Bournemouth University

Perpetrator Report:

Developing an evidenced- based programme for perpetrators of Domestic Abuse (DA) who want to change.

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Contents

Tables and Figures

Executive Summary

This report was conducted to make recommendations for design of a programme for perpetrators of domestic abuse – although where appropriate such individuals will be referred to as people who cause harm. The research consisted of five different means of data collection – a review of the literature; an appreciative inquiry workshop with stakeholders; interviews with service users; analysis of feedback questionnaires; and a focus group with Up2U Creating Healthy Relationships intervention programme providers (Up2U CHR) in BCP.

The main objectives were to highlight challenges in the current Up2U CHR programme and incorporate identified best practice to make suggestions for the creation of a customised programme.

The analysis resulted in an overarching global theme of "Perpetrator programmes need to be a fundamental part of tackling VAWG", developed from ten organising themes:

1. Tailored interventions - programmes should include interventions which are specifically tailored to individuals, rather than being overly 'manualised' or prescriptive.
2. Skilled facilitators should simultaneously respectfully challenge and support those who cause harm in order to substantiate behavioural change.
3. Victim inclusion is essential – particularly in evaluating whether interventions have been successful.
4. Perpetrator accountability is key to deflect denial and minimisation and enhance behaviour change.
5. Structure of programmes should be carefully considered on the basis of empirical evidence and facilitator experience.
6. Multi-agency collaboration is required for a holistic approach. Knowledge of services provided is essential, particularly for referring agencies.
7. Evaluation is complex, however needs to incorporate a variety of methods in addition to self-report and recidivism rates.
8. Engagement/retention is key to success and is dependent upon adequate referral, skilled facilitators and engaging material.
9. Societal/cultural impact requires consideration. The changing structure of society, and different cultural and gendered attitudes, beliefs and needs should be incorporated into programmes and negative stereotypes challenged where necessary.
10. Need for an integrated support pathway for perpetrators – open to all at the point of need.

Recommendations which align to Home Office standards for DA perpetrator intervention (Gov.uk, 2023) include:

- Programme development should be grounded from a sound evidence base and regularly reviewed. Programmes should include tailored support and relatable, engaging, flexible content. Victim/survivor/child safety should be prioritised with mirroring sessions undertaken whenever possible. Those who cause harm should be challenged and held accountable for their behaviour, whilst treated with respect and given support and opportunities to change.

- Greater awareness of programmes - particularly of referral agencies is required. A pre-meeting and preparation pack for clients is also encouraged.
- Programmes should be available to all those wishing to access it, at the point of need, regardless of location.
- There should be continual integrated, holistic support for those who cause harm, and follow up courses should be considered.
- Facilitators need to be highly skilled, have access and time to complete appropriate training, continued professional development, and regular supervision.
- Programmes need to closely monitor and evaluate interventions. Evaluation needs to consider:
    - Victim/ex/current partner experiences of behaviour change
    - Programme engagement and motivation
    - Follow up change – e.g. desistance
    - Cost effectiveness/economic savings (e.g. via those already used and other cost of crime estimates as appropriate).
- Adequate resourcing for programmes for those who cause harm is essential, and in line with obligations to support rehabilitation of perpetrators from Article 16 of the Istanbul Convention (Hester & Lilley, 2016).

Introduction

This report presents the outcomes of a project aimed to make recommendations for the design of a new programme for perpetrators of Domestic Abuse (DA) who want to change. The objective was for the findings of this report to inform a customised programme for service delivery. The contractual requirements were to consider current practice, review previous studies and conduct additional research with practitioners and service users in BCP in relation to those that use harmful behaviours. This included exploring the views of practitioners, peers and service users, and conducting a literature review, in order to provide an outline of recommendations for the design of a bespoke behaviour change programme. In line with this, the research was conducted from September 2024-March 2025, as outlined below.

Data collection was undertaken in five phases:

1. Literature review
2. Appreciative Inquiry workshop with key stakeholders, including practitioners involved in programme delivery, service users, and related agencies (n=25 participants)
3. Interviews with those who cause harm (n=2) and a victim/survivor (n=1)
4. Analysis of a sample of questionnaires from those who have completed the Up2U CHR programme (n=24)
5. Focus group with the current programme providers in BCP (n=4 participants)

This research aimed to:

- Consider the utility of the current risk assessment and behavioural change methods used by Up2U CHR
- Increase operational efficiency – streamlining procedures
- Offer recommendations for good practice regarding the programmes' structure and content
- Develop better collaboration with clients and agencies.

The objectives were to:

- Highlight challenges in the current Up2U CHR programme.
- Incorporate best practice (as identified above).
- Create a customised programme outline to improve client outcomes.

This report will share the findings from each stage of the data collection process and then amalgamate them for the purpose of overall analysis, discussion and recommendations. It will also include in the appendices a needs assessment and outline of new perpetrator programme. We have also included through this report and appendices how to adapt the programme to meet all needs and general guidance on programme delivery.

The Research Team: Bournemouth University

Bournemouth University (BU) is situated on the south coast of England, in the County of Dorset, and has more than 19,000 students and 1,650 staff. It is ranked as one of the top 200 young universities in the world. BU's research shapes and changes the world around us, providing solutions to real-world problems and informing the education it delivers. BU's vision of Fusion brings together three key elements of education, research and practice, creating something which is greater than the sum of its parts. Through the impact of BU's research and education, and the contribution of staff, students and graduates, it delivers the third aspect of our purpose, to enrich society. It is this focus on Fusion, which is reflected within this research project, as the research values the interaction between academic enquiry and front-line professional practice. The team is inter-disciplinary, drawing expertise from Psychology, Social Work and Criminology.

Acknowledgements

This work was done in partnership with BCP Council and the Up2U CHR delivery team. We are grateful to all those who took part in the fieldwork, including the service users and those with lived experience, as well as the professionals who gave up their time to contribute.

Background

The aim of a programme for those who use abusive behaviours to their partners (ABP) is to prevent further domestic abuse (DA) and to change violent and abusive behavioral patterns. Ultimately, it is to support those who use abusive behaviors to adopt nonviolent behaviour going forward, and to understand the impact of DA on them, their family and their community.

Currently, BCP utilise a programme titled "Up2U - Creating Healthy Relationships", which was developed by Portsmouth City Council, and is delivered to individuals living in the areas covered by Dorset Council and Bournemouth, Christchurch and Poole (BCP) Council in Dorset, England. It seeks to help people who use abusive behaviours in their intimate relationships by offering personalised support through a training programme. It is for males and females aged 16 and older and available for heterosexual and same-sex relationships. This programme relies on those who are causing harm to acknowledge and admit their abusive behaviour within their intimate relationship, and they must want to change. Support is also offered to partners and ex-partners to ensure risk is managed throughout. The programme is designed to help people use non-abusive behaviours through

developing a range of skills. The main aims are to (1) reduce the incidents (2) prevent the cycle of abuse and (3) reduce the number of children in child protection services.

