

## **What is the evidence base for interventions with domestic violence perpetrators?**

As there is a plethora of interventions responding to domestic violence and most of it comparatively new, there are gaps in knowledge and research about effectiveness as well as some helpful indicators and some contradictory findings.

Drawing firm conclusions about any intervention with domestic violence perpetrators is therefore difficult. The research is hotly debated and often contested between different approaches and ideas about what constitutes valid evidence.

### **Criteria – what counts as success?**

One assumption for many or most evaluations and research about perpetrator interventions is that the sole criteria for success should be complete and permanent cessation of violence used by the perpetrator. There are variations in theories about what constitutes valid evidence of such success, such as recidivism on criminal reports, reports by professionals or reports by partners. However, most of the available research and the papers debating the success or otherwise of DVPPs tend to focus on violence cessation as the criteria. Other criteria are valid, such as improved rate of victim safety due to improved risk assessment and safety management, or improved parenting by former perpetrators.

The current UK multi site evaluation of DVPP outcomes, the Mirabal project, led by Professors Kelly and Westmarland of London Metropolitan and Durham Universities respectively has taken as its starting point a wider and more nuanced concept of success . These include improved parenting, expanded space for action within the relationship for victims and other concepts, drawn from interviews with victims, perpetrators, professionals and commissioners (Westmarland et al, 2010). There is well developed literature identifying the benefit of evidence based risk assessment for identifying the most dangerous men (Campbell et al, 2003; Campbell, ed, 2007) and for triaging domestic violence victims and allocating resources accordingly (CAADA, 2010). Child protection authorities and family courts in the UK are looking for more child focussed concepts of success (see Cafcass website).

Furthermore those who are critical of DVPPs tend to display expectations that 100% participation and 100% permanent behaviour change are reasonable and necessary expectations of a programme – yet the assumptions on which these expectations are built are questionable. For instance, participation depends significantly on who is referred to programmes – and referring agencies frequently refer people who are either unsuitable or ineligible, including people who are not perpetrators. Furthermore, measures of permanent behaviour change are also contentious – Gondolf’s multi site evaluation found that this took time and that many men who eventually ceased using violence did use violence during the early months of the intervention or following it. If the measurement had been taken only during those early months, programmes would have seemed to have failed – yet by measuring two years or more later, the research team found that the behaviour change had apparently become established.

High expectations of behaviour change are also questionable when compared to the expectations of medical interventions – Lee, Sebold and Uken (2003) for example, when reviewing briefly the evidence for DVPPs as part of their work on solution focussed therapy refer to recidivism rates of around 45% as if these indicate failure. Yet this implies success rates of more than 50%, if recidivism is the measure – medicines get licensed for public use on less than this.

### **Early UK evaluations of DVPPs – some early signs of effect**

In Scotland, the CHANGE programme was evaluated by Rebecca and Russell Dobash during the 1990s. A cohort of men convicted and sentenced by the criminal courts was allocated either to a programme place or to another community based sentence. The impact of both types of sentence on women’s experiences of abuse and violence was measured and compared. The findings of the research included that there was a programme impact – men who had attended the programme were much less likely to continue abusive behaviour than men who had not (Dobash et al, 1999).

In London, DVIP was evaluated by the Child and Woman Abuse Studies Unit. In this evaluation there was less potential for comparison between programme and no-programme and more emphasis on the process of change (Burton et al, 2000).

### **Evidence from the USA – mixed indicators**

Since then, the research on DVPP outcomes has been dominated by research from the USA. Several key meta-analyses have provided mixed evidence of programme success (with success defined as violence cessation). The multi site evaluation over 7 years carried out by Professor Gondolf and his team over four established DVPPs (BIPs) is the only long term evaluation examining long term outcomes, involving hundreds of participants and a comparison group of programme drop-outs. He found evidence of a significant programme effect over time and also sensibly concluded that “the system matters” – a programme is not operating in a vacuum but works best when integrated with other systems of accountability for the perpetrators and support and protection for the victims (Gondolf, 2003).

There are various meta-analyses of domestic violence intervention programmes published by US academics which provide helpful summaries of the dearth of rigorous evidence, but little reliable conclusions beyond “we don’t really know what works because the evidence isn’t there”.

