

## Effective programmes for men who use family violence

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Programmes for men who use family violence are provided in a different setting and have a different history to other rehabilitative programmes. This has implications for their potential effectiveness.

These programmes grew out of feminist activism 30 years ago and were initially community-based and provided by dedicated volunteers. Their focus was often on men doing something about male violence but with a working link to a local women's refuge. Later, the Domestic Violence Act (1995) provided a framework for government funding of programmes for men who had a protection order taken out against them. This has led to more diverse social services, providing programmes for men who are mandated by the Family Court to attend, along with voluntary participants. While different services use different approaches, and some culturally specific programmes have emerged, the prevalent service delivery mechanism is Ministry of Justice funded, weekly, community-based, educational programmes of up to 50 hours, for groups of up to 16 men and with individuals starting when they are referred.

The evolution of this particular delivery system means the sector does not have the heritage of academic research or centralised institutional provision that Department of Correction programmes draw on, for example, or that have been incorporated into the rehabilitation of other social problems, such as alcohol and drugs. Consequently, family violence programmes tend to have a weak knowledge base with haphazard evaluation and staff development. Often there is little

exposure to developments in other forms of rehabilitation, such as the development of strength-based approaches.

At the same time, their basis in a tradition of social and political activism gives these programmes distinct advantages over other rehabilitation work. The feminist analysis of male violence links the abusive behaviour of individual men to societal and institutional factors and to prevalent social norms about gender roles. This ‘big picture’ view and a focus on taking action have led to 30 years of successful lobbying for effective government responses to family violence. These have included legislative and judicial improvements, provision of services, government funding of programmes, including for violent men, and more recently efforts to change attitudes, such as the ‘It’s Not OK’ social marketing campaign. And from its beginnings as a social or criminal issue, family violence is now prioritised as a major public health risk with well-proven models of group behaviour change being applied.

Increased public awareness about the prevalence of family violence has boosted reporting, which has led to more men attending rehabilitative programmes, some voluntarily. While most men are not abusive, the social norm has become much more overt with media stories and persuasive male leaders emphasising that family violence is not acceptable. Over time this should drive down the number of men who are violent. More immediately, the rehabilitative programmes’ goal of reducing violence is increasingly supported by the participants’ wider social environment, typically one of the hardest variables for rehabilitation to manage. This increases the effectiveness of programmes for violent men: something other rehabilitation work can only envy.

## **Current approaches**

### *The Duluth model*

Many of the early ‘men’s violence’ programmes took their content and approach from the Domestic Abuse Intervention Project (DAIP) in Minnesota, commonly called the ‘Duluth model’. The Duluth model still forms the foundation of many programmes. The model is based on a feminist analysis that family violence is men asserting power and control over women. The aim is for men to unlearn this behaviour by giving them a better understanding of gender relationships. This

approach does not treat violence as an individual or psychological problem, such as poor impulse control. Rather, participants are challenged to take responsibility for their behaviour and learn eight possible alternatives:<sup>1</sup>

1. non-violence
2. non-threatening behaviour
3. respect
4. trust and support
5. honesty and accountability
6. sexual respect
7. partnership
8. negotiation and fairness.

Duluth programmes use a peer group format and are usually led by a male and a female facilitator, to ensure male accountability and that the experience of victims is heard. Typically, Duluth programmes adopt a confrontational style to jolt the client into active behaviour change and overcome any claims that their behaviour was not serious, or that victims provoked or deserved the violence.

Debate in New Zealand about how to prevent men's family violence has reflected that in North America and has focused on the pros and cons of the Duluth model — in particular the value of confronting programme participants. This polarity has tended to inhibit other possible developments, such as incorporating strategies from other rehabilitation work or taking a multi-modal approach.

The legacy of the Duluth model is obvious in the key assumptions that underlie most current family violence programmes:

- Family violence is overwhelmingly instigated by men, in terms of the number of incidents and the severity of abuse. Therefore the efforts to stop family violence are best focused on targeting men.
- There is a link between violence and traditional masculine sex-roles so redefining participants' beliefs about masculinity, especially power, will reduce their violence.

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1 Hamel 2005, p76.

- Abuse is more than physical violence and typically incorporates elements of psychological, emotional and sexual abuse. This is exemplified by the widespread use of the 'power and control' wheel as a fundamental programme resource.
- The safety of the participants' partner and children is paramount, with their sense of safety being 'truer' than the man's version of events, and this is what the man needs to be held accountable for. 'Paramount' and 'accountability' are key words in family violence programmes.

