



WHAT WORKS: OVERVIEWS OF REVIEWS

The effectiveness of interventions for perpetrators of domestic and family violence:

An overview of findings from reviews

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ANROWS

AUSTRALIA'S NATIONAL RESEARCH
ORGANISATION FOR WOMEN'S SAFETY
to Reduce Violence against Women & their Children

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ANROWS acknowledges the Traditional Owners of the land across Australia on which we work and live. We pay our respects to Aboriginal and Torres Strait Islander Elders past, present and future, and we value Aboriginal and Torres Strait Islander histories, cultures and knowledge. We are committed to standing and working with Aboriginal and Torres Strait Islander peoples, honouring the truths set out in the [Warawarni-gu Guma Statement](#).

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Acknowledgement of lived experiences of violence

ANROWS acknowledges the lives and experiences of the women and children affected by domestic, family and sexual violence who are represented in this report. We recognise the individual stories of courage, hope and resilience that form the basis of ANROWS research.

Caution: Some people may find parts of this content confronting or distressing. Recommended support services include 1800RESPECT (1800 737 732) and Lifeline (13 11 14).

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Executive summary

Background

To reduce domestic and family violence (DFV) and intimate partner violence (IPV), interventions for perpetrators are critical. There are two key intervention types for perpetrators: behaviour change interventions and legal and policing interventions. The aim of this review study is to provide an overview of the effectiveness evidence as reported by reviews of interventions for perpetrators of DFV and IPV.

Methods

Using a systematic approach, a review of reviews was conducted to allow for evidence from a large body of research literature to be synthesised, compared and contrasted in a systematic way. Reviews assessed for inclusion were identified by systematically searching multiple sources from the period 2010 to October 2020. The review identified 41 reviews for inclusion, 36 of which assessed behaviour change interventions and five legal and policing interventions.

Results

Included reviews assessed the effectiveness of perpetrator interventions for a range of outcomes, most commonly reduction in DFV/IPV. Of 29 reviews that assessed the effectiveness of behaviour change interventions for a reduction in DFV/IPV, only one concluded that the intervention works. A meta-analysis found recidivism was 15.5 per cent for perpetrators who received an intervention compared to 24.2 per cent for perpetrators who received no intervention. Three reviews reported on the impact of behaviour change interventions for victims and survivors and their children, reporting some improvements in the quality of life for victims and survivors and their children, and some improvements in victims' and survivors' experiences of safety and empowerment. A total of 24 reviews reported on the impact of behaviour change interventions on perpetrator-specific outcomes. While some reviews reported promising results such as improvements in gender-based attitudes, reduced acceptance of violence, improved mental health outcomes or a reduction in substance misuse, most reported mixed findings and concluded that there is currently insufficient evidence.

Five reviews assessed the impact of legal and policing interventions on reduction in DFV/IPV, reporting mixed results. One meta-analysis found protection orders were associated with a small but significant overall reduction in severe DFV re-victimisation. This review concluded that protection orders may be effective at reducing the severity of violence or de-escalating violence to less severe and non-physical forms of abuse or harassment, rather than reducing the prevalence. One review found that arrest did not have a significant effect in reducing the likelihood of repeat offending among individuals arrested for DFV and, most likely, did not have a deterrent effect on perpetrators. A further review found that short-term police responses, such as attendance at a DFV incident, can increase reporting of future DFV and reduce DFV re-offending. Two reviews also assessed the impact of legal and policing interventions on victims and survivors, concluding that protection orders and arrests improve victims' and survivors' perceptions of safety.

Effectiveness was found to be associated with a range of factors, most commonly treatment modality for behaviour change interventions and perpetrator characteristics such as previous history of offending for legal and policing interventions. Albeit based on a smaller evidence base, interventions that included substance use treatment and motivational enhancement or readiness for change approaches were associated with more promising results than Duluth or cognitive behaviour change-based interventions.

Nearly all included reviews reported that the methodological quality of included primary research was poor and that results should be interpreted with caution. In particular, findings should be considered in light of the limits of recidivism as an outcome measure of effectiveness. Evidence that points to a reduction in DFV/IPV may be closely related to the scrutiny of DFV/IPV-related behaviour offered by a behaviour change program, or by the duration of a protection order, rather than the impacts of the intervention itself.

Directions for future research

There are significant gaps in the available evidence, of which the quality is generally poor, pointing to a need for further research. While there is a need for future research that adopts a comparative design to determine whether the intervention “works”, evaluations should also develop an understanding of why interventions work, for whom they work, under what conditions they work, and why. There is also a need for studies that collect multiple data sources, such as official data, victim and survivor self-reports and perpetrator self-reports, to allow for data to be triangulated to contribute to a more comprehensive understanding of behavioural change.

Implications for policy and practice

There is a need to invest in interventions that can address co-occurring issues which may contribute to frequency or severity of DFV in a more comprehensive way, including interventions that address mental health or substance use. Short-term interventions do not seem effective and should be replaced or augmented with programs that include wrap-around and holistic supports. Consideration should also be given to the introduction of routine screening of DFV perpetration in mainstream drug and alcohol and mental health services, with funding for workforce development to address practitioner reluctance to jeopardise the “therapeutic relationship” by screening for DFV. There is also a need to tailor the intervention to the needs of specific demographic cohorts or cultural groups, and evaluate their effectiveness.

Introduction

Policymakers, service designers and practitioners are increasingly seeking evidence-based solutions to reduce men's perpetration of violence against women. There is a critical need to understand what works, what might work and what doesn't work to reduce domestic and family violence (DFV) and intimate partner violence (IPV).¹⁻⁶ To reduce DFV and IPV, interventions for perpetrators are critical. There are two key intervention types for perpetrators: behaviour change interventions (often referred to as men's behaviour change programs or batterer programs) and legal and policing interventions.

Behaviour change interventions operate in highly variable ways and contexts, and function within different legislative settings. There is variability across the approaches adopted, with modalities often augmented or used in combination. Behaviour change programs can be informed by the Duluth model, which uses a psychoeducational and feminist approach; psychological models such as cognitive behaviour therapy or motivational approaches; or anger management or substance use treatment. While some programs focus on a participant's prior experiences of trauma or concepts of shame, others do not. In addition to variation to the modality used, there is also variability *within* programs. For example, while some programs run for a full year, others are much shorter. While some programs offer individual case management, others are limited to group work only.

There is also variation in the wider legal system in which men's behaviour change programs are situated. For example, while programs in the United States are connected to the criminal justice process, those in Australia are connected to the civil process. In Australia, behaviour change interventions are not always connected to the legal process and the extent to which a perpetrator's court-mandated attendance in a program or breaches of relevant orders to participate are followed up can vary.

Common legal and police responses to DFV include protection orders, surveillance and arrest including mandatory arrest. Protection orders are designed to prohibit criminal behaviour such as stalking, assault or DFV; restrict contact between a victim and survivor and perpetrator by prohibiting the perpetrator from visiting certain locations; and/or prevent the perpetrator from possessing a firearm/weapon. Further

discussion of the perpetrator interventions landscape and key considerations for policy and practice are outlined in an existing research synthesis by ANROWS (2021).⁷

The aim of this review study is to provide an overview of the effectiveness evidence as reported by relevant reviews of interventions for perpetrators of DFV and IPV, including perpetrator behaviour change interventions as well as legal and policing interventions. Syntheses of national and international research are required to provide clear and concise information to bridge gaps between research knowledge, policy and practice.^{3-5, 8}

This review provides an overview of the effectiveness evidence, focusing on findings and recommendations that are relevant to policy and practice design decision-makers. The review is structured as follows:

1. overview of the methods used
2. results reporting the effectiveness findings as well as factors associated with effectiveness for each outcome
3. evidence gaps and directions for future research
4. implications for policy and practice.

Method

Using a systematic approach, a review of reviews was conducted to allow for evidence from a large body of research literature to be synthesised, compared and contrasted in a systematic way, and presented in a single document.⁹ This current review of reviews was conducted within the context of a larger ANROWS-led "What Works" study that is mapping the available evidence for interventions that seek to reduce the prevalence and the impact of violence against women more broadly.

Screening process and study selection

Reviews for inclusion were identified by systematically searching multiple sources, including the database Scopus and websites of key organisations in the violence against women field, from the period January 2010 to October 2020. The details are outlined in Appendix B. Studies were assessed for inclusion using the criteria outlined in Table 1.

Studies were first screened for inclusion by title and/or abstract. Reasons for excluding studies were documented. Relevant studies were uploaded into a designated EndNote library for full-text screening. During the early phase of the study, all reviews were discussed with the team until clarity around inclusion and exclusion was established, and the research team demonstrated confidence and consistency in decision-making. All review studies identified for inclusion were cross-checked by a second reviewer, and any disagreement addressed through discussion with the entire team.

Data charting and synthesis

Data from included studies were systematically extracted using a purposely designed data extraction template. To allow for easy extraction and analysis, the data extraction form was administered using Survey Monkey (which can be exported into Word or Excel).

Table 1: Inclusion criteria

Topic	Inclusion criteria
Study aim and intervention	To review, summarise, or synthesise effectiveness evidence of interventions for perpetrators of DFV or IPV
Types of violence	DFV or IPV
Study design	All review studies, providing a systematic approach to study selection was used
Quality	While no formal quality assessment was conducted, only reviews that clearly described the methods used were included
Years	Studies published between 1 January 2010 and 31 October 2020
Countries	Reviews that included high-income countries. Reviews limited to only low- or middle-income countries were excluded
Publication type	Reviews published as peer-reviewed journal articles as well as grey literature reports were included. Publications not available or accessible in full text were excluded
Language	Only studies published in the English language were included

Data analysis was conducted using Excel and Word files. Findings were analysed per outcome and intervention type. Review study results at the intervention type level, in relation to specific outcomes, were only described as effective – “works” – if findings were statistically significant; the review included high-evidence studies, specifically randomised controlled trials (RCTs) and non-RCTs with appropriate forms of control; and review authors expressed confidence in the quality of included primary studies. Positive findings that were based on lower evidence studies such as non-RCTs without appropriate forms of control, pre–post studies and qualitative studies were positioned as “positive”. Findings are described as “mixed” when the results from included studies conflict. The term “no impact” is used when the intervention is not associated with a statistically significant change, and the term “harmful” is limited to results that demonstrate a statistically significant negative impact.

Results

We identified 41 review studies for inclusion. All of the included reviews assessed the effectiveness of interventions for perpetrators of DFV or IPV. While the vast majority of reviews focused exclusively on interventions for male perpetrators, four included both male and female perpetrators¹⁰⁻¹³ and eight did not stipulate the sex of the perpetrators.¹⁴⁻²² Of the 41 reviews, 16 included a meta-analysis,^{11, 12, 15-19, 22-30} while 25 were limited to a narrative synthesis of study findings. A detailed overview of the included review studies and their design is reported in Appendix A (Table A1).

A total of 36 reviews reviewed behaviour change interventions,^{10, 12-17, 19, 21, 23-49} and five reviewed legal and policing interventions for perpetrators.^{11, 18, 20, 22, 50} Behaviour change interventions included various therapeutic modalities, often used in combination, including general counselling, cognitive behavioural therapy (CBT; group and/or individual), brief intervention (e.g. solution-focused), anger management treatment, psychotherapeutic interventions, relationship counselling, psychoeducation, the Duluth model (a coordinated community response employing a feminist psychoeducational approach), a range of motivational approaches, and a pharmacological intervention. Of the five reviews of legal and policing interventions,^{11, 18, 20, 22, 50} three reviews focused on the effectiveness of protection orders,^{11, 20, 22} one on mandatory arrest,¹⁸ and one on a range of policing responses to DFV.⁵⁰ More details are provided in Appendix A (see “Interventions studied”).

The effectiveness of interventions was assessed across a range of outcomes, but most commonly for reduction in DFV/IPV and reduction in general recidivism. An overview of the outcomes and their definitions is included in Appendix A (see Table A2). The effectiveness findings per outcome are reported in Table 2, and narratively below. Factors associated with effectiveness are reported in Table 3.

