

Understanding the spectrum of domestic violence: Risk factors, treatment pathways and recidivism among offenders who commit intimate partner or non- intimate partner violence

Yun Zhang & Mark Howard

Aims

To compare characteristics and outcomes of two types of domestic violence (DV) offenders; namely, offenders who engage in intimate partner violence (IPV) or non-intimate partner violence (non-IPV).

Methods

Descriptive and inferential analyses were conducted for a cohort of male offenders (n=7,280) who received a custodial or community sentence in relation to DV offending and exited Corrective Services NSW (CSNSW) supervision between 1 July 2014 and 31 October 2017.

Results

Most offenders in the cohort were convicted of IPV offences (74.7%). Among those convicted of non-IPV offences, the majority involved victims who were cohabiting family members including parents and children. IPV and non-IPV offenders had similar demographic and criminal history characteristics across a range of measures; however the non-IPV group tended to have higher actuarial risk of reoffending on average and greater proportions of young adult offenders (18–24 years old). IPV offenders were also significantly more likely to be convicted of DV reoffending within 12 months compared to non-IPV offenders. An examination of treatment pathways through the CSNSW EQUIPS programs indicated that IPV offenders had more consistent patterns of intervention and were more likely to participate than non-IPV offenders.

Conclusion

While the relationship dynamics associated with their DV offending varied widely, IPV offenders and non-IPV offenders appear to share a number of similarities in their demographic characteristics, risk profiles and reoffending outcomes. Current CSNSW practice to prioritise offence-specific DV interventions to IPV offenders only may be related to challenges in accessing suitable alternative treatment pathways for non-IPV offenders.

INTRODUCTION

Domestic violence (DV) is a serious and prevalent public health issue in Australia (ABS, 2016; Cox, 2015). DV refers to an individual's use of force to inflict emotional, sexual, psychological and physical injury on another person with whom the individual has a domestic relationship (Bouffard & Zedaker, 2016; Morgan & Chadwick, 2009). Research has found that DV causes significant social, emotional and economic costs to victims, their families and the broader community (Laing & Bobic, 2002; World Health Organisation (WHO), 2012). In Australia, DV is common across all geographic areas, socioeconomic groups and cultures, although tends to be more prevalent in certain groups such as communities in regional and rural Australia and Indigenous communities (Carrington & Phillips, 2006).

DV has been categorised in the literature into two primary categories depending on the nature of the domestic relationship between offender and victim. Intimate partner violence (IPV) is the most common and pervasive type of DV which occurs between current or former intimate partners, including boyfriends or girlfriends, de facto partners and spouses (Devries et al., 2013; Krug et al., 2002). Non-intimate partner violence (non-IPV) refers to harmful behaviours perpetrated against family members who are not the current or former partner, including siblings, parents, and grandparents, in addition to other non-intimate cohabiting individuals such as flatmates (Ellsberg & Heise, 2005). Throughout this report, we use the terms IPV when referring to DV where the victim is an intimate partner or spouse and non-IPV when referring to DV where the victim is a non-intimate family or household member.

A primary source of information regarding the prevalence of IPV in Australia is victimisation surveys. According to the Personal Safety Survey

(ABS, 2016), females are more likely than males to experience an act of physical or sexual violence at the hands of a current or former partner: 17% of women in Australia and 6% of men had experienced violence from a current or previous partner, and 23% of women and 16% of men experienced emotional abuse by a current or previous partner.

Given the diversity of offending and victim characteristics in other forms of DV, evidence about the overall prevalence of non-IPV is less well reported in Australia. However, there are indications that non-IPV also constitutes a common cause of harm to victims. Some of the most reported non-IPV forms of violence in Australia are child abuse (ABS, 2016) and elderly abuse (WHO, 2015). WHO (2015) estimated that between 2% and 14% of older Australians experience elder abuse in any given year and most elderly abuse is intra-familial and intergenerational, with sons being perpetrators to a greater extent than daughters (Kaspiew et al., 2016). For child abuse, approximately 13% of Australian adults have experienced abuse during their childhood, which includes 8.5% who experienced childhood physical abuse and 7.7% who experienced childhood sexual abuse (ABS, 2016). Family members, in particular parents and caregivers, are common perpetrators of childhood physical abuse whereas non-familial known persons are the most common perpetrators of childhood sexual abuse (ABS, 2016).

A review of the literature indicates that studies of DV offender characteristics and risk factors have historically tended to focus on IPV offenders in particular. Common identified criminogenic needs for IPV offenders have included employment and education problems, poor marital and family relationships, and substance abuse (Hilton & Radatz, 2018; McMurren & Gilchrist, 2008; Stith et al., 2004). In comparison to general offenders and violent offenders, IPV offenders tend to have more criminogenic needs, more expansive criminal histories, more self-reported mental health

programs, and more exposure to family abuse during childhood (Hilton & Radatz, 2018; Hines & Saudino, 2004; Norlander & Eckhardt, 2005; Steward and Power, 2014). Elevations in antisocial attitudes such as attitudes supportive of IPV behaviours (Cunradi et al., 2008) and anger and hostility issues (Eng et al., 2010) have also been found among IPV offenders relative to general offenders. While direct comparisons between IPV and non-IPV offenders are relatively uncommon, there are some indications that IPV offenders may have more severe difficulties with alcohol use and anger compared to perpetrators of other forms of DV (Foran & O'Leary, 2008; Stith et al., 2008).

By comparison, there is less research to assist in identifying common risk factors and intervention needs among offenders who commit other forms of DV. Again, this may reflect challenges in generalising across a range of offence types and relationship dynamics between offenders and victims. A number of studies have examined offending involving specific victim groups such as child abuse perpetrators. It is noted that relationships between these victims and offenders may not be limited to definitions of DV; therefore research findings may not be consistently applicable to an understanding of violence in domestic contexts specifically. However, domestic relationships are commonly represented among offences towards victim groups other than intimate partners (e.g. ABS, 2016; Kaspiew et al., 2016).