Feder , Wilson and Austin, in their review for the Campbell Collaboration (a social interventions equivalent to the Cochrane Collaboration dedicated to providing practitioners with reliable reviews of evidence on which to base practice decisions) identifies some of the problems, as does Gondolf in his 2007 paper replying to Dutton and Corvo’s previous paper (Dutton and Corvo, 2006) which had asserted that the evidence shows programmes don’t work. These problems include the lack of randomised control trials of programmes and the poor quality of those allegedly RCT trials quoted in papers asserting programme failure (Gondolf, 2007; Feder , Wilson and Austin, 2008). Gondolf identifies that research reviewed in the meta analyses has often been carried out with very small samples, with poor follow ups, high drop-out rates or significant participant over-ride of randomised allocation to a treatment (Gondolf 2007; Gondolf, 2003). He also points out that even the authors of some meta analyses apparently showing little programme effect have also identified these shortcomings (such as Babcock, Green and Robie, 2004). It should not be surprising, given the shortcomings of the source research, that such meta analyses tend to suggest low or no programme effect. It is also interesting that such meta analyses, because of the very tight definitions about what counts as valid evidence for inclusion, exclude the one large scale, long term evaluation which has ever been carried out on DVPPs, the Gondolf multi site which showed a programme effect. Another multi site research project since the Gondolf one has also demonstrated a positive programme effect (Bennett et al, 2007).

## The research and practice controversies

Since before the emergence of DVPPs and certainly afterwards, there has been and continues to be heated debates about the type of intervention which will be most successful for intervening with domestic violence perpetrators. As introduced above, the debates cover a wide range of conceptual and practical problems – from discussions about what causes domestic violence to disagreements about valid research. Even the notion of “success” is hotly contested.

Academics from various disciplines come to conclusions both bold and tentative about the evidence – leaving the practitioner, policy maker and service commissioner puzzled or supported about what to make of it all. One key element of this debate is the debate typically characterised as ideology versus evidence, with programmes based on a pro-feminist understanding of domestic violence presented by their critics as ideologically biased rather than evidence based (Dixon, Archer and Graham-Kevan, 2012; Dutton and Corvo, 2006; Corvo, Dutton and Chen, 2008). Responses from both academics and practitioners challenge the outdated and inaccurate descriptions of programmes (Debonnaire and Todd, 2012) or identify the highly selective and ideological analysis of the apparently scientific critics (Gondolf). This has not resulted in happy concord, however, it has helped to air the shortcomings and strengths in different strands of and methods of collecting evidence.

A helpful illustration of the debates and differences is the comparison of Erica Bowen’s “The Rehabilitation of Partner-Violent Men” (Bowen, 2011) and Edward Gondolf’s “The future of Batterer Intervention Programs” (Gondolf, 2012). The former focuses primarily on UK interventions, the latter on US. Both include references to research from both sides of the Atlantic to provide evidence for their conclusions. Both review various types of evaluation, criteria for success, and underlying understanding of the nature of the problem. Both provide challenges to practitioners, researchers and policy makers. There is an overlap in the literature they review. However, they come to very different conclusions.

Gondolf and Bowen both acknowledge deficits in existing literature about programme impacts. Gondolf has previously identified some of the practical and ethical problems with constructing gold standard “medical model” randomised control trials of perpetrator interventions (Gondolf, 2003). These include participant over-ride of assignment to programme/no programme, judicial over-ride (in the Gondolf study all the men were allocated by criminal courts, but a similar problem affects programme referral in UK research where men are referred or mandated by family courts or child

protection), participant drop-out, failure of the criminal or other systems to continue with other sanctions, problems with follow up with victims or perpetrators or both and the difficulty of being certain that any change, or no change, is caused solely by the intervention. In his study, he does identify a programme effect but also concludes that overall it is “the system that matters”, in that a good programme in a poorly coordinated system is likely to have limited effect but a good programme in a well coordinated system of responses can help contribute to significant reduction in violence and risk (Gondolf, *ibid.*).

Meanwhile, Gondolf’s review in his recent book concludes that despite the problems in evaluation and the deficits in the existing literature, there is insufficient evidence to justify significant moves away from existing models of treatment, recommending rather that the cognitive behavioural methods with underlying emphasis on gender relations are sufficiently effective to be worth continuing and improving. He acknowledges limitations in existing work but concludes that despite apparent differences in presentation of perpetrators, that there is more similarity in treatment effectiveness than others have indicated, that “one size fits most” (Gondolf, 2012).

Bowen’s conclusion is rather different, rejecting the “one size fits all” approach, preferring to recommend further exploration of attachment based therapy, conjoint work and individually assessed interventions.

Granted, the research evidence about DVPPs from the UK, which Bowen is principally drawing on, is somewhat limited. However, the Gondolf points out that the research evidence for the effectiveness of attachment based therapies, couples work and other aspects of what he calls “the new psychology” is also extremely limited or non-existent. His point is that whilst some men may indeed experience attachment disorder or be abusing substances, treatment of these does not appear to be successful for treating partner abuse. Bowen acknowledges that at a time of financial crisis in the UK it is unlikely that there will be substantial funding for significant development of existing or new interventions.

One of the purposes of this report is to help inform the current administration and others about the potential development of tertiary interventions during the continuing financial crisis. A brief review of the available evidence for various forms of interventions is therefore warranted.

