Work with domestic violence perpetrators

A review of the research literature for practitioners wanting to make evidence based decisions about interventions

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Background

The literature comprises several broad strands. As with so many topics in social care and social science, research often appears to give contradictory information. This reflects the nature of the topic and the fact that it is about human beings and their complex relationships with their surroundings and other people. However, the apparent contradictions in research can be confusing and frustrating for practitioners trying to use evidence based practice approach.

This research review aims to identify the scope of relevant literature, describe common definitional, methodological and analytical shortcomings in the research field, identify key lessons from key research texts along with their strengths and limitations and finally draw out practice implications. A full bibliography, together with links to documents available online wherever possible, is provided.

The scope of the literature

As mentioned above, the literature has several broad strands:

1. Literature about the nature of domestic violence perpetration and domestic violence perpetrators, including specific categories, compounding factors etc;
2. Descriptive reviews of the types of perpetrator programmes and theoretical basis for their work;
3. Meta analyses of research about perpetrator programme outcomes;
4. Research with control groups comparing outcomes of perpetrator programmes to other interventions such as couple counselling;
5. Quasi experimental multi site evaluations of perpetrator programme outcomes;
6. Non experimental evaluations of single site perpetrator programme outcomes;
7. Other relevant research, such as research about engagement and motivation.

Definitional challenges

'Perpetrator programme' (or intervention) is a term which is often assumed to mean only and solely the group work with domestic violence perpetrators and the aim of perpetrator programmes or interventions is often assumed to mean only removing violence entirely from the perpetrator's behaviour. This view is sometimes supported by some practitioners who are working to this model. In practice, well established programmes have as their aim to improve the safety and welfare of victims and their children through work involving perpetrators. This includes, but is not confined to carrying out group work to stop individuals from being violent.

In this aim of improved victim and child safety, one of many criteria for and routes to success is that the perpetrator stops using violence but there are many others. These include: courts able to make more informed decisions about child contact or safeguarding children, through provision of specialist domestic violence risk assessment reports; abusive fathers improving their recognition of the harm done to their children because of the domestic violence to their mother; improved parenting; women who would not otherwise have sought help being provided with information and support to help them make informed decisions about their safety.

In order to fulfil this aim of victim and child safety programmes carry out a range of activities designed to intervene and respond to the domestic violence of perpetrators, including, but not confined to:

1. Individual assessment of past and current use of abuse, current and likely future risk, treatment suitability, compounding factors and needs;
2. Individual or group orientation to the programme (pre group work)
3. Group work with perpetrators of typically 60 hours or more, usually in weekly sessions but not always;
4. Individual work with perpetrators who are not suitable for group work;
5. Proactive contact with partners, ex-partners and new partners of group work with perpetrators, in order to carry out detailed risk assessment and management with those working with the perpetrators, to provide support and advocacy and information about programme activities and consequences; this is essential in order to ascertain even the most basic information about the safety of the victim and the impact of the programme on victims;
6. Group work for supporting survivors;
7. Inter agency working such as child protection case conferences, Multi Agency Risk Assessment Conferences (or USA equivalent), etc;

8. Risk assessment reports for courts such as family courts, child protection cases etc;
9. Evaluation and follow up work
10. Clinical supervision for practitioners.

Typically, research assumes that the intervention is solely the group work and doesn't take into account the propensity for the entire intervention to improve the safety and welfare of victims and their children. This means that some research misses successes such as:

- better family court decision making because the courts are provided with specialist information about a perpetrator's level of risk to victim and children, or
- safer parenting on child contact visits because of the work done with the perpetrator on the impact of their behaviour on their children, or
- Improved victim safety because the victim is able to make informed choices with greater understanding of the possible consequences of the programme as well as other safety options,
- Victims feeling able to make the choice to end the relationship,
- Victims receiving help who would not otherwise have received this help.

When examining perpetrator programmes or the literature about the outcomes of perpetrator programmes it is vital to take into consideration the context in which they are situated and the links to other structures within the local community they are working within. Evaluations allegedly showing low or no programme effect typically tend to ignore the compounding or contradictory effects of other services or interventions or the lack of these.

Methodological shortcomings of the literature

As with any research area, the field has its fair share of methodological shortcomings. Some research and research reviews ignore some of the shortcomings of the research they refer to but emphasise others. This has led to great confusion about what the research about work with domestic violence perpetrators actually says. Practitioners often face decisions about what to do with perpetrators with insufficient or contradictory information about what will be most effective. Without a rigorous evidence base they will often understandably resort to 'common sense' responses or simply work with what they can, which will often mean ignoring or failing to engage with the perpetrator or engaging with a perpetrator in counter-productive ways.