In reality, there is considerable diversity of programmes, even among those who claim to adhere to the Duluth model, as providers have made their own adaptations. Some providers have deliberately developed alternatives to the model.

### **Cognitive-behavioural therapeutic approaches**

The most common adaption to programmes has been the incorporation of cognitive-behavioural therapeutic (CBT) approaches to build the individual's understanding of how their interpretation of events leads to their emotional and behavioural responses.

CBT approaches view violence as a result of errors in thinking, and focus on skills training and self-management. The emphasis is on identifying affective instigators of violence (such as anger, rage or annoyance) and changing the unhelpful thinking patterns and processes that might give rise to them. This includes managing high risk situations and exploring core beliefs. New Zealand research concluded that a blend of cognitive and behavioural techniques is integral to effective intervention with men who are abusive by addressing thinking processes, rationalisations, excuses and justifications that reinforce abuse and by giving opportunities to rehearse non-violent ways to resolve conflict.<sup>2</sup>

By focusing on developing an individual's efficacy, CBT contrasts with the larger structural analysis of the classic Duluth model. This has prompted some programme providers to be pragmatic and to develop a programme that blends a socio-political analysis of factors that contribute to male violence with a focus on individual participants

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2 McMaster & Wells, 2003, pp 18, 33.

developing self-awareness and skills. Challenging as it can be, researchers generally see the delivery of a cohesive multi-level mix as effective. What is crucial is that whatever programme the provider develops, it is always delivered with integrity. This requires capable and ongoing programme management, especially in training and supervising facilitators, to ensure that the tendency of programmes to ‘creep’ away from their original design is minimised. Programme integrity is repeatedly identified in the literature as being more important to the programme’s effectiveness than content.

### **Skills development and empathy building**

Most family violence programmes focus on developing the clients’ skills with the aim of developing their empathy for others, a vital foundation for improved social functioning. Violent men typically lack skills to manage anger, understand gender stereotyping or gender-based privilege, manage relationships (including communication, shared decision-making and parenting skills), or to ensure that intimate relationships are consensual. Filling these skill gaps can reduce the likelihood of future violence.<sup>3</sup> Alongside skills development, programmes also cover ‘victim awareness’, to build the clients’ appreciation of the damage their violence does to others and to their relationships.

### **Behaviour change**

Family violence programmes, in fact any rehabilitation programmes, can take a cue from efforts to change community attitudes through initiatives such as social marketing. The success of this work indicates that attitudinal change follows behavioural change, so it is more effective to get individuals behaving in the desirable way. Their ‘cognitive dissonance’ will then prompt a change of attitude. Quickly getting clients practising new skills in their everyday life will build their motivation to change during the remainder of the programme. This is more effective than initially focusing on changing attitudes. This contrasts with the approach of the classic Duluth model, which hoped behaviour change would flow from exposure to new attitudes.

It is well established that clients’ early trauma, such as being the victim of others’ violence or being sexually abused, increases their risk

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<sup>3</sup> Day *et al* 2009, p 210.

of using family violence, as does alcohol and drug dependency. There may also be links with individuals' feelings of shame or rejection or attachment issues (typically associated with childhood experiences). Despite their relevance, it is difficult to adequately address these individual and complex risk factors in the already crowded content of a group programme. Early identification of the role these factors play on individual clients, followed by a prompt referral to appropriate specialist services and ongoing support for the client, will help make the family violence programme more effective.

### **Programme logic**

The complex background to family violence programmes, along with the demanding reality of running a busy social service, means few programme providers clearly articulate a programme logic that links the way they conceptualise problems with how they implement their interventions.<sup>4</sup> This confusion makes it difficult for both facilitators and participants to understand how programme content is expected to meet the programme purpose and the clients' own goals. It also undermines the programme's integrity.

### **Effectiveness of different approaches**

Despite the ongoing debate about the Duluth model, no clear empirical evidence has emerged to indicate that any one approach is more effective in reducing further incidents of family violence than another. One study found no statistical difference in the rates of effectiveness between the Duluth model and CBT programmes,<sup>5</sup> while another concludes that no specific treatment has been more effective in reducing violence in a head-to-head comparison.<sup>6</sup>

Research also suggests that the theoretical model has little impact on a programme's effectiveness. One review of factors that contribute to client change attributed only 15 percent of change variances to the technique or model used.<sup>7</sup>

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4 Day *et al* 2009, p 210.