It is worth noting from the outset that at the time of writing, NICE, the National Institute for Clinical Excellence (UK body for assessing the evidence base for health and medical interventions, drugs and treatments and making recommendations to clinicians and commissioners of services) is part way

through a review of the evidence for various forms of treatment for domestic violence, including, though not confined to, tertiary interventions with perpetrators.

The author presented evidence from Respect at a NICE hearing for this programme development group late in 2012. It was clear that the programme development group was also encountering the snags in the gaps in evidence deemed medically valid, i.e. medical model clinical trials with randomised control treatment assignment to either treatment or no treatment. As a result, it seems likely that the programme development group will not be able to make firm recommendations to clinicians or commissioners about which interventions to refer clients/patients to or to commission.

The Mirabal multi site research, initiated in its pilot year by Respect but now carried out independently by a multi-institution team led by Professor Liz Kelly, is examining the outcomes of men's participation in community based (i.e. non-probation) programmes accredited by Respect. This research is inevitably likely to encounter some of the practical limitations of previous research but will hopefully be able to shed more light on the vexed questions of "what works?", "how?" and "for whom?" in relation to perpetrator interventions. However, it is unlikely to end the debates about what counts as evidence or what works with domestic violence perpetrators.

## **Evidence for other interventions**

### **Child protection interventions**

The evidence of harm done to children by living with domestic violence has been well documented (see, for example, Sousa et al, 2011, for a longitudinal study of the impact; Brandon et al, 2008 for analysis of child deaths and serious injury; Ward et al, 2010 for a prospective longitudinal study of the impact of harm on infants). Child protection interventions have been the focus of much policy, research and practice developments over the last fifteen years in the UK and beyond (Humphreys and Stanley, 2006). These frequently overlap with assessment for suitability for child contact, which has also been the subject of review (Hunt and Macleod, 2008).

This review and contact with Respect accredited member programmes through the accredited members' forum and e-mail group identifies child protection as one of the main sources of funding or commissioning of interventions with perpetrators or sites of new initiatives to intervene with perpetrators. For example, DVIP, the largest UK programme with delivery across several London

boroughs, is currently piloting and evaluating a co-location model in which DVIP staff are located within the children's services department of an inner London borough (contact with DVIP CEO). The evaluation of this project will be helpful for informing future developments.

Across other parts of the country there are moves to either bring DVPPs in house or set them up from scratch from within local authorities (author participation in discussions at Respect Accredited Members' Forum meetings in 2012).

## **Family Intervention Projects (FIPs)**

Policy of the last government was to promote FIPs as a whole family response to multiple problems provided an opportunity for practitioners to work intensively and with many families across the UK at local, home level and for policy makers and researchers to learn from this. Politicians claimed great need for and great achievements from these programmes. Domestic violence was identified by the early outcomes study as a significant part of the case load of FIP workers (White et al, 2008). This evaluation also claimed that the impacts of FIP intervention included significant reductions in domestic violence (ibid.). However, the validity of the evidence for these specific claims has been questioned (Debbonaire, 2009; Gregg, 2010). Lack of data about the nature and impact of the domestic violence at the start and end of the intervention, lack of evidence from the victims, over-reliance on professional opinions as evidence of harm reduction are amongst the problems identified as calling into question the claim of successful domestic violence reduction.

Gregg, 2010, reviewing White et al, 2008 and Nixon et al, 2008, also identified significant shortcomings to the evaluation of the FIPs and to the political interpretation of these evaluations. These included very small, highly selective sample for the intervention as well as the evaluation, professional judgement as evidence of change, debateable measurements and also political presentation and misinterpretation (Gregg, 2010).

A change of government has led to the move from FIPs to "Troubled Families" initiatives. However, the evidence base remains limited.

## **Family group conferencing**

Domestic violence support workers in various parts of the country have reported to Respect the use by social services of family group conferencing as a response to domestic violence perpetration (personal contact between domestic violence workers and Respect staff, 2011 onwards). Family Group conferencing is an intervention which has played a part in treatment for drug and alcohol misuse for many years and which may well have a part to play in recovery from domestic violence, particularly in families which remain intact. However, there appears to be no evidence from research of the impact of Family Group Conferencing on domestic violence perpetration. Neither does there yet appear to be a model of work which describes how this would fit safely into a coordinated community response.

## **Restorative Justice**

Restorative Justice (RJ) is a response to criminal behaviour for which there is a clear identification of victim and perpetrator. In a recent policy paper by the current government (Beyond Violence, 2012) there was a strong indication that RJ was to be explored as a potential intervention with perpetrators. There was however no reference to any evidence of success for behaviour change or long term violence cessation and no exploration of any prior assessment, preparation or risk management.

In the last ten years this response to criminal behaviour has been tested out and become more of interest in several jurisdictions. Australia has provided experiences of using RJ as a response to domestic violence from which some early lessons can be learnt about safety, outcomes and process.

