

How Have Academic Theories of Domestic Violence Influenced Western Physical Domestic Violence Treatment Programs in Recent Years?

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Abstract

Domestic violence (DV) in Australia is a pressing issue that continually needs to be addressed. Just as important to consider is how individuals who commit these offences are treated to attempt to prevent instances of reoffending. As such, treatment programs and how they are constructed from a theoretical perspective is an important consideration. The current study examined what academic theories are being used in the rationale and implementation of DV treatment programs in Australia. It also examined whether differing schools of thought (i.e., biological, psychological, social) are being used in conjunction with one another in these programs or separately. In total, 60 male domestic violence treatment programs were analysed using thematic analysis. Overall, results indicated that all of the treatment programs analysed had underlying tones that represented academic influence. Secondly, the results demonstrated that in most cases multiple schools of thought are included in the development of DV treatment programs. Future research could focus on evaluating what models of intervention are most effective and whether or not 'multi-pronged' approaches are more effective in reducing DV recidivism.

Keywords: Domestic violence; Treatment programs

Historical Background and Prevalence

The term violence can hold many different contexts, ranging from aggressive actions in sport to simulated combat in video games. From a Criminal Justice perspective, the definition of violence can be expressed as any type of illegal behaviour, either actual or threatened, that results in the destruction of property or injury/death of a person(s) [1]. This definition covers a broad range of violence-based offences including homicide, armed robbery, child abuse, and importantly, domestic violence. Domestic violence comes under the subset of violence by referring broadly to the range and extent to which a myriad of differing types of abuse occurs in the privacy of one's home [2]. Unlike family violence, which can extend to all members of the family, this article will narrow its scope to domestic partner violence. As such, domestic violence can include violence (physical, emotional or sexual) initiated by either gender. Due to the limited word count available, for the purpose of this study the understanding of domestic violence, when spoken about in general and not stating a statistic, will refer to acts of physical violence perpetrated by men towards women. This area was focused upon as research indicates that male-to-female violence is by far the most common form of domestic violence [3].

Formally known as 'wife beating', this form of violence towards women is not new historically. Older texts such as Davis [4] highlight descriptions of violence towards women as a common occurrence as far back as the Roman Empire and the Middle Ages. Nevertheless, until the 1970's little to no legislation existed in western society to hold male individuals accountable for acts of aggression towards their partners [2,5]. From 1970 onwards, legislation was enacted in the United States of America that specifically declared that violence which took place within the family was to be considered a crime [5,6]. However, more minor forms of physical violence, such as shoving or

slapping, were still not recognised as deserving serious attention or intervention from the Criminal Justice system [7].

By the conclusion of the 20th century, domestic violence had gained a high level of both public and political exposure, as well as academic attention [2]. Victimization surveys at the time from the United Kingdom indicated that: at some point in their life, one in four women will experience domestic violence; each week two women were killed by former/current partners; and one-quarter of all violent crime was accounted for by violent crime against partners [2]. Additionally, researchers such as Rhodes et al. [8] broaden this statistic, claiming that between twenty and fifty percent of women will experience domestic violence at some point in their life. Furthermore, the British Crime Survey stated that women represent the majority of the group that is most heavily abused [9].

In Australia, domestic violence is both highly prevalent and widespread. The estimates of its prevalence differ depending on the definition of domestic violence employed. The two most commonly cited surveys in relation to domestic violence are the Australian section of the International Violence Against Women Survey [3] and the Personal Safety Survey, Australia 2005. The International Violence Against Women Survey [Australian Component] reported that since the age of sixteen, 34% of women had a former/current partner and reported experiencing physical/sexual violence [3]. More specifically, the Australian Personal Safety Survey, 2005 found, that since the age of fifteen, 15% (1,135,500) of Australian women had experienced either physical/sexual violence in the past from a partner while 2.1% (160,100) currently experienced physical/sexual domestic violence (Australian Bureau of Statistics) [10].

Additionally, the Australian survey found that 4.7% (363,000) of women in the past twelve months had experienced physical violence [10]. Even more concerning, 63% (228,690) of women who experienced violence from a male (previous, current or whilst on a

date) within the past twelve months did not report the most recent incident to the police [10]. Furthermore, 82% (297, 660) of women who had experienced violence from their current male partner within the past twelve months, did not report it to the police [10]. Finally, at its worst, incidents of domestic violence that resulted in death totalled 134 in Australia during 2007-2008 [11]. Out of the 134 cases, violence between intimate partner homicides made up 60% of the figure. From that 60% figure, women were the victim 78% of the time [11]. While victimisation surveys are not without their criticisms [12], even if only a small portion of what is being stated is accurate, it provides more than enough need and rationale for research that not only identifies the causes of physical domestic violence, but also indicates how it can best be prevented.

In addition to the moral and legal issues of domestic violence, both the health and financial cost of this crime need to be considered. Physically, women who are victims of domestic violence are at a high risk from injuries such as bruising, lacerations or fractures [13,14]. Additionally, numerous studies have indicated the often chronic and long-term negative mental health issues that arise from domestic violence, ranging from depression to anxiety disorders [15,16]. Finally, women who are victims of domestic violence are at greater risk of smoking, using non-prescribed drugs and abusing alcohol when compared to women who are not affected [17-19].

The fiscal cost of domestic violence in Australia also has severe consequences on both the victim and on society [20]. The cost of domestic violence in Australia during 2002-2003 was estimated at \$8.1 billion [21]. Future predictions suggest that costs will rise, if sufficient action is not taken, to \$9.9 billion by the year 2021-2022 [21]. In relation to Australian businesses, domestic violence during 2002-2003 cost approximately \$175.2 million due to increased absences from work, decreased productivity and issues of victims being unable to maintain their employment [21]. From the total \$8.1 billion, an estimated \$4.05 billion of the cost was endured by the victims [21]. Additionally, homelessness, unemployment and health costs all impacted on the financial capabilities of the victim. For example, during 2005-06, 56% of women (with children) stated that their primary reason for contacting accommodation assistance programs for aid was domestic/family violence [22].

This extensive history and increased awareness of the widespread negative impacts of domestic violence has resulted in significant research attention.

Past and Present Theories on the Causes of Domestic Violence

Early theories of domestic violence that have focused on the biological/psychological aspects of the offence have highlighted the role of the individual (be that the offender or the victim) [23]. Biological and psychological approaches also explain the use of violence by the offender more generally. Alcohol, drug use, neurobiology, hormones and genetically predisposed factors have been considered to be associated with an increased likelihood of committing domestic violence [24]. Similarly, psychological approaches explore domestic violence through factors including personality traits, psychopathology, intelligence and learned behaviour [23].