5 Family Counselling Service 2009.

6 Lehmann & Simmons 2009, p 18.

7 *Ibid*, p 20.

A Canadian study of family violence programmes concluded that programme effectiveness is a result of:<sup>8</sup>

- focusing on violent behaviour and reducing the risk of it recurring
- ensuring the programme is delivered with integrity to its design
- being as long as possible, ideally of 18 to 24 months duration, longer for some individuals, and permitting participants to remain indefinitely
- having participants consistently attending and completing the programme
- using a delivery style that engages participants
- incorporating participants' cultural values and identities.

### **Assessment and tailoring programme to individual**

Using a thorough initial assessment to identify the significant drivers of an individual's behaviour, risk and motivation to change, and then tailoring an intervention for them is effectively used in other rehabilitation work. However it has not become well established in family violence work. While research into violence interventions has focused on the different pathways to violence individuals have followed, with a view to making interventions more efficient at decreasing client recidivism, this work has had little impact on actual practice.

Most programme providers have a one-on-one assessment interview with each client but this is not followed up by differentiating the programme's content, structure and delivery to match an individual's motivation and risk factors. Group programmes generally follow a 'one size fits all' approach, rolling through a pre-set syllabus, with individuals joining when referred and staying for the next twelve sessions. This may be because the funder requires that providers use a pre-approved programme plan, including detailed session plans, which inhibits flexibility. It may also be a legacy of the Duluth model approach of exposing groups of men to the same gender analysis.

Better identification of the types of violent men referred to programmes would enable interventions to be more effectively targeted

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<sup>8</sup> John Howard Society of Alberta 2001.

to individuals. Holtzworth-Munroe and Stuart's typology gives family violence programme providers real potential to do this efficiently.<sup>9</sup> The model groups violent men into three types: those who are only abusive in family settings and do not exhibit significant pathology (e.g. depression, antisocial attitudes, etc); passive aggressive/dependent men who are very clingy and extremely controlling in close relationships (dysphoric/borderline); and men with several antisocial characteristics who are engaged in antisocial behaviours. Each group has its own characteristics, including the risks they pose and their likely response to programmes. For example, the first group, the men who are only violent in the family, will be much more responsive to developing their empathy for others than the other groups. Greater use of this typology in matching clients to interventions is widely recommended, especially as it enables a better assessment and management of the risk the client poses.<sup>10</sup>

The general offender literature suggests that classifications based purely on level of risk lead to more successful outcomes.<sup>11</sup> A range of tools have been developed to assess the risk of future violence (the US Correctional Services' 'Spousal Assault Risk Assessment Guide' and 'Danger Assessment Scale', the Canadian 'Level of Service Inventory-Revised' and Hamel's 'Controlling and Abusive Tactics Questionnaire', to name a few), and using any of these to target particular clients would make a programme more effective.

Along with risk, it is essential to assess clients' motivation to decide on an effective intervention. The Transtheoretical Model of Change (TTM) draws on theories of psychotherapy to determine an individual's readiness to act in a healthier way. It has been effectively applied in other rehabilitation work and adapted for use with violent men. It identifies the attitudes, thoughts, beliefs and values that characterise different stages of behaviour change, enabling facilitators to focus on developing the client's self-appraisal and motivation to change. This model assumes there is sufficient flexibility in a programme to respond to participants' different stages of change and that facilitators have a collaborative working relationship with clients. It also offers family violence programmes a proven strategy to target clients' motivation

9 Holtzworth-Munroe & Stuart 1994; Lehmann & Simmons 2009, p 15.

10 John Howard Society of Alberta 2001; McMaster & Wells 2003, p 113; Day *et al* 2009, p 207; Lehmann & Simmons 2009, p 15.

11 Day *et al* 2009, p 210.



to change their behaviour, which is at the crux of any rehabilitation work.

Assessment approaches used in other areas of rehabilitation may usefully be applied to family violence programmes. Programmes for sex offenders have differentiated clients on the basis of their offending behaviour (offence pathways). This approach focuses attention on the problematic behaviour rather than the offender's personality, which is more engaging and practical. A strength-based approach builds on the skills clients use at times when they choose not to use violence and involves an assessment of their wellbeing, mental health and wider competencies. This positive approach is more likely to engage clients and give facilitators more information on which to base their intervention.