As with all research and social science research in particular, no research is without its potential for flaws and biases. Responsible researchers will point out the potential for flaws and mistakes in their own research and in the research they quote or refer to and attempt to identify how these flaws may affect the findings or conclusions.

1. **Lack of randomly assigned control group:** the very nature of this topic of research means that the scope for creating and keeping a pure control group to which participants are randomly assigned to receive no intervention and compared to those randomly assigned to receive the intervention of interest is very limited at best and arguably impossible to do without compromising victim safety, university ethics rules or judicial independence. In the USA, most participants on a programme are mandated by the criminal courts. Judges do not like researchers to come along and over-ride their decisions with random assignment, so random assignment at courts is usually impossible or not effectively operated. Participants can also over-ride the random assignment by failing to turn up for the treatment or intervention to which they are assigned. Victims cannot and should not be left with no protection once the violence is known about so there isn't an ethical option of comparing no intervention whatsoever with purely a perpetrator programme place. Additionally, it will be very rare that the programme itself is the only intervention or influence on the participant's behaviour. Randomised control trials, the so-called 'medical model' or 'gold standard' of research often tend to be poorly carried out as a result of these mediating factors. However, a **'comparison group'** can be constructed to perform a similar function and allow researchers to draw some conclusions about the effects of a programme. This can be done in several ways, for example, by comparing the effects of a system of intervention including a programme with those of a system without one. **Also, research with no control or comparison group can still perform useful functions and need not be wholly dismissed, providing the limitations of the conclusions are taken into account.**
2. **False claims of 'gold standard' 'medical model':** Much of the literature which claims to be based on the findings from RCT 'gold standard' medical model research hides or avoids discussion of the limitations on these studies (outlined above). This often means that far from being 'gold standard' they take up the 'bronze standard' of biased samples, poorly constructed control groups, low numbers taking part, high loss of participants during the research process or failure to consider key evidence such as evidence from the victim about violence, the very weaknesses that non-RCT research is assumed to have. Several research reviews state a preference for considering only studies using or apparently using RCT, without analysing or identifying the extent to which these studies did not in fact meet the gold standard.

3. **Generalising about interventions from a particular data set**: if the data set was very specific, such as being participants who all share a characteristic not typical of the general population, then the conclusions have to take into account this limitation or they may be invalid. Some key research on perpetrator interventions was carried out on men who work in the US Navy (Dunford, 2000b), a very particular population upon whom various sanctions can be and are imposed if they use domestic violence or to enforce attendance at a particular intervention, which are entirely due to their being in the service and not replicable in the general population. Failure to recognise differences between two or more data sets in comparative or multi site research can then lead to false conclusions about effectiveness generally of a particular intervention.
4. **Geographical limitations:** much of the research was carried out in the USA in mostly court mandated programmes within different legal and policy contexts. This means that some of the findings may not apply exactly to the UK or may have different implications. The research needs to be read with this in mind.
5. **Differences in women's support services:** the research in the USA was usually carried out with programmes whose support services for women were sometimes integrated with the programme and sometimes entirely separate. Case and risk management services are sometimes limited or not considered in the research as variables. However, these factors influence women's safety and therefore the outcome of the interventions. Research findings which are from services where there is little or no integrated support for women will not necessarily apply to services where there is, or may show less effect.
6. **Complicated technical descriptions/claims:** some researchers often use technical language or referencing to explain or infer a conclusion in ways which make it hard for practitioners to spot the flaws or biases or misinterpretation. For example, in findings about couples counselling, Stith et al has been quoted (see for example, Dutton, Corvo and Chen 200) as demonstrating that couples counselling can in some cases be more effective than programmes. However, Stith's very small sample of couples was in fact comparing individual couple counselling with group couples counselling.
7. **Extrapolating from small data sets or datasets without any comparison or control groups: many research studies from all sides of the spectrum in this topic have small numbers.** This is not in itself a bad thing, small samples can add much to the understanding of the detail of how, when and why a particular intervention is effective or not. Researchers are often very honest about the limitations of their research in such situations. However, others quoting them will often leave out this information.
8. **Reliance on significantly flawed or limited sources of evidence of success/failure of the intervention being researched.** A common example in this subject is reliance or over-reliance on police reports for evidence of recidivism and a total failure to ask the victim. Partners, ex-partners and new partners provide more comprehensive information about

actual use of violence. Police reports may be affected by victim intimidation. Without collecting data directly and safely from victims and possibly also the professionals working with the perpetrator, this evidence will be partial. This limits the validity of reliance on this source of evidence for violence or non violence.