According to Wiehe (2003), perpetrators of child abuse are usually self-centred, narcissistic individuals who lack self-confidence, have poor impulse control and usually are deficient in empathy. They were reported to be failures in their family and marital relationships and some were suffering from mental health problems (Grayston & De Luca, 1999). Victims of child abuse may be more likely to continue patterns of intergenerational transmission of abuse towards their own children, relative to parents who were not victimised (Pears &

Capaldi, 2001; Simons et al. 2008). For example, using data from the National Longitudinal Study of Adolescent Health in the United States, Kim (2009) found that parents who reported physical victimisation in their childhood were five times more likely to report physically abusive parenting towards to their children than those who did not report physical victimisation in childhood.

It is consistent with the literature that the majority of interventions developed for DV have involved needs-specific treatment programs for male perpetrators of IPV offences. In this regard, a primary model for intervention with DV offenders, known as the Duluth model, emphasises gendered (male perpetrators and female victims) and relational (intimate partnerships) dynamics as critical factors in the aetiology of DV. More recent clinical models for reducing risk of DV reoffending have adopted psychotherapeutic principles such as cognitive behavioural therapy (CBT) and psychodynamic therapy. A recent review of DV programs in Europe indicated that interventions most commonly used CBT (70%), followed by pro-feminist (54%) and psychodynamic (31%) approaches, although combinations of approaches were also common (Hamilton et al., 2012).

Following from the example of international jurisdictions, CSNSW delivers group interventions to address risk factors for DV reoffending with a focus on male IPV offenders. Since 2015 this has taken the form of EQUIPS Domestic Abuse, which is part of a suite of four behaviour change programs that are widely available to supervised offenders in custody and the community. The remaining programs include EQUIPS Aggression, which targets risk factors for other violent offending not involving intimate partners; EQUIPS Addiction, which addresses substance use behaviours and related offending risks; and EQUIPS Foundation, which is a program for general risk factors and can also serve as a preparatory course for other interventions. While offenders can be referred to attend one or

multiple programs according to their intervention needs, they are required to have an index IPV offence to participate in Domestic Abuse. By extension, non-IPV offenders are not considered eligible for Domestic Abuse and may instead be referred to Aggression or other EQUIPS programs (for further information about EQUIPS see Zhang et al., 2019).

To date there has been limited evaluation of current treatment pathways for DV offenders delivered by CSNSW, and the available studies have returned mixed results. Rahman and Poynton (2018) found that offenders who participated in EQUIPS Domestic Abuse did not have significantly different reoffending outcomes compared to those who were referred although did not participate. A recent study by Zhang and colleagues (2019) provided a more comprehensive examination of the range of EQUIPS programs that DV offenders attend while supervised by CSNSW, as well as exploring relative impacts of each of the programs on reoffending outcomes. They found the large majority of DV offenders participated in EQUIPS Domestic Abuse, and smaller numbers attended EQUIPS Foundation and EQUIPS Addiction, while few offenders attended EQUIPS Aggression. Both participation and completion of EQUIPS Domestic Abuse was associated with significant reductions in reoffending among DV offenders, whereas there was some indication that completing EQUIPS Aggression may also impact reoffending outcomes. A limitation of the Zhang et al (2019) study was that comparability of results across EQUIPS programs may have been influenced by the distribution of IPV and non-IPV offenders among the programs; however this could not be accounted for in the primary research design due to incomplete data on offender-victim relationship status.

The current study

Across Australia, DV has been increasingly recognised as a major social and criminal justice issue that extends to a range of family relationships and domestic contexts. However, a review of the literature indicated that research into offender needs, as well as accompanying theoretical and intervention models of DV have tended to focus on IPV offenders. This may be reflected in the delivery of offender programs that address risks of DV reoffending among IPV offenders only in NSW, such as EQUIPS Domestic Abuse. Less is currently understood about the remainder of offenders who contribute to DV outcomes by perpetrating violence in other types of domestic relationships, including the commonalities and differences in DV-related needs between IPV and non-IPV offenders. There is the related potential that in the absence of clearly defined treatment options, non-IPV offenders may be less likely to receive appropriate interventions to address their risk of further DV offending in the future.

The aim of the current study was to explore the broader spectrum of offenders who have been convicted of DV offences in NSW, with a focus on comparing similarities and differences between IPV offenders and non-IPV offenders in relation to their prevalence, characteristics, intervention needs and reoffending outcomes. This study also aimed to provide additional context to recent evaluations of CSNSW interventions for DV offenders (Zhang et al., 2019) and develop an understanding of how prioritisation of IPV offenders for offence-specific DV programs, such as EQUIPS Domestic Abuse, relates to how different DV offenders progress through EQUIPS treatment pathways and the availability of interventions for non-IPV offenders in particular. It was intended that this study would inform decisions about comprehensive strategies to address reoffending across the population of DV offenders.

METHODS

Study sample

The cohort of interest comprised all adult male offenders who received a custodial or community sentence in relation to a DV offence and completed their supervision episode with CSNSW between 1 July 2014 and 31 October 2017. To be eligible for the study offenders were also required to have valid data pertaining to their relationship with victims of the DV offence. This derived a cohort of 8,286 offenders. Among this cohort, 5,189 were positively identified as being convicted of index IPV offences; 2,091 were convicted of non-IPV offences; and 1,006 were convicted of both IPV and non-IPV offences. For the purposes of this study, comparisons between IPV and non-IPV groups were conducted for those offenders who had one category of victim relationship only, and offenders who had both IPV and non-IPV victims were excluded from analyses.

Data

Three data sources were used in the study. The CSNSW central operational database, known as the Offender Integrated Management System (OIMS) was used to extract a range of offender data including demographics, offending history, order type, sentence length, results of risk assessments, and information relating to treatment program referrals and participation over the index episode. The NSW Bureau of Crime Statistics and Research (BOCSAR) Reoffending Database (ROD) was used to link all finalised NSW criminal court appearances and outcomes for a given offender prior to 31 December 2017. BOCSAR also provided access to NSW Police data which specified the type of relationship between offenders and victims in identified DV offences.