Stubbs (2004) reviewing the use of RJ in Australia as a response to domestic violence reviews several pieces of research evaluating the use of RJ as a response to domestic violence. She notes that the prevailing models of RJ do not take into account specific conditions of domestic violence which do not apply to other crimes or which could potentially be harmful to victims of domestic violence or reinforce beliefs that they have contributed to the abuse. For example, the underlying assumptions that RJ should provide apology to the victim ignores most victims' experiences of apologies as meaningless and a way to stop them from asking for changed behaviour. Some practitioners and researchers have identified ways in which RJ could be moved away from the traditional models and towards something which could be valuable for some domestic violence victims: Stubbs tells us that Daly, evaluating the use of RJ with domestic violence, proposes: " that restorative justice advocates have been mistaken in their claims that restorative justice is not, and should not be, retributive and



argues instead that restorative justice should be retributive, that is, it should denounce the offending behaviour.” (Stubbs, 2004). Daly says further that:

*[R]estorative justice must ultimately be concerned **first** with vindicating the harms suffered by victims (via retribution and reparation) and then **second**, with rehabilitating offenders* (emphasis in the original, Daly 2002a, p. 84; see also Daly 2000). [Stubbs, 2004]

Stubbs concludes that: *“The way forward .....may be in a hybrid approach that integrates those elements that offer a safe and effective outcome”*. [Stubbs, 2004]

The case study exploration of the potential for Restorative Justice (RJ) as part of a response to sexual violence carried out by McGlynn, Westmarland and Godden in 2011 provides some helpful insights into what RJ can offer for victims. It does not make claims about the impact on behaviour change of perpetrators: though there was some indication that post abuse harassment of the survivor had stopped after the RJ, there was no evidence presented about the perpetrator’s long term behaviour changes.

In this case, the RJ was seen and experienced by the victim as better than if the perpetrator had gone to prison. She found it useful “to have the last word” and to be able to say what impact the abuse had had on her. She spent three months preparing for this RJ in counselling sessions, which provides helpful indications that RJ cannot be seen as a quick alternative to other responses – the victim would clearly not have been able to take part or benefit from it without this preparation (McGlynn, Westmarland and Godden, 2011).

RJ as a response to domestic or sexual violence should therefore not be seen as a quick fix alternative to other responses but there can be value for victims in participating in this intervention as part of other processes.

Respect nationally and member programmes locally are engaging with the debate about how to develop these services safely and effectively. Respect staff are carrying out a research review at the time of writing. A local DVPP is involved in a pilot of RJ as a response to domestic violence and with the evaluation of this pilot by a university. We will report on these developments within the next year and publish details of any relevant research in our newsletter.

## Parenting/fatherhood programmes

As domestic violence has been demonstrated to affect the parenting of both perpetrator and victim, many interventions recommended by child protection systems have been focussing on parenting skills. However, the traditional models of parenting programmes need adjustment and specialist focus in order to mitigate the impact of any ongoing domestic violence on the parenting intervention, the impact of the effects of the domestic violence on parents working together and the content of the intervention.

Programmes such as “Caring Dads” have developed specialist group work interventions for men who have used domestic violence, in order to address the parenting skills and understanding of domestic violence perpetrators. DVPPs addressing men’s violence have also included and continue to develop activities to address men’s parenting post-domestic violence (presentation by Mirabal research team, unpublished, 2012).

Evidence of the effectiveness of parenting programmes is available and there is undoubtedly value in including specialist interventions such as Caring Dads in a coordinated community response to domestic violence. However, they do not and have never pretended to form a substitute for DVPP interventions – the aim is to improve parenting skills post-violence, not to end the violence itself.

The original model for Caring Dads, developed by Emerge in Boston, USA, was and remains clear on this point (personal communication between the author and David Adams, director of Emerge). However, it is also clear that motivating men to improve their parenting and address their children’s needs is both necessary and a valuable way of engaging them in behaviour change.

DVIP, a Respect accredited member operating in several London Boroughs, has developed a parenting programme, the Jacana programme for domestic violence perpetrators and survivors. It incorporates elements of both aspects of this work – addressing violence and safety and improving parenting (Iwi and Newman, 2010). The evaluation of this programme found that *“overall, the Jacana pilot did achieve the twin goals of enabling participants in the programme to understand the impacts of violence on their children and parenting, and make changes to their understandings and responses.”* (Coy et al, 2012). The evaluation shows how the parenting skills of both parents can be improved, without undermining the responsibility for ending the violence with the perpetrator.

It is important that the different aims of parenting and violence prevention programmes are taken into account by policy makers and commissioners – they may overlap, and often do, and they can

clearly benefit from being combined, as at DVIP, but they are not the same and are not a substitute for one another.