9. **Low follow up rates for gathering information from partners/ex-**partners. Many research reports show a worryingly low rate of success for gathering follow up data from the original victim or likely new person at risk from the perpetrator. Some ask the couple together for information pre and post intervention, which increases the chance that the victim will not report the full extent of the violence because of fear of retaliation or other consequences.
10. **Difficulties in identifying a programme effect.** Without a control or comparison group it is probably impossible to be sure that any change is as a result of the programme. Even with a comparison or control group, there is the effect of other factors, such as relationship status, re-arrest, court processes, partner actions etc to consider. This can be done, for example using analytical techniques for identifying the effects of a range of factors.
11. **Evaluating a moving target.** Research on relatively new or recently established programmes is likely to be evaluating an intervention which is still developing and changing. This makes it difficult to replicate the intervention or identify what if anything, was effective about it. Even when programmes are well established, the problem of programme drift may occur – where individual practitioners move away from the core programme or philosophical basis they are introducing other variables to the research which may significantly affect the outcomes.
12. **Failing to consider the methodological or definitional shortcomings:** meta-analyses by definition bring together many pieces of research on the same or similar topics. However, they are often therefore bringing together research which uses significantly different definitions or methods, which make them not readily comparable.
13. **False claims about the nature of a specific intervention:** this includes describing a service in a particular way and then criticising that service when in fact the service is not provided in the way described or the description omits key information. Many researchers, practitioners and policy makers have criticised the so-called 'Duluth model' of domestic violence intervention with criticisms based on entirely false information or misleading conclusions.
14. **Lack of external validation/triangulation:** some reviews, (including my own), of the nature of programmes and their approaches, depend heavily on information provided by one or two staff working within that programme. Whilst self reporting can be an effective method for providing an overview of the key identifying features of a service it can also be prone to confusion about definitions, individual interpretation of a whole

service, mistaken assumptions etc. Sometimes one member of staff incorrectly believes that something is true for the service when it is not.

Despite these flaws in research, it is nevertheless invaluable for practitioners and policy makers to make use of what we can learn from research, bearing in mind the implications of possible flaws and weaknesses. For this reason, the following section identifies key research on a range of topics within this subject, identifying key findings, weaknesses and strengths.

The key research findings

Research reviews/meta analyses about perpetrators of domestic violence			
Key texts	**Key Findings**	**Limitations**	**Strengths**
Gelles, R (1993)	Alcohol and drugs are associated with domestic violence but that does not mean they are the cause of it or that alcohol or drug treatment will therefore stop the violence. Alcoholics and drug abusers also abuse when sober. Most abusers are not alcoholic or drug addicted.	Difficulties in separating out the after-effects of substance misuse on behaviour of abusers when sober. Possibility that substance misuse also associated with other problems such as attachment or personality disorder.	Helpful identification of the correlations and links and explaining that this does not mean causal relationship.
Kimmel, 2003	The rigorous scientific evidence demonstrates that gender is highly significant in domestic violence, that male victims are not equal to or the same as female victims and that the research demonstrating gender neutrality/equality or limited impact of gender is highly methodologically flawed.	There is limited research on domestic violence perpetration by gay, lesbian or bisexual people. Some of the key texts claiming to show gender symmetry are not referred to specifically.	Documents and identifies clearly the methodologic al shortcomings in various key research texts which have been claimed to show gender symmetry.
Bell, C, 2003	Domestic violence is gendered; male victims are minority; some men present as victims but are not; all male victims must be screened and risk assessed in order to protect victims and hold perpetrators to account.		Helpful identification of implications for practitioners re screening.
Worcester, 2000	Women's use of force in intimate relationships has	Some of the research referred to is very small	Exploration of race, class,