Literature review

Domestic abuse (DA) is a widespread epidemic issue of power and control (Davies, 2018) which results in a large volume of high harm offences (Home Office, 2022). It threatens people from every culture, race, religion (Ross, 2012) and economic status (Boyd, 2023), regardless of age, disability, sex/gender, sexual orientation, gender identity and gender reassignment (Home Office, 2022). Given the severity of harm caused and its pervasive nature, preventative measures and methods for tackling domestic abuse must be enhanced to safeguard vulnerable targets and mitigate further harm.

Defining domestic abuse

Domestic abuse (DA) refers to abuse in a relationship between the perpetrator (A) and victim/survivor (B), where both parties are 16 years or older and are 'personally connected' - by marriage, civil partnership (or agreement of), an intimate personal relationship or where there is a parental relationship to the same child. DA encompasses any physical, sexual, economic, psychological, emotional, violent, threatening, controlling or coercive behaviour, that (A) inflicts on (B), whether a single incident or course of conduct (Home Office, 2022; Crown Prosecution Service, 2022).

This review will refer to 'domestic abuse' as defined above, rather than subcategories of intimate partner violence or the like. Offenders/perpetrators will be referred to as such when referenced within the literature, however this report will use the term 'people who cause harm' where appropriate in acknowledgement of their agreement to cease offending/perpetration going forward.

Prevalence

The latest Crime Survey of England and Wales (Office of National Statistics, 2024) reported 9.9 million people had experienced DA from the age of 16, equating to over one fifth (20.5%) of the population. From March 2023 to 2024, 2.3 million people experienced DA; a prevalence of 4.8%. DA accounts for approximately 16.2% of all offences in England and Wales (Office for National Statistics, 2023). Moreover, it is estimated less than 24% of DA crime is reported to the police (Refuge, 2022), thus, such statistics may be a significant underestimation.

The Covid pandemic documented a global spike in DA incidents as evidenced by increased demand for helplines, increased numbers of victims, and an increase in severity of incidents (Office of National Statistics, 2020). Lockdowns, economic strain and general uncertainty exacerbated issues and difficulties in mental health, stress, anxiety, substance use, and DA, and all increased (Clemente-Suárez et al., 2021). Since then, there has been a virtual plateau in prevalence (Office for National Statistics, 2022; 2023; 2024) and although the surge stabilised, it has not returned to pre-pandemic levels, with only a gradual, minimal decrease of 6.5% in DA since then (Office of National Statistics, 2024).

Who is affected by domestic abuse?

The victim

Females are disproportionately victimised. From March 2022 to 2023, 28 police forces indicated that 73.5% of victims of reported domestic abuse-related crimes were females (Women's Aid, 2019). DA has debilitating physical and mental health consequences (Campbell & Lewandowski, 1997; Ellsberg et al., 2008; Stubbs & Szoeke, 2022; White et al., 2024). Effects can be significant, persistent and lethal. Those surviving experiences such as being 'shot, stabbed, clubbed, burned, choked, beaten or thrown' suffer permanent, health-shattering effects (Ganley, 1995). Often, the longer DA persists, the more frequent and serious it becomes (Crown Prosecution Service, 2022). The Office for National Statistics (2024) reflects this, reporting 66 out of 108 cases of domestic homicide which occurred between March 2023 and March 2024 were killed by partners or ex-partners.

Children, families and surrounding communities

Direct harm to the immediate victim is often indirectly extended to children, families and surrounding communities (Walker-Descartes et al., 2021). Qualitative studies show that children suffer psychological, emotional, behavioural, social and academic consequences of DA (Fantuzzo & Lindquisr, 1989; Jaffe et al., 1990; Kolbo et al., 1996; Margolin & Gordis, 2000; Wolak & Finkelhor, 1998). Even without being primary targets (Osofsky, 1995), terror can distort their social development (McGee, 1991; Peled & Davis, 1995; Somer & Braunstein, 1999) when they witness (Kitzmann et al., 2003), hear or intervene in episodes (Fantuzzo et al., 1997; Holden & Richie, 1991; Rosenberg, 1987). The Domestic Abuse Act recognises children as victims of DA in their own right, as a result of such evidence. The pervasive nature of DA can strain relationships, create instability and destroy trust with extended family members (Centre, 2023).

Person causing harm

Males are most often the perpetrators of DA (Office for National Statistics, 2024). The impact of this on the person causing harm are mixed; from no consequences to feelings of shame and guilt (Brown, 2004), and loss of relationships (e.g. with partners, children and others) from strain (Centre, 2023). Alternatively, individuals could lose employment, or sanctions may be put in place, which can include arrest, custodial sentences, court orders and being enrolled on mandated programmes (Crown Prosecution Service, 2022).

Programmes for those who cause harm

Rationale for programmes

Internationally, the majority of crime is attributable to a small population of those causing harm (Robinson & Clancy, 2021) who often possess previous criminal histories (Klein & Tobin, 2008; Sechrist & Weil, 2018). Perpetrators are often repeat offenders (repeating their behaviour on the same victim) and serial offenders (repeating their abusive behaviours on more than one victim) as seen through proven reoffending statistics (Ministry of Justice, 2024). Thus, prioritising such individuals for interventions is essential to reducing prevalence of harm and has been highlighted as a priority in international agreements, such as the Istanbul Convention (Council of Europe, 2011). Intervention programmes are designed to disrupt cycles during periods of tension, abuse and reconciliation to break patterns by promoting accountability; by recognising the consequences of abuse and reframing attitudes, this allows those causing harm to foster nonviolent behavioural

responses (Bolden, 2010). Resultingly, this should enhance victim safety and reduce recidivism overall.

Evolution of programmes

The Duluth model is one of the earliest modalities (Babcock et al., 2004) which focusses on DA as a product of patriarchy and male socialisation (Cannon et al., 2016). It has been argued however that there should be a movement from gendered theories toward a more developmental approach that acknowledges risk factors (Ehrensaft, 2008), as this approach can neglect female perpetration and male victimhood. Cognitive-Behavioural techniques (CBT) were developed as an alternative (Butters et al., 2021) and seek to change unhelpful thoughts and behaviours and improve skills to enhance functioning (Babcock & Taillade, 2000; Murphy & Eckhardt, 2005; Dutton and Corvo, 2007). However, both techniques have limitations. Duluth based interventions do not require facilitators to have graduate or professional degrees and are instructed to exclude men with substance use or mental health issues which minimises co-occurring issues (Pender, 2012). Duluth models also ignore treatment need factors such as emotional dysregulation (Birkley & Eckhardt, 2015). Similarly, CBT have been criticised for dismissing structural factors (Babcock & Taillade, 2000). Again, individual needs which may be major potential factors contributing to DA are dismissed. Some have even suggested that the Duluth Model violates professional ethical standards of those delivering programmes as it is too generic; it does not provide comprehensive assessments or diagnosis or develop individual treatment plans for the client's needs (Corvo et al., 2009). The current Up2U CHR programme states that is takes a 'neutral stance' in the debate between models, recognising that some DA is about power and control, and other instances must consider additional risk factors.