Analysis

Categories of offender–victim relationship

Offenders were categorised into IPV and non-IPV groups on the basis of offender–victim relationships specified from NSW Police data about index DV offences. Available NSW Police data was structured so that every DV-related charge is attached to a higher level relationship categorisation indicating whether the event involved ‘at least one intimate partner (spouse, ex-spouse, boyfriend/girlfriend)’ or ‘other domestic and unknown relationship’. A second subordinate categorisation gave additional details about the specific relationship between offender and victim (see Tables 1 and 2 for relationship categories).

Offender characteristics

Comparisons between offenders in the IPV and non-IPV groups were conducted at a primarily descriptive level for multiple demographics, criminal history, and treatment pathway variables. Indices of reoffending risk and criminogenic needs were also examined using results of risk assessment on the Level of Service Inventory – Revised (LSI-R: Andrews & Bonta, 1995). The LSI-R is a widely used clinician-administered risk assessment tool that measures 10 domains of risk over 54 items, including one domain of static risk factors (criminal history) and nine domains of dynamic risk factors or criminogenic needs (Education/Employment; Finances; Family/Marital; Accommodation; Leisure/Recreation; Companions; Alcohol/Drug; Emotional/Personal; and Attitude/Orientation). Given the potential importance of these data to interpreting causal influences on offending, intervention needs, and subsequent reoffending outcomes (e.g. Andrews & Bonta, 2010), we conducted additional inferential analyses to indicate the statistical significance of differences between IPV and non-IPV groups on results of LSI-R assessment. These included

independent samples t-tests in addition to chi-square residual pairwise comparisons.

Reoffending outcomes

Analyses were also conducted to compare reoffending outcomes between offenders in IPV and non-IPV groups. Reoffending was calculated from the ROD database and was defined as a proven offence (finalised conviction) over the first 12 months' free time in the community. This period was calculated as the first 12 months after release from custody (for offenders serving a custodial sentence) or the first 12 months following finalisation of all offences attached to the index order (for offenders serving a community sentence). The measurement period was also adjusted for time in custody that was unrelated to the reoffending outcome of interest.

Three different reoffending measures were calculated for DV reoffending, violent reoffending, and any reoffending. DV reoffending was indicated by any offence with a DV Lawpart code attached to the conviction, whereas violent reoffending was calculated as any offence in ANZSOC divisions relating to homicide and related offences (01), assault (02) and sexual assault (321 - 322), abduction, kidnapping and threatening behaviour (05), and robbery (611-612)¹. The category of any reoffending related to the first instance of conviction for offending of any type over the follow up period.

For the purposes of this study, reoffending outcomes were analysed using a series of logistic regression models, and odds ratios are correspondingly reported. In each model the non-IPV group was entered as the reference category, so that odds ratios greater than one indicate higher rates of reoffending in the IPV group compared to

the non-IPV group, and odds ratios lower than one indicate lower rates of reoffending in the IPV group compared to the non-IPV group.

RESULTS

Relationships between offenders and victims

Among supervised DV offenders with available victim relationships data, offences against intimate partners were substantially more common compared to offences against non-intimate partners. A total of 74.7% of offenders in the cohort were convicted of IPV offences, including those who had both IPV and non-IPV offences. Offenders were half as likely (37.4%) to be convicted of non-IPV offences, either in isolation or in conjunction with IPV offences.

Tables 1 and 2 present relationships between offenders and victims for IPV and non-IPV offenders respectively. It can be seen from Table 1 that 41.9% of IPV offenders committed DV offences against their spouses or de facto partners, and 20.9% against their previous spouse and partners. Offences against current or former boyfriends and girlfriends were also common (37.1%).

Table 1. Victim type for IPV offenders

Victim type	n	%
Spouse/Partner	2,175	41.9%
Boy/girlfriend (Includes ex-boyfriend or ex-girlfriend)	1,927	37.1%
Ex-spouse/ex-partner	1,083	20.9%
Unknown/not stated	4	0.1%
Total	5,189	100%

The relationship types in the non-IPV group were more heterogeneous compared to those in the IPV groups: 19.8% of victims were reported to be parents, including step parents and foster parents;

¹ This definition allows violent reoffending and DV reoffending to not be mutually exclusive, which means some but not all DV offence convictions were also violence offence convictions.

16.7% of victims were the offender's children; 13.0% of victims were the offender's siblings; and 17.6% involved other members of the extended family. Reporting on victim relationships also showed more incomplete or invalid data for offenders in the non-IPV group compared to those in the IPV group, with relatively high proportions of offences involving an unspecified victim (10.8%) or victims who appeared to be unknown to the offender (4.4%).

Table 2. Victim type for non-IPV offenders

Victim type	n	%
Parent (includes step or foster parent)	415	19.8%
Member of family – other	367	17.6%
Child (includes fostered or under guardian)	349	16.7%
Sibling	271	13.0%
Household member (includes former household)	187	8.9%
Other known person	184	8.8%
Not known to victim	92	4.4%
Unknown/not stated	226	10.8%
Total	2,091	100%

Offender characteristics

Demographic and offence history characteristics of IPV and non-IPV offenders are presented in Table 3. Non-IPV offenders were younger on average (median = 30.6 years) compared to IPV offenders (median = 33.5 years). Non-IPV offenders also showed greater skew in age distribution and had larger proportions of young offenders aged 18–24 years (29.2%) compared to the IPV group (17.2%). Proportions of Indigenous Australian offenders were similar in the IPV (27.2%) and non-IPV groups (24.4%). Over fifty per cent of IPV and non-IPV offenders were from the most socio-economically disadvantaged areas, falling into low or moderate low quintiles of the SEIFA index.