	several key differences to men's. These include the use of force as self defence, violent resistance and after previous abusive relationships as a pre-emptive action. Men's violence more likely to injure women and cause fear than vice versa. Male and female perpetrators and victims have different needs.	scale.	sexuality and how they relate to gender. Helpful for practitioners to identify specific requirements for working with women using force.
Key texts	**Key Findings**	**Limitations**	**Strengths**
Johnson, 2008	Perpetration itself varies and individuals may move through various categories of perpetration. These are: intimate partner terrorism, violent resistance, situational couple violence and other partner violence. All of these categories have a strong relationship to gender: intimate partner terrorism is most likely to be committed by men against women, violent resistance by female victims against male partners, situational couple violence may be used by men and women but often the effects are skewed.	This recent text on a subject Johnson has written about for many years has been the subject of confusion as have his previous writings. Situational couple violence is assumed by some researchers and practitioners to mean gender equal violence or equality of fear and control. Johnson explains very clearly in this book how and when they are linked to gender, which contradicts some of the other texts referring to his typologies.	The typologies are of types of use of violence, not of the perpetrator themselves.
Archer, 2000	Gender is a much less significant factor than commonly assumed or previously identified by researchers and practitioners; however, men cause the most injuries and fear. Some studies show women are the major perpetrators.	Definitions vary, within the meta analysis and between the studies. Samples often from unrepresentative populations such as undergraduates of humanities degree courses, without children. Meta analysis excludes data about sexual assault, homicide and post separation violence, all of which are strongly	Wide sampling. Careful analysis of findings.

		gendered.	
Dutton and Sonkin, 2003	Childhood exposure to domestic violence is a significant risk factor for onset of domestic violence	Does not take into account compounding effects of the consequences of domestic violence, nor other compounding effects. Only a risk factor for onset, not for attrition or treatment unsuitability, but this is often misunderstood.	Helps develop understanding of how domestic violence can affect some children.

Reviews of types of programmes and interventions with perpetrators			
Key texts	**Key Findings**	**Limitations**	**Strengths**
Healey et al, 1998	Classified US programmes into following categories: Social Problem/Feminist approach (focus on changing gender based expectations which are socially influenced, includes therapeutic methodologies including CBT); Family Systems approach (includes whole family or conjoint work, focus on dynamic between couple); Individual approach (includes individual counselling or group work, may focus on individual past trauma or psychological deficit or faulty thinking). Identifies and describes other approaches such as anger management, self help groups for perpetrators and couples counselling for perpetrator and victim together.	review of USA programmes in the 1990s – many have changed and much not same as UK; descriptive, based on participant feedback and some observations; Identifies how CBT and feminist based programmes have been falsely seen as separate and distinct, whereas programmes tend to use elements of both and more.	Thorough review of theoretical underpinning of different approaches, reviews criticisms of each and the evidence at that point.
Rothman, Butchart and Cerda, 2003	An international survey of 74 programmes in 38 countries, found that the parent agencies of programmes were most likely to be victim advocacy or psychological counselling services. Only 5% in criminal justice settings and 4% in men's programmes.	Information gathered only from the practitioners. Not about outcomes of programmes.	Includes descriptions of programmes around world; links to other relevant topics such as sexual health.
Debbonaire et al, 2005	There is a range of approaches, curricula and professionals involved in perpetrator programme provision in UK and Ireland.	Descriptive only, based on participant	Includes descriptions of UK and Ireland

	This includes pro feminist based organisations, programmes using anger management techniques only, programmes with a tradition of self help, criminal justice based programmes and programmes working with children's services and other statutory agencies. There are various forms of 'mandate' to a programme: criminal justice mandate, partner mandate, agency mandate and community mandate.	feedback and some observation and other forms of checking evidence. Not about outcomes, though the report profiles the men on the programmes.	programmes and different approaches, plus historical context and connections to current good practice. Profiling of men on programmes.