## **Couples therapy**

Couples therapists and some researchers have asserted that for some categories of couple where there is domestic violence, couples therapy is appropriate and effective for ending violence and reducing risk and fear. One key claim is the assertion that couples therapists are likely to be dealing with lower level violence and abuse or that they are likely to be dealing with couples where there is mutual violence (also known as “common couple violence”) or where the practitioner feels that a gender specific or single perpetrator model of understanding domestic violence is not what they are seeing in their case loads.

The opposition from the domestic violence sector to couples counselling as a response to ongoing domestic violence is longstanding, includes voices from the women’s sector as far back as the early 1980s (Bograd, 1984, for example) and the early perpetrator sector in the USA (Adams, 1988, for example). In the UK perpetrator programme sector, this opposition has continued, as demonstrated by the proscription of couples counselling as a response to current domestic violence in the Respect accreditation standard (Respect, 2008 and 2012). However, the understanding of the potential contribution of the couples counselling sector to domestic violence interventions has also been developed.

Respect’s partnerships with Relate (the UK recognised couples counselling service) nationally and locally has allowed couples counsellors and DVPP practitioners to create useful assessment tools, approaches to domestic violence and ways of including couples counsellors in the work and couples counselling in the longer term, post-DVPP counselling for intact couples who wish to repair the damage done to their relationship by the domestic violence. This partnership has also informed Relate’s development of their own DVPP programmes – three of the Respect accredited members are Relate programmes and the two organisations continue to liaise with each other and consult regularly at local and national levels.

Stith et al have acknowledged that to do couples counselling safely where there has been domestic violence, there would need to be adequate screening, assessment and preparation for the couples counselling. This presents a question of why, given that couples counselling is inevitably more

expensive to supply that group work, it would be the best possible use of scarce resources, particularly at a time of funding cuts.

The mutual violence argument is one which bears further scrutiny. If couples counselling, as proponents argue, is for the lower risk domestic violence, it is important to consider if there really is sufficient evidence that this is typical of so-called common couple or mutual violence as it presents itself in help seeking populations. Population surveys analysed by Johnson and others (see Johnson, 2008) do seem to identify couples where there is mutual violence – but are they the couples who present at couples counselling? Are they the low-risk couples? The US multi site DVPP research found that the couples where there was violence from female partners, this tended to be in response to “the most violent and volatile men” (Gondolf, 2011), hardly the couples likely to be identified as suitable for an intervention for low-risk couples.

The validity of research on couples counselling as an effective response to domestic violence is severely hampered by the problems mentioned elsewhere in this report which beset other evaluations of interventions – highly selective small samples, low take up, participant over-ride of random allocation or high drop out. The oft quoted Navy study (Dunford, 2000) which compared couples counselling with other interventions, had very weak evidence – hardly any women participated and the couples who did participate were those with stable, intact and committed relationships. Again, these are the populations who do best in DVPPs and again, in times of funding cuts, it is reasonable to ask if it is a sensible expense to fund or promote one intervention which is just as likely to produce a good outcome as another, if the other intervention is much cheaper to deliver.

## **Treatment for attachment disorders**

Donald Dutton, in particular, has strongly advocated for some time now that domestic violence could and should be treated by treatment for attachment disorders, starting in the late 1990s with his portrayal of “the abusive personality” (Dutton, 1998). The approach he advocates for understanding why batterers abuse their partner and how to treat them is that the underpinning of domestic violence is the attachment style of the abuser, which he and his colleague Sonkin assert are related to borderline personality disorder or dependent tendencies. As they develop this theory, they further assert three batterer “types”, with avoidant, preoccupied, disorganised and fearful

attachment styles as defences to cope with underlying anxiety. Their approach leads them to believe that gender is less relevant than others have identified.

His evidence base comprises a few studies comparing abusive men (mostly from DVPPs) with a group of non-violent men, using measures of “dependency”, such as the Adult Attachment Inventory. One such study found that men who had been violent were more likely to have had an “uncaring mother” and to have lower self esteem than men who had not. However, the authors themselves urged caution on the reader in drawing conclusions from this research, which had small samples from a DVPP and a mental health clinic. Other studies have revealed more contradictory findings and similar urges to caution by the authors and recommending further research.

Even given a wider and stronger evidence base showing a link between attachment disorders and use of intimate partner violence, the problem is still what to do with that. A link is not necessarily causal – and there are challenges in how they are measured. Measuring “uncaring mothers” retrospectively is fraught with problems, not least the question of why it was not felt necessary to measure “uncaring fathers”. Furthermore, the samples in many of the studies about attachment disorder and domestic violence have been entirely male – it could (and many would) therefore be argued that the strongest link in those samples was, contrary to Dutton and Sonkin’s assertion, gender. This would be a poor research conclusion if all the sample was purposely male – but it remains a question which appears unanswered by the proponents of this theoretical approach to domestic violence.