Offenders in the IPV and non-IPV groups shared a number of similarities in terms of selected criminal

history variables. Over the two years prior to the index DV conviction, 4% of IPV offenders and 3.8% of non-IPV offenders had been convicted of breaching Apprehended Violence Orders (AVOs) on one or more occasions, while 7.8% of IPV offenders and 8.3% of non-IPV offenders had at least one prior proven DV offence. Over the five years prior to the index DV offence, 3.1% of IPV offenders and 3.8% of non-IPV offenders had at least one proven offence involving drugs, whereas 23.7% of both IPV offenders and non-IPV offenders had at least one proven offence involving violence².

Risk and criminogenic needs

As previously noted, the LSI-R is used by CSNSW to assess offenders' risk of reoffending and criminogenic needs, to support case management and intervention approaches that are aligned with risk, need and responsivity (RNR) principles (Andrews & Bonta, 1995; 2010). Scores from each of the 10 domains on the LSI-R can be combined to give an overall index of recidivism risk, which are commonly used to assign offenders into categories of relative risk³. Risk category is a critical indicator for case management by CSNSW, because offenders are often required to be in the medium or higher risk categories to attend behaviour change interventions, such as EQUIPS.

For case management purposes, CSNSW also assigns numerical thresholds to domains of criminogenic need measured by the LSI-R⁴. For each domain, scores that exceed selected thresholds are deemed to have 'considerable need for improvement' for that offender and therefore must be factored into their case management formulations (see also Howard & Corben, 2019).

² Different timeframes were used to measure criminal history outcomes to accommodate recent changes to recording of DV Lawpart codes in OIMS.

³ LSI-R total score ranges for each risk category are Low = 0–13; Low / Medium = 14–23; Medium = 24–33; Medium / High = 34–40; High = 41–54.

⁴ The Criminal History domain is excluded as it measures a static risk factor rather than dynamic risk factor.

Table 3. Offender characteristics and criminal history of IPV and non-IPV offenders

Variable	IPV		Non-IPV	
	n	%	n	%
Age				
<i>18-24</i>	890	17.2	610	29.2
<i>25-34</i>	1,885	36.3	652	31.2
<i>35-44</i>	1,577	30.4	506	24.2
<i>45+</i>	837	16.1	323	15.4
Indigenous Australian				
<i>Y</i>	3,732	27.2	1,558	24.4
<i>N</i>	1,392	72.8	502	75.6
SEIFA index (quintiles)				
<i>Low</i>	1,793	35.5	691	34.0
<i>Low moderate</i>	1,254	24.9	519	25.6
<i>Medium</i>	1,131	22.4	425	20.9
<i>High moderate</i>	469	9.3	208	10.2
<i>High</i>	399	7.9	188	9.3
Prior breach of AVO in the last two years				
<i>None</i>	4,884	96.0	1,975	96.2
<i>One</i>	97	1.9	36	1.8
<i>Two or more</i>	107	2.1	41	2.0
Prior proven DV offence in the last two years				
<i>None</i>	4,692	92.2	1,882	91.7
<i>One</i>	162	3.2	71	3.5
<i>Two or more</i>	234	4.6	99	4.8
Prior proven drug offence in the last five years				
<i>None</i>	4,930	96.9	1,974	96.2
<i>One</i>	90	1.8	45	2.2
<i>Two or more</i>	68	1.3	33	1.6
Prior proven violent offence in the last five years				
<i>None</i>	3,880	76.3	1,566	76.3
<i>One</i>	496	9.7	193	9.4
<i>Two or more</i>	712	14.0	293	14.3

Among offenders in the study cohort, 85.8% of IPV offenders (n = 5,189) and 86.3% of non-IPV offenders (n = 2,091) received a valid LSI-R assessment. Comparison of LSI-R total scores indicated that non-IPV offenders were higher actuarial risk of recidivism on average (M = 25.61,

SD = 9.38) compared to IPV offenders (M = 24.52, SD = 9.59). This difference was small albeit statistically significant (t= 4.17, p < .005).

Additional comparisons were made in relation to the proportions of IPV and non-IPV offenders who

were assessed as being medium or higher risk on the LSI-R. Table 4 presents the overall distribution of risk categories for offenders in IPV and non-IPV groups. A significantly higher proportion of non-IPV offenders were assessed as being in the medium or higher categories of risk (63.1%) compared to those in the IPV group (58.5%, residual $\chi^2 > 2$; $p = .001$).

Table 4. Distributions of LSI-R risk level categories for IPV and non-IPV offenders⁵

LSI-R category	IPV (n = 4,454)		Non-IPV (n = 1,805)	
	n	%	n	%
Low	587	13.2	174	9.6
Low/Medium	1,263	28.4	491	27.2
Medium	1,736	39.0	757	41.9
Medium/High	730	16.4	307	17.0
High	138	3.1	76	4.2

Table 5 also compares the proportions of IPV offenders and non-IPV offenders who were assessed as having 'considerable need for improvement' in each LSI-R domain. It can be seen that both groups showed similarities in the relative prevalence of domains of need. For example, in both cases the most common needs for considerable improvement related to Alcohol/Drug, followed by Leisure/Recreation and Financial domains. The least common needs for improvement were Companions and Accommodation for both groups of offenders.

Consistent with the higher overall risk of reoffending presented by non-IPV offenders on average, offenders in this group tended to be more likely to have considerable need for improvement on the majority of domains of criminogenic need compared to those in the IPV group. The single exception to this was the Family/Marital domain, where 28.3% of IPV offenders were deemed to have

⁵ It is noted that 16.0% of IPV offenders and 13.7% of non-IPV with valid LSI-R assessments had missing data for risk category.

considerable need for improvement compared to 26.8% of non-IPV offenders. A series of pairwise comparisons indicated that the non-IPV group had significantly higher proportions of offenders with considerable need for improvement than the IPV group in domains of Education/Employment; Companions; Alcohol/Drug; Emotional/Personal; Accommodation; Leisure/Recreation; and Finance.

