

Criminal Justice Responses to Domestic and Family Violence

A Rapid Review of the Evaluation Literature: Final Report

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Executive Summary

Background

This report provides a systematic and comprehensive review of the impact evaluation evidence base of criminal justice system responses to domestic and family violence (DFV). The review aimed to

- (1) systematically identify impact evaluation evidence that addressed ways to improve the engagement of domestic and family violence victims with the criminal justice system;
- (2) identify best practice approaches to improve the identification of, and responses to, high risk recidivist perpetrators of domestic and family violence within the criminal justice system.

Search Methods

We used systematic review methodologies to identify eligible studies that met the following criteria.

The study had to

- (1) Include a quantitative impact evaluation of a criminal justice response to domestic and family violence. Eligible study designs included systematic reviews, randomised control trials and high quality quasi-experimental studies;
- (2) Be conducted or published between 1997 and 2017;
- (3) Be focused on a population of offenders, victims or staff working within the criminal justice system;
- (4) Take place in a high income country;
- (5) Be written in English.

No limitations were placed on the type of outcome variable used to evaluate intervention effectiveness. The initial search produced 13,383 records. First stage title and abstract screening eliminated 10,846 records due to their being non-criminal justice system responses to DFV (n = 5,311), duplicate records (n = 4,517), and for other reasons outside of our eligibility criteria (e.g., not from a high income country, prior to 1997). Second stage full text systematic screening and coding of 2,537 remaining records produced a population of 193 studies (41 systematic reviews, 30 RCTs and 122 quasi-experiments) that met our review criteria plus an additional four systematic reviews that brought together a range of criminal justice interventions targeting DFV. This level of attrition is common in systematic reviews of evaluation evidence in the crime and justice arena, reflective of the dearth of high quality evaluations in criminal justice interventions in the world. Systematic reviews and/or meta-analyses (the most robust forms of evidence) were prioritised in the written syntheses of evidence.

Results

Police-Focused Responses

- 26 police-focused studies are included in the review; however, a number of police-led or police involved interventions were included as multi-/inter-agency responses.
- Higher staffing levels are linked to a lower risk of DFV homicide.
- The use of body worn cameras during DFV incidents and the collection of photographic evidence can positively impact court outcomes.
- Proactive policing practices showed promising results regarding victim understanding of violent behaviours, understanding of no-contact orders, and help-seeking behaviours.
- Mixed support is found for specialised domestic violence units.
- Conditional cautioning practices reduce the severity of subsequent crimes for offenders.
- Mandatory arrest policies are not associated with reductions in homicide or repeat victimisation. Evidence suggests that mandatory arrest can create further harm to victims, particularly for racial minorities.
- Police training in evidence-based practices do not increase the length of time officers spend with victims at DFV incidents or improve conviction rates.

Courts-Focused Responses

- 36 courts-focused studies are included in the review.
- Legal advocacy is associated with greater social support, better quality of life, reduced likelihood of further abuse, and greater access to community resources.
- Restorative justice approaches uncovered mixed results with some studies suggesting fewer emergency visits to home and improvements in perpetrator empathy and self-esteem.
- We found no evidence to support mandatory prosecution policies in terms of recidivist offending.
- The impact of judicial monitoring on batterer intervention attendance and completion is mixed and difficult to disentangle, as is the evidence on specialised domestic violence courts. The increased supervision of offenders in these interventions is often linked to higher rates of recidivism when drawing on official reports. However these findings may reflect an increased ability to detect recidivism rather than the intervention causing greater abuse.

Corrections-Focused Responses

- 58 corrections-focused studies are included in the review.

- Motivational interviewing techniques can increase offender motivation and readiness to change, increase program completion rates, and reduce domestic violence recidivism.
- Incarcerated batterers in therapeutic community programs are less likely to be rearrested and re-incarcerated than non-treated offenders.
- Treating concurrent risk factors – such as substance abuse problems – can help reduce reoffending.
- Batterer programs which draw on multiple frameworks such as Cognitive Behavioural Therapy and Duluth are associated with lower reconviction rates.
- Evidence was found to support specialised domestic violence probation programs.

Multi-agency/Inter-agency Responses

- 69 multi-/inter-agency studies are included in the review, with many involving police as intervention partners.
- Initiatives that pair police and victim advocates (other than second responder programs) were associated with increased service uptake, lower homicide rates and greater police contact.
- Second responder programs were not associated with a reduction in repeat victimisation. They did, however, appear to improve victim confidence in disclosing incidents to police.
- Multi-agency centres for victim support are shown to effectively assist victims of DFV and improve conviction rates.
- Legislative responses such as banning firearm possession for known DFV offenders is found to significantly decrease the number of DFV homicides by firearm.
- Death Review Boards are shown to be effective in implementing system change although they are not associated with reductions in DFV homicides.
- GPS monitoring of DFV offenders while on bail shows some promise in reducing the likelihood that offenders will enter exclusion zones of victim contact.
- Intensive bail supervision is an effective deterrent.

Concluding Observations

- This review only covers studies that include robust impact evaluations of criminal justice interventions that address DFV and met our other inclusion criteria. The review of impact evaluation studies does *not* include studies that offer research into the causes and correlates of DFV, process evaluations, or qualitative or exploratory studies about DFV.
- Of the 193 studies in our review, we identified a dearth of impact evaluation studies from Australia that met our eligibility criteria.

- The evidence gap maps have identified where we have quite a bit of knowledge and, at the same time, a range of significant absences of impact evaluation knowledge.
 - From our review of police responses to DFV, we know quite a bit about the backfire effects of mandatory arrest, yet we know very little about the impacts of conditional cautioning, risk assessment, police contact, proactive policing, quality of police investigative methods and sole versus dual arrest strategies in relation to DFV. We have some emerging promising evidence around the use of body worn cameras. We have very few studies with outcome measures such as self-reported recidivism, official victimization, perpetrator psycho-social indicators and practitioner outcomes. Most of the policing impact evaluations used official recidivism as the primary outcome measure.
 - From our review of court responses to DFV, we have quite a bit of mixed evidence on specialised DFV courts and restorative justice interventions. We know very little about legal advocacy, although what we do know appears promising. Most of the courts-focused impact evaluations used official recidivism, self-reported victimisation, victim psycho-social indicators and court processing measures as the primary outcome measures. We uncovered no studies about court interventions that used self-reported recidivism, death/homicide or practitioner outcomes to assess effectiveness.
 - From our review of correctional responses to DFV, we have quite a bit of evidence pertaining to various types of treatment approaches (including integrative, mind–body, Duluth and Cognitive Behavioural Therapy), but far less evidence around culturally sensitive, substance abuse and group therapeutic responses. More research is also needed around assessing the effectiveness of computerised interventions and risk–needs–responsivity. The corpus of corrections-focused studies presented a wide variety of outcome measures, yet focused heavily on official and self-reported recidivism as well as perpetrator and victim psycho-social outcomes. No studies included official victimisation or death/homicide as outcome measures.
 - From our review of multi-/inter-agency responses to DFV, we observed a wide range of outcome measures used to assess the effectiveness of interventions. The main outcome measures used were official recidivism and victim psycho-social indicators. Most of the evaluation evidence focused on interventions such as second responder

programs, partnerships around victim advocates, protection orders and multi-agency teams. Much less is known about effectiveness of practitioner training, Death Review Boards, victim help-seeking interventions, and multi-agency centres.

Recommendations

1. This review – particularly the Evidence and Gap Maps – provides a guide to policymakers to carefully plan and prioritise a program of evaluations of interventions of CJS responses to DFV in Queensland.
2. Police interventions that are worthwhile for further consideration and a priority for evaluation include
 - a. Programs that explicitly include follow up with DFV victims
 - b. Proactive policing interventions that increase victim understanding of violent behaviours, no-contact orders and help seeking options
 - c. Police use of body worn cameras during attendance at DFV incidents.
3. Court interventions that are worthwhile for further consideration and a priority for evaluation include
 - a. legal advocacy
 - b. enforcement of “no contact” orders
 - c. restorative justice
 - d. specialist and/or integrated DFV courts
4. Correctional interventions that are worthwhile for further consideration and a priority for evaluation include
 - a. Computerised delivery of suitable programs (such as WORTH and online courses for those under correctional orders)
 - b. Motivational interviewing accompanying various intervention programs (particularly therapeutic programs) to increase perpetrator participation and completion
 - c. Specialised probation programs
 - d. Substance abuse treatment programs for perpetrators
 - e. Integrative treatment and mind-body bridging programs
 - f. House of Hope (a therapeutic community program).
5. Multi-/Inter-agency interventions that are worthwhile for further consideration and a priority for evaluation include
 - a. Second responder programs, particularly given the mixed evidence for these programs

- b. Collaborative multi-agency teams and centres to support victim help seeking
 - c. GPS monitoring of DFV offenders while on bail
 - d. Intensive bail supervision
 - e. Electronic training for DFV responders about legislative reforms.
6. Across all criminal justice system responses to DFV, explore ways to include motivational interviewing into programs that target perpetrators as a way to increase perpetrator program participation and completion.
 7. Examine the impact of programs beyond physical violence and official recidivism to include clear outcome measures of coercive behaviour and control (such as respectful communication, control and the well-being of children) in measuring effectiveness of DFV interventions.
 8. Robust evaluations of DFV interventions with minority group representation (e.g. Aboriginal and Torres Strait Islander people) should be prioritised.
 9. DFV training of CJS practitioners, particularly using electronic and blended learning methods, is worthwhile for further testing and evaluating.

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List of Abbreviations

BMI	Brief Motivational Interview
BWC	Body Worn Camera
CARA	Cautioning and Relationship Abuse Workshop
CBT	Cognitive Behavioural Therapy
CCR	Community Coordinated Responses
CJS	Criminal Justice System
DAP	Domestic Abuse Program
DFV	Domestic and Family Violence
DFVDR	Domestic and Family Violence Death Review Board
DVHVI	Domestic Violence Home Visit Intervention
DVO	Domestic Violence Officer
DVU	Domestic Violence Unit
GPS	Global Positioning System
HIV	Human Immunodeficiency Virus
HOH	House of Hope
IMP	Individualised Motivational Plan
IPV	Intimate Partner Violence
JTC	Journey to Change
LAP	Lethality Assessment Program
MBB	Mind–Body Bridging
MilDVE	Milwaukee Domestic Violence Experiment
MDVE	Minneapolis Domestic Violence Experiment
MI	Motivational Interviewing
NCO	No Contact Order
ODARA	Ontario Domestic Assault Risk Assessment

PRISMA	Preferred Reporting Items of Systematic Reviews and Meta-Analyses
PTSD	Post-Traumatic Stress Disorder
RCT	Randomised Controlled Trial
RJ	Restorative Justice
SARA	Spousal Assault Risk Assessment
SBIP	Standard Batterer Intervention Program
SDVU	Specialised Domestic Violence Unit
SOCMI	Stages of Change Motivational Interviewing
SVRA-I	Spouse Violence Risk Assessment Inventory
TAC	Target Abuser Call
VIO	Voluntary intervention orders
WORTH	Computerised Women on the Road to Health

1 Introduction

Domestic and family violence (DFV) is a priority issue on political agendas across Australia, with bipartisan support at all levels of government seeking to identify and implement strategies that work to reduce domestic harms. Following the recognition of Rosie Batty as Australian of the Year in 2015, mentions of DFV in Australian media more than quadrupled from 2011 levels (Valentine & Breckenridge, 2016). This heightened media coverage has put a spotlight on DFV issues, raising public awareness and, in turn, placing criminal justice agencies under considerable scrutiny (Angus, 2015; Special Taskforce on Domestic and Family Violence in Queensland [Special Taskforce], 2015). With each DFV-related death come questions regarding the adequacy of current criminal justice responses. In reviewing the system's failings, research points to a lack of victim engagement with criminal justice services and a failure by the criminal justice system (CJS) to identify and effectively treat DFV perpetrators (Special Taskforce, 2015). In response to these shortcomings, criminal justice agencies in Australia and abroad have implemented and evaluated a range of interventions targeting DFV. However, there is inconsistent evidence that criminal justice responses to DFV prevent recidivism, facilitate offender rehabilitation, improve identification of DFV-related cases or enhance victim engagement and satisfaction with the criminal justice system.

1.1 Domestic Violence in Queensland

In Queensland, DFV is legally defined as behaviour within a relevant relationship that is physically, sexually, emotionally, psychologically or economically abusive, threatening, coercive or controlling (*Domestic and Family Violence Protection Act 2012* s. 8). Compared to the Act first established in 1989, the definition of “relevant relationship” is now more inclusive and covers an intimate personal relationship between persons of any gender, as well as family relationships and informal care relationships (s.13). Thus, the range of behaviour and relationships classified as DFV in Queensland is relatively broad compared to jurisdictions overseas.

DFV is a significant problem in Queensland. In the last year, Queensland's state-wide telephone support service, DVConnect (2018) fielded 101,050 calls from women and 7,448 calls from men; assisted 8,444 women and children into emergency accommodation; and placed 5,040 women and children into refuge or shelters. In the decade from 2006–07 to 2016–17, 150 intimate partner homicides and 110 family homicides occurred within the state,

with 17 taking place in the last financial year (Domestic and Family Violence Death Review and Advisory Board, 2017). Since its commencement under the Criminal Code (s. 315A) in May 2016, over 800 individuals in Queensland have been charged with choking, suffocation or strangulation in a domestic setting (Queensland Police Service, 2017, p. 57). A number of victims have formally sought protection, with 32,074 originating applications for domestic violence protection orders made in the 2016–2017 financial year (Queensland Courts, 2017, p. 21).

Legal and criminal justice responses are a key component of a systems response to DFV because both victims and perpetrators of DFV frequently engage with the criminal justice system (Domestic and Family Violence Death Review and Advisory Board, 2017; Queensland Courts, 2017; Queensland Police Service, 2017; Special Taskforce, 2015). Yet, not all individuals involved in a DFV relationship use relevant services. Of the 124 domestic and family homicides that occurred in Queensland between 2011 and 2015, there was no reported history of service system contact in one-third (33.3%) of cases (Domestic and Family Violence Death Review and Advisory Board, 2017, p. 41). It is thus clear that CJS responses to DFV in Queensland must continue to strive to both increase victim engagement with the relevant services and more effectively identify and treat DFV perpetrators.

1.2 Improving Responses to DFV in Australia

At both the State and Commonwealth levels of government in Australia, policymakers and practitioners are engaging in the DFV reform agenda, drawing extensively from community and expert consultation, and emphasising the importance of continued evidence-based practice. At the national level, the Council of Australian Governments (2011) released *The National Plan to Reduce Violence against Women and their Children 2010–2022*, representing one of the first attempts to coordinate action across jurisdictions. In 2010, the Australian Law Reform Commission published *Family Violence – A National Legal Response*, recommending the improvement of legal frameworks and practice. More recently, the Victorian Royal Commission into Family Violence argued for long-term reform of systemic responses to DFV. Specifically, the Commission (2016) highlighted the legal and criminal justice systems, among others, as locations in which to develop and refine effective perpetrator interventions. The Commission’s report also emphasised the need to “[move] beyond a crisis response” (2016, p. 11) in order to implement effective prevention, early intervention, and recovery programs.

Queensland is also deeply engaged in DFV reform. The *Domestic and Family Violence Protection Act 2012* featured major amendments to the definition of DFV, emphasising greater protection for victims and increased penalties for offenders (Special Taskforce, 2015, p. 67). Further, a landmark report by the Special Taskforce on Domestic and Family Violence in Queensland (2015) identified significant gaps in domestic violence services across the state. The report, titled *Not Now, Not Ever*, stressed that DFV services in Queensland must be *effective*, stating:

Until the vision of a Queensland free from domestic and family violence can be realised, the support services and justice systems must grow and evolve to provide better protection, more comprehensive support and strong accountability to victims and perpetrators. (Special Taskforce, 2015, p. 8)

The Taskforce also highlighted concerns by DFV survivors and service providers that there were significant gaps in Queensland services, including a “general lack of a unified or coordinated response” (2015, p. 11), and argued for an integrated services approach in order to more adequately address the complex needs of DFV victims and perpetrators.

1.3 Why Take an Evidence-Based Approach to DFV?

Central to the principles of evidence-based policy and practice is the prioritisation of high quality scientific evaluation research over non-scientific sources – such as intuition, anecdotal evidence or public opinion – to shape effective policies and practices that reduce harms (Corvo, Dutton, & Chen, 2008; Latessa, Cullen, & Gendreau, 2002; MacKenzie, 2000, 2001, 2013; Taxman & Belenko, 2006). Program effectiveness is considered quantifiable and measured through clearly defined outcomes. In the DFV literature, these outcomes generally include reducing the incidence of recidivism among DFV perpetrators, improving offender coping mechanisms, increasing victim engagement with reporting and services, and enhancing staff competency in managing victims. Given finite resources and budgeting constraints, an evidence-based approach allows criminal justice decision makers to allocate funding to programs and practices shown to work over programs without empirical support (Taxman & Belenko, 2006; Weisburd, Farrington, & Gill, 2016). An evidence-based approach is thus cost effective because it both improves efficiencies within the criminal justice system and reduces the costs associated with crime.

Determining whether a program is effective or harmful (or makes no difference) is difficult without high quality evaluations. High quality impact evaluations are generally defined as

randomised controlled trials (RCTs) or strong quasi-experimental studies with balanced comparison groups. In their systematic review of batterer interventions, Feder and Wilson (2005) noted differential effects in study findings when comparing high quality and weak research designs. The authors noted that the included quasi-experimental studies used problematic assignment techniques, either comparing offenders mandated to treatment versus voluntary attendees, or treatment completers with treatment drop-outs. The findings drawn from lower quality methodologies are likely confounded, notably by systematic differences in offence severity and offender motivation to change between experimental and control conditions.

The evidence generated from high quality evaluations is valuable because even well-intended interventions with a strong theoretical framework have the potential to cause harm (Cullen, Jonson, & Nagin, 2011; McCord, 2003; MacKenzie, 2012). Indeed, interventions may lead to unintended consequences and give rise to iatrogenic effects (Braga & Weisburd, 2012; Cullen et al., 2011; McCord, 2003). For DFV interventions, negative repercussions could range from inciting recidivist behaviour to causing further psychological distress for victims. With this in mind, Davis, Weisburd and Hamilton (2010, p. 413) argued that "... it is not enough to design something that *should* create positive outcomes, it is also necessary to verify empirically that the logic model is correct and the program really does have the benefits that were intended." Given the potential for interventions to cause harm if misdirected, MacKenzie (2013, p.2) contended that governments and policymakers have a moral obligation to make sure they "get it right". Thus, evaluations of interventions prior to the widespread rollout of a program ensures that policymakers are not only confident in the likelihood of success, but also in the unlikelihood of harm.

1.4 Challenges with Evidence-Based Practice within Domestic and Family Violence Responses

Domestic violence scholars are far from agreement on what drives domestic violence perpetrators, with two distinct and opposing views on the cause and nature of domestic violence. The societal perspective (also known as the feminist or gender asymmetric perspective) broadly views patriarchy and men's subordination of women as the primary cause of intimate partner violence (IPV) (Dobash & Dobash, 1977; Ferraro, 2017; Johnson, 1995). Researchers and practitioners who take a gendered view of DFV point towards higher victimisation rates and more serious outcomes for female victims of DFV and argue that IPV is overwhelmingly perpetrated by men against their female partners (Dobash & Dobash,

1977; Ferraro, 2017; Johnson, 1995, 2008). Notably, these researchers are typically concerned with intimate partner violence rather than broader DFV such as violence between siblings (Johnson, 1995). Due to their view that the cause of IPV is societal sexism/patriarchy, interventions informed by this perspective aim to address perpetrators' violence within a feminist framework and are largely focused on IPV. Conversely, the family violence perspective (also referred to as the gender symmetric or individualist perspective) argues that DFV is not a gendered phenomenon because men and women perpetrate equal rates of violence (Ferraro, 2017; Gelles, 1974; Johnson, 1995; Straus, 1971). Rather than societal causes, they theorise that DFV is caused by the same factors that contribute to general offending (for example, stress, low socioeconomic status and financial strain, interpersonal conflict, and psychopathology) (Gelles, 1974; Johnson, 1995; Straus, 1971). Interventions informed by an individualistic framework therefore focus on treating perceived causal issues such as psychopathologies.

Scholars are also divided on whether DFV is a general or a specialist offence. Many DFV interventions are designed to address only perpetrators' domestic violence and assume that this behaviour is "qualitatively different" to other kinds of violence (Radatz & Wright, 2016). Yet studies have found that very few DFV perpetrators "specialise" in DFV; they have other criminal histories (see Piquero, Brame, Fagan, & Moffitt, 2006; Richards, Jennings, Tomsich, & Gover, 2013). This suggests that "... programming practices that work with general offenders may also apply to DV offenders" (Radatz & Wright, 2016, p. 73) and that targeting DFV behaviour alone may be insufficient.

A number of practical difficulties also exist with engaging DFV perpetrators and victims with criminal justice interventions in Queensland. The underreporting of DFV to criminal justice authorities is a significant barrier to engagement. Australian estimates indicate that fewer than half of all DFV victims report to the police (Grech & Burgess, 2011; Morgan & Chadwick, 2009). There are several reasons why victims fail to report, including societal, cultural and personal attitudes; perceived stigma, including embarrassment; fear of the perpetrator; not wanting to separate; and not realising that the incident counts as abuse, or believing it is too minor (Morgan & Chadwick, 2009; National Council to Reduce Violence against Women and their Children [NCRVWC], 2009; Special Taskforce, 2015).

Societal, cultural and personal stigma also impact police and other criminal justice professionals' attitudes towards DFV. Police officers in particular historically have received

criticism for not viewing DFV as a serious crime (NSW Ombudsman, 2006; Phillips & Vandenbroek, 2014). Yet police must respond effectively to DFV because, for victims and perpetrators who do interact with the police, they play a critical role in ensuring immediate and long-term victim and community safety, and in holding perpetrators accountable (Marcus, 2009). While best practice policing can therefore be an effective response to DFV in and of itself, policing outcomes can also facilitate victim and perpetrators' access to criminal justice interventions at the court and corrections stages.

The most common sanction for DFV in many jurisdictions is a protection order within the civil legal system (Douglas, 2008). There are clear benefits to this approach. For example, civil laws are easier for victims to access than criminal laws and can protect victims reluctant to bring criminal charges against perpetrators (Jordan, Pritchard, Wilcox, & Duckett-Pritchard, 2008). However, this means that DFV offenders in Queensland are not commonly involved with criminal law in the first instance, which can present a barrier to program access for perpetrators. Together, these challenges add an extra layer of complexity to administering evidence-based responses to target DFV.

1.5 Report Overview

This report provides a systematic and comprehensive review of the evaluation evidence base focusing on CJS responses to DFV. The review covers over two decades of evaluation research and spans policing, courts and correctional responses (including multi and inter-agency responses that include at least one criminal justice agency). We include, for example, studies where criminal justice agencies work with other branches of the system or other agencies (for example, health) to address DFV. In the next chapter, we describe the review methodology, detailing the search strategy, eligibility criteria and the proposed thematic coding of criminal justice interventions for DFV.

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2 Review Methodology

2.1 Introduction

The criminal justice trend towards taking an evidence-based practice approach to policy and practice (Blumstein, 2013; Meares & Barnes, 2010; Sutton & Cherney, 2007) has coincided with a concomitant growth in experimental research and systematic reviews that aim to identify best practice (e.g., see Farrington & Welsh, 2005; Mazerolle & Bennett, 2011; Sherman, Farrington, Welsh, & MacKenzie, 2006; Weisburd, Farrington, & Gill, 2016). In 2000, the Campbell Collaboration Crime and Justice Group was formed and continues to serve as the international peak body for supporting and disseminating systematic reviews regarding the effectiveness of criminal justice interventions (Higginson & Eggin, forthcoming; www.campbellcollaboration.org). In recent decades, scholars and practitioners have also formed specialist academies and organisations (e.g., the Academy of Experimental Criminology, Societies of Evidence Based Policing), and developed innovative web-based tools and repositories (e.g., CrimeSolutions.gov, <http://whatworks.college.police.uk/toolkit/Pages/Toolkit.aspx>) to further support the evidence-based policy and practice movement.

Randomised experiments and systematic reviews are generally – although not universally (see for example a contested perspective on evaluation “evidence” in Head, 2016) – viewed as the pinnacle of evidence-based policy and practice (Welsh & Farrington, 2007). Randomised experiments are known as the “gold standard” evaluation design for establishing causality and the impact of an intervention (Blumstein, 2013). Systematic reviews of interventions, which may or may not include a meta-analysis, build on this evidence by using a series of standardised methodological stages to gather and synthesise impact evaluations of interventions (Liberati et al., 2009). Systematic reviews provide a concise, yet comprehensive and robust summary, of high-quality research evidence and are valuable tools for policymakers and practitioners aiming to identify interventions that are most effective for particular problems and populations (Wilson & Tanner-Smith, 2014).

While systematic reviews are considered the highest quality evidence, they are time- and labour-intensive. As a result, scholars have developed alternative review methodologies to allow for expedited syntheses of empirical literature, including reviews of existing systematic reviews, overviews of reviews, scoping reviews, evidence maps, and rapid reviews (Arksey & O’Malley, 2005; Levac, Colquhoun, & O’Brien, 2010; Snilstveit, Vojtkova, Bhavsar, Stevenson, & Gaarder, 2016). The review contained in this report, conducted for the Domestic and Family Violence Death Review and Advisory Board, adopts a hybrid review approach that draws on a range of review

method frameworks. The overall aim is to provide a rapid and broad synthesis of the highest quality available evidence for the effectiveness of criminal justice responses to DFV.

2.2 Review Methodology

This review adopts a hybrid review approach that draws on traditional systematic review methodologies and also alternative review methodologies that permit expedited reviews of evaluation literature (Arksey & O'Malley, 2005; Levac et al., 2010; Snilstveit et al., 2016). The initial stages of the review process used a standard systematic review methodology that entailed a broad systematic search of academic and grey literature (unpublished) sources. All studies identified by the systematic search were then progressed through standardised sequential screening stages to ascertain whether each study met our pre-specified inclusion criteria. At the point of inclusion, studies were then categorised to establish the breadth and depth of the evaluation literature. Thresholds and synthesis approaches were then used to adhere to the scope and purpose of the review. From the point of study categorisation, this review adopted a scoping and gap-map approach for synthesising the included studies. Specifically, the overall number of systematic reviews, randomised control trials, and strong quasi-experimental studies were reported within each substantive content section. Within each of these overall substantive content sections – corresponding to arms of the criminal justice system – eligible evaluation studies were then qualitatively synthesised within smaller and more meaningful categories according to the intervention approach, population and outcomes.

2.3 Search Methodology

Search Locations

We searched a range of sources to identify studies for this review, including (a) criminal justice focused databases built using systematic search and screening methodologies, (b) literature repositories, websites and databases focused on criminal justice and DFV, (c) peer-reviewed criminal justice journals, and (d) forward citation searching of existing reviews. This approach ensured that both peer-reviewed and grey literature were included in the review, which is critical for providing an unbiased synthesis of evaluation research (Wilson, 2009). Table 2.1 provides a summary of the search locations for the review.

Table 2.1 Review search locations

Source Type	List of Sources
Corrections-focused database built at University of Queensland	<p>This database was built using a systematic search and screening methodology to compile a rapid review of evaluation evidence in the area of corrections (Sydes, Eggins, & Mazerolle, 2018). The database provides coverage of the following search locations:</p> <ul style="list-style-type: none"> • crimesolutions.gov (Corrections & Re-Entry section) • Her Majesty’s Prison and Probation Service • Prison Research Centre • Correctional Service Canada • New Zealand Corrective Services • Victorian Corrections, Prisons and Parole • New South Wales Corrective Services • Centre for Advancing Correctional Excellence • Rand Institute (Courts and Corrections) • National Institute of Corrections • Publications by members of the American Society of Criminology Division on Corrections and Sentencing • Journal of Experimental Criminology • Punishment and Society (Journal) • Prison Journal • International Journal of Offender Therapy & Comparative Criminology • Australian Institute of Criminology • Campbell Collaboration Library of Systematic Reviews • Netherland’s Ministry of Justice and Security’s Review of Reviews • Urban Institute • What Works Toolkit
Global Policing Database	<p>The Global Policing Database (GPD) is a web-based and searchable database designed to capture all published and unpublished experimental and quasi-experimental evaluations of policing interventions conducted since 1950. Using innovative systematic review technologies developed at The University of Queensland, the GPD is being compiled by systematically searching, retrieving and screening published and unpublished literature that reports on impact evaluations of policing interventions from 1 January 1950. There are no restrictions on the type of policing technique, type of outcome measure or language of the research. A complex search string using a large number of search terms (free-text and controlled vocabulary) and several search fields (e.g., title, abstract, keywords) has been used to search more than 50 academic databases (see www.gpd.uq.edu.au for a full methodological protocol).</p>
DFV research repositories	<ul style="list-style-type: none"> • Court websites for all Australian States and Territories • Australia’s National Research Organisation for Women’s Safety (ANROWS) • Australian Domestic & Family Violence Clearinghouse • Centre for Gender Violence Research

Source Type	List of Sources
	<ul style="list-style-type: none"> • Centre for Research on Families and Relationships • Centre for the Study of Social and Legal Responses to Violence • Family & Community Services – Women NSW • National Domestic and Family Violence Bench Book • National Resource Centre on Domestic Violence • Queensland Centre for Domestic and Family Violence Research (QCDFVR) • Australian Institute of Family Studies • White Ribbon Policy and Research Series
Criminal justice research repositories	<ul style="list-style-type: none"> • Aurora Research Institute • Australian Institute of Criminology • Centre for Court Innovation • CrimeSolutions.gov (Courts, Crime & Crime Prevention, Law Enforcement, Victims & Victimization categories) • Criminal Justice • Research and Education Solutions to Violence and Abuse (RESOLVE) – Alberta, Manitoba, Saskatchewan • Violence Prevention • What Works Crime Reduction Toolkit
Existing reviews used for forward citation searching	<p><i>Existing reviews forward citation searched from Campbell Collaboration:</i></p> <ul style="list-style-type: none"> • Davis, R., Weisburd, D., & Taylor, B. (2008). Effects of second responder programs on repeat incidents of domestic violence: A systematic review. • De La Rue, L., Polanin, J., Espelage, D., & Pigott, T. (2014). School-based interventions to reduce dating and sexual violence: A systematic review. • Feder, L., Wilson, D. B., & Austin, S. (2008). Court-mandated interventions for individuals convicted of domestic violence. • Fellmeth, G. L., Heffernan, C., Nurse, J., Habibula, S., & Sethi, D. (2013). Educational and skills-based interventions for preventing relationship and dating violence in adolescents and young adults. A systematic review. • Rivas, C., Ramsay, J., Sadowski, L., Davidson, L. L., Dunne, D., Eldridge, S., . . . Feder, G. (2015). Advocacy interventions to reduce or eliminate violence and promote the physical and psychosocial well-being of women who experience intimate partner abuse. • Smedslund, G., Dalsbø, T. K., Steiro, A., Winsvold, A., & Clench-Aas, J. (2007). Cognitive behavioural therapy for men who physically abuse their female partner. <p><i>Existing reviews forward citation searched from Cochrane Collaboration:</i></p> <ul style="list-style-type: none"> • Coulthard, P., Yong, S. L., Adamson, L., Warburton, A., Worthington, H. V., Esposito, M., & Sharif, M. O. (2015).

Source Type	List of Sources
	<p>Domestic violence screening and intervention programs for adults with dental or facial injury.</p> <ul style="list-style-type: none"> • Jahanfar, S., Howard, L. M., & Medley, N. (2014). Interventions for preventing or reducing domestic violence against pregnant women. • O’Doherty, L., Hegarty, K., Ramsay, J., Davidson, L. L., Feder, G., & Taft, A. (2015). Screening women for intimate partner violence in healthcare settings. • Rivas, C., Ramsay, J., Sadowski, L., Davidson, L. L., Dunne, D., Eldridge, S., . . . Feder, G. (2015). Advocacy interventions to reduce or eliminate violence and promote the physical and psychosocial well-being of women who experience intimate partner abuse. • Smedslund, G., Dalsbø, T. K., Steiro, A., Winsvold, A., & Clench-Aas, J. (2007). Cognitive behavioural therapy for men who physically abuse their female partner.
Academic databases	<ul style="list-style-type: none"> • Criminal Justice Abstracts • PsycINFO • Scopus • Web of Science
Peer-reviewed academic journals	<ul style="list-style-type: none"> • Administrative Law Review • Aggression and Violent Behaviour • American Criminal Law Review • American Journal of Comparative Law • American Journal of International Law • American Journal of Law & Medicine • American Law and Economics Review • Annual Review of Law and Social Science • Asia Pacific Law Review • Asian Journal of WTO & International Health Law and Policy • Australian and New Zealand Journal of Criminology • Behavioural Sciences & The Law • Boston University Law Review • British Journal of Criminology • Buffalo Law Review • California Law Review • Cambridge Law Journal • Canadian Journal of Criminology and Criminal Justice • Catholic University Law Review • Columbia Journal of Law and Social Problems • Columbia Journal of Transnational Law • Columbia Law Review • Computer Law & Security Review • Cornell International Law Journal

Source Type	List of Sources
	<ul style="list-style-type: none"> • Cornell Law Review • Crime & Delinquency • Crime and Justice: A Review of Research • Crime Law and Social Change • Criminal Behaviour and Mental Health • Criminal Justice and Behaviour • Criminology • Criminology & Criminal Justice • Criminology & Public Policy • Critical Criminology • Current Legal Problems • Denver Law Review • Denver University Law Review • Deviant Behaviour • Duke Law Journal • European Journal of Criminology • European Journal of International Law • European Journal of Law and Economics • European Journal of Psychology Applied to Legal Context • European Journal on Criminal Policy and Research • European Law Journal • European Law Review • Family Law Quarterly • Feminist Criminology • Feminist Legal Studies • Fordham Law Review • George Washington Law Review • Georgetown Law Journal • Hague Journal on the Rule of Law • Harvard Civil Rights-Civil Liberties Law Review • Harvard International Law Journal • Harvard Journal of Law and Public Policy • Harvard Journal on Legislation • Harvard Law Review • Hastings Law Journal • Homicide Studies • Hong Kong Law Journal • Indiana Law Journal • International & Comparative Law Quarterly • International Journal of Forensic Mental Health • International Journal of Law and Psychiatry • International Journal of Law Crime and Justice • International Journal of Law Policy and the Family • International Journal of Speech Language and the Law

Source Type	List of Sources
	<ul style="list-style-type: none"> • International Journal of Transitional Justice • International Review of Law and Economics • International Review of the Red Cross • Iowa Law Review • Issues in Law & Medicine • Journal of Aggression Maltreatment & Trauma • Journal of Contemporary Criminal Justice • Journal of Criminal Justice • Journal of Criminal Law & Criminology • Journal of East Asia and International Law • Journal of Empirical Legal Studies • Journal of Forensic Nursing • Journal of Forensic Practice • Journal of Forensic Psychiatry • Journal of Forensic Psychiatry & Psychology • Journal of Forensic Psychology Practice • Journal of International Criminal Justice • Journal of Interpersonal Violence • Journal of Investigative Psychology and Offender Profiling • Journal of Law & Economics • Journal of Law & Society • Journal of Law and Courts • Journal of Law And Medicine • Journal of Law and Social Deviance • Journal of Law Medicine & Ethics • Journal of Legal Analysis • Journal of Legal Education • Journal of Legal Medicine • Journal of Legal Studies • Journal of Quantitative Criminology • Journal of Research In Crime and Delinquency • Journal of Sexual Aggression • Journal of the American Academy of Psychiatry and the Law • Justice Quarterly • Justice System Journal • Juvenile and Family Court Journal • Law & Policy • Law & Society Review • Law and Human Behaviour • Law and Social Inquiry-Journal of the American Bar Foundation • Law Probability & Risk • Legal and Criminological Psychology • Legal Studies • Leiden Journal of International Law

Source Type	List of Sources
	<ul style="list-style-type: none"> • Medical Law Review • Medicine Science and the Law • Melbourne University Law Review • Michigan Law Review • Military Law Review • Minnesota Law Review • Modern Law Review • Netherlands Quarterly of Human Rights • New York University Law Review • Northwestern Journal of International Law & Business • Northwestern University Law Review • Notre Dame Law Review • Oxford Journal of Legal Studies • Police Practice and Research • Police Quarterly • Policing & Society • Policing: An International Journal of Police Strategies & Management • Psychiatry Psychology and Law • Psychology Crime & Law • Psychology of Violence • Psychology Public Policy and Law • Regulation & Governance • Review of Central and East European Law • Rutgers Law Review • Rutgers University Law Review • Scandinavian Journal of Forensic Science • Securities Regulation Law Journal • Security Journal • Sexual Abuse: A Journal of Research and Treatment • Social & Legal Studies • South African Journal on Human Rights • Southern California Law Review • Stanford Journal of International Law • Stanford Law Review • Supreme Court Review • Texas Law Review • Trauma Violence & Abuse • UCLA Law Review • University of Chicago Law Review • University of Illinois Law Review • University of Pennsylvania Journal of International Law • University of Pennsylvania Law Review • University of Pittsburgh Law Review

Source Type	List of Sources
	<ul style="list-style-type: none"> • Vanderbilt Law Review • Violence and Victims • Virginia Law Review • Washington Law Review • Washington Quarterly • Wisconsin Law Review • Yale Law Journal • Youth Violence and Juvenile Justice

Search Terms

We developed a wide range of search terms to capture relevant literature for the review. Search terms focused on the content area (DFV) and evaluation/intervention. Due to the variation in the functioning of search locations, some adaptations of the search were required. Table 2.2 lists the search terms used for the review, which are mapped to the search locations in Table 2.3.