### **Effectively engaging participants**

Research repeatedly identifies the importance of developing an effective, collaborative working relationship with clients in seeking to reduce their violence. Getting the client to the programme sessions, then participating and learning is crucial to programme effectiveness. A collaborative, respectful facilitation style will significantly enhance this.

Research consistently shows that men who attend treatment regularly and complete the programme are significantly less likely to be violent again.<sup>12</sup> New Zealand research indicates that 70–80 percent of men who have completed 75 percent or more of a programme do not return to physical violence.<sup>13</sup>

Using motivational interviewing techniques in initial assessment interviews will improve client engagement. This can be supported by retention techniques (such as reminder phone calls and follow-ups) and motivational enhancement techniques (personalised notes, phone calls, texts, or emails to express concern, summarise recent progress and communicate interest in working together).

A key factor in programme effectiveness is the relationship the facilitator develops with the client — 30 percent of the change variance in therapeutic relationships is attributable to the client/therapist therapeutic relationship, which includes the quality of the client's

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<sup>12</sup> John Howard Society of Alberta 2001.

<sup>13</sup> McMaster, Maxwell & Anderson 2000, p 2.

participation in the therapeutic relationship, and 15 percent to the therapist's attitude in conveying a sense of hope to the client.<sup>14</sup>

Once the client is attending, the focus can shift to developing their active participation and motivation to learn. Given that most are involuntary participants, their perceptions of their problems (and whether they even believe they have problems) can be at odds with the perceptions of the programme provider. This mismatch encourages clients' resistance and requires deliberate management by facilitators. Adopting a tone and structure that is respectful of clients and inviting them to set their own goals for the programme and relationships will engage their interest and motivate them to participate. One useful strategy is to help them to identify the positive intentions behind their abuse (such as a desire for a better relationship or to be respected). Having clients set personal goals opens the way for the facilitator to highlight when the client's behaviour is self-defeating or to reinforce behaviour that is consistent with the client's goals.

Much of the research into programme effectiveness has specifically addressed the confrontational approach of the classic Duluth model. Advocates for the model explain that consistent and direct confrontation is a strategy to 'jolt' the client into active behaviour change and overcome their denial, minimisation and resistance. Others argue that the psychological literature widely regards a client-centred approach as more effective.<sup>15</sup> They note that a confrontational style inadvertently models coercion and control, rather than demonstrating trusting and cooperative relationships,<sup>16</sup> and it may actually limit treatment effectiveness, especially with vulnerable clients.<sup>17</sup> Any rehabilitation programme aiming to change behaviour needs to tackle unacceptable attitudes and actions. This is going to be more effective when a trusting relationship exists and confrontation is kept at the level of ideas and values, rather than the individual's faults.

In other words, the focus should be on the relationship the man has with his violence or, more importantly, the relationship he *needs* to have with it. Facilitators need to take care to avoid portraying violence as an essential aspect of masculinity. In contrast to the patriarchal view that

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14 Lehmann & Simmons 2009, p 20.

15 Day *et al* 2009, p 208.

16 Lehmann & Simmons 2009, p 22; John Howard Society of Alberta 2001.

17 John Howard Society of Alberta 2001.

male gender roles are innate and biologically based, a rehabilitation programme needs to emphasise that individual men have choices about how to behave.

### **Programme content**

Many family violence programmes are based around the power and control wheel. This diagram shows that male physical and sexual violence incorporates intimidation, emotional abuse, coercion, threats and a range of other strategies to exert power and control over others. A cornerstone of the classic Duluth model, the diagram's widespread prevalence in family violence programmes has given it a life of its own. It has also spawned similar wheels that illustrate such things as equality and how violence affects children.

The value of the power and control wheel is in its overt linking of violence with male power, and its neat integration of physical violence into a spectrum of abusive behaviours. It is helpful for educating clients about the dynamics of male violence, but facilitators need to be aware of the limits to the model's application. Simply knowing about power and control dynamics or even that their behaviour fits a well-established pattern rarely motivates clients to change. The power and control wheel needs to be presented alongside a more substantial focus on motivating change. Programme facilitators also need to be careful that programmes do not inadvertently reinforce violence by allocating too much time for discussion of it. Effective programmes articulate and promote the behaviour they want to replace violence, with a congruent allocation of programme time and activities. Thus there is more value in using the 'equality' wheel to prompt discussion of more desirable behaviour, the possible benefits to clients and skills they need to develop.