Table 5. Proportions of IPV and non-IPV offenders assessed as having 'considerable need for improvement' in each LSI-R risk domain

LSI-R domain	IPV (n = 4,487)		Non-IPV (n = 1,823)	
	n	%	n	%
Education / Employment*	982	21.9	448	24.6
Family / Marital	1,271	28.3	489	26.8
Companions*	167	3.7	97	5.3
Alcohol / Drug*	2,604	58.0	1,130	62.0
Emotional / Personal*	882	19.7	453	24.8
Accommodation*	217	4.8	116	6.4
Leisure / Recreation*	2,539	56.6	1,107	60.7
Financial*	1,822	40.6	840	46.1
Attitude / Orientation	1,167	26.0	495	27.2

Note:*statistically significant with adjusted χ^2 residuals > 2 or < -2

EQUIPS treatment pathways

The following section examines patterns of referrals to and participation in each of the EQUIPS programs for IPV and non-IPV offenders. Among the total DV offender study sample, a smaller proportion of non-IPV offenders received referrals to one or more EQUIPS programs (25.4%; $n = 532$) compared to IPV offenders (30.2%; $n = 1,567$). Both offenders in the IPV group and those in the non-IPV group who received referrals to EQUIPS were referred to a median of 1.76 programs. Overall, 56.7% of IPV

offenders and 46.4% of non-IPV offenders who were referred to EQUIPS participated in one or more programs. Among those participants, 71.8% of IPV offenders and 64.0% of non-IPV offenders completed one or more programs.

Distributions of referrals to each of the EQUIPS programs among offenders who received one or more referrals to EQUIPS are illustrated in Figures 1 and 2. It can be seen that among IPV offenders who received referrals, the majority were referred to Domestic Abuse (77.0%). Moderate proportions of IPV offenders were referred to Addiction (45.5%) and Foundation (35.5%), whereas few offenders were referred to EQUIPS Aggression (18.3%). By comparison, referrals for non-IPV offenders were more diffuse across the EQUIPS programs. The most referred EQUIPS program for offenders in the non-IPV group was Addiction (57.0%), followed by Foundation (42.9%), Domestic Abuse (38.3%) and Aggression (38.0%).

Figures 1 and 2 also show the gross rates of participation and completion outcomes for the

different EQUIPS programs, among all offenders in the IPV and non-IPV groups who received one or more referrals to EQUIPS. Consistent with the patterns of referral across EQUIPS programs, referred offenders in the IPV group were most likely to participate in (32.7%) and complete (26.2%) Domestic Abuse. Conversely, referred offenders in the IPV group were least likely to participate in (3.1%) or complete (2.7%) EQUIPS Aggression.

Among offenders in the non-IPV group, the majority who commenced an EQUIPS program participated in Addiction (15.2%) or Foundation (13.3%). They were also most likely to complete these programs (13.5% and 9.2% respectively). Non-marginal proportions of non-IPV offenders also participated in (9.4%) and completed (7.1%) EQUIPS Domestic Abuse. It was observed that despite relatively high rates of referral, the lowest proportions of non-IPV offenders participated in (7.7%) or completed (7.0%) the EQUIPS Aggression program.

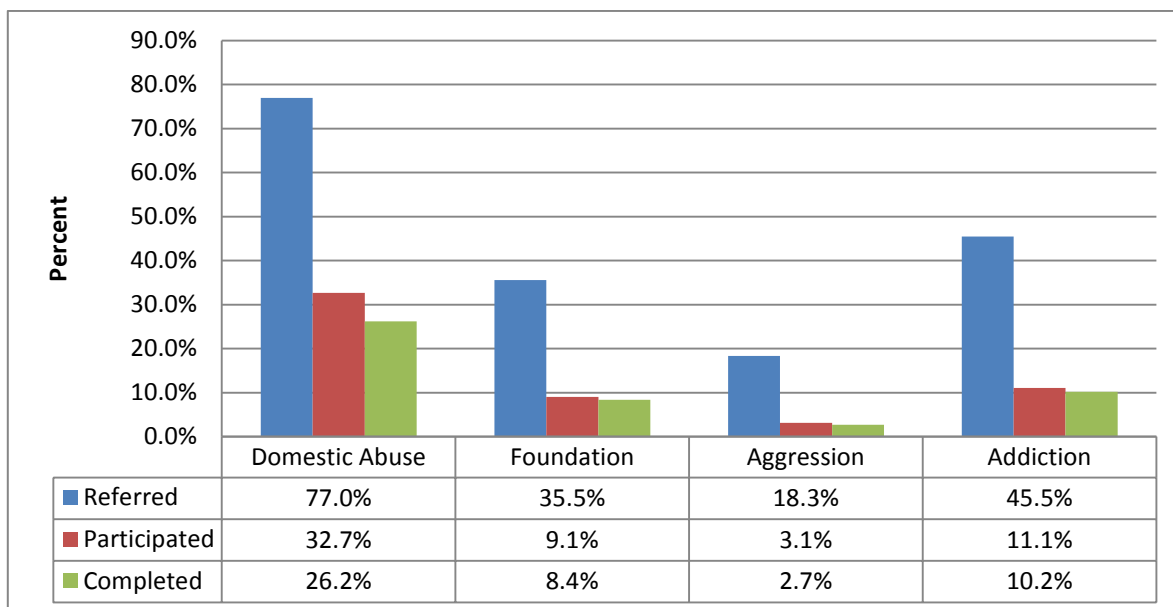


Figure 1. Referral, participation and completion rates of each EQUIPS program for IPV offenders who were referred to at least one program (n = 1,567)