Research about typologies of perpetrator and of perpetration			
Key texts	**Key Findings**	**Limitations**	**Strengths**
Holtzworth-Munroe and Stuart (1994)	**Family only:** c 50% of perpetrators. Likely to engage in the least severe and frequent violence, to have no other criminal behaviour, not to use sexual abuse and not to have mental illness. Most likely to be deterred by criminal justice involvement. **Borderline/dysphoric:** c 25%. frequent moderate to severe violence, which includes psychological and sexual abuse, likely to be only within the family. Mood disorders (dysphoric), psychological distress, volatile emotional responses. May have borderline and schizoid personality disorders. May have problems with drug or alcohol abuse. Blame victims, have rigid sex-role ideas. Most jealous, most dependent on wife/partner, most needy. Likely to pose future risk to partner. **Generally violent/anti-social:** c. 25%. frequent moderate to severe violence, including psychological and sexual abuse. Likely to engage in violence and other anti social behaviour outside the family. Likely to have extensive history of criminal involvement, drug or alcohol abuse, anti-social personality disorder or psychopathy. More likely than family-only perpetrators to have witnessed dv as child and to have experienced physical abuse. Likely to show no remorse or empathy. Rigid sex-role identification. Likely to pose future risk to partner.	Conclusion that there are different types of perpetrator does not necessarily mean that treatment or intervention has to be type-specific or that other factors may not be more relevant or as relevant. Some perpetrators appear to exhibit characteristics from all three groups.	Typology identified gender based beliefs present in at least half of all perpetrators. Further research exploring value of these typologies has found this to be useful. Helpful for assessment for treatment.
Jacobsen and Gottman (1998)	Two types of 'batterer': **Pit-bull:** purposeful violence, intending to control and cause fear, uses regime of fear, sexual control, intimidation, stalking, beating and threats to kill.	Perpetrators often or sometimes	May help to assess treatment

	Emotionally distant. May or may not be violent in other contexts. **Cobra:** explosive violence if he does not get his own way. Intention to silence or remove partner. May use severe violence but easier to leave than pit-bull.	seem to exhibit characteristics from both types.	suitability or treatment goals.
Gondolf, 2002	Typology differences and PD (Personality Disorders) do not appear to make a difference to programme outcome.	Practitioners' awareness of typologies or personality disorders will have varied, hence their response may also have varied, in ways which could not be measured.	Used the Millon Clinical Multiaxial Inventory (MCMI), a recognised clinical tool, for classification. Large sample of men over several years.

Motivation, readiness and resistance			
Key texts	**Key Findings**	**Limitations**	**Strengths**
Huss and Ralston, 2008	Explored whether the Holtzworth-Munroe and Stuart typologies affect treatment engagement and completion. Concludes that there are differences in treatment-related variables across batterer subtypes but that these differences also depend on the specific outcome variables and are not always consistent.	Treatment varies, outcomes also vary and it is therefore difficult to generalise.	Recognition of limitations. Helpful for focusing attention on treatment goals.
Prochaska, Velicer, Rossi, Goldstein, Rakowski, et al. 1994	Stages of change exist for people with problematic behaviour such as smoking. These are: pre-contemplation, contemplation, preparation, action, maintenance, relapse. Clinicians (or other practitioners) need to recognise which state of change an individual is in before attempting to intervene, this will improve interventions.	Model is not specifically designed for work with domestic violence perpetrators. There are other types of factor influencing choice to use abuse.	Also known as trans-theoretical model of stages of change. Application to many problem behaviours including violence. Helps practitioners to engage clients appropriately and carry out motivational

		Abuse is not an addictive behaviour largely self harming, but has intent and purpose and harms mostly others.	work. Identifying the self harming impact of using abuse can help to motivate abuser to change or seek help to change.
Scott and King, 2007	Research on client reluctance would benefit from standardization of terms. Definitions are provided for the terms *engagement*, *motivation*, *denial*, *resistance*, *readiness*, and *responsivity*. Engagement in intervention is associated with lower rates of postintervention violence perpetration. Evidence for the importance of reducing offender denial is mixed. Additional studies are needed to determine whether motivation and ambivalence play an important role in predicting intervention success among perpetrators of violence. There are strong measures available for assessment of engagement, therapeutic alliance, and denial. Stage-of-change measures are also useful to assess aspects of denial, motivation, and engagement.		Helpful examples of relevant practice. This understanding and theoretical model is practically reflected in the programme suitability assessment tool available from Respect, developed by experienced practitioners (Bell, nd, available from Respect website resources section – see bibliography).
Debbonaire et al (2005)	Motivation for attendance at a programme is frequently misunderstood as a false dichotomy between "voluntary" (assumed to be linked to high motivation to change) and "mandated" (for example by a court, assumed to be linked to low motivation for change). In practice, referral routes are more complex and can be used by practitioners to recognize different forms of motivation and increase these. Referral and mandate routes include a form of partner mandate ("attend or I leave you or don't come back"), a community or social mandate (family and friends or other significant people exerting	Small sample and limited data to back this up. Conclusions drawn from a mapping of domestic violence intervention programmes in Ireland and their participants – almost no court or agency mandate.	Increases concepts about how to motivate men who have come to programmes via different routes, supportive of practitioner skills at recognising and working with this understanding.

	pressure and providing support to change) and agency mandate ("you have to attend or we won't allow you contact with your children") as well as the more commonly understood court mandate. Rather than assume a mandate implies low motivation, more effective to recognize the potential impact on motivation each form of mandate has and to work with that to engage the man.		