The power and control wheel is often used to explain where an individual's behaviour fits in an established model of generalised behaviour. This has limited value compared to clients developing their personal model of their own behaviour. Rehabilitation programmes for offenders who are violent or use alcohol and drugs develop these personalised models through 'offence mapping'. This approach uses motivational interviewing techniques to graphically track an individual's behavioural drivers leading up to an offence and focuses on the client becoming aware of their own behaviour patterns. The

process of developing an offence map, and the personalised content it reveals, is more motivating for clients and enables facilitators to better tailor interventions to individuals. This technique could effectively be adapted and adopted by family violence programmes.

The rehabilitation of offenders has focused on an individual's 'criminogenic needs', or the factors that directly cause or produce the conditions that allow offending to take place. These include, among other factors, alcohol and drug problems, impulsivity, beliefs and thinking processes, mood regulation factors and cultural disconnectedness. They are more overtly causal and comprehensive than the elements identified on the power and control wheel. Offence mapping also highlights the interconnectedness of an individual's behaviour drivers, enabling a more personalised analysis to be applied to each client's behaviour. Once the most pertinent behavioural drivers are identified on an individual's map, the programme can focus on reducing their influence on the client's future behaviour. Programmes that succeed in changing criminogenic needs have been shown to be among the most effective in reducing risk of further violence.<sup>18</sup>

### **Building on clients' cultural values**

International and local literature agrees that a programme is more effective when it draws on participants' cultural identities.

At one level, this simply means that any form of communication is more successful if it matches or reflects the audience's identity and experience. But there is more to it for behaviour change programmes. One study of family violence perpetrators from different ethnic backgrounds noted that differences in personality characteristics and motivations for perpetration had important implications for family violence programmes.<sup>19</sup> Programme content and delivery needs to respond to these diverse experiences of violence, along with clients' receptivity, which may be shaped by their different experiences of the education and criminal justice systems. Where it is not possible to provide a programme for particular cultural groups, ideally with facilitators from that culture, programmes need to take every opportunity to be inclusive and effective for all clients.

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<sup>18</sup> Day *et al* 2009, p 206.

<sup>19</sup> Berkowitz 2004, p 5.

Programmes need to ensure the reluctant client is given no excuses to dismiss the programme as irrelevant. At the very least, clients need to get the impression that the programme is for 'people like them'. But more than this, programmes need to draw on the positive values within any culture that condemn the use of family violence, and promote non-violent conflict resolution. For example, the importance of maintaining whakapapa (or genealogy) is a key value in Maori tikanga (correct cultural practise) that clearly counters the use of violence on partner and children. No culture supports family violence as a common social norm, and even in cultures where there are rigidly differentiated sex roles the expectation is that women will be treated with respect. Drawing on this universal condemnation of family violence and promoting values such as respect give programmes the advantage of aligning non-violent behaviour with the client's current identity, which is a persuasive force for change.

Incorporating a diversity of non-violent cultural values also helps programmes define and exemplify the behaviour they want. This is the programme's true focus, but it is often lost when tackling violence. This approach can also provide a values base and in some cases a spiritual element to the desired behaviour change, which may motivate some clients.

It is not just clients' ethnicity that needs to be incorporated into programmes. Class differences, educational experiences and preferred learning styles are all potential gaps that facilitators need to bridge. The language used in a programme, the ideas it presents, the examples it gives, the stories it tells and the values it promotes all need to be real for participants. The programme needs to 'look' like the client, albeit a new, improved one who does not use violence.

### **Building better men**

In addition to connecting violence prevention with clients' cultural identities, programmes need to link clients' violence with their sense of masculinity. Compared with women, men use violence more frequently and their violence is more severe. While there is a reported increase in violence between couples, leading to claims that family violence is a behaviour now equally shared by men and women, it is men who usually initiate violent exchanges. They are seldom acting in self-defence and typically say they are not scared of their partner (in contrast to the woman's experience of the man's behaviour).