Alternatively, sociological and feminist theories have examined the phenomenon of domestic violence through the lens of social and political structures. This has allowed domestic violence to evolve into the social concern that it currently is by scrutinising the role of the

Criminal Justice system [25]. Additionally, domestic violence is interpreted through gender considerations and the subordinate role of women in society [26]. This is emphasised via the extensive and dominant power that the patriarchal male holds over the female in relation to physical, economic and social mediums, facilitating the use of domestic violence as an available option and method of control [27]. Each of these schools of thought is important when considering how best to design preventative programs that lessen the occurrence of domestic violence.

Biological Theories of Domestic Violence

The physical aspects and biological underpinnings of offenders who commit domestic violence offences have long been of interest to researchers. Arguably, while domestic violence perpetrators have been perceived by the public as low socio-economic brutes who overindulge in alcohol and drugs, it is important to note two things [28]. Firstly, domestic violence is not confined to any group, class or location and can occur from the slums to the penthouse [29]. Secondly, domestic violence is significantly linked to alcohol and drug abuse [29].

As early as the mid 1970's it was estimated that about 80% of physical domestic violence cases were in part due to a husband's alcohol/drug abuse [30]. More recently, additional research has supported these early findings and highlighted that not only are men with alcohol/drug problems more likely to commit serious physical assaults, but that the nature of the aggression may vary depending on whether the individual ingests alcohol or drugs [29,31]. For example, violence and aggressive behaviour is strongly linked between certain types of drugs (e.g. methamphetamines), whereas the links between alcohol and violence are more indirect and harder to determine [29].

However, viewing the two in combination, Cohen [32] proposes explanations that help explain the link between alcohol/drug abuse and domestic violence [29]. Of particular interest is the notion that the substance may diminish the individuals' self-control, which can release suppressed anger and result in an outburst of violent behaviour towards his partner [29,32]. This two-way link between biological changes, psychological responses and the resulting behaviour is important to note as it highlights the need for two separate and specialised areas of expertise. On the one hand, there is the alcohol/drug problem and on the other psychological anger management issues. In this instance, traditional forms of intervention (i.e., Alcoholics Anonymous or Narcotics Anonymous) could arguably be seen to be of little help as the coinciding cause of emotional instability is not being treated. The same can be said of the traditional anger management support networks, which while assisting individual's with their emotional well-being, do not address the alcohol or drug addiction sufficiently or on a clinical level.

The relationship between biological factors and domestic violence are not only linked to substance abuse. Eswaran and Malhotra [33] conducted research that provided some evidence to support an evolutionary theory of domestic violence. Their theory stipulates that violence towards a spouse occurs due to jealousy and paternity uncertainty in our evolutionary past [34]. More specifically, the theory puts forward that natural selection would have been in favour of larger, stronger males in relation to their sexual access to females. As such, domestic violence potentially comes from insecurity and jealousy when a male perceives that his partner could be potentially exposed to sexual encounters with other males [34]. While important as a stand-alone idea, the link to the psychological impact of jealousy in the

cognitive thought processes is critical in understanding the resulting violent behaviour. This could more potentially aid in the development of treatment programs that help prevent it.

Furthermore, studies from a neurobiological standpoint have highlighted that damage to some regions of the brain may result in a heightened chance of violent behaviour. More specifically, the temporal lobes and hypothalamus have been identified as possible sources of increased violent behaviour if damaged or not fully developed [35]. The temporal lobes are responsible for, among other tasks, restraining impulses [36]. As such they play an important role in maintaining behaviour that is deemed socially acceptable [36]. Therefore, damage to the temporal lobes can lead to an increased likelihood of aggressive and violent responses when they are not warranted (i.e., domestic violence).

Secondly, the hypothalamus, which is responsible for the regulation of hormones and emotions, has been linked to possible links of increased aggression and violent outbursts due to the incorrect regulation of hormones including testosterone [37]. However, the inverse also applies and the chemically induced reduction of testosterone can lead to an overall reduction in aggressive behaviour [37]. This leads to the idea that hormone therapy that regulates the production of testosterone may be able to assist male offenders who feel as though they 'cannot control' their outbursts.

Finally, the link between aggression and behaviour needs to be considered. Studies conducted on twins have suggested that antisocial behaviour can run in families and is, in part, due to genetic factors [36]. Also, the genetic component of aggression appears to be more prominent in males, rather than females [36]. However, while these neurobiological, hormonal and genetic characteristics may put an individual at an increased risk of engaging in violent behaviours, a myriad of environmental factors can lower the risk of the individual resorting to violence to resolve their feelings of aggression [36]. For example, learning how to control their aggression at a young age or channel it through other mediums.

Psychological Theories of Domestic Violence

The field of psychology provides numerous explanations that contribute to the understanding of the causes of domestic violence. The four key aspects that will be covered in this study examine domestic violence and intelligence, along with domestic violence as a learned behaviour, psychopathology and the personality traits of offenders who engage in domestic violence.

Pizze [38] stated that male offenders who came from a violent home often grew up maladjusted and became violent partners themselves, encouraging a circle of violence. However, studies such as those conducted by Straus et al. [39] found that men who commit acts of domestic violence do not have abnormally high levels of psychological disturbance. More contemporary research has been focused on the effects of witnessing domestic violence on the child and the outcomes that follow. A meta-analytic review that examined 118 studies of the psychological and social outcomes of children exposed to domestic violence found that exposure to domestic violence not only greatly distresses the child, but also is linked to disturbances in the child's psychosocial capabilities and development [40]. Arguably, these disruptions in learning at such a young age impact on not only a child's social abilities and state of mind, but also their learning.

Low levels of intelligence (both IQ and emotional) and the likelihood of committing a crime have long been debated within the academic community [41]. Spellacy [42] examined the IQ scores of incarcerated offenders and found that violent offenders had scores of IQ ranging from 10.3 points to 13.8 points lower when compared to non-violent offenders. Similar findings and conclusions have been drawn by Holland et al. [43] and Crocker and Hodgins [44]. While sociologists and criminologists recommend caution when interpreting results related to IQ and violence due to potential alternatives (for example individuals with higher IQ may not be caught as often), the notion is one that certainly deserves further examination [41].

The construct of emotional intelligence has recently emerged as another potential causal factor in domestic violence [45]. Emotional intelligence is defined as "an array of non-cognitive capabilities, competencies, and skills that influence one's ability to succeed in coping with environmental demands and pressures" [46]. In relation to intimate relationships, an individual who scores poorly on an emotional intelligence test will logically display maladaptive relationship behaviour [45]. Also, male offenders of domestic violence often lack the ability to emotionally and communicatively express themselves adequately and as a result may resort to aggression and intimidation [47-50].