Meta-analyses of many pieces of research about programme outcomes (analytical)			
Key texts	**Key Findings**	**Limitations**	**Strengths**
Babcock, Green and Robie, 2004;	The research on perpetrator programme outcomes appears to show small effect sizes and little difference between different models.	Substantial methodological shortcomings in some of the original research; apparent false distinction between different programme types is muddled by the research studies; lack of consistent coordinated sanctions for non compliance with mandate.	Limitations of the conclusions are identified by the authors. Careful analysis of data using rigorous statistical techniques.

Literature reviews about perpetrator programme outcomes			
Key texts	**Key Findings**	**Limitations**	**Strengths**
Saunders, 2008	Domestic violence programmes rely strongly on CBT (Cognitive Behavioural Therapy) and gender re-socialisation techniques. Few outcome studies are rigorous so firm conclusions cannot be drawn about effectiveness. Attention to matching treatment type to	Reviews research only on all-male group interventions and comparisons of these interventions with other interventions, so	Reviews range of research from range of perspectives and over a range of aspects of programme and intervention

	offender type and programmes working on cultural competence are promising developments. Integration of abuser, survivor and criminal justice interventions likely to be the most effective.	conclusions can't be generalised to all perpetrator interventions. Almost entirely USA research.	delivery. Well supported conclusions.
Dutton, Corvo and Chen, 2008	Programmes modelled on the Duluth model are ineffective. Most abusers have attachment or other personality disorders (AD or PD). Programmes therefore need to be working with men's attachment disorders and other personality disorders in order to be effective.	Conclusion that if PD/AD has caused violence, treatment for violence should be on PD/AD is not necessarily the case. Description of Duluth style programmes is inaccurate. Fails to recognise therapeutic working style of most programmes including Duluth and the literature about CBD for violent criminals and dv perpetrators.	Identifies PD and AD as significant factors for perpetrators, which increases our understanding of the range of perpetrators.
Gondolf 2002.	Past research has suffered from range of methodological and analytical shortcomings including: reliance on small samples, no control/comparison group, reliance on police data, poor follow up, high attrition in participation or research response, measuring 'intention to treat' instead of actual treatment.	USA research only. Reviews only research on interventions for male perpetrators.	Thorough investigation of limitations of past research and possible routes to addressing these. Clear identification of challenges in doing this and ways in which it may not be possible to carry out pure RCT.
Key texts	**Key Findings**	**Limitations**	**Strengths**

Research with control groups comparing outcomes of perpetrator programmes to other interventions such as couple counselling			
Key texts	**Key Findings**	**Limitations**	**Strengths**
Dunford, 2000;	**Clinical trial with random assignment of Navy personnel** to one of three interventions or a control group produced no differences across the four options. These were: couples counselling, cognitive behavioural group work, rigorous monitoring of the men. Control group provided safety planning advice to the women.	Very high specificity of this population (Navy) means findings can't be generalised. Random assignment significantly flawed – most partners did not attend couples counselling. In spite of these limitations, this research is often identified as "gold standard" as it set out to use RCT.	Indirectly demonstrates value of compliance. Random assignation (though this was compromised by non attendance of the partners in couples counselling).
Feder and Forde, 2000; Feder and Dugan, 2002;	**Broward County, Southern Florida** random assignment of convicted perpetrators to either 6 month Duluth type programme or 1 year probation without programme, found no significant differences between two groups for men's attitudes, re-arrest, women's reports of abuse and probation violations.	Very low follow up response rates with women in both groups. Duluth programmes are supposed to operate within multi agency system response, not taken in isolation – this was not taken into account in analysis.	Association between number of sessions attended and probation violations appears to demonstrate attendance effect: more sessions attended may reduce re-assault. Statistical model determine effect of attendance not just intention to treat.
Davis, Taylor and Maxwell, 1998 and 2000.	**New York 6 month programme, 2 month programme and community sentence did not produce any significant differences** reported by victims in re-assault. Longer programme significantly	Very low response rates from victims and participants. Significant drop out. Random assignment was subjected to judicial over-ride.	Indicates some attendance effect.