Referral to programmes

Individuals can self-refer onto some programmes if they or others have identified that they are engaging in harmful behaviours (voluntary programmes), or perpetrators may be required to attend from court action (mandated programmes). Multi-Agency Task Forces identify and assess cases of DA for further action. Multi-Agency Risk Assessment Conferences (MARAC), High-Risk Domestic Abuse (HRDA) meetings and High Harm Perpetrator Panels (HHPPs) share information and coordinate responses for high-risk domestic violence cases (or for the latter perpetrators causing high harm – e.g. including stalking). They may refer people who cause harm onto tailored programmes for example.

Existing intervention programmes

Listed below are some of the main intervention services, projects and programmes for DA used within the UK (in addition to Up2U Creating Healthy Relationships). These illustrate what exists in the field and the frameworks underpinning them. Some are voluntary, some are mandated, and some offer services to both.

Ahimsa. Focuses on non-mandated individuals specifically, offering tailored support to those willing to try and change. It involves 6-8 one-to-one sessions before joining a group for 30 sessions. They additionally support current and ex partners of those attending the programme.

Building Better Relationships (BBR). This is a Home Office approved programme run in England and Wales for medium to high-risk heterosexual men, convicted of domestic-abuse related offences against female partners. This succeeded the Integrated Domestic Abuse Programme (IDAP) in 2012 and was integrated across all areas of probation by 2015. Emotion management and cognitive skills are taught to prevent further recidivism and challenge attitudes that are abusive.

Domestic Abuse Prevention Programmes (DVPPs). These are typically based on the Duluth Models or similar frameworks that highlight power and control. These programmes help address the impacts on the survivors by recognising patterns of abuse in order to develop nonviolent responses for future resolutions.

Domestic Violence Intervention Project (DVIP). This project offers both voluntary and mandated programmes. Men can self-refer but are also referred from agencies such as social services. One of the programmes offered includes the Violence Prevention Programme, 26-weeks where content focuses on accountability and changing abusive behaviour using CBT and relationship skill tools. Partner support services are also offered with proactive contact, one-to-one support and weekly groups.

DRIVE Project. This is an intensive intervention targeting high-risk, high-harm cases, to reduce risk and better victims' safety. This utilises a one-to-one approach with the person causing harm. Using multi-agency coordinated responses, this intervention identifies accountability with the intention for long-term behaviour change.

Hampton Trust. Offers voluntary interventions (and court-mandated programmes) for example ADAPT (Accredited Domestic Abuse Prevention Training) for those using harmful and abusive behaviours to address power and control dynamics. It helps perpetrators understand the impact of abuse and be accountable for their behaviour. CARA (Cautioning and Relationship Abuse) offers early intervention with first time offenders with self-awareness of harm and impact caused to enable behaviour change.

Integrated Domestic Abuse Programmes (IDAP). Probation services run these programmes with a tailored approach to those who have been convicted for DA. Accountability, empathy and breaking patterns of abusive behaviour are the key areas for these programmes.

Phoenix Domestic Abuse Services. These programmes are run in Devon and Cornwall and work with victim advocacy services to target males who cause harm. Educational sessions are run to focus on beliefs and behaviour.

RESPECT. RESPECT is a UK-based organisation which accredits domestic abuse programmes maintain quality and safety standards, to challenge abusive behaviour and prioritise victim safety. Group sessions consider power and control, alongside victim support services with risk assessment and safety planning. It also runs Respect Mens Advice Line for males who are self-motivated in wanting to change. Guidance is offered for behaviour change and those calling are referred to appropriate local or national programmes. Examples of their programmes include 'Caring Dads' which educates on how their behaviour can affect children and 'Building Better Relationships' which works with probation (see above).

SafeLives – Make A Change. This programme works alongside Respect and Women's Aid and engages communities with tackling DA. The objective is to identify and intervene at the early stages using a multi-agency approach. The 'make a change' model was developed through consultation with men engaged on programmes.

As can be seen from this brief summary – there is a general focus on challenging and taking accountability for abusive behaviour, emotion management, consideration of underlying attitudes and beliefs, and education regarding how behaviour can impact others. Programmes can involve group or individual work with an aim to break any forming or entrenched patterns of behaviour, to enable behavioural change and long-term healthy relationships.

Effectiveness of programmes

Early empirical studies into DA perpetrator programmes found little evidence regarding their effectiveness, with programmes showing no differences between control and intervention groups, only slightly decreasing recidivism upon completion, or yielding mixed results (Davis et al, 1998; Rosenfeld, 1992).

As programmes became increasingly mandatory via arrest and prosecution policies (Wilson et al., 2021), the surge in participation warranted research on effectiveness of interventions (Eiskikovits & Edelson, 1989; Saunders, 2008). However, studies differed in terms of methodological issues (Davis & Taylor, 1999) and tested effect on recidivism, rather than efficacy of programmes (Maxwell et al., 2010), prompting future research to consider different techniques of evaluation. Only moderate effects in reducing recidivism were obtained in relation to Duluth and Cognitive-Behavioural models with neither technique found to be better than the other (Arias et al., 2013; Babcock et al., 2004). Integrating these techniques but adapting programmes for individuals seems fitting and offers a way forward.

Since then, studies have reported success in intervention programmes for DA (Cunha & Gonçalves, 2015; Lauch et al., 2017; Lila et al., 2020). **The DRIVE project for example, has shown to significantly decrease physical abuse by 82%, sexual abuse by 88%, stalking and harassment by 75% and jealousy and controlling behaviours by 73%** (Drive, n.d.). Nonetheless, meta-analyses still provide mixed results. Some studies concluded that programmes have minor effects in reducing recidivism (Babcock et al., 2004; Feder & Wilson, 2005; Arias et al., 2013; Travers et al., 2021), others highlighting the effects are significant (Cheng et al., 2019; Karakurt et al., 2019). As meta-analyses are appraised for combining samples statistically to synthesise effects, these contradictions question their effectiveness, given their present design. Reasons as to why these programmes may be ineffective must be analysed for improving programmes and whilst design and delivery of programmes is still under debate, evaluating programmes to establish cause and effect is still problematic (Bowen & Gilchrist, 2004; Andrews & Dowden, 2005; Esbensen et al., 2011).