Thirdly, the area of psychopathology (mental disorders, distress, maladaptive behaviour, etc.) and domestic violence has recently received substantial research providing a plethora of studies and findings [51]. While it is crucial to mention that no study has been able to demonstrate a causal link between psychopathology and violence that can be generalized to the public [52], numerous reasons as to why this is the case exist. Firstly, the studies that have found links to psychopathology and violence have used participants that have either been arrested for their offences or attend treatment programs. As such the findings cannot accurately be generalized to the general public [51]. Secondly, by attempting to focus solely on psychopathology, other factors (biological and social) are given far less attention than warranted. Additionally, this type of research also provides support for the notion that biological explanations of domestic violence can commonly overlap with psychological explanations, and that the areas are not mutually exclusive. Arguably, this becomes an important point to acknowledge as with an increasing amount of theories and treatment plans coming from the field of psychology a risk becomes clear that the biological and social underlying causes of domestic violence may lose priority and have less of a focus.

Finally, the links between personality traits and domestic violence are more substantive and promote an increased acknowledgement of biological factors. Research in twin studies by Greven et al. [53] supports the claim that traits such as impulsivity do have a strong genetic component and are highly inheritable. As such, Snoyman and Aicken [54] found that individuals with higher levels of impulsivity and low levels of cognitive abilities were more likely to engage in violence-based offences. This coupling of acting without thinking and lack of ability to fully think through consequences can create an increased likelihood that the aggression and violent behaviour may be directed towards their partner. Additionally, linked to the notion of numerous causes of domestic violence, the excessive consumption of alcohol or drugs that often results in hostile and combative behaviour [29] may be exacerbated in individuals with impulsive personality traits. Again, factors such as personality traits and their relationship to substance abuse are unlikely to be clinically assessed by groups such as Alcoholics Anonymous or Narcotics Anonymous.

Social Theories of Domestic Violence

Social theories of domestic violence provide an important cipher when attempting to decode the phenomenon of domestic violence. As discussed below, the traditional patriarchal model of family structure, gender, socioeconomic factors and social structures have all been substantiated by research as having vital roles to play in understanding some of the causes of domestic violence.

Sexual gender inequality is a key component in the area of domestic violence, with many male partners (particularly husbands) claiming the right to be the head of the family, and as a result, the majority of power in the family (including the ability to have the final say in matters). This feminist position advocates that a patriarchal model of society aims to maintain a woman's role as subordinate, achieving this through a process of socialisation that emphasises the male role of domination [26]. The focus in feminist explanations of domestic violence revolves around power, promoting a reduced influence of individual explanations of violence over more general society-wide causes [55]. Yllo and Bograd [56] puts forward three claims that suggest a commonality to the feminist position. Firstly, the family structure can promote and maintain family violence. Secondly, an understanding of the women's experience is essential in order to conceptualise and understand domestic violence. Finally, the feminist position on domestic violence is dedicated to producing theories which demonstrate the subjection of women and forwarding positions and theories that can promote societal change.

A further social structural dimension lies in socio-economic disparities between families. With a constant finding in domestic violence research stipulating that social stress is strongly related to violence [57,58]. Research suggests that negative stressors, in particular, those that threaten the integrity of the traditional role of the male resulted in an increase likelihood of spousal abuse [59,60]. Therefore, male individuals from lower socioeconomic classes that have lower incomes, less social support and who may feel the need for coping mechanisms (such as alcohol), can find themselves at an increased risk of becoming vulnerable to reactions that are violent [59,60]. Additionally, research in the area of male self-identity and the adverse impacts of lower economic and employment status on those identities can lead to higher rates of domestic violence as status-deprived men act out macho-fantasies to assert male control [61]. As such, stress theories support the notion that coping resources can help mitigate the chances of negative reactions to stress (i.e., violence) [59,60].

The capability to make use of social support networks such as family, friends or members of the community has been found to be a key barrier against domestic violence and appears to have a positive influence on diluting reactions to stress that are violent [59,60]. With multiple findings indicating that the more in-depth a family is networked into the community, the less chance there is of violent behaviour occurring [62,63]. In relation to finance it appears that, compared to their higher socioeconomic counterparts, males in lower socioeconomic backgrounds are more vulnerable to violent reactions [63-65]. Additionally, males from middle class socioeconomic groups have more in common with those higher above them. This is due to them being taught that stress and marital disputes are better dealt with using verbal means rather than physical means [66,67].

In relation to social structures and institutions, there has been much criticism of the Criminal Justice system [25]. While the current study, due to the limited word count available, limited its scope to the

rationale and rehabilitation of the offender and not the Criminal Justice systems responses (i.e., police intervention, court outcomes and sentencing policies) it is imperative that a working understanding be provided to give context to the social and structural issues that encompass domestic violence.

Until 1970, in many western societies, unless severe injury/death occurred it was unlikely that police intervention occurred in the case of domestic violence [68]. Furthermore, the institutional response to domestic violence can arguably be seen as gender biased [25]. With the majority of police officers in Australia being male, as well as a male dominated population in many other areas of the legal system, the argument can be put that domestic violence is being decided by male rules [25,69]. An example of this can be seen in legal cases where women are increasingly being made to prove that they are actually a victim [25]. However, less sympathy is generally awarded to the victim, due to the increase number of services available for women who are the victims of domestic violence, coupled with a mentality that they have fewer 'excuses' to remain in an abusive relationship [25].

Of particular interest to the current study were the services available for offenders and whether treatment programs being developed have evolved to reflect the research discussed above. This is of importance as to fully understand how a treatment program operates; one must first look at the conceptual underpinnings to ascertain whether or not an evidence-based approach has been taken [70]. The importance of evidence-based foundations in treatment programs is heavily situated in the literature, ranging from social science to medicine [70,71]. This is due to the primary benefit that the techniques being employed in evidence-based treatment programs are well-established and have demonstrated successful outcomes in the past [66].

Past and Current Approaches Against Domestic Violence

Both historically and contemporarily there have been two distinct movements against domestic violence: the Criminal Justice system and the voluntary/charity support groups that can also comprise of government funded non-government organisations [12]. The criminal justice system is divided into the police, prosecution and courts, each of which have a separate function in relation to domestic violence [72]. However, many clashes exist between the groups as a constantly changing tension is evident between the support for family privacy and the desired public recognition for the justice system to not perceive domestic violence as a 'behind closed door' issue anymore [2]. However, as indicated above these will not be explored in-depth in the current study.

The voluntary/charity groups have a more diverse range. These include larger organisations such as 'Women's Aid' or 'Women Against Violence Against Women', as well as more smaller groups such as individual state research centres or local support groups that act to help women on a more frontline approach. Historically, the first shelter for women who were victims of domestic violence was established in 1970 in England by Erin Pizzey [72]. From this single shelter the idea spread rapidly with more than 500 shelters in the United States of America alone by 1980 [72]. While not a long term solution to the problem, these shelters were a pivot point, indicating that society was no longer accepting the physical abuse of women in the home. As this idea evolved, so too did the organisations that rallied to promote addressing domestic violence.