Table 2.2 Review search terms

DFV Terms	Evaluation and Intervention Terms	Review Design Terms
<u>Single Terms:</u> aggressor* batter* "coercive control" femicide infanticide "intimate terrorism" "violence against women" "violent control" "violent resistance" <u>Proximity Strings:</u> (couple* NEAR/3 (abus* OR assault* OR attack* OR chok* OR death OR beating* OR beater* OR "grievous bodily harm" OR homicid* OR lethal* OR murder* OR manslaughter* OR "serious injur*" OR shoot* OR stab* OR strangl* OR strangul* OR weapon*)) (domestic* NEAR/3 (abus* OR assault* OR attack* OR chok* OR death OR beating* OR beater* OR "grievous bodily harm" OR homicid* OR lethal* OR murder* OR manslaughter* OR "serious injur*" OR	comparison condition* comparison group* control condition* control group* effective* efficacy eval* experiment* intervent* matched group program* propensity score* quantitative quasi-experiment* quasi experiment* random* RCT treatment* trial*	systematic search* review* meta-anal* meta anal* <u>Search String:</u> ((systematic AND (search* OR review*)) OR (meta-anal* OR "meta anal*"))

DFV Terms	Evaluation and Intervention Terms	Review Design Terms
<p>shoot* OR stab* OR strangl* OR strangul* OR weapon*)</p> <p>(famil* NEAR/3 (abus* OR assault* OR attack* OR chok* OR death OR beating* OR beater* OR "grievous bodily harm" OR homicid* OR lethal* OR murder* OR manslaughter* OR "serious injur*" OR shoot* OR stab* OR strangl* OR strangul* OR weapon*))</p> <p>(partner* NEAR/3 (abus* OR assault* OR attack* OR chok* OR death OR beating* OR beater* OR "grievous bodily harm" OR homicid* OR lethal* OR murder* OR manslaughter* OR "serious injur*" OR shoot* OR stab* OR strangl* OR strangul* OR weapon*))</p> <p>(spous* NEAR/3 (abus* OR assault* OR attack* OR chok* OR death OR beating* OR beater* OR "grievous bodily harm" OR homicid* OR lethal* OR murder* OR manslaughter* OR "serious injur*" OR shoot* OR stab* OR strangl* OR strangul* OR weapon*))</p>		

Table 2.3 Summary of search approach

Search Location	Search Approach
Corrections-focused database built at University of Queensland	On Title and Abstract fields for all records imported into database (prior to corrections-focused screening): <i>DFV Terms AND (Evaluation Terms OR Review Terms)</i>
Global Policing Database	On Title and Abstract field for all records imported screened as relevant to policing: <i>DFV Terms AND (Evaluation Terms OR Review Terms)</i>
DFV research repositories	All research documents on each website were screened for reporting of an intervention. Documents potentially reporting on an intervention were imported into <i>SysReview</i> for additional screening.

Search Location	Search Approach
Criminal justice research repositories	All research documents on each website were screened for relevance to DFV. Documents reporting on DFV were imported into <i>SysReview</i> for additional screening.
Existing reviews used for forward citation searching	Using GoogleScholar, all cited studies were identified and imported into <i>SysReview</i> .
Academic databases	On Title, Abstract and Key Word fields: <i>DFV Terms AND Review Terms</i>
Peer-reviewed academic journals	On Title, Abstract and Key Word fields: <i>DFV Terms AND Evaluation Terms</i>

2.4 Criteria for Including Studies in the Review

To be included in this review, each document must have satisfied all inclusion criteria, which are outlined in the subsections below.

Research Timeframe

To provide the most up-to-date synthesis of literature pertaining to criminal justice responses to DFV, only studies that (a) were published from January 1997 through to December 2017, and (b) reported on impact evaluations conducted from January 1997 through to December 2017 were included in the review.

Geographical Settings

Systemic differences across cultures can considerably impact the capacity to extrapolate from the findings of intervention research. Therefore, the review only included impact evaluations of criminal justice responses to DFV that were conducted in high-income countries, as defined by the World Bank (2017).

Population

To provide a comprehensive synthesis of the literature pertaining to the two focal research questions, specific populations were considered eligible for the review. Eligible participants within intervention studies or reviews include

1. Criminal justice practitioners (police, courts, corrections);
2. Domestic and family violence victims (all ages and genders);
3. Domestic and family violence perpetrators (all ages and genders).

Types of Interventions

To be eligible for inclusion in the review, each document must have reported on an impact evaluation of a criminal justice intervention aiming to address domestic and/or family violence. We define an intervention as some kind of a strategy, technique, approach, activity, campaign, training, directive, or funding or organisational change that involves the criminal justice system in some way (other agencies or organisations can also be involved).

Criminal justice system involvement is broadly defined as:

- Criminal justice system initiation, development or leadership; or
- Criminal justice system staff or populations are recipients of the intervention or the intervention is related; or
- Criminal justice system practices are the focus or target of an intervention; or
- The criminal justice system delivers or implements the intervention.

Types of Study Designs

To synthesise the most rigorous research, the review included a select range of research designs to allow for reliable conclusions about intervention effectiveness. Specifically, systematic reviews and randomised experiments were prioritised for syntheses, because these designs are considered the gold standard for ascertaining intervention effectiveness. Eligible comparison conditions/groups include no treatment, placebo, “business-as-usual”, waitlist control, or an alternative treatment.

While other research designs are less robust, they are often used due to the difficulties associated with conducting RCTs in criminal justice settings (Weisburd, 2000). In the absence of RCT evidence, “strong” quasi-experiments that attempt to minimise threats to internal validity can be used to provide preliminary causal evidence for the effectiveness of an intervention (see Farrington, 2003; Shadish, Cook, & Campbell, 2002). Threats to internal validity can be reduced through various approaches including matching the characteristics of the treatment and comparison groups, controlling assignment of cases to treatment and comparison groups (regression discontinuity), or using difference-in-difference analyses (parallel cohorts with pre-test and post-test measures).

Therefore, while our narrative syntheses in this report prioritises the evidence from systematic reviews and RCTs, the narrative summaries also include a synthesis of strong quasi-experimental evidence in the relevant review theme. As such, our review includes studies using the following methodologies:

- Systematic reviews (with or without meta-analyses)
- RCTs

- Matched control group designs with pre- and post-intervention measures (propensity or statistically matched)
- Matched control group designs without pre-intervention baseline measures (propensity or statistically matched)
- Unmatched control group designs with pre- and post-intervention measures
- Unmatched control group designs without pre-intervention baseline measures
- Regression discontinuity designs
- Cross-over designs.

Criteria for Determination of Independent Findings

We anticipated that the results from evaluation studies would be reported within multiple documents. At full-text coding stage, these multiple documents were grouped together, coded and synthesised as one study.

2.5 Screening and Coding Process

We exported all search results into EndNote (reference management software) and then imported them into *SysReview*, a Microsoft Access database designed for managing systematic reviews (Higginson & Neville, 2014). Prior to screening, we removed ineligible document types (e.g., book reviews) and duplicate records. The subsections below provide a summary of the screening and coding protocol followed for the review.

Title and Abstract Screening

To refine the corpus of documents prior to more intensive full-text eligibility screening and coding stages, all records were screened on title and abstract to determine their initial eligibility and relevancy to criminal justice responses for DFV. Trained research staff used a standardised screening companion to screen each record according to the following criteria:

- Document is an eligible document type
- Document is unique (i.e., not a duplicate)
- Document is dated between 1997 and 2017
- Document is focused on a high-income country
- Document is focused on criminal justice responses to DFV.

Documents were excluded if the answer to any one of the criteria was unequivocally *No* on the first applicable criterion, and were classified as potentially eligible otherwise. Potentially eligible documents then progressed to the full-text eligibility screening stage.

Full-Text Eligibility Screening

Wherever possible, a full-text electronic version was obtained for all eligible records. Trained research staff screened the full-text of each document in a two-stage screening process, using a standardised screening companion according to criteria listed below.

Stage 1 Full-Text Eligibility Screening Criteria

- Document is an eligible document type
- Document is unique (i.e. not a duplicate)
- Document and intervention are dated between 1997 and 2017
- Intervention under evaluation is conducted in a high-income country
- Document contains a bivariate or multivariate quantitative comparison.

Stage 2 Full-Text Eligibility Screening Criteria

- Document reports on a quantitative impact evaluation of a criminal justice response to DFV
- Document evaluates the intervention using an eligible research design.

Similar to the title and abstract screening stage, documents were excluded if the answer to any one of the criteria was unequivocally *No* on the first applicable criterion, and were classified as eligible for full-text coding and syntheses otherwise.

Full-Text Coding

A team of trained research assistants first categorised eligible studies from the full-text screening stage into broad review themes aligned with the arms of the criminal justice system and whether the focus of the study was (a) perpetrators, (b) victims, (c) a combination of perpetrators and victims, or (d) other (e.g., practitioners). Each eligible study was then coded according to standardised guidelines to assist with qualitative syntheses within each review theme. Specifically, data were extracted for each study according to the following domains:

- Citation information (type of document, publication date, authors etc.)
- Type of criminal justice intervention
- Research design (including comparison condition)
- Geographical location of the intervention
- Intervention description (e.g. setting, focus, treatment components, intensity)
- Type of participants used to evaluate the intervention
- Type of outcome measure(s) used to evaluate the intervention
- Description of study findings.

Evidence and Gap Maps

Evidence and gap maps are a tool through which to systematically and visually present rigorous research evidence for a particular topic (Campbell Collaboration, 2018). For this report, we have created one evidence and gap map for each of the arms of the criminal justice system, as synthesised by the four chapters: policing, courts, corrections, and interventions involving multiple agencies. These maps visualise the primary outcome variables measured for each intervention category via dots on the graph where the outcome and intervention intersect. The size of the dot indicates how many studies have been measured for the outcome and intervention; small dots represent one study, medium dots represent two or three studies, and large dots represent four to seven studies. The colours of the dots are meaningless (in this context) and are coded purely to aid in differentiating outcome categories. Gaps in the maps show where certain outcomes have not been used to measure the effectiveness of interventions, and thus emphasise the need for further research.

To construct the evidence and gap maps, data were coded and then plotted on a bubble graph in Microsoft Excel. The intervention categories were coded as they appear in this report, such that the chapter sections match the maps. We coded nine outcomes, defined in Table 2.4, which capture the most commonly used measures within the criminal justice and criminology literature. There were studies that were not included in the evidence and gap maps because they reported obscure outcome measures. We note these exclusions in each chapter summary.

Table 2.4 Broad outcome measure categories

Outcome	Description
Official Recidivism	Data from police, court, government, corrections, or community records and databases. This may measure arrest, reoffending, or criminal history records.
Self-reported recidivism	Self-reported occurrences of violence or coercion against a victim. This may also include the number of interactions (e.g. arrests) a perpetrator self-reports that they have had with the CJS. Self-reported recidivism may be measured via scales, the risk of recidivism, or number of occurrences.
Official victimisation	Data from police, court, government, corrections, or community records and databases. This may measure victim police history, calls for service, or interactions with a service.
Self-reported victimisation	Victim-reported occurrences of violence or coercion, usually by the same perpetrator. This may also include the number of interactions a perpetrator has had with the CJS (e.g. arrests), as reported by the victim. Repeat victimisation is often measured using the Conflict Tactics Scale, but may also be measured via a yes/no response, the number of occurrences, or other scales.

Outcome	Description
Perpetrator psychosocial	Includes measures of perpetrator willingness to change, mental health outcomes, program completion, satisfaction with programs or CJS practitioners, stage of change, and attitudes and beliefs regarding perpetration of violence, power, and control.
Victim psychosocial	Includes measures of victim safety, satisfaction with services, programs or CJS practitioners, knowledge, opinions, and mental health outcomes.
Death/homicide	Reports of the number of deaths as a product of DFV. This is commonly operationalised using officially reported population data or police data as victim homicide, but may also include suicide and homicide-suicide.
Court processing	Any outcomes regarding court processes, including convictions, dismissals, case processing times, or sentencing decisions.
Practitioner outcomes	Includes outcomes such as staff perceptions of program effectiveness, police self-reported likelihood of arrest, and staff performance on training tests.

2.6 Search and Screening Summary

The results of the eligibility screening and coding phases are presented in the PRISMA flowchart in Figure 2.1 (Moher et al., 2009). The systematic search identified 9,312 records (after removing duplicates). Of these 9,312 records, 2,537 were screened as being about criminal justice responses to DFV at the title and abstract screening stage. Of these potentially eligible records, 127 records were unable to be located via several university libraries or are currently on order through university libraries. Of the full-text retrieved documents, 193 were screened as meeting full inclusion criteria for the review. These eligible documents were then categorised and coded, with a broad summary provided in Table 2.5. This table shows that our review is based on a synthesis of 193 studies that were categorized into policing, courts, corrections or multi-agency responses, plus four systematic reviews that included an analysis of multiple criminal justice interventions in the one document (with not all studies within these four reviews meeting inclusion criteria).

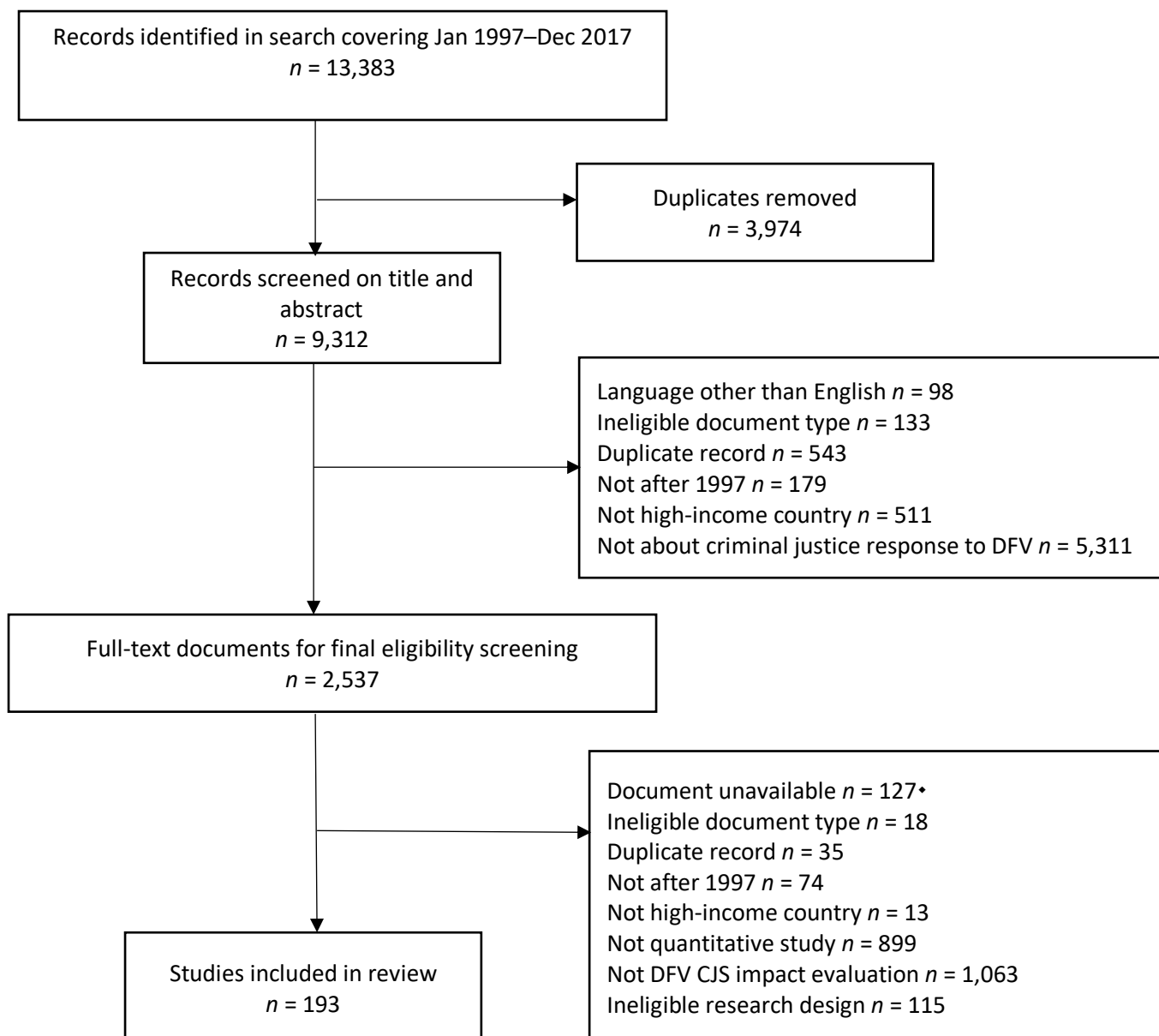


Figure 2.1 PRISMA flow diagram

Note. • Almost all full-text documents that were unable to be sourced were conference presentations or books. All attempts were made to locate the documents and also verify if author(s) had published accessible documents drawing from the presentations (e.g., journal articles, theses). Eligible documents have been ordered through university libraries.

Table 2.5 Summary of documents (N = 193) by intervention category and research design

Intervention Category	Results
Police-focused responses (n = 26)	Systematic reviews and/or meta-analyses: n = 0 Randomised controlled trials: n = 5 Strong quasi-experiments: n = 21
Courts-focused responses (n = 36)	Systematic reviews and/or meta-analyses: n = 3 Randomised controlled trials: n = 7 Strong quasi-experiments: n = 26
Corrections-focused responses (n = 58)	Systematic reviews and/or meta-analyses: n = 18 Randomised controlled trials: n = 8 Strong quasi-experiments: n = 32
Interagency responses (n = 69)	Systematic reviews and/or meta-analyses: n = 16 Randomised controlled trials: n = 9 Strong quasi-experiments: n = 44

Plus n = 4 Review of Reviews references

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Schucan-Bird, K., Vigers, C., Quy, K., & Gough, D. (2016). *Criminal justice interventions with perpetrators or victims of domestic violence: A systematic map of the empirical literature. What Works*. London, UK: Crime Reduction Systematic Review Series.

Vigers, C., Schucan-Bird, K., Quy, K., & Gough, D. (2016). *The impact of domestic violence perpetrator programmes on victim and criminal justice outcomes: A systematic review of reviews of research evidence*. London, UK: What Works: Crime Reduction Systematic Review Series.

Weisburd, D., Farrington, D. P., & Gill, C. (2017). What works in crime prevention and rehabilitation: An assessment of systematic reviews. *Criminology & Public Policy*, 16(2), 415–449. doi:10.1111/1745-9133.1229

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3 Police-Focused Responses

3.1 Introduction

Police officers provide a frontline response to DFV. As gatekeepers of the criminal justice system, police are instrumental in identifying and reducing its occurrence. However, for police to effectively respond to DFV requires victims to first report their victimisation. There are several barriers that inhibit DFV victims from engaging with police. These include privacy concerns (Felson, Messner, Hoskin, & Deane, 2002), a desire to protect the perpetrator (Felson et al., 2002), fear of repercussions from the perpetrator (Felson et al., 2002), concerns surrounding financial dependency (Horwitz et al., 2011), and the potential involvement of child protective services, which could result in the removal of children (Horwitz et al., 2011). Studies also have found that perceptions of and experiences with police directly influence a DFV victim's willingness to report (Horwitz et al., 2011; Wolf et al., 2003). A perceived inadequate response by police in the past (for example, incidents where police minimised the severity of the situation, displayed a lack of empathy or threatened to arrest both parties) can make victims reluctant to report re-victimisation (Stephens & Sinden, 2000; Wolf et al., 2003). As part of this review, we identified 26 unique impact evaluation studies that assessed the effectiveness of policing interventions responding to DFV and a systematic review that covered policing as well as other criminal justice system responses to DFV. The full population of policing studies in this chapter covers a range of intervention strategies, including mandatory arrest, specialised domestic violence units and secondary responder programs. These interventions aim to improve a range of outcomes for both victims and perpetrators.

3.2 Police Contact

Because police are the gatekeepers of the CJS, they may be the first formal help-seeking strategy that victims use (Langille, 2010). Police contact can therefore have an effect on victim outcomes such as mental health, stress and safety (Moe, 2007). Our search identified one quasi-experimental study that examined the impact of police contact on victim depressive and post-traumatic stress disorder (PTSD) symptoms (Langille, 2010). This study used longitudinal self-report data from a group of women who had experienced DFV and reported contacting the police (Langille, 2010). Results suggested that police contact (regardless of whether it was self-initiated or other-initiated) was not significantly predictive of victim PTSD symptoms or depressive symptoms (Langille, 2010). Therefore, the author posited that the frequency and nature of DFV victim contact with police was not associated with mental health outcomes (Langille, 2010). Unfortunately, Langille (2010) was unable to analyse whether victims were satisfied with the police contact that they received. The study

was further limited by its basic measures of police contact that may not have captured all relevant scenarios where police responded to DFV incidents (Langille, 2010).

3.3 Arrest Strategies

Mandatory Arrest and Preferred Arrest Strategies

Police mandatory arrest policies have been popular in US state legislatures for DFV since the 1980s (Mills, 2003). Specifically, these policies mandate that police must arrest perpetrators for misdemeanour offences (i.e., minor violent acts such as slaps, punches, or kicks, which are unlikely to result in serious injury or death) when they are called to DFV incidents (Sherman & Harris, 2015). The first randomised experiment in this area was the influential Minneapolis Domestic Violence Experiment (MDVE) (Sherman & Berk, 1984), which found that mandatory arrest was associated with lower officially reported reoffending and lower victim-reported violence. In the 1990s, the Minneapolis study sparked a number of replications known as the Spouse Assault Replication Program, or SARP (Sherman & Harris, 2015). A paper by Maxwell, Garner, and Fagan (2002) pooled data from five of the six SARP experiments, and established that mandatory arrest decreased the incidence of officially-reported recidivism by 8% and self-reported victimisation by 30%. The original replication studies showed some positive effects of the intervention on repeat offending (Miller, 2003). However, there are concerns regarding the effectiveness of mandatory arrest policies, with some critics suggesting that the approach may cause harm to victims (Sherman & Harris, 2015; Xie & Lynch, 2017).

One replication of the MDVE that has been examined longitudinally is the Milwaukee Domestic Violence Experiment (MilDVE). This randomised experiment compared mandatory “short” arrests (release from police custody after an average 4.5 hours), “long” arrests (release after an average 11.1 hours), and warnings (with standard script) (Sherman & Harris, 2015). Sherman and Harris (2015) examined victim deaths over a 23-year follow-up period, combining the short and long arrest groups to compare any arrest versus warnings. Results suggested that compared with victims whose perpetrators were warned, there were 64% more deaths among victims whose perpetrators were arrested (Sherman & Harris, 2015). There were minimal differences in type of death between the two treatment groups, and no effect for homicide rates (Sherman & Harris, 2015). The authors also suggested that victim employment and race were both powerful moderators for death rate. They found that for African American victims, the rate of death after perpetrator arrest was 98% higher than after perpetrator warning. By comparison, the rate of death for White victims whose perpetrator was arrested was only 9% higher than after perpetrator warning (Sherman & Harris, 2015). Further, for African American victims, the association between perpetrator arrest and victim death was higher

if the victim was employed (Sherman & Harris, 2015). The authors hypothesised that, based on these results, mandatory arrest policies may have a “racially discriminatory impact on victims”, and that some deaths observed in this sample could potentially have been avoided if perpetrators were warned instead of arrested (Sherman & Harris, 2015, p. 17).

A number of quasi-experimental studies have also examined the effects of mandatory arrest policies on DFV homicides (Iyengar, 2007; Raissian, 2013; Zeoli & Webster, 2010), repeat victimisation (Xie & Lynch, 2017) and arrests (Dichter, Marcus, Morabito, & Rhodes, 2011; Eitle, 2005; Simon et al., 2010). All studies that measured arrests as an outcome found that presence of a mandatory arrest policy increased the odds of police arrest for DFV (Dichter et al., 2011; Eitle, 2005; Simon et al., 2010). Analyses by Eitle (2005) also showed that, in terms of race, arrests may have been more equitable when mandatory arrest policies were in force. In terms of homicides, results suggested that mandatory arrest has little effect (Raissian, 2013; Zeoli & Webster, 2010). Zeoli and Webster (2010) found no significant effect of mandatory arrest laws on intimate partner homicide. This study did, however, suggest that warrantless arrest laws (i.e., allowing police to arrest perpetrators without a warrant to do so) were associated with a 16% decrease in homicides (Zeoli & Webster, 2010). Further, a quasi-experimental study by Iyengar (2007) found that mandatory arrest laws increased DFV homicides.

Older studies exploring the effect of mandatory arrest policy on victimisation have indicated that violence was less likely in US states that had mandatory arrest laws; however, mandatory arrest also reduced the chance that police would discover an incident of DFV (Dugan, 2002, 2003). Thus, Dugan (2003) suggested that victims may be less inclined to seek police assistance in places that have a mandatory arrest policy. Xie and Lynch (2017) more recently estimated the effect of arrest on repeat victimisation. The authors suggested that there was a non-significant 13% reduction in the risk of repeat victimisation when perpetrators were arrested, and this result remained the same regardless of whether arrests were mandated or not (Xie & Lynch, 2017). Moreover, this study provides greater support for the effect of reporting the crime to the police or using victim services in reducing repeat victimisation (34% and 40% reductions, respectively) (Xie & Lynch, 2017).

Overall, there is little recent evidence to support the efficacy of mandatory arrest policies. Most studies reported here found no significant relationship between homicide and repeat victimisation outcomes. In fact, mandatory arrest policies can create further harm, particularly for racial minorities. It is also important to recognise that mandatory arrest policies are designed to respond to events involving physical violence, and thus may not be effective in addressing other types of DFV

such as financial or psychological abuse. For example, the SARP experiment conducted in Florida randomly assigned cases to mandatory arrest versus no arrest, and then independently randomly assigned victims to receive no follow-up contact, or to receive a Safe Streets Unit counselling and follow-up investigation program (Miller, 2003). The author tentatively suggested that 6-month follow-up interviews with victims showed that suspect arrest without Safe Streets Unit counselling and follow-up may have resulted in escalated physical violence or threats (Miller, 2003).

Sole versus Dual Arrest

Pro-arrest policies may increase the number of victims who are arrested for DFV when their behaviour may be defensive as opposed to aggressive (Fraehlich & Ursel, 2014). Some authors are particularly concerned that this problem may be pronounced when both parties involved in the incident are arrested; in other words, when a dual arrest takes place (Fraehlich & Ursel, 2014). Fraehlich and Ursel (2014) explored the impact of type of arrest for DFV on women. The authors examined whether sole arrest (only the woman arrested) or dual arrest (both involved parties arrested) was a predictor of the way a case was processed by the court (Fraehlich & Ursel, 2014). Results of this quasi-experimental study suggested that sole arrested women were twice as likely to be prosecuted as dual arrested women (Fraehlich & Ursel, 2014). Further, women in dual arrest cases were more likely than women in sole arrest cases to have their cases stayed or be diverted (Fraehlich & Ursel, 2014). Analyses in this study did not control for confounding demographic and socioeconomic factors, and thus, it is unclear whether these also play a role in prosecution for dual and sole arrested women.

Other Arrest Strategies

A non-mandated police decision to arrest a perpetrator when called to a DFV incident has implications for repeat victimisations. The studies summarised here examine whether presence versus absence of arrest (without taking into account whether the arrest is mandatory) impacts upon victimisation and re-victimisation.

While they both use data from the National Crime Victimization Survey, the conclusions drawn by the authors of two studies (Cho & Wilke, 2010; Felson, Ackerman, & Gallagher, 2005) differ considerably regarding the effect of arrest. Specifically, results from Cho and Wilke (2010) suggested that, after controlling for age, race, education, marital status and injury, arrest reduced the odds of being re-victimised by 43.2%. This study suggested that perpetrators who were arrested were punished by the law, and thus were less likely to reoffend (Cho & Wilke, 2010). Felson et al. (2005), however, found that when controlling for sociodemographic characteristics, offence seriousness, and offender history of violence, there was no statistically significant relationship between arrests and re-

victimisation. Instead, the authors suggested that whether a victim reports a DFV incident to police has a more powerful deterrent effect (Felson et al. 2005). Both studies used measures of self-reported victimisation from the US National Crime Victimization Survey. This may be problematic because it does not distinguish between new and old partners – that is, it does not capture whether a survey respondent has been re-victimised by the same partner or a new partner. Similarly, it cannot track whether perpetrators go on to reoffend with a new partner. Therefore, these studies may not capture the extent of re-victimisation that takes place following police arrests.

A quasi-experimental study by Kernic and Bonomi (2007) used official data from the Seattle Police Department to examine whether perpetrator arrest was associated with police referring the victim to their Victim Support Team when they had been called to an incident. Controlling for a number of confounding factors such as injury, race and marital status, results from this study showed that the Victim Support Team was more likely to be activated if the perpetrator was arrested by police (Kernic & Bonomi, 2007). This study did not account for victims who chose not to accept assistance from the Victim Support Team, and thus may not accurately represent the extent of victimisation within the sample.

3.4 Proactive Policing Practices

Perpetrator breaches of DFV no-contact and protection orders can cause further harm for victims who are going through processes to escape such harm. Proactive policing is a law enforcement response to minor offences, such as breaches, which aims to prevent more serious crimes in the future (Brame, Kaukinen, Gover, & Lattimore, 2014). This practice has been used to mitigate harm for a range of minor crimes such as disorderly conduct, driving under the influence, and robbery (Kubrin, Messner, Deane, McGeever, & Stucky, 2010). Using an RCT design, Brame and colleagues (2014) evaluated the effect of proactive policing practices on no-contact orders in DFV cases. No-contact orders protect victims from arraignment to sentencing during court processes. The proactive policing measures in this intervention were in addition to normal contact that a DFV victim would have with the CJS when going through the courts, and comprised of scheduled face-to-face (or, in some cases, telephone) contacts with victims before their first court appearance. Multiple contacts were scheduled, depending on the progression of perpetrators' cases. During contacts, police ensured victims understood a) the purpose of no-contact orders, b) how to collect evidence, and c) what to do in the event a violation of the order occurs. The intervention was also used as a mechanism to monitor compliance with no-contact orders.

Results from this evaluation suggested that victims in the treatment group were more likely to make contact with police or victim advocates, be aware that the no-contact order was in place, and view the violence as stalking or harassment. However, overall there was no clear effect of the proactive policing intervention on victim safety and well-being when compared with business-as-usual practices. The authors indicated that proactive policing, as it was operationalised in this study, was not effective in meeting its aims. In particular, Brame and colleagues (2014) suggested this was due to limitations encountered during implementation, namely, difficulty in contacting victims to take part and organisational challenges (e.g., changes to law enforcement personnel, competing work priorities, lack of funding for project). The authors suggested that victim advocates may be a more efficacious avenue for making similar contacts with victims who hold no-contact orders.

3.5 Body Worn Cameras

Police body worn cameras (BWCs) are gaining popularity as a tool through which both the public and the police can be held accountable for their behaviour. BWCs are small camera devices that can be affixed to police officers' uniforms to video record police–citizen interactions. They are considered to be useful technology for improving behaviour, increasing police transparency and legitimacy, reducing police use of force, and reducing citizen complaints (Morrow et al., 2016). This constant surveillance of police and citizens can also make collecting high quality evidence extremely easy (Morrow et al., 2016). Indeed, successful prosecution and conviction in cases often can depend on the quality of evidence, and BWCs are a useful piece of technology that can allow police to collect evidence to assist in court cases (Bechtel, Alarid, Holsinger, & Holsinger, 2012).

A quasi-experimental evaluation by Morrow and colleagues (2016) assessed whether police BWCs impacted arrests, prosecutions, and convictions in DFV cases. All officers in the experimental policing area received BWC equipment and training regarding the use and maintenance of the technology. They were required by departmental policy to wear the cameras during all shifts in the implementation period. Outcomes regarding DFV arrests, prosecutions and convictions were assessed both pre- and post-implementation for both the experimental policing area and a comparison policing area that did not implement BWCs. Results suggested that post-implementation, BWC cases were more likely (40.9%) than the comparison cases (34.3%) to result in arrest. They were also more likely to have charges filed (BWCs = 37.7%; comparison = 26%), have cases furthered (BWCs = 12.7%; comparison = 6.2%), result in a guilty plea (BWCs = 4.4%; comparison = 1.2%), and result in a guilty verdict (BWCs = 4.4%; comparison = 0.9%). Therefore, the authors concluded that BWCs have a positive impact on police collection of evidence for DFV incidents and subsequent court outcomes. The authors argued that allowing BWCs to automatically video record

evidence means that police are able to give more attention to other tasks, such as ensuring victim safety and de-escalating violence.

3.6 Specialised Domestic Violence Unit

Specialised Domestic Violence Units (SDVUs) were developed as an alternative to police arrest policies, as some evidence suggests that these alone may be ineffective in reducing DFV reoffending and breaking cycles of violence (Exum, Hartman, Friday, & Lord, 2014). SDVUs are similar to community coordinated responses (CCRs; for further information see Section 6.7) in that they may involve a range of activities, including police partnerships with other CJS or social service agencies, training officers in crisis intervention and mediation techniques, coordinating enforcement of warrants and protection orders, and engaging in proactive prevention strategies (Exum et al., 2014; Eitle, 2005; Friday, Lord, Exum, & Hartman, 2006). What distinguishes SDVUs from CCRs is that they are situated within and overseen by police departments.