Table 2: Outcome effectiveness

Study	Intervention type	Reduction in DFV/IPV	Reduction in general recidivism	Victims' and survivors' and their children's outcomes	Intervention engagement and completion	Readiness for change outcomes	Attitudes, knowledge and beliefs	Mental health and wellbeing outcomes	Reduction in substance use	Interpersonal and relational outcomes	Cognitive competence outcomes	Improved parenting skills and efficacy
Behaviour change interventions												
Akoensi et al. (2013) ¹⁴	Combined Duluth, educational and CBT modalities	Insufficient evidence	NS	NS	NS	NS	NS	Insufficient evidence	NS	NS	NS	NS
Arce et al. (2020) ^{15*}	Duluth; CBT; combined Duluth/CBT; couples therapy; combined CBT/individual motivation plan; mind-body bridging program; other types of interventions (e.g. ecological, therapeutic, or multilevel models)	Mixed	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS

Study	Intervention type	Reduction in DFV/IPV	Reduction in general recidivism	Victims' and survivors' and their children's outcomes	Intervention engagement and completion	Readiness for change outcomes	Attitudes, knowledge and beliefs	Mental health and wellbeing outcomes	Reduction in substance use	Interpersonal and relational outcomes	Cognitive competence outcomes	Improved parenting skills and efficacy
Arias et al. (2013) ^{16*}	Duluth; CBT; combined Duluth/CBT; mind-body bridging program; psychodynamic counselling; anger management	Positive	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS
British Columbia Centre of Excellence for Women's Health (2013) ¹⁰	CBT; Duluth; motivational interviewing; CBT/psychodynamic therapy; abuser schema therapy; couples therapy	Insufficient evidence	NS	NS	NS	Positive	NS	Mixed	NS	NS	NS	NS
Cheng et al. (2019) ^{30*}	CBT; Duluth; psychoeducational broadly; other programs not specified	Positive	Positive	NS	NS	NS	NS	NS	NS	NS	NS	NS
Cluss & Bodea (2011) ³¹	CBT; Duluth; combined CBT/Duluth	Mixed	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS

Study	Intervention type	Reduction in DFV/IPV	Reduction in general recidivism	Victims' and survivors' and their children's outcomes	Intervention engagement and completion	Readiness for change outcomes	Attitudes, knowledge and beliefs	Mental health and wellbeing outcomes	Reduction in substance use	Interpersonal and relational outcomes	Cognitive competence outcomes	Improved parenting skills and efficacy
Cunha & Gonçalves (2014)³²	Duluth; CBT; combined Duluth/CBT; motivational interviewing; emotion-focused therapy; couples therapy	Mixed	NS	NS	Mixed	Positive	NS	Positive	NS	Positive	NS	NS
Eckhardt et al. (2013)³³	Brief motivational enhancement interventions; Duluth; CBT; combined Duluth and CBT approaches; couples therapy; case management-based intervention; anger management intervention	Positive	NS	NS	NS	Positive	NS	NS	NS	NS	NS	NS
Emezue et al. (2019)⁴⁸	Culturally adapted behaviour change interventions for perpetrators from immigrant backgrounds	Insufficient evidence	NS	NS	Mixed	NS	Positive	NS	NS	NS	NS	NS

Study	Intervention type	Reduction in DFV/IPV	Reduction in general recidivism	Victims' and survivors' and their children's outcomes	Intervention engagement and completion	Readiness for change outcomes	Attitudes, knowledge and beliefs	Mental health and wellbeing outcomes	Reduction in substance use	Interpersonal and relational outcomes	Cognitive competence outcomes	Improved parenting skills and efficacy
Ferrer-Perez & Bosch-Fiol (2018) ³⁴	CBT; Duluth; acceptance and commitment therapy; mindfulness intervention	Positive	NS	NS	NS	NS	NS	Insufficient evidence	NS	NS	Insufficient evidence	NS
Gallant et al. (2017) ⁴⁹	Behaviour change interventions for Aboriginal and Torres Strait Islander peoples; healing programs on Country	Insufficient evidence	NS	NS	NS	NS	NS	NS	NS	Insufficient evidence	NS	Insufficient evidence
Gannon et al. (2019) ^{17*}	Duluth; CBT; combined Duluth/CBT	Works	Works	NS	NS	NS	NS	NS	NS	NS	NS	NS

Study	Intervention type	Reduction in DFV/IPV	Reduction in general recidivism	Victims' and survivors' and their children's outcomes	Intervention engagement and completion	Readiness for change outcomes	Attitudes, knowledge and beliefs	Mental health and wellbeing outcomes	Reduction in substance use	Interpersonal and relational outcomes	Cognitive competence outcomes	Improved parenting skills and efficacy
Gilchrist et al. (2015) ³⁵	CBT; motivational interviewing; anger management program; couples group treatment; programs that target concurrent risk factors such as mental health, intellectual disability, drug and alcohol	Insufficient evidence	NS	NS	NS	NS	NS	NS	Insufficient evidence	NS	NS	NS
Grealy et al. (2013) ³⁶	Psychotherapeutic and psychoeducational interventions; other programs not specified	Insufficient evidence	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS
Hester et al. (2014) ³⁷	Psychotherapeutic and psychoeducational interventions; other programs not specified	Positive	NS	Positive	NS	NS	Positive	Mixed	NS	NS	NS	NS
Jewell & Wormith (2010) ^{23*}	Duluth; CBT; other programs not specified	NS	NS	NS	Mixed	NS	NS	NS	NS	NS	NS	NS

Study	Intervention type	Reduction in DFV/IPV	Reduction in general recidivism	Victims' and survivors' and their children's outcomes	Intervention engagement and completion	Readiness for change outcomes	Attitudes, knowledge and beliefs	Mental health and wellbeing outcomes	Reduction in substance use	Interpersonal and relational outcomes	Cognitive competence outcomes	Improved parenting skills and efficacy
Karakurt et al. (2016) ^{25*}	Couples therapy	Mixed	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS
Karakurt et al. (2019) ^{24*}	Duluth; CBT; combined Duluth/CBT; motivational interviewing; treatment strategies that address substance abuse or trauma	Mixed	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS
Lilley-Walker et al. (2018) ³⁸	CBT; Duluth; combined CBT/ Duluth; combined CBT/ substance use treatment; abuser schema therapy; solution-focused therapy	NS	NS	NS	NS	Insufficient evidence	NS	NS	NS	NS	NS	NS
McGinn et al. (2015) ⁴⁰	Duluth; solution-focused brief therapy; other interventions not specified	NS	NS	Mixed	NS	Positive	NS	NS	NS	Positive	NS	NS

Study	Intervention type	Reduction in DFV/IPV	Reduction in general recidivism	Victims' and survivors' and their children's outcomes	Intervention engagement and completion	Readiness for change outcomes	Attitudes, knowledge and beliefs	Mental health and wellbeing outcomes	Reduction in substance use	Interpersonal and relational outcomes	Cognitive competence outcomes	Improved parenting skills and efficacy
McGinn et al. (2020)³⁹	Duluth; solution-focused brief therapy; other interventions not specified	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS
Miller et al. (2013)^{26*}	Duluth; CBT; couples group counselling; treatment that addressed substance abuse; relationship enhancement therapy	Mixed	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS
Murphy & Ting (2010)¹³	Substance use treatment; couples therapy treatment; hospital outpatient and inpatient treatment	Mixed	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS
Nesset et al. (2019)⁴¹	CBT; motivational interviewing; psycho-educational program	Positive	NS	NS	NS	Insufficient evidence	NS	No impact	Insufficient evidence	NS	NS	NS

Study	Intervention type	Reduction in DFV/IPV	Reduction in general recidivism	Victims' and survivors' and their children's outcomes	Intervention engagement and completion	Readiness for change outcomes	Attitudes, knowledge and beliefs	Mental health and wellbeing outcomes	Reduction in substance use	Interpersonal and relational outcomes	Cognitive competence outcomes	Improved parenting skills and efficacy
O'Connor et al. (2020) ⁴²	CBT; motivational interviewing; solution-focused brief therapy; Duluth	Positive	NS	Insufficient evidence	NS	NS	Mixed	NS	NS	Positive	NS	Positive
Olver et al. (2011) ^{19*}	CBT; Duluth; combined CBT/ Duluth	NS	NS	NS	Mixed	NS	NS	NS	NS	NS	NS	NS
Santirso et al. (2020) ^{12*}	Motivational interviewing; motivational interviewing/CBT; motivational interviewing with substance use component	Mixed	NS	NS	Mixed	NS	NS	NS	NS	NS	NS	NS
Santoveña & da Silva (2016) ²¹	CBT; Duluth; combined CBT/ Duluth	Insufficient evidence	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS
Sheehan et al. (2012) ⁴³	Motivational interviewing; CBT; Duluth; combined CBT/ Duluth	NS	NS	NS	NS	NS	NS	NS	NS	Positive	NS	NS

Study	Intervention type	Reduction in DFV/IPV	Reduction in general recidivism	Victims' and survivors' and their children's outcomes	Intervention engagement and completion	Readiness for change outcomes	Attitudes, knowledge and beliefs	Mental health and wellbeing outcomes	Reduction in substance use	Interpersonal and relational outcomes	Cognitive competence outcomes	Improved parenting skills and efficacy
Smedslund et al. (2011) ^{27*}	CBT; Duluth/CBT; process-psychodynamic group treatment; combined CBT and substance abuse treatment	Insufficient evidence	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS
Stephens-Lewis et al. (2019) ^{28*}	Programs that address concurrent substance use issues; motivational interviewing; CBT	Mixed	NS	NS	NS	NS	NS	NS	Mixed	NS	NS	NS
Tarzia et al. (2020) ⁴⁴	CBT; motivational interviewing; couples therapy; pharmacological intervention; psychological therapies delivered in conjunction with substance abuse treatment	Mixed	NS	NS	NS	NS	NS	Insufficient evidence	Insufficient evidence	NS	Insufficient evidence	NS

Study	Intervention type	Reduction in DFV/IPV	Reduction in general recidivism	Victims' and survivors' and their children's outcomes	Intervention engagement and completion	Readiness for change outcomes	Attitudes, knowledge and beliefs	Mental health and wellbeing outcomes	Reduction in substance use	Interpersonal and relational outcomes	Cognitive competence outcomes	Improved parenting skills and efficacy
Velonis et al. (2020) ⁴⁵	Psychotherapeutic and psychoeducational interventions; other programs not specified	NS	NS	NS	NS	NS	Mixed	NS	NS	NS	NS	NS
Vigurs et al. (2015) ^{29*}	Motivational enhancement pre-treatment programs; motivational interviewing	Mixed	No impact	NS	Mixed	NS	NS	NS	NS	NS	NS	NS
Waller (2016) ⁴⁶	CBT; Duluth; combined Duluth and CBT approaches; psychoeducation; goal-setting intervention	Mixed	NS	NS	Mixed	NS	NS	NS	NS	NS	NS	NS

Study	Intervention type	Reduction in DFV/IPV	Reduction in general recidivism	Victims' and survivors' and their children's outcomes	Intervention engagement and completion	Readiness for change outcomes	Attitudes, knowledge and beliefs	Mental health and wellbeing outcomes	Reduction in substance use	Interpersonal and relational outcomes	Cognitive competence outcomes	Improved parenting skills and efficacy
Wilson et al. (2014) ⁴⁷	Substance use treatment; couples therapy; behaviour change programs that address substance abuse; motivational enhancement therapy; CBT	Mixed	NS	NS	NS	NS	NS	NS	Insufficient evidence	NS	NS	NS
Legal and policing interventions												
Cordier et al. (2019) ^{11*}	Protection orders	Positive	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS
Dowling et al. (2018) ^{22*}	Protection orders	Positive	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS
Dowling et al. (2018) ⁵⁰	Policing responses broadly (e.g. arrest, surveillance)	Mixed	NS	Positive	NS	NS	NS	NS	NS	NS	NS	NS
Hoppe et al. (2020) ^{18*}	Mandatory arrest for DFV	No impact	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS
Russell (2012) ²⁰	Protection orders	No impact	NS	Positive	NS	NS	NS	NS	NS	NS	NS	NS

Note: NS = not studied; * = meta-analysis.

Reduction in DFV/IPV and general recidivism

A total of 32 reviews reported on the outcome of reduction in DFV/IPV (29 reviewed behaviour change interventions and three legal or policing interventions), three of which also reported on reduction in general recidivism (behaviour change interventions only). DFV recidivism refers to DFV re-offending in the follow-up period. General recidivism refers to any non-DFV-specific re-offending.

Behaviour change interventions

Reduction in DFV/IPV

Of 29 reviews that assessed the effectiveness of behaviour change interventions for a reduction in DFV/IPV, only one concluded the intervention works.¹⁷ This meta-analysis found recidivism was 15.5 per cent for perpetrators who received an intervention compared to 24.2 per cent for perpetrators that received no intervention (during an average approximate 5-year follow-up period).¹⁷

The remaining 28 reviews did not support these findings. Twenty reviews reported mixed or positive results, with varying hesitation around the quality of the available evidence.^{12, 13, 15, 16, 24-26, 28-34, 37, 41, 42, 44, 46, 47} A further eight reviews found that there was insufficient evidence to draw any conclusions about effectiveness.^{10, 14, 21, 27, 35, 36, 48, 49} While some of the reviews reported positive results,^{16, 30, 33, 34, 37, 41, 42} indicating that behaviour change interventions were associated with some reduction in DFV/IPV, effect sizes were very small or not statistically significant. Most reviews reported mixed results,^{12, 13, 15, 24-26, 28, 29, 31, 32, 44, 46, 47} concluding that some interventions reduced DFV/IPV, while others did not.

