.

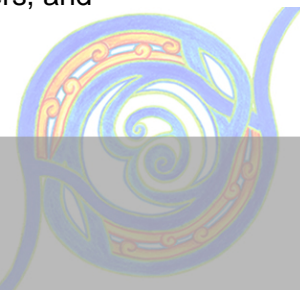


Second, within the constraints of current resourcing, the predominant supportive approach is still a low-intensity group or individual programme delivered by poorly paid workers, some with impressive skills, but whose knowledge of family violence interventions has largely developed through their own initiative, “on the job”, and with little capacity to co-ordinate with other parts of the system.

Third, in New Zealand, help for family violence perpetrators is limited largely to NVPs rather than wider or co-ordinated services, and NVPs are resourced based on referral source rather than need. Self-referrals are often unfunded and there is a growing number of these. Their needs are largely unknown. Victim involvement in perpetrator assessment and safety monitoring is also still in its early stages and needs further refinement, with the goal of developing a consistent national standard of practice.

Next, there needs to be long-term investment in more comprehensive “web-like” perpetrator response systems. Family violence perpetration isn’t just a problem for the justice sector. New Zealand longitudinal research shows that those who harm their partners and families through family violence are also likely to have disproportionately high needs for general and mental health services, and for financial support.<sup>35</sup> These findings coincide with programme providers’ observations about high needs clients. Even if perpetrators are considered in isolation from their families or whānau who also often need a variety of assistance, there may be important benefits to considering family violence as an indicator of the need for a wider intervention response than simply trying to “stop the violence.” Providing responses that better fit what is needed help us to fully hold perpetrators to account. This presupposes that we can identify “who needs what” and provide for those needs. In addition, although much of this paper has focused on programmes to support behaviour change in perpetrators, there is evidence of similar piecemeal practice in our other perpetrator responses, including but not limited to the processes operating across and within different regions in specialist courts, criminal courts, family courts, and police responses, as well as in housing, mental health and so on. If we evaluate the experiences of perpetrators across all of these parts of the system together we will better understand what is working and where improvement could occur.

Fifth, working with family violence perpetrators is highly specialised work, and current community agencies have grown themselves a variety of capable employees, but levels of expertise vary. The contrast between the conditions provided for these staff and contractors to do their important work and those of similar workers in government is striking. There is no clear training pathway for people who want to work in this field. The skills required take years to develop, and the resulting remuneration is not commensurate with those skills. Relatedly, there is no career path, including no ability to move between related government employment (e.g., as programme facilitators in Corrections) and NVP programme provision. There would be many benefits to the development of clear and achievable qualifications for working with perpetrators across government and NGOs, and possibly even for working with perpetrators and with victims, since there are many benefits to being exposed to both types of work. Relatedly there is a need for more ongoing professional development opportunities that are tailored to the sector. Currently there is no annual conference or other mechanism for information-sharing and interchange between practitioners and researchers, and



regions vary in whether they are able to get together to discuss and develop practice. Further, developing and implementing accreditation processes for New Zealand would further support safe and effective practice.<sup>75</sup>

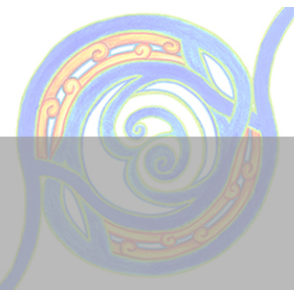
*“Providing a web of accountable service responses for individual perpetrators is still only one part of the needed system-wide thinking.”*

Providing a web of accountable service responses for individual perpetrators is still only one part of the needed system-wide thinking. If New Zealand is to lower its prominent position in OECD family violence statistics, this thinking will extend to responses to victims and families, and beyond just the current episode. It will include prevention and public education campaigns. Governments everywhere are challenged when it comes to solving complex social problems, but examples of building co-ordinating systems do exist in other jurisdictions. These may serve as one guide for New Zealand’s progress.<sup>24</sup>

There are some obvious next steps. The current systems of government funding are fragmented and complex; NGOs provide services by juggling multiple government contracts, sometimes supplemented with small amounts of funding from other sources, making accumulation of expertise very difficult. The financial resources available for working with a particular perpetrator depend on the referral source, and there is little or no funding for self-referrals. Providers and perpetrators alike wonder at a system that appears to provide a very limited response to family violence. There is a clear need to streamline current service provision so that funds are not completely consumed in compliance costs. However, even though a single funder may be ideal, until we have better research and evaluation information on “what works” to change perpetrator outcomes, it does not follow that we should be promoting a “one size fits all” perpetrator response. We have some response diversity currently, and that diversity provides the needed natural research opportunity to investigate whether some responses work better than others; for example whether there is more than one type of NVP that works equally well, as was found in US research.