This all indicates that the use and intent of family violence is still largely gender-specific, so the gender analysis pioneered in the classic Duluth model is still relevant. It also makes economic sense to use our limited resources to target violent men as this will give the largest reductions in family violence.

There has been considerable change in the social, economic and political equity of the sexes over the last 30 years. And a broadening of behaviour that is publically acceptable for either sex, along with greater flexibility in the nature of relationships. This healthier social environment would supposedly mean less violence. One of the conundrums is that men's violence to women and children has persisted to such an extent, even acknowledging that greater increased public awareness of its unacceptability has led to greater reporting.

One of the strongest contributions of the Duluth model is the way it links men's use of violence with their socialised expectations of gender roles. In its purest form, this is a belief that male power is, by rights, greater than women's, and the use of violence is appropriate to maintain this entitlement. After 30 years of social change it is unclear how prevalent this belief now is, especially among men referred to programmes. Current experiences of socialisation and expectations of gender roles vary so much among men that a generalised discussion of 'the patriarchy' has limited use, especially as a rehabilitation intervention for individual men.

An exploration of the personal links individual clients make between masculinity, violence and power is important for a family violence programme, especially if it identifies how much a client's ideas of male identity contributes to his violence against women. Where clients' violent behaviour is driven by their expectations of male entitlement, of needing to be always being in control or of being a 'real man', rehabilitation needs to reframe their assumptions to be more appropriate. For example, a man is not strong because he has the muscle to push others around; rather he is strong insofar as he has the power to manage his own emotions and choose how he behaves. Men who have stopped using violence say they have used 'a redefinition of manhood' as a key strategy, indicating the value a focus on male identity gives to a family violence programme.<sup>20</sup>

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20 John Howard Society of Alberta 2001, p 20.

In addition to exploring clients' expressions of negative male behaviour, programmes could usefully explore positive aspects of masculinity, such as developing the clients' 'protector' role and encouraging them to be the father they always wanted. This could be introduced through a discussion of clients' heroes and their positive attributes, though this is also likely to demonstrate the paucity of good role models clients have. An ongoing homework task would have clients starting to notice the prevalence of positive male behaviour and to find new role models, or specific behaviour they would like to adopt. Programmes could expose clients to other good men by linking them with local fathering or men's support groups.

### **Other factors that reduce violence**

The link between violence and social expectations of gender roles illustrates the breadth of what is needed to prevent violence. In comparison with other antisocial behaviours that rehabilitation addresses, family violence is seen as a result of larger social forces. Public health models of behaviour change and the use of mass communication such as social marketing are being used to mobilise public opinion against family violence. The success of the 'It's Not OK' campaign in neatly stating the unacceptability of family violence is indicative of the power to change behaviour at a population level.

Programmes will be strengthened by aligning themselves with these initiatives and incorporating the 'It's Not OK' messages and resources (and their local derivatives). They could effectively apply a social norms behaviour-change approach by deliberately teaching their clients that most men do not use violence.

If they are maintained, these large-scale behaviour-change initiatives have real potential to change the norms of most social subgroups. This will ultimately reduce the use of violent behaviour among those men who take their behaviour cues from wider social groups. This will mean that the men referred to programmes will increasingly be from a recalcitrant minority who live in a small group of defiantly antisocial peers (Holtzworth-Munroe & Stuart's third type of violent men). Current short-term, community-based approaches will struggle with this more demanding clientele. A greater range of intense and targeted rehabilitation interventions needs to be developed now, in preparation for this future.

Programmes also need to acknowledge they have little control over some significant factors in clients' lives. Extra-therapeutic factors, such as strengths, resources, coping skills, motivations, where they live and social support, can contribute 40 percent of clients' behaviour change.<sup>21</sup> Studies have identified an apparent relationship between whether an offender was employed or owned a house and whether he reoffended;<sup>22</sup> and persistently violent offenders have greater needs in the areas of employment, marital and family relationships, associations, substance abuse, community functioning, personal and emotional stability, and criminal attitudes.<sup>23</sup> Helping clients manage these aspects of their lives will improve programme outcomes.

These determinants of behaviour place the family violence programme into a larger social context. Increasingly, this context is turning against family violence, giving family violence programmes the most supportive environment they have ever had. Now is the right time for programmes to ensure they are effective in stopping family violence.

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21 Lehmann & Simmons 2009, p 20.

22 Family Counselling Service 2009.

23 Day *et al* 2009 p 209.