Examples of key findings include:

- One review found effectiveness in reducing DFV/IPV was quite variable, with some included studies reporting no effect while others reported up to 65.9 per cent reduction in DFV/IPV.³²
- A meta-analysis concluded that while on average interventions reduced DFV/IPV in official records by 21.95 per cent, they could also have no effect on reducing DFV/IPV, or even have adverse effects by increasing

recidivism by up to 4.99 per cent.¹⁵ The review authors concluded that official records were not a valid measure as they were subject to a systematic measurement error, and failed to capture approximately half of the recidivism when compared to victim and survivor reports.¹⁵

- Another meta-analysis reported that while some treatments had a positive (but non-statistically significant) effect, other interventions were associated with negative effects, increasing recidivism by up to 6 per cent.¹⁶

These findings should be considered in light of the limits of recidivism as an outcome measure of effectiveness. Evidence that points to a reduction in DFV/IPV during a perpetrator's participation in a behaviour change intervention may be closely related to the scrutiny of DFV/IPV-related behaviour offered by the program, or the duration of a protection order, rather than the impacts of the intervention itself. It may also be related to the fact that many perpetrators mandated to the majority of behaviour change interventions are more likely to be further entrenched in the criminal justice system. Conversely, the evidence that finds an increase in recidivism as a result of a perpetrator's participation in a program may not necessarily be due to actual increased prevalence of DFV/IPV, but rather because a perpetrator's partner may be more confident to report the violence experienced.

Reduction in general recidivism

In terms of the effectiveness of behaviour change interventions in reducing general (non-DFV/IPV) recidivism (reported by three reviews), one review concluded that the intervention was effective,¹⁷ another reported positive results³⁰ and another concluded that there was no impact.²⁹

Key findings include:

- One review found statistically significant reductions in general recidivism, reporting that general violence was 14.4 per cent at follow-up for those who received treatment, compared to 21.6 per cent for those who did not (over an average follow-up time of 65.4 months).¹⁷
- Another review showed that interventions were effective in

decreasing general recidivism, with treated perpetrators about 2.5 times less likely to commit an offence (non-DFV-related) compared to non-treated control/comparison groups.³⁰

- A third review found no significant differences related to official reports for any kind of violence for interventions with motivational approaches.²⁹

Factors associated with effectiveness findings for reduction in DFV/IPV and general recidivism

The variability in findings can be understood in light of a range of moderators or factors that influenced intervention effectiveness in relation to reduction in DFV/IPV and general recidivism. The main factor associated with effectiveness or more positive results was treatment modality. The impact of treatment modality on effectiveness is outlined in Appendix A (see “The impact of behaviour change interventions on a reduction in DFV/IPV and general recidivism by modality”).

Other factors associated with effectiveness findings included program duration and intensity, program staffing and location, intervention completion, and perpetrator characteristics such as readiness for change and previous convictions. In addition, findings were also influenced by study design including methodological rigour, data sources and follow-up/time since intervention completion.^{12, 15, 29, 30}

Legal and policing interventions

Of the five reviews that assessed the impact of legal and policing interventions on reduction in DFV/IPV, two reported positive results,^{11, 22} one reported mixed results⁵⁰ and two reviews showed no impact.^{18, 20} None of the reviews reported on reduction in general recidivism.

Key findings include:

- **Protection orders:** One meta-analysis found protection orders were associated with a small but significant overall reduction in severe DFV re-victimisation relative to no protection order.²² This review found that protection orders may be effective at reducing the severity of violence or de-escalating violence to less severe and non-physical forms of abuse or harassment, rather than reducing the prevalence.²² This finding was supported by another review, which found that while protection orders were not effective at completely stopping or preventing violence from continuing, they may be effective at reducing the severity of violence.¹¹ Based on police reports, protection orders were found to be most effective in deterring re-offence when used with a combination of law enforcement strategies (e.g. arrests).¹¹ A third review reported that, although some large-scale studies showed that protection orders resulted in significant reductions in re-victimisation, a greater number of smaller-scale studies indicated that physical and psychological abuse increased following the issuance of a protective order.²⁰ This review found that approximately 40 to 50 per cent of protective orders were violated.²⁰
- **Arrests:** One review found that arrest did not have a significant effect in reducing the likelihood of repeat offending among individuals arrested for DFV and, most likely, did not have a deterrent effect on perpetrators.¹⁸ Findings suggested that arrest for DFV may in fact increase the likelihood of repeat offending, although the inclusion of only 11 studies in the meta-analysis limited the statistical power of these results.¹⁸ However, another review concluded that arresting the perpetrator is moderately effective in reducing repeat DFV.⁵⁰
- **Attendance at a DFV incident:** One review found that short-term police responses, such as attendance at a DFV incident, can reduce the longer term likelihood of DFV recurrence.⁵⁰ This review also found that second responder programs, involving police following up with households after a DFV incident, often alongside victim advocates or social workers, increased the chances of further DFV incidents being reported to the police, but did not prevent further DFV occurring.⁵⁰

Factors associated with effectiveness findings for reduction in DFV/IPV

Factors associated with effectiveness or more positive results included type of violence, victim and survivor characteristics (such as socioeconomic status, employment, relationship status, geographical location, access to resources) and perpetrator characteristics (such as history of violence, mental wellbeing, relationship characteristics, social connectedness). In addition, findings were also influenced by study design (i.e. data source; see Table 3).

While not reported in the included reviews, the effectiveness of protection orders is likely informed by a range of factors within the court system which issues them and the context in which this has occurred, with this a critical area for future research (outlined below).

Outcomes for victims and survivors

Five reviews reported on outcomes for victims and survivors, as well as their children (three reviewed behaviour change interventions and two legal or policing interventions).^{20, 37, 40, 42, 50}

Behaviour change interventions

Three reviews that assessed the effectiveness of behaviour change interventions for victims and survivors and their children^{37, 40, 42} reported the following findings:

- **Improved quality of life:** One review reported that perpetrator behaviour change interventions were associated with some improvements (not statistically significant) in the quality of life for victims and survivors and their children.³⁷
- **Improved victim and survivor safety:** One review reported mixed findings in relation to victims' and survivors' experiences of safety, noting that while primary studies mostly reported improvements in victims' and survivors'

perceptions of safety, some victims and survivors reported negative experiences.⁴⁰ For example, some victims and survivors explained that the intervention provided the perpetrator with skills and language for continued abuse and increased their vulnerability.⁴⁰ The review authors emphasised that although perceptions of positive changes in safety were quite common, the majority of studies qualified this perspective as being relative to victims' and survivors' previous experience, and not necessarily aligning with general societal standards of safety.⁴⁰

- **Validation and empowerment:** One review reported that perpetrator interventions can empower or validate victims and survivors.⁴⁰ The review identified three ways in which this happened: 1) some victims and survivors simply felt validated as a survivor of abuse because their partner attended a perpetrator intervention; 2) some victims and survivors were supported by the intervention to become more assertive and hold perpetrators to account; and 3) some victims and survivors experienced respite from abuse while their partner or ex-partner was engaged in the intervention. The authors concluded that where criminal sanctions were not forthcoming, and a perpetrator was not responding to intervention, empowerment of the victim and survivor may be the only route to safety.⁴⁰
- **Safer, healthier childhoods:** One review found a single primary study that assessed safer, healthier childhoods following the perpetrator's participation in an intervention. This study showed some minimal improvement in children's anxiety and a decrease in worry about their mother's safety and fear of the perpetrator.⁴²

Factors associated with ineffectiveness findings for victims and survivors

The reviews that reported on outcomes for women and children identified only one factor associated with intervention ineffectiveness, namely, the perpetrator's alcohol and substance use (see Table 3).

Legal and policing interventions

Two legal and policing reviews reported on victim and survivor outcomes, specifically victims' and survivors' perceptions of safety and satisfaction and willingness to engage with the criminal justice system, with both reporting positive and mixed results.^{20, 50} These reviews found that victims' and survivors' perceptions of safety and satisfaction were positively associated with protection orders²⁰ and arrest.^{20, 50}

Key findings include:

- **Protection orders:** One review found that victim and survivor safety and perceived satisfaction (based on victim and survivor self-reports via interviews or satisfaction surveys) increased when protective orders were issued.²⁰
- **Arrest:** Another review found arrest significantly increased victim and survivor satisfaction with police and willingness to engage with the criminal justice system.⁵⁰
- **Surveillance:** Preliminary findings showed surveillance of perpetrators via GPS and mobile alert devices increased victims' and survivors' feelings of safety and satisfaction with police.⁵⁰ However, this outcome was moderated by victim and survivor preferences where, as expected, those who did not want the perpetrator arrested were less satisfied with police when arrest did occur.⁵⁰

Factors associated with victims' and survivors' improved safety

Relationship separation and geographical location were found to be associated with legal and policing intervention effectiveness on victims' and survivors' perception of safety (see Table 3).

Perpetrator-specific outcomes

A total of 24 reviews of behaviour change interventions reported on other, perpetrator-specific outcomes including:

- intervention engagement and completion (i.e. attrition)
- readiness for change outcomes

- attitudes, knowledge and beliefs outcomes
- mental health and wellbeing outcomes (i.e. improved anxiety, self-esteem, depression, stress, emotional regulation and impulsivity)
- reduction in substance use
- interpersonal and relational outcomes (i.e. improved communication skills, relational skills, affective expression and relationship satisfaction)
- cognitive competence outcomes (i.e. cognitive skills, anger management, problem-solving skills, self-control)
- improved parenting skills and efficacy.

Reviews focused on legal and policing interventions did not report on these outcomes.

Behaviour change interventions

Intervention engagement and completion

Intervention engagement and completion was examined by seven (out of 36) reviews, all of which reported mixed results, regardless of intervention type.^{12, 19, 23, 29, 32, 46, 48}

Key findings include:

- **Behaviour change interventions:** One meta-analysis found the average attrition rate across a range of behaviour change interventions was 37.8 per cent and when analysis included those who dropped out prior to attending a single session, the attrition rate increased to 50.8 per cent.¹⁹ Another review showed that dropout rates among perpetrators in behaviour change interventions ranged between 10 and 58 per cent.³² This may be related to failure to follow up by referring bodies, such as courts.
- **Motivational interventions:** One review reported that perpetrators receiving motivational interventions were significantly more likely to complete the intervention, with a dropout rate of 15.02 per cent, compared to interventions without motivational strategies (dropout rate of 20.7%).¹² On the other hand, a meta-analysis showed that the effectiveness of motivational enhancement pre-treatment programs to increase perpetrator participation was mixed, with some studies reporting an increase in intervention completion and others not (in comparison to controls).²⁹
- **Culturally adapted interventions:** A review that assessed

the effectiveness of culturally adapted interventions reported mixed results for attrition, with three primary studies reporting on completion rates that ranged between 54 and 100 per cent for male perpetrators from immigrant backgrounds.⁴⁸

Factors associated with intervention engagement and completion

Factors associated with more positive results for intervention engagement and completion included treatment modality and perpetrator characteristics (such as prior offending, employment and socioeconomic status, substance use, age, conditions of attendance, racial and ethnic background and relationship characteristics). In addition, factors that were not found to be associated with attrition were reported in some reviews (see Table 3).

Attitudes, knowledge and beliefs outcomes

Five reviews assessed the impact of behaviour change interventions on a variety of attitudes, knowledge and beliefs outcomes such as improved gender-based attitudes, improved attitudes towards violence against women and reduced acceptance of violence in general. While no reviews reported effective interventions for these outcomes, three reported positive results^{33, 37, 48} and two reported mixed results.^{42, 45}

None of the included reviews reported factors associated with effectiveness.

Key findings include:

- One review found evidence to suggest programs are effective in addressing attitudes towards violence against women.³⁷
- Another review found that several interventions based on motivation and readiness for change approaches produced evidence of successful impacts on change-relevant attitudes.³³

- A review that examined culturally adapted interventions for male perpetrators from immigrant backgrounds reported short-term results in changed DFV/IPV tolerant attitudes.⁴⁸
- A review reported that under some contextual conditions, strategies that trigger a self-reflexive process in participants may have led to changes in attitudes about violence.⁴⁵
- Another review found behaviour change interventions were not associated with improvements in gender norms, but had limited effects on DFV/IPV attitudes.⁴²

Readiness for change outcomes

Six (out of 36) reviews assessed intervention effectiveness for readiness for change outcomes, such as accountability for abuse, acceptance of responsibility for violence, motivation, or readiness for change. Reviews reported positive results^{10, 32, 33, 40, 45} or concluded that there was insufficient evidence.^{38, 41}

Key findings include:

- One review found that behaviour change interventions broadened perpetrators' perspectives, as reported by victims and survivors.⁴⁰
- A further review focused on the effectiveness of a range of behaviour change interventions, and reported positive changes in relation to perpetrators' motivation to change, aggression, jealousy, empathy for the victim and survivor, and acceptance of responsibility for violence.³²
- A review found moderate evidence that individual interventions for perpetrators (such as case management, solution-focused therapy and motivational interviewing) improved attitudinal change, understandings of violence and accountability.¹⁰

Factors associated with readiness for change outcomes

Factors associated with more positive results for readiness for change outcomes included treatment modality and program duration (see Table 3).