While these voluntary and charity organisations vary in many aspects, these non-government organisations generally hold certain common pillars. Typically, there is a common element of supporting the ideals of self-government, mutual support and self-help, as well as the promotion of expressing oneself to the group and a potential 'support buddy' [73]. Characteristically, the emphasis is on women taking control of their own life, as opposed to the image of the submissive victim. However, while the focus is primarily on women, evolving models incorporating substantive restorative justice elements are coming to the forefront [74].

These forms of programs that can include victim-offender mediation or family group therapy may provide a more complete picture of domestic violence, which highlight the salient issue of violence and also promote change and positive outcomes. Therefore, it is important to examine the treatment programs that male violent offenders are undergoing in a 'what works' mindset. While treatment programs are a response to the occurrence of domestic violence, they can also illuminate the problem by providing treatment providers and academics with invaluable information through government reports. This information may shed light on the underlying causes of why domestic violence is taking place and effective strategies in reducing it. This can be done by first determining what the research literature states as being effective in the past, and if those findings are significantly reflected in contemporary practise. Otherwise, these new and important restorative program ideals may not achieve their desired level of effectiveness, as program strategies which are not evidence based may be employed.

Furthermore, one of the major themes within the 'National Crime Prevention: Ending Domestic Violence: Full Report [NCPEDV-FR]' [75], was the need to develop appropriate responses to not only the victims of domestic violence, but also the perpetrators. Again, due to the limited word count available, a comparison between older programs and newer programs cannot be explored. However, an extensive summation can be found within the NCPEDV-FR [75]. As previously indicated, the response to the issue of domestic violence in Australia has progressed through a myriad of change in both opinion and approach. As awareness of the problem became more prominent, political action resulted in major legislative reviews and a more prominent role of the criminal justice system [75]. In-turn, this led to training and additional resources being made to the police, health workers and counsellors. Additionally, these policies of addressing domestic violence extended not only to the victims of domestic violence, but also the perpetrators [75].

Beginning in the 1990's, these offender orientated programs (i.e., men's support groups) initially operated outside of any official framework that addressed domestic violence [75]. As such, considerable concerns existed that these programs may not be effective and exclude many important aspects (i.e., the account from the victim's perspective). Again, while the current study is not exploring the effectiveness of male orientated offender programs, it is taking an important initial step. By identifying what frameworks are now being utilised most prominently in male offender domestic violence programs, future research will be provided with an invaluable 'road map' of what is now being used in current intervention programs.

Research Aims and Objectives

While previous research has placed an emphasis on why women stay in abusive relationships as well as the responses of the Criminal

Justice system [75], the current study placed the emphasis on the offender by examining treatment programs that are specifically designed for them. More specifically, the focus on the current study was the examination of offender treatment programs that were designed to reduce recidivism. By focusing on the academic biological, psychological and social theories of domestic violence as well as current male physical domestic treatment programs two research questions were proposed:

1. What academic theories (if any) are being utilised in the rationale and implementation of Australian physical domestic violence treatment programs?
2. Are biological, psychological and social academic theories of physical domestic violence being used in conjunction with one another in treatment programs for violent male offenders?

These research questions were used to identify the underlying conceptual foundations in domestic violence interventions, and if the various concepts that underpin the programs were being used in conjunction with one another. As previously stipulated, this is a crucial first step in properly understanding if these male orientated treatment programs are effective. While program evaluations can examine the effectiveness of programs via outcomes and other criteria, they are limited in identifying the underlying foundation of the programs. As such, while they may be able to stipulate which treatment programs are working, they cannot state a full answer as to the 'why'. This may be due to the fact that the underlying conceptual foundations of these programs have not been fully identified.

Research Strategy and Methodology

Sources/data

As indicated previously, given the current time constraints and practicality issues, certain limitations arise in relation to source and data acquisition. For example, it was not possible to interview program managers regarding their views of the underlying conceptual foundations of their approaches. Additionally, in answering the proposed research questions, while original data in relation to biological, psychological or social factors would provide valuable insights, the current study takes a more conceptual path. By analysing the rationale and practises of publically accessible and available Australian treatment programs through thematic analysis, a deeper understanding can be achieved on how what is currently known in research circles is being made use of in real world application.

To be eligible for analysis in the current study a domestic violence treatment program must meet the following criteria: 1) be located in Australia and currently actively operational; 2) be focused on reducing male offending; 3) have a physical presence where the male offender is engaging with another individual/s (i.e., not online); and 4) be supported by a credible and established organisation/s. The decision to examine only Australian programs was made to provide a more local focus to the findings. Therefore, allowing for a current analysis of the research questions posed. Arguably, while this does limit certain aspects of generalisation, Australia's similarity to other western cultures means that the current study should still provide a cross-section that is applicable to other western societies.

Sources were located via the online search engine 'Google' individually using an opportunistic sample. The keywords used to search for the treatment programs included all Australian states individually (i.e., Victoria, Western Australia, etc.) and the following

combinations: ‘male offender domestic violence treatment program’, ‘male behavioural treatment program violence’, ‘male offender substance abuse violence’, ‘male offender domestic violence psychology treatment’, ‘male offender domestic violence social treatment’, and a few adaptations to the above permutations.

To ensure that a suitable cross-section was achieved 60 programs were examined using a designation of ‘Class A’ or ‘Class B’ to highlight the differences of detail in the information found. ‘Class A’ sources were deemed by the researcher as being very in-depth and providing a substantial amount of data in relation to the treatment programs’ rationales and practises. For example, ‘Class A’ sources were generally organisational research or government reports and were considerably fewer in number than ‘Class B’ sources. Examples of the content made available in ‘Class A’ sources are in the discussion section of the study. ‘Class B’ sources were more common in the sense that they appeared more frequently in number and while not as detailed as ‘Class A’ sources, provided an overview of the treatment approaches employed by the organisation. For example, they may have been as short as a page synopsis of the treatment program and indicated the general approach taken (i.e., counselling, peer support networks, etc). However, whilst ‘Class B’ sources were higher in frequency and lower in detail compared to ‘Class A’ sources, it should not be interpreted by the reader as indicating that the calibre of the programs was any different.

While analysing every single domestic violence treatment program in Australia would be ideal, due to time constraints it was neither possible nor practical. However, in the researcher’s opinion, the extensive sample used in the current study should have provided an accurate cross-section of the treatment programs existing in Australia. This was due to saturation in the search results being achieved, to the point where despite the various keyword permutations being used no new data was elicited

Methodology and data analysis

The research questions were approached through the use of thematic analysis. Thematic analysis involves the examination of data sets (in this case program rationales and practises) to search for themes that exist and are consistent amongst and within the sources [76]. Broadly, the process of thematic analysis involves the identification of themes within the data sets, with the emerging themes becoming the categories for analysis [76]. Two types of thematic analysis approaches exist; inductive and deductive. The inductive approach to thematic analysis is a more data-driven approach where overarching themes are identified and emerge from the data sets examined [77]. The deductive approach to thematic analysis relies on a prior constructed ‘codebook’ of definitions, to guide the researcher while examining their data sets [78].