To clarify current thinking within the field, the Home Office (Gov.uk, 2023) have outlined seven standards for DA perpetrator intervention. As such it is recommended each programme should;

1. **prioritise safety and freedom of victim-survivors (and children)**
2. **be located within a wider co-ordinated community response with a collaboration of agencies sharing responsibility in enabling change in perpetrators and enhancing victim safety**
3. **hold perpetrators to account whilst treating them with respect, offering interventions to choose to change**
4. **provide the right intervention to the right people at the right time**
5. **deliver interventions equally with respect to protected characteristics**
6. **deliver interventions through skilled facilitators**
7. **monitor and evaluate interventions to improve practice and expand knowledge**

Method

In order to fulfil the research aims and objectives data collection processes were undertaken in the order outlined below. Prior to any primary research taking place, ethical approval was granted by BU's Social Science and Humanities Ethics Panel (26 September 2024: Ref 58713).

Phase 1: Literature review to summarise key considerations and suggested good/poor practice in perpetrator programmes.

Phase 2: In-person Appreciative Inquiry (AI) facilitated workshop with professionals to recognise current challenges, whilst focusing on good practice and ideas for improvement to perpetrator programmes. This involved Up2U CHR facilitators and other related agencies (police, health, victim services, local authorities). Participants were 18 years of age or older professionals within social care and criminal justice, who work with those who have engaged in or are experiencing DA (as the victim/survivor/perpetrator). Participants were recruited via the research team and funders contacting key gatekeepers within their professional networks and asking them to contribute. The workshop participants were given a short introduction to AI and the context for the session. The 25 participants were split into five groups, and the groups were mixed (except for those that worked for Up2U CHR who were put in one group together). Each group had a facilitator. The groups took part in facilitated conversations using the AI method (Cooperrider et al. 2007). These focussed on identifying good practice ('Discover' phase of the AI approach), exploring what ideal support for those who abuse would be ('Dream' phase of the AI approach) and how it might be delivered (the 'Design' phase of the AI approach). Data was collected on a Ketso© board, which meant participants could add their own comments or the facilitator could capture these for them.

Phase 3: Semi structured interviews with service users (victim/survivors and perpetrators) to evaluate their lived experience of programmes for those who use abusive behaviours to their partners (ABP), focusing on areas they found useful, and areas for improvement/addition (the interview schedule can be found in Appendix A). Gatekeepers were identified through the research team and funder networks; those approached were given project information and ethics approval details and asked to share the research teams' call for participants. Interviewees were 18 years of age or older who had perpetrated (and have been through/are going through treatment) or have experienced DA (as the victim/survivor). Eleven potential participants were contacted, and three agreed to take part. The interviews were undertaken by two members of the research team via MS Teams online, with cameras off to retain anonymity and were audio-recorded with consent. Participants were given opportunity for additional support/debrief afterwards and details of support services should they need it. Interviewees were two people accessing the Up2U CHR programme and one victim/survivor (whose ex-partner was accessing the Up2U CHR programme).

Phase 4: Secondary data analysis of feedback questionnaires provided by the Up2U CHR Team (the questions can be found in Appendix B) to ascertain areas clients found useful, and areas for improvement/addition. Due to the limited number of interviews above, a decision was made to analyse a sample of feedback questionnaires from those who had accessed the BCP Up2U CHR programme. The Ethics approval was revised, and a sample of 24 feedback questionnaires were analysed.

Phase 5: In-person focus group with BCP Up2U CHR practitioners to glean their experiences from delivering the programme first-hand (the focus group schedule can be found in Appendix C). This was audio recorded with permission and in addition written notes were taken. In preparation researchers familiarised themselves with the work of Up2U CHR programme and the programme

delivery manual provided (Ford, 2019), however the aim was to get views of what works and what could be improved from the practitioners involved in running the programme.

Data Extraction and Analysis

Thematic analysis was undertaken for each phase, using an adaption of the thematic networks process. This process seeks to identify one overarching global theme (a superordinate theme which encompasses the data as a whole) from related organising themes, which organise basic themes into clusters of similar issues; and basic themes derived direct from the textual data (Attride-Stirling, 2001).

Phase 1: Literature review to identify potential basic and organising themes.

Phase 2: Appreciative Inquiry (AI) facilitated workshop with professionals. Data was coded under the AI areas: Discover, Dream, Delivery. Through this analysis basic and organising themes were identified.

Phase 3: Semi structured interviews with primary service users and a victim/survivor partner of a service user were transcribed and analysed using the coding frameworks of basic and organising themes created from phases 1 and 2 above, with additional organising and basic themes added as identified.

Phase 4: Analysis of 24 feedback questionnaires provided by Up2U. Both quantitative and qualitative analysis elicited any recurring patterns and trends. The coding frameworks of basic and organising themes created from phases 1-3 above were used, with additional organising and basic themes added as required.

Phase 5: The focus group the data was transcribed and analysed using the coding frameworks of basic and organising themes created from phases 1-4 above, and additional organising and basic themes were added as identified.

Finally, the organising and basic themes were reanalysed as a whole and brought together to identify one global theme.

Data has been anonymised, and pseudonyms have been used throughout.

Findings

Phase 1: Literature Review

From the literature review eight organising themes with associated basic themes were identified:

1. Tailored interventions
2. Skilled facilitator
3. Victim inclusion
4. Perpetrator accountability
5. Structure of programme
6. Multi-agency collaboration
7. Evaluation
8. Engagement/retention

These will be discussed in turn, with good practice and evidence-based recommendations for future programme development highlighted in bold.

Tailored interventions

The first organising theme recognised the need for tailored interventions. People causing harm are heterogenous, and as such potential underlying causes, triggers and resulting behaviours may vary significantly and may not always be immediately apparent (Haselschwerdt et al., 2019; Murphy & Meis, 2008). Critical factors responsible for the DA may be missed if specific risks, needs or differences between individuals, context and culture are not targeted. DA can vary in relation to severity and generality of the violence (Holtzworth-Munroe & Stuart, 1994) and different categorisations of the nature of the interactions (e.g. Johnson, 2008), personalities of perpetrators (e.g. Gilchrist et al (2003) and typologies (e.g. Morrison & Davenne, 2016; Cascardi et al., 2018) have been considered, though have been criticised for being too reductionist (Capaldi & Kim, 2007). Nevertheless, these highlight that the nature of abusive behaviour does vary from person-to-person, therefore it is necessary to tailor interventions accordingly.

In recognition that DA does not stem from one universal cause, authors have argued for individual assessments and tailored programmes, to increase effectiveness (Butters et al., 2021). As such, programmes must be individually tailored to ensure clients can identify what initially provokes them, and how to appropriately respond. An example of how this can be applied in practice comes from Contrino et al. (2007) who found that of 74 males who had completed a 26-week Duluth Model intervention, to become more than simply passive participants, the programme material had to be applied to their lives for them to make sense of it.