Mental health and wellbeing outcomes

Mental health and wellbeing outcomes such as improved anxiety, self-esteem, depression, stress, hostility, emotional regulation and impulsivity were reported on by seven (out of 36) reviews. While no reviews concluded that the intervention was effective at improving perpetrators' mental health and wellbeing, one review reported positive results,³² two reviews reported mixed results,^{10, 37} one reported no impact,⁴¹ and three reported that there was insufficient evidence.^{14, 34, 44} None of the included reviews reported factors associated with effectiveness.

Key findings include:

- One review found primary studies that reported positive changes in anger, psychological symptomatology, self-esteem, impulsivity and hostility.³²
- Another review found that behaviour change interventions addressed or responded to certain psychological factors associated with severity of DFV/IPV such as stress, anxiety and depression.³⁷
- One review found that the evidence of effectiveness for interventions on psychological outcomes was inconsistent.¹⁰
- A final review that studied the impact of treatment on perpetrators' emotional regulation found no impact.⁴¹

Reduction in substance use

Five reviews reported on behaviour change interventions for reduction in substance use (i.e. perpetrators' abstinence from drug use and/or alcohol use), and found mixed impact²⁸ or insufficient evidence.^{35, 41, 44, 47} None of the included reviews reported factors associated with effectiveness.

Key findings include:

- One review that assessed interventions addressing concurrent issues of substance use found a small number of studies that demonstrated some reductions in substance use in the short term.²⁸ However, when the authors conducted a meta-analysis, no statistically significant differences were found between integrated DFV/IPV and substance use interventions compared to treatment for substance use only.²⁸

- The remaining reviews concluded that there was insufficient evidence to make a judgement on what works regarding reduction in substance use,^{35, 44, 47} with few primary studies reporting on substance use following the intervention.⁴¹

Interpersonal and relational outcomes

Six reviews reported on interpersonal and relational outcomes, including improved communication skills, relational skills, affective expression and increased relationship satisfaction, of which four reviews reported positive results,^{32, 40, 42, 43} one reported mixed results¹⁰ and one reported that there was insufficient evidence.⁴⁹ None of the included reviews reported factors associated with effectiveness.

Key findings include:

- One review found many victims and survivors perceived positive changes in how perpetrators communicated, particularly through improvement in how they expressed their feelings and interrupted high-risk interactions.⁴⁰
- A review (of qualitative studies) found that interventions helped perpetrators recognise the importance of developing communication skills, assertiveness skills and emotional education.⁴³
- Two reviews found that intervention resulted in improved relationship satisfaction³² and couple communication.⁴²
- A review that examined interpersonal outcomes, such as improved relationships, communication skills, relational skills, affective expression and relationship satisfaction, reported mixed results.¹⁰
- One review, focused on interventions for Aboriginal and Torres Strait Islander peoples, found that there was insufficient evidence to make a judgement on what works in relation to interpersonal outcomes such as communication and conflict resolution.⁴⁹

Cognitive competence outcomes

Two reviews reported on cognitive competence outcomes, such as cognitive skills, anger management, problem-solving skills, self-control and responsibility attribution for one's actions. These reviews reported that there was insufficient evidence to draw any conclusions.^{34, 44} None of the included reviews reported factors associated with effectiveness.

Improved parenting skills and efficacy

Two reviews examined the impact of interventions on improved parenting skills and efficacy. One review found positive results⁴² and the other reported that there was insufficient evidence.⁴⁹ None of the included reviews reported factors associated with effectiveness.

Key findings include:

- One review found perpetrators increased their parenting practices and confidence in using non-violent discipline.⁴²
- Another review, focused solely on interventions for Aboriginal and Torres Strait Islander peoples, reported that there was insufficient evidence to make a judgement on what works in relation to perpetrators' involvement in parenting.⁴⁹

Factors associated with effectiveness and their impact are described in Table 3.

Table 3: Factors that impact on effectiveness findings

Factors	Outcome	Findings
Factors that impact on effectiveness of behaviour change interventions		
Modality	Reduction in DFV/IPV and general recidivism	<p>While some reviews concluded that there was no evidence that one modality was superior to another,^{14, 31} other reviews found that some modalities were associated with more favourable results than others.</p> <p>Most of the available evidence does not support the effectiveness of the Duluth model for reduction in DFV/IPV, or at least positions Duluth as less effective compared to other approaches, and effectiveness findings about CBT are mixed. This needs to be interpreted with some caution as participants in Duluth are more commonly court-mandated to attend and/or higher risk than those participating in other program types. Nonetheless, while drawing on a smaller evidence base (than that available for CBT-based or Duluth-based interventions), more positive findings were reported for behaviour change interventions augmented with, or delivered in conjunction with, substance use treatments, couples therapy (depending on the nature of the violence), motivational approaches (for men that are not change ready), and psychiatric treatment. However, the underlying evidence is poor and still emerging, and more research is required.</p> <p>Details of specific findings per modality are included in Appendix A (see “The impact of behaviour change interventions on a reduction in DFV/IPV and general recidivism by modality”)</p>
	Intervention engagement and completion	<p>One review that assessed the dropout rate associated with various treatment modalities found that CBT had the highest mean dropout (44%), with psychoeducational interventions (Duluth type; 10%) and goal-setting interventions (7%) having the lowest dropout rates.⁴⁶ It is possible that the lower dropout rates can be explained by whether participants were mandated to attend or not</p>
	Readiness for change outcomes	<p>One review found that interventions with a strong focus on increasing perpetrators’ self-reflection and highlighting to perpetrators the impact their behaviours had on others, rather than shame-based reflections, may have developed perpetrators’ compassion and empathy for victims and survivors, and acceptance of responsibility for violence.⁴⁵ Another review reported on the importance of perpetrators learning interruption techniques and new communication skills, as well as learning about emotions and how to manage them, and changing beliefs³⁹</p>
Program duration and intensity	Reduction in DFV/IPV and general recidivism	<p>Two meta-analyses concluded that longer programs (over 16 weeks) were more effective than shorter programs (16 weeks or less)^{15, 16} and one review concluded that there was inconsistent evidence about whether short or long group interventions achieved a reduction in DFV/IPV.¹⁰ One primary study, reported in a meta-analysis, analysed findings by treatment intensity (i.e. the frequency of engagement in treatment), concluding that high-intensity treatment was associated with more positive outcomes for reduction in DFV/IPV²⁹</p>
	Readiness for change outcomes	<p>One review found moderate evidence that short (i.e. 16 weeks or less) group interventions improved attitudinal outcomes among perpetrators while there was inconsistent evidence that long (i.e. over 16 weeks) group interventions were effective in improving attitudinal outcomes among perpetrators¹⁰</p>

Factors	Outcome	Findings
Program staffing and location	Reduction in DFV/IPV and general recidivism	One meta-analysis found that treatment was most effective when a qualified psychologist was consistently present (vs. inconsistently present, unknown, or not present at all). ¹⁷ Program staff receiving supervision from other staff when they were facilitating treatment for perpetrators was also identified as important in reducing DFV/IPV (vs. supervision not being provided or its provision unknown). ¹⁷ This meta-analysis also analysed the impact of “treatment sites”, finding that programs provided in one location, as opposed to multiple locations, were most effective in reducing DFV/IPV ¹⁷
Intervention completion	Reduction in DFV/IPV and general recidivism	Three reviews found that intervention completion was associated with reduction in DFV/IPV. ^{19, 29, 34} Of these, one meta-analysis found that attrition was significantly associated with an increase in DFV recidivism, general recidivism, and other non-violent recidivism, with recidivism rates approximately 10 to 23 per cent higher for perpetrators who did not complete treatment compared to those who completed treatment. ¹⁹ Completers may also have been associated with a legal intervention that mandated attendance, supporting a reduction in DFV
Perpetrator characteristics	Reduction in DFV/IPV and general recidivism	<p>Previous convictions and perpetrator readiness for change were associated with reduction in DFV/IPV. Key findings include:</p> <ul style="list-style-type: none"> • Previous convictions: One meta-analysis, that focused on motivational enhancement interventions as a pre-treatment intervention, found one primary study which showed that perpetrators who were first-time offenders or who had not attended similar programs before were significantly more likely to have positive outcomes in comparison to perpetrators with previous convictions.²⁹ • Readiness for change: One review found that readiness for change, demonstrated by engagement in more pro-therapeutic behaviours during group treatment, was associated with lower rates of physical and psychological aggression six months post program completion.⁴² Furthermore, findings from a meta-analysis that assessed the effectiveness of motivational enhancement interventions as a pre-treatment intervention presented a more nuanced or complex relationship between readiness for change and reduction in DFV/IPV.²⁹ The meta-analysis found that perpetrators described as treatment resistant (i.e. in lower stages of change) were most likely to benefit from motivational interviewing intervention, whereas those that were assessed as being in a later stage of change (i.e. more ready to change at the intake session) were least likely to benefit²⁹

Factors	Outcome	Findings
Perpetrator characteristics	Intervention engagement and completion	<p>Several reviews identified a wide range of perpetrator characteristics associated with attrition from intervention, including prior DFV offences,^{19, 23} unemployment,²³ age,²³ socioeconomic status,^{23, 29} substance use,^{19, 23} requirements of attendance (voluntary versus court-mandated treatment),^{19, 23} cultural background^{23, 46} and relationship characteristics.^{19, 23} Key findings include:</p> <ul style="list-style-type: none"> • Prior DFV offence: Prior DFV offences were one of the single strongest predictors of increased attrition,^{19, 23} with first-time perpetrators more likely to complete interventions.²³ One review reported that men attending treatment after their first DFV offence were approximately 14 per cent more likely to complete treatment than perpetrators who had previously been arrested or convicted for DFV.²³ • Employment and socioeconomic status: One review found that perpetrators who were employed were 20 per cent more likely to complete treatment than individuals who were unemployed.²³ Two reviews reported that men with higher incomes were more likely to complete treatment.^{23, 29} • Substance use: Two reviews showed that substance use (both alcohol and drugs) was modestly associated with increased attrition, with perpetrators with substance use issues less likely to complete treatment.^{19, 23} • Age: One review reported that perpetrators who were older were 16 per cent more likely to complete treatment than those who were younger.²³ The review found older perpetrators were significantly more likely than younger perpetrators to complete either CBT or unspecified programs than Duluth programs.²³ In addition, older perpetrators were more likely to complete short programs (i.e. 16 or fewer weeks) than longer programs.²³ • Voluntary versus court-mandated treatment: Two reviews identified requirements of attendance as associated with attrition, with perpetrators who were court-mandated to attend DFV treatment significantly less likely to drop out of treatment than those who were not court-mandated.^{19, 23} • Racial and ethnic background: One review specifically focused on behaviour change interventions based in the United States, with African American men in its sample, showed the mean attrition for African American men was 22 per cent higher than white men.⁴⁶ The review argued that many interventions overlooked the adverse impact that systemic racism may have upon program delivery.⁴⁶ • Relationship characteristics: Two reviews reported that stronger relationship commitment was associated with program completion.^{19, 23} <p>Factors that were not found to be associated with attrition included DFV-specific variables such as the severity of the physical and psychological abuse inflicted^{19, 23} and controlling tendencies;¹⁹ psychological moderators such as depression,^{19, 23} anger²³ or anxiety;¹⁹ and childhood maltreatment (personal direct experience of abuse and witnessing violence in one's family of origin)^{19, 23}</p>
	Improved victim and survivor safety	<p>Perpetrator's alcohol and substance use: One review reported that victims and survivors saw alcohol and substance use by perpetrators as a key barrier to them feeling safe⁴⁰</p>

Factors	Outcome	Findings
Study design	Reduction in DFV/IPV and general recidivism	<p>Results varied depending on the study design. Key findings include:</p> <ul style="list-style-type: none"> • Methodological rigour: Increased methodological rigour was associated with decreased intervention impact.^{24, 30} Studies using a pre-post design were more likely to demonstrate effectiveness than RCTs or non-randomised controlled trials.²⁴ • Data sources: Results varied depending on whether reduction in DFV/IPV was measured by official records, victim and survivor reports or perpetrator self-reports, with data based on self-reports or official records likely to underestimate DFV/IPV recidivism.^{12, 15, 37} Many acts of DFV/IPV do not result in law enforcement intervention and, therefore, official records are likely to greatly underestimate the actual frequency of IPV.¹² A number of reviews found that while findings from official records indicated the effectiveness of some interventions, evidence from victim and survivor reports did not indicate that these interventions were effective.^{15, 16, 30} The rate of DFV/IPV recidivism was significantly higher when reported by the victim and survivor than in official records.^{15, 16, 30} • Follow-up time/time since intervention completion: Follow-up time, or time since intervention completion, was also associated with effectiveness findings.^{15, 44, 46} One review reported that more than half of re-assaults (59%) were committed within three months of intake, with the number of re-assaults increasing as time elapsed since intervention completion.⁴⁶ Another review concluded that DFV/IPV recidivism rates ranged from 40 to 80 per cent, depending on the specific measure used and the follow-up time¹⁵