However, the bigger problems is what to do with this apparent link and here there is a more glaring lack of evidence. Gondolf in his review of the state of evidence about batterer interventions (Gondolf 2012) states that:

*“The claims for attachment treatment rest primarily on studies of batterer characteristics, rather than treatment outcomes. Considering the promotion of this approach, it is somewhat surprising that there is only one controlled evaluation of a psycho-dynamic approach with batterers, and that involved only a small group of men (Saunders, 1996)”*. Gondolf, 2012, page 98.

Gondolf notes, as many DVPP practitioners have also noted and make use of in their work with abusive men, that:

*“Attachment theory does offer useful insights into relationship dynamics and violent behaviours and has been instructively applied to abused children and battered women as well as batterers”*.

But he further notes that a recent review of the research has a cautionary conclusion reflecting the low number of studies on attachment and domestic violence: “It is incumbent on researchers and clinicians to recognise the serious limitations of the knowledge base for attachment theory” (Bolen, 2000, p. 147, quoted by Gondolf, 2012, p 99).

Attachment theory may well have links to domestic violence and addressing men’s attachment problems is a valuable resource for practitioners to include in their repertoire of tools, or specialists to refer their clients to for additional help. This is similar to the approach practitioners will take with men who have substance misuse problems, or severe suicidal tendencies, or homelessness. However, there is little evidence to show that treatment for attachment disorders reduces or stops domestic violence.

## **Culturally specific responses**

Some US and UK DVPPs have developed specific responses to culturally specific groups of male perpetrators of domestic violence. In UK, for example, DVIP’s Al-Aman project is a well established project in London working exclusively with people of Arabic origin, liaising with mosques and other community organisations and working with perpetrators and survivors with the ability to do this all in Arabic.

There are practical reasons for doing this – people whose first language is not English are unlikely to be able to participate in a programme delivered in English as well as those who are fluent English speakers. DVIP has also run a Pakistani speaking group, using interpreters, for the same reason (personal communication with the facilitator for that group).

However, the evidence of improved outcomes is weak. There is little rigorous research, virtually all of it US based. The research which does exist shows mixed results – one review identifying a “modest” effect size for culturally specific approaches in DVPPs (Griner and Smith, 2006) and another concluding more negatively that there was no evidence of improved outcomes (Huey and Polo, 2008, reviewing culturally specific programmes for young people). There are also challenges about identifying who is specific to a particular cultural group and who could be deemed an appropriate culturally matched group leader (Shin et al, 2005). However, culturally specific DVPPs can offer a way to engage men from ethnic minorities more effectively (Williams, 1995). This may

be, for some cultural or linguistic groups in areas with a significant population from a specific group, a helpful use of resources as it will improve the chances that a participant will be able to take part.

## **Anger management**

Traditionally viewed with suspicion by the women's sector as promoting a false understanding of domestic violence as merely a problem of anger, rather than an entrenched pattern of violent and controlling behaviour and beliefs, anger management appears to be the most well used term in public discourse about responses to abusiveness – heard in radio and TV programmes, used by DVPP participants and the object of jokes and film comedies.

Despite the very reasonable concerns, specific anger management techniques are often used as part of the early stages of a DVPP intervention and also informally by other professionals in their responses to perpetrators. A common sense assumption that techniques such as “Time Out” will be helpful for defusing a violent situation may well be concerning for victim advocates, as it will often leave a victim worried about what happens next. It can also be misused as a controlling tactic by perpetrators or a way of evading childcare or household responsibilities – a review of its use by this author as part of evaluating DVPP provision in Ireland found that some men were using it greatly against the guidelines, leaving for hours instead of the prescribed 60 minutes, hiding in the house to play computer games instead of removing themselves from the situation completely, or coming back after using alcohol or drugs, instead of using the time for sober reflection (Debonnaire et al, 2005).

Many programme workers no longer use these techniques or only in very short term, controlled circumstances. Anger management programmes advertised locally do not promote themselves as responses to domestic violence nor do they appear to be part of any coordinated community responses. They are unlikely to have linked partner contact and support services or to have the specialist skills to carry out domestic violence risk assessment and safety planning.

There is evidence from research that use of specific techniques, as part of a longer term programme, are indeed helpful for men ending their abuse and violence (Gondolf, 2003; Dobash et al, 1999). However, there does not appear to be any evidence that a generic anger management programme, in and of itself, is capable of ending violence in intimate relationships. Some UK DVPPs have appeared over time to be overly reliant on anger management and make claims about effectiveness based on reports from clients. It is important to view these claims with rigour, as with all claims of success for an intervention – they tend to be self reports, with no triangulation of data, and lack comparison in time or with other interventions or no intervention. Of course, these problems are

the same or similar as those identified earlier for other DVPP or domestic violence responses. However, the temptation with a response such as anger management, with easily understood terms and a simple sounding approach, is to view on this evidence favourably as it could appear to answer an unmet need.