The Charlotte-Mecklenburg Police Department (North Carolina, USA) implemented an SDVU staffed by one sergeant, five detectives, one administrative assistant, and four counsellors (Exum et al., 2014). Volunteers from the community are also involved in assisting the victims with guidance from the counsellors and detectives. The aims of this unit are to reduce future reoffending by perpetrators, but also to provide appropriate support to victims (Friday et al., 2006). An evaluation of the SDVU showed that, compared with standard patrol practices, DFV cases that received the intervention had lower rates of reoffending at both the 18- and 30-month follow-up periods (Exum et al., 2014). Indeed, the odds of recidivating for the SDVU sample were 50% lower than that of the sample who received standard patrol (Exum et al., 2014). The authors were unable to make claims as to exactly how the SDVU affected recidivism; that is, they were unable to isolate which particular activity/activities the SDVU undertook that were most effective.

A second quasi-experimental study by Eitle (2005) examined the impact of an SDVU on arrests for DFV. While 19% of police departments in the sample employed SDVUs, this intervention had no effect on risk of perpetrator arrest (Eitle, 2005). The author hypothesised that this may have been because a large portion of police departments in the sample implemented a mandatory arrest policy and a SDVU simultaneously, and that this meant police operating within the SDVUs had less discretion to handle cases in other ways (Eitle, 2005).

3.7 Police Investigation Quality

The quality of police investigations and evidence that police collect can influence court outcomes during DFV cases. For example, Garcia (2003) examined the effect of photographic evidence on

domestic violence case outcomes in the United States by comparing cases with digital photographic evidence (treatment) to cases with no photographic evidence (control). In assessing court outcomes for the two groups, Garcia (2003) found that cases with photographic evidence were more likely to plead guilty, be convicted and receive harsher sentences.

It is generally recommended that a detailed written report containing all relevant documentation (including photographic and video evidence) be completed during a good quality DFV investigation by police (Stewart, 2006). Activities making up a good quality investigation include documenting injuries, weapons used, substance abuse, emotional and physical conditions, history of abuse or court orders, the names of emergency medical personnel, and any calls to emergency services (Stewart, 2006). It is also recommended that detailed statements be collected from the victim, suspect, witnesses, and children (Stewart, 2006). Stewart (2006) used a 28-item index of these activities to assign a score to police investigations of high quality (14–28), medium quality (7–13), or low quality (0–6) (Stewart, 2006). Court outcomes included in analyses were jail time, probation, fine, and dismissal for lack of evidence (Stewart, 2006). Results of the quasi-experimental evaluation determined no difference in the relationship between the quality of police investigation and court outcomes (Stewart, 2006). The author attributes these non-significant results in part to a small sample size, the low dispersion of investigation quality scores (average = 8.73/28), and/or the demographic characteristics of perpetrators (Stewart, 2006).

3.8 Organisational Characteristics

Police organisational environment and the organisational capacity of departments to respond to incidents can play an important role in the outcomes of DFV cases. Budgeting, distribution of gender within the department, and agency type are hypothesised as some of the organisational characteristics that can impact on police practices (Dichter et al., 2011; Eitle, 2005). Further, the level of police workforce required for operations is a significant challenge that many jurisdictions and individual police departments face (Wilson, 2012).

Dichter and colleagues (2011) examined the effect of police agency characteristics on arrest outcomes (sole arrest – female, sole arrest – male, or dual arrest). Agency characteristics were defined as the type of agency (sheriff, county, or municipal), the agency budget, the number of officers per capita, and the percentage of female officers (Dichter et al., 2011). Overall, any type of arrest was more likely to occur when an agency was municipal, had a lower budget, employed fewer officers per capita, and employed fewer female officers (Dichter et al., 2011). Lower agency budget and fewer female officers predicted sole arrest for both males and females; males were also more

likely to experience a sole arrest when there were fewer officers per capita (Dichter et al., 2011). Dual arrest was predicted by agency type (municipal) and fewer female officers (Dichter et al., 2011). The authors of this study indicated that police resourcing and officer gender are important factors to consider when addressing DFV. Conversely, Eitle (2005) found no effect of officer gender on perpetrator arrests for DFV incidents in the US. This study also showed that, when controlling for victim and perpetrator demographics, crime location, weapon use, sustainment of injury, and substance use, there was no effect of officer salary, ratio of civilian employees to sworn officers, department size, or officer education on arrests (Eitle, 2005).

Zeoli and Webster (2010) examined the effect of police staffing levels on DFV homicides. Staffing levels were measured as the number of officers per 1000 population over time from 1979 to 2003 (Zeoli & Webster, 2010). Results showed that the mean number of DFV homicides decreased from 1979 to 2003, whereas the mean number of officers per 1000 increased from the 1982 to 1999, where subsequently there was a slight downward trend from 1999 to 2003 (Zeoli & Webster, 2010). This indicates that higher staffing levels may be linked to a lower risk of DFV homicide (Zeoli & Webster, 2010). The authors suggested that greater police staffing levels may heighten the ability to make arrests, either because of the availability of more resourcing, or because police departments with more staff were able to create specialised DFV units (Zeoli & Webster, 2010). The statistical models used in these analyses did not include confounding factors that may influence DFV homicide and staffing levels, such as societal, policy, and policing changes. More studies are needed that take confounding phenomena into account to better determine whether higher police staffing levels are linked to a decreased number of DFV homicides.

3.9 Police Training

Training police officers in best practice approaches to DFV can assist in ensuring the success of an intervention. As such, evidence-based training techniques may influence victim or perpetrator outcomes, but also police operational practices. This may include the tasks that police carry out or their attitudes towards attending DFV incidents. Some research has explored the effect of training police officers to better respond to DFV. Smithey, Green, and Giacomazzi (2004) compared officers with no specific training to those who received training under the Duluth Domestic Abuse Intervention Project Training Model for Law Enforcement Response (see Chapter 5 for further explanation on the Duluth model) (Smithey et al., 2004). The five units within this training model focus on both the phenomenon of DFV and police response to DFV incidents. This includes the unique nature of DFV, the complexities of violent relationships, women who use violence, and special issues regarding investigation of DFV cases, including strangulation, stalking, and

harassment (Smithey et al., 2004). It also pertains to safety and victim cooperation, interview techniques, decision-making from interviews, fundamental components of a police investigation into DFV, documenting of evidence and report writing, and protection orders (Smithey et al., 2004). The authors assessed the effectiveness of this training model on the time spent at DFV incidents with victims, the number of cases accepted for prosecution, and the number of cases resulting in convictions (Smithey et al., 2004). They concluded that there was no significant effect of the training on these outcome measures (Smithey et al., 2004). Indeed, trained and untrained officers spent about the same amount of time (30 minutes) at incidents, and the rate of case acceptance or conviction did not change between trained and untrained officers (Smithey et al., 2004). The authors suggested that a longitudinal study would have been more appropriate to determine whether training affected police practices in the long term (Smithey et al., 2004).

3.10 Risk Assessment

Identifying the risk that a DFV perpetrator will reoffend may be crucial in informing the provision of appropriate CJS responses so as to protect the safety of victims. Screening via risk assessment tools can assist police in identifying not only the best response (e.g., arrest, prosecution, recommending treatment) for perpetrators, but also the likelihood of reoffending (Straus & Douglas, 2004). While some risk assessment tools are established for violent behaviours in general, others are specifically for use in DFV cases (Dayan, Fox, & Morag, 2013). One such tool is the Spouse Violence Risk Assessment Inventory (SVRA-I), which was established with a committee off police officers in Israel (Dayan, Fox, & Morag, 2013). Items included in the SVRA-I are categorised as either critical items (behaviours indicative of being at a higher risk of reoffending, e.g., possession of a weapon) or moderate behaviour (behaviours that, alone, do not indicate risk of future violent behaviour, e.g., unemployment), depending on their severity (Dayan et al., 2013). The tool is comprised of 45 risk signs for DFV perpetrators, classified as assault, threats, weapons, perpetrator symptoms, and perpetrator behaviour towards the victim (Dayan et al., 2013). Dayan et al. (2013) examined whether the SVRA-I predicted repeated DFV, with an average follow-up period of 26 months for each perpetrator. The SVRA-I correctly predicted that perpetrators in the critical/high risk group were significantly more likely to reoffend than those classified as moderate (Dayan et al., 2013). This tool was also considered more effective than other methods to assess perpetrator risk (Dayan et al., 2013). However, as the SVRA-I was developed within the Israeli context, it may not necessarily perform as well in other jurisdictions. Further, even with predictive risk assessment tools, all perpetrator behaviours cannot be foreseen.

3.11 Conditional Cautioning

Police cautioning is a practice whereby perpetrators are arrested and taken to police stations, where they are released with a formal caution. However, policymakers in the UK have suggested that these simple cautions alone are not appropriate for DFV cases. They indicated that cautions for DFV should carry conditions that are prosecutable (e.g., by jail time, community service hours, or fines) should they be breached. Conditional cautioning allows perpetrators to avoid court prosecution if the requirements of the caution are met. This policy climate spurred researchers and police officers from Hampshire, England to develop an intervention using conditional cautioning called the Cautioning and Relationship Abuse Workshop (CARA). Perpetrators were arrested by police for a DFV incident and randomly assigned to either the control group (simple caution with the condition of no reoffending for four months) or the CARA intervention. Participants who received CARA were required to attend a 2-day workshop designed and delivered by facilitators at a charity called the Hampton Trust. During the workshop, perpetrators participated in group motivational interviewing style sessions that focused on making them aware of their abusive behaviours, assisting them to accept responsibility for harm, and providing them with conflict resolution strategies for their relationship. An emphasis was placed on the safety of children and partners during these sessions. Strang and colleagues (2017) evaluated the effectiveness of CARA by examining outcomes pertaining to recidivism and the Cambridge Crime Harm Index (weighted by severity of the crime, as measured by days in prison for each offence). Results suggested that, at 12-month follow-up, perpetrators in the CARA intervention had 27% less Crime Harm Index severity than perpetrators in the control condition. Similarly, they reoffended less. The authors were optimistic about the efficacy of CARA, and concluded that similar conditional cautioning trials should be conducted to validate these results.

3.12 Chapter Summary

This review identified 26 unique impact evaluation studies and draws from systematic reviews of CJS interventions to assess the impact of policing interventions on outcomes for victims of DFV (see Figure 3.1 for evidence and gap map¹). Evidence synthesised in this chapter indicates that some interventions have no effect or a deleterious effect on victim well-being and engagement. Mandatory arrest policies can be considered harmful in terms of victim homicide, although some studies

¹ This map synthesises $N = 26$ unique policing studies. No studies were excluded from this map.

regarding the decision to arrest show that arrest may reduce future victimisation. Other studies suggest that police contact has no effect on victim mental health, and that police training may not affect the length of time officers spend with victims at DFV incidents. Despite this, a number of other studies showed a positive effect on victim engagement. Indeed, greater staffing levels are associated with less victim homicides over time. Proactive policing practices showed promising results regarding victim understanding of violent behaviours, understanding of no-contact orders, and help-seeking behaviours.

In terms of perpetrator outcomes, several studies captured by our search measure officially reported recidivism or arrests. Indeed, while specialised domestic violence units produced mixed results, the studies synthesised here suggest that the decision to arrest (when not mandated), and BWCs, can increase perpetrator arrests, while conditional cautioning practices may reduce the severity of subsequent crimes. Further, some interventions (e.g. photographic evidence, body worn cameras, and risk assessment tools) show promising evidence regarding police practices and evidence collection for prosecution.

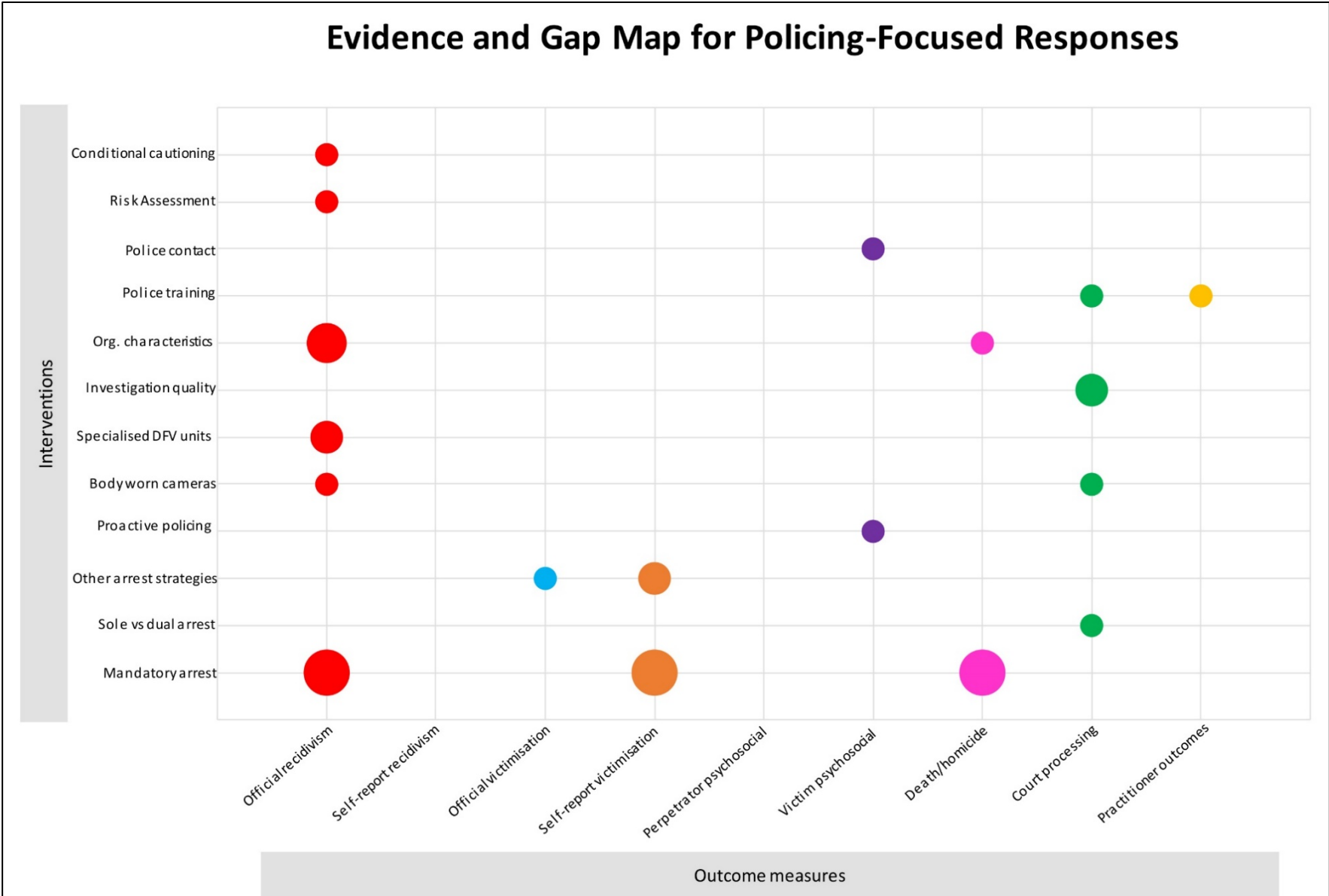


Figure 3.1 Evidence and gap map for policing-focused responses

3.13 References

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Table 3.1 Studies evaluating police-focused interventions for domestic and family violence (n = 26)

Study Design	Reference
Systematic Review and/or Meta-Analysis	None
Randomised Experiment	<p>Brame, R., Kaukinen, C., Gover, A. R., & Lattimore, P. K. (2014). No-contact orders, victim safety, and offender recidivism in cases of misdemeanour criminal domestic violence: A randomised experiment. <i>American Journal of Criminal Justice</i>. Advance online publication. doi: 10.1007/s12103-014-9242-x</p> <p>Maxwell, C. D., Garner, J. H., & Fagan, J. A. (2002). The preventive effects of arrest on intimate partner violence: Research, policy and theory. <i>Criminology & Public Policy</i>, 2(1), 51–80.</p> <p>Miller, J. (2003). An arresting experiment: Domestic violence victim experiences and perceptions. <i>Journal of Interpersonal Violence</i>, 18(7), 695–716. doi: 10.1177/0886260503251130</p> <p>Sherman, L. W., & Harris, H. M. (2015). Increased death rates of domestic violence victims from arresting vs. warning suspects in the Milwaukee Domestic Violence Experiment (MilDVE). <i>Journal of Experimental Criminology</i>, 11(1), 1–20. doi: 10.1007/s11292-014-9203-x</p> <p>Strang, H., Sherman, L., Ariel, B., Chilton, S., Braddock, R., Rowlinson, T., ... Weinborn, C. (2017). Reducing the harm of intimate partner violence: Randomized controlled trial of the Hampshire Constabulary CARA Experiment. <i>Cambridge Journal of Evidence-Based Policing</i>, 1(2–3), 160–173.</p>
Strong Quasi-Experiment	<p>Cho, H., & Wilke, D. J. (2010). Does police intervention in intimate partner violence work? Estimating the impact of batterer arrest in reducing revictimization. <i>Advances in Social Work</i>, 11(2), 283–302.</p> <p>Dayan, K., Fox, S., & Morag, M. (2013). Validation of a spouse violence risk assessment inventory for police purposes. <i>Journal of Family Violence</i>, 28, 811–821.</p> <p>Dichter, M. E., Marcus, S. C., Morabito, M. S., & Rhodes, K. V. (2011). Explaining the IPV arrest decision: Incident agency and community factors. <i>Criminal Justice Review</i>, 36(1), 22–39. doi: 10.1177/0734016810383333</p> <p>Dugan, L. (2002). <i>Domestic violence policy: Exploring impacts on informing police, arresting the offender, and deterring domestic violence</i>. College Park, MD: University of Maryland, Department of Criminology and Criminal Justice.</p> <p>Eitle, D. (2005). The influence of mandatory arrest policies, police organizational characteristics, and situational variables on the probability of arrest in domestic violence cases. <i>Crime & Delinquency</i>, 51(4), 573–597.</p> <p>Exum, M. L., Hartman, J. L., Friday, P. C., & Lord, V. B. (2014). Policing domestic violence in the post-SARP Era: The impact of a domestic violence police unit. <i>Crime & Delinquency</i>, 60(7), 999–1032. doi: 10.1177/0011128710382345</p>

Study Design	Reference
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	Fraehlich, C., & Ursel, J. (2014). Arresting women: Pro-arrest policies, debates, and developments. <i>Journal of Family Violence</i> , 29, 507–518.
	Friday, P., Lord, V., Exum, M., & Hartman, J. (2006). <i>Evaluating the impact of a specialized domestic violence police unit</i> (No. 215916). Final report for National Institute of Justice. Chapel Hill, NC: University of North Carolina.
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Study Design	Reference
	<i>Harrison counties, Texas</i> (Doctoral dissertation). Retrieved from ProQuest Dissertations and Theses Global database. (UMI No. 3257027)
	Xie, M., & Lynch J. P. (2017). The effects of arrest, reporting to the police, and victim services on intimate partner violence. <i>Journal of Research in Crime and Delinquency</i> , 54(3), 338–378. doi: 10.1177/0022427816678035

4 Courts-Focused Responses

4.1 Introduction

Courts play a significant role in Queensland's official response to domestic and family violence. Victims and perpetrators of DFV may appear in the Magistrates' Court to obtain a civil domestic violence order, and perpetrators may appear to face criminal charges for breach of a domestic violence order or for domestic-violence-related offences. Court responses to DFV are both symbolically and practically important. Symbolically, legal and criminal justice responses can send an important societal message condemning DFV within communities (Ursel, Tutty, & leMaistre, 2008). On a practical level, courts can help provide the formalised support and protection that many victims of DFV require to escape abusive relationships (Meyer, 2011). As part of this review, we identified three systematic reviews that included court-focused responses to DFV as well as 33 unique studies that evaluated the effectiveness of court responses and interventions related to DFV. These studies covered specialised domestic violence courts, judicial monitoring of batterer interventions, and mandatory prosecution policies. These interventions aim to improve a range of outcomes for both victims and perpetrators of DFV.

4.2 Legal Advocacy

The legal system can be complex to navigate, and thus advocacy services often assist victims of DFV through court and legal proceedings. Legal advocacy is victim-focused advocacy that aims to improve victim safety, to ensure that the legal system responds appropriately and sensitively to DFV cases, and to provide victims with information and support regarding legal policies and procedures (Macy, Giattina, Sangster, Crosby, & Montijo, 2009). We identified one systematic review by Macy and colleagues (2009), which synthesised the extant literature on DFV and sexual assault services, including a section specifically on legal advocacy services for victims of DFV. The relevant synthesised literature mostly comprises court advocacy, including accompanying victims to criminal or civil proceedings and assisting them through related processes. Evaluations of the summarised interventions have found positive results: victims who receive legal advocacy experience greater social support, better quality of life, reduced likelihood of further abuse, and greater access to community resources (Macy et al., 2009). This review strongly stresses that legal advocacy service providers must be highly knowledgeable about the legal system in order to provide DFV victims with the correct information to navigate the judicial and legal systems. It also indicates that long-term approaches and long-term follow-up with victims should be incorporated into legal advocacy to ensure that services are most efficacious (Macy et al., 2009).

4.3 Prosecution

Historically, criminal prosecution of domestic and family violence cases relied largely on victims consenting and complying with criminal justice agents. Discretionary prosecution therefore places the burden to prosecute on victims themselves (Mills, 1998). Mandatory prosecution policies emerged in response to this, removing the burden of prosecution from victims because all cases are initially filed for prosecution (Davis, O'Sullivan, Farole, Jr., & Rempel, 2008). Critics argue that by removing the burden of prosecution from victims, mandatory prosecution policies also remove victims' autonomy (Davis et al., 2008; Dayton, 2003). Under this view, discretionary prosecution fundamentally preserves victim empowerment (Dayton, 2003). The debate between mandatory and discretionary prosecution therefore rests primarily on whether mandatory prosecution sufficiently decreases recidivism (or increases victim safety) to justify removing victims' choices (Davis et al., 2008; Dayton, 2003; Mills, 1998).

Mandatory Prosecution

Davis et al. (2008) and O'Sullivan, Davis, Farole, Jr., & Rempel (2007) compared case outcomes between two New York City boroughs with different prosecutorial screening policies. In the Bronx, cases are sealed if DFV victims want the charges dropped or otherwise do not comply with the arresting officers. In Brooklyn, prosecution proceeds regardless of victims' preferences because case progression through the system does not require victim compliance. The authors evaluated whether filing cases against victims' wishes (i.e., a mandatory prosecution policy) was beneficial in terms of criminal justice outcomes and recidivism.

The authors compared outcomes of cases that were declined for prosecution in the Bronx based on their discretionary prosecution policy with similar cases that were prosecuted in Brooklyn due to their mandatory prosecution policy. Overall, they compared 272 cases declined for prosecution in the Bronx to 211 similar cases that were filed in Brooklyn. At six months post-initial arrest, the authors did not find any significant difference in domestic violence recidivism levels between the samples as measured by rearrest (12% of the Brooklyn sample compared to 11% of the Bronx sample). Further, there was no significant difference in time to onset of recidivism based on prosecution strategy.

While there seemed to be a significantly greater number of rearrests for criminal contempt in the Brooklyn sample (26% versus 3% in the Bronx sample), this appeared to result directly from Brooklyn's prosecutorial policy of filing temporary protection orders for all initial cases that recidivism subsequently breaches (O'Sullivan et al., 2007). Due to this higher proportion of criminal contempt charges, Brooklyn defendants were also significantly more likely to reoffend with a felony-level top charge (21% versus 7%). However, Brooklyn defendants were not significantly more likely

to be rearrested with a felony level top charge when not including criminal contempt. The authors therefore noted that while the prosecutorial filing policy in Brooklyn does not appear to significantly *improve* criminal justice outcomes, it does significantly increase the likelihood of defendants reoffending with a felony charge. However, the authors were unable to follow the data for a sufficient length of time to track how this difference in criminal reoffending may affect recidivism over time.

Finn (2013) compared cases prosecuted under opposing policies in Atlanta, Georgia, on a number of criminal justice outcomes including reoccurrence of psychological and physical violence and victims' perceptions of future safety. The author compared cases processed in a jurisdiction that employed an evidence-based, that is, mandatory, prosecutorial policy (County A) to one that employed a victim-centred, that is, discretionary, prosecutorial policy (County B). The final sample comprised of 170 cases where interview data were available at court intake, case disposition, and at six months post-disposition (44.7% from County A; 55.3% from County B). Overall, 44.7% of victims within the total sample reported experiencing violence in the 6-month period post-disposition, and 27.1% reported at this time point that it was somewhat or very likely that their partner would physically reoffend in the next six months.

Results indicated that evidence-based prosecutorial policies significantly affected re-victimisation outcomes: victims whose cases were prosecuted in County A were 3.76% more likely to report that psychological aggression reoccurred than no aggression, and 7.17% were more likely to report physical re-victimisation than no violence than victims in County B in the six months post-disposition. However, further analysis showed that re-victimisation rates were not significantly influenced by any element of deterrence (the swiftness, certainty, or severity of punishment) or therapeutic jurisprudence (court empowerment reported by victims). Further, victims' perceptions of safety in the future did not significantly differ between the jurisdictional groups at the six month follow-up period. Though the author hypothesised that County B's victim-centred policy would enhance court empowerment, there was no significant between group differences in victims' self-reported court empowerment post-disposition. Overall, the results suggested that cases in County B, which used a victim-centred prosecutorial policy based on therapeutic jurisprudence, had better outcomes. However, the study results may be limited by self-selection bias of victims who volunteered to be interviewed; further, victims' self-report measures could be cross-validated with official statistics in future studies.

Specialised Prosecution Programs

Hartley and Frohmann (2003) considered the efficacy of specialised prosecution programs that seek to fully engage victims in the court process. The authors evaluated a prosecution program called the Target Abuser Call (TAC) within the Cook County Domestic Violence Court in Chicago, Illinois. The TAC program is a coordinated, multi-agency, vertical prosecution program targeting high-risk, misdemeanour-level domestic violent offenders with prior histories. Rather than approaching prosecution as a drop/no-drop dichotomy, TAC seeks to increase women's safety and increase their cooperation throughout the legal and court process, thereby providing them with enhanced services. The team enhances prosecution efforts via specialised investigation into women's cases. Overall, the authors collected information on 103 women whose cases were prosecuted under the TAC program, and 219 women whose cases were prosecuted under the general programming of the specialised domestic violence court. The samples differed on some variables: TAC women were significantly older than the comparison sample (mean age of 33.63 versus 30.25), had a significantly higher average number of children (2.72 versus 2.12), and were significantly more likely to be receiving government assistance (53.5% versus 37.2%).

Overall, women in both samples reported somewhat high but not significantly different levels of empowerment with the court process. Differences emerged when the women were asked about their experiences with court personnel. Reflecting the TAC program's specialised prosecution style, 45.9% of TAC women reported speaking to an investigator prior to coming to court, compared to only 5% of comparison women. On the day of court, TAC women were significantly more likely than comparison women to speak to a prosecutor (83.5% versus 61.5%), victim witness specialist (65.7% versus 12.8%), courthouse advocate (73.8% versus 8.2%), civil attorney (25.7% versus 0.5%), or another domestic violence advocate (10.1% versus 3.4%). The percentage of women who spoke to a defense attorney on the day of court did not significantly differ between groups. In terms of case outcomes, the defendants involved in the TAC women's cases were significantly more likely to be convicted (71.4% versus 50% of comparison defendants). Further, TAC defendants were significantly more likely to receive jail time as part of their sentence (31.3% versus 6.7%), and significantly less likely to receive court supervision (1.5% versus 13.2%). At six months post-case disposition, roughly one third of defendants in each sample group had been arrested at least once. The differences in percentages were not significant. Though slightly more TAC defendants were rearrested for a domestic violence related offence in this time period, this difference did not approach statistical significance. Notably, women's self-reports of repeat abuse since court case disposition did not significantly differ on any variable between groups (including various measures of harassment

and physical violence). However, TAC defendants were significantly more likely to violate their conditions of release (90.9% ($n = 10$) versus 47.1% ($n = 8$) of general defendants). TAC victims were also significantly more likely to be offered referrals to support services in court (84.2% versus 34.5%).

However, there are a number of limitations with the study. Though TAC defendants were more likely to receive jail time than general defendants, the authors were unable to determine if this was due to the more aggressive prosecution style or due to defendants' longer histories of repeat domestic violence. Further, the authors were only able to reach 16% of victims for follow-up interviews; as such, these findings are only suggestive.

4.4 Expert Testimony, Timing of Testimony and Judicial Instruction

Expert testimony regarding battered women syndrome may be used in court cases where women claim self-defence for killing their abusive husbands (Schuller & Cripps, 1998; Schuller & Rzepa, 2002; Terrance, Plumm & Kehn, 2014). However, research indicates that factors related to expert testimony can impact jurors' evaluations and verdicts (Schuller & Cripps, 1998). Research which met the inclusion criteria for this review examined the impact of the gender of the expert (Schuller & Cripps, 1998), the timing of the testimony (Schuller & Cripps, 1998; Terrance et al., 2014) and the presence of expert testimony itself (Schuller & Rzepa, 2002) on trial outcomes. The mock jurors were presented with a stimulus trial modelled on an actual case.

Schuller and Rzepa (2002) found that expert testimony significantly impacted mock jurors' decisions. However, this was moderated by a nullification condition in which jurors were able to disregard the law if it would lead to a seemingly unjust verdict. The authors sampled 200 (120 female, 80 male) undergraduate psychology students from a Canadian university in order to form a mock jury. Results indicated that jurors whose trials included expert testimony displayed greater verdict leniency demonstrated by fewer manslaughter and more self-defence verdicts. The timing of expert testimony also appears to impact upon juror decisions. Schuller and Cripps (1998) recruited 179 Canadian undergraduate students (110 female, 69 male) to form a mock jury. Participants randomly assigned to the experimental condition received expert testimony regarding battered women's syndrome from a clinical psychologist. Within these conditions, the authors randomly manipulated the gender of the expert (male, female) and timing of the testimony (before defendant testimony, after defendant testimony). Results indicated that both the timing of the testimony and the gender of the expert impacted juror decisions. Female experts appeared to increase jurors' verdict leniency compared to male experts, particularly when testimony was delivered prior to defendants'

testimony. In contrast, a recent study by Terrance, Plumm and Kehn (2014) found that jury verdicts did not differ based on timing decisions. Among a sample of 330 mock jurors (218 female, 112 male) presented with expert testimony, verdicts did not significantly vary by testimonial trial placement. However, the authors note that the sample as a whole was “hesitant to render not guilty verdicts” and “inclined to render guilty verdicts” (Terrance et al., 2014, p. 10).

4.5 Proactive Enforcement of Court Imposed No Contact Orders

No contact orders (NCOs) are used within both the civil and criminal legal systems to prohibit contact between the perpetrator and victim of domestic and family violence. In addition to being an immediate remedy to the ongoing threat of violence, no contact orders are symbolic of perpetrators’ accountability to the criminal justice system (Brame, Kaukinen, Gover, & Lattimore, 2015). While research suggests that the deterrent effects of NCOs may be affected by the extent to which they are enforced (DeJong & Burgess-Proctor, 2006; Meloy, Cowett, Parker, Holfand, & Friedland, 1997), scholars argue that the enforcement of NCOs is typically lacking (Gondolf, McWilliams, Hart, & Stuehling, 1994).

Brame et al. (2015) conducted a prospective, experimental study in which they randomly assigned 466 cases of misdemeanour domestic violence to either systematic, proactive enforcement of court-ordered NCOs ($n = 237$) or the control, status quo condition of “reactive” enforcement ($n = 229$). Only cases with male perpetrators and female victims were targeted. Under the experimental condition, victims were proactively contacted by law enforcement to ensure that they understood the purpose and requirements of NCOs and how to collect evidence and report any breaches. This also provided an avenue to monitor offenders’ NCO compliance via victim self-report. Victims whose cases were randomly assigned to the control condition received reactive enforcement of NCOs (business-as-usual) in which victim contact was neither scheduled nor systematic.

The results indicated that the intervention succeeded in increasing contact with the victim in comparison to the control group. In fact, attempts were made to contact about two-thirds of the treatment groups (with 37.1% of victims actually contacted) compared to attempted contact of 3.1% of victims in the comparison sample (with 1.8% of comparison victims actually contacted). Victims who received proactive enforcement of NCOs were significantly more likely than comparison victims to report stalking or threats by perpetrators at two different time points. While it is possible that the intervention led to changes in the offenders’ behaviour such that proactive enforcement increased the likelihood of stalking, it may also be the case that the victims within the treatment condition were more able to recognise and report perpetrators’ NCO breaches.

Despite these improvements, the authors found few differences in outcomes between groups when considering offender and victim outcomes such as recidivism and victim safety (measured via self-report). The authors therefore concluded that while proactive enforcement was ineffective at increasing victim safety and reducing offender recidivism, there was some indication the experiment increased women's awareness of the order conditions and likelihood of contacting law enforcement and victim advocates. However, the study was limited heavily by low response rates by victims within both conditions and thus further research is required.

4.6 Case Outcomes and Sentencing Pathways

The application of criminal law to domestic and family violence grew in part from feminist advocacy in the 1970s (see Douglas, 2008). Advocates argue that understanding DFV as a criminal offence improves victim safety and publically condemns violence within domestic and family relationships (Douglas, 2008; Schneider, 2000). However other scholars contend that focusing on criminal prosecution and conviction of domestic and family violence ignores the potential harmful effects of involvement with the criminal justice system for victims that may override any protection or safety gained (Coker, 2001; Douglas, 2008). We identified one systematic review by Garner and Maxell (2010) that focused on the impact of criminal sanctions (prosecution and conviction) on repeat offending. As part of this narrative review, the authors identified 32 studies. After reviewing these studies, Garner and Maxell (2010) argued that criminal sanctions have no effect on recidivism. The authors highlight extensive methodological limitations of the available literature. In particular, studies were undermined by small sample sizes, which limited statistical analysis.

Bell, Cattaneo, Goodman, & Dutton, (2013) drew on data from a study that interviewed 104 female IPV victims about experiences of abuse every 3 months in the year following a criminal court case against their partner as well as court file data about case outcomes. The study examined whether victims' experiences of abuse varied by case outcome (i.e., dismissed/acquitted, convicted, or deferred/suspended) or by whether the batterer was incarcerated and found that there were no differences in reabuse associated with the different case outcomes, and or between cases where the batterer was or was not incarcerated.

Wooldredge (2007) also looked at the effectiveness of incarceration by analysing whether conviction, jail, and imprisonment outcomes for felony domestic violence assaults on female intimate partners were related to the likelihood of subsequent felony or misdemeanor charges for 353 male defendants from twenty-four Ohio trial courts. The study followed up each defendant for two years after the original case was closed and a sentence (if any) was served. Conviction and jail

sentences were related to significantly lower likelihoods of recharging for intimate assault, but not prison sentences. Gross et al. (2000) conducted a case study of 177 males convicted of a misdemeanor domestic violence offence who were sentenced to either community corrections; jail; a suspended sentence; private counseling, a fine or restitution; or taken under advisement (no services or supervision). The study examined the likelihood of each option reducing future arrests and convictions for domestic violence during a follow-up period of 18–24 months. The results revealed that none of the sanctions was more effective than any of the other options.