The current study focused on exploring the theoretical rationales of existing treatment programs and an a priori construction of a template of codes. As such, a combination of the inductive and deductive approach to thematic analysis was arguably the most suitable method of qualitative data analysis to utilise. This is due to the fact that the researcher had a notion of what themes will arise (biological, psychological and social). However, there was no guarantee that these or alternative, non-classifiable but effective theories and practises of reducing domestic violence recidivism may appear. Therefore, a combination approach that was less constricting aided in providing the most amount of information. Also, it assisted in answering the research questions and allowed for new themes to emerge [77].

However, as this method may lessen aspects of reliability, the current approach of thematic analysis provides a method to aid in both identifying previously constructed themes/codes as well as determining new themes/codes from the data [77]. Therefore, the following linear ‘guide’ was used:

Step one: creating the codebook

The creation of a code book/manual from the data incorporating: the code label, definition of what the theme encompasses and a detailed description to highlight when the theme arises in the data. The use of a code manual was important as a data management tool for organising similar groups of text [76,78]. In the current study three broad categories were created from the literature reviewed; Biological, Psychological and Social. The code label, definition of what the theme encompasses and description of when the theme occurs can be seen in Table 1.

Code 1	
Label	Biological
Definition	Treatments that have or aim to have a direct physical effect on the body.
Description	Substance Abuse, Drug Abuse, Genetics
Code 2	
Label	Psychological
Definition	Treatments that aim to influence mental status, thought processes, emotions or behaviours through changes in cognitions and emotions.
Description	Counselling, Attitude and Behavioural Change, Anger Management, Thought Processes and Cognitions
Code 3	
Label	Social
Definition	Treatments that use social interactions, institutions or feminist perspectives to attempt to change male behaviour.
Description	Group Discussions, Group Workshop Sessions , Sexual inequality, Socio-Economic, Social Institutions

Table 1: Codebook developed prior thematic analysis.

Step two: Data summation and identifying initial themes

Each source that met the selection criteria was read multiple times and summarised. The information taken from each source included: the name of the program, the location of the program, the organisation the program was associated with, and its designation of either being a ‘Class A’ source or ‘Class B’ source. Additionally, the initial emerging themes in each piece of text were noted.

Step three

The application of the codes from the code book/manual to the text with the aim of identifying meaningful units of text in order to cluster relevant groups together.

Step four

The connection of clusters and the processes of highlighting consistent themes/patterns in the data to identify which academic theories (if any) are being utilised in the treatment programs and if other unexpected effective theories/themes arise [76-78].

Ethical considerations

As the data being collected is information that is publically accessible it was not anticipated that the current study would encounter any issues that would require ethical consideration.

Results

The current study identified and examined 60 male domestic violence treatment programs from all over Australia (Figure 1).

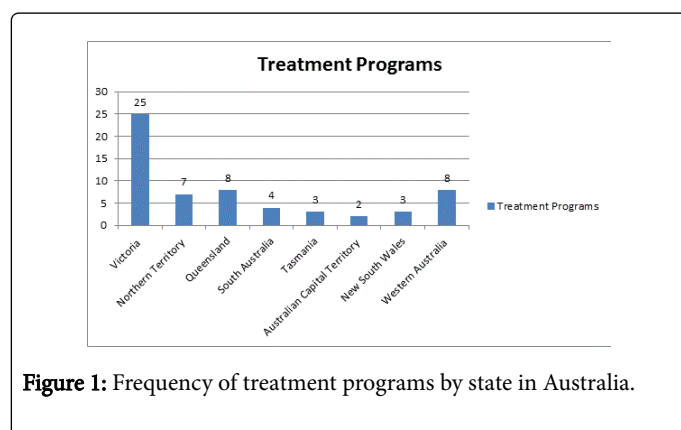


Figure 1: Frequency of treatment programs by state in Australia.

Four of the programs examined were designated as 'Class A' and 56 as 'Class B'. While all of the predicted themes (biological, psychological and social) were found in various frequencies, a new theme also emerged: education (Figure 2).

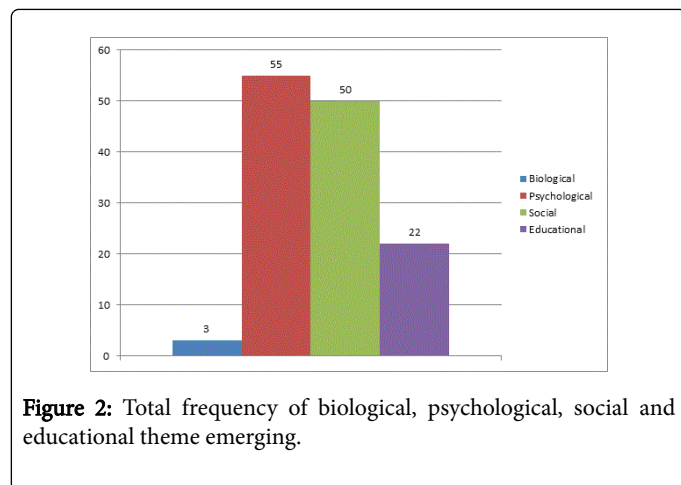


Figure 2: Total frequency of biological, psychological, social and educational theme emerging.

Additionally, in many treatment programs multiple themes emerged (Figure 3).

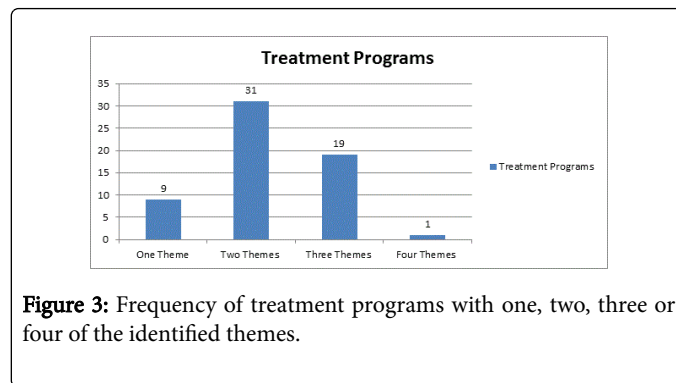


Figure 3: Frequency of treatment programs with one, two, three or four of the identified themes.

Variations also existed in the thematic combinations where two themes emerged (Figure 4) and where three themes emerged (Figure 5). Only one treatment program utilised a treatment approach that made use of biological, psychological, social and educational themes.