### **Solution focussed, strength based, and narrative therapies**

Lee, Sebold and Uken (2003) propose greater use of solution focussed and strength based therapies with perpetrators of domestic violence. They use the evidence of drop out from DVPPs to support the proposal for different methods and provide helpful guidance as to how to do this, but do not provide evidence of outcomes.

Milner and Jessop, reviewing the use of solution focused and narrative therapies in work with both male and female perpetrators of domestic violence found that: “Listening respectfully to men’s explanations and inviting them to take responsibility for their behaviour revealed detailed accounts of the extent of the violence *and* their desire to be different.” (Milner and Jessop, 2003).

Other practitioners have provided tools and training which have been taken up by DVPP facilitators in the UK and incorporated into their work (anecdotal evidence from running training for group workers, 2011 – date; evidence from Respect accreditation assessments, 2008-date).

It appears from some of the writing as if these techniques are used as alternatives to traditional DVPP work, when our experience and knowledge at Respect, through our observations of group work in accreditation assessments and our contact with our members at networking and training events, is that they are welcomed and incorporated into DVPP skills. They are potentially also useful for other practitioners working with perpetrators – again, they may already be using some of these skills.

### **Motivational, stages of change awareness and engagement work**

Motivational interviewing, awareness of stages of change, developing therapeutic alliance and other therapeutic techniques have demonstrated benefits for engagement of clients and helping them to continue with interventions for problems such as smoking or substance misuse. Recent research has



also shown the value of these techniques in responses to domestic violence perpetrators (see, for example, Subirana and Debonnaire, 2012). In this recent review of UK practice, we found that most of the respondents, facilitators in DVPPs, were already using and often trained in use of Motivational Interviewing techniques and many were counsellors or therapists by training, therefore also trained in the use of therapeutic alliance (ibid). Other practitioners have also received such training and are incorporating it into their work with perpetrators. Improved engagement with perpetrators appears to be the result. This does not in and of itself result in reductions in violence; though some research has indicate the potential for this (Wierzbicki and Pekarick, 1993), others have questioned this (Murphy and Maiuro, 2009; Burrowes adn Needs, 2009).

Once again, this appears to be a set of techniques which can and do enrich work with domestic violence perpetrators but do not provide compelling evidence that they can form adequate sole responses to perpetrators.

### **Typology specific programming**

One response to the “one size doesn’t fit all” complaint about existing provision is the concept of assessing male perpetrators by psychological type, according to, for example, the sub types proposed by Holtzworth-Munroe and colleagues (see, for example, Holtzworth-Munroe et al, 2000, for a full description of these). At first glance, this appears to be a sensible suggestion – what, after all, could the “generally violent/anti social batterers” have in common with the “family-only” or “dysphoric-borderline” abusers identified by Holtzworth-Munroe’s work? The answer seems to be more than we might think, when examining the evidence of the outcomes of DVPP work.

Holtzworth-Munroe herself acknowledges that the types are not as distinct as practitioners, researchers, or policy makers might hope – they vary over time and there are various sub categories within each (Holtzworth-Munroe and Meehan, 2004). This makes it more challenging, particularly in these financially constrained times, to justify offering very specific and separate responses. However, a further challenge to this call for typology specific work comes from the outcome evaluations by Gondolf and colleagues, who found, contrary to expectation, that one size did indeed seem to fit most, if not all, batterers on programmes (Heckert and Gondolf, 2005).

### **Specialist assessment and coordinated management of risk**

The development of various specialist risk assessment tools and risk management systems has highlighted the potential impact of such approaches to reducing the risk of future domestic violence

by triaging domestic violence cases into different categories of risk and tailoring and coordinating the responses from different agencies accordingly (Robinson, 2005; CAADA, 2010). Of particular impact in the UK is the development of CAADA's domestic violence Risk Identification Tool (RIC) for domestic abuse, honour-based violence and stalking (DASH) and the adapted version of this created by Respect for use in and by DVPPs (Respect, 2009).

CAADA recommends the implementation at local level of Multi Agency Risk Assessment Conferences (MARAC) which allow local agencies to pool knowledge about individual victims of domestic violence and identify a safety and risk management plan, with a named individual to take the lead for implementing such a plan, in order to reduce and manage risk. Recent research has claimed to show a cost saving impact of MARACs (CAADA, 2010) although it is not clear how much of the risk reduction was the impact of the MARAC specifically and how much the impact of the interventions of relevant agencies who might have been providing this activity in any case.

The RIC is not intended as a fully evidenced academically rigorous tool for specialists with specialist training but for generic practitioners in different agencies to use with limited training. Other more specialised tools have a higher level of rigour associated with their evidence base and validity.