Factors that impact on effectiveness of legal and policing interventions

Type of violence	Reduction in DFV/IPV	<p>Effectiveness was associated with type of violence. Key findings include:</p> <ul style="list-style-type: none"> • Violence severity: One review found that protection orders were effective for more severe harm, but not for less severe and non-physical forms of re-victimisation.²² • Stalking: Three reviews identified stalking as a type of violence associated with reduced effectiveness of protection orders.^{11, 20, 22} One review reported that stalking prior to a protection order being issued was a significant predictive factor for ongoing violence and protection order violations.²² This finding was supported by another review, which showed stalking was highly related to protective order violations.²⁰ A further review suggested that protection orders may only be effective for victims and survivors of stalking when they are combined with community-based interventions that offer further education, support and resources, along with greater surveillance of perpetrators¹¹
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Factors	Outcome	Findings
Victim and survivor characteristics	Reduction in DFV/IPV	<p>Key findings include:</p> <ul style="list-style-type: none"> • Socioeconomic status and employment: One review found that protection orders appeared to be more effective at preventing the re-victimisation of victims and survivors who were employed or had a higher socioeconomic status.²² Similarly, another review reported that victims and survivors from low socioeconomic backgrounds, particularly victims and survivors who were unemployed, or who had low or very low median family income, reported more protection order violations.¹¹ This may be partly because of confidence in reporting and/or police responsiveness upon reports of breaches. • Relationship status: Three reviews also identified relationship status, that is, whether women stayed with the perpetrator, as another key factor associated with effectiveness.^{11, 20, 22} These studies showed that protection orders appeared to be more effective for victims and survivors who were no longer in a relationship or cohabitating with the perpetrator.^{11, 20, 22} • Geographical location and access to resources: One review reported that protection orders appeared to be less effective in rural and remote communities, where there was often limited availability of services to assist victims and survivors in remaining separated from perpetrators and living independently.²² Similarly, another review noted that access to resources influenced the effectiveness of protection orders.²⁰ <p>One review identified that the victim's and survivor's education and age did not appear to impact the effectiveness of protection orders²²</p>
	Improved victim and survivor safety	<p>Improved victim and survivor safety was associated with relationship status and geographical location. Key findings include:</p> <ul style="list-style-type: none"> • Geographical location: Geographical location was associated with victims' and survivors' perceptions of their safety, whereby victims and survivors that lived in rural areas felt less safe.²⁰ • Relationship status: One review showed victims' and survivors' perceived safety increased when victims and survivors separated from the perpetrator²⁰

Factors	Outcome	Findings
Perpetrator characteristics and behaviours	Reduction in DFV/IPV	<p>Four reviews reported that the perpetrator's characteristics were associated with effectiveness, and highlighted the impact of factors such as prior DFV offending, stalking, history of arrests, perpetrator's mental health, age, social connectedness and relationship characteristics.^{11, 18, 22, 50} Key findings include:</p> <ul style="list-style-type: none"> • History of violence: Two reviews indicated that protection orders were less effective in reducing re-victimisation for perpetrators with a history of arrests,¹¹ violent behaviour,¹¹ or other criminal and/or DFV offending.²² Another review found that the effects of arrest were greater for first-time perpetrators, and perpetrators who were assessed to be at lower risk of reoffending.⁵⁰ • Mental wellbeing: One review reported a decreased effectiveness of protection orders associated with perpetrator mental illness (particularly depressive, anxiety and trauma-/stress-related disorders).²² • Relationship characteristics: One review reported a decreased effectiveness of protection orders associated with co-habitation of perpetrators and victims and survivors with children.²² The number of children did not appear to have any influence,²² and neither did the age of the perpetrator.²² • Social connectedness: One review found that arrest tended to be most effective in reducing the prevalence and frequency of DFV with perpetrators who had more to lose from involvement in the criminal justice system because of their attachment to conventional social institutions (e.g. employment or education), and ineffective or even counter-productive with perpetrators who had weaker social connections⁵⁰
Study design	Reduction in DFV/IPV	A meta-analysis found that the data source used was associated with effectiveness, reporting a significant difference in protection orders' violation rate when comparing victim and survivor reports (34.3%) with police and court data (28.2%) ¹¹

Evidence gaps and directions for future research

This review has identified significant gaps in the available literature and brings into question the overall quality of the existing evidence, pointing to a need for further research. This section includes recommendations for future research to improve the quality and design of evaluation research, as well as future directions regarding the effectiveness of specific interventions.

Limitations in study design

Nearly all included reviews reported that the methodological quality of included primary research was poor, with few high-quality primary studies included.^{11, 25, 26, 31, 33, 36, 41, 44, 45, 47, 48} Many authors emphasised that their results should be interpreted with caution, and included detailed direction for future research (provided below).

Specific methodological concerns reported by review authors included poor study design of primary studies with few high-quality RCTs, heterogeneity of primary studies and poor quality of reporting, sampling issues, issues associated with short-term follow-up, data source limitations when measuring reduction in DFV/IPV, limitations associated with the overreliance on measuring reductions in physical violence, and issues related to intervention engagement and completion.

Few well-designed studies with appropriate controls

The design of included studies was often poor, with few RCTs or other appropriately designed controlled studies.^{36 14 24, 45 10, 11, 20, 32, 37, 38, 44} While some RCTs were included, many of these were assessed as at high risk of bias.^{11, 27, 33, 41, 44} Some reviews also noted that many of the evaluations were undertaken by the developers of the interventions who may have had a vested interest in showing efficacy for the continuity of their intervention.^{14, 16}

Recommendations for future research

- Conduct high-quality controlled studies, specifically RCTs.^{10, 24, 25, 27, 31, 34, 36, 38, 41, 44, 45}

Heterogeneity of primary studies and poor quality of reporting

Another key challenge was the heterogeneity of primary studies, limiting the possibility of conducting meta-analyses.^{12, 41, 44} There was considerable variation in included primary studies in relation to the intervention format, duration, intensity, theoretical orientation, follow-up periods, samples recruited, referral source and analysis.^{12, 14, 24, 28, 32, 43}

There was also a lack of detail in the reporting of primary studies. Essential information specific to the design of the intervention was often not provided in primary studies, leaving review authors unclear about the specific nature of the treatment.^{14, 29, 37, 38, 42} This limits our ability to identify which treatment components may have led to more or less positive results.^{14, 29, 37, 38, 42} In addition, review authors noted gaps in information about the sample,³⁸ points of follow up,^{38, 41, 43} inconsistent reporting of moderators^{15, 16} and the nature of referral (i.e. court-mandated attendance or voluntary).³⁷

Recommendations for future research

- Provide a detailed description of intervention design (including program logic, content, delivery and implementation information).^{16, 30, 37, 38, 41, 42}
- Report effect sizes and standard deviations to enable future meta-analyses,³⁰ separating data from intervention versus control group.²⁵

Sampling issues

Evidence was also limited by small sample sizes^{10, 11, 28, 32, 33, 35, 37, 40, 43, 45} and other sampling issues.^{14, 27, 38} Many primary studies included both voluntary and court-mandated participants, making it impossible to compare treatment effectiveness for these two different groups.^{14, 27, 38}

Recommendations for future research

- Conduct studies with larger sample sizes.^{35, 38, 44}
- Separate findings for participants with different characteristics, particularly those who were court-mandated versus those who attended voluntarily.^{38, 41}
- Conduct studies with more culturally inclusive samples, including Aboriginal and Torres Strait Islander populations, especially when considering the need for culturally tailored services.³⁰
- Report demographics of the sample, including cultural background.

Short-term follow up

Short follow-up periods or lack of follow-up beyond treatment was another commonly reported limitation.^{10, 11, 13, 14, 32, 35} One review commented that data collected in the “honeymoon period”, where violence was reduced or ceased immediately after an intervention, was unreliable, and risked inflating an encouraging treatment effect.¹⁴

Recommendations for future research

- Conduct evaluations with longer follow-up times to appropriately assess the longevity of change.^{12, 28, 34, 35, 38, 42}

Data source limitations when measuring reduction in DFV/IPV

Included studies tended to rely on data from official reports and perpetrators’ self-reports as measures of reduction in DFV/IPV, and failed to seek the perspectives of victims and survivors that were partners or ex-partners of perpetrators.^{18, 33, 35, 38} As reported previously, data from official records were often incomplete, and perpetrator self-reports were often associated with minimisation, denial and response bias, resulting in an underreporting of violence.^{18, 38 10, 12, 16, 27, 37, 38, 46} One review found that, in comparison to victim and survivor reports, official records failed to capture approximately half of the reduction in DFV/IPV.¹⁵

This is not to say that victim and survivor reports do not also come with a number of limitations. Victims and survivors may also experience response bias (e.g. tendency to minimise or conceal assaults) that can lead to overestimation of the results of the interventions.^{15, 27} One review suggested that the support offered to victims and survivors might have made them more able to report new violence, independently of the effect of the interventions on the perpetrators.²⁷

Recommendations for future research

- Incorporate data from a variety of sources, including official reports, victim and survivor self-reports, perpetrators’ reports and practitioners’ reports, and triangulate results.^{11, 12, 14, 38, 48}
- When using self-reported perpetrator data, also test for social desirability in responses.³⁷

Overreliance on measuring reductions in physical violence

A number of review authors questioned the appropriateness of an overreliance on measuring physical violence when assessing the efficacy of interventions.^{14-16, 34, 45} These authors noted that while interventions may have positive/mixed impact on physical violence, perpetrators may continue to use or possibly

increase the use of non-physical violence – including coercive control; threats; and emotional, psychological, economic or spiritual IPV – and victims and survivors and their children may not feel safer.^{12, 27, 28, 30, 38, 46} One review cautioned that the majority of studies measured violence using the Conflict Tactics Scale as a measure of IPV perpetration, noting that this scale does not capture common abusive behaviours such as coercive control nor make any distinction between single incidents of violence and ongoing patterns of abuse.⁴⁴

Recommendations for future research

- Incorporate measures assessing the multifaceted nature of abuse in relationships that also measure coercive control.^{28, 33, 34, 38}
- Incorporate measures that assess the experiences of safety of victims and survivors and children.^{40, 42}
- Measure perpetrator outcomes such as mental health, emotional regulation, levels of motivation and communication skills.^{30, 41, 42}

Issues related to intervention engagement and completion

Another common limitation reported by reviews was high rates of attrition.^{10, 14, 23} Some studies only analysed data on perpetrators that completed the study (excluding those that dropped out of treatment), resulting in likely overestimation of the effectiveness of an intervention.^{14-16, 24, 37} In addition, the different ways in which attrition was defined in primary studies (ranging from 25 to 75% of intervention completion)⁴⁶ limited comparability of study findings.^{19, 23, 25, 27, 28, 32, 37, 38, 46}

Recommendations for future research

- Adopt a standardised operational definition for determining attrition.^{12, 46}
- Provide detailed information relating to intervention participation, completion and attrition (e.g. number of sessions attended, length of treatment, treatment dosage and reasons for non-completion).^{19, 25, 38}
- Consider attrition as a continuous variable (i.e. number of sessions attended) to avoid issues associated with defining attrition.²³

Effectiveness of interventions

In relation to behaviour change interventions, while certain therapeutic modalities appear more positive than others, the more promising modalities (e.g. interventions augmented with substance use treatment and motivational approaches for certain populations) had not been studied as rigorously as the more established interventions (e.g. Duluth model and CBT). To be able to confidently make an assessment of the effectiveness of substance use treatment^{13, 35} and motivational approaches,²⁹ more research is required. In addition, more research is required to evaluate the effectiveness of other novel approaches,³¹ including interventions for Aboriginal and Torres Strait Islander peoples⁴⁹ and culturally informed interventions.^{36, 48}

Recommendations for future research

Substance abuse treatment

Given the relationship between violence and substance use,²⁵ there is a call for research to:

- design studies to test the mediating role of substance use in DFV/IPV⁴⁷
- define and measure the type of substances used, and the level of use (dependence, abuse, hazardous) to enable interventions to be designed to clearly address treatment needs²⁸
- develop and test substance use treatment enhancements to prevent IPV, for example, through the use of brief motivational therapies, victim and survivor safety and support strategies, focused relationship skills training, or relapse prevention and booster sessions.¹³

Motivational and readiness for change interventions

Motivational approaches are relatively new and the available research evaluating their efficacy is limited.²⁹

Research should seek to:

- explore whether readiness for change strategies are effective in enhancing outcomes³⁰
- explore if enhancement techniques have differential effectiveness for different intervention types²⁹
- investigate the mechanisms by which perpetrators encourage change in each other, and when and for whom group work is effective⁴⁰
- consider how the different motivational stages of change interact with perpetrators at different levels of risk of future offending and severity of violence, as well as those with personality or psychological disorders²⁹
- investigate the optimum duration of motivational interventions.²⁸

Couples therapy

While there is some evidence for the effectiveness of couples therapy, for some populations, future research should:

- explore how, when, and why couples' use of therapy may be most effective²⁵
- rigorously investigate severity of violence and analyse the effect of couples therapy on minor versus severe forms of violence.²⁵

Interventions for Aboriginal and Torres Strait Islander peoples

Evaluations of interventions for Aboriginal and Torres Strait Islander peoples are at an early stage, and the evaluative measures used are not always appropriate for Aboriginal programs.⁴⁹ There is a need for more in-depth evaluation of Aboriginal men's programs.