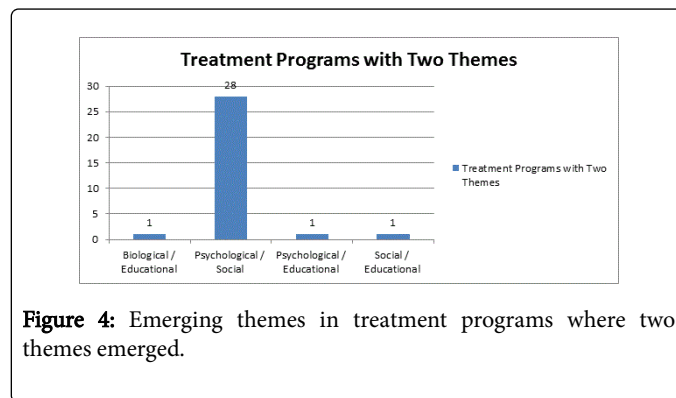


Figure 4: Emerging themes in treatment programs where two themes emerged.

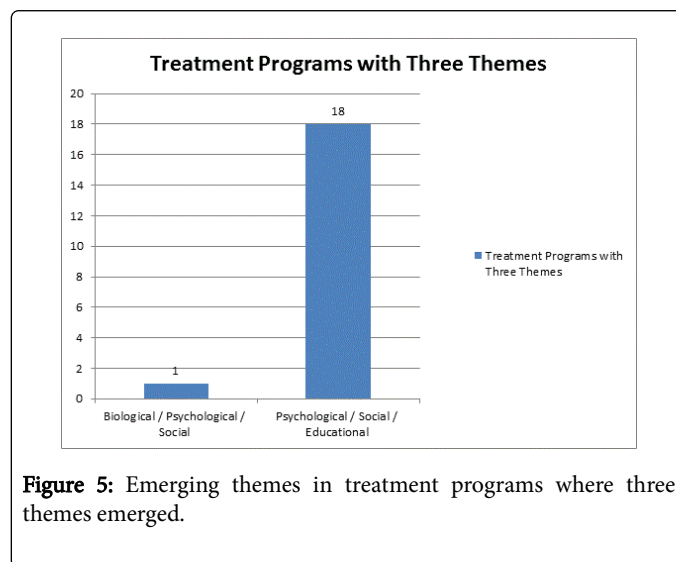


Figure 5: Emerging themes in treatment programs where three themes emerged.

Discussion

The results found provided substantial information in relation to the two proposed research questions.

Research Question One: What academic theories (if any) are being utilised in the rationale and implementation of Australian physical domestic violence treatment programs?

Broadly, all of the treatment programs analysed, while not all specifically using academic theories per se, had underlying tones that represented academic influence.

Biological theories of domestic violence

The majority of domestic violence treatment programs examined lacked a biological focus. One possible explanation for this could be the notion that providers of domestic violence treatment programs may not wish to encourage men to blame their abusive behaviour solely on their drinking. Also, the consideration needs to be made that a cohort of drug and alcohol treatments programs relevant to this cohort is missing as they were not labelled as 'domestic wife beaters'. Additionally, providers may not have the staff or capabilities to engage with offenders suffering from advanced alcoholism or severe drug dependence. Finally, as interviews with the treatment program providers was not viable in the current study, it was not possible to ascertain whether or not the lack of 'biological focus' in the programs was due to the rejection of the idea of a biological causality.

The three treatments programs that utilised biological approaches in their treatment programs all focused on substance abuse. The main focus in the biological approaches was to provide the participant with the opportunity to explore their use and abuse of substances, in particular how it impacts upon their intimate relationships. The outcome in the treatment programs generally included the participant developing goals in relation to lessening their substance use. However, while the treatment program theme focused on a biological component of domestic violence, the treatment program was using more psychologically aligned processes. The focus on 'goal development' and the inward considerations of beliefs and attitudes does not reflect sufficiently on the research in relation to biological theories on domestic violence. The example of alcohol dependence will be used to illustrate this.

Alcohol dependence, commonly caused by alcohol abuse, affects the brain on a physical level. Frequent consumption of alcohol can lead to both the development of tolerance and dependence [79]. An increased tolerance towards alcohol means that more of the substance is required to achieve a similar effect [79]. Alcohol dependence means that alcohol becomes a primary focus in the individual's life [79], where a lot of time is spent thinking about alcohol, acquiring it, using it and its effects. A common feature of alcohol dependence is that an individual will experience alcohol withdrawal if they attempt to reduce or cease their intake of alcohol.

Alcohol withdrawal is a result of the increased level of excitability, or irritability, of the brain once alcohol is no longer consumed or consumed in a significantly reduced amount [79]. Generally, the symptoms of alcohol withdrawal last for approximately five days and include: shakes/tremors, anxiety, nausea/vomiting, sweating, headaches, difficulty sleeping and depression [79]. The process of alcohol withdrawal can be very dangerous. While not as common, a side effect of the process can include seizures. As such those who consume more than eight standard drinks a day on average are advised to consult a medical practitioner prior to attempting to reduce their alcohol consumption [79]. Therefore, all of these factors need to be considered when designing a domestic violence treatment program that includes addressing substance abuse. As the potential for serious harm to the participant is high, that may be one of the reasons that many domestic violence programs do not include it.

An apparent flaw exists in the current content of contemporary domestic violence treatment programs that factor in substance abuse as a cause of domestic violence. While discussing the issues and dangers of alcohol abuse, none of the treatment programs examined utilise medical doctors. For example, medical General Practitioners are able to prescribe a multitude of medications that either renders the use of alcohol ineffective or aids in reducing the negative symptoms of alcohol withdrawal [79]. However, it is imperative that those who conduct domestic violence treatment programs that promote alcohol withdrawal are aware, trained and fully prepared for any negative outcomes that may ensue. This is especially the case where a domestic violence incident is at an increased risk of likelihood, as the individuals are experiencing withdrawals and may be more likely to lash out at their partners.

In summation, this apparent under-representation of biological themes needs to be highlighted more saliently in domestic violence treatment programs. The substantive neurobiological, hormonal and genetic research that was highlighted in the literature review is clear that aggression and violence do have a strong biological basis. These individuals, while accountable for their actions, do need help. As their constant feelings of anger and rage may not be the result of just a poor upbringing or life choices, but may very well be occurring at a neural and chemical level that they do not understand. As such, this needs more consideration when developing programs that aim to assist these individuals who are resorting to violence. However, treatment programs that want to emphasise a focus on the biological component of domestic violence cannot do so alone. Partnerships between the medical community and treatment program providers need to be strongly established to aid in the eradication of substance abuse; and in-turn a significant portion of substance-related domestic violence.