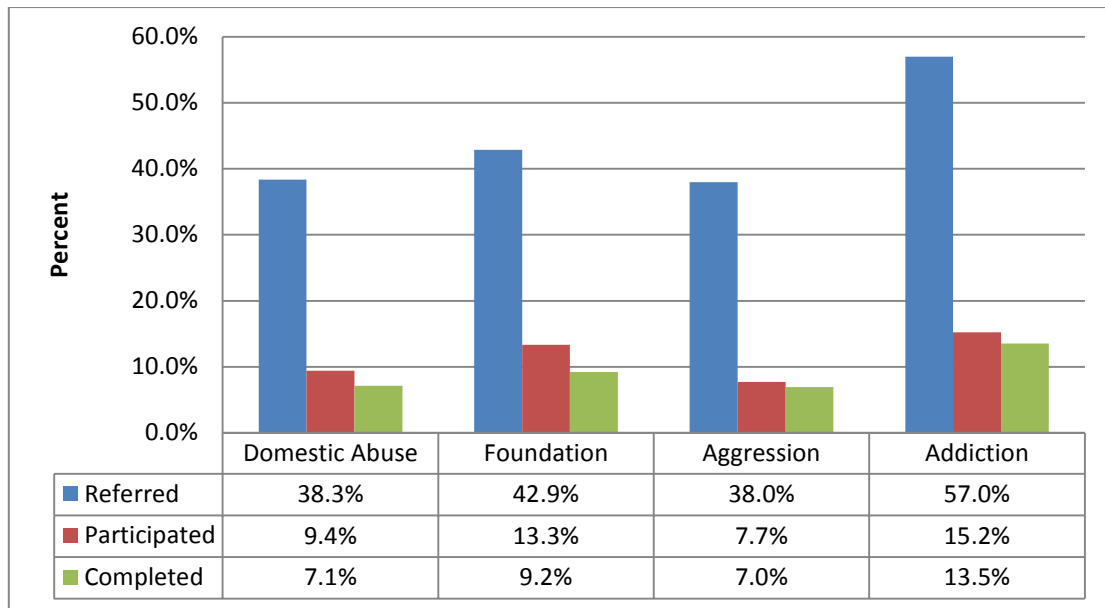


Figure 2. Referral, participation and completion rates of each EQUIPS program for non-IPV offenders who were referred to at least one program ($n = 532$)

To give additional context about EQUIPS referral outcomes between offenders in the IPV and non-IPV groups, Table 6 shows participation rates for each program as a function of offenders who were referred to that program, as well as completion rates as a function of offenders who started that program. Among IPV offenders, those who were referred to Domestic Abuse were most likely to commence this program (42.5%), and those who were referred to Aggression were least likely to start the program (17.1%). It was observed that referral to participation conversion rates showed a similar pattern to the overall prevalence of referrals to each program (see Figure 1), so that more IPV offenders tended to be referred to programs that they were also more likely to commence after being referred. IPV offenders also had a relatively consistent and low rate of attrition across the different EQUIPS programs, with completions ranging between 80.1% and 92.3%.

Offenders in the non-IPV group showed a more uniform pattern of referral to participation conversion rates across programs. They showed slightly higher participation rates for Foundation

and Addiction, and the lowest participation rates among offenders who were referred to Aggression. Completion rates among non-IPV participants were typically lower than for IPV participants across programs. There was also an inverse relationship between participation rates and completion rates among non-IPV offenders, so that as the proportion of referred offenders who participated increased the rate of completion among participants decreased.

Table 6. Conversion rates of EQUIPS referral to participation and participation to completion for IPV and non-IPV offenders

Program	Referral to participation (%)		Participation to completion (%)	
	IPV	Non-IPV	IPV	Non-IPV
Domestic Abuse	42.5	24.5	80.1	76.0
Foundation	25.5	31.1	92.3	69.0
Aggression	17.1	20.3	87.8	90.2
Addiction	24.4	26.7	92.0	88.9

Reoffending

Table 7 shows the results of a series of logistic regression models comparing reoffending outcomes within 12 months' free time for offenders in IPV and non-IPV groups. There was a significant difference in DV reoffending outcomes across groups, so that IPV offenders were 27% more likely to be reconvicted of DV offences within 12 months compared to non-IPV offenders. Conversely, non-IPV offenders were marginally ($p = .076$) more likely to be reconvicted of violent reoffending within 12 months compared to IPV offenders. An average almost one in three offenders (31%) were reconvicted of any reoffending within 12 months, and there was no significant difference in this reoffending outcome between IPV and non-IPV offenders.

Table 7. Reoffending rate within 12 months' free time for IPV and non-IPV offenders

Reoffending	Offender group		OR	95% CI
	IPV	Non-IPV		
DV	14.8%	12.0%	1.27***	(1.09,1.48)
Violent	10.9%	12.4%	0.87~	(0.74,1.02)
Any	31.0%	31.5%	0.98	(0.88,1.09)

Note: OR = odds ratio; CI = confidence interval. ~ $p < .1$; *** $p < .0005$

DISCUSSION

The aim of this study was to provide a more comprehensive understanding of the spectrum of offences and offenders that contribute to DV, with a focus on identifying similarities and differences between male offenders convicted of IPV offences and those convicted of non-IPV offences. This study also examined how prioritisation of IPV offenders for offence-specific DV interventions in NSW and

other jurisdictions has a bearing on treatment pathways and participation outcomes in the EQUIPS suite of programs across offenders in IPV and non-IPV groups.

Characteristics of IPV and non-IPV offenders

An initial finding of interest was that among the cohort of male offenders who were convicted of DV offences and sentenced to a custodial or supervised community order, three in four (74.7%) perpetrated violence against their current or former partner. This is consistent with previous studies (e.g. Krug et al., 2002) and reflects the primacy of intimate partner relationships in many DV contexts. Non-IPV offending was substantially more heterogeneous in terms of offender-victim relationships and commonly involved parents, siblings, and other family members. While less common, more than a third of DV offending among this cohort (37.4%) involved non-intimate partner relationships. An implication is that there is substantial need for effective interventions to address violence in relationships other than intimate partnerships among the DV offender cohort, often concurrent to or combined with instances of IPV offending.