Earlier it was argued that there is no long-term strategy for supporting perpetrators into non-violence. One part of developing a perpetrator response system, would be to consider resourcing perpetrator service providers to act as a case managers or kaitiaki for perpetrators who have high and complex needs and remain at a concerning level of risk of ongoing harm to family. The Whānau Ora Navigator model is an example of long-term support and service brokerage for families and whānau that could serve as a starting point. Of note, this model aims at improved outcomes across multiple domain, which may be a good fit for high-needs perpetrators.

We have little evidence on “what works with perpetrators” in New Zealand, or how perpetrator responses affect overall system functioning. Again, a comprehensive multi-year programme of research should be developed and funded to address these vital issues. With developing workforce skill and better evidence, it may become possible to better tailor responses to individual perpetrators. There is complexity and heterogeneity in the ways family violence are perpetrated and experienced; our responses need to be sophisticated enough to reflect these variations.



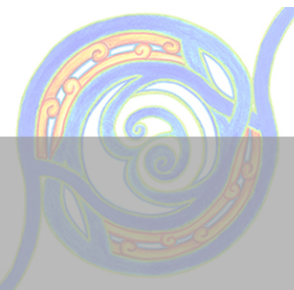
This paper also reviewed the RNR model. As effective as it has been for reducing reconviction rates around the “Western” world, it is natural that its potential application to family violence should be explored. In the meantime, it will be important not to discard current promising responses before they have been evaluated. One of the limitations of the way the RNR model has been implemented in a number of jurisdictions internationally is that it has led to a single, narrowly conceived response. The RNR model is a general framework of principles. It should not be used to stifle unique community-specific solutions because there are many different responses that broadly meet the RNR principles.

And there are several distinctive issues to resolve as part of this exploration of what RNR has to offer. These include better understanding of the perils or otherwise of mixing different risk levels of perpetrators in group programmes, whether factors such as treatment of depression which are not commonly a focus in RNR should be a core part of intervention, how to address unsafe and poor parenting, how to achieve change outcomes that go beyond physical violence reduction and that are valued by partners and families, how to understand intervention intensity at the level of any entire system instead of just with regard to the programme component, and how to work with perpetrators who do not find current programmes helpful.<sup>28</sup>

Perpetrators and others have described their New Zealand as a “permissively violent society” (p.49).<sup>28</sup> If we are to reduce family violence, we need to become a society much less tolerant of *all* violence. Perpetrator responses will be more effective if more funds are invested in public education and social marketing campaigns. Primary prevention initiatives are also required to change the socio-cultural norms and inequities that enable violence, including critically questioning gender roles, and most especially what it is to be a man, a partner, and a father in New Zealand. It is exciting to imagine where we might be as a society in another 20 years if we commit ourselves to long-term community-wide prevention campaigns, such as those used to reduce “drunk-driving” and increase road safety over the last 20 years.<sup>76</sup>

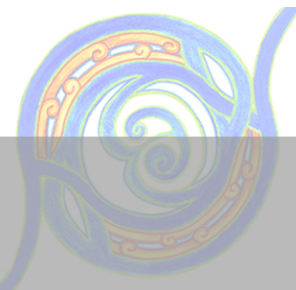
*“Perpetrator responses will be more effective if more funds are invested in public education and social marketing campaigns. Primary prevention initiatives are also required to change the socio-cultural norms and inequities that enable violence, including critically questioning gender roles, and most especially what it is to be a man, a partner, and a father in New Zealand.”*

It should go without saying that resourcing perpetrator responses should in no way be seen to redirect resources from or undermine the importance of adequate responses for victims and families. However, some people continue to view responses as a zero-sum game: attention to perpetrators somehow automatically takes away from primary responses for their victims. That is not the stance taken in this paper. Adequate investment in both is needed; they are linked. Today’s perpetrators are too often yesterday’s mistreated children and adolescents, and many are themselves in positions of influence over children’s and others’ wellbeing. Effectively supporting positive change in perpetrator behaviour benefits us all.

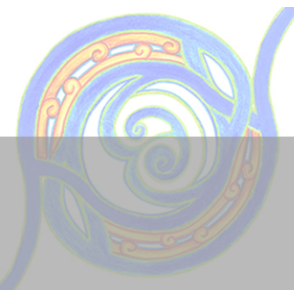


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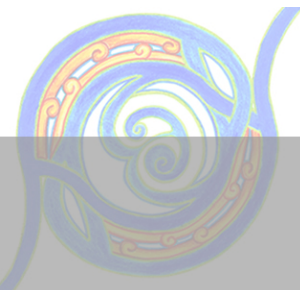
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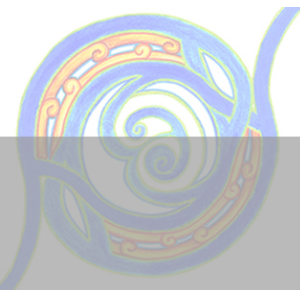


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## Appendix: Further reading

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For further reading, see [Working with perpetrators: a selected bibliography](#) (prepared by the New Zealand Family Violence Clearinghouse, University of Auckland, updated April 2016).