Psychological and social theories of domestic violence

The psychological and social themes were the most prevalent themes that emerged from the programs examined. Most, if not all, of the treatment programs that employed a psychological approach were based in academic theories and research. The various approaches included: counselling, learning exercises, attitude/belief adjustment and cognitive behavioural therapy. However, the social themes displayed a similar trend to the biological approaches, in the sense that they extended aspects of the psychological intervention rather than a separate and distinct approach. Instead of addressing issues such as sexual inequality, socio-economic difficulties and social institutions, most of the treatment programs gravitated around the concept of group sessions and workshops. For example, the participation in activities where offenders discussed their current difficulties or completed group activities such as role-plays.

Two of the 'Class A' Treatment Programs utilised a combined psychological/social approach. As both focus on similar aspects only one will be discussed in-depth.

Treatment Program Title: Northern Territory Court- Mandated Pilot Program for Offenders of Domestic and Aboriginal Family Violence, Darwin (Northern Territory) [75].

The Attorney General of the Northern Territory declared the Perpetrators Program within the Sentencing Act on 24 March 1999, thus enabling the Domestic Violence Offender Program to be a perpetrators program for the purposes of Division 8 Part 3 of the Sentencing Act (1991). Several pathways of entry into the program were possible. These included most prominently referrals of offenders

to the program from within the courts, where magistrates could refer an offender found guilty of a breach of a restraining order or a domestic violence offence.

Additionally, Community Corrections officers and Aboriginal Community Corrections officers can refer an offender for assessment. Failure by the participant to fulfil the program obligations, where the offender has been mandated to attend, would result in the offender breaching a court order and would eventuate in their return to court. All referrals must then undergo an assessment for suitability against the following criteria: level of dangerousness, drug and alcohol assessment, partner and children safety check, personal history, correctional office report, family background, violence history, relationship history and criminal history.

Each program operates for up to 18 weeks with a three hour session per week. The 18 weeks have been divided into two six week modules, and one four week module to enable new clients' points of entry between each module. The treatment program has been developed with input from the criminal justice sector including: magistrates, indigenous territorians, and people from culturally and linguistically diverse backgrounds and service providers. The specific objective of the project involved piloting the effectiveness of a court-mandated program towards the objective of reducing the incidence of violence and abusive behaviours in referred offenders. The program has been based on the Dobash and Dobash model [27,75].

In relation to key themes the overall aim of the program is to aid offenders in understanding that domestic violence is a crime and is not an acceptable behaviour. A counselling/psychological approach is used to reinforce this, and aid offenders in changing behaviour. Evidence of this is seen in statements including: "Challenges the attitudes and behaviours that allow violence and abuse to occur", "Develop in offenders a capacity to accept responsibility for the violence committed", and "Provide offenders with the new skills and strategies required to cease violent behaviours." Additionally, it is a group program where there are a range of participants who are encouraged to discuss their problems in a group setting.

Educational theories of domestic violence

The theme of education that emerged in the data collected was not one that was anticipated by the researcher. While not exactly a specific theory per se, its importance in the research collected was undeniable. In a majority of the treatment programs examined the theme of education referred to men receiving educational material on violence, its nature, causes and ways of controlling their behaviour. Additionally, similar constructs such as anger and aggression were explored in a more theoretical sense to aid participants in understanding why they sometimes felt how they did. A variety of other components that existed in the educational theme practise included: teaching different parenting styles, weekly educational modules, conflict resolution tactics, power/control, cycles of violence and communication skills.

While many of these may appear to have elements of psychological approaches (and some do), they were not included in that category. This decision was made as the educational approach taken was not just a focus on behaviour or attitude change but also to create an understanding. The understanding of 'why' offenders may behave as they do could prompt them to accept that other methods of managing their violent outbursts exist. Additionally, the educational theme encompassed aspects of understanding cultural practises and that in the context of Australian culture that it was unacceptable.

One 'Class A' treatment program that included psychological, social and educational themes existed in the research.

Treatment Program Title: Men's Behaviour Change Group Program, Melbourne (Victoria).

The 'Men's Behaviour Change Group Programs' are provided by the organisation 'Life Works' at four locations in Victoria: Melbourne City, Frankston, Moorabbin and Wyndham. The Commonwealth and State funded treatment programs have formal family violence policies and procedures laid out in a formal quality assurance policy document. The Men's Behaviour Change Program has six distinct components. The first comprises the pathways that Life Works has laid down to guide clients to the service. The second is the assessment and intake component, which is the 'gateway' to the program. The third is the actual Men's Behaviour Change Group. The fourth is the contact with the partner and the Partners Group. The fifth is a follow-up maintenance group for the men. The sixth is the on-going evaluation of the program via the appraisal of individual achievement in each group.

From the time of assessment and intake, Life Works is guided by four primary principles. The first is that the safety of the women and children is of paramount concern; the second is that the men must take responsibility for their behaviour and understand that they will be held accountable for it; the third is that the programs will maintain respect and fairness between participants and staff; and the fourth is that the program is delivered in the psycho-social tradition. The groups run as sequential series for 13 weeks, with groups being held on the same evening each week for 2 h.

The groups are very tightly structured with a clear curriculum and agenda that is set out in writing. This covers the events from the time that the men begin to arrive even before the group actually starts. Groups have from 12 to 18 members; attendance is expected to be regular and a small fee is charged to each client. Achievements from the group include learning respect for women and children, an increased understanding of women, developing better relationships with partners, understanding their own cycle of violence, stopping rage and violence, improving communication skills, learning stress relief, assuming responsibility for one's own behaviour, developing strategies for self-reflection and improving self-esteem.

Specifically, in relation to key themes, men are invited to tell their story in a social setting. The technique of expressing themselves in small groups is repeated through the series. This is designed to link the men within the group with their own violence and with the means to understand their violence and methods of overcoming it. The group is introduced at this early stage to the use of one major tool to overcome violence, the 'Time Out' tool, and this tool is reinforced over the series. There are many techniques used to maintain the participant's connection with the group, such as using small groups, feeding their content back to the larger group, asking the men to reflect verbally and in questionnaires on specific issues to the group and asking men to complete pen and paper exercises.

Additionally, psychological counselling strategies such as cognitive behaviour techniques, stress relaxation and conflict resolution are used. Techniques promoting self-control are also introduced where the participants are asked to focus on their own sense of power. Finally, the participants receive educational material on violence, its nature, its causes and ways of controlling it. The program also has a considerable amount of explanatory written material, and books are recommended for further reading

Academic theories and domestic violence treatment programs

Overall, the results gathered provided support that, in varying degrees, academic theories are influencing Australian domestic violence treatment programs. However, arguably discrepancies exist in the manner and extent that research impacts upon these treatment programs. From a biological perspective, a severe deficiency exists in aiding individuals who may not have full control over their feelings of anger and aggression. Also, substance abuse is a factor in domestic violence incidents that cannot be ignored. This is especially true in instances where substance withdrawal is taking place, a process that is occurring on a physical level within the brain. As such, it is not something that can be simply 'thought through' in many instances. By creating domestic violence treatment programs that include medical practitioners, it is possible that a more holistic approach to the issue of domestic violence in Australia may be achieved.