	reduced re-arrest compared to shorter programme.		
Key texts	**Key Findings**	**Limitations**	**Strengths**

Quasi experimental research with comparison group, multi site			
Key texts	**Key Findings**	**Limitations**	**Strengths**
Gondolf, 2002	Most men stop using violence and stay stopped – 90% have not used physical violence in the last year at four years post programme. Most will use violence again initially but eventually they stop. Most victims feel safer and most attribute this to the programme. The overall coordination of the system as a whole makes a significant impact on programme effectiveness and victim safety. Summary: a sustained programme effect over time provided various factors are in place; women's own assessments and untreated alcoholism were best predictors of future violence; "the system matters".	No pure control group; few non court mandated; USA judicial system.	Comparison group well constructed and limits taken into account; large sample, long follow up period (four years). Multi variate analysis and systems analysis.
Dobash et al, 2000	Dobash et al: programme participation plus judicial sanction reduces re-offending compared to judicial sanction only. Women experience a constellation of abuse. Men's change comes about from recognition of the impact of their behaviour and learning new ways to behave.	Court mandated men only; Scottish judicial system.	Recognition of range of forms of abuse; careful construction of comparison group. Develops understanding of how and why men change.

Evaluation of single site programme outcomes			
Key texts	**Key Findings**	**Limitations**	**Strengths**
Burton et al 2001	Domestic violence intervention programmes carrying out the full range of services appear to have a strong impact on the safety and welfare of victims, through a range of activities and for a range of reasons. Strengths: demonstrates range of ways safety can improve.	Single programme, no comparison group. Programme in its early years. Few other programmes at the time.	Demonstrates range of techniques for engaging men and helping change. Demonstrates value of proactive contact with partners/ex-partners; and variety of forms of social mandate on 'self-referred' men.
Price et al, 2008.	Almost all women engaged with the service and were provided with significant support, advice, advocacy and group support for themselves as well as providing information for case management jointly with the men's workers All men were assessed for risk and for suitability for participation in the group work intervention programme for violent men Those men who participated in the programme stopped using violence, according to evidence provided by their partners/ex-partners. **Most women said that they felt safer as a result of the intervention.**	Single programme, no comparison group	Demonstrates safety for partners and ex-partners through range of activities including but not confined to change in men through group work programme.

Programme attendance and completion			
Key texts	**Key Findings**	**Limitations**	**Strengths**
Rosen-baum, Gearan and Ondovic, 2001	Court mandated men had higher completion rates than self referred men for a longer programme (20 sessions) but not for a	Longest programme was 20 sessions. Likely to have been variations in court action for compliance. No assessment of other forms of mandate and the	Helpful for indentifying the value of compliance measures to ensure participants actually turn up to sessions – stick as well

	shorter (7 – 10).	effects on the 'self-referred' men.	as carrot.
Gondolf, 2000a	Monthly court reviews decrease attrition in programme attendance	Variations in application of court reviews and men's understanding of these.	Identifies value of specified methods of enforcing attendance but also notion of sanctions.
Gondolf &Williams, 2001	Men of colour less likely to complete than white men.	This may be due to lack of specific engagement than inappropriate service.	Identifies value of specialist responses.
Gondolf, 2003 and 2005	Culturally focussed groups of African American men compared to conventional groups of African-American men and men in racially mixed groups had similar completion rates.	May be due to programme differences re motivation and engagement.	Identifies differences of racial identification within groups of African American men, which may affect completion in different types of programmes.

Meaning of programme "success"			
Key texts	**Key Findings**	**Limitations**	**Strengths**
Kelly and Westmarland, in press (2010)	There are many different criteria for programme "success". Men on programmes, their partners and the people working with them have a range of ideas about what this means and how to achieve it. These include: no violence, feeling safer, better communication, better parenting by the abusive partner.	Selective sample.	Sample includes clients – both male and female – and staff of group work programmes in 5 well-established UK perpetrator intervention services.

Implications for practice and decision making

Perpetrators of domestic violence are not all the same and may have different experiences and factors which need to be dealt with in order to help them to stop being abusive.

There is good and rigorous research which can help us to make better informed, evidence based decisions about how to respond to perpetrators. However, the body of research contains some contradictory information and may be flawed. This does not mean it is not useful but research should be read carefully with the implications of these flaws in mind and accompanied by a critical awareness from practice experiences.

Ideas about programme success and activities necessary to achieve this vary. Staff, clients, commissioning agencies and others have many different ideas about what counts as a programme or intervention "working".