Notwithstanding the diversity of victim-offender dynamics among non-IPV offenders, this study indicated that IPV and non-IPV groups were more commonly characterised by their similarities than their differences. The groups had similar criminal histories, including a relatively high prevalence of violent offending. Over 50% of IPV and non-IPV offenders were from the most socio-economically disadvantaged areas. Representation by Indigenous offenders was also comparable across groups (IPV: 27.2%; non-IPV: 24.4%) and similar to the general NSW offender population, with recent estimates indicating 23.8% Indigenous inmates in custody and 24.5% Indigenous offenders in the community (Corben and Tang, 2018; Wang 2018).

Non-IPV offenders tended to be younger than IPV offenders in general, and had a markedly higher proportion of young adults below the age of 25 years. This is not unexpected considering the prevalence of victims such as parents and siblings among non-IPV domestic offences, which suggests that in many cases the offender continues to live with these nuclear family members. Young adult offenders are often considered a special offender group because they have higher rates of recidivism (Lewis et al., 1994) and often exhibit specific treatment needs (e.g. Farrington et al. 2012; Day et al. 2004) compared to other age groups. They may also be regarded as a priority group for intervention because failure to address criminogenic needs at a young age may be increasingly associated with extended periods of persistent recidivism (Howard & Corben, 2018; 2019). As a result offender intervention models have been developed in CSNSW and elsewhere (CSNSW 2016; Lyon et al. 2000) for young adult offenders in particular. Given the high prevalence of young adults who commit non-IPV offences, there may be benefit in incorporating intervention principles or options for this group when formulating appropriate treatment pathways for non-IPV offenders.

The results of this study also indicated that non-IPV offenders were of significantly higher risk of recidivism on average, as assessed by the LSI-R, compared to IPV offenders. Non-IPV offenders were also more likely to have 'considerable need for improvement' on various domains of criminogenic need; however this appeared to be a function of an elevated overall risk of reoffending among non-IPV offenders relative to IPV offenders, rather than systematic differences in the profile of presenting needs across groups. Both groups showed similarities in the relative prevalence of various needs, with problems in the Alcohol/Drug, Leisure/Recreation and Finance domains being most common. In line with their higher risk on average, non-IPV offenders also showed consistently higher

needs than IPV offenders across domains, with the exception of the Family/Marital domain.

Comparisons of observed reoffending outcomes gave additional insights about the risk and need profiles of IPV and non-IPV offenders. Notwithstanding their lower predicted risk of recidivism, IPV offenders were significantly more likely to be convicted of further DV offences within 12 months compared to non-IPV offenders. One interpretation is that IPV offenders may have more severe risk factors for DV reoffending in particular that are not captured by the LSI-R, such as attitudes supportive of violence towards partners or hostility towards women (e.g. Cunradi et al., 2008; Eng et al., 2010; Norlander & Eckhardt, 2005). Research has indicated that the LSI-R is a relatively poor predictor of DV-specific recidivism outcomes for many offenders in NSW (Howard & Zhang, 2020). Considering that IPV offenders more frequently had needs in the Family/Marital domain despite lower overall recidivism risk than non-IPV offenders, it is also possible that violence towards intimate partners is more often underpinned by relatively stable factors in the form of ongoing dissatisfaction, hostility or dysfunction in relationships (Andrews & Bonta, 1995), compared to other forms of DV. Conversely, non-IPV offending may often be associated with risk factors for more generalised antisocial and violent behaviour, which is partially supported by marginally higher observed rates of violent reoffending among this group.

Notwithstanding these potential sources of variability, it is noted that IPV and non-IPV offenders showed only limited evidence of specialisation to DV offending or differences in specialisation across groups. Both groups had diverse criminal histories and were commonly reconvicted for various other offences. These outcomes are consistent with the range of general criminogenic needs presented by both groups in this study, in addition to other research into the

criminal versatility of DV offenders (Bouffard & Zedaker, 2016; Weatherburn & Rahman, 2018).

Treatment pathways for IPV and non-IPV offenders

As previously discussed, DV offenders have access to a range of interventions delivered by CSNSW, including the EQUIPS suite of programs. While these offenders may be referred to a number of the EQUIPS programs in accordance with their case management needs, eligibility for the offence-specific Domestic Abuse program is limited under current policy to offenders with an index IPV offence. Conversely, offenders who are convicted of violence against victims from other familial or domestic relationships may be eligible for EQUIPS Aggression, which addresses violent offending exclusive of IPV, as well as the Foundation and Addiction programs.

Our analysis of EQUIPS throughput data indicated that IPV offenders had relatively clearly defined treatment pathways that were aligned with current policy. Offenders were most frequently referred to Domestic Abuse, and were also most likely to participate in and complete this program following referral. In this regard, the clear majority of IPV offenders who participated in EQUIPS programs attended Domestic Abuse. By comparison, few IPV offenders were referred to EQUIPS Aggression, and the rate of participation among those referred was low. Taken together, the referral and attendance data indicated prioritisation of Domestic Abuse and more secondary allocations to Foundation and Addiction according to offenders' needs, in addition to adherence to ineligibility considerations for the Aggression program.

By comparison, referral and participation outcomes for non-IPV offenders were more diffuse and there was less evidence for prioritisation (or de-prioritisation) of specific treatment pathways. Offenders in this group were most likely to be referred to and participate in programs for more

generalist needs such as EQUIPS Addiction and Foundation. Referrals to and participation in Domestic Abuse and Aggression were less common although did occur for non-marginal numbers of offenders. Patterns of attendance for EQUIPS Aggression in particular suggest that interventions to address risk factors for violence involving victims other than intimate partners may not be an established treatment priority for non-IPV offenders.