4.7 Judicial Monitoring of Batterer Interventions

Though batterer interventions are often mandated, research indicates many offenders do not consistently attend or complete programs (Daly, Power, & Gondolf, 2001; Jewell & Wormith, 2010). High attrition rates from batterer intervention programs are concerning, as non-completion may lead to higher recidivism levels among perpetrators (see Chapter 5 for further information on batterer intervention programs) (Jewell & Wormith, 2010). One potential method to achieve higher attendance and completion rates is judicial monitoring (Barber & Wright, 2010; Labriola, Cissner, Davis, & Rempel, 2012; Labriola, Rempel, & Davis, 2005, 2008). Judicial monitoring typically refers to ongoing court appearances with a judge, compliance officer, or referee to ensure perpetrator compliance with mandated orders such as rehabilitative programs (Labriola et al., 2012; Rempel, Labriola, & Davis, 2008). At these meetings, courts can impose sanctions such as jail or fines for program noncompliance (Labriola et al., 2005). In addition to boosting program completion, judicial monitoring of DFV perpetrators' compliance with programs aims to deter reoffending by "sending the message that the court is closely watching" (Labriola et al., 2012, p. 2). However, some practitioners argue that judicial monitoring is equally important as a method to promote offender accountability, regardless of its possible effects on recidivism (Labriola et al., 2012).

Judicial monitoring can vary in intensity and type. For instance, "graduated" monitoring involves rewarding program compliance via reducing the frequency of court appearances whereas other offenders may attend monthly meetings (Labriola et al., 2005). Supervision levels involved in judicial monitoring are not standardised. The exact nature of each defendant's experience of judicial monitoring is therefore guided by the court or monitoring agency. We identified four eligible studies evaluating the effectiveness of judicial monitoring of batterer intervention programs (Labriola et al., 2012; Labriola et al., 2005, 2008; Rempel et al., 2008). Overall, results from these studies indicate that judicial monitoring does not impact offenders' levels of recidivism; the evidence regarding the impact on program attendance and completion is mixed.

An early study by the Center for Court Innovation (Labriola et al., 2005, 2008; Rempel et al., 2008) randomly assigned male misdemeanour domestic violence offenders in the Bronx, New York to one of four experimental conditions: (1) attending a batterer program with monthly monitoring, (2) attending a batterer program with graduated monitoring, (3) attending monthly monitoring without attending a batterer program, or (4) attending graduated monitoring without attending a batterer program. A second, quasi-experimental stage of the study then compared the randomly assigned offenders from the first stage (Group 1, $n = 387$), all of whom attended judicial monitoring meetings, with propensity score matched offenders who did not attend judicial monitoring (Group 2, $n = 219$). The schedule of judicial monitoring (monthly versus graduated) did not have a significant difference on domestic violence rearrest rates (13% and 14%, respectively). Further, judicial monitoring did not lead to any significant change in domestic violence rearrest rates when compared to matched offenders who were not monitored (27% and 24% respectively). Reduction in the total number of domestic violence rearrests approached statistical significance for offenders who were monitored. Further, judicial monitoring did not significantly impact victims' reports of re-abuse, and type of judicial monitoring did not significantly impact victims' reports of satisfaction with the sentence. However, victims whose cases involved a perpetrator assigned to a batterer program appeared to be more satisfied with sentence (77%) than victims whose cases did not lead to mandated program attendance (52%). Victim satisfaction was therefore more clearly linked to offenders being court-mandated to intervention programs, rather than whether judicial monitoring took place.

A randomised controlled trial based in Rochester, New York in 2006 (Labriola et al., 2012) similarly found that judicial monitoring had no significant impact on domestic violence recidivism. Eligible offenders were mandated to attend an intervention program (e.g., batterer program, substance abuse program) between October and December 2006 from two specialised domestic violence courts. Offenders were randomly assigned to either receive judicial monitoring ($n = 77$) or not ($n = 70$). Offenders in the treatment group received graduated judicial monitoring, with court appearances increased or decreased in frequency based on compliance with orders. The authors found that judicial monitoring did not significantly impact rates of rearrest, program attendance, nor program completion between the two groups. However, perpetrators who received the graduated judicial monitoring were significantly more likely than the control offenders to indicate that they understood their obligations, including that there would be severe consequences for non-compliance with court orders.

Overall, the available empirical evidence indicates that judicial monitoring of batterer intervention programs may not lead to any significant changes in criminal justice outcomes. Two experiments

from New York State found no significant difference in DFV reoffending rates among defendants who received judicial monitoring (Labriola et al., 2012; Labriola et al., 2005, 2008; Rempel et al., 2008). Further, there was no difference between graduated and monthly judicial monitoring schedules (Labriola et al., 2005, 2008; Rempel et al., 2008). However, there is some empirical evidence of comparison of supervision levels within judicial monitoring programs that indicates that offenders who receive higher levels of supervision may be more likely to attend and complete programs than those with lower levels (Barber & Wright, 2010). Higher quality research that clearly conceptualises and measures supervision intensity is required.

4.8 Restorative Justice Approaches

Restorative justice (RJ) is an overarching term based on the notion that victims, offenders and communities can be “restored” following a crime (Humphreys & Campo, 2017). This usually involves a face-to-face meeting with the victim, perpetrator, and a trained facilitator with the aim to repair harm and reduce reoffending (Gavrielides, 2015; Humphreys & Campo, 2017; Loeffler, Prelog, Unnithan, & Pogrebin, 2010; Sherman & Strang, 2007). RJ interventions have been used for a wide range of offences (e.g., robbery, burglary, or assault), at different stages of CJS processes, and in different venues or facets of the CJS (Sherman & Strang, 2007). RJ approaches have been employed in the CJS to facilitate reconciliation in relationships where DFV is present (Humphreys & Campo, 2017). However, some authors argue that a downside of this approach is that nuanced examinations of children and parenting within the context of the perpetrator–victim relationship may be neglected (Humphreys & Campo, 2017). Further critiques suggest that the RJ model was designed for victims and perpetrators who do not know each other and for discrete, one-off crimes by the perpetrator against the victim, and thus, RJ may not be as appropriate when applied to phenomena such as DFV where victims and perpetrators are known to each other and violence may be ongoing (Humphreys & Campo, 2017; Stubbs, 2004). Nevertheless, we identified three studies that evaluated the effectiveness of RJ conferencing for parties affected by DFV.

While the RJ approaches synthesised in this section are court-referred and similar in design, there are a few key differences. Firstly, Mills, Barocas and Ariel (2013) evaluated a program called Circles of Peace, which aims to address downsides in conventional batterer intervention programs identified by victims and judges. This program requires attendance at all sessions by the facilitator and perpetrator, but the victim, family members, and support volunteers/staff only attend some sessions. The aim of the “circle sessions” is to “develop a sustainable plan for change with the offender that focuses on restoring the victim, the family, and the community” (Mills et al., 2013, p. 71). Conversely, the program evaluated by Loeffler and colleagues (2010) has similar aims, but focuses more on the

perpetrator in that victims do not attend any of the RJ sessions, and shame and guilt are examined with the aim of increasing perpetrator accountability and empathy, rather than as a plan for change.

Results summarised here regarding the efficacy of RJ programs for DFV are mixed. A systematic review of RJ practices within the CJS by Sherman and Strang (2007) identified one intervention targeted towards perpetrators and victims of DFV. This study compared face-to-face RJ conferences with a conventional CJS and social service response. Results suggest that the number of emergency visits to homes for participants in the experimental condition decreased by 50% from the pre- to post-intervention period (Sherman & Strang, 2007). In the comparison condition, there was a 50% increase in emergency visits from pre- to post-intervention (Sherman & Strang, 2007). The quasi-experimental study by Loeffler and colleagues (2010) found similar positive results for their program in improving perpetrator empathetic concern and self-esteem. However, the RCT by Mills et al., (2013) found that outcomes were the same for their sample, regardless of whether perpetrators attended Circles of Peace or the conventional batterer intervention program. They suggest that this may be because of their small sample size and high attrition rate, and advocate for more high quality evaluations.

4.9 Specialised Domestic Violence Courts

In Australia and overseas, critics have labelled the treatment of DFV within traditional courts as ineffective on multiple levels. Due to their lack of specialised knowledge about domestic and family violence, court staff may fail to recognise the intricacies of DFV and may therefore place victims at risk of further harm (Moore, 2009). Traditional courts are also criticised for high recidivism levels, lengthy case processing times, and failing to consider victims' needs or hold perpetrators adequately accountable (Ursel et al., 2008).

Specialised domestic violence courts are part of a broader movement towards “problem-solving” or “problem-oriented” courts that target a specific type of crime or offender by addressing the underlying issues of crime (Eley, 2005; Labriola, Bradley, O'Sullivan, Rempel, & Moore, 2009; Moore, 2009). Specialised domestic violence courts were first established in the United States in the late 1970s (Tsai, 2000) and early 1980s (Eley, 2005). In the 1990s and 2000s, the number of specialised domestic violence courts in the United States and other countries such as Canada and the United Kingdom increased significantly in response to the increasing need for efficiency and expertise (Labriola et al., 2009; Moore, 2009). While the majority of problem-solving courts focus on victimless crimes (for example, drug courts), specialised domestic violence courts involve high levels of contact with victims who are often still at risk of ongoing abuse (Labriola et al., 2009).

Many specialised domestic violence courts therefore also provide services to victims in addition to perpetrators (Labriola et al., 2009).

There is no standardised model of specialist domestic violence courts with courts varying considerably in their approach (Labriola et al., 2009). Most courts however can be classified as sitting somewhere on two separate continuums: between integrated and interventionist, and between early intervention and vigorous prosecution (Bond, Holder, Jeffries, & Fleming, 2017; British Columbia Ministry of Justice, 2014; Jane Doe Legal Network, 2012). Early intervention model courts focus on low-risk, first time offenders whereas courts that follow the vigorous prosecution model tend to focus on high-risk, repeat offenders (British Columbia Ministry of Justice, 2014). Integrated court models use the vigorous prosecution model, relying on heightened cooperation between the courts and the police in order to obtain the greatest number of convictions of high-risk, repeat offenders (Jane Doe Legal Network, 2012). Conversely, interventionist models focus on offender treatment over obtaining convictions (Jane Doe Legal Network, 2012). Given these distinctions between court models, we synthesise these studies separately in the sections below.

While specialised domestic violence courts may therefore differ in the cases they address, typical common goals include increased efficiency, dedicated and trained staff, a coordinated response, information sharing, consistent and informed decision-making, victim services, offender accountability, decreased recidivism, and consistent evaluation of services (British Columbia Ministry of Justice, 2014; Labriola et al., 2009). Specialised domestic violence courts often involve collaboration with community-based programs and other justice agencies, judicial monitoring of orders to ensure compliance, referral to victim services, and specialised training for staff (Labriola et al., 2009). Notably, Mirchandani (2005) argues that specialised domestic violence courts are able to combine technocratic and substantive, or value-based, imperatives in their daily functioning. That is, while they are committed to technocratic goals including increased efficiency and effectiveness via reduced recidivism rates, their overall goals may combine these with substantive goals based on addressing the social issue of domestic violence, often drawn from the feminist battered women's movement (Mirchandani, 2005).

In this review, we identified six studies containing an impact evaluation of a specialised domestic violence court or court program. In the sections below, we review two evaluations of criminal domestic violence courts and four evaluations of integrated domestic violence courts. The studies examined the impacts of the specialised courts on case processing, case outcomes, and recidivism,

finding mixed results. Notably, all of the impact evaluations included in this section were based in New York State; the generalisability of the findings is therefore limited.

Criminal Domestic Violence Courts

In the United States, specialised domestic violence courts address either (1) misdemeanour offences only, (2) felony offences only or (3) both misdemeanour and felony offences within the same court. An early study of a felony specialised domestic violence court based in Brooklyn, New York, found that the court had mixed effects on case processing and criminal justice outcomes (Newmark, Rempel, Diffily, & Kane, 2001). The Kings County felony domestic violence court began operation in mid-1996 and aimed to hold offenders more accountable and improve victim safety and services. Key elements of the court included a coordinated network of community agencies, enhanced case information flow between agencies, specialised training for staff, vertical prosecution (cases following the same judge), and the routine use of protection orders. The authors compared 136 cases processed within the specialised court during the first half of 1997 (the intervention group) to a comparison sample of 93 felony cases processed in non-specialised courts in the 18 months pre-intervention.

Results reflect the specialised court's emphasis on victim services and routine use of protection orders. There was a statistically significant increase in use of victim advocates (100% under the specialised court versus 55% in comparison cases) and issuing of protection orders (98% of cases versus 87%). Defendants in the specialised domestic violence court were also significantly more likely to be mandated to programs: 70% of defendants released from jail by the court pre-disposition were released on the condition that they complete a batterer intervention program compared to 0% of defendants in the pre-intervention sample. However, the authors note that court-mandated programs were used primarily as a means to monitor the defendants, and that the court officially took an "agnostic view on the rehabilitative effects of the intervention" (Newmark et al., 2001, p. 58).

Notably, the specialised court did not improve case processing times. Cases in the specialised court sample took significantly more time to move from arraignment to disposition (216 days in specialised court sample versus 186 days in pre-intervention sample). However, when the authors controlled for other case factors (such as charge severity and conditions of release), the increase in days until disposition only approached significance for the specialised court sample. Convicted defendants were also significantly more likely to plead guilty in the specialised court sample (88% compared to 73%). The specialised court generally showed less severe indictment charges; the authors suggest this is a result of the higher levels of plea bargaining in the specialised court sample.

In terms of recidivism, roughly one third of defendants violated probation orders regardless of sample (Newmark et al., 2001). Defendants processed within the specialised court had a significantly lower time to probation violation than defendants within the comparison sample. However, this data was limited by missing cases, and the authors could only measure through official reports, which did not distinguish between reasons for probation violation. The authors were unable to suggest a reason for this difference due to limitations in the study methodology: either the significant increase could be attributed to increased monitoring and surveillance under the specialised court, or an unknown reason prompted felony probationers to violate probation more quickly. Similar challenges are present when interpreting repeat arrests. At both 12 and 18 months post-disposition, defendants within the specialised sample were significantly more likely to be arrested for any offence than the comparison court sample (33% versus 21% at 12 months; 41% versus 26% at 18 months)

More recently, Cissner, Labriola and Rempel (2013) evaluated 24 matched pairs of criminal specialised domestic violence courts in New York State using a retrospective, pre–post design. Of the included courts, five only addressed felony cases (including the Kings County felony court assessed by Newmark and colleagues), 18 addressed misdemeanour cases, and one court addressed both felony and misdemeanour cases. Integrated domestic violence courts were excluded from the analysis. To examine the impact of the specialised courts, the authors compared cases processed in the conventional courts in the two full calendar years preceding the opening of the specialised courts (the comparison sample) to cases processed during the first two years post-opening of each specialised domestic violence court (the intervention sample). To adjust for selection bias in the retrospectively drawn samples, the authors implemented propensity match scoring of defendants between samples.

Overall, the analyses found mixed results across the three outcome variables (impact on rearrest; impact on case processing; impact on offender accountability). In contrast to Newmark and colleagues' (2001) findings based on one court, Cissner et al. (2013) found that the specialised domestic violence courts significantly reduced the average case processing time (197 days to disposition in the intervention group compared to 260 days to disposition for comparison cases). Whereas Newmark and colleagues (2001) found that the felony court in Brooklyn gave less severe sanctions on average, Cissner and colleagues (2013) showed an increase in jail and prison sentences among male defendants, although these differences did not reach statistical significance.

While the specialised courts did not significantly reduce rearrests overall, there was a statistically significant decrease in rearrests on domestic violence charges among convicted offenders (Cissner et

al., 2013). Given the emphasis by specialised courts on reducing domestic violence recidivism, this is nevertheless a promising result. Specialised courts that sanctioned noncompliant offenders and addressed victim safety and service needs also had significantly reduced rearrest rates when compared to specialised courts that focused less on these areas. However, the authors were not able to control for high- and low-risk classifications of defendants, nor examine case-level data such as services accessed by victims, programs accessed by perpetrators, or responses to noncompliance. As these case variables may have important effects on recidivism outcomes, further research is necessary.

An impact evaluation of a misdemeanour-only criminal domestic violence court in South Carolina shines light on the efficacy of specialised courts in rural settings (Gover, MacDonald, Alpert, & Geary, 2004). Gover et al. (2004) examined the Lexington County Domestic Violence Court, which placed a strong emphasis on victim safety and offender accountability via increasing fines, jail time, and use of mandatory batterer treatment programs. The authors conducted a time series intervention analysis and a recidivism analysis, comparing defendants arrested for domestic violence pre- and post-court implementation. The time series intervention analysis examined monthly occurrences of domestic violence from 1997 to 2001, comparing the months before the court's implementation (January 1997 to October 1999) to the first 26 months post-implementation (November 1999 to December 2001). The results indicated that the implementation of the criminal domestic violence court significantly increased the number of local domestic violence arrests by an average of 5.57 arrests per month. The authors suggested that this reflects local authorities' increased awareness of and responsiveness to domestic violence. In order to examine recidivism outcomes among court defendants, the authors drew a random sample of 200 cases processed in the local magistrates court prior to the implementation of the specialised court (January 1997 to June 1999). The authors then compared this historical sample to a random sample of 200 cases processed in the specialised court, controlling for a number of variables (prior DV history, number of charges, pre-trial diversion, employment status, race, gender, number of days in jail pre-trial). Results indicated that defendants processed through the specialised court were significantly less likely to reoffend than comparison defendants, with odds of recidivism decreased by fifty percent in an eighteen month follow-up period.

[Integrated Domestic Violence Courts](#)

Integrated domestic violence courts refers to a combination of criminal, civil, and/or family cases within the same courthouse, although it should be noted that there is no uniform usage of this term. Three studies of integrated domestic violence courts reviewed in this section specifically examined

courts that integrate criminal and family law cases relating to domestic violence into one courthouse (Cissner, Picard-Fritsche, & Puffett, 2011; Katz & Rempel, 2011; Picard-Fritsche, Cissner, & Puffett, 2011); a further three examined combined civil and criminal domestic violence courts in the Australian context (Bond et al., 2017; Western Australia Department of Justice & Western Australia Police Service, 2002; Western Australia Department of the Attorney General, 2014).

Two studies evaluated integrated domestic violence courts in Erie County (Picard-Fritsche et al., 2011) and Suffolk County (Cissner et al., 2011) in New York State. In both studies, the intervention sample comprised all cases processed by the integrated court during the data collection time period (Erie: December 2003–December 2005; Suffolk: October 2002–December 2005) and the comparison group comprised similar cases processed in traditional courts through the same time period. In both studies, the authors were unable to use propensity score matching. Instead, they controlled for key background characteristics in their analyses.

Both studies found that cases processed in the integrated courts required significantly fewer trips to court as a result of increased use of same-day scheduling. However, while cases processed in the Erie County court averaged significantly fewer court appearances than comparison cases (Picard-Fritsche et al., 2011), cases processed in the Suffolk County court averaged significantly more appearances than comparison cases across all case types (Cissner et al., 2011). Further, defendants in both the Erie and Suffolk County courts were significantly more likely than comparison defendants to reoffend as measured by a criminal violation of a protective order (13% versus 5% in Erie County; 18% v. 13% in Suffolk County). However in line with results from other studies, this significant difference may have resulted from structural differences in specialised courts: more protective orders are given, there is increased surveillance via offender monitoring, or perhaps a higher incidence of violation reporting (see Cissner et al., 2011; Picard-Fritsche et al., 2011). As such, the authors in both studies found this difference difficult to interpret. To reflect this limitation, other data sources, including victim self-report, may help estimate the impact on recidivism.

There is some indication that specialised domestic violence courts that are integrated may be more effective than specialised courts that only address criminal matters. As such, some studies have compared the two models. Katz and Rempel (2011) examined nine integrated domestic violence courts across a broad range of jurisdictions in New York State. The comparison sample comprised cases from nine specialised domestic violence courts from the same jurisdictions that only addressed criminal court matters. After implementing propensity score matching, the final sample included identical 318 integrated court cases and 318 criminal court comparison cases matched on

demographics, criminal history, and current charges. The authors measured differences between the integrated court and criminal court samples on three key outcomes: case processing time, case resolutions, and recidivism as measured by rearrests.

There were no statistically significant differences in case processing times and case dispositions between samples (Katz & Rempel, 2011). In both court samples, slightly more than half of all cases ended with a conviction (55% versus 54%). Among convicted defendants, integrated courts sentenced a significantly greater number of defendants to probation (21% versus 7%) and fewer to time served sentences (7% versus 21%) than criminal courts. At 1-year post initial arraignment, cases in the integrated courts averaged a slightly higher rate of rearrest compared to the criminal court comparison sample, although this was not statistically significant. A significantly higher proportion of defendants from the integrated court sample (24%) were rearrested on criminal contempt charges (for example, a domestic violence crime involving the victim from the initial case) compared to the criminal court cases (17%). Further, 15% of integrated court defendants were rearrested exclusively on criminal contempt charges compared to 8% of criminal court defendants (i.e., violating a protection order against the original victim without committing an additional criminal offence).

The authors attributed these significantly higher recidivism rates (as measured by rearrest for criminal contempt) not to a failure of the integrated court to rehabilitate offenders, but suggested that it may be more effective than criminal specialised domestic violence courts in detecting prohibited victim contact. However, the authors were unable to measure a number of other variables related to specialised courts including use of victim services and legal representation. As such, they caution that the results cannot be taken as a comprehensive overview of specialised courts.

Compared to the United States, there are significantly fewer outcome evaluations for specialised courts in Australian jurisdictions. We found three outcome evaluations for integrated domestic violence courts in Australia, located in Queensland and Western Australia. The Southport Domestic and Family Violence Court in Queensland (Bond et al., 2017) and the Metropolitan Family Violence Courts (including the Joondalup Family Violence Court (Western Australia Department of Justice & Western Australia Police Service, 2002)) and Barndinalgu Court in Western Australia (Western Australia Department of the Attorney General, 2014) combined civil and criminal domestic and family violence matters. In Western Australia, civil matters related to Violence and Misconduct Restraining Orders (Western Australia Department of Justice & Western Australia Police Service, 2002); in Queensland, civil matters were either domestic violence protection orders (DVO) or voluntary intervention orders (VIO) (Bond et al., 2017).

In 2002, the Western Australia Department of Justice and Western Australia Police Service presented an outcome evaluation of the Joondalup Family Violence Court. The study was quasi-experimental, drawing a control group of individuals attending two Courts of Petty Sessions elsewhere in Western Australia (Midland and Armadale). All data for the control group were collected between 1 July 2000 and 30 June 2001; data for Joondalup were collected between February 2000 and October 2001. There were some differences between the comparison groups: defendants in the control courts were more likely to have criminal histories for myriad offences, whereas Joondalup defendants were more likely to be specific DFV perpetrators. Notably, the authors found that Joondalup defendants were more likely to breach court orders than control defendants. However, they attributed this difference to increased supervision associated with the specialised court. The study's time frames did not allow for any measures of recidivism.

The Joondalup Court was later one of six Metropolitan Family Violence Courts evaluated alongside the Barndimalgu Court by the Western Australia Department of the Attorney General (2014). In Western Australia, the Metropolitan Family Violence Courts operate specialist court lists, victim support, and case management services at Joondalup, Rockingham, Fremantle, Midland, Armadale, and Perth Magistrates Courts. Once they have pled guilty to a DFV related charge and agreed to participate, participant defendants have access to case management throughout the court process, and can partake in behaviour change programs prior to sentencing. The Courts also provide specialist victim services including advocacy and referral services. The Barndimalgu Court at Geraldton is a specialist family court listing for Aboriginal and Torres Strait Islander offenders who had pled guilty and agreed to participate. Notably, the Barndimalgu Court includes local Aboriginal community members in its case management.

To model the Courts' impact on recidivism, the authors measured the time between the first offence and re-offence and controlled for demographic variables and criminal records. For the Metropolitan Family Violence Courts, defendants who attended the behaviour change program were significantly more likely to reoffend than comparison defendants who attended the behaviour change program in a mainstream court. Further, defendants who attended the Family Violence Courts but were not assessed for and did not attend the behaviour change program were significantly more likely to reoffend than comparison defendants who attended the behaviour change program in a mainstream court. Further, 31.3% of defendants who attended the specialised court and were assessed as suitable for the behaviour change program reoffended within one year compared to 19.6% of comparison defendants at a mainstream court. The authors therefore suggest that participating in the specialised courts had less effective impacts on recidivism than the mainstream courts; however, participating in

the behaviour change programs appeared beneficial to defendants at both courts. The program at Barndimalgu Court also did not appear to have an effective impact on recidivism: 57.4% of defendants who completed the court program reoffended within one year compared to 51.7% of Aboriginal offenders who did not attend Barndimalgu. However the authors note that they were unable to control for variables other than criminal record and demographics, and thus there may be unknown factors impacting offenders' risk of reoffending, such as increased support of victims at the specialised courts.

More recently, Bond and colleagues (2017) conducted an evaluation of the Southport Domestic and Family Violence Court in Southport, Queensland. Cases processed through the Ipswich Magistrates Court, a non-specialised court, formed the comparison group. The authors compared data from before, during, and twelve months after the establishment of the specialised court for both groups. In this evaluation, a statistically significantly higher percentage of victims reported using a duty lawyer or other publicly funded lawyer at the Southport Court (83%) than at the comparison court (36.4%). Although the authors were unable to carry out statistical significance tests for defendants' use of services due to small sample sizes, a higher percentage of defendants reported accessing a court support worker at Southport Court (89.5%) than at the comparison court (55.6%).

Victims' use of services did not significantly differ between courts for use of a court support worker, an interpreter, or a support/safe room. Defendants at the comparison site did not report using a duty lawyer or an interpreter, compared to 73.7% and 2.6% of defendants at Southport Court, respectively. A significantly higher percentage of victims at the Southport Court (83%) reported that they were given an opportunity to "tell someone (e.g. police, support worker, lawyer) what [they] wanted to see happen at court" (Bond et al., 2017, p. 65) versus comparison victims (62.5%). Further, the increase in victims' overall positive assessment of the court experience at the Southport Court approached significance (81.5% versus 50% for comparison victims). Specifically, Southport victims were more likely to report that they felt that the Magistrate believed them (72.6% versus 40% comparison victims) and that the Magistrate took their story into account when making a decision (67.9% versus 50% comparison victims), though these differences were not statistically significant. However, there was no statistically significant differences in victims' and defendants' reported measures of perpetrator accountability between courts.

In terms of criminal case outcomes, defendants convicted of breaching a domestic violence order at the Southport Court were significantly less likely to receive a custodial sentence (17.43%), probation (25.85%), or fine (33.10%) than comparison defendants during the trial period (28.82%, 25.87%, and

35.28%, respectively). Further, there were statistically significant changes in the most serious sentencing orders for breaches of domestic violence orders at Southport Court over time. Compared to data collected at Southport Court prior to the establishment of the specialist listing, during the span of the trial there was a statistically significant decrease in percentages of custodial orders and fines, and a significant increase in percentages of probation orders, as the type of most serious order for defendants convicted of breaching a domestic violence order. However, methodological issues surrounding court case file data limited the authors' ability to explain these differences.

Critically, the evaluation of the Southport Court did not include analysis of criminal case matters, nor did the evaluation last long enough to measure reoffending. As such, the authors conclude that long-term evaluation must take place in the future to measure the impact of the specialised court, particularly on offender accountability and victim safety.

Summary of Specialised Domestic Violence Courts

Overall, the available empirical evidence about specialised domestic violence courts is mixed across several criminal justice outcomes. Most starkly, Newmark et al. (2001) found that that case processing times were significantly increased in one criminal court whilst Cissner et al. (2013) found that the average case processing time decreased significantly across 24 criminal courts in New York State, including the court analysed by Newmark and colleagues. Further whilst both Newmark et al. (2001) and Cissner et al. (2013) found no significant differences in general recidivism levels between court types, Cissner et al. (2013) found that there was a statistically significant decrease in rearrests on domestic violence charges among convicted offenders (Cissner et al., 2013). Although this is a promising result that may indicate specialised courts can succeed in reducing domestic violence recidivism, further research is necessary.

Additionally, results showing increases in official recidivism rates among offenders who are processed in specialised domestic violence courts may not be negative. Four studies found a technical increase in recidivism levels among treatment offenders. For example, Newmark et al. (2001) found that treatment offenders took less time to violate probation while both Cissner et al. (2011) and Picard-Fritsche et al. (2011) found a significant increase in violations of probation among defendants who were processed through two integrated domestic violence courts. In Western Australia, defendants processed through the Metropolitan Family Violence Courts were more likely than comparison defendants to reoffend (Western Australia Department of the Attorney General, 2014). However, a possible explanation is that specialised domestic violence courts are succeeding in detecting recidivism when it occurs. Further research is therefore required to better detect if

specialised courts lead to increased reoffending, or whether they lead to increased and earlier detection of reoffending.

The generalisability of these findings is limited due to geographic constraints. Though specialised domestic violence courts are now widespread in jurisdictions such as Canada and the United Kingdom (Moore, 2009), the vast majority of impact evaluations synthesised in this report were conducted in New York State. While three impact evaluations of specialised domestic violence courts have been conducted in Australia to date (Bond et al., 2017; Western Australia Department of Justice & Western Australia Police Service, 2002; Western Australia Department of the Attorney General, 2014), they have had methodological limitations including small sample sizes, inability to determine statistical significance, and a lack of recidivism measures. Conducting high-quality impact evaluations of specialised domestic violence courts in Australia should also be a priority for future research.

4.10 Chapter Summary

This review identified 36 studies that measured the impact of court-related interventions on outcomes for DFV victims and perpetrators and drew from the three systematic reviews of CJS responses to DFV. Evidence synthesised in this chapter measured effectiveness across a range of outcomes for both victims and offenders (see Figure 4.1 for evidence and gap map of courts responses to DFV²). In addition to positive results associated with legal advocacy, interventions targeted at prosecution and enforcement of orders increased criminal justice personnel's contact with victims throughout the court process. Further, court interventions are able to significantly increase victims' referral rates to support services. While none of the synthesised interventions significantly impacted victims' sense of empowerment related to court, mandating offenders to treatment does appear to significantly increase victim satisfaction. Notably, interventions may seemingly increase the rate of self-reported re-victimisation. While these studies are not yet able to disentangle the causal process, it may be that court-related interventions increase victims' ability to recognise repeat abuse and willingness to report. However, the vast majority of studies address only female victims of

² This map synthesises N = 32 unique courts studies. N = 1 unique study was excluded from this map based on it including an obscure outcome measure. Systematic reviews without meta-analyses and quasi-experimental studies that did not fit within the broad intervention categories synthesised were excluded from the maps.

male DFV perpetrators. Further research is therefore necessary to explore the impacts of court-related interventions for a more diverse range of victims.

The impact of court-related interventions on DFV perpetrators is less clear. The impact of judicial monitoring on batterer intervention attendance and completion is mixed. While criminal conviction of DFV offences appears to reduce reoffending, many other courts interventions seemingly increase recidivism rates. While it may be possible that increased supervision of offenders associated with many court interventions leads to increased detection of recidivism, rather than an increase in reoffending per se, this has yet to be statistically confirmed in the empirical literature. Further, there is a dearth of empirical literature examining the impact of court interventions on offenders who are female or belong to minority groups. In addition, there is a need for future impact evaluations to specifically focus on interventions in the Australian context.

Evidence and Gap Map for Courts-Focused Responses

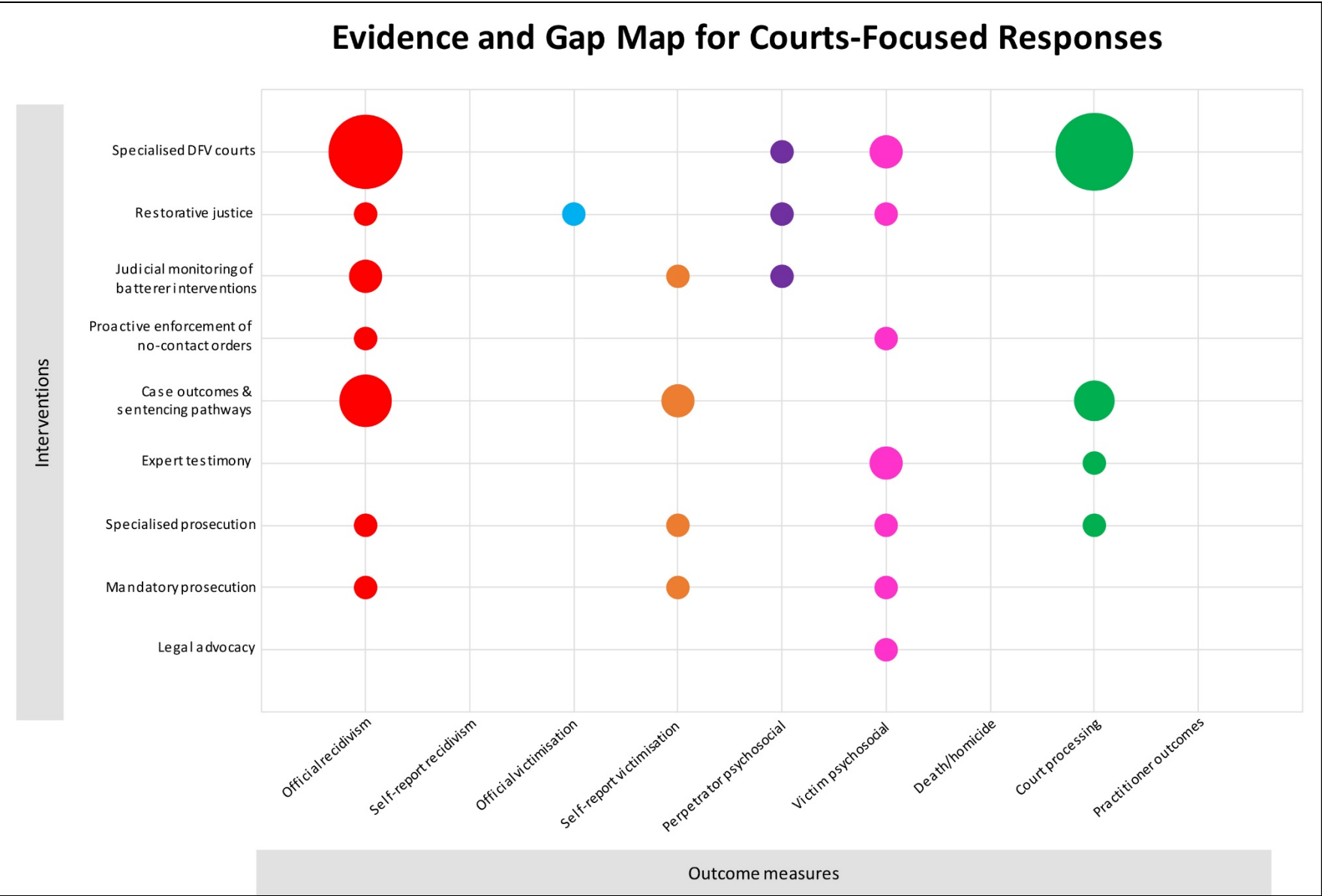


Figure 4.1 Evidence and gap map for courts-focused responses

4.11 References

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Table 4.1 Studies evaluating courts-focused interventions for domestic and family violence (n = 36)

Study Design	Reference
Systematic Review and/or Meta-Analysis	Garner, J. H., & Maxwell, C. D. (2010). <i>The crime control effects of criminal sanctions for intimate partner violence</i> . Washington, DC: National Institute of Justice.
	Macy, R. J., Giattina, M., Sangster, T. H., Crosby, C., & Montijo, N. J. (2009). Domestic violence and sexual assault services: Inside the black box. <i>Aggression and Violent Behavior, 14</i> (5), 359–373.
	Sherman, L. W., & Strang, H. (2007). <i>Restorative justice: The evidence</i> . London, UK: The Smith Institute.
Randomised Experiment	Brame, R., Kaukinen, C., Gover, A. R., & Lattimore, P. K. (2015). No-contact orders, victim safety, and offender recidivism in cases of misdemeanor criminal domestic violence: A randomized experiment. <i>American Journal of Criminal Justice, 40</i> (2), 225–249.
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	Labriola, M., Rempel, M., & Davis, R. C. (2008). Do batterer programs reduce recidivism? Results from a randomized trial in the Bronx. <i>Justice Quarterly, 25</i> (2), 252–282. doi:10.1080/07418820802024945
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Strong Quasi-Experiment	Bell, M. E., Cattaneo, L. B., Goodman, L. A., & Dutton, M. A. (2013). Criminal case outcomes, incarceration, and subsequent intimate partner violence. <i>Journal of Family Violence, 28</i> (5), 489–502. doi: 10.1007/s10896-013-9515-z
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Study Design	Reference
	Cissner, A. B. (2005). <i>Process evaluation of the Brooklyn Youthful Offender Domestic Violence Court</i> . New York, NY: Center for Court Innovation.
	Cissner, A. B., Labriola, M., & Rempel, M. (2013). Testing the effects of New York's domestic violence courts: A statewide impact evaluation. New York, NY: Center for Court Innovation.
	Cissner, A. B., Labriola, M., & Rempel, M. (2015). Domestic violence courts: A multisite test of whether and how they change offender outcomes. <i>Violence Against Women, 21</i> (9), 1102–1122.
	Cissner, A. B., Picard-Fritsche, S., & Puffett, N. K. (2011). <i>The Suffolk County integrated domestic violence court: Policies, practices, and impacts</i> . New York, NY: Center for Court Innovation.
	Davis, R. C., O'Sullivan, C. S., Farole, D. J., Jr, & Rempel, M. (2008). A comparison of two prosecution policies in cases of intimate partner violence: Mandatory case filing versus following the victim's lead. <i>Criminology & Public Policy, 7</i> (4), 633–662.
	Finn, M. A. (2013). Victim Engagement in the prosecution of domestic violence cases. <i>Criminology & Public Policy, 12</i> (3), 473–480. doi: 10.1111/1745-9133.12049
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	Katz, S., & Rempel, M. (2011). <i>The impact of integrated domestic violence courts on case outcomes: Results for nine New York state courts</i> . New York, NY: Center for Court Innovation.
	Kindness, A., Kim, H., Alder, S., Edwards, A., Parekh, A., & Olson, L. M. (2009). Court compliance as a predictor of postadjudication recidivism for domestic violence offenders. <i>Journal of Interpersonal Violence, 24</i> (7), 1222–1238.
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	Melton, H. C. (2001). <i>Stalking in the context of domestic violence</i> (Doctoral dissertation). Retrieved from ProQuest dissertations and Theses Global database. (UMI No. 3005079)

Study Design	Reference
	Newmark, L., Rempel, M., Diffily, K., & Kane, K. M. (2001). Specialized felony domestic violence courts: Lessons on implementation and impacts from the Kings County experience. In B. S. Fisher (Ed.), <i>Violence against women and family violence: Developments in research, practice, and policy</i> (pp. III-8-1–9). Washington, DC: National Institute of Justice.
	O’Sullivan, C. S., Davis, R. C., Farole, D. J., Jr, & Rempel, M. (2007). <i>A comparison of two prosecution policies in cases of intimate partner violence</i> . New York, NY: Center for Court Innovation.
	Picard-Fritsche, S., Cissner, A. B., & Puffett, N. (2011). <i>The Erie County integrated domestic violence court: Policies, practices, and impacts</i> . New York, NY: Center for Court Innovation.
	Rempel, M., Labriola, M., & Davis, R. C. (2008). Does judicial monitoring deter domestic violence recidivism? Results of a quasi-experimental comparison in the Bronx. <i>Violence Against Women, 14</i> (2), 185–207.
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5 Corrections-Focused Responses

5.1 Introduction

Contrary to the late 20th century perspective that “nothing works” in corrections (MacKenzie, 2013; Martinson, 1974), there is now a significant amount of research suggesting that well-executed interventions can increase the likelihood of offender rehabilitation and reduce the occurrence of recidivism. Yet offender treatment programs are rarely universally applicable to all offending groups. In other words, what works for reducing recidivism amongst a cohort of sex offenders may not necessarily translate to a population of DFV offenders. Specialised DFV programs like the Duluth batterer intervention model often take a “one size fits all” approach to the treatment of DFV that fails to account for differences among DFV perpetrators (for example, differences in substance abuse histories and cultural backgrounds) (see Ferraro, 2017). Additionally, offender attendance and completion of programs may vary depending on whether participation is voluntary or mandated (Olver, Stockdale, & Wormith, 2011)

As part of this review, we identified 58 studies that assessed the effectiveness of corrections-based responses to DFV. The majority of these studies fall under the broad umbrella of batterer intervention programs yet differ significantly in theoretical and practical approaches. However, all interventions in this chapter look to improve a range of criminal justice outcomes for DFV perpetrators and some, too, for victims. Beyond reducing rates of DFV recidivism among perpetrators, interventions also aim to change offender thought patterns, increase program completion and reduce substance abuse.