In addition, facilitators have reported the need for programmes to be more inclusive to represent diversity between individuals (Bates et al., 2017). Differences in gender, age, mental health, conditions, disabilities, culture, trauma or substance misuse, for example, can all impact understanding or perceptions of programmes, and services should support individuals with additional needs (NICE, 2014). For example, Bowen (2013) describes the use of Solution Focused Brief Therapy , incorporating a preferred future, pre-existing skills and strengths (Ratner, et al., 2012). This was adapted by Banting et al. (2018) for a male perpetrator of DA with a learning difficulty to make it more accessible for him by introducing written props, short bullet points and an

emotion chart with imagery and role play which appeared more successful. Other adaptations may be required for example for those with Alexithymia (difficulty in identifying, communicating and thinking of emotions). This has been found more often in individuals causing harm (Strickland et al., 2017) and the importance of emotion and expression is being increasingly investigated for its role in situations of violence (Megreya, 2015; Tull et al., 2007). Deficits such as in cognitive processing and tolerating emotions (Mattila et al., 2010) may affect behaviour (e.g. having difficulty communicating emotions verbally: Engin et al., 2010) and response to interventions (Ogrodniczuk et al., 2011). Psychological dysfunctions including cognitive distortions, emotional dysregulation and low self-esteem also serve as barriers to behaviour change (McGinn et al., 2020) which programmes need to acknowledge.

There remains inadequate adaptation of DAPs for other marginalised groups (Turnhan, 2020). Few programmes are specifically tailored for the LGBTQ+ community (although see Cranstoun Change+ Programme Brighton) and consideration of culture has often been minimised (Almeida & Dolan-Delvecchio, 1999) although traditional beliefs, patriarchal and traditional gender roles can elicit DA (Jayasundara et al., 2014) and gendered social constructions is a major barrier inhibiting behaviour change (McGinn et al., 2020). Bespoke programmes considering cultural differences have shown better engagement (Hancock & Siu, 2009). Men from certain communities may be anxious regarding cultural stigmas, and reluctant to share experiences or avoid participation (Carbajosa et al., 2017) therefore community-based interventions may be helpful (Kim, 2010). Programmes should therefore incorporate cultural factors for clients to increase participation (Turnhan, 2020).

In summary, **tailored programmes evidence increased efficacy whereas offering standard content yields unfavourable, even counterproductive results (Arias et al., 2013). Personalised action plans recognise the complexity of each individual, with distinct needs**. Creating programmes with greater sensitivity would promote diverse racial, cultural and LGBTQ+ inclusivity. Intersectionality and co-morbidity issues of substance abuse or mental health issues would be addressed, potentially reducing alienation of marginalised groups.

Skilled facilitators

It is important to note that whilst the importance of skilled facilitators providing behavioural programmes are highlighted in the literature, they are not the only professionals responsible to ensure individuals causing harm take accountability for their actions. Agencies need to be coordinated in their response. Pallatino et al. (2019) conducted 36 in-depth interviews with a range of professionals in domestic abuse-related settings and highlighted:

> *"While the role of BIPs [Batterer Intervention Programmes] in promoting perpetrator accountability cannot be understated, the community coordinated response approach to addressing IPV [intimate partner violence] demonstrates that the active participation of many stakeholders and systems are necessary to hold perpetrators responsible for violent behaviors"*

However, a thematic investigation within community rehabilitation companies, revealed that some facilitators feel unprepared or unsupported in their roles (HM Inspectorate of Probation, 2018). Renehan (2021) exemplified this, reporting facilitators experience emotional and practical difficulties regarding training, support, time and resources which affects their well-being, practice and professional identities. Facilitators are also exposed to narratives of harm, trauma and violence which, if they have had their own encounters, risks re-traumatising them (Cluley & Martson, 2018;

Goldhill, 2019). The weight of these factors highlights the significant demands of the role. If facilitators are unable to meet these demands however, programme efficacy is compromised.

Poorly trained facilitators could mishandle sensitive issues or fail to challenge harmful attitudes or gender biases (Hughes, 2017). This may inadvertently perpetuate DA by validating victim-blaming for example. McGinn et al. (2020) published a systematic review of 27 qualitative studies investigating the perspectives of males who cause domestic harm of their programmes, finding that group sessions gave positive relief, a strong source of support and decreased isolation. However, a particular danger in such settings is that peers can justify and reinforce one another's behaviours if the facilitator does not recognise and intervene in this. In an evaluation of group engagement on DA Intervention Programmes, Pender (2012) highlighted how the basic training received by many facilitators does not equip them sufficiently in determining which skills to use in each scenario. Hence, facilitators need to closely manage 'support' from client peers, who may minimise the severity of behaviours, but could fail to challenge inappropriate behaviours, and therefore normalise them.

Facilitators should be equipped with knowledge, awareness and skills to apply to their demanding and challenging role (Taylor et al., 2020; Evans & Hotton, 2022). Regular monitoring and supervision are necessary, with facilitators offered regular training, guidance and organisational support (Department of Child Safety Youth and Women, 2020). Supervision should be transitioned away from managerialism (Morran, 2008) toward enhancing support (Knight et al., 2016). Mandatory specialist training should be implemented to ensure facilitators are confident in all potential scenarios, and to improve the chance of successfully engaging individuals from pre-commencement of the programme to increase effectiveness (Donnovan & Griffiths, 2015).

In terms of training, the 'DARE' (Domestic Abuse Routine Enquiry) toolkit, provided by Hampton Trust (DARE - Hampton Trust, Breaking the Cycle of Abuse, n.d.) is designed to help frontline professionals develop skills in identifying and engaging with those causing DA. Offered virtually, in-person, one-to-one or in groups, this is an accessible source for training facilitators to increase their confidence in initiating conversations, assessing risk and guiding individuals toward treatment. The training involves three half-day workshops (identifying DA individuals, exploring risks and context, engaging those causing harm) over three-weeks. Since completion, 81% of participants reported increased confidence in initiating conversations with those causing harm and 70% feel they have better understanding on referral or signposting clients to specialist services.

RESPECT (Respect, n.d.) accredited programmes also provide training courses for facilitators, in collaboration with SafeLives and the DRIVE partnerships. Risk management training, for example, is provided through a two-day course to identify risk and how to manage it. An accredited 12-day training course for responding to high-harm high-risk cases is also offered, with courses also including preparing facilitators for individual or group delivery.

ADVANCE-D (The ADVANCE-D Programme | ADVANCE-D, 2024) offers facilitator training to better understand the interplay between DA and substance misuse which could be considered in the provision of tailored interventions to tackle co-occurring issues.