Psychological approaches to domestic violence are currently at the forefront of combating the issue. With counselling, attitude/belief adjustment and cognitive behaviour therapy some of the most common approaches in aiding male offenders in changing how they think, speak and act. Interestingly, while the 'social' theme very commonly went in conjunction with the 'psychology' theme, it was mainly only in relation to group therapy. Nevertheless, it is understandable that factors such as sexual inequality, socio-economic difficulties and the impact of social institutions need to be addressed at a more state level, and are beyond the scope of treatment programs.

However, the theme of 'education' in many instances did explore the issues of sexual inequality in a cultural sense. It focused on teaching participants the 'why' of their behaviour. Furthermore, it explains to the individual that the rationale behind their behaviours and emotions is something that can be learned, understood and controlled.

Research Question Two: Can biological, psychological and social academic theories of physical domestic violence work in conjunction with treatment programs for violent male offenders?

The results gathered support the notion that biological, psychological and social academic theories of domestic violence work together. Furthermore, the results indicate that in most cases that is how they are implemented, with only nine out of the 60 treatment programs analysed only utilizing one theory/theme. As discussed earlier, the majority of programs comprised a psychological/social hybrid approach. However, almost a third of the treatment programs examined utilised the new theme of education in conjunction with the psychological/social approach.

Only one of the treatment programs identified made use of all four of the predicted and newly emerged themes.

Treatment Program Title: Ending Family Violence, Brisbane (Queensland), (Queensland Corrective Services Offender Programs, 2013)

The 'Ending Family Violence' program is a culturally specific program designed for Indigenous offenders to help address aspects of their behaviour in regards to family violence. It is a brief intervention targeting Indigenous offenders who have been convicted of offences related to violence within their family or community. The program is based on a cognitive behaviour model and utilises both active and experiential learning exercises that are culturally appropriate.

The treatment program aims to raise participant's awareness of the impact of domestic violence on the family unit and to investigate options to assist them to change their lifestyle. The 'Ending Family Violence' program is a 10 session program, usually facilitated twice a week in two hourly sessions. It is a 20 h intervention and may be delivered over five weeks. It is appropriate for offenders who meet the following criteria: identify as Aboriginal or Torres Strait Islander; have been identified as having an outstanding treatment need in relation to family violence; have been assessed as having a score of less than 16 on the risk of re-offending scale; ideally have insufficient time in custody to complete more intensive interventions if assessed as having a score of 16 or more; and are willing and able to participate.

The treatment program focuses on the following key areas: the nature of violence in families, the links between alcohol and violence in families, the awareness of the consequences of violence, identifying how violence can be prevented, and developing a relapse prevention and management plan to establish positive lifestyle choices.

As previously mentioned, the treatment program is based on a cognitive behaviour model, with a primary focus on the awareness of attitudes or behaviour related to family violence. An additional focus is the link between substance abuse and family violence. On a more social aspect the treatment program aids in developing a management plan to establish positive life style choices. Finally, the educational aspect helps offender's understand family violence, its triggers and how to prevent it.

While the Queensland based 'Ending Family Violence' treatment program demonstrates that all of the theories/themes discussed in this study can work harmoniously, it also highlights a significant problem. Only one out of the 60 treatment programs identified and analysed utilised an approach that made use of the biological, psychological, social and educational literature available. Furthermore, it was a state delivered program targeted at indigenous offenders. Practically, this infers that to have access to the most diverse treatment program an offender must not only be a certain ethnicity, but also already well involved in the corrections system. Additionally, they must be under a specific re-offending score to be eligible to apply. This selectiveness in who can participate and the circumstances in which they can indicates a potential issue as often the harm has already been committed, instead of prevented. While this may be a reflection for funding to be directed to programs at males who have already demonstrated their willingness to commit domestic violence offences, it does little to take a proactively preventative measure.

From the results gathered, it is obvious that the varying theories and themes discussed are being used in conjunction with each other. While the effectiveness of these combined approaches was not examined, the current trend appears to be that most treatment programs utilise two or three of the academic theories and themes discussed in the paper. It is clear that more of the treatment programs need to be provided with the resources to further expand upon their approaches. By widening the scope of their approaches, it may be possible that more of the potential causes of domestic violence can be identified, treated and prevented.

Limitations

While expansive, the current study did have some limitations. Firstly, due to time constraints the most prudent method of data collection was via internet search engines. While suitable for the proposed research questions it would have been desirable to discuss

with program managers their thoughts and opinions of what structured their treatment programs. Also, they could have provided a more 'frontline' perspective in relation to exactly how much consideration of academic theories takes place when the programs are being developed. Future studies in this area could possibly make use of the more in-depth 'Class A' sources to examine how effective each respectively is, as that was an area not explored in the current study.

Furthermore, future research could focus on which of the themes utilised in the treatment programs displayed the greatest effectiveness in reducing recidivism. This in-turn could substantiate whether broad spectrum approaches such as the 'Ending Family Violence' treatment program are more or less effective than those that focus on primarily psychological/social approaches. As an aggregate model has been used in the discussion of the multiple themes identified in the treatment programs, it was made apparent that there are often multiple themes in single treatment programs. However, what remains in future research to be identified is if these multiple components contradict each other or work to reassert and bolster the overall effectiveness of the treatment programs. Additionally, whether certain themes or approaches were more or less effective than others would be an interesting factor for future work to consider.

Secondly, the current study examined treatment programs that were designed to reduce recidivism. An interesting path that future research could also examine is the principles that underline 'social interventions' (i.e., end to patriarchy, better class-room education regarding women's rights, etc.) as both approaches have the same final goal of ending domestic violence. Also, while treatment programs work to change offender behaviour at an individual level, they normally do so after the abuse has taken place. However, social interventions could possibly have a more wide-sweeping impact, by changing the attitudes of domestic violence and potentially preventing it from ever occurring. Finally, to provide a more comprehensive overview in the field of domestic violence, treatment programs from other countries could be identified and analysed. This would enable not only possible confirmation of the trends discovered in the current study, but also may elicit further new emerging theories and themes.

Conclusion

The relevance of research into preventing domestic violence cannot be understated. The physical and mental anguish that ensues from this widely prevalent crime has for too long harmed too many individuals. The extensive academic literature and greater awareness and support of the public to reduce domestic violence incidences indicate an opportunity that, historically speaking, has never been seen before. As such, the findings within this study indicate a crucial 'mapping' of the type of themes and research that are being utilised in treating male offenders of domestic violence. Future research could further this area by evaluating what models of intervention are most effective and whether or not 'multi-pronged' approaches are more effective in reducing recidivism. This would aid in ensuring that the highly prevalent use of psychological and social interventions is actually the most suitable and effective in combating domestic violence.

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