5.2 Batterer Intervention Frameworks/Approaches

Cognitive Behavioural Therapy (CBT)

The Cognitive Behavioural model of psychotherapy views the perpetration of violence by batterers as stemming largely from maladaptive, irrational thoughts and expectations of the world that result in aggressive behaviour (Clark, 2011). At their core, CBT based batterer interventions view violence as a learned behaviour that can be unlearned by systematically disrupting distorted thought processes. These cognitive distortions often render a perpetrator unable to fully consider the impact of their behaviour, accept responsibility for negative actions, manage anger, empathise with others or delay gratification (Clark, 2011). A prominent cognitive distortion held by perpetrators of domestic violence is a mistaken sense of entitlement that obscures the distinction between wants and needs, leading to the use of violence in intimate relationships to achieve what they believe to be deserved.

CBT encompasses a wide range of therapeutic techniques aimed at addressing cognitive distortions through teaching clients how to detect and rebuke irrational automatic thoughts (Ellis, 2011). Once identified, the rigid and extreme beliefs that lead to violence can be undermined and replaced with rational thoughts made up of pro-social expectations that inform decision-making, a method known as cognitive restructuring (Ellis, 2011). The behavioural element of CBT is integrated with cognitive restructuring and involves examining how cognitive distortions act as the antecedent to violent behaviour, how they interact with other environmental and interpersonal factors to maintain abuse, and finally how the consequences of abuse work to reinforce its perpetration (Wolfe, 2007). In practice, self-monitoring of the antecedents and consequences of certain abusive behaviours is often used to implement and observe measurable goals and ensure progress. Other behavioural elements of CBT that work to consolidate this regimented operant conditioning process include social skills training, behavioural rehearsal and the modelling of passive responses to conflict (Milkman & Wanberg, 2007). The modelling of appropriate behaviour is particularly relevant to batterers within CBT treatment because the perpetration of intimate partner violence is thought to be derived from the modelling of such behaviour in childhood, often from witnessing parental domestic disputes (Eckhardt & Dye, 2000).

In an early systematic review, Babcock, Green, and Robie (2004) examined 22 strong quantitative studies that evaluated reoffending outcomes of batterer intervention programs for male perpetrators. The studies produced a total of 36 effect sizes; of these, 10 measured effect sizes of cognitive behavioural programs where recidivism was measured by police report ($n = 6$) or partner report ($n = 4$). Based on the meta-analyses, the authors could not conclude that CBT interventions had a statistically significant effect on reoffending as measured by police report nor partner report compared to alternate interventions or no-treatment control groups. A systematic review of European perpetrator treatment interventions by Akoensi, Koehler, Lösel, and Humphreys (2013) reviewed 12 studies published between 1997 and 2010 that reported on behavioural or attitudinal outcomes of perpetrator programs for both men and women. Of the 12 studies reviewed, one (Dobash, Dobash, Cavanagh, & Lewis, 1999) evaluated a cognitive-behavioural program. Dobash and colleagues (1999) found that CBT led to statistically significant improvements in behavioural and attitudinal measures for some male DFV perpetrators. Twelve months post-program, female partners' reports indicated that only 33% of men in the treatment condition had used violence compared to 69% of men in the control condition. Akoensi and colleagues (2013) note that the study participants were allocated to groups based on their court sentence. Therefore, participants in the experimental

condition may have been mandated to CBT instead of traditional sanctions because they were viewed as less severe offenders than those in the control group.

Other systematic reviews have focused explicitly on CBT for domestic violence perpetrators. For example, Smedslund, Dalsbø, Steiro, Winsvold, and Clench-Aas (2007) conducted a systematic review and meta-analysis on CBT for male perpetrators of physical abuse against female victims. Smedslund and colleagues (2007) restricted their selection criteria to only include randomised controlled trials. As a result, their findings were restricted to six studies: four comparing CBT treatment with a no-intervention control group, and two comparing CBT with an alternate treatment option. The authors found a small, significant effect size in favour of the treatment group. Results were inconclusive when comparing CBT to a process-psychodynamic group treatment and a Twelve-Step Facilitation group. The authors cautioned that they were unable to draw conclusions about the effectiveness of CBT treatment for male DFV perpetrators due to the small number of randomised controlled trials included in the meta-analysis.

A systematic review conducted by Feder, Wilson and Austin (2008) identified 10 studies evaluating the effectiveness of court-mandated CBT batterer interventions in reducing domestic violence recidivism, four of which were RCTs and the remaining six were strong quasi-experimental designs. Meta-analysis of findings based on official records of recidivism identified a small but significant reduction in recidivism as a result of treatment in RCT based studies. Quasi-experimental studies comparing batterers mandated to treatment with untreated batterers produced mixed findings and a non-significant effect when examined collectively on official recidivism measures. Analysis of quasi-experiments that compared program completers and non-completers found significant reductions in recidivism on official recidivism measures. No significant effects of treatment were found in analyses using measures of recidivism based on victim reports. These findings highlight the disparities in treatment effects resultant from differing measures of recidivism, with victim reports considered to be more conservative and valid, and emphasise the potential weakness of inferences based on official measures. Further, the positive effects of treatment found in studies that compare treatment completers with non-completers are likely the result of systematic differences between groups. Personal factors that predict the likelihood of program completion, such as motivation, may also explain group differences in post-treatment recidivism and inhibit the valid estimation of actual intervention effects. The authors note that the included studies often used unrepresentative batterer samples, relied heavily on official recidivism measures, and experienced significantly low rates of victim reporting of recidivism, highlighting a need for future research that evaluates mandated

batterer treatments with greater rigour. These findings do not provide strong evidential support for reductions in recidivism occurring as a result of mandated CBT batterer programs.

Duluth Model Psychoeducation

The perpetration of domestic violence is conceptualised by the Duluth Model as a gendered issue, with violence towards women stemming from patriarchal ideologies that work to ingrain misogynistic structures of power and control within interpersonal relationships (Pence & Paymar, 1993). Duluth-based domestic violence interventions use feminist psychoeducation techniques to identify and address behaviours used by batterers in the maintenance of power and control within relationships (Herman, Rotunda, Williamson, & Vodanovich, 2014). Examination of negative attitudes and behaviours built on male privilege and dominance among batterers, as well as the development of empathy for victims, are focal elements of Duluth interventions, supplemented with social skills training, communication skills and tension reduction exercises (Herman et al., 2014). Prototypical Duluth interventions that strictly adhere to the model are not considered therapeutic, but rather a series of exercises that force conscious introspection of stereotypical attitudes towards women and how these can be undermined to form behavioural control strategies (Herman et al., 2014).

In an early systematic review, Babcock et al. (2004) examined 22 strong quantitative studies that evaluated reoffending outcomes of batterer intervention programs for male perpetrators. The studies produced a total of 36 effect sizes; of these, 18 measured effect sizes of Duluth-model programs where recidivism was measured by police report ($n = 11$) or partner report ($n = 8$). Duluth models had a statistically significant effect on reoffending as measured by police report and by partner report when compared to community service controls, probation-only conditions and CBT intervention programs. The difference in effects on reoffending between Duluth, CBT, and “other” batterer treatment models was not statistically significant.

A systematic review of European perpetrator interventions by Akoensi et al. (2013) identified two evaluations of either a Duluth-based model (Leicester-Liverpool Evaluation Group, 2005) or profeminist psychoeducational approach (Bowen, 2004) based in the United Kingdom. Participants in both interventions were court-mandated, and both consisted of 24 sessions. The systematic review indicated that both interventions had positive results. At the 11-month follow-up period, participants who attended at least 21 of 24 sessions in the profeminist psychoeducation program had reoffended at lower rates compared to program dropouts (Bowen, 2004). Participants who completed the Duluth-based model also had lower reconviction rates when compared to program dropouts and those who had not attended (Leicester-Liverpool Evaluation Group, 2005). Self-reports from

participants and their partners also indicated statistically significant improvements in reoffending by program completers (Leicester-Liverpool Evaluation Group, 2005).

In their systematic review, Miller, Drake and Nafziger (2013) examined the impact of domestic violence interventions on recidivism. The authors considered studies that specifically identified the Duluth model, in addition to studies that were “similar to Duluth” based on inclusion of key pro-feminist phrases or gender-based values (Miller et al., 2013, p. 6). In doing so, Miller and colleagues (2013) identified 11 studies, five of which evaluated Duluth-based interventions. Meta-analysis of the effect sizes drawn from these studies revealed no positive impact of Duluth-type interventions on reducing recidivism on official criminal measures compared to community service or probation only.

Feder & Dugan (2002) conducted an RCT evaluating the effectiveness of court mandated Duluth-based batterer intervention programs for offenders on probation in improving batterers’ attitudes regarding domestic violence and self-reported likelihood of future intimate partner violence from victims and perpetrators. Participants were randomly assigned to either probation with Duluth-based batterer counselling, the treatment group, or only probation, the control group. The study found no significant difference in any of the measures between the groups, such that the Duluth intervention programs had no impact on the offenders’ attitudes towards domestic violence or their self-reported likelihood of enacting domestic violence in the future, compared to the probation-only group. Within the group who received the treatment, those who completed the counselling were significantly less likely to reoffend than those who did not comply with the treatment; however, this finding was not within the initial experimental design. The assignment of perpetrators to a no-treatment condition was seen to be controversial, resulting in low response rates from victims, high turnover of research staff and logistical delays. Participants in the treatment group were directed to one of five different Duluth counselling programs, and variance between these programs was not accounted for in the study design, weakening the generalisability and strength of the findings.

Mind–Body Bridging

Mind–Body Bridging (MBB) is an intervention that conceptualises domestic violence incidents as resulting from overactivity in the *Identity System*, a mind–body framework detailing ones’ mental–physical construction of the world encompassing expectations, thoughts, perceptions, self-control, decision-making, reality testing, emotional control, relationships and adaptation, (Tollefson, Webb, Shumway, Block, & Nakamura, 2009). If this holistic system is incongruent with reality, the ensuing conflict will cause psychological “clutter” and physical tension that builds to an *Explosive State*, in which thoughts are erratic, situational awareness is reduced and the individual is physiologically primed for conflict. The MBB framework identifies this point as where domestic violence is enacted,

and preventing the overactivity that leads to this state is the goal of intervention. The MBB intervention for domestic violence involves batterers' developing awareness of how the *Identity System* regulates perceptions of how the world *should* be and how dysfunctional management and components of the system interfere with their being their "True Self". The treatment is delivered in group sessions in which participants use a workbook to learn and apply the framework to their lives, with the goal of preventing the build up to the *Explosive State*.

An RCT was conducted by Tollefson & Phillips (2015) evaluating MBB, a 16-week domestic violence offender group treatment program, in comparison with a batterer psychoeducation program. During the follow-up period, ranging from 45 to 875 days between participants, the MBB treatment group showed less recidivism based on official data (2.3%) than the comparison group (10.9%), although these differences were not statistically significant. However, the MBB treatment group did demonstrate a statistically significant increase in mindfulness and perceived overall well-being as well as significantly lower rates of attrition (9.1% compared to 23.9%). While these findings are promising, the authors note several limitations of the evaluation. Specifically, the facilitator of the MBB treatment also facilitated some of the comparison treatment groups, so there was a risk of experimenter bias influencing the results. Additionally, they argued that the reliance on official crime records as measures of recidivism may have underestimated true recidivism rates. Finally, the validity and generalizability of these findings were limited by the extreme disparity in follow-up time periods for the outcome measures between participants, which may have resulted in differing effects of the intervention.

Integrative Treatment

Intervention treatment programs aimed at treating perpetrators of domestic violence are each built on a theoretical foundation that informs the way in which the crime, the perpetrators and the rehabilitation process are viewed and constructed. Whilst there is considerable overlap between many of these theoretical models, there are distinct differences between them that have salient impacts on the course of therapy and the eventual outcomes. There is growing interest in the development of interventions that integrate elements of different frameworks in order to more holistically address the complex, multifaceted dynamics underlying the perpetration of domestic violence (O'Reilly-Knapp, 2016). The integration of differing therapeutic models allows for diverse theoretical perspectives of human functioning to be considered, facilitating the development of rigorous interventions that take advantage of varying contextual and structural factors (O'Reilly-Knapp, 2016).

One study identified within Akoensi and colleagues' (2012) systematic review evaluated the effectiveness of an intervention that combined treatment models. Against Domestic Violence and Abuse (ADVA, 2008) investigated a voluntary, community-based perpetrator intervention in the United Kingdom that comprised meetings with multiple agencies and multiple treatment types. Over 42 weeks, participants met with the police domestic abuse unit, social workers, and women's and children's workers; attended 10 individual CBT sessions; and attended 30 group sessions that used Duluth-based psychodynamic methods. Overall, offending rates appeared to decrease for program participants, particularly those who completed the program. However, the program had high attrition rates (63% of 115 initial participants). The 19 participants who completed the full combined treatment experienced improvements across a range of psychological measures including self-esteem, personal effectiveness, coping with change and stress management.

A quasi-experimental study by Blatch, O'Sullivan, Delaney, van Doorn, and Sweller (2016) evaluated the impact of the NSW Corrective Services domestic abuse program (DAP) on reducing the likelihood of recidivism in a sample of batterers mandated to treatment. The DAP program is an integration of cognitive-behavioural principles, Duluth feminist theory, psychoeducation and risk-needs-responsivity theory, and is delivered in 20 sessions over 10 weeks. The rates of reconviction for general and violent offences following the program and program completion were compared between the DAP treatment group and a control group based on propensity score matching. Batterers enrolled in the DAP treatment were 15% less likely to be reconvicted for any offence than the matched comparison group. The DAP treatment group also demonstrated beneficial increases in the odds of time to first general reconviction (15%) and violent reconviction (27%) compared to the control group. The program had an attrition rate of 38%, and significant benefits of the program were found to be dependent on program completion. The study was limited in several key areas; most notably, the non-random assignment of batterers to conditions prevented causal inferences to be drawn regarding the impact of the DAP program. The study was unable to examine intimate partner violence recidivism and relied on official measures of general reoffending, strongly reducing the validity and generalisability of the findings. The significant amount of attrition from the treatment group also weakens the findings. However, the use of intent-to-treat methodology is a strength of this design, because it involves including program dropouts, those who refused to be involved and losses to follow-up assessment in all analyses, providing more conservative estimates of treatment effect size.

Therapeutic Communities

Therapeutic communities are multifaceted interventions, often drawing from a range of psychotherapeutic frameworks that form the view of the disorder, the person, recovery and “right living” (De Leon, 1997). The personal problems associated with being an offender are defined through cognitive, behavioural, emotional, medical and social theories that allow for deficits to be identified and addressed. Social learning is prioritised as the key pathway through which participants share and develop values and beliefs pertaining to healthy life dynamics known as right living. The communal nature of these programs is reflected in the positioning of recovery as a matter of developmental learning that emerges from mutual growth strategies and the promotion of collective efficacy (De Leon, 1997).

House of Hope (HOH) is an integrative domestic violence program that combines a range of therapeutic approaches with regimented daily schedules in a structured prison setting in Israel (Hasisi, Shoham, Weisburd, Haviv, & Zelig, 2016). The goals of HOH are to reduce the perpetration and intergenerational transfer of violent behaviour, promote healthy family relationships, and improve quality of life following release from incarceration in prisoners who have perpetrated domestic violence (Hasisi et al., 2016). The program involves groups of 10 prisoners cohabitating in a specialised section of the prison, in which double rooms aim to facilitate partner-like relationships between prisoners (Hasisi et al., 2016). Daily chores are strictly regimented and the maintenance of the common area is shared, aiming to construct family-like relationships amongst the group (Hasisi et al., 2016). This family structure permeates almost every aspect of daily life among the participants, and daily meetings occur for the sharing of feelings and mood within these units (Hasisi et al., 2016). Prisoners in the program receive daily individual therapy sessions and each afternoon is spent in one of several group therapies. These therapies consist of CBT, psychodynamic therapy, psychoeducation and psychodrama (Hasisi et al., 2016). The psychodynamic therapy focuses on developing self-awareness through the exploration of childhood experiences that have informed current behaviours and expectations regarding domestic violence and family structures. The psychoeducational components emphasise anger management and teaching non-violent communication skills to prisoners. The psychodrama components involve prisoners role playing a variety of situations such that appropriate responses can be practiced by those enacting the scene and vicariously modelled by participants in the audience (Hasisi et al., 2016).

A study by Hasisi et al. (2016) evaluated the impact of an Israeli HOH on re-incarceration and rearrest follow release from prison. Involvement in the treatment was voluntary due to Israeli policy prohibiting forced involvement in prisoner treatment programs and was open to prisoners with a

history of domestic violence perpetration. A control group was constructed via propensity matching analysis of a large sample drawn from all prisoners released during the intervention follow-up period, which yielded a sample comparable on a range of sociodemographic and offence variables to that of the treatment group. Regarding violent offences, those who received the HOH treatment were 55% less likely to have been rearrested and 45% less likely to have been re-incarcerated than those in the control group at 3 years following release from prison. For general offences, those who received the HOH treatment were 38.7% less likely to have been rearrested and 39.7% less likely to have been re-incarcerated than those in the control group at 4 years following release from prison.

These findings highlight the potential efficacy of integrated communal interventions for perpetrators of domestic violence, although the methodology is limited in several areas. The use of official measures of recidivism and lack of a distinct domestic violence outcome in the analysis means that these findings may lack validity. Furthermore, the HOH program involved strict entry criteria, excluding those with substance abuse issues, “substantial” current or previous psychiatric issues, especially violent prisoners and those not fluent in Hebrew. These restrictions may reduce the generalisability of the findings due to the homogeneity of the sample. Lastly, the fact that participation in the program was voluntary means that the treatment group may represent a group of offenders who were particularly motivated to change.

Anger Management

Perpetrators of domestic violence are seen to have higher levels of hostility and anger than non-offenders, and these traits are positively associated with the severity of violence (Norlander & Eckhardt, 2005). Many batterer interventions include anger management components to address this through relaxation techniques, behavioural rehearsal, cognitive restructuring and introspection (Potter-Efron, 2015). Problems of poor anger management in batterers are often localised to intimate partners or family members and not the wider community, indicative of contextual rather than generalised anger expression (Dahlberg & Krug, 2002). Anger expression is conceptualised similarly across the discussed theoretical foundations of batterer interventions, thought to arise from threats to perceived control (Pence & Paymar, 1993) and unrealistic expectations not being met (Clark, 2011).

Gilchrist, Munoz and Easton (2015) conducted a systematic review evaluating the effectiveness of CBT with anger management components for reducing reoffending by alcoholic male perpetrators against their female partners. Six studies were included, covering a total of RCTs. Of these four RCTs, only one study (Alexander, Morris, Tracy, & Frye, 2010) was conducted within the criminal justice system post-1997. This study involved 528 male perpetrators court-ordered to 26 weekly treatment sessions. The experimental group participated in stages of change motivational

interviewing (SOCMI), whereas the control group participated in group CBT with anger management sessions. Both sessions were run by Masters-level mental health professionals. Based on follow-ups at 6 and 12 months post treatment, there was no treatment effect for either condition. However the authors did note that men who were “ready to change” benefited more from the control condition than men who were not ready to change. Nevertheless, significantly more female partners of men in the control group condition (CBT group with anger management) reported having experienced physical aggression at the follow-up points. There was no statistically significant difference in psychological aggression based on partner reports between the two groups.

5.3 Delivery/Modality of Batterer Interventions

Group Therapy

The delivery of therapy in a group format allows for people with shared psychological disorders or traumatic experiences to receive social support and build collective efficacy in a cost-effective manner (Macy, Rizo, Johns, & Ermentrout, 2013). The support and resources derived from these communalities facilitates the learning of coping skills, increases motivation for change and fortifies the goals of therapy (Macy et al., 2013). Echeburúa, Sarasua & Zubizarreta (2014) examined individual versus group based CBT for battered women in terms of clinical effectiveness. A sample of women in voluntary treatment for domestic violence-related psychological distress ($N = 116$) were consecutively assigned to receive 17 sessions of either individual CBT or combined individual and group CBT following baseline assessment of symptoms. At follow up, there were significant reductions in impaired functioning (Maladjustment Scale), PTSD symptoms (The Severity of Symptoms Scale of Posttraumatic Stress Disorder), depressive symptoms (Beck Depression Inventory) and anxiety (State Anxiety Index) in most patients across the experimental conditions. Patients who received the combination of group and individual treatment demonstrated significantly greater reductions in PTSD symptoms and impaired functioning than those in the individual treatment condition at follow-up. These findings highlight the potential benefits of integrating group and individual delivery of CBT therapy in treating trauma resulting from domestic violence. These findings were limited by the non-random assignment to conditions prohibiting the establishment of causality

Computerised Interventions

There is growing interest in the delivery of intervention programs through structured computer software as the modality allows for more cost effective and accessible treatment, particularly in therapy-resistant populations (Bickel, Christensen, & Marsch, 2011). Computerised intervention modalities ensure delivery is highly standardised and thus consistent for each user, minimising the

likelihood of participants skipping important components and allowing facilitators to track progress through measures automatically recorded by the software (Khan et al., 2012). Intervention programs targeting incarcerated populations are starting to incorporate computerised delivery methods, because implementation requires minimal staffing and allows sensitive issues to be therapeutically addressed more confidentially among prisoners who are fearful of social or legal consequences (Nelson, Bougatsos, & Blazina, 2012).

The WORTH intervention (Computerised Women on the Road to Health) is an individually-paced computerised intervention based on social cognitive learning theory developed as an evidence based HIV intervention for incarcerated women. In the current iteration of the intervention, victims of IPV learn personal protective skills, drug resistance and safe sex information through modelling, skill rehearsal, observation, feedback and role play within a group setting that emphasises personal empowerment and collective efficacy. The program prioritises skills pertaining to the negotiation of safe relationships and the deflection of stigma resulting from being an incarcerated woman through a strengths-based approach that highlights personal capability and efficacy.

An RCT conducted by Gilbert et al. (2016) evaluated the efficacy of the group-based computerised intervention for victims of domestic violence that focused on IPV and HIV prevention, in response to a well-established intersection between the two issues. A sample of substance-abusing incarcerated women in New York City were randomly assigned to receive either 1) the focal intervention consisting of four group sessions with individually-paced computerised IPV prevention modules, 2) Traditional IPV and HIV group intervention covering the same content as the computerised treatment, or 3) a control group that received group-based psychoeducation promoting general wellness.

At the 6-month follow up, the authors found no significant differences in self-reported IPV victimisation. However, the study found that at the 12-month follow up assessment, participants who received the computerised WORTH intervention were 62% less likely to have reported physical IPV, 76% less likely to have reported severe injurious IPV and 78% less likely to have reported severe sexual IPV in the past 6 months, compared to those in the wellness promotion control group. The lack of significant differences between groups at the 6-month follow-up point is inferred to be a result of the time it takes for the skills attained via the intervention to be fully implemented. Interestingly, they found no significant differences between the traditional WORTH intervention group and the control group at the 12-month follow-up. The authors argue that the computerised WORTH intervention may be more effective than the traditional delivery due to greater

confidentiality for victims, enhanced consistency of delivery and the activation of both verbal and visual pathways in processing information regarding IPV prevention. These findings highlight the importance of considering modality in intervention design.

5.4 Motivational Interviewing

Participant attrition significantly undermines the capacity to assess the overall effectiveness of batterer intervention programs (Daniels & Murphy, 1997). If a batterer is not motivated to regularly attend and complete a program, it is unlikely that the intervention will produce any tangible benefits (Cann, Falshaw, & Friendship, 2005). In the broader criminological literature, motivational interviewing (MI) has been used to improve treatment outcomes for therapy-resistant populations (for example, substance using offenders) (Miller & Rollnick, 2002). Batterers are a similarly therapy-resistant population due to inconsistencies between their ideals and abusive behaviour, with many expressing opposition to domestic violence despite engaging in the act (Daniels & Murphy, 1997).

Given the success of MI with other offending populations, several batterer intervention programs have incorporated MI techniques. MI is a psychotherapeutic technique designed to facilitate progression through the stages of behavioural change in patients resistant to intervention. The MI process involves highlighting the discrepancies between ideal and actual behaviours through reflective statements intended to produce internal conflict that the individual is motivated to autonomously resolve (Satre & Leibowitz, 2015). Once these discrepancies are highlighted and the batterer is made aware that they are not behaving in a way that aligns with their ideal self, they will be more likely to initiate the process of change by being motivated to resolve this incongruity (Miller & Rollnick, 2002).

Several studies identified in this review examine the efficacy of MI techniques in improving program completion and reducing recidivism rates. We located two systematic reviews. McMurrans's (2009) systematic review of MI techniques identified two studies focussed on perpetrators of domestic violence (Kennerly, 1999; Kistenmacher, 2000). The results here are mixed. For example, Kennerly (1999) found no significant difference in treatment completion rates between those randomly assigned to receive a single session of pre-intervention MI and the control group that received a single session of pre-treatment psychoeducation. Kistenmacher (2000), on the other hand, found perpetrators randomly assigned to receive two sessions of MI accepted more blame for their violent behaviour and finished the intervention at an improved stage of change compared to a control group who received treatment as usual. However, Kistenmacher (2000) found no differences between these groups in the perpetration of future violence.

More recently a systematic review by Vigurs, Quy, Schucan-Bird, and Gough (2015) identified eight studies evaluating motivational enhancement techniques as pre-intervention additions to batterer intervention programs. Of the identified studies, two were RCTs and six were strong quasi-experiments. The outcome measures across these studies included official measures of recidivism, victim reported recidivism, and psychological variables associated with treatment progress and effectiveness. The review found beneficial effects of motivational enhancement techniques in reducing recidivism measured by official records and police involvement, but could not meta-analytically assess this outcome due to diversity in data sources and measures. Four studies using victim reported recidivism measures found a small but significant impact of motivational enhancement techniques at 6–12 month follow-up assessments. Psychological measures of behavioural change and hostility yielded mixed findings and were too diverse to meta-analytically assess, but found beneficial increases in responsivity to treatment and readiness to change. In terms of program completion, three of the included studies found beneficial impacts of motivational enhancement; however, other studies suffered attrition due to external factors and thus concrete inferences could not be drawn.

We additionally located a number of RCT and strong quasi-experimental studies interested in the efficacy of motivational interviewing for batterers. Kistenmacher & Weiss (2008) used an RCT design to examine the impact of completing two sessions of MI prior to undertaking a mandated batterer treatment program. As part of this evaluation they considered both a batterers' readiness to change their violent behaviour and the extent to which they blamed their violent behaviour on external factors. Participants in the MI treatment group demonstrated a greater readiness to change their abusive behaviour and a reduction in blaming their violent behaviour on victims, society in general and other external factors. This shift in attitudes is key in reducing recidivism because batterers typically attribute the cause of their violent behaviour to external factors. By assisting batterers in taking more responsibility for their actions, these findings highlight the benefits of including MI techniques in batterer intervention programs.

More recently, Lila, Gracia, and Catalá-Miñana (2018) examined the impact of adding an Individualised Motivational Plan (IMP) to a standard batterer intervention program (SBIP) on several treatment outcomes using an RCT design. The SBIP consisted of 70 hours of cognitive-behavioural group therapy covering a range of topics such as sexism and gender roles and included cognitive restructuring, role play activities, and emotion management training. The control group received just the SBIP whereas the treatment group received the SBIP and an IMP, which incorporated individual MI sessions, group therapy sessions in which batterers collectively planned their treatment progress,

and follow-up therapy aimed at reinforcing goals developed in group sessions. The study found that participants who received the individualised motivational plan on top of the SBIP received a significantly higher dose of the intervention, completed the program at a more advanced state of behavioural change, had a reduced recidivism risk and reported less physical violence following the treatment compared to those in the control condition. No significant results were seen in measures of self-reported psychological violence, though this particular domain was not a focus of the IMP program. Collectively, the findings highlight the potential benefits of incorporating elements of MI and associated techniques to directly address treatment adherence in batterer intervention programs and provide support for cognitive-behavioural batterer interventions in general. The authors noted the findings were limited by the lack of victim reports as a measure of recidivism and that future research should incorporate larger sample sizes and a longer follow-up period to determine the generalisability and stability of treatment impact.

A study conducted by Levesque, Ciavatta, Castle, Prochaska, and Prochaska (2012) evaluated the impact of *Journey to Change* (JTC) in conjunction with a group-based batterer intervention program on stage of change for staying violence-free, engagement in behavioural change, victim reported reoffending and police involvement among batterers mandated to treatment. The JTC program is an alternate method of delivering motivational interviewing techniques. The comparison group received only group therapy, whereas the treatment group received the group therapy with the addition of the JTC computer and workbook program. Compared to the control group, those in the JTC treatment completed the program at a later stage of change, engaged in more help-seeking behaviour outside of the treatment to maintain progress and were more likely to effectively manage stress. At 12 months following the program, those in the JTC treatment were significantly less likely to have violently reoffended or have engaged in threats or abuse than those in the control group. Across both experimental conditions, those who completed the program were significantly less likely to be involved with the police; however, there was no significant impact of treatment condition on police involvement. There was no significant impact of treatment condition on program completion. The findings highlight the potential benefits of including cost-effective additions to batterer interventions aimed at addressing deficits in motivation to change. This study was limited by small sample sizes used in several of the analyses and a low follow-up rate (27%) for victim reports, which hinders the reliability of some of the present findings.

Studies examining the utility of MI as a supplement to increase treatment adherence and motivation do so across a variety of interventions and outcome measures. Drawing comparisons between these findings should be done with caution as there may be differing impacts of MI across different

interventions, different populations and variations in the delivery of MI. McMurrin (2009) highlights the need for the theoretical basis of MI to be more consistently operationalised to form testable hypotheses, particularly in interventions aimed at offender populations. Considering the marked resistance to intervention amongst batterers and the importance of treatment adherence in eliciting lasting behavioural change, the addition of pre-treatment MI has potential to be an economical countermeasure to attrition.

5.5 Offender Subgroups

Substance Abuse Treatment

The link between alcohol and violence is well established (Liang & Chikritzhs, 2011). Prior research has shown a strong association between substance abuse and non-compliance with batterer intervention programs and recidivism among perpetrators of domestic violence (Gondolf, 2001). Considering the well-established problems of attrition that undermine the efficacy of batterer intervention programs, concurrent substance abuse treatment may work to improve the power of these interventions by strengthening compliance (Murphy & Ting, 2010).

A quasi-experimental study by Puffet and Gavin (2004) examined the impact of a batterer intervention program coupled with substance abuse treatment on the rate of successful program completion and recidivism among batterers. A sample of 439 perpetrators of domestic violence sentenced to probation or conditional discharge who were mandated to attend either a batterer intervention, batterer intervention with substance abuse treatment (combined) or substance abuse treatment only were compared along with a wider sample of domestic violence perpetrators from the same court that received an alternate intervention, incarceration or probation with no program mandate. Half of the sample failed to complete the mandated program, in which rates of non-completion were 42% for the batterer intervention only group, 67% for the combined group and 60% for the substance abuse treatment only group. For recidivism measured via official records there were no significant differences between any of the treatment groups with 62% of the sample rearrested at 2 years following release. However, the comparison group demonstrated significantly higher rates of rearrest (49%) than the treatment groups (31%) at 1 year post release, indicating that involvement in a structured mandated intervention had some benefit, albeit in the short term. This study was limited by its heterogeneous comparison group who received a combination of several interventions that were not analysed differentially, and also by the non-random assignment to conditions. For example, the higher rates of recidivism and program non-completion in the conditions involving substance abuse treatment may have been due to those participants having

substance abuse issues or other systematic differences that warranted their placement into those programs, likely acting as a confound.