Future research should:

- utilise appropriate methodologies suited to Aboriginal research and evaluation of men's programs⁴⁹
- include data on Aboriginal and Torres Strait Islander status of program participants, including where possible both perpetrators and victims and survivors.

Culturally adapted interventions

Future research should:

- improve the capacity of interventions to cater for perpetrators from different socioeconomic and cultural backgrounds and geographic locations³⁶
- investigate the specific challenges for some male perpetrators from immigrant backgrounds (e.g. those lacking immigration documentation, those in migratory work, those who were not court-mandated or cannot afford to pay for voluntary treatment, and those with consistently low treatment compliance)⁴⁸
- include self-reported data from victims and survivors, as well as those from respected community members in the target population (e.g. religious leaders, women leaders).⁴⁸

In relation to legal or policing interventions, there is a need to better understand the use and impact of protection orders.

Recommendations for future research

Future research regarding the effectiveness of protection orders should seek to:

- investigate the impact of protection orders in improving the safety of victims and survivors^{20, 22}
- develop an understanding of why some women may have initiated a protection order, but the order was never served²⁰
- examine sentencing decisions and examine how many cases were actually brought to a judge²⁰
- undertake economic analyses of protection orders to understand their costs and benefits²²
- determine the impact of protection orders for Aboriginal and Torres Strait Islander victims and survivors.²²

Recommendations for future research

- Incorporate mixed-method evaluation designs that explicitly describe and test the program theory and enable the examination of the ways in which contextual factors interact with program strategies, and how this interaction impacts both mechanisms and outcomes.^{31, 38, 43, 45}
- Examine the processes or mechanisms whereby successful treatment reduces the risk of violence (e.g. substance use treatment).¹³
- Continue to investigate ways to empower victims and survivors since survivor validation has been confirmed as a key mechanism by which perpetrator change can be encouraged.⁴⁰
- Develop and test ways in which to reduce attrition and study factors that may account for treatment dropout (e.g. motivation, therapeutic alliance).^{23, 36}

Factors associated with outcomes

There is a need to develop a better understanding of the factors associated with positive or negative outcomes, in terms of intervention design and both perpetrator and victim and survivor characteristics, as these are not well understood.¹³

In addition, to enable the development of more effective interventions, there is a need to explore how interventions achieve their outcomes.^{43, 45}

Implications for policy and practice

There is a need to invest in interventions that can address co-occurring issues which may contribute to frequency or severity of DFV in a more comprehensive way. Short-term interventions do not seem effective and should be replaced or augmented with programs that include wrap-around and holistic supports. Promising results from research on interventions that include substance use treatment, motivational enhancement or readiness for change approaches suggest the value of investing more funding for program development (and evaluation) in these areas.

The existing evidence suggests that treatment should consider comorbid conditions such as substance use,^{13, 24, 28} mental illness²⁵ or trauma²⁴ with recommendations for treatment to be augmented based on the individual needs of perpetrators.^{24, 30} The introduction of high-quality pre-program assessment could help to ensure that perpetrators are assigned to appropriate treatment (with consideration given to their co-morbid issues and stages of change).^{23, 40} Consideration should be given to the introduction of routine screening of DFV perpetration in mainstream drug and alcohol and mental health services,³⁵ with funding for workforce development to address practitioner reluctance to jeopardise the “therapeutic relationship” by screening for DFV.

More research is needed to determine the effectiveness of these interventions. While well designed studies need to be funded that are able to determine whether the intervention “works”, evaluations should also develop an understanding of why interventions work, for whom they work, under what conditions they work, and why. Programs and evaluations that provide simple answers to complex questions should be interpreted with caution.

In relation to behaviour change interventions, there is a need for standardised procedures for the recording of intervention details and the collection of data. To enable comparisons between interventions:

- Program designers, practitioners and evaluators should stipulate the theoretical platforms that underlie their program approaches.
- Registration/intake sessions should be standardised, with data collected in a consistent way about:

- who is receiving treatment (including demographics and cultural background) and at what stage (i.e. at intake/pre-intervention, start of intervention, during intervention, at the end of intervention, and during follow-up)
- who dropped out or was excluded and why
- the source of the outcome data at each point.
- Reliable and valid screening and assessment tools should be developed and used.
- More consideration should be given to follow-up with perpetrators after intervention completion.

In relation to legal interventions, there is a need for consistency in the reporting and measurement of what constitutes protection order effectiveness. Simply using reduction in DFV/IPV as a proxy for measuring the effectiveness of protection orders is not appropriate. The measurement of protection order effectiveness should include administrative data (e.g. police and court records), perpetrator and practitioner reports of behavioural change and victim and survivor measures (e.g. perceived effectiveness of interventions and improved sense of safety). Victims’ and survivors’ feelings of safety should be more central to the measurement of perpetrator change, regardless of intervention design. Support services to ensure victims’ and survivors’ safety should be integrated with perpetrator intervention.^{28, 40}

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APPENDIX A:

Supplementary evidence

Review design

A detailed overview of the included review studies and their design is reported below. Some reviews only included primary studies that were randomised controlled trials (RCTs) or other studies with a comparative design, while other reviews also included studies without control or comparison groups (e.g. pre–post design, uncontrolled observational studies and qualitative studies).

Table A1: Overview of included reviews (n=41)

Review	Review aim	Search period	Approach	N	Study designs
Behaviour change interventions					
Akoensi et al. (2013) ¹⁴	To review the effectiveness evidence of behaviour change interventions designed to alter the attitudes and/or behaviours of domestic and family violence (DFV) perpetrators in Europe	Not stated	Systematic review	12	Comparative studies; pre-post studies
Arce et al. (2020) ¹⁵	To establish the effectiveness of perpetrator interventions for reduction in DFV/intimate partner violence (IPV)	Not stated	Systematic review and meta-analysis	25	RCTs; non-RCTs
Arias et al. (2013) ¹⁶	To review studies measuring treatment efficacy of behaviour change interventions in terms of recidivism rate	1975 - 2013	Systematic review and meta-analysis	19	RCTs; non-RCTs
British Columbia Centre of Excellence for Women's Health (2013) ¹⁰	To review the effectiveness of behaviour change interventions in reducing IPV and improving attitudinal, psychological and interpersonal outcomes	2000 - May 2012	Literature review	40	RCTs; cluster RCTs; non-RCTs; pre-post studies; non-RCTs; cross-sectional studies; qualitative studies
Cheng et al. (2019) ³⁰	To review the effectiveness of behaviour change interventions in decreasing DFV/IPV recidivism with a focus on studies with only non-treated comparison groups	Database inception - March 2019	Systematic review and meta-analysis	17 (n=14 in the meta-analysis)	RCTs; non-RCTs
Cluss & Bodea (2011) ³¹	To review the effectiveness of behaviour change interventions	1990 - August 2010	Literature review	25	RCTs; non-RCTs; observational studies; follow-up studies; additional data analyses from a previous study; meta-analyses; literature reviews
Cunha & Gonçalves (2014) ³²	To analyse the literature about the effectiveness of behaviour change interventions with perpetrators	2000 - 2013	Literature review	36	RCTs; non-RCTs; pre-post studies; post facto study; follow-up studies

Review	Review aim	Search period	Approach	N	Study designs
Eckhardt et al. (2013) ³³	To review the effectiveness of behaviour change interventions for perpetrators of IPV	1990 - 2013 (two pre-1990 studies included)	Literature review	30	RCTs; cluster-RCTs; non-RCTs
Ferrer-Perez & Bosch-Fiol (2018) ³⁴	To review the effectiveness of behaviour change interventions implemented in Spain	January 1994 - December 2014	Systematic review	13	Pre-post studies; ex post facto study
Gannon et al. (2019) ¹⁷	To examine whether specialised behaviour change interventions were associated with reduction in DFV/IPV and general recidivism	No date restriction - February 2018	Systematic review and meta-analysis	19	RCTs; non-RCTs
Gilchrist et al. (2015) ³⁵	To determine whether CBT interventions with anger management components were effective in reducing physical IPV among perpetrators	Database inception - January 2012	Systematic review	6	RCTs
Grealy et al. (2013) ³⁶	To review the effectiveness of behaviour change interventions	Not stated	Literature review	Not stated	Not stated
Hester et al. (2014) ³⁷	To review evaluation research studies of behaviour change interventions in Europe	Not stated	Literature review	65	RCTs; pre-post studies; descriptive studies
Jewell & Wormith (2010) ²³	To determine the extent to which various demographic, violence-related, and intrapersonal variables predict attrition from DFV interventions for male perpetrators	1985 - April 2010	Systematic review and meta-analysis	30	Non-RCTs
Karakurt et al. (2019) ²⁴	To investigate the effectiveness of different behaviour change programs in reducing violence for male IPV perpetrators	Database inception - August 2018	Systematic review and meta-analysis	13	RCTs; pre-post studies
Lilley-Walker et al. (2018) ³⁸	To review the range of behaviour change evaluation studies with particular emphasis on the design, methods, input, output and outcome measures in Europe	1999 - 2015	Literature review	60	RCTs; non-RCTs; qualitative studies

Review	Review aim	Search period	Approach	N	Study designs
McGinn et al. (2015) ⁴⁰	To review victims' and survivors' perspectives on behaviour change interventions	1983 - 2015	Systematic review	16	Qualitative studies
McGinn et al. (2020) ³⁹	To map perpetrators' perspectives on behaviour change interventions	1983 - 2014	Systematic review	27	Qualitative studies
Miller et al. (2013) ²⁶	To assess the likely effectiveness of behaviour change interventions and other interventions effective at reducing DFV/IPV and general recidivism	Not stated	Systematic review and meta-analysis	9	RCTs; non-RCTs
Nesset et al. (2019) ⁴¹	To review the effectiveness of group CBT on male perpetrators' use of DFV towards their female partner	January 2010 - February 2018	Systematic review	6	RCTs; non-RCTs; retrospective cohort study
O'Connor et al. (2020) ⁴²	To examine behaviour change program content, implementation, and the impact on perpetrator and family outcomes	January 2013 - December 2019	Rapid review	13	RCTs; non-RCTs; cohort studies; mixed methods studies
Olver et al. (2011) ¹⁹	To identify predictors of attrition from behaviour change interventions and examine their relationship to reductions in DFV/IPV	Not stated	Systematic review and meta-analysis	43 (n=35 in the meta-analysis)	Not stated (studies must have included comparison group)
Santirso et al. (2020) ¹²	To evaluate the effectiveness of behaviour change interventions that use motivational strategies to reduce DFV/IPV and attrition	1983 - August 2018	Systematic review and meta-analysis	12 (n=7 in the meta-analysis)	RCTs
Santoveña & da Silva (2016) ²¹	To review the effectiveness of behaviour change interventions for perpetrators in Latin America and the Caribbean	Not stated	Literature review	22 (n=7 empirical studies)	Non-RCTs; pre-post studies; intervention protocols; case study

Review	Review aim	Search period	Approach	N	Study designs
Sheehan et al. (2012) ⁴³	To explore the concept of “turning points” for perpetrators of IPV by reviewing qualitative studies that investigated the factors, situations and attitudes that facilitated perpetrators’ decisions to change their abusive behaviour	1950 - October 2010	Systematic qualitative review	6	Interviews; ethnographic observation
Smedslund et al. (2011) ²⁷	To measure the effectiveness of CBT and programs including elements of CBT on men’s physical abuse of their female partners	Database inception - January 2010	Systematic review and meta-analysis	6 (n=4 in the meta-analysis)	RCTs
Tarzia et al. (2020) ⁴⁴	To determine the effectiveness of interventions in health settings for male perpetrators of IPV and identify whether interventions reduce levels of violence, reduce alcohol and/or substance use, improve mental health, improve self-efficacy, or increase identification and referral	No date restriction - March 2017	Narrative review	14	RCTs; cohort studies; case control study
Velonis et al. (2020) ⁴⁵	To identify evidence of the mechanisms that contribute to successful immediate outcomes in behaviour change interventions	1995 - 2015	Realist review	6	Not stated
Vigurs et al. (2015) ²⁹	To identify the outcomes of motivational enhancement as a pre-treatment for behaviour change interventions and understand the intended principles and actual mechanisms that result in those outcomes	Not stated	Systematic review and meta-analysis	7	RCTs; non-RCTs
Waller (2016) ⁴⁶	To determine predictors of attrition and subsequent DFV among African American males mandated to attend behaviour change interventions in the United States	1997 - 2013	Systematic review	26	Longitudinal designs; non-RCTs; pre-post studies