Allocations to the Domestic Abuse and Aggression programs were not mutually exclusive, and offenders in the non-IPV group had a similar likelihood of being referred to either program. Some offenders may be eligible for programs based on criteria that are not reflected in the offender-victim relationships data used in this study; for example, if clinical assessments uncover additional information about problematic relationship dynamics or undetected instances of offending against other victims. An additional factor is that EQUIPS referrals are often informed by automated lists that treat an index DV offence, rather than an index IPV offence, as an eligibility marker for Domestic Abuse⁶. In this case, non-IPV offenders would commonly be referred to Domestic Abuse before being ruled ineligible and diverted to other programs during follow-up assessment.

Overall, there were indications that non-IPV offenders were less likely to successfully access EQUIPS interventions compared to IPV offenders. To begin, non-IPV offenders were less likely to receive referrals to EQUIPS despite having more severe risk and need profiles on average. We acknowledge that this may be partly attributable to unobserved differences in other eligibility factors across groups, such as time remaining on sentence. In addition, non-IPV offenders who were referred to EQUIPS programs were also less likely to participate. It is

⁶ This procedure is used because NSW Police data on offender-victim relationships is not systematically available on OIMS.

possible that the observed differences in treatment pathways across groups may contribute to this outcome. For example, initial erroneous referrals to Domestic Abuse for non-IPV offenders may generate delays to the referral process and uncertainty about alternative programming options to address DV-related needs among these offenders. It is unclear from the available data whether relatively few non-IPV offenders are being allocated to Aggression because it is not widely perceived as an appropriate intervention pathway for these offenders, or due to other factors such as limited overall availability of this program or competing referrals to other relevant interventions such as the Violent Offender Treatment Program (VOTP). In addition, lower completion rates among participating non-IPV offenders compared to IPV offenders suggest that this group may be more likely to experience logistic and motivational challenges that increase the likelihood of attrition at all stages in the treatment process.

Differences in treatment pathways between IPV and non-IPV offenders may also have implications for the quality of interventions received by these groups. In their recent study, Zhang and colleagues (2019) concluded that DV offenders may derive benefit from interventions that address DV-specific risk factors or promote prosocial behaviour in the context of their violence towards significant others, such as EQUIPS Domestic Abuse. Limited findings for treatment effects of EQUIPS Aggression may also indicate benefits of addressing risk factors for violence more generally with DV offenders. The results of the current study provide additional context to Zhang et al.'s (2019) findings by suggesting that IPV offenders comprise the majority of Domestic Abuse participants, whereas there is a more even distribution of IPV and non-IPV offenders in the other EQUIPS programs. By extension, it appears that while IPV offenders are prioritised for a program with some evidence of treatment efficacy (Domestic Abuse: but see also Rahman & Poynton, 2018), non-IPV offenders have only limited access

to alternative interventions with potential for addressing violence-related needs (Aggression) and are more commonly referred to non-offence-specific programs that have no supporting evidence for DV offenders (Foundation and Addiction).

Conclusion

This study has contributed to an understanding of the range of individuals, offending behaviours, and intervention challenges associated with the broader construct of DV. The results showed that despite substantial heterogeneity in offender-victim relationships, male IPV and non-IPV offenders had various similarities in terms of their criminal histories, demographics, and profiles of risk and need. A small number of statistically significant differences were found in relation to increased representation of young adult offenders; higher actuarial risk of recidivism; and lower observed odds of DV reoffending among non-IPV offenders relative to IPV offenders.

We found that offences involving intimate partners were more prevalent in DV offending, which is consistent with the historical focus on this offender-victim relationship in the theoretical and intervention literature. This was also reflected in prioritisation of IPV offenders in NSW for the offence-specific EQUIPS Domestic Abuse program, with correspondingly high rates of referral to and participation in the program among these offenders. By comparison, non-IPV offenders had less established treatment pathways and were often allocated to EQUIPS programs for generalist or substance use-related needs. There is the potential that exclusion from the Domestic Abuse program and limited formulation of alternative treatment pathways could have adverse impacts on participation as well as reoffending outcomes for non-IPV offenders.

We acknowledge that there are a number of study limitations that may affect interpretation of the results. For example, comparisons of criminogenic

needs between IPV and non-IPV offenders were limited to general domains of dynamic risk as assessed by the LSI-R, and did not include other factors that have theoretical and empirical associations with DV such as offence supportive attitudes, hostility towards women, or experience and expression of anger. Further examination of offence-specific risk factors would help to identify how treatment targets to address DV reoffending in particular converge and diverge across groups. Only males were included in the study, and the results may not be readily generalised to women who are convicted of IPV or non-IPV offences. As previously mentioned, there is also the possibility that treatment pathway outcomes were influenced by referrals to other CSNSW interventions that compete for offenders with similar needs, such as the VOTP or the Intensive Drug and Alcohol Treatment Program (IDATP).

Notwithstanding these limitations, the current study illustrates that DV encompasses a range of offenders and victim dynamics beyond those of IPV. Many DV offenders perpetrate non-IPV offences, both in isolation and also often in conjunction with IPV offending. While there is an identified need for intervention, existing EQUIPS treatment pathways may not be optimal to this end. Considering the multiple similarities between IPV and non-IPV groups found in this study, there may be scope for establishing a version of EQUIPS Domestic Abuse as a primary treatment pathway that addresses violence towards a broader range of domestic and familial victims. Other avenues raised from the results of this study and other literature may include developing capacity for EQUIPS Aggression to be utilised as a more consistent treatment option for non-IPV offenders, or incorporating DV-related interventions into programs for young adult offenders. Further development of suitable and applicable intervention strategies for non-IPV offenders would be of value towards addressing recidivism risk among an often overlooked group

who nonetheless make significant contributions to DV offending and reoffending outcomes.

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Corrections Research, Evaluation & Statistics
Governance & Continuous Improvement
Corrective Services W
GPO Box 31
Sydney NSW Australia

Telephone: (02) 8346 1556
Email: research.enquiries@justice.nsw.gov.au