Campbell et al (2010), for example, found that despite some limitations, the Danger Assessment tool "can with some reliability identify women who may be at risk of being killed by an intimate partner". The book edited by Campbell in 2007 on risk assessment of child abusers and domestic violence perpetrators also provides convincing reviews of evidence for various key factors associated with increased risk of future or more serious violence. On the other hand, risk assessment tools can and frequently do identify false negatives as well as false positives and have other potential pitfalls as well as benefits (Hoyle, 2007).

However, the in depth and extended contact that perpetrator interventions such as DVPPs and other ongoing services have with domestic violence perpetrators mean that they have a rare potential to gather and expand information pertaining to risk presented by the perpetrator. Contrary to popular assumptions, perpetrators can and frequently do tell practitioners an awful lot about what they have done, what they would like to do and what else is going on in their lives which might indicate risk of future harm as well as potential for future change. Improved risk assessment and management is therefore one of the potential benefits of any perpetrator intervention as part of a coordinated community response, provided that the practitioners are skilled and able to make use of the evidence reliable and appropriately.

## **Conclusions about evidence base for perpetrator interventions**

The jury is still very much out on what works, how and with whom. Practitioners, funders, researchers, commissioners and clients continue to debate the nature of the problem and the validity of evidence – we are a long way from truly knowing “what works” and how.

**The shortcomings of RCT** for research into DVPP outcomes are recognised by some but by no means all researchers in the field, and the conclusions of those who do recognise them are not recognised by those who don't. This continues to limit the ability of any practitioner, commissioner or funder to present findings one way or the other and have them accepted as valid for basing future decisions about the development of interventions.

**Some research appears not to be familiar with the detail** of what actually happens in DVPPs and for that matter other perpetrator interventions. This type of research asserts out of date or inaccurate descriptions of programme work, with criticisms of it that are therefore unhelpful at best. Emerging research with a closer understanding of the work as it is delivered will help to understand what works and what doesn't.

**The mixing up of cause and effect** in the research about attachment disorder and domestic violence has created an unnecessary divide between practitioners and researchers who want to promote attachment disorder treatment as a response to domestic violence (without very limited evidence about outcomes for treatment) and those who want to learn from research on attachment but are alienated by the insistence of those researchers pushing this intervention that this will be the best or only way to respond.

**Culturally specific programmes** appear to be a common-sense approach to engagement with men from specific cultural groups – yet the evidence from research is that this doesn't make much or any difference to outcomes.

**Research about typologies** appears to help practitioners who feel that “one size doesn't fit all” is axiomatic and want a framework on which to hang a justification for typology specific interventions – yet in practice there are too many sub categories for typology specific interventions to be offered at local level. There is barely enough funding for a one size fits all – and mixed results from research about the differences.

**Couples counselling** again feels appropriate to the practitioners who like couples counselling – and great efforts have been made by responsible couples counsellors to ensure that where used it is as safe as possible. Yet again, however, the time and costs of doing this effectively present practitioners with valid questions about how much this form of intervention is worth it, given that the same perpetrators could just as easily benefit from group work at a fraction of the cost and unit time. Those for whom the research seems to show this type of intervention do well are the same people for whom the research appears to show will do well in group work – so again, why bother with the additional expense?

**Shorter programmes** can feel like a valid alternative to longer ones, when funds are short and participants apparently unwilling. However, whilst there is no clear evidence for an ideal length of longer programmes, there is also no clear evidence that shorter programmes are better, just that they are shorter and of course, cheaper, at least for the initial outlay. Given the choice, it shouldn't surprise us that many commissioners and funders would prefer to pay for shorter programmes and it shouldn't surprise us that individuals immersed in long-entrenched patterns of coercively controlling behaviour would prefer fewer sessions of discussion about that behaviour to more. However, that is not evidence of success and we should be cautious of saving in the short term, if the long term results are that perpetrators remain in long established patterns, as future abuse will continue to cost the public purse in health, criminal justice and other costs.

However, the research does help us to improve responses, whatever those responses might be.

**Risk assessment and management** are helpful additions to all work with perpetrators and survivors, provided the tools used are based on well tested evidence and are used with rigour as well as caution – they don't necessarily aid behaviour change but they can give DVPPs the tools to provide additional benefits to coordinated community responses.

**Motivational interview, restorative justice, solution focussed therapy, narrative therapy, anger management techniques and counselling skills** also have limited evidence for success but appear to offer useful tools for practitioners working with domestic violence perpetrators to consider incorporating into their practice – as many appear to be doing, from the evidence of accreditation assessments in the UK.

Overall, it behoves all practitioners, researchers, policy makers and funders to be modest about their claims of success or otherwise of their own preferred approach or of other approaches. There is, as has been said “weak evidence for batterer programme [DVPP] alternatives” (Gondolf, 2011) as well

as evidence that research cannot show conclusively that current programmes and batterer/perpetrator treatment reduce domestic violence (Feder and Wilson, 2008).

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