Review	Review aim	Search period	Approach	N	Study designs
Behaviour change interventions that address concurrent issues of substance use					
Murphy & Ting (2010) ¹³	To review whether, and to what extent, treatment for substance use is associated with reductions in DFV	Not stated	Literature review	7	Observational studies
Stephens-Lewis et al. (2019) ²⁸	To determine the effectiveness of behaviour change interventions for male perpetrators who use substances	Database inception - April 2019	Systematic review and meta-analysis	9	RCTs
Wilson et al. (2014) ⁴⁷	To review the evidence for effects on IPV of substance use-based interventions	1992 - March 2013	Systematic review	21	RCTs; pilot RCT; cross-sectional designs; longitudinal designs; multiple time series design; pre-post studies
Culturally adapted behaviour change interventions for perpetrators from immigrant backgrounds					
Emezue et al. (2019) ⁴⁸	To identify key characteristics that were relevant to behaviour change intervention success for male perpetrators from immigrant backgrounds	Database inception - September 2018	Integrative review	8	Non-RCTs; cross-sectional studies; mixed methods study; qualitative studies
Behaviour change interventions for Aboriginal and Torres Strait Islander peoples					
Gallant et al. (2017) ⁴⁹	To review how Aboriginal men's programs have addressed issues of family violence	January 1990 - December 2015	Scoping review	11	Descriptive evaluations; descriptive studies; literature review
Couples therapy					
Karakurt et al. (2016) ²⁵	To determine the effectiveness of couples therapy in reducing DFV in relationships	Database inception - February 2015	Systematic review and meta-analysis	6	RCTs

Review	Review aim	Search period	Approach	N	Study designs
Legal and policing interventions					
Cordier et al. (2019)¹¹	To evaluate the effectiveness of civil law protection orders in reducing violation rates of DFV, compare violation rates reported by victims and survivors and police reports, and identify factors that influence violation and re-offence	Database inception - July 2017	Systematic review and meta-analysis	25 (n=20 in the meta-analysis)	Case control studies; retrospective and prospective cohort studies; qualitative studies; case series
Dowling et al. (2018)²²	To review the use, impact and overall effect of protection orders	1980 - November 2016	Systematic review and meta-analysis	63 (n=4 in the meta-analysis)	Non-RCTs; retrospective cohort studies
Dowling et al. (2018)⁵⁰	To review the evidence of policing responses to DFV/IPV in relation to impact on reduction in DFV/IPV and victims' and survivors' safety, reporting to police and satisfaction with police and the justice process	1980 - November 2016	Systematic review	346	Non-RCTs; descriptive studies; qualitative studies; systematic reviews
Hoppe et al. (2020)¹⁸	To determine whether mandatory arrest policies for DFV have an effect on reduction in DFV/IPV	1984 - 2018	Meta-analysis	11	Non-RCTs; pre-post studies
Russell (2012)²⁰	To review the effectiveness and safety associated with protection orders	1990 - not stated	Literature review	43	Retrospective cohort studies; correlational/archival studies; longitudinal studies; interviews; literature reviews

Interventions studied

A total of 36 reviews reviewed behaviour change interventions,^{10, 12-17, 19, 21, 23-49} and five reviewed legal and policing interventions for perpetrators.^{11, 18, 20, 22, 50}

Behaviour change interventions

Of the 36 reviews that assessed behaviour change interventions, the vast majority (n=25) reviewed the effectiveness of a broad range of interventions.^{10, 14-17, 19, 21, 23, 24, 26, 30-34, 36-40, 42-46} The type of interventions included in these reviews included various therapeutic modalities, often used in combination, including general counselling, CBT (group and/or individual), brief intervention (e.g. solution-focused), anger management treatment, psychotherapeutic interventions, relationship counselling, psychoeducation, the Duluth model (a coordinated community response employing a feminist psychoeducational approach), a range of motivational approaches, and pharmacological intervention.

In addition to 25 reviews that assessed broad ranges of behaviour change interventions, eight reviews had a more targeted focus:

- Two reviews focused specifically on motivational approaches and included interventions such as motivational interviewing (group, couples and individual); the transtheoretical model (stages of change); motivational enhancement pre-treatment programs; motivational interviewing with CBT; motivational interviewing with CBT and substance use components; and/or combined CBT, psychoeducational and motivational interviewing.^{12, 29}
- Three reviews focused on CBT-based interventions, including CBT with anger management components.^{27, 35, 41}
- One review focused only on couples therapy, delivered either to an individual couple, a group, or a combination of both.²⁵
- Three reviews assessed interventions that address concurrent substance use issues, including psychological interventions combined with substance use treatment.^{13, 28, 47}
- One review assessed culturally adapted interventions for male perpetrators from immigrant backgrounds, involving psychological interventions modified with culturally specific content on human rights, masculinity,

changing gender roles, social inequalities and acculturative stressors, and often facilitated by specially trained staff.⁴⁸

- One review assessed behaviour change interventions specifically designed for Aboriginal and Torres Strait Islander peoples, and included programs focused on fathering, family violence, and healing.⁴⁹

Behaviour change interventions were largely delivered in groups, although some reviews also include those delivered individually (i.e. one on one) or a combination of both group and individual formats.

Legal and policing interventions

Of the legal and policing interventions,^{11, 18, 20, 22, 50} three focused on the effectiveness of protection orders,^{11, 20, 22} one on mandatory arrest,¹⁸ and one on a range of policing responses to DFV.⁵⁰

Outcomes studied

The effectiveness of interventions were assessed across a range of outcomes, but most commonly for reduction in DFV/IPV. As reported in Table 2, 23 reviews studied the effectiveness of interventions for a range of outcomes,^{10, 12, 14, 20, 27, 29, 32-34, 36-40, 42-50} 16 studies focused specifically on reduction in DFV/IPV,^{11, 13, 15-18, 21, 22, 24-26, 28, 30, 31, 35, 41} and two reviews assessed intervention engagement and completion.^{19, 23} Outcomes were defined and labelled somewhat inconsistently, particularly reduction in DFV/IPV. Many reviews used the term recidivism, while others described reduction in DFV/IPV using terms such as re-offending or violent behaviours,¹⁴ reduction in perpetration,^{24, 28, 35, 44} or partner assault.¹³ Furthermore, Table 2 shows that most reviews reported on reduction in DFV/IPV, while some reviews reported on reduction in general recidivism, which (also) captured non-DFV/IPV specific charges.

Table A2: Outcomes described

Outcome	Definition
Reduction in DFV/IPV	<p>A reduction in DFV/IPV is a broad outcome that encompasses a range of measures used to capture DFV re-offending during the follow-up period, including:</p> <ul style="list-style-type: none"> • committing a new DFV crime • new DFV convictions, arrests or charges • new court cases or incarcerations • complaints of new DFV offences, hotline reports of new DFV offences, or calls for service for new DFV offences • violation of a protection order • DFV-related police contact • threats of and actual DFV re-victimisation. <p>The follow-up periods ranged from three months to two years.</p> <p>The outcome was measured by:</p> <ul style="list-style-type: none"> • official reports (e.g. police, court, probation office or prison reports) • victim and survivor self-reports • perpetrators' self-reports (e.g. mostly using the Conflict Tactics Scale which has been widely critiqued). <p>One review included population-level measures such as IPV-related emergency department visits, state-level female homicide rates, and intimate partner homicide data records.⁴⁷ Two reviews considered both DFV and other re-offences related to any criminal activity, measured by official reports and/or victim and survivor reports^{18, 33}</p>
Reduction in general recidivism	<p>A reduction in general recidivism is defined as any non-DFV/IPV-specific charges or arrest reported by the criminal justice system (e.g. police, probation office and courts)</p>
Victim and survivor and their children's outcomes	<p>A variety of victim and survivor and their children's outcomes were assessed, including:</p> <ul style="list-style-type: none"> • improved victim and survivor safety • improved quality of life • intervention acceptability/perceived effectiveness • willingness to engage with the criminal justice system • validation or empowerment • safer, healthier childhoods. <p>Outcomes were measured by victim and survivor self-reports</p>
Intervention engagement and completion	<p>Intervention engagement and completion assesses perpetrators who attempted the intervention but failed to complete it. The included reviews often used the term "attrition" and employed various operational definitions which varied significantly. An intervention non-completion criteria ranged from missing more than the maximum number of allowable sessions (e.g. 25%) to a requirement for 100 per cent attendance for consideration of successful completion¹⁹</p>
Readiness for change outcomes	<p>A variety of readiness for change outcomes were examined, including:</p> <ul style="list-style-type: none"> • motivation or readiness for change • improved acceptance of responsibility/accountability

Outcome	Definition
Attitudes, knowledge and beliefs	<p>A variety of outcomes related to attitudes, knowledge and beliefs were reviewed, including:</p> <ul style="list-style-type: none"> • improved gender-based attitudes • improved attitudes towards violence against women • reduced acceptance of violence in general
Mental health and wellbeing outcomes	<p>A variety of mental health and wellbeing outcomes were assessed, including:</p> <ul style="list-style-type: none"> • improved anxiety • improved self-esteem • improved depression • decreased stress • improved emotional regulation and impulsivity
Reduction in substance use	<p>An outcome determined by a perpetrator's abstinence from drug use and/or alcohol use</p>
Interpersonal and relational outcomes	<p>A variety of interpersonal and relational outcomes were reviewed, including:</p> <ul style="list-style-type: none"> • improved relationships • improved communication skills • improved relational skills • improved affective expression • increased relationship satisfaction
Cognitive competence outcomes	<p>A variety of cognitive competence outcomes were assessed, including:</p> <ul style="list-style-type: none"> • improved cognitive skills • improved anger management • improved problem-solving skills • improved self-control
Improved parenting skills and efficacy	<p>Improved parenting skills and efficacy outcomes related to involvement in parenting, and practices/confidence in using non-violent discipline</p>

The impact of behaviour change interventions on a reduction in DFV/IPV and general recidivism by modality

This variability in findings can be understood in light of a range of factors that influenced intervention effectiveness in relation to recidivism, particularly treatment modality. While some reviews concluded that there was no evidence that one psychotherapeutic or psychoeducational modality was superior to another,^{14, 31} other reviews found that some interventions were associated with more favourable results than others. Overall, most of the available evidence does not support the effectiveness of the Duluth model for reducing recidivism, or at least positions Duluth as least effective compared to other approaches, and effectiveness findings about CBT are mixed. While drawing on a smaller evidence base (than that available for CBT-based or Duluth-based interventions), more positive findings were reported for substance use interventions, couples therapy (depending on the nature of the violence), motivational approaches (for men that are not change ready), and psychiatric treatment. However, the underlying evidence is poor and still emerging, and more research is required.

Duluth model

Overall, reviews reported mixed and no impact results in relation to the effectiveness of the Duluth model. A meta-analysis that examined whether a range of behaviour change treatments were associated with a reduction in DFV/IPV found that the group-based Duluth model and psychoeducational interventions were more effective than CBT treatment, accounting for large reductions in DFV/IPV.¹⁷ The authors concluded that the provision of educational information (that may or may not be rooted in feminist principles) was important for reducing DFV, rather than complex psychotherapeutic manipulations.¹⁷ On the other hand, another meta-analysis found that while both the Duluth model and CBT programs were associated with positive outcomes, a higher average reduction in DFV/IPV recidivism rate (40.3%) was obtained with CBT in comparison to the Duluth model (18.2%).¹⁵ Further statistical analyses indicated that the Duluth model was also associated with negative effects (i.e. an increase in

recidivism rate of up to 9.9%).¹⁵ When compared to a range of intervention types (ecological, therapeutic, or multilevel models), the Duluth model was least effective.¹⁵ This was supported by another meta-analysis, which found that while the Duluth model had no effect on DFV/IPV recidivism, a diverse collection of alternative group-based interventions (not Duluth-based) reduced DFV/IPV recidivism by a statistically significant 33 per cent.²⁶ Similarly, a further meta-analysis concluded that Duluth approaches produce mixed results at reducing violence for male perpetrators when compared to other treatments.²⁴

These findings need to be interpreted with some caution, as differences in the participant group of varying modalities were not always accounted or controlled for. Duluth-based programs are often the recipients of mandated referrals by courts and/or corrections, where judicial officers or lawyers will encourage attendance at a program (as a step towards access to children etc.). Where these referrals are not genuinely voluntary, often the participants are incredibly resistant. This not only makes the intervention less likely to be effective with these particular individuals, but can also have an impact on the program's capacity to be effective with genuinely voluntary, "first time" participants who are perhaps low risk. By contrast, other programs which might involve different modalities are potentially less likely to have high-risk participants involved.