Finally, facilitators themselves should also engage in reflective practice – actively being aware and reflecting on their own behaviour. A crucial factor in changing a client's behaviour is ensuring the setting of the programme feels emotionally safe through respect and support from the facilitator (Silvergleid & Mankowdki, 2006). Thus, there must be a willingness for facilitators to challenge service users, using non-judgemental dialogue (Hughes, 2017), striking a balance between empathy

and accountability, whilst not being overly lenient, yet hopeful that the individual has the capacity to change (Hamel, 2012).

Victim/Survivor inclusion

This organising theme concerns the need for the voices of the victim/survivors to be taken into consideration with regards to perpetrator programmes. Feminist activism, increased awareness and a motivation to reduce such crime, have resulted in progressing from a non-interventionist approach of DA toward promoting support for those being harmed (Tapley, 2010). Civil and legal responses have become integrated within statutory and non-statutory agencies to enhance protection and safety of DA victims (Allen et al., 2017). In relation to intervention programmes, McGinn et al (2021) investigated DA survivors' perspectives and highlighted the importance to them of long-term behaviour change and genuine feelings of safety.

Despite women's safety needing to be a primary concern (Respect, 2012), some programmes (such as early versions of the IDAP), despite promoting alternative beliefs and eliminating violence, did not prioritise women's safety (Eadie & Knight, 2002) nor have sufficient resources for complementary women's programmes been readily available (Bilby & Hatcher, 2004). In response, Bullock (2014) researched Women's Safety Work in ten probation areas across England and Wales, which involved creating safety plans, sharing risk information and contacting partners/ex-partners. Bullock (2014) found implementation was still problematic and that the nature of the service offered was not what is originally advertised; instead, predominantly these programmes continued focussing on those causing harm.

More recent interventions are required to provide services to victim/survivors directly alongside the programmes for those who cause harm, to ensure safety planning and support, and to oversee potential ongoing danger (Bullock et al., 2010). Some **prioritise victim-safety as a core element, enabling ongoing victim support over the duration of programmes. For example, some monitor the person causing harm throughout the programmes and offer continuous support services for victims** (The Domestic Violence Intervention Project - (n.d.); **providing regular risk assessments and monitoring to manage threat to victims** (RESPECT, n.d.) **and directly addressing victim needs** (DRIVE, n.d.). Research has shown this to be successful – for example, the DRIVE project implementations for victim-safety reducing risk moderately or significantly in 82% of cases (The Drive Project – The Partnership, n.d.).

Bates (2017) analysis of programmes from 21 organisations delivered within the UK found 72% of facilitators do not contact the victim/survivor. However, victim services offered included peer support groups (26.6%), legal help (195%) housing (14.3%), shelters (14.3%), social services (e.g. regarding childcare) (14.3%) and assistance with mental health (4.8%%). Additional crisis support, counselling, resettlement, trauma recovery groups, and other signposting were also mentioned. This indicates that **services are being offered to victims alongside perpetrator programmes however may not be regular, formalised or focussed on victim-safety.**

Overemphasis on the term rehabilitation could also provide victims with a false sense of hope, potentially putting the victim at higher risk (Holtzworth-Munroe et al., 1995). McGinn et al. (2020) found victims felt security simply from those causing harm engaging with programmes in advance of viewing actual behavioural change. **Designing programmes centred around victim safeguarding could reduce recidivism or prevent those causing harm repeating behaviours or moving on to future victims (Hester & Westmarland, 2006). Prioritising victim-safety through regular risk assessments and individualised safety planning would allow monitoring of further potential harm**

particularly where they are still in an intimate relationship. Victims' characteristics are also being considered for their value in assessments for programmes for understanding individual and couple risks for intervening in future violence (Kropp, 2009). Given that DA becomes more severe as it persists (Crown Prosecution Service, 2022), integrating feedback mechanisms, when assessed as safe to do so, would also allow services better monitoring of how well these interventions are working.

Perpetrator accountability

Whilst initial behaviour minimisation or shifting blame is common, changing perspectives and promoting accountability and responsibility over the duration of the programme have been integrated into the majority of programmes (Hamberger & Guse, 2001; Wilczynski et al., 2013).

Hughes (2017) interviewed facilitators for reflections of successful strategies in programmes for people who cause harm when introducing building Better Relationships (BBR). Whilst the sample was relatively small (n=6), due to the paucity of research in this area some of the findings are detailed here. Four of the six facilitators were concerned that previous programme content did not 'challenge' men enough about their abusive behaviour. One stated that confronting and getting them to take accountability does not always take place, and facilitators agreed some content of the newer programmes still detracted from holding individuals accountable. Programmes with vague or superficial goals risk not providing an individual with the appropriate tools to truly change abusive patterns. Therefore, **programmes need to focus on taking accountability, to enable clients to understand what they need to change**.

RESPECT programmes appear to implement good practice, encouraging those causing harm to take responsibility and understand the repercussions of their actions to positively change. One example is 'The Change Project', offered one-to-one or as a group, where those causing harm are encouraged to reflect on their behaviour. Overall, this programme is to increase individual's self-awareness and appears successful in perpetrators taking accountability, as indicated through the decrease of 61% to 2% of women reporting physical injury upon programmes being completed (Respect, 2022). RESPECT also collaborated with Women's Aid to produce the successful programme Make a Change (Make a Change, n.d.) for individuals to recognise and change abusive behaviour before it has escalated into criminality, highlighting the success of early intervention as effective prevention.

The DRIVE project's (Drive, n.d.) intensive intervention also prioritises those causing harm taking accountability. Reflective work is delivered throughout the programme to confront inappropriate behaviour and reconstruct with productive responses. Fostering personal responsibility, direct intervention is used to address and challenge harmful behaviours such as entitlement and control, minimising, denying or blaming, threatening or violent behaviour or gendered and cultural beliefs, to steer away from blaming other people or factors. Non-abusive coping mechanisms are developed whilst reinforcing their positive impact.

Effective programmes will ensure those causing harm do not shift blame but take accountability. Blaming external factors such as stress or alcohol cannot be used to justify or excuse such behaviour.

Structure of programme

Dixon et al. (2012) identifies the need for **programmes to be designed to target criminogenic risks (ie those likely to cause criminal behaviour) however in a therapeutic, rather than educational manner**. Bates et al. (2017) conducted a review of programmes by sending questionnaires to 21

organisations to gain a rich understanding of general characteristics of the structure of such programmes delivered within the UK. They identified that most existing programmes are structured around **helping those causing harm to identify and manage emotions, improve communication, self-awareness, coping skills and general life skills (100%). Anger management, impulse control and conflict resolution are also integrated into most programmes (95.2%) as well as understanding effects on the victim and children (90.5%). Regarding attitudes and beliefs, identifying aspects of power and control (81%), socialisation and an awareness of gender roles (76.2%) are often included, as is an attempt to change harmful behaviour and irrational (pro-violent) thoughts (71.4%). In terms of techniques used, role play is frequently used (95.2%) however meditation and relaxation strategies (76.2%), assertiveness training (66.7%) or using journals to log progress (61.9%) are also common**. Whilst this all looks positive in productively identifying, acknowledging and challenging behaviours, some programmes were criticised for their structure and the content.