Making sustained changes to cease using violence and abuse against a partner takes time. Whichever model of intervention is in use this appears to be a factor. Programmes focussing on past experiences of childhood trauma emphasise that this takes time to heal. Programmes focussing on unlearning forms of behaviour, assumptions and beliefs which are strongly held and often effective for that individual to get their needs met identify that this type of change needs time to be sustained and maintained.

Victim safety and perpetrator behaviour change are achieved through a range of strategies, of which perpetrator participation in a programme is only one aspect. The overall coordination of a system of legal, housing, practical, emotional and other responses to the victim and children and integrated with a system of holding the perpetrator accountable, sanctioning him if appropriate and providing effective options for the abusive behaviour to change seems to be the most consistently effective way to keep victims and children safe and to help perpetrators to stop abusive behaviour.

Motivation for positive reasons, plus the possibility of negative consequences for continued use of violence can both help to engage perpetrators in seeking help to change their behaviour. Practitioners can help perpetrators to remain aware of these positive and negative consequences in order to maintain their engagement and develop a respectful, effective relationship between practitioner and client(s).

This group of perpetrators usually has a heightened strong sense of gender based entitlement about what they should be able to expect from their female partner, often expressed as the 'common sense' 'everyone knows' view of the world. Some may express this in terms which imply that they feel their needs are not met and that they are therefore not dominant, simply

because their partner has not complied with a particular need. Perpetrators' justifications for past and often continuing use of violence often contradicts their own stated values system that violence is wrong, but categorise their own uses of violence as special cases to enforce their sense of entitlement. This is supported by the findings about typologies of perpetrator and about typologies of perpetrating behaviour. This implies a need for the intervention working with them to focus on this sense of entitlement.

Perpetrators may sometimes also be experiencing or affected by other factors which could contribute to their use of violence or to their lack of responsivity to treatment or intervention. These may include: alcohol or substance misuse, mental ill health, childhood exposure to domestic violence or experiences of abuse or practical factors such as access to services. Addressing these factors can be essential as part of preventing future violence or preparing someone to be able to participate fully in a perpetrator programme. However, addressing these specific individual problems without going on to address the violence and the attitudes behind it are unlikely to prevent this violence. Put simply: substance misuse counselling or mental health support etc are not a substitute for programmes addressing the violence, they are a complement to them.

Assessing the readiness of the perpetrator to consider change may help to improve the extent to which programmes and other interventions are effective. There are well tested clinical tools for assessing this and other aspects, such as engagement, resistance and denial of the perpetrator. These tools can help practitioners working with perpetrators to assess and respond more effectively to perpetrators and in turn improve victim safety through sustained behaviour change.

Longitudinal, large sample research with well established programmes whose activities include key features such as partner contact and inter agency work, appear to show good results for cessation of violence: most men stop using violence in the long term when they participate in well run programmes which operate within a coordinated system of responses.

Some men may need or benefit from specific interventions, such as programmes for black or Asian men. However, this will be affected by the degree to which individual men identify strongly with their cultural or racial group.

When a programme has been well established and tested, it is important to integrate some form of treatment management for ensuring practitioners are monitored for programme compliance and helped to do this effectively.

Maintaining the consistency of sanctions helps to focus the perpetrator on the reasons for changing and the consequences of not, whether these are criminal justice, child protection, partner consequences or lack of contact with children because of family court decisions.

Research on interventions with perpetrators who are male and heterosexual may be limited in application to practice with other perpetrators, although some characteristics may be the same or similar. Care needs to be taken in interpreting specific data for other populations.

Some interventions claim to be evidence based but have limited rigorous research to support this or claim that theirs is the only suitable response. These include anger management as a sole response to domestic violence, couples counselling as a response to continuing current domestic violence, substance misuse programmes as a sole response, treatment for past/childhood trauma including attachment disorders, individual therapy. However, most well-established programmes use a range of techniques and skills from many traditions, including therapeutic engagement, respectful challenge, cognitive behavioural techniques, information, practicing changed behaviours in role play, anger management, communication skills, substance misuse programmes and other measures.

Accreditation and inspection systems for perpetrator programmes are intended to ensure practitioners referring perpetrators to them can be assured that the perpetrator will receive an intervention with the best possible chance of safety for victim and children and effectiveness for the perpetrator. The National Service Standards and the Respect Accreditation system for programmes in the UK can help assure practitioners about quality.

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