MI techniques have also been trialled for DFV perpetrators with concurrent drinking problems. An RCT conducted by Crane, Eckhardt & Schlauch (2015) considered the efficacy of a Brief Motivational Interview (BMI) intervention in increasing compliance with a court mandated treatment program for IPV among perpetrators who had concurrent binge drinking problems. In line with prior literature, binge drinkers demonstrated significantly lower treatment compliance, higher dropout rates and attended less treatment sessions than non-binge drinkers. However, binge drinkers that attended a single session of the BMI intervention prior to treatment attended significantly more sessions than those in the control group, after controlling for age, readiness to change, relationship satisfaction, illicit drug use and prior arrest. The study found a marginally significant interaction between treatment condition and the presence of binge drinking, such that binge drinkers were more likely to drop out of treatment if they did not receive the BMI intervention. No beneficial effects of the BMI intervention on treatment attendance or dropout rate were found for non-binge drinkers. The authors note that the findings should be further explored with a larger sample size and an evaluation of the impact of BMI on ethnic groups who demonstrate disproportionately high dropout rates. Lastly, the findings emphasise the well-established negative impact of substance abuse on batterer treatment adherence and the potential benefits of addressing such issues for overall treatment success.

Culturally Sensitive Treatment

Research has demonstrated that the differing lived experiences emerging from membership in marginalised cultural groups are associated with greater intervention non-compliance (Buttall, 2001) that leads to a greater risk of reoffending (Crane & Eckhardt, 2013), distrust of intervention facilitators from outgroups (Aymer, 2010) and a higher risk of victimisation (Violence Policy Center, 2014). Systematic oppression can often be re-enacted in the delivery of intervention programs (Altman, 2004), degrading the therapeutic alliance, the transfer of valuable information and the intended beneficial outcomes (Aymer, 2011). Collectively, these differing experiences require culturally sensitive interventions that acknowledge how diverse cultural identities and ingrained social structures impact the process of behavioural change (Blenkiron, 1999).

An RCT conducted by Gondolf (2008) evaluated the impact of a culturally focused court mandated counselling program in regard to program completion among male DFV perpetrators in the United States. Participants ($N = 501$) were randomly assigned to either 1) culturally focused counselling in all-African American groups, 2) conventional counselling in all-African American groups, or 3)

conventional counselling in racially mixed groups. The conventional 16 week program comparison followed similar guidelines to that used in most state guidelines for batterer intervention programs, focusing on gender-based CBT. The culturally focused 16 week program followed the same principles as the conventional program, with additional components explicitly addressing cultural issues specific to African American men. The program emphasised the shared identities of the group via incorporation of an African American counsellor with cultural roots, acknowledgement and discussion of particular cultural issues faced by African American men, and specific cultural topics as part of the program's curriculum. There was no significant impact of program condition on program completion; however, African American men with high racial identification were 33% more likely to complete both the culturally focused counselling and the conventional counselling in all-African American groups than those with low racial identification. This study did not establish strong support for culturally sensitive interventions in improving program completion; however, Gondolf (2008) notes the study was limited by inconsistent delivery by treatment facilitators that may have weakened the manipulation of conditions.

5.6 Risk-Needs-Responsivity

Batterer intervention research has established the heterogeneity of batterers as a population in terms of recidivism risk, abuse tactics and psychosocial development (Lohr, Bonge, Witte, Hamberger & Langhinrichsen-Rohling, 2005). Variations in batterer typology are associated with differential responses to treatment, highlighting the potential benefits of interventions that are tailored to address different levels of recidivism risk (Huss & Ralston, 2008). The Risk-Needs-Responsivity model was developed to rehabilitate general offenders by adapting interventions to meet differences in recidivism risk and criminogenic factors to increase offender responsivity to the beneficial elements of treatment (Bonta & Andrews, 2007). In practice, this model suggests hierarchically delivering interventions such that high risk perpetrators receive more intensive rehabilitation procedures than medium or low risk offenders (Stewart, Gabora, Kropp, & Lee, 2014).

Stewart et al. (2014) evaluated the impact of assigning batterers to either high or medium intensity intervention programs based on individual recidivism risk assessments that categorised them as either high or medium risk offenders. Batterers' score on the SARA (Spousal Assault Risk Assessment) were utilised for this categorisation process. Both of the intervention programs involved establishing motivation to change, the batterers' current stage of change, education about factors related to violence, cognitive-behavioural techniques, Duluth feminist techniques and emotional regulation strategies. The high intensity program included a more thorough examination of batterer autobiographies and the dynamics involved in constructing and maintaining patterns of interpersonal

violence across a greater number of treatment sessions. Compared to a matched sample of untreated offenders, domestic violence recidivism was seen to be 69% less likely in intervention participants. There were significant reductions in attitudes supportive of violence and jealousy. Compared to untreated batterers, those in the intervention programs demonstrated significant improvements in conflict resolution skills, communication skills and general understanding of the nature of their individual patterns of violence as measured by a battery of psychometric tests and parole officer reports. These findings are limited by the non-random assignment of participants to conditions, the reliance on official measures of recidivism and substantial attrition in the comparison sample. Yet this study highlights the potential benefits of batterer interventions that are tailored to different levels of assessed risk, and emphasise the heterogeneity of batterers as a population.

5.7 Specialised Probation

Specialised probation units have been developed in response to the high volume of domestic violence cases brought to the attention of the CJS (Friday, Lord, Exum, & Hartman, 2006), placing immense pressure on probation department caseloads (Clark et al, 1996). Furthermore, the complex nature of domestic violence re-victimisation has resulted in such programs developing specialised relationships with victims and the wider community to better monitor victim well-being and scrutinise the behaviour of perpetrators (Klein & Crowe, 2008). These relationships also work to address the lack of information sharing between agencies and individuals that has, historically, degraded the efficacy of interventions (Friday et al., 2006). Specially trained probation officers equipped to work with domestic violence caseloads can more effectively monitor batterer intervention compliance and deter recidivism through increased accountability, supervision and customized sanctions (Klein & Crowe, 2008).

Kane County Court Services in Illinois developed a specialised probation program for high risk domestic violence perpetrators in an attempt to mitigate the risks faced by victims upon the release of their abusers from incarceration (Johnson, 2001). The Domestic Violence Officer (DVO) probation program differed from standard probation by having strict, weekly supervision by probation officers and mandated involvement in a 26-week domestic violence counselling program in which non-compliance was reprimanded harshly. If probation officers detected any substance abuse issues they could mandate substance abuse under court authority. The probation officers maintained communication and built rapport with victims to encourage reporting of re-victimisation and allow for noticeable signs of abuse to be potentially detected and further investigated. The counselling program involved anger management training based on the idea that violence is unacceptable and the undermining of beliefs that a man should control his spouse and children. If perpetrators violated any

of the terms of the program they faced more severe sanctions than that of standard probation non-compliance and received more scrutiny throughout the court process.

Johnson (2001) evaluated the impact of this specialised domestic violence probation program on the likelihood of reoffending and the severity of punishment for probation violations or reoffending. The DVO program was limited to especially violent offenders with a felony domestic violence conviction, with the comparison group being offenders with equivalent charges from several years prior to the start of the program. Offenders in the DVO program were 14% less likely to be rearrested for a new criminal offence than those in the control group 24 months after sentencing. Of those who reoffended, the DVO treatment group were 7.4% less likely to be rearrested for a new violent crime than the control group 24 months after sentencing. Those in the DVO program were 40% more likely to be sentenced to prison for reoffending and 28% more likely to be sentenced to prison for non-compliance with the counselling program than those in the control group. The findings highlight the potential benefits of strict monitoring and enforced involvement in domestic violence counselling, but are limited by the non-random assignment to groups negating causal inferences and by the small treatment group sample size ($n = 25$).

The Chesterfield Community Corrections Specialised Domestic Violence Unit (DVU) consisted of domestic violence offenders mandated to community-based sanctions, involving anger management training, strict supervision, drug testing and treatment, victim support and advocacy, CBT and community service. Probation officers monitored offenders' completion of program modules and adherence to societal laws, with the frequency of monitoring based on offenders' scores on risk assessment measures. Anderson (2014) evaluated the Chesterfield DVU in terms of offender recidivism one year following release from probation and technical probation violations during the program. The comparison group was a sample drawn from a nearby standard probation unit with no specialised domestic violence program, selected for being demographically similar to the treatment group and close proximity. Compared to those in the standard probation group, those in the DVU demonstrated significantly higher technical probation violations, which was positively associated with higher supervision levels and positive drug test results. It is inferred that offenders in the DVU were held more accountable for their actions; it is not clear if the specialised probation increased technical violations or made them more noticeable due to increased scrutiny. Offenders in the DVU program demonstrated higher rates of recidivism for domestic violence offences and overall rearrests than those in standard probation. These findings were limited by the non-random assignment of participants to conditions, jurisdictional differences between the DVU and comparison programs rendering them non-equivalent, the reliance on official records of recidivism that likely

underestimated actual reoffending and finally the relatively small sample size of the comparison group ($n = 31$).

A quasi-experimental study by Klein, Wilson, Crowe, and DiMichele (2005) compared specialised domestic violence probation with traditional probation for misdemeanour batterers in terms of recidivism, probation supervision and victim involvement. There were no differences between probation groups on assessments of recidivism risk. Those involved in specialised probation were 40% less likely to reoffend than those in traditional probation according to official records. Furthermore, the specialised probation group stayed arrest free for twice as long as those in traditional probation, and exhibited 50% less arrests at 700 days following probation. The specialised probation group also demonstrated non-significantly lower rates of rearrest for general and domestic violence offences (56%) than the traditional probation group (64%). The greater degree of supervision and scrutiny used in the specialised probation was reflected in higher rates of identified probation violations compared to that of traditional probation. Victims in the specialised probation condition reported greater satisfaction and were more likely to report probation violations compared to those in traditional probation, likely due to greater involvement with probation staff and support services. These findings were limited to low-risk offenders, with a minority of high-risk offenders demonstrating no effects of specialised probation. The findings were limited by a lack of random assignment to conditions and the inability to account for variations in probation and offender characteristics across locations. However, the use of multiple measures of recidivism and a large sample strengthened inferences regarding the potential for specialised probation units to attenuate recidivism, elicit greater victim involvement and more effectively monitor offender probation behaviour.

5.8 Conjoint Treatment Programs

According to some scholars (Johnson, 1995; Kelly and Johnson, 2008), IPV has two subtypes: “coercive controlling violence” and “situational couple violence.” In the case of the latter, violence may be in response to a certain incident or stressor rather than reflecting a desire of the perpetrator to control the victim. Conjoint treatment options have been trialed to reduce the likelihood of violence in cases of situational couple violence. However, conjoint therapy has been criticised for victim blaming and potentially putting victims at risk of further violence (Jenkins, 1990). As part of this review, we found very little evidence of studies examining impact evaluations of conjoint therapy in a criminal justice setting. One systematic review by Armenti and Babcock (2016) examined the potential utility of conjoint interventions as an alternative approach to both the Duluth model and CBT interventions for a certain subset of intimate partner abusers (situational violence). They

described eight studies, one of which (Stith, Rosen, McCollum, & Thomsen, 2004) contained elements of a CJS response. In this study, 42 couples from a community sample were referred to either individual couple or group couple counseling. Some of the couples were referred by probation officers, although the men in these couples were court-mandated to attend a men-only group beforehand. At 6-month follow-up, the multi-couple group had lower recidivism rates than the individual couple condition, and both were lower than the recidivism rate in the comparison group.

5.9 Chapter Summary

This review identified 58 studies that evaluated different correctional programs to address DFV. These studies mainly report on interventions targeted at offenders and measure effectiveness based largely on offender outcomes (see Figure 5.1 for evidence and gap maps for corrections responses to DFV³). A number of these interventions demonstrated promising effects on recidivism and attitudinal change. For example, motivational interviewing techniques were seen to reduce program attrition, attributions of blame to victims, self-reported risk of domestic violence recidivism and use of abusive conflict resolution strategies. Further, motivational interviewing was seen to increase motivation and readiness to change violent behaviour among batterers. Similarly, the evaluation of a therapeutic community for incarcerated batterers concluded that the treatment significantly reduced the likelihood of rearrest and re-incarceration for domestic violence and general offences. Substance abuse treatment for batterers was also associated with reductions in treatment attrition and rearrest, emphasising the need to treat concurrent substance addiction to help bolster batterer program effectiveness. Integrative treatment techniques that draw on multiple frameworks were also linked to a reduction in reconviction rates for general and violent offences. Lastly, specialised domestic violence probation programs were found to decrease the likelihood of recidivism and rearrest for domestic violence offences and increase the likelihood of identifying parole violations and recidivism among batterers.

The effectiveness of other interventions was less conclusive. Cognitive-behavioural interventions were seen to be largely ineffective in reducing domestic violence recidivism, but improved batterers' attitudes and beliefs regarding abusive behaviour. This finding is interesting in light of the support found for CBT therapies regarding other offender populations. Evidence regarding Duluth-based

³This map synthesises $N = 38$ unique corrections studies. $N = 16$ unique studies were excluded from this map based on their inclusion of obscure outcome measures. Systematic reviews without meta-analyses and quasi-experimental studies that did not fit within the broad intervention categories synthesised were excluded from the maps.

psychoeducation was also mixed, with only some studies finding reductions in official and victim-reported measures of recidivism and improvements in abuse related attitudinal measures following treatment. Evaluations of anger management programs for batterers found negligible effects on future reoffending or relationship dynamics. Culturally sensitive treatment for batterers was not found to reduce recidivism; however, the findings indicate effects of variation in racial identification on treatment effectiveness that require further research.

Just two evaluations of corrections-based interventions targeted victims of DFV. Group-based CBT for female victims of domestic violence was more effective than individual treatment in reducing impaired functioning and symptoms of mental health. An evaluation of a computerised intervention for incarcerated women who had experienced domestic violence found reductions in severe physical and sexual violence following treatment. Based on the studies included in this review, further research is required to better establish the effectiveness of corrections-focused responses to DFV.

Evidence and Gap Map for Corrections-Focused Responses

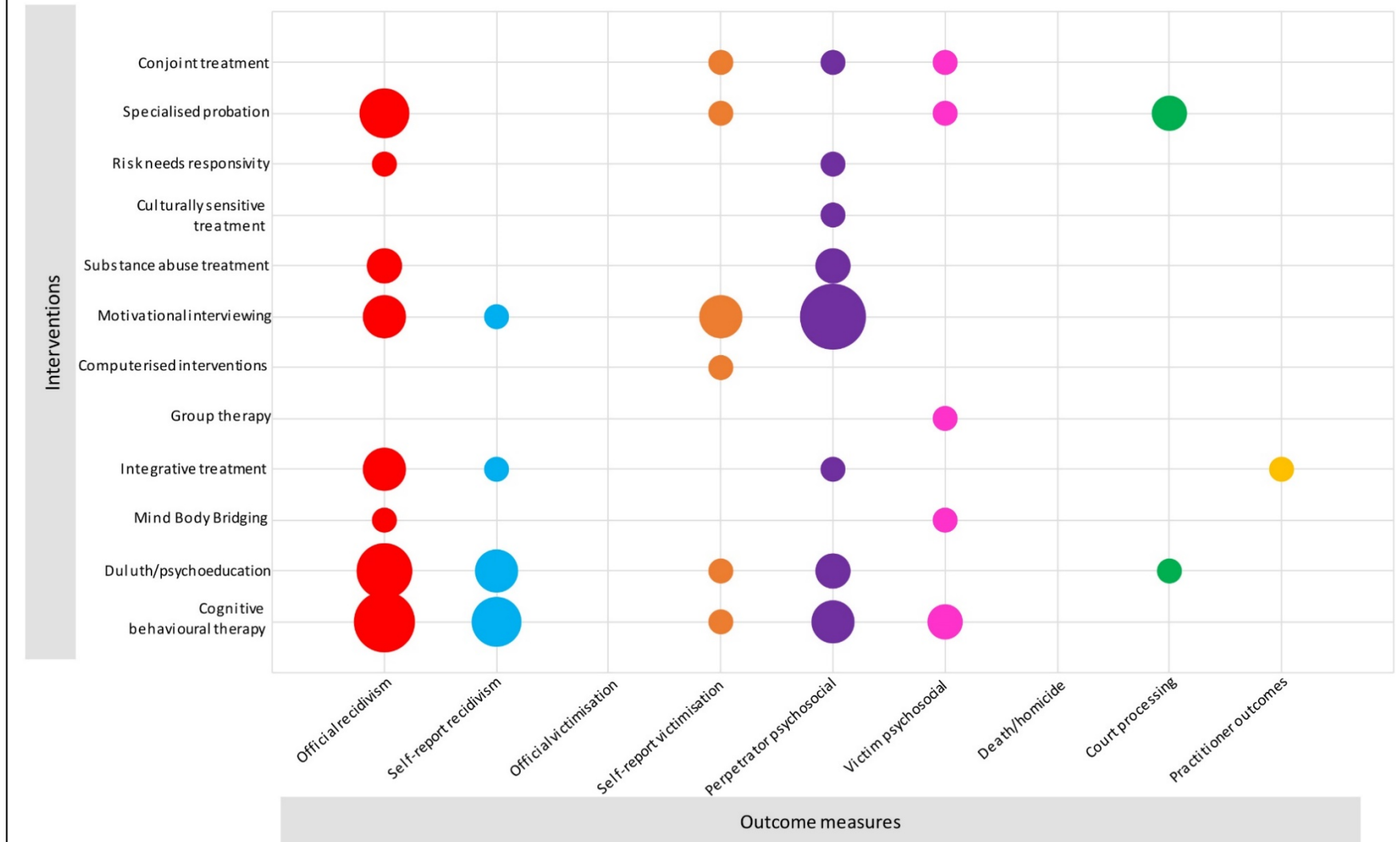


Figure 5.1 Evidence and gap map for corrections-focused responses

5.10 References

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Table 5.1 Studies evaluating corrections-focused interventions for domestic and family violence (n = 58)

Study Design	Reference
Systematic Review and/or Meta-Analysis	<p data-bbox="336 360 1476 510">Akoensi, T. D., Koehler, J. A., Lösel, F., & Humphreys, D. K. (2013). Domestic violence perpetrator programs in Europe, Part II: A systematic review of the state of evidence. <i>International Journal of Offender Therapy and Comparative Criminology</i>, 57(10), 1206–1225.</p> <p data-bbox="336 528 1476 636">Armenti, N. A., & Babcock, J. C. (2016). Conjoint treatment for intimate partner violence: A systematic review and implications. <i>Couple and Family Psychology</i>, 5(2), 109-123. doi: 10.1037/cfp0000060</p> <p data-bbox="336 654 1476 761">Babcock, J. C., Green, C. E., & Robie, C. (2004). Does batterers' treatment work? A meta-analytic review of domestic violence treatment. <i>Clinical Psychology Review</i>, 23(8), 1023–1053. doi: 10.1016/j.cpr.2002.07.001</p> <p data-bbox="336 779 1476 887">Eckhardt, C. I., Murphy, C. M., Whitaker, D. J., Sprunger, J., Dykstra, R., & Woodard, K. (2013). The effectiveness of intervention programs for perpetrators and victims of intimate partner violence. <i>Partner Abuse</i>, 4(2), 196–231.</p> <p data-bbox="336 904 1476 1012">Ellsberg, M., Arango, D. J., Morton, M., Gennari, F., Kiplesund, S., Contreras, M., & Watts, C. (2015). Prevention of violence against women and girls: What does the evidence say? <i>The Lancet</i>, 385(9977), 1555–1566.</p> <p data-bbox="336 1030 1476 1137">Feder, L., & Wilson, D. B. (2005). A meta-analytic review of court-mandated batterer intervention programs: Can courts affect abusers' behavior? <i>Journal of Experimental Criminology</i>, 1(2), 239–262. doi: 10.1007/s11292-005-1179-0</p> <p data-bbox="336 1155 1476 1305">Feder, L., & Wilson, D. B. (2006). Mandated batterer intervention programs to reduce domestic violence. In B. C. Welsh & D. P. Farrington (Eds.), <i>Preventing crime: What works for children, offenders, victims and places</i> (pp. 131–146). The Netherlands: Springer.</p> <p data-bbox="336 1323 1476 1431">Feder, L., Wilson, D. B., & Austin, S. (2008). Court-mandated interventions for individuals convicted of domestic violence. <i>Campbell Systematic Reviews</i>. doi: 10.4073/csr.2008.12</p> <p data-bbox="336 1449 1476 1599">Gilchrist, G., Munoz, J. T., & Easton, C. J. (2015). Should we reconsider anger management when addressing physical intimate partner violence perpetration by alcohol abusing males? A systematic review. <i>Aggression and Violent Behavior</i>, 25, 124–132. doi: 10.1016/j.avb.2015.07.008</p> <p data-bbox="336 1617 1476 1796">Hester, M., Walker, S. J., O'Prey, L., & Budde, J. (2014). <i>Overview and analysis of research studies evaluating European perpetrator programmes</i>. Retrieved from http://www.work-with-perpetrators.eu/fileadmin/WWP_Network/redakteure/IMPACT/Daphne_III_Impact_-_Working_paper_2_-_Overview_and_Analysis_of_Research_Studies_-</p> <p data-bbox="336 1814 1476 1964">Lösel, F. A., Koehler, J. A., Hamilton, L., Humphreys, D. K., & Akoensi, T. D. (2011). <i>Strengthening transnational approaches to reducing reoffending</i>. Cambridge, UK: Institute of Criminology, University of Cambridge. Retrieved from http://www.starr-probation.org/uploaded_files/Rep%20STARR%20ENG.pdf</p>

Study Design	Reference
	<p>McMurran, M. (2009). Motivational interviewing with offenders: A systematic review. <i>Legal and Criminological Psychology</i>, 14(1), 83–100. doi: 10.1348/135532508X278326</p> <p>Miller, M., Drake, E., & Nafziger, M. (2013). What works to reduce recidivism by domestic violence offenders? (pp. 13-01). Olympia, WA: Washington State Institute for Public Policy.</p> <p>Olver, M. E., Stockdale, K. C., & Wormith, J. S. (2011). A meta-analysis of predictors of offender treatment attrition and its relationship to recidivism. <i>Journal of Consulting and Clinical Psychology</i>, 79(1), 6–21. doi: 10.1037/a0022200</p> <p>Slabber, M. (2012). Community-based domestic violence interventions: A literature review (P. Services, Trans.). Wellington, NZ: Department of Corrections.</p> <p>Smedslund, G., Dalsbø, T. K., Steiro, A., Winsvold, A., & Clench-Aas, J. (2007). Cognitive behavioural therapy for men who physically abuse their female partner. <i>Cochrane Database of Systematic Reviews</i>, 3. doi:10.1002/14651858.CD006048.pub2.</p> <p>Vigurs, C., Quy, K., Schucan Bird, K., & Gough, D. (2015). <i>A systematic review of motivational approaches as a pre-treatment intervention for domestic violence perpetrator programmes. What Works</i>. London, UK: Crime Reduction Systematic Review Series.</p> <p>Waller, B. (2016). Broken fixes: A systematic analysis of the effectiveness of modern and postmodern interventions utilized to decrease IPV perpetration among Black males remanded to treatment. <i>Aggression and Violent Behavior</i>, 27, 42–49. doi: 10.1016/j.avb.2016.02.003</p>
Randomised Experiment	<p>Alexander, P. C., Morris, E., Tracy, A. & Frye, A. (2010). Stages of change and the group treatment of batterers: A randomized clinical trial. <i>Violence and Victims</i>, 25(5), 571–587. doi: 10.1891/0886-6708.25.5.571</p> <p>Crane, C. A., Eckhardt, C. I., & Schlauch, R. C. (2015). Motivational enhancement mitigates the effects of problematic alcohol use on treatment compliance among partner violent offenders: Results of a randomized clinical trial. <i>Journal of Consulting & Clinical Psychology</i>, 83(4), 689–695.</p> <p>Feder, L., & Dugan, L. (2002). A test of the efficacy of court-mandated counseling for domestic violence offenders: The Broward experiment. <i>Justice Quarterly</i>, 19(2), 343–375. doi: 10.1080/07418820200095271</p> <p>Gilbert, L., Goddard-Eckrich, D., Hunt, T., Ma, X., Chang, M., Rowe, J. ... Shaw, S. A. (2016). Efficacy of a computerized intervention on HIV and intimate partner violence among substance-using women in community corrections: A randomized controlled trial. <i>American Journal of Public Health</i>, 106(7), 1278–1286.</p> <p>Gondolf, E. W. (2008). Program completion in specialized batterer counseling for African-American men. <i>Journal of Interpersonal Violence</i>, 23(1), 94–116. doi: 10.1177/0886260507307912</p>

Study Design	Reference
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Strong Quasi-Experiment	<p>Anderson, L. E. (2014). <i>Domestic violence: Contemporary interventions and the rise of specialized domestic violence units</i> (Doctoral dissertation). Retrieved from ProQuest Dissertations and Theses Global database. (UMI No. 3643737)</p> <p>Blatch, C., O'Sullivan, K., Delaney, J. J., van Doorn, G., & Sweller, T. (2016). Evaluation of an Australian domestic abuse program for offending males. <i>Journal of Aggression, Conflict and Peace Research, 8</i>(1), 4–20.</p> <p>Blatch, C., Webber, A., O'Sullivan, K., & van Doorn, G. (2017). Cost-benefits of a domestic abuse program for Australian offenders. <i>Journal of Criminological Research Policy and Practice, 3</i>(1), 61–74. doi: 10.1108/jcrpp-10-2016-0026</p> <p>Bloomfield, S., & Dixon, L. (2015). <i>An outcome evaluation of the Integrated Domestic Abuse Programme (IDAP) and Community Domestic Violence Programme (CDVP)</i>. London, UK: National Offender Management Service.</p> <p>Boots, D. P., Wareham, J., Bartula, A., & Canas, R. (2016). A comparison of the batterer intervention and prevention program with alternative court dispositions on 12-month recidivism. <i>Violence Against Women, 22</i>(9), 1134–1157.</p> <p>Brown, T., Flynn, C., Arios, P. F., & Clavijo, C. (2016). A study of the impact on men & their partners in the short term & in the long term of attending men's behaviour change programs (Technical Report). Violence Free Families.</p> <p>Cissner, A. B., & Puffett, N. K. (2006). <i>Do batterer program length or approach affect completion or re-arrest rates? A comparison of outcomes between defendants sentenced to two batterer programs in Brooklyn</i>. New York, NY: Center for Court Innovation.</p> <p>Coulter, M., & Vandeweerd, C. (2009). Reducing domestic violence and other criminal recidivism: effectiveness of a multilevel batterers intervention program. <i>Violence and Victims, 24</i>(2), 139–152. doi: 10.1891/0886-6708.24.2.139</p> <p>Craig, M. E., Robyak, J., Torosian, E. J., & Hummer, J. (2006). A study of male veterans' beliefs toward domestic violence in a batterers intervention program. <i>Journal of Interpersonal Violence, 21</i>(9), 1111–1128. doi: 10.1177/0886260506290418</p> <p>Dutton, D. G., Bodnarchuk, M., Kropp, R., Hart, S. D., & Ogloff, J. R. (1997). Wife assault treatment and criminal recidivism: An 1-year follow-up. <i>International</i></p>

Study Design	Reference
	<i>Journal of Offender Therapy and Comparative Criminology</i> , 41(1), 9–23. doi: 10.1177/0306624x9704100102
	Echeburúa, E., Sarasua, B., & Zubizarreta, I. (2014). Individual versus individual and group therapy regarding a cognitive-behavioral treatment for battered women in a community setting. <i>Journal of Interpersonal Violence</i> , 29(10), 1783–1801. doi: 10.1177/0886260513
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	Johnson, R. R. (2001). Intensive probation for domestic violence offenders. <i>Federal Probation</i> , 65(3), 36–39.
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	Levesque, D. A., Ciavatta, M. M., Castle, P. H., Prochaska, J. M., & Prochaska, J. O. (2012). Evaluation of a stage-based, computer-tailored adjunct to usual care for domestic violence offenders. <i>Psychology of Violence, 2</i> (4), 368–384. doi: 10.1037/a0027501
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	Puffett, N. K., & Gavin, C. (2004). <i>Predictors of program outcome and recidivism at the Bronx misdemeanor domestic violence court</i> . New York, NY: Center for Court Innovation.
	Romero-Martínez, Á., Lila, M., Martínez, M., Pedrón-Rico, V., & Moya-Albiol, L. (2016). Improvements in empathy and cognitive flexibility after court-mandated intervention program in intimate partner violence perpetrators: The role of alcohol abuse. <i>International Journal of Environmental Research and Public Health, 13</i> , 1–13. doi:10.3390/ijerph13040394
	Stewart, L. A., Gabora, N., Kropp, P. R., & Lee, Z. (2014). Effectiveness of risk-needs-responsivity-based family violence programs with male offenders. <i>Journal of Family Violence, 29</i> (2), 151–164. doi:10.1007/s10896-013-9575-0
	Uekert, B., Sagatun-Edwards, I., Crowe, A., Peters, T., Cheesman, F., & Kameda, D. (2006). <i>Juvenile domestic and family violence: The effects of court-based intervention programs on recidivism</i> . National Center for State Courts. Retrieved from http://judgehyman.com/downloads/NIJ_paper.pdf
	Zalmanowitz, S. J., Babins-Wagner, R., Rodger, S., Corbett, B. A., & Leschied, A. (2013). The association of readiness to change and motivational interviewing with treatment outcomes in males involved in domestic violence group therapy. <i>Journal of Interpersonal Violence, 28</i> (5), 956–974.

6 Multi-Agency Responses

6.1 Introduction

Increasingly, governments and policymakers are recommending taking a multi-agency response to DFV. For instance, both the Special Taskforce on Domestic and Family Violence in Queensland (2015) and the Victorian Royal Commission into Family Violence (2016) emphasised the critical importance of integrated responses to DFV. Within these responses, multiple stakeholders or government departments work together to deliver effective interventions and share critical information (Homel, 2004). In this review, we identified 69 studies that evaluated the effectiveness of multi-agency, combined, and/or integrated responses to DFV. These studies cover a wide range of intervention strategies including victim support services, legal measures, risk assessment tools, and Death Review Boards. Although these interventions are distinct, they all look to improve victim outcomes and reduce DFV through cooperation.

6.2 Second Responder Programs

Evidence suggests that victims are most open to help and crime prevention strategies immediately following victimisation (Davis, Weisburd & Taylor, 2008). Based on this knowledge, second responder programs are a victim-focused approach whereby teams of police officers and/or victim advocates (e.g. social workers) make face-to-face contact with victims soon after an initial police response to a DFV-related incident (Mickish, 2002). Second responder programs aim to reduce the likelihood of new DFV offences and encourage victim independence by providing victims with information and assistance regarding services that they may wish to access, or legal rights and options (Davis et al., 2008).

In their systematic review, Davis and colleagues (2008) identified 10 second responder program evaluations. These studies – all RCTs or quasi-experiments – involved second responder teams interacting with victims in the experimental condition after the initial police contact (from immediately up to 14 days). Both official police reports and victim surveys were used to measure the number of new offences committed by the perpetrator against the same victim. Results from the meta-analyses indicated that victims who received assistance as part of the second responder program reported higher rates of DFV. The authors noted that these findings can be interpreted in one of two ways. First (and problematically), the intervention led to greater victimisation, or second, the intervention increased victim confidence in the police. Davis and colleagues (2008) analysed self-reported victimisation to determine which of these explanations was true. They found no significant difference in self-reported abuse between the experimental and control groups and thus

concluded that while the program did not reduce repeat victimisation, it did improve victims' confidence in police.

More recently, Davis, Weisburd and Hamilton (2010) conducted a RCT of a second responder in partnership with the Redlands California Police Department. Building on previous work, they considered the timing of the intervention – offering a second response within 24 hours for one experimental condition and within 7 days for another experimental condition. These results were compared to victims who did not receive the intervention. Drawing on both official records and victim reports, they found no significant difference between the two experimental conditions and the control group at the 6-month follow-up. Interestingly, victim satisfaction with the police was high in both the experimental and control conditions. Davis and colleagues (2010, p. 413) argued that these results “should send up a strong caution signal to those funding and those implementing second response programs. The best available evidence suggests that these programs are at best ineffective and at worst may place victims in greater harm.”

Other countries like the United Kingdom have similarly trialled second responder programs (Koppensteiner, Matheson, and Plugor, 2017). For example, Project 360, run in partnership with the Leicestershire Police Force, involved situating engagement workers within the police force. The engagement officer was responsible for contacting victims via telephone within 24 hours following a reported domestic violence incident to provide information on and refer victims to local services and to assist victims with making statements. Intervention effectiveness was measured using both official reports and victim surveys. Koppensteiner and colleagues (2017) found the intervention led to a significant increase in victim satisfaction with police services, with victims in the experimental condition 43% less likely to be dissatisfied with the police. Additionally, victims also indicated a greater willingness to report future incidents to police and were more likely to take some form of action towards changing their situation (e.g., visiting a general practitioner or accessing a DV support service). Victims in the experimental condition were also less likely to be in contact with the perpetrator. Findings were mixed in terms of emotional and psychological well-being. While the treatment group expressed lower levels of stress compared to the control group, they also reported poorer quality of sleep and poorer mental health. Although victims in the treatment group were less likely to provide statements to police, they were also less likely to retract the statements that they did make. Yet, consistent with the United States, the authors did not find evidence to suggest the intervention was associated with a reduction in repeat incidents. Nevertheless, they recommended the project be rolled out more broadly given the improvements seen across other victim outcomes.

6.3 Other Police Partnerships with Victim Advocates

Social service interventions for victims/survivors of IPV most commonly provide psychoeducation, advocacy, and support with the aim of increasing women's access to resources. Given that police are often the first point of contact for victims of IPV, several programs have been developed to offer services to victims following police contact for a domestic incident beyond second responder programs (Stover, Berkman, Desai, & Marans, 2010).

In 2005, the Maryland Network Against Domestic Violence (MNADV) developed the Lethality Assessment Program (LAP) (Koppa, 2016), a collaboration between police and social service providers. The model provides police officers with an objective scale to assess the risk after a domestic violence incident and identify the most high-danger victims based on their responses to the lethality assessment questionnaire (Messing et al., 2015). Once the victim is identified as having a high-risk of serious injury or death, the officer contacts a local domestic violence hotline, gets input from a counselor on the victim's situation, and conveys a tailored safety plan to the victim, while encouraging her to speak with the counselor. Social service practitioners provide advocacy, safety planning, and referral for services over the telephone during police-involved IPV incidents for women at high risk of homicide. Police officers responding to the scene of an IPV incident use a risk assessment called the Lethality Screen to identify victim-survivors who are at high risk of homicide. Women who are determined by the screening to be at high risk are offered the opportunity to speak on the telephone with an advocate at a collaborating domestic violence agency. During the phone call, the advocate provides the victim-survivor with immediate safety-planning assistance and encourages her to come in for further services.