Hughes (2017) found that facilitators of the BBR programme reported it was too heavily structured, yet they could not steer too far from the programme content in order to maintain the programmes integrity. It was also heavily loaded - with an average of 20 pages to complete per session which once covered, which left little time to listen to clients. Material was reported as intellectually demanding, with some sections abstract with complex steps/problem-solving which facilitators found difficult to deliver. Hughes (2017) also investigated four client perspectives of the programme and found they struggled recalling specific details of the content even from the previous week. This indicates **if the content is too heavy, not only do facilitators struggle to deliver it, but it is ineffective in getting through to participants. McGinn (2020) also advocates terminology within programmes must be engaging and not simply parroting 'programme language' which this may decrease motivation to engage** or even withdraw.

Suggested **good practice included incorporating more engaging and meaningful techniques which individuals could apply to real life situations**. Hughes (2017) reported that four participants interviewed could recall '**The Helicopter View' tool.** The helicopter is used metaphorically - participants rise above, **viewing situations from an outsider's different perspective to objectively self-reflect, recognise patterns of behaviours and identify triggers to promote awareness and foster better responses** in future. Participants felt this technique was useful in learning to interrupt aggressive thoughts which decreased the likelihood of them losing emotional control. Another tool deemed successful is '**The Time Out' technique,** integrated into DVPPs (Wistow et al., 2017); individuals **remove themselves** for a period of time and are given rules surrounding their behaviour. By separating out, time and space is given **for things to settle to avoid escalating** to abuse. Debbonaire et al. (2004) found when interviewing 24 females whose partners were on these programmes, this technique helped situations where abuse would have otherwise been anticipated, leading to feeling better about their own physical safety.

Treatment approaches

There are a range of treatment approaches integrated into DAPs. These include CBT (85.7%), motivational interviewing (81%), social learning theories (66.7%), strengths-based approaches (57.1%), power and control (52.4%), solution-based techniques (52.4%), client centred work (33.3%), psychoeducational programmes (28.6%), narrative therapy (19%), and psychodynamic approaches (4.8%) (Bates et al., 2017).

Early interventions involved unstructured groups working with perpetrators through consciousness-raising and peer self-help, situated within feminist theories of men feeling need to control women (Feder & Wilson, 2005). Since then, interventions utilised psychoeducational models with the Duluth

model being one of the most frequently used (Butters et al., 2021). This confronts male attitudes to women and highlights violence or controlling behaviours those causing harm have normalised (Eisikovits & Edelson, 1989). Whilst evidence suggests only moderate effects for such programmes (Babcock et al., 2004; Arias et al., 2013), this may be due to distortion of the theoretical base (Hughes, 2017). Evidence highlights that, when used appropriately, Duluth models target and deliver programmes with a significant positive impact on recidivism (Kelly & Westmarland, 2015). Nonetheless, the Duluth model dismisses psychological and emotional factors which could have influenced the abuse; including impulsive behaviour, cognitive distortions, emotion dysregulation or trauma.

Since then, 'strength-based approaches', such as the Good Lives Model used in BBR programmes, have increasingly been used, which sit at a distance to traditional feminist models in DA programmes (Simmons, 2009). These approaches build on existing strengths rather than focusing on problems or deficits to form sustained behaviour change promoting accountability, motivation and a sense of agency.

Cognitive-behavioural techniques (CBT) are one example of a strengths-based approach as an alternative to Duluth (Butters et al., 2021), arguing DA stems from gender power dynamics; however, they do not fully explain cases involving same gender relationships or mental health problems. Cognitive-behavioural methods use various techniques (including functional analysis, cognitive restructuring, identifying relapse patterns and cues, anger management and relationship skills training) to address intrapersonal processes thought to initiate the abuse. Such techniques have yielded moderate effects for reducing DA (Babcock et al., 2004; Arias et al., 2013).

In summary, both the Duluth model and CBT have been criticised for ignoring various social, developmental or biological influences (Bates et al., 2017). However, components in both are known for being very effective for learning positive behaviour change (Hughes, 2017). Duluth based interventions are successful in that they combine feminist concepts and sociological frameworks to re-educate individuals to shift away from their need to power and control victims (Snead et al., 2018). On the other hand, CBT are thought to be valuable in that they directly target relevant triggers and implement behaviour change as a direct response (Karakurt et al., 2020).

Motivational interviewing (MI) techniques are another 'strength-based approach' (Simmons, 2009). Built upon the transtheoretical model for change (Prochaska & DiClemente, 1997), those causing harm experience a series of stages in which beneficial changes are internalised. MI is client-focused with the individual being responsible for change, with facilitators encouraging involvement and motivation (Miller & Rollnick, 2012). Participants are assumed to arrive with differing levels of readiness to change, therefore techniques to motivate are specifically tailored for each individual (Maiuro & Murphy, 2009). A variety of research methods have demonstrated the success of such motivational strategies where the facilitators are well-trained in MI and focus on therapeutic alliance-rapport (Cunha, 2016; Fowler et al 2021). Santirso et al.'s (2020) meta-analyses revealed incorporating motivational strategies was effective in reducing dropouts, and Pinto et al.'s (2023) systematic review found they increased attendance, treatment adherence, motivation to change and clients valued the treatment more. Moreover, they were more successful in terms of clients recognising and taking more accountability of their abusive behaviour. In summary **there is a host of evidence to show the positive impacts of incorporating motivational interviewing techniques in such programmes.**

Trauma-informed practice within programmes promotes recognition to how past trauma may contribute to domestic behaviour. Although integrated into 71.4% of programmes, only 14.3% of

agencies delved further into the impact of this trauma and how individuals could deal with it, in a review by Bates et al. (2017). Disrupted attachment, for example, could initiate a desire to control (Dutton & Sonkin, 2013). Whilst not excusing such behaviour, targeting these issues (acknowledging shame, defensiveness and resistance) can help identify and break cycles of abuse. Some have argued that without a trauma-informed approach, vital opportunities to enhance safety could be missed (Scott & Jenney, 2023). Aspects such as focusing on resilience, promoting self-regulation and emotional awareness, ensuring a safe respectful environment and promoting accountability ensuring individuals take ownership through identifying trauma and their response, can diminish avoidance/denial and foster personal responsibility (Scott & Jenney, 2023). RESPECT programmes integrate trauma-informed facilitation techniques focussing on emotion dysregulation, substance abuse and other roots of behaviour including attachment including childhood abuse, neglect or exposure to violence. The DRIVE project also focuses on trauma-informed practice through multi-agency case management, for example, by offering mental health assistance as required. Whilst not designed with trauma-informed practice, BBR also recognises the significance of past experiences. **Consequently, due to its potential influence upon current behaviour, trauma awareness should be incorporated into programmes, particularly for individuals who have suffers adverse childhood experiences.**