Cognitive behavioural therapy

There is, overall, little convincing evidence that CBT is superior to no treatment, or an alternative treatment modality. While the review outlined above, which compared the Duluth model with CBT, concluded that interventions should be based on a long-term CBT approach,¹⁵ other reviews challenged these findings.^{24, 27, 35, 46} A meta-analysis that compared CBT with no intervention found no clear evidence of effectiveness.²⁷ Of the four RCTs included in this review, only one showed a statistically significant effect in favour of

CBT compared to no treatment.²⁷ The individual results of the other included trials, which compared CBT with another treatment, were inconclusive.²⁷ Similarly, a number of reviews demonstrated that CBT interventions were not significantly better in reducing violence compared to other treatments.^{24,46} A further review found some positive results but determined that the evidence was still inconclusive with regard to the effectiveness of group-based CBT in reducing DFV. A review that compared a number of treatment modalities (CBT, combined CBT–psychoeducation, Duluth model, gender-based psychoeducation and psychoeducation interventions) found that post-program DFV/IPV recidivism rates ranged from 10 to 74 per cent, with psychoeducation (46%) and CBT (44%) associated with the highest recidivism rates.⁴⁶ Similarly, further reviews showed that CBT was no more effective at reducing violence than motivational enhancement,²⁴ standard treatments,^{24,35} or the Duluth approach.^{16,33} One review found that CBT interventions with anger management components were not significantly better in reducing physical IPV among perpetrators with a dependence on alcohol when compared to other treatments.³⁵ Another review did however demonstrate positive results associated with CBT augmented with substance use treatments.²⁴

Integrated behaviour change and substance use interventions

Behaviour change interventions augmented with, or delivered in conjunction with, substance use treatments demonstrated consistently more favourable (though sometimes mixed) results.^{13,24,44} One review found that the prevalence of DFV/IPV decreased after substance use treatment, particularly for perpetrators who remained stably remitted after treatment, for both individual-based and couples therapy treatment.¹³ On average, the prevalence of IPV was 23 times higher before substance use treatment than after treatment, and the relative risk for IPV after treatment was 2 to 3 times greater for relapsed versus remitted cases.¹³ Small to moderate effect sizes were observed for reductions in the frequency of DFV/IPV after substance use treatment and large effects were observed for reductions in psychological/verbal aggression with substance use treatment.¹³ Participants who had more favourable treatment outcomes with respect to substance use also had lower rates of DFV/IPV perpetration during the post-treatment observation period in contrast to those who

relapsed and continued to use substances.¹³ While promising, the review authors expressed some concern about the quality of the included primary studies, so findings should be interpreted with caution.¹³ Another review concluded that there was some (but weak) evidence from two studies that interventions that combine behaviour change interventions with a focus on alcohol use reduce men's perpetration of IPV.⁴⁴ Similarly, another review found that evidence from RCTs demonstrated positive effects of brief alcohol interventions as an adjunct to behaviour change treatment, however effects were often not sustained.⁴⁷

Less promising results were retrieved from a meta-analysis which found that integrated DFV/IPV and substance use interventions reported no statistically significant differences compared to substance use treatment as usual groups.²⁸ While some individual studies reported improvements for men's DFV/IPV perpetration following substance use treatment in the short term, results from integrated interventions were not superior to treatment as usual in meta-analysis.²⁸ Overall the evidence suggests that a reduction in violence might be facilitated by reduced alcohol consumption or other substance use.¹³

Couples therapy

Similarly, there is some evidence to suggest that reductions in DFV/IPV may also be facilitated by improved relationship functioning,¹³ with some reviews indicating that couples therapy was associated with a reduction in some mild and moderate forms of DFV/IPV.^{25,31} One review that compared the effectiveness of different behaviour change interventions found no relative superiority of any modality, with the exception of a possible positive effect of couples counselling interventions (in comparison to other interventions).³¹ These findings were supported by a meta-analysis (of six RCTs) which found that couples therapy reduced mild situational DFV/IPV.²⁵ However, the overall quality of evidence was moderate, and these results can only be applied to instances of mild to moderate situational violence (defined as mutual mild violence among intimate partners in response to specific stressors or life events as a means to resolve conflict, in contrast to severe IPV).²⁵ The authors of this review only identified a small number of primary studies for inclusion, noting that without sufficient evidence, it was not possible to

make significant comparisons between different modalities, and results were influenced by a single large study.²⁵

Motivational approaches

More promising findings were also reported in reviews that examined motivational approaches, including where motivational approaches were used to augment other approaches (as often occurs), despite some methodological limitations.^{12, 29, 33} One review found that brief motivational enhancement interventions were associated with statistically significant improvements in DFV/IPV recidivism rates.³³ A meta-analysis found the rate of DFV/IPV recidivism was 1.46 times greater in standard behaviour change interventions compared to motivational interventions, although these results did not reach statistical significance.¹² However, these results should be considered with caution due to the small number of studies included in the meta-analysis (n=7).¹²

Similarly, a meta-analysis including seven primary studies (RCTs and non-RCTs), assessed as being of mixed quality, reported that motivational enhancement treatment (delivered as pre-treatment to perpetrator behaviour change interventions) was associated with a reduction in DFV/IPV recidivism based on official reports, and a small but statistically significant reduction based on victim and survivor reports.²⁹ For perpetrator self-reports, motivational interventions were associated with reduced DFV/IPV recidivism compared to control groups, but results were somewhat mixed.²⁹ This review found that effectiveness may be mediated by readiness for change, with motivational approaches proving most effective for perpetrators described as treatment resistant (i.e. in lower stages of change).²⁹ Perpetrators assessed as being more ready to change at the intake session were least likely to benefit in terms of partner-reported violence at follow-up.²⁹ Less positive results were reported for perpetrators that were self-referred (rather than court-mandated), indicating that motivational interviewing may not be appropriate for those with existing motivation.²⁹

Psychological-psychiatric treatment

One review reported positive findings for psychological-psychiatric treatment, where the main aim of treatment was reducing psychopathology (not gender violence).¹⁶ In

comparison to alternative interventions such as CBT or Duluth, psychological-psychiatric treatment was more effective at reducing DFV/IPV.¹⁶

Behaviour change interventions for Aboriginal and Torres Strait Islander peoples

One review explored how programs for Aboriginal men addressed issues of family violence. Based on 10 primary studies (descriptive studies and evaluations), the review found that a multidimensional or holistic approach to dealing with family violence within Aboriginal communities was favoured and that the conventional, linear, Western approach had not worked.⁴⁹ The authors concluded that acknowledgement of the impacts of colonisation was an important feature of Aboriginal men's individual and collective healing journeys.⁴⁹

APPENDIX B:

Methods continued

This review was conducted within the context of a larger “What Works” study; as such, the search method was designed to identify a broad range of reviews relevant to the effectiveness of interventions to respond to and reduce violence against women.

Search strategy and data sources

Reviews for inclusion were identified by searching multiple sources as outlined in Table B1 below.

Table B1: Search strategy and data sources

Data source	Description of data source	Period searched	N=records screened
Systematic search of Scopus	Scopus was identified as a suitable database as it covers all key journals that publish violence against women literature (as per a list of 50 journals created by the Office for Policy Studies on Violence Against Women at the University of Kentucky). The search terms are included below	1 January 2010 – 20 May 2020	2,883
Non-systematic Google search and non-systematic database searches	A number of non-systematic Google searches (including Google Scholar) were conducted	From January 2010	Not recorded
Systematic search of websites of key organisations in the violence against women field	A systematic search of relevant websites was conducted to identify relevant grey literature	From January 2010	68 websites
A systematic search of the ANROWS Library	The ANROWS Library is a collection of research records from the family violence and violence against women sector, designed for practitioners and service designers who may not have access to research databases	Searched from January 2010 – October 2020	3,663
A systematic search of ANROWS publications	A systematic search of ANROWS publications was conducted	Searched from January 2010 – October 2020	149

Search terms

The following search string was used in Scopus, limited to title, abstract and keywords only:

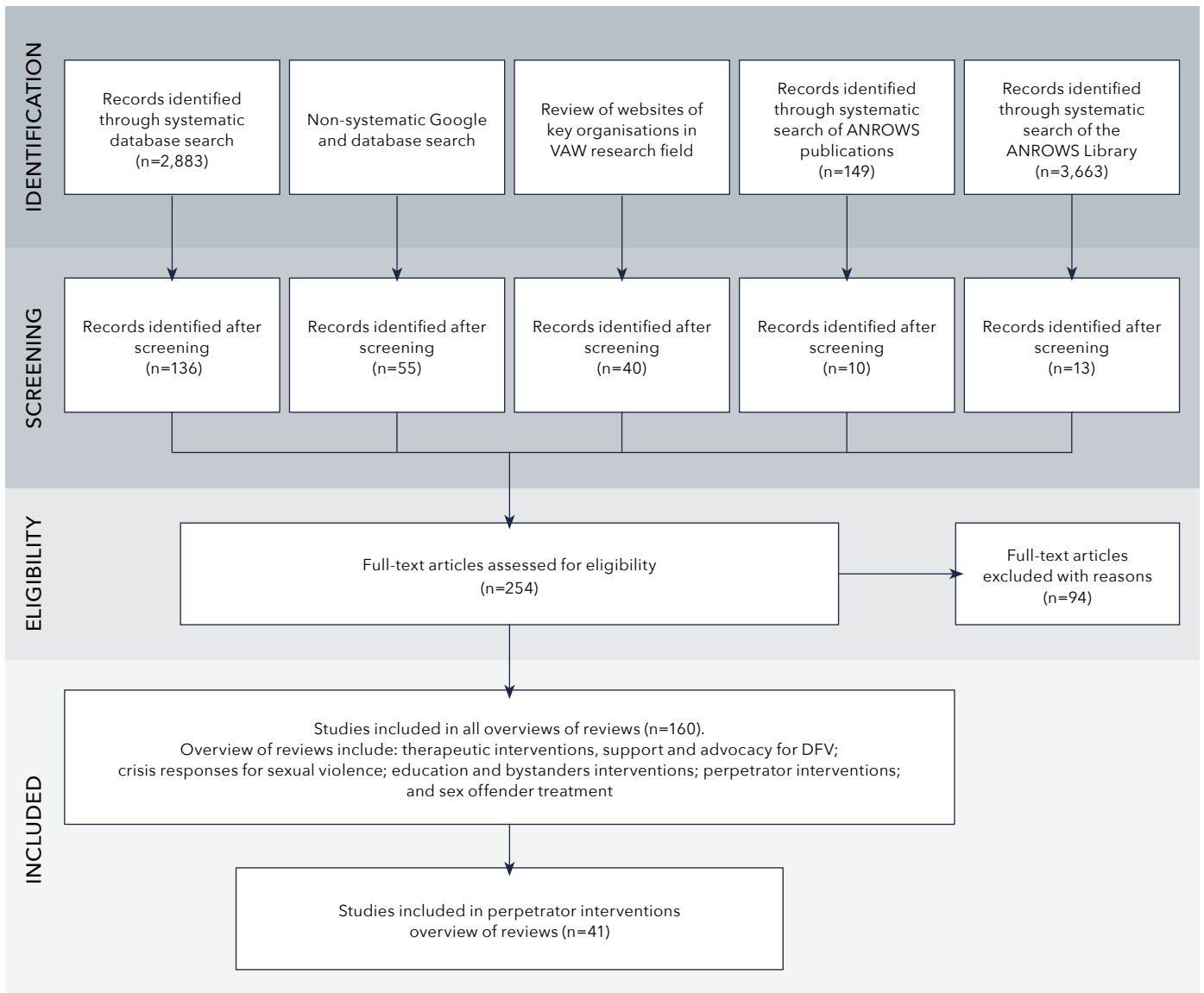
TITLE-ABS-KEY ("violence against" OR vaw* OR "domestic violence" OR gbv OR "gender violence" OR "gender-based violence" OR femicide OR feminicide OR "partner violence" OR "abuse of" OR "wife abuse" OR "abuse of wives" OR "wife battering" OR "battering of wives" OR "battering of" OR "spouse abuse" OR "family violence" OR "murdering of" OR "homicides of" OR rape OR "sexual violence" OR "sexual abuse" OR "sexual assault" OR "sexual harassment" OR "coerced sex" OR "unwanted sex" OR "unwanted fondling" OR "unwanted touching" OR "intimate partner abuse" OR "intimate partner psychological abuse" OR "intimate partner social abuse" OR "intimate partner verbal abuse" OR "intimate partner control" OR "intimate partner coercion" OR stalking OR "spiritual abuse" OR "technology facilitated abuse" OR "financial abuse" OR "education abuse" OR "health abuse" OR FGM* OR FGC OR "female genital mutilation" OR "sexual exploitation" OR "forced prostitution" OR "sexual slavery" OR "relationship debt" OR "cyberstalking" OR "account take over*" OR "image-based abuse" OR "fake social media" OR "online tracking" OR "online abuse")

AND TITLE-ABS-KEY (woman OR women OR female) AND TITLE-ABS-KEY (review OR meta-analysis OR synthesis)

Study identification

As per the PRISMA chart included in Figure B1, this process identified 254 reviews, of which 41 regarded perpetrator interventions.

Figure B1: Overview of reviews PRISMA flow diagram



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