A quasi-experimental field trial conducted by Messing et al. (2015) examined the effectiveness of the LAP. The study was conducted in seven police jurisdictions in Oklahoma, where the authors conducted structured telephone interviews with survivors after the incident of violence and again approximately 7 months later. The majority of participants recruited during the intervention phase of the study talked to the hotline advocates, and propensity score matched analyses indicated that women who received the intervention reported using significantly more protective strategies and experienced significantly less physical violence than women in the comparison group.

Koppa (2016) investigated the adoption of the LAP in 39 police agencies in Maryland between 2005 and 2011. The author used data from MNADV reported statistics, Supplementary Homicide Reports of the FBI and county-level data on confounding factors that might influence the rate of homicide (e.g., demographics, rate of policing per capita, and implementation of other policies to curtail

intimate partner homicide) to test whether female homicide rates changed differently in jurisdictions that adopted LAP early (treatment arm) than in jurisdictions that adopted it late (control arm). The period of study was 2000–2011 to check for any trends before adoption of LAP. Results suggested that implementation of the LAP reduced female homicide victimisation by men by 35 to 45%.

Stover, Rainey, Berkman, & Marans (2008) examined factors related to engagement with the Domestic Violence Home Visit Intervention (DVHVI) in New Haven in the United States. The intervention provides police officer–advocate team home visits after a domestic incident. Detectives in the New Haven Police Department’s Domestic Violence Unit identify households where an intimate partner assault has been reported. Cases are assigned to police–advocate teams to receive the DVHVI. Home visits take place as soon as possible after the violent event, usually within 2 to 5 days of the incident. Police officers participating in the project are community-based patrol officers, and they have received specialised training in the effects of violence exposure on children. Officers are paired with advocates trained in basic domestic violence issues, crisis intervention and child development principles and familiar with local domestic violence law, criminal justice processes, and social service resources.

The authors used police and clinical records for 301 female victims referred to the Domestic Violence Home Visit Intervention (DVHVI) program and found that the severity of intimate partner violence charges and ethnicity of the victim, advocate, and police officer were all significantly related to engagement in the DVHVI, with Hispanic women served by Hispanic advocate–officer teams more engaged in services than African American or Caucasian women. The data suggested that this intervention model may be particularly beneficial for Hispanic victims of intimate partner violence when implemented by a Spanish-speaking officer–advocate team. In a follow-up study by Stover et al. (2010), women (52 DVHVI and 55 controls) were interviewed at 1, 6, and 12 months following a police reported domestic incident to assess repeat violence, service use, and symptoms. Women who received the DVHVI were more satisfied with the police and likely to call them to report a non-physical domestic dispute in the 12 months following the initial incident than women in the comparison group. DVHVI participants were significantly more likely to use court-based services and seek mental health treatment for their children.

With coordination from the local emergency shelter for battered women, the police department in a study assessed by Corcoran and Allen (2005) created a crisis team consisting of one uniformed detective from the Family Violence Unit of the police department and a crisis intervention volunteer to decrease future domestic violence and to increase the amount of services available to victims. The

intervention was evaluated over a 6-month period using police report data. While the crisis team cases ($n = 96$) generated more arrests compared to a random sample of non-crisis team family violence cases ($n = 80$), victim cooperation was lower than in non-crisis intervention cases. The authors suggested that several limitations of the study, including the short 6-month time period of the study, conducted at the start of the program, and the availability of the crisis unit to respond to calls, may not have captured the true effects of the intervention.

Another on-scene crisis intervention provided by the Arlington Police Department's Victim Assistance Response Team and evaluated by Campbell (2006) measured domestic violence police reports ($n = 149$) to see if victims who received crisis intervention were more likely than victims who did not receive crisis intervention to file a protective order. Results indicated that on-scene crisis intervention was not a significant factor in the filing of a protective order. Whetstone (2001) also assessed a domestic violence crisis response team. The intervention was a pilot project designed to evaluate the efficacy of specialised domestic violence police officers paired with dedicated victim advocates acting as first responders to calls for service on domestic violence incidents, as well as follow-up investigations in one police district. Personnel from corrections, probation and parole agencies also assisted the police-advocate teams. Using a district that did not employ a crisis response team as a comparison, the study found that the DV crisis team performed better in terms of higher arrest, prosecution and conviction rates than the control district.

Davis and Taylor (1997) evaluated an RCT of a joint law enforcement-social services intervention to reduce the incidence of repeat domestic violence. Households reporting DV incidents in two public housing police service areas in New York were randomly assigned to receive or not receive a follow-up visit by a police officer and a social worker after the initial police response. In addition, housing projects in the same area were randomly assigned to receive or not receive public education about domestic violence. While neither treatment produced a reduction in violence, households in projects that had received public education and households that received the follow-up visits were both more likely to report new violence to the police than households that did not receive the treatments, and the effect of the follow-up visit was most pronounced in households with more serious histories of violence. The authors suggest that the intervention increased citizens' confidence in the ability of the police to handle domestic situations.

6.4 Multi-agency Centres for Victim Advocacy and Support

Multi-agency centres, where practitioners come together in the one place to provide coordinated care for DFV victims, can be effective in providing victims with the advocacy and support needed to more effectively interact with the CJS. The Northampton Sunflower Centre was an intensive advocacy and support intervention that aimed to increase DFV detection, conviction, sentencing, and applications for civil remedies (Hester & Westmarland, 2005). Components of this intervention included proactive incident investigation carried out by police seconded to the project, a relationship between project police and the Crown Prosecution Service, victim support officers, and police awareness/training. Hester and Westmarland (2005, p. 62) posit this intervention as a “one-stop-shop” providing a holistic approach to advocacy and support for victims of DFV. The intervention was compared against standard practices at the Northampton Magistrates’ Court and Northampton County Court. Results were positive: the Northampton Sunflower Centre had a conviction rate for DFV cases of 61%. In comparison, conviction rates for Northampton Magistrates’ Court and County Court were 31% and 44%, respectively. Further, the intervention condition had a low rate of case withdrawal compared to the control groups. Qualitative interviews with project users reinforced the usefulness of the Northampton Sunflower Centre as a one-stop-shop for accessing multiple services. Interviewees felt that being able to attend a multi-agency centre meant that action against a breach of a civil injunction was more likely to occur, and more likely to be dealt with faster than if it had been reported to other police officers not in the centre (Hester & Westmarland, 2005).

6.5 Police Enforcement of DFV Restraining and Protection Orders

While police officers who are called to DFV incidents are able to exercise a degree of discretion regarding whether and how they make charges, whether there is an order of protection in place against a perpetrator may influence their charging decisions. Issuance of a restraining or protection order for DFV may increase perpetrator prosecution for DFV cases (Kingsnorth & Macintosh, 2007). Emergency restraining or protection orders may also serve as alternatives to police arrests (Messing, 2014). Although protection orders are generally issued under civil proceedings (although jurisdictional differences do exist), police are primarily responsible for their enforcement. Additionally, when breaches do occur, police are responsible for investigating the incident and determining whether charges are laid (Dowling, Morgan, Hulme, Manning, & Wong, 2018). This section therefore summarises the evidence regarding the efficacy of protection orders compared to police arrest, the effect of protection orders on police decision to arrest, and perpetrator completion of batterer intervention programs.

In a recent systematic review of the protection order literature, Dowling et al. (2018) identified 63 empirical studies (21 of which were Australian) interested in the implementation and impact of protection orders as a response to DFV. Just four studies met the inclusion criteria for the meta-analysis. In assessing the effectiveness of protection orders on reducing the likelihood of re-victimisation, the authors found a small but statistically significant impact on reducing DFV (Dowling et al., 2018).

Two quasi-experimental studies compared perpetrator outcomes for arrest versus issuance of a restraining order (Messing, 2014) and arrest versus issuance of a restraining order versus both arrest *and* restraining order (Broidy, Albright, & Denman, 2016). Messing (2014) found that perpetrators who were arrested and taken into custody were 6.11 times more likely to be prosecuted (Messing, 2014). Presence of a restraining order (either existing or issued at the scene by police) was also positively associated with perpetrator prosecution, but odds of prosecution, at 2.16, were lower than in the arrest condition (Messing, 2014). Another notable finding was that when police contacted victims following the incident, they were 4.74 times more likely to be willing to assist with the prosecution process (Messing, 2014). A limitation of this study was that prosecution was operationalised as a dichotomous variable, and thus may not capture all of the complexities within the court and prosecution processes. The second study showed that while the percentage of participants who reoffended differed slightly by intervention type (arrest = 25%; protection order = 21%; dual arrest and protection order = 22%), the authors found no significant difference between the three conditions in terms of subsequent recidivism (Broidy et al., 2016). Upon further examination of their data, the authors of this study posited that different types of people were being subject to different police responses (Broidy et al., 2016). A matched sample analysis may have assisted in establishing whether intervention type had an effect on reoffending.

Our search identified four studies that examined the effect of presence of a restraining or protection order on police arrest or charging decisions. Phillips and Sobol (2010) used vignettes to examine factors that influence police officers' decisions to arrest at DFV incidents. The authors found that, compared with cases that did not have a protection order, cases that did were 3.35 times more likely to result in arrest police arrest (Phillips & Sobol, 2010). Conversely, when considering dual arrest of the victim and perpetrator, Houry, Reddy, and Parramore (2006) used official police data to determine that restraining orders had no effect.

Using randomly assigned vignettes, Phillips and Varrano (2008) examined the impact of an existing order of protection on police criminal charging decisions. The vignettes described DFV incidents

where protection orders were either present or absent. Results suggested that while the number of criminal charges increased when an order of protection was in place, approximately 20% of officers did not choose to use a criminal contempt charge in this situation (Phillips & Varrano, 2008). The authors compared the language used in the vignettes to the legislation for the jurisdiction where participants operated (New York, USA) and argued that, based upon the legislation, vignettes that included an order of protection should receive a first degree charge for criminal contempt (Phillips & Varrano, 2008). Therefore, they suggest that it was surprising that 20% of officers did not categorise them as such (Phillips & Varrano, 2008).

Kothari and colleagues (2012) similarly found evidence to suggest that police were more likely to take action in cases where a protection order was present. In cases where a protection order was present, police were four times more likely to file felony level charges and three times more likely to file multiple-count charges. However, victim engagement with the system (as measured by expressing support for prosecution) did not vary between incidents with protection orders and those without.

Lastly, we identified one study that explored whether the presence of a restraining order influenced perpetrator reinstatement and completion of a batterer intervention program (Scott, King, McGinn, & Hosseini, 2013). Results suggested that perpetrators who completed the batterer program on their first attempt were less likely to have a restraining order than those who did not complete on the first attempt (Scott et al., 2013). The authors hypothesised that these results may actually be attributable to perpetrators with a low-risk profile – those who were more consistently employed and who were older (Scott et al., 2013).

6.6 Collaborative Multi-agency Teams

The push towards multi-agency responses to DFV recognises the need for multiple stakeholders to work together to deliver interventions and share information (Homel, 2004). A number of quasi-experimental studies have evaluated the impact of multi-agency collaboration between different CJS agencies and between CJS agencies and other external practitioners. The four studies outlined here examine outcomes relating to victim engagement with the CJS (Rodwell & Smith, 2008; Weisz, Black, & Nahan, 2005) and perpetrator recidivism and rehabilitation (Rodwell & Smith, 2008; Stagner, 2005).

Weisz et al. (2005) compared outcomes in DFV cases for those in precincts where specialised DFV response teams were implemented versus precincts without DFV response teams. These teams aim to facilitate greater communication and collaboration among practitioners, and comprise of specialised

DFV police officers, social workers, and prosecutors who work together to prosecute perpetrators (Weisz et al., 2005). Results from the evaluation of the DFV response teams suggested there was no difference between DFV response team precincts and comparison precincts in terms of increasing victim participation in warrant interviews, number of warrants issued, or testimony during prosecution processes (Weisz et al., 2005). When interviewed, participants in the study suggested that cultural and practical difficulties may have hindered the success of the program (Weisz et al., 2005).

The Green Valley Liverpool Domestic Violence Service (GVL DVS) similarly relied on interagency collaboration to improve victim access to services (Laing & Toivonen, 2012). A key component of the service was a partnership with the local police, who provided the majority of victim referrals. A Crime Manager was appointed specifically to strengthen the relationship between the two services, and they set up monthly meetings with senior managers (i.e., the Crime Manager, the DFV Coordinator, NSW Police, and team leader from GVL DVS). These meetings were used to increase service information sharing and to develop a case management approach to responding to high-risk cases. The project team focused initially on increasing the rate at which general duties police gave victims yellow cards – a form used to collect victim contact details and obtain consent for details to be provided to a domestic violence support worker. Results indicated that the number of referrals by Green Valley officers following the implementation of the project was significantly higher compared to the comparison site.

Rodwell and Smith (2008; results updated by Birdsey & Smith, 2012) examined the NSW Domestic Violence Intervention Court Model, a multiagency model involving the NSW Attorney General's Department, the NSW Police Force, the Department of Community Services, the Department of Corrective Services, the Legal Aid Commission of NSW, and the NSW Department of Housing. Activities conducted under this intervention included improving police practices (through specialised evidence collection kits), improving court efficiency (via instructing prosecution to serve a brief of evidence on or before the first court mention date), providing greater victim support (through establishing victim advocate services), and improving the management of offenders (via a court-sentenced perpetrator program run by probation and parole). The results were mixed. Across the three intervention sites in terms of the prosecution of perpetrators, the portion of prosecutions increased (from approximately 40% to over 60%) for two sites but not the third (Birdsey & Smith, 2012). Further, there was little evidence that the intervention increased the proportion of cases finalised on a guilty plea, penalties of a supervised bond, or penalties of imprisonment (Birdsey & Smith, 2012). The proportion of cases finalised within 12 weeks of the first court appearance

increased for all study sites from pre-intervention to post-intervention (Birdsey & Smith, 2012). Stagner (2015) examined the impact of collaboration between treatment program facilitators, probation services, and victim services on DFV perpetrator recidivism, probation completion, and treatment completion. Collaborators in this intervention met for monthly meetings to discuss their operations, treatment approaches, and any issues that they faced (Stagner, 2015). Stagner (2015) suggested that multi-agency collaboration positively impacted probation completion, treatment completion, and rearrest within a 2-year follow-up period. Overall, the authors of all four papers advocated for the continued use of multi-agency collaboration when addressing DFV; however, Weisz et al. (2005) stressed that taking into account the views and experiences of victims is a highly important step in developing successful interventions.

6.7 Coordinated Community Responses

There are many CJS and social service resources that exist to address DFV; however, some communities have identified that cooperation between services can be fragmented and inconsistent. Coordinated community responses (CCRs) were established in the 1980s and 1990s to address this (Hart, 1995). CCRs are community-led initiatives that aim to maximise the effectiveness and efficiency of existing resources and avoid duplication of services (Post, Klevens, Maxwell, Shelley, & Ingram, 2010). With these aims, CCRs may be executed in many different ways, but the approach fundamentally entails CJS practitioners working in partnership with the community and community organisations to reduce the prevalence of DFV and increase victim safety.

Our search identified one RCT that evaluated the impact of a victim focused CCR, titled the Domestic Violence Coordinated Triage Intervention Project, where both CJS practitioners and community agencies worked together to design and implement DFV victim outreach (DePrince et al., 2012). Before implementation of this intervention, victims were referred to services by a system-based advocate situated in the CJS, but then had to initiate contact with relevant community services themselves (DePrince et al., 2012). However, in the CCR model, community-based advocates initiated the outreach to victims, and could offer them confidential support and services that were individualised to victims' circumstances (DePrince et al., 2012). The evaluation of the Domestic Violence Coordinated Triage Intervention Project showed positive results. Victims in the experimental CCR condition had odds of engagement with prosecution tasks six times higher than victims who received no intervention. Prosecution tasks were those that assisted in prosecuting the perpetrator, and included (but were not limited to) giving information about the incident, returning police calls, or testifying in court (DePrince et al., 2012). Victims in the experimental condition were more likely to be asked to attend court, and of those asked, were more likely to attend court than

those who received no intervention (DePrince et al., 2012). However, treatment had no effect on charges or severity of case disposition (DePrince et al., 2012).

Another CCR intervention was evaluated at ten different sites by Post and colleagues (2010) using a quasi-experimental research design. This intervention aimed to change community attitudes and beliefs regarding DFV, increase opportunities for victims to seek assistance through direct or indirect services, and increase perpetrator accountability. Activities that the CCRs undertook were wide-ranging. They included providing victim services (e.g., hotlines, counselling, legal services, or housing), investing in training to improve CJS and healthcare practices and policies, training professionals (e.g., hairdressers or dentists) to identify and respond to DFV, and promoting stronger CJS responses to perpetrators (e.g., court-mandated rehabilitation or mandatory arrest policies) (Post et al., 2010). In contrast to the overall positive results found by DePrince and colleagues (2012), the quasi-experimental evaluation by Post and colleagues (2010) suggested that, compared to control sites, which received no intervention, CCRs had no effect on community knowledge, beliefs or attitudes regarding DFV or use of DFV services (Post et al., 2010). The study did, however, find that women in sites where CCRs had been in operation for 6 years were less likely to report aggression against them in the past year than were women in sites where CCRs had only been in operation for 3 years (Post et al., 2010). The authors concluded by discussing the challenges of implementation and evaluation of CCRs, and posit that CCRs should only be implemented after strong evidence is found to support the efficacy of the individual activities undertaken by CCRs.

Shepard, Falk, and Elliott (2002) evaluated the effectiveness of a project designed to enhance CCR to DFV. The Domestic Abuse Intervention Project (DAIP) was modified to include expanded danger assessment and developed methods for criminal justice practitioners and advocates to collect and share risk assessment data. When compared to a baseline period, offenders had significantly lower rates of recidivism after the project was implemented. There were steady declines in the number of recidivists over 3 years of the project. The analysis found that two variables were significantly related to offenders not having recidivated during all years of the study: the offender having been court mandated to attend the Men's Nonviolence Program and the offender having completed the program. There was also evidence that a danger assessment tool used by probation officers could predict recidivism.

6.8 Victim Help Seeking – Legal Strategies

Given that DFV usually occurs in private settings, one of the few pathways available to bring it to the attention of the CJS is via victims individually exploring avenues to mitigate or escape violence.

Exploring help and safety seeking strategies that victims use is vital to ensuring that the CJS and other sectors can provide efficacious interventions to assist a greater proportion of victims (Parker & Gielen, 2014). Victims may choose to use private strategies to control abuse, or actively seek help by confiding in formal networks (e.g., clergy, support groups or medical personnel), informal networks (e.g., family or friends), or legal networks (e.g., police, lawyers or victim advocates; Goodman, Dutton, Weinfurt, & Cook, 2003; Parker & Gielen, 2014). Formal and legal practitioners may discuss safety strategies – individualised and realistic plans – with victims to assist them in avoiding future violent situations (Lindhorst, Nurius, & Macy, 2005).

A systematic review by Parker and Gielen (2014) synthesised evidence on victims' frequency of use and perceived effectiveness of formal, informal, and legal help and safety seeking strategies for DFV. Legal strategies are defined by these authors as strategies where victims actively contact police, lawyers or victim advocates in order to protect themselves and alter the abuser's behaviour (Parker & Gielen, 2014). Victims varied considerably in their use of legal strategies across the six non-experimental studies included in the review, with varying rates of between 1% and 95% of samples reporting seeking help from the CJS. Five of the six studies examined the perceived helpfulness of legal strategies. Two of these (Davies, Lyon, & Monti-Catania, 1998; Wiist & McFarlane, 1998) reported that 51% and 63% of women in their respective samples found police contact beneficial in reducing violence. However, one study (O'Campo et al., 2002) reported that while some victims reported benefitting from police intervention, others did not. In addition, the perceived helpfulness of legal strategies varied depending on individual victim characteristics. Women in urban settings found legal strategies more helpful than those in rural settings (Shannon et al., 2006). Compared with women experiencing moderate violence, women experiencing severe violence found protective orders most effective (Logan et al., 2006). Overall, this review produces some positive support for legal strategies as a form of help and safety seeking for victims. Parker and Gielen (2014) caution that it can be hard to make generalisable comments about the efficacy of legal strategies for victims of DFV because victims are likely to be using more than one help seeking strategy at a time.

6.9 Legislative Responses

Legislation pertaining to DFV and gendered violence more broadly has the potential to provide universal standards for best practice to protect victims and effectively respond to perpetrators. Multi-disciplinary cooperation is an important component of implementing effective legislative responses, and to be comprehensive, recommendations suggest that legislation should target multiple sectors (e.g., police, judicial system, education, health, social services, and media) (Ortiz-Barreda & Vives-

Cases, 2013). Further, legislation may address various CJS practices, such as restricting perpetrator access to weapons, police arrest practices, court processes, or criminalising breaches of protection orders (Zeoli, Malinski, & Turchan, 2016; Hester, Westmarland, Pearce, & Williamson, 2008). We identified two studies which examined outcomes before and after the introduction of new legislation pertaining to DFV.

In their systematic review, Zeoli and colleagues (2016) considered effectiveness of interventions designed to reduce firearm availability to DFV perpetrators. In particular, this review examined the effectiveness of statutes prohibiting access to firearms for persons under domestic violence restraining orders (DVROs) in the USA (Zeoli et al., 2016). The three types of statutes synthesised in this study involved 1) prohibiting individuals under DVROs from possessing or purchasing firearms; 2) prohibiting offenders convicted of DFV misdemeanour offenses from possessing or purchasing firearms; and 3) in specific circumstances, authorising police officers to confiscate firearms from DFV incidents (Zeoli et al., 2016). The results suggested that states that enacted DVRO firearm prohibition statutes had significant reductions (ranging from 9% to 25%) in DFV homicide by firearm. Further, states that were effective at detecting disqualifications during background checks were more likely to see a reduction in intimate partner homicide associated with firearm possession. However, no effect was observed for the legislation pertaining to DFV misdemeanour offences or police confiscation of firearms during DFV incidents.

Hester and colleagues (2008) similarly considered the impact of legislative change on DFV incidents in the United Kingdom. The Domestic Violence, Crime and Victims Act introduced in 2004 made common assault an arrestable offence, criminalised a breach of a non-molestation order, and extended civil law on DFV. By making these changes, legislators aimed to ensure that same-sex couples had equality of access to non-molestation and occupation orders and that couples who had never cohabited had equality of access to non-molestation orders. Analyses compared the nature and frequency of DFV incidents pre- and post-implementation of the changes to the Act in two UK cities (Croydon, which had an integrated DFV court, and South Tyneside, which did not have a specialised court). Some evidence showed that there was a small increase in the proportion of incidents recorded as common assault across the 3-year time period for both cities (from 4% to 12% in South Tyneside and 23% to 34% in Croydon). Overall, however, the authors concluded that a more comprehensive evaluation over a greater number of years is needed to observe the effects of the Act. Victims generally supported the legislation changes, and police and legal practitioners felt that being able to make arrests for common assault was a positive move, as was the change to give same-sex couples equality of access to non-molestation and occupation orders. However, some legal professionals and

police reported that the criminalisation of breaches of non-molestation orders was confusing. Hester and colleagues (2008) emphasised the need to deliver training to CJS professionals and victim advocates to ensure that they understood how to implement new legislative measures.

The primary objective of the research by Dugan (2003) was to estimate the influence of domestic violence statutes on the likelihood that a household suffers from family and intimate partner violence. Using data from the National Crime Victimization Survey, the author tested whether legislation affected domestic violence, police involvement, and arrest, and results suggested that most laws do reduce the chances of family or intimate violence. However, fewer appear to influence police involvement, and none resulted in more arrests.

6.10 Active Facilitation of Victims' Use of Legal Services

Hobart (2003) conducted a quasi-experimental study examining the effects of local policy implementations of domestic violence legislation on women's personal evaluations of the law. She compared two U.S. cities with similar domestic violence laws but different domestic violence policies: Seattle, Washington (a "Mobilization Facilitation" environment) and Phoenix, Arizona (a "Model of Legal Protection" environment). Hobart argued that Seattle's policies actively encourage women's use (or mobilisation) of the law via providing advocates to help women access information, and implementing training of local legal officers to increase their knowledge and helpfulness when contacted. In contrast, Phoenix's policy is passive as it "does little to encourage women to access [legal] protection" (Hobart, 2003, p. 42). In addition to conducting in-depth interviews, the author administered surveys to women in Seattle ($n = 11$) and Phoenix ($n = 13$) regarding their experiences of the law. However, two women in Seattle (18% of total 11) and three women in Phoenix (23% of total 13) did not answer the question asking them to evaluate how the law impacted their overall situation. The survey results revealed that women in Seattle were more likely to say that the law improved their situation (36%, $n = 4$) compared to women in Phoenix (15%, $n = 2$). Compared to one woman in Seattle (9%), approximately half of the women surveyed in Phoenix stated that the use of the law made their situations worse (54%, $n = 7$). A further four women stated that the law made no difference to their situations in Seattle (36%), and one woman stated this in Phoenix (8%). Therefore, while most women in Seattle saw use of the law as either neutral or positive, women in Phoenix "generally agreed that it made things worse" (2003, p. 93). However, there are significant limitations to this study. This evaluation is one small part of a largely qualitative study involving in-depth interviews with women from both jurisdictions about their legal experiences. As such, this result does not provide any detailed information regarding the exact correlation between the cities' policies and women's experiences. Furthermore, the author did not control for any confounding variables and

the sample sizes were very small. Future research into the relationship between policy implementation and victims' evaluations of legal responses to DFV should therefore be methodological rigorous.

6.11 Domestic and Family Violence Death Review Boards

With the recent policy emphasis on integrated responses to DFV, mechanisms that conduct research and inform interventions are also moving towards multi-disciplinary approaches. A popular approach now used in a number of high-income countries are domestic and family violence death review boards (DFVDRs), which are comprised of experts from government, CJS, health, and research fields (Wilson & Websdale, 2006). These boards retrospectively assess the human and system factors that contribute to DFV homicides, homicide–suicides, victim suicides, and perpetrator suicides (Bugeja, Dawson, McIntyre, & Walsh, 2015). Ultimately, they aim to reduce and prevent both fatal and non-fatal forms of DFV by assessing demographic and descriptive data on DFV deaths to identify “possible points of intervention, gaps or failures in service delivery, policy inadequacies, and opportunities and strategies for system and legislative reform” (Bugeja et al., 2015, p. 180). They then inform prevention-focused interventions and recommend changes to the DFV system (Bugeja et al., 2015).

Our search identified one systematic review that considered the effectiveness of DFVDRs (Bugeja et al., 2015). This review synthesised ongoing DFVDRs operating at the national or state/territory level in the United States, Australia, Canada, the United Kingdom and New Zealand. Practitioners on the boards included in this review represent DFV organisations, Coroner's Office/Office of the Medical Examiner, universities, other government departments, or a combination of these. While each board specified that they aimed to reduce DFV-related deaths, none reported that this had been achieved, and a number discussed how it was impossible to measure such an outcome. Bugeja and colleagues (2015) hypothesised that this may be because it is difficult to establish causality between the incidence of DFV-related deaths and the activities and recommendations put forward by DFVDRs. However, all DFVDRs made recommendations for system change, and approximately one-third of the boards reported that these recommendations led to changes to the DFV system as a result (Bugeja et al., 2015).

6.12 Pre-Trial Supervision

During the period between custodial arrest and court case disposition, victims may be particularly vulnerable to intimidation and harassment regarding the criminal justice process by DFV perpetrators (Erez, Ibarra, Bales, & Gur, 2012; Grommon, Rydberg, & Carter, 2017). Supervision of DFV

defendants during this pre-trial period aims to deter and reduce victimisation and reoffending. In this section, we summarise findings related to two forms of pre-trial supervision: intensive bail supervision, and GPS monitoring of pre-trial DFV defendants.

Intensive Bail Supervision

Lasley (2003) conducted a 3-year experimental study testing the effectiveness of an intensive bail supervision program on reducing domestic violence rearrests in California. Intensive bail supervision consisted of bail agents making random contact with offenders during times and in places of high risk for repeat DFV. Contact was made twice per week (one phone, one in person), including one contact on either Friday or Saturday due to the increased risk of DFV on weekends. Within four cooperating bail agencies in both northern and southern California, offenders who were bailed out for felony DFV were randomly assigned to either intensive supervision (the experimental condition, $n = 234$) or regular supervision (the control group, $n = 262$). For both groups, data was collected during a 6-week follow-up period post-arrest.

Controlling for demographic and criminal justice variables (ethnicity, prior arrest, marriage and employment status), Langley (2003) found that intensive bail supervision significantly reduced the likelihood of rearrest for domestic violence during the follow-up period. The author suggests that the random, unpredictable nature of the intensive bail supervision acted as an effective specific deterrent. However, there was some variation in effectiveness by ethnicity, as Mexican participants were significantly more likely than White, Black, or Latino participants to be rearrested for domestic violence ($p < 0.01$).

GPS Supervision

One method proposed to deter and reduce re-victimisation during both this pre-trial period and during the duration of no-contact conditions is Global Positioning System (GPS) supervision of defendants. Within GPS supervision, defendants' attempts to contact victims are measured by defendants' detected presence in predefined "exclusion zones" where the victim is likely to be present (Erez et al., 2012). As such, GPS supervision is unable to detect chance encounters, attempts at non-physical contact such as via telephone, email, or SMS, or victim-initiated contact (Erez et al., 2012). However, advantages to GPS supervision include its versatility and the ability to locate defendants in real time (Erez et al., 2012).

Erez et al. (2012) conducted a quasi-experimental study of GPS monitoring of DFV offenders across three sites in the United States (Midwest, West, and South). They examined the impact of GPS supervision on defendants' pre-trial program violations and rearrests. Across the three study

locations, the sample was comprised of defendants referred and hooked up to GPS monitoring ($n = 561$ Midwest, $n = 500$ West, $n = 177$ South) and a comparison group of non-GPS defendants ($n = 1521$ Midwest, $n = 500$ West, $n = 427$ South). Non-GPS defendants either spent the pre-trial period in jail, released on bond without any supervision, or were supervised using radio frequency-based (RF) electronic monitoring without tracking. The authors' impact evaluation found that GPS supervision of DV defendants had a significant impact during the pre-trial period. Defendants were less likely to physically contact victims across the Midwest and West sites (contact attempts were not reported for the South site). Defendants at the Midwest site who had a stricter GPS supervision program were significantly less likely to violate their program than RF defendants. The West site did not have a comparison group of RF defendants; however, the authors found that the duration of time GPS defendants were supervised did not significantly affect the likelihood of program violations or rearrest. At the South site, GPS defendants had a higher level of pre-trial violations compared to RF defendants; however, there were no significant differences in rearrest between GPS and RF defendants. Overall, the authors found that GPS defendants across the three trial sites stayed away from the exclusion zones of victim contact. However, they caution that pre-trial GPS supervision of defendants may be seen as a form of criminal punishment before defendants face trial or conviction.

A retrospective, quasi-experimental study by Grommon et al. (2017) evaluated the use of pre-trial GPS supervision in a Western USA jurisdiction. The sample consisted of a total of 1483 defendants: 38.6% under pre-trial GPS supervision ($n = 573$, the experimental group) and 61.4% under pre-trial supervision without GPS technology ($n = 910$, the comparison group). Defendants within the experimental group wore a one-piece ankle unit that captured GPS points every minute. If defendants entered an exclusion zone, GPS points were captured every 15 seconds and supervising pre-trial officers were notified. Defendants mandated to GPS supervision were also in more frequent contact with supervising officers by telephone and in-person case management meetings: both were held 1–4 times per month, compared to comparison defendants who attended telephone or in-person meetings on an as-needed basis. The authors measured defendants' pretrial misconduct using four dependent variables (failure to appear to court, failure to appear to meeting, rearrest for any new offence, and rearrest for a domestic violence offence). To adjust for selection bias, the authors formed matched comparison groups between the two samples. Overall, the authors found that defendants mandated to GPS supervision had nearly 1.5 times lower odds of failing to appear to pre-trial meetings than the comparison group defendants. However, there were no significant differences between the comparison groups on the other measures of pre-trial misconduct (failure to appear to court, rearrest for any new offence, and rearrest for a domestic violence offence). The authors therefore suggest that

while GPS supervision may not affect odds of recidivism, it does appear beneficial for case management purposes.

6.13 Training Programs for CJS Practitioners

As interventions to address DFV are developed and improved, there is a need to ensure that the frontline practitioners who implement interventions have received effective training in the area (Hilton & Ham, 2015). Regardless of the intervention, it is imperative that CJS practitioners who implement interventions have a standardised and thorough understanding of both DFV and the intervention that they are conducting. Training can be delivered through multiple avenues; it may be delivered during face-to-face sessions (Hilton & Ham, 2015), via electronic training (Hilton & Ham, 2015), or by overarching organisations who coordinate training and services for particular geographical areas (Elias, 2006). Hilton and Ham (2015) have implemented small-scale training courses. The authors reviewed the effectiveness of training delivered by the two co-authors of a risk assessment tool that is commonly used by CJS practitioners in DFV cases (the Ontario Domestic Assault Risk Assessment, or ODARA). The evaluation of this training compared one 5-hour face-to-face session to an electronic training program (Hilton & Ham, 2015). Both mediums contained the same content, which included instruction around the construction, validation, and item scoring criteria of the ODARA, as well as practice case videos and a skills test (Hilton & Ham, 2015). The only difference was that the electronic training program did not allow scope for participants to ask questions (Hilton & Ham, 2015).

The evaluation by Hilton and Ham (2015) compared the face-to-face and electronic training to establish whether one was more effective. Results showed that the conditions were equally as effective in terms of practitioner performance on the post-training skill acquisition test, which assessed their ability to correctly use the ODARA to make risk assessments. However, electronic training was found to be more cost-effective. The electronic training was less time consuming for both ODARA staff and practitioners undergoing the training: electronic training took 10 minutes of staff time per participant, and 4–6 hours of participant time to complete, whereas face-to-face training took 20 minutes of staff time, and 7–8 hours per participant to complete. The authors also calculated that electronic training was one-third of the cost of face-to-face training (\$168 per trainee versus \$500 per trainee). Overall, this study supported the use of electronic mediums for delivering established training to DFV practitioners.

6.14 Educational Programs

We identified three systematic reviews that examine intimate partner relationships and DFV educational programs for adolescents (De Koker, Mathews, Zuch, Bastien, & Mason-Jones, 2014; De La Rue, Polanin, Espelage, & Pigott, 2014; Stanley et al., 2015). Most studies within these reviews were implemented with no input from the CJS; however, both papers identified the same cluster RCT by Jaycox and colleagues (2006), which examined a program implemented by attorneys called *Break the Cycle's Ending Violence*. This program was embedded within a wider health education curriculum, delivered to classes over three one-hour sessions in urban secondary schools in the United States. It aimed to a) increase adolescents' comfort when speaking to attorneys; b) highlight that the adolescents can access free legal services; and c) educate adolescents on legal systems, rights and responsibilities, DFV warning signs, and DFV safety planning (De Koker et al., 2014).

The evaluation of *Ending Violence* focused on self-reported DFV perpetration and victimisation, as well as negative dating experiences. Jaycox et al. (2006) reported that, compared to the business-as-usual condition, adolescents who received the intervention experienced increased knowledge of legal rights. However, 6-month follow-up surveys showed that the intervention had no statistically significant impact on either DFV perpetration or victimisation (De Koker et al., 2014). Further, De La Rue and colleagues (2014) reported that this study has an unclear risk of bias, as the handling of missing data and attrition levels were not clearly described by the authors. Given that the systematic reviews we identified here are not specific to the CJS system, the evidence in this area may benefit from a systematic review and/or meta-analysis focusing specifically on CJS-led DFV educational initiatives for adolescents.

Regarding policing, we identified one systematic review that examined intimate partner relationships and DFV educational programs for adolescents (Stanley et al., 2015). Most studies within this review were implemented with no input from the CJS; however, one quasi-experimental study by Hilton and colleagues (1998) examined an anti-violence program implemented by counsellors and police. Canadian secondary school students attended a one-hour assembly where they were presented with information regarding the risks and consequences of sexual assault (delivered by a counsellor), the signs of violent relationships (delivered by a counsellor), options for victims of violence (delivered by a researcher), and the laws surrounding assault (delivered by a police officer). Subsequently, students chose to attend two of six available one-hour workshops – the content of which was determined by the individual presenters for each workshop. None of the workshops were conducted by police officers; instead they were delivered by counsellors, youth and shelter workers, and some

of the authors of the study. The results of this paper, as summarised in the systematic review by Stanley and colleagues (2015), suggested that students learned more from the self-selected workshops than they did from the assembly. Further, there was no difference between self-identified victims and perpetrators in terms of pre–post change in physical or sexual aggression, or likelihood of attending the educational program. This study did not clearly determine whether police involvement in the delivery of DFV educational programs was effective.

6.15 Chapter Summary

This review identified 69 studies that reported on multi-agency approaches to targeting DFV. These interventions focused on improving outcomes for victims and offenders and measured effectiveness across a broad range of measures including victim well-being, re-victimisation, homicide rates, perpetrator contact with victims, victim confidence in reporting DFV to authorities and service utilisation (see Figure 6.1 for evidence and gap maps pertaining to multi-agency responses to DFV⁴).

Several evaluations provide promising evidence to support these interventions in improving outcomes for victims. Initiatives which pair police and victim advocates (other than second responder programs) were associated with increased service uptake, lower homicide rates and greater police contact. Together, these findings highlight the value of police working alongside trained victim advocates. While second responder programs were not associated with a reduction in repeat victimisation, these programs did appear to improve victim confidence in disclosing incidents to police. Additionally, evidence from the United Kingdom suggests that these programs can improve a range of victim outcomes (for instance, increase satisfaction with police, lower stress and reduce contact with the offender). Multi-agency centres for victim support are shown to effectively assist victims of DFV – and improve conviction rates. Legislative responses can also positively impact victim outcomes. For example, banning firearm possession for known DFV offenders is found to significantly decrease the number of DFV homicides by firearm. Lastly, Death Review Boards are shown to be effective in implementing system change – although they are not associated with reductions in DFV homicides.

While the majority of these interventions were focused on victims, a few studies were targeted at offender populations. Here we found evidence to support the efficacy of the GPS monitoring of DFV

⁴ This map synthesises $N = 52$ unique studies involving multiple agencies. $N = 9$ unique studies were excluded from this map due to their inclusion of obscure outcome measures. Systematic reviews without meta-analyses and quasi-experimental studies that did not fit within the broad intervention categories synthesised were excluded from the maps.

offenders while on bail. These studies showed that GPS monitoring reduced the likelihood that offenders will enter exclusion zones of victim contact. Additionally, GPS monitoring was found to be a useful case management tool, with offenders who are monitored by GPS more likely to attend pre-trial meetings. Similarly, intensive bail supervision whereby offenders are contacted by bail agents at random twice a week is another effective deterrent. Overall, these findings demonstrate the value of taking a multi-agency approach to DFV, although they rely heavily on a commitment by these agencies to cooperate and share resources in order to achieve these successes.

Evidence and Gap Map for Responses Involving Multiple Agencies

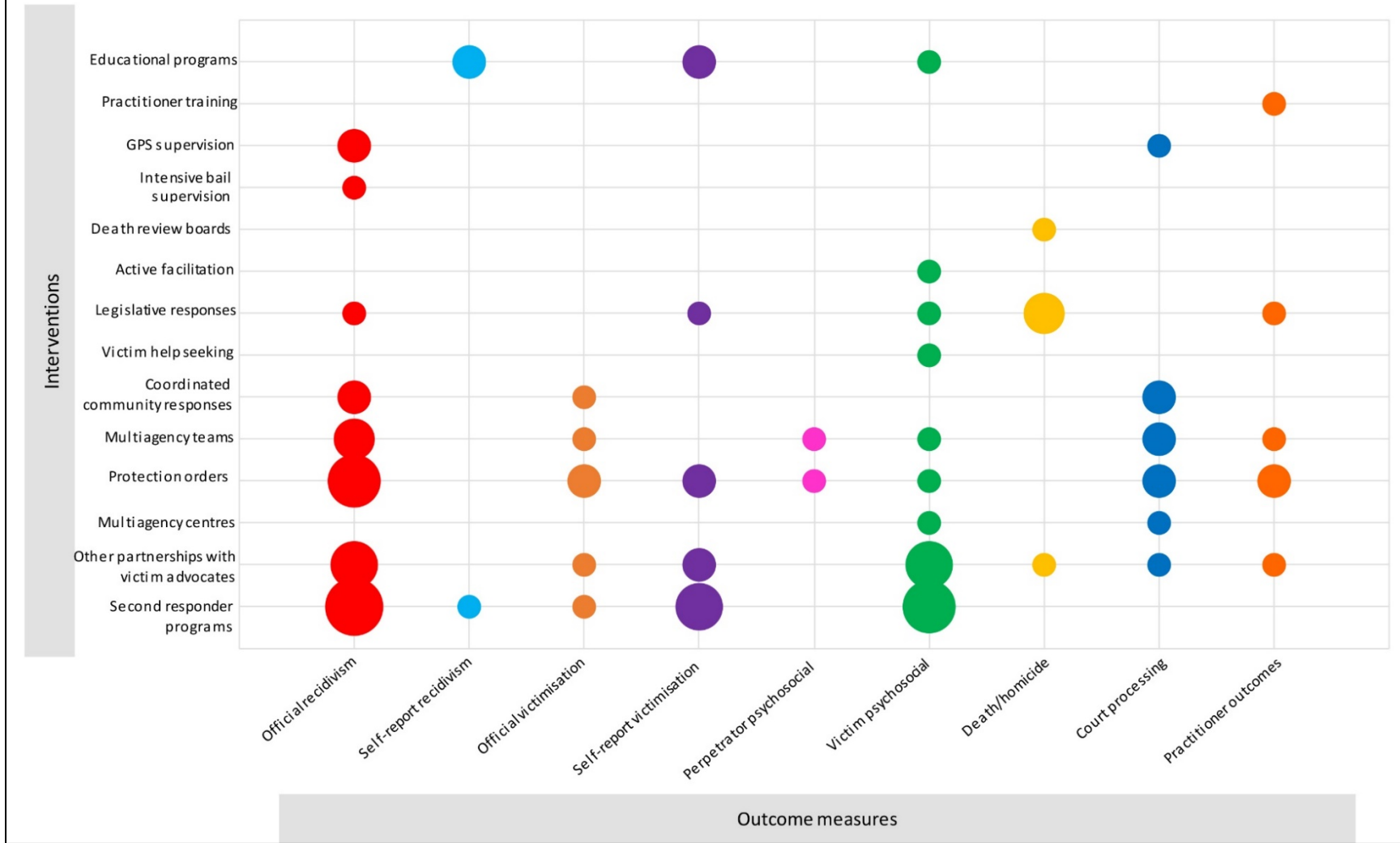


Figure 6.1 Evidence and gap map – multiple agencies

6.16 References

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Table 6.1 Studies evaluating inter-agency interventions for domestic and family violence (n = 69)

Study Design	Reference
Systematic Review and/or Meta-Analysis	<p>Breckenridge, J., Rees, S., Valentine, K., & Murray, S. (2015). Meta-evaluation of existing interagency partnerships, collaboration, coordination and/or integrated interventions and service responses to violence against women. <i>Landscapes: State of Knowledge</i>, 2015(11), 1-84.</p> <p>Bugeja, L., Dawson, M., McIntyre, S. J., & Walsh, C (2015). Domestic/Family violence death reviews: An international comparison. <i>Trauma Violence & Abuse</i>, 16(2), 179-187. doi: 10.1177/1524838013517561</p> <p>Cattaneo, L. B., & Goodman, L. A. (2005). Risk factors for reabuse in intimate partner violence: A cross-disciplinary critical review. <i>Trauma Violence & Abuse</i>, 6(2), 141-175. doi: 10.1177/1524838005275088</p> <p>Davis, R. C., Weisburd, D., & Taylor, B. (2008). Effects of second responder programs on repeat incidents of domestic violence: A systematic review. <i>Campbell Collaboration Library of Systematic Reviews</i>, 15. doi:10.4073/csr.2008.15</p> <p>De Koker, P., Mathews, C., Zuch, M., Bastien, S., & Mason-Jones, A. J. (2014). A systematic review of interventions for preventing adolescent intimate partner violence. <i>Journal of Adolescent Health</i>, 54(1), 3-13. doi: 10.1016/j.jadohealth.2013.08.008</p> <p>De La Rue, L., Polanin, J., Espelage, D., & Pigott, T. (2014). School-based interventions to reduce dating and sexual violence: A systematic review. <i>Campbell Library of Systematic Reviews</i>, 10. doi: 10.4073/csr.2014.7</p> <p>Dowling, C., Morgan, A., Hulme, S., Manning, M., & Wong, G. (2018, June). Protection orders for domestic violence: A systematic review. <i>Trends & Issues in Crime and Criminal Justice</i> (No. 551). Retrieved from https://aic.gov.au/publications/tandi/tandi551</p> <p>Howarth, E., Moore, T. H. M., Welton, N. J., Lewis, N., Stanley, N., MacMillan, H. ... Feder, G. (2016). IMPROving outcomes for children exposed to domestic Violence (IMPROVE): An evidence synthesis. <i>Public Health Research</i>, 4(10), 1342. doi: 10.3310/phr04100</p> <p>Leneghan, S., Gillen, P., & Sinclair, M. (2012). Interventions to reduce domestic abuse in pregnancy: a qualitative systematic review. <i>Evidence Based Midwifery</i>, 10(4), 137-142.</p> <p>Loxton, D., Hosking, S., Stewartwilliams, J., Brookes, J., & Byles, J. (2008). <i>Selected domestic and family violence prevention programs: A rapid review</i>. Newcastle, NSW: The University of Newcastle. Retrieved from https://www.saxinstitute.org.au/wp-content/uploads/30_Selected-domestic-and-family-violence-prevention-programs.pdf</p> <p>Nicholls, T. L., Pritchard, M. M., Reeves, K. A., & Hilterman, E. (2013). Risk assessment in intimate partner violence: A systematic review of contemporary approaches. <i>Partner Abuse</i>, 4(1), 76-168. doi: 10.1891/1946-6560.4.1.76</p> <p>Parker, E. M., & Gielen, A. C. (2014). Intimate partner violence and safety strategy use: Frequency of use and perceived effectiveness. <i>Women's Health Issues</i>, 24(6), 584-593. doi: 10.1016/j.whi.2014.08.001</p> <p>Spangaro, J., & Ruane, J. (2014). <i>Health interventions for family and domestic violence: A literature review</i>. Sydney, Australia: University of New South Wales.</p>

Study Design	Reference
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Study Design	Reference
Strong Quasi Experiment	<p data-bbox="347 304 1509 409">Birdsey, E. M., & Smith, N. (2012). The Domestic Violence Intervention Court Model: A follow-up study. <i>Crime and Justice Bulletin: Contemporary Issues in Crime and Justice</i> (No. 155). Sydney, Australia: New South Wales, Bureau of Crime Statistics.</p> <p data-bbox="347 432 1509 537">Bouffard, J. A., & Muftić, L. R. (2007). An examination of the outcomes of various components of a coordinated community response to domestic violence by male offenders. <i>Journal of Family Violence</i>, 22(6), 353-366.</p> <p data-bbox="347 560 1509 665">Broidy, L., Albright, D., & Denman, K. (2016). Deterring future incidents of intimate partner violence: Does type of formal intervention matter? <i>Violence Against Women</i>, 22(9), 1113-1133. doi: 10.1177/1077801215617552</p> <p data-bbox="347 687 1509 792">Brown, T., Flynn, C., Arios, P. F., & Clavijo, C. (2016). <i>A study of the impact on men and their partners in the short term and in the long term of attending men's behaviour change programs</i> (Technical Report). Violence Free Families: Australia.</p> <p data-bbox="347 815 1509 920">Campbell, S. (2006). <i>On-scene crisis intervention and protective orders: What makes a difference?</i> (Master's Thesis). Retrieved from ProQuest Dissertation and Theses Global database. (UMI No. 1437403)</p> <p data-bbox="347 943 1509 1048">Casey, R. L., Berkman, M., Smith-Stover, C., Gill, K., Durso, S., & Marans, S. (2007). Preliminary results of a police-advocate home-visit intervention project for victims of domestic violence. <i>Journal of Psychological Trauma</i>, 6(1), 39-49. doi: 10.1300/J513v06n01_04.</p> <p data-bbox="347 1070 1509 1176">Cerulli, C., Edwardsen, E. A., Hall, D., Chan, K. L., & Conner, K. R. (2015). Improving coordinated responses for victims of intimate partner violence: Law enforcement compliance with state-mandated intimate partner violence documentation. <i>Violence Against Women</i>, 21(7), 897-907.</p> <p data-bbox="347 1198 1509 1303">Corcoran, J., & Allen, S. (2005). The effects of a police/victim assistance crisis team approach to domestic violence. <i>Journal of Family Violence</i>, 20(1), 39-45.</p> <p data-bbox="347 1326 1509 1520">Diamond, A., Charles, C., Allen, T. (2004). <i>Domestic violence and crime and disorder reduction partnerships: Findings from a self-completion questionnaire</i> (Home office online report 56/04). Retrieved from: https://www.atria.nl/epublications/2004/Domestic_violence_and_Crime_and_Disorder_Reduction_Partnerships.pdf</p> <p data-bbox="347 1543 1509 1648">Dotremon, D. G. (2002). <i>An evaluation of a domestic violence program in a Mexican-American community</i> (Doctoral dissertation). Retrieved from ProQuest Dissertations & Theses Global database. (UMI No. 3065927)</p> <p data-bbox="347 1671 1509 1776">Dugan, L. (2003). Domestic violence legislation: Exploring its impact on the likelihood of domestic violence police involvement, and arrest. <i>Criminology & Public Policy</i>, 2(2), 283-312. doi: 10.1111/j.1745-9133.2003.tb00126.</p> <p data-bbox="347 1798 1509 1939">Erez, E., Ibarra, P. R., Bales, W. D., & Gur, O. M. (2012). <i>GPS monitoring technologies and domestic violence: An evaluation study</i> (Technical Report). Retrieved from http://www.ncdsv.org/images/GPSMonitoringTechnologiesAndDVandEvaluationStudy_6-2012.pdf</p>

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7 Discussion and Recommendations

7.1 Introduction

This report provided a systematic and comprehensive review of the impact evaluation evidence base of CJS responses to DFV. From the outset, our two goals were to (1) systematically identify impact evaluation evidence that addressed ways to improve the engagement of DFV victims with the criminal justice system; and (2) identify best practice approaches to improve the identification of, and responses to, high risk recidivist perpetrators of domestic and family violence within the criminal justice system.

Drawing on the central principles of evidence-based policy and practice, our review draws exclusively from high quality, scientific evaluation research – such as systematic reviews, RCTs, and strong quasi-experimental studies – rather than non-scientific sources – such as intuition, anecdotal evidence or public opinion – to build a better understanding of what works, what is promising and what harms in CJS responses to DFV. We used a hybrid review approach that draws on traditional systematic review methodologies and alternative review methodologies that permit expedited reviews of evaluation literature (Arksey & O'Malley, 2005; Levac, Colquhoun, & O'Brien, 2010; Snilstveit, Vojtkova, Bhavsar, Stevenson, & Gaarder, 2016). The review process drew from seven categories of search locations including peer reviewed journals, academic databases, forward citation searching from existing reviews, criminal justice research repositories, DFV research repositories, the Global Policing Database, and a University of Queensland Corrections Review database. We then used a standard systematic review methodology that involved a broad systematic search of academic and grey literature (unpublished) sources. All studies identified by the search were progressed through standardised sequential screening stages to ascertain whether each study met pre-specified inclusion criteria. At the point of inclusion, studies were categorised to establish the breadth and depth of the evaluation literature and we used a scoping and gap-map approach for synthesising the included studies. Within each arm of the criminal justice system (police, courts, corrections and multi-/inter-agency interventions), eligible evaluation studies were qualitatively synthesised within subset categories according to the intervention approach, population and outcomes. Quantifiable outcomes included reducing the incidence of recidivism among DFV perpetrators, improving offender coping mechanisms, increasing victim engagement with reporting and services, fostering victim well-being, and enhancing staff competency in managing victims.

Our review covers two decades (1997–2017) of evaluation research and spans policing, courts and correctional responses administered in high income/developed countries only. We included studies

where criminal justice agencies work with other branches of the system or other agencies (for example, health) to address DFV. We refer to this category of responses as multi-/inter-agency responses. Interventions were defined from the outset as any type of CJS intervention aiming to address domestic and/or family violence. An intervention was described as any kind of a strategy, technique, approach, activity, campaign, training, directive, or funding or organisational change that involved a CJS agency (police, courts or corrections) in some way (such as other agencies or organisations involved in the intervention as partners). We note, therefore, that this review does not include a wide range of interventions that address DFV that sit outside of the CJS and we do not include studies that explore the causes or correlates of DFV, process evaluations of DFV interventions or exploratory/qualitative studies in the area of DFV.

7.2 Review Summary

Our systematic search identified over 13,000 documents that met our initial search criteria. These documents were then subjected to a two stage screening process: stage one involved abstract and title screening for initial eligibility and stage two involved full-text screening. Using the standard approaches of the science of systematic reviews, we present a PRISMA diagram (Preferred Reporting Items of Systematic Reviews and Meta-Analyses) in Chapter Two to summarise the screening outcomes. The final synthesis contains 193 impact evaluation studies and reviews that met our review criteria. Of the 193 eligible studies, we identified 26 police-focused responses (RCTs: $n = 5$; Strong quasi-experiments: $n = 21$), 36 courts-focused responses (Systematic reviews and/or meta-analyses: $n = 3$; RCTs: $n = 7$; Strong quasi-experiments: $n = 26$), 58 corrections-focused responses (Systematic reviews and/or meta-analyses: $n = 18$; RCTs: $n = 8$; Strong quasi-experiments: $n = 32$), and 69 multi- or inter-agency responses (Systematic reviews and/or meta-analyses: $n = 16$; RCTs: $n = 9$, Strong quasi-experiments: $n = 44$). We note that many of the multi-agency interventions are led by police or include the police as partners. We also included 4 reviews of reviews that covered a range of different CJS responses to DFV.

Our review of policing responses shows that we have most evidence around mandatory arrest, BWCs, arrest versus restraining order responses, and police training. By contrast, we identified very few studies that focused on conditional cautioning, risk assessment, police contact, proactive policing, investigation quality, and sole versus dual arrest. Our corpus of policing studies was dominated by outcomes such as official recidivism and court processing outcomes (such as decisions to prosecute, convictions, jail time). We had only a few studies that reported practitioner outcomes. We located no studies that included self-reported recidivism and perpetrator psycho-social outcomes. Overall, we concluded that there are likely to be significant backfire effects around policing

approaches that involve mandatory arrests or dual arrests. Specialised DFV units that provide either a primary or perhaps a secondary response have mixed evidence. By contrast, our synthesis suggests that police should consider interventions that involve follow-up with victims as well as proactive policing interventions that increase victim understanding of violent behaviours, no-contact orders and help seeking options. The use of BWCs during attendance at DFV incidents has some early indications of effectiveness.

From our review of court responses to DFV, we have quite a bit of mixed evidence on specialised DFV courts and restorative justice interventions. We know very little about legal advocacy, although what we do know appears promising. Most of the courts-focused impact evaluations use official recidivism, self-reported victimisation, victim psycho-social indicators and court processing measures as the primary outcome measures. We uncovered no studies about court interventions that used self-reported recidivism, death/homicide or practitioner outcomes to assess effectiveness. In summary, we found that mandatory prosecution is unlikely to reduce offending and could, perhaps increase the seriousness of offending. By contrast, we identified a number of different types of interventions that show some promise, albeit with some mixed results. For example, court interventions that are worth further consideration and a priority for evaluation include legal advocacy, punitive sentencing of offenders, enforcement of “no contact” orders, court mandated batterer programs (with motivational interviewing included), and restorative justice, as well as specialist and integrated DFV courts.

Our evidence for corrections-focused interventions shows that we have quite a bit of evidence pertaining to various types of treatment approaches (including integrative, mind–body, Duluth and CBT), but far less evidence around culturally sensitive, substance abuse and group therapeutic responses. More research is also needed around assessing the effectiveness of computerised interventions and risk-needs-responsivity. The corpus of corrections-focused studies presented a wide variety of outcome measures, yet focused heavily on official and self-reported recidivism as well as perpetrator and victim psycho-social outcomes. No studies included official victimisation or death/homicide as outcome measures. Interventions such as motivational interviewing, Duluth psycho-education programs and CBT have a sound evidence base suggesting that CBT and motivational interviewing are worthwhile policy options. By contrast, the Duluth psycho-education programs are unlikely to lead to favourable outcomes. Interventions such as batterer interventions in community corrections settings, substance abuse treatment programs for perpetrators, integrative treatment and mind–body bridging programs have a small evidence base, all of which are generally favourable for reducing recidivism, reducing re-victimisation and improving perpetrator psycho-

social outcomes. By contrast, anger management programs that fail to include motivations are unlikely to achieve positive results. Our review reveals that we have very limited evidence for programs such as culturally sensitive interventions, computerised interventions (such as online courses for those under correctional orders), individual versus group therapy, and therapeutic communities. Of these, it is worthwhile to consider trialling programs such as WORTH (a computerised intervention program) and House of Hope (a therapeutic community program evaluated in Israel).

Beyond interventions that fell neatly into policing-, courts- or corrections-focused interventions, we identified 69 robust evaluations that used inter-agency or multi-agency responses with at least one criminal justice agency in the response partnership. That is, in this category of interventions, we have not included inter- or multi-agency responses that sit entirely outside of the criminal justice system. We recognise that there are a vast array of interventions that focus on DFV that are autonomous from the criminal justice system. The most extensive evaluation evidence of partnership approaches to DFV that involve at least one criminal justice agency include second responder programs, collaborative multi-agency teams, coordinated community responses and specific legislative responses (such as protection orders). Of these programs, the evidence suggests that second responder programs and coordinated community responses could create possible backfire, negative outcomes. They may, however, improve victim confidence in disclosing incidents to police. Given the mixed evidence around second responder programs, these types of programs should be carefully evaluated in the Queensland context. By contrast, collaborative multi-agency teams that involve collaborators meeting every month to discuss their operations, treatment approaches, and any issues that they face offer some promise as a response to DFV. Our review also identified GPS monitoring of DFV offenders while on bail, and intensive bail supervision, as two approaches that might reduce offenders entering exclusion zones and reduce reoffending. The review identified limited evidence on multi-/inter-agency responses, training programs, court imposed protection orders, victim help-seeking legal strategies and multi-agency centres. Of these interventions, some policy and practice options that seem to be worthwhile testing in the Queensland context include electronic training for DFV responders about legislative reforms, multi-agency centres for victim support and legal strategies to support victim help seeking. Testing these policy and practice options and identifying outcomes such as self-reported recidivism and re-victimisation will greatly help to identify the value of these promising, multi/inter-agency approaches to DFV.

Our review of DFV responses offers a range of insights around what might be promising policy options for Queensland, what types of DFV responses should not be used, and those policy options

that require robust, local trialling and testing using robust evaluation methods. Our review is based on a comprehensive synthesis of 193 studies that use scientific methods (such as systematic reviews, RCTs and sound quasi-experimental evaluations) to establish the impact of interventions on a range of outcome measures. With a corpus of 193 studies, there is a solid body of evidence to guide some categories of policy and practice decision-making. Yet our review also found that very few studies from Australia met our inclusion criteria, there are some policy options with mixed findings that will require careful consideration, and we uncovered a range of interventions that would need explicit and robust testing in the Queensland context. Our review also reveals that the studies tend to focus on IPV between male perpetrator and female victim and that the outcome measures across most evaluation studies tend to focus on physical as opposed to emotional violence.

From a harm minimisation perspective (see Davis, Weisburd and Hamilton, 2010; McCord, 2003), our review found some evidence of interventions that are associated with an *increase* in official reports. This was particularly the case with interventions like mandatory arrest, judicial monitoring or specialised DV courts. Nevertheless, we recognise that this does not necessarily mean an intervention led to greater offending, but could in fact be due to an increase in the likelihood of DFV coming to the attention of the CJS. Given these complexities, it is important to go beyond using official recidivism data and include self-report surveys (including outcome measures of coercive behaviour and control) in evaluating DFV prevention and control programs.

7.3 Review Limitations

This is a comprehensive and systematic rapid review of impact evaluations of CJS responses to domestic and family violence. Yet our review is not without limitations. First, this review drew on established rapid review methodologies to gather and qualitatively synthesise evaluations of DFV responses. While this approach is more robust than a traditional literature review, the focused search strategy concentrated on a targeted corpus of peer reviewed journals, academic databases (mainly in the criminology and criminal justice arena), criminal justice research repositories, DFV research repositories and specialist databases (such as the UQ Corrections Database and the Global Policing Database). As such, we recognise that the focused search strategy may miss studies from other disciplines or that are published in un-indexed outlets. Second, when considering our synthesis of evidence from single studies, caution needs to be exercised when drawing conclusions about the overall effectiveness of interventions. Whilst outside of scope of this report, we would recommend meta-analysis where possible, which is a technique that aggregates the samples of eligible intervention studies and provides the most robust and precise estimate of overall intervention effectiveness rather than assessing intervention studies in isolation, or through vote-counting

(Borenstein, Hedges, Julian, & Rothstein, 2009). Third, it is important to note the “file drawer” problem of evaluation studies that are never published or appear in the grey literature, particularly when experiments produce negative or null results. This file drawer problem is known to potentially bias the scientific literature (Rosenthal, 1979). Fourth, this was a study that focused on criminal justice interventions. We recognise, however, that there is a wide array of interventions and offender programs that operate on a voluntary basis outside of the CJS. Finally, this review focused on criminal justice processes and outcomes related to DFV. We acknowledge, however, the important role of civil processes and outcomes.

7.4 Recommendations

1. This review – particularly the Evidence and Gap Maps – provides a guide to policymakers to carefully plan and prioritise a program of evaluations of interventions of CJS responses to DFV in Queensland.
2. Police interventions that are worthwhile for further consideration and a priority for evaluation include
 - a. Programs that explicitly include follow-up with DFV victims
 - b. Proactive policing interventions that increase victim understanding of violent behaviours, no-contact orders and help-seeking options
 - c. Police use of BWCs during attendance at DFV incidents.
3. Court interventions that are worthwhile for further consideration and a priority for evaluation include
 - a. Legal advocacy
 - b. Punitive sentencing of offenders
 - c. Enforcement of “no contact” orders
 - d. Court mandated batterer programs (with motivational interviewing included)
 - e. Restorative justice
 - f. Specialist and/or integrated DFV courts
4. Correctional interventions that are worthwhile for further consideration and a priority for evaluation include
 - a. Computerised delivery of suitable programs (such as WORTH and online courses for those under correctional orders)
 - b. Motivational interviewing accompanying various intervention programs to increase perpetrator participation and completion
 - c. Batterer intervention programs in community corrections settings

- d. Substance abuse treatment programs for perpetrators
 - e. Integrative treatment and mind-body bridging programs
 - f. House of Hope (a therapeutic community program).
5. Multi/Inter-agency interventions that are worthwhile for further consideration and a priority for evaluation include
 - a. Second responder programs, particularly given the mixed evidence for these programs
 - b. Collaborative multi-agency teams and centres to support victim help-seeking
 - c. GPS monitoring of DFV offenders while on bail
 - d. Intensive bail supervision
 - e. Electronic training for DFV responders about legislative reforms
 6. Across all CJS responses to DFV, explore ways to include motivational interviewing into programs that target perpetrators as a way to increase perpetrator program participation and completion.
 7. Examine the impact of programs beyond physical violence and official recidivism to include clear outcome measures of coercive behaviour and control (such as respectful communication, control and the well-being of children) in measuring effectiveness of DFV interventions.
 8. Robust evaluations of DFV interventions with minority group representation (e.g., Aboriginal and Torres Strait Islander people) should be prioritized.
 9. DFV training of CJS practitioners, particularly using electronic and blended learning methods, is worthwhile for further testing and evaluating.

7.5 References

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Table 7.1 Summary of included systematic reviews with meta-analyses

Author and Year^a	Geographic Location	Number of Studies	Intervention Description	Outcomes Measured	Meta-Analysis Results
<i>Corrections-Focused Interventions</i>					
Feder & Wilson (2005) Feder & Wilson (2006) Feder, Wilson, & Austin (2008)	No limitations on geographical location, however final studies were predominantly conducted in the United States.	<i>N</i> = 4 (RCTs) <i>N</i> = 6 (Quasi)	Post-arrest, court mandated batterer program for offenders (any model). However, final corpus studies implemented a psychoeducational and/or CBT approach. <u>Delivery:</u> All studies were delivered in male-only group format. <u>Length of treatment:</u> Ranged from 8 x 2-hour sessions to 32 sessions over 12-months. This data was inconsistently reported across included studies.	Repeat domestic violence, measured at least 6-months after treatment completion (official or unofficial, but must have included at least one outcome beyond offenders' self-reported violence).	Mixed Effects Randomised trials showed a mean modest positive effect for official domestic violence data, but null effects for victim reported data. Quasi-experimental studies with no-treatment comparisons showed inconsistent effects and an overall slight harmful effect (may be due to bias in individual studies).
Miller et al. (2013)	United States and Canada	<i>N</i> = 9 (designs not reported, but RCTs and quasi-experiments eligible)	Mandated batterer programs (e.g., Duluth, CBT). <u>Delivery:</u> 30 studies were delivered in male-only group format, 4 studies were couples-focused interventions where men were perpetrators. <u>Length of treatment:</u> Variations in way data was reported in studies, but ranged from 8 – 26 weekly sessions, with some interventions including monthly sessions for 6-months after the intensive weekly treatment component.	Police or court-recorded domestic violence preferred, unless only victim-reported outcome data was available. No limits placed on time of outcome measurement.	Mixed Effects When all models pooled together, the mean effect was not statistically significant from zero (i.e., no effect). When pooling the effect sizes for studies using the Duluth model, the mean effect was again not statistically significant from zero. However, non-Duluth models had a mean positive effect on recidivism.

Author and Year^a	Geographic Location	Number of Studies	Intervention Description	Outcomes Measured	Meta-Analysis Results
Babcock et al. (2004)	Study site for included studies not reported	<i>N</i> = 5 (RCTs) <i>N</i> = 17 (Quasi)	Mandated batterer programs (e.g., Duluth, CBT, and other). <u>Delivery</u> : Not reported for included studies. <u>Length of treatment</u> : Variations in way data was reported in studies, but ranged from 8 – 26 mostly weekly sessions, with some interventions including monthly sessions for 6-months after the intensive weekly treatment component.	Police or victim-recorded physical violence recidivism, post-treatment.	Mixed Effects When all models pooled together, the mean effect indicated a positive effect of treatment. Official and non-official data sources were equivalent. When using police-report outcome data, studies using an RCT or quasi-experimental design had a small but positive effect on recidivism. When using victim-report data, the mean effect for RCTs was not significant, but was significant for quasi-experimental designs. When comparing treatment models, effectiveness of the intervention varied depending on type of outcome measure used and research design. When research designs were pooled, results indicated that there were no significant difference in effectiveness between Duluth, CBT and ‘other’ models.
Smedslund et al. (2007)	United States	<i>N</i> = 6 (only RCTs included)	Cognitive Behavioural Therapy for males who abuse female partners. Any delivery method eligible. <u>Delivery</u> : All studies were delivered in male-only group format. <u>Length of treatment</u> : Variations in way data was reported in studies, but ranged from 8 – 26 weekly sessions, with some interventions including monthly sessions for 6-months after the intensive weekly treatment component.	Primary outcome was official or unofficial measures of violent behaviour towards female partner (physical, verbal, hostile attitudes). Outcome data could be collected at short (0-6 months), intermediate (7-18 months) and long-term (19+ months) time points.	Mixed Effects When all studies with no-intervention comparison groups were pooled, CBT had a small positive effect on violence (<i>n</i> = 4 trials). Two single studies comparing CBT to other models suggest more positive results for the alternative models than for CBT (psychodynamic Twelve-Step Facilitation models).

Author and Year ^a	Geographic Location	Number of Studies	Intervention Description	Outcomes Measured	Meta-Analysis Results
Olver et al. (2011)	Not reported	<i>N</i> = 35 (designs across studies not reported)	Any model that provided treatment to criminally adjudicated domestic violence offenders and that included postulated predictors of attrition. <u>Delivery</u> : Not reported <u>Length of treatment</u> : Not reported.	Attrition or treatment drop-out from treatment program.	Mixed Effects Although not a meta-analysis of treatment versus no treatment or alternative treatment, pooled effect sizes for treatment completion was calculated for domestic violence versus other offender programs and between different models of domestic violence programs. Results indicated that domestic violence treatment programs had the highest rate of drop-out and that treatment drop-out was relatively equal for Duluth versus CBT models of treatment for domestic violence (42 versus 36% respectively). When considering predictors of treatment drop-out, court mandated offenders were significant less likely to drop-out from treatment than self-referred offenders.
Vigurs et al. (2015)	Not directly reported, but English language set as inclusion criteria and most samples appear to be from United States or Canada	<i>N</i> = 2 (RCTs) <i>N</i> = 5 (Quasi)	Mandated batterer programs with a motivational enhancement component. <u>Delivery</u> : Not reported. <u>Length of treatment</u> : Variations in way data was reported in studies, but ranged from single session motivational enhancement sessions to 6-week program.	Police or victim- or perpetrator-reported recidivism outcomes and/or perpetrator participation in program.	Mixed Effects Meta-analysis only permitted for victim-reported outcomes. This meta-analysis indicated that motivational enhancement approaches have a small to modest and statistically significant effect on reducing recidivism.
<i>Multiagency Interventions</i>					
Davis et al. (2008)	No limitations on geography, however all studies conducted in United States.	<i>N</i> = 5 (RCTs) <i>N</i> = 5 (Quasi)	Second responder programs. <u>Delivery</u> : Face-to-face with victim, timing of intervention varied from directly after the incident to 3 – 14 days after the domestic violence incident.	Police or victim-reported abuse recidivism (e.g., police reports of arrest, victim interviews).	Mixed Effects Slight increase in odds of reporting family violence to police and no effect on subsequent abuse reported by victims.

Author and Year ^a	Geographic Location	Number of Studies	Intervention Description	Outcomes Measured	Meta-Analysis Results
Dowling et al. (2018)	Australia, New Zealand, United Kingdom, United States or Canada included. Meta-analysis included studies from United States and United Kingdom.	<i>N</i> = 0 (RCTs) <i>N</i> = 4 (Quasi)	<p><u>Length of treatment:</u> Not reported.</p> <p>Protection orders for domestic violence.</p> <p><u>Delivery:</u> Not reported, will vary depending on jurisdiction.</p> <p><u>Length of treatment:</u> Not reported, will vary depending on jurisdiction.</p>	Police or victim- or perpetrator-reported recidivism or protection order outcomes.	Positive Effects Small but significant impact on reducing domestic violence based on four studies that measured: prevalence of victimisation (victim-reported, <i>n</i> = 2); police attendances (<i>n</i> = 1); and charges requested (<i>n</i> = 1).

^a This table only synthesises comprehensive and methodologically robust and unbiased systematic reviews focused exclusively on criminal justice responses to DFV.