Evidence-based interventions

Scholars, practitioners and guidelines recommend those causing domestic harm should be offered programmes based upon evidence of what works and what matters within programmes (Morran, 2011; NICE, 2014; Radatz et al., 2021) to reduce recidivism (Babcock et al., 2016; Cannon et al., 2016). Specifically, Principles for Effective Intervention (Bonta & Andrews, 2023) have found evidence-based practices successfully work in correctional programming (Radatz & Wright, 2016; Flight & Stewart, 2013) at reducing recidivism (Smith et al., 2009; Bonta & Andrews, 2023). Of these principles, the risk, need and responsivity (RNR) was successful. First, those causing harm should be assessed on their *risk* of recidivism, then given a programme of appropriate intensity. Programmes should emphasise assessing and addressing recognised criminogenic (such as substance abuse) and non-criminogenic (such as poor mental health) *needs* (Bonta & Andrews, 2023) and finally programmes should be *responsive* - acknowledging the ability and learning style of the client (e.g. if they have learning difficulties) (Bonta & Andrews, 2023). Other principles include treatment and fidelity which are increasingly gaining attention in practice-based research (Farringer et al., 2021). The *treatment* principle suggests that facilitators must be firm but fair and respectful (Bonta & Andrews, 2023), and *fidelity* calls for facilitators to be qualified, well-trained and that programmes are evaluated and assessed for effectiveness (Andrews, 2006). **Given the support for these principles (Smith et al., 2009) consideration should be given to the level of risk, individual needs, and type of learning appropriate for individuals; the manner and training of facilitators; and the continual evaluation and assessment of programmes, is suggested.**

Programme Length

Bates et al.'s (2017) review of programmes in the UK found that the number of sessions varied between 12 to 70 sessions on programmes, accounting for individual needs, with an average of 29.15 sessions. The length of sessions ranged from 30 minutes to 150 minutes where sessions were typically offered once (42.9%), twice (19%) or 3-4 times a week (14.3%). It does seem necessary that **if risk of future DA ranges from person to person, rather than having a standardised time or number of sessions, ideally individual risk assessments should determine programme length and frequency to ensure depth for meaningful change.**

Multi-agency collaboration

Verney (2022) highlights that completing a programme does not guarantee change, and abuse can increase if cases are de-escalated before ensuring interventions have been successful. Prevention is one component contributing to a coordinated effort (Gondolf, 2002) - as those causing harm are heterogenous (Haselschwerdt et al., 2019), a collaborative multidimensional approach is required (Dutton & Golant, 2008).

It has been noted that victim services and perpetrator interventions have traditionally worked in isolation, failing to acknowledge interconnectedness (Clarke & Wydall, 2013). The importance of multi-agency collaboration is now recognised, and strategies including timely information sharing, co-location and multi-disciplinary teams recommended to synthesise needs and help promote accountability (Cleaver et al., 2019).

The Domestic Abuse Intervention Project coordinates responses from police, courts, prosecutor officers, probation services, shelters, public and mental health departments so various aspects within DA cases can be tackled together (Pence & Paymar, 2003). Similarly, the DRIVE project integrates multi-agency collaboration by having one case manager who coordinates with different agencies for managing risk, emphasising victim-safety and monitoring progress of those causing harm. RESPECT accredited programmes also collaborate with different services to provide parallel support for both current and former partners to monitor risk; and BBR uses Multi-Agency Public Protection Arrangements (MAPPA) alongside probation, police and DA units to deliver programmes.

As such, **many programmes within the UK are now ensuring that different agencies are working together to allow a holistic approach to delivering programmes. This will ensure programmes are not used to further manipulate and intimidate victims and promote monitoring long-term change. Without this, a siloed approach means critical information about individuals is not shared increasing the likelihood of preventable recidivism being overlooked.**

Evaluation

Meta-analyses of the effectiveness of programmes remain inconclusive as there is so much variation in participants, programmes, defining outcomes and follow-up periods (Akoensi et al., 2013; Arias et al., 2013, Eckhardt et al., 2006; Gondolf, 2012). Recent research has identified measures of a successful programme should not just be based on the number of clients who complete programmes or how much recidivism has reduced, but should include evidence from partners, children and MARAC reports (Vall et al., 2024). This highlights a long-standing issue that the only reliable source of DAPs' efficacy can be from direct accounts of current or ex-partners regarding behaviour change (Dobash & Dobash, 1998). Evaluations also need to consider not just what programmes work in terms of recidivism, but what conditions effect programme effectiveness and which programmes work for who (Babcock et al., 2016).

Project Mirabal was a 5-year investigation including surveys and interviews (with those causing harm, ex/partners and children) into the effectiveness of 11 DAPs (Verney, 2022). Success was not reported based on reduction in physical violence alone but what the programme had caused; this included respectful communication, decrease in physical and sexual violence, enhanced freedom, more positive shared parenting, and a change in those causing harm by their understanding of behaviour and its repercussions. Overall, successful change was noted in all seven categories of physical and sexual abuse 12 months post programme. Use of a weapon (initially 30%) and pressure to undertake unwanted sexual activity (initially 29%) completely diminished, and other behaviours significantly reduced, including injury from violence (from 61% to 2%), lower risk violence such as

punching or kicking (from 54% to 2%), potentially lethal behaviours such as strangulation or choking (from 50% to 20%) and children witnessing violence from (80% to 8%). Whilst for a quarter of women harassment or other abusive behaviour did continue, the majority of reports suggested women's sense of safety improved by 51%. This highlights **evaluating success of programmes based purely on programme completion or recidivism is too vague. Including additional criteria such as improved behaviours or victim/survivor perception of safety provides a more accurate representation**.

Lilley-Walker et al (2016) has proposed a systematic model to assess outcomes to allow for comparison of programmes. It advocated the need to provide clear descriptions of each programme's approach and characteristics, alongside providing standard definitions of recidivism. It recommended using large and diverse samples (with detailed participant information), and control group designs to assess efficacy. **Measures should assess a variety of abusive behaviours utilising mixed methods for richer understanding and should ensure long-term post-programme follow ups, including feedback from ex/partners (not just self-reports from those causing harm). Evaluation of the quality of programme facilitation and consistency should also be present**.

Following this model, Vall et al. (2024) conducted a systematic review of the quality of perpetrator outcome studies from 1988 to 2021. Forty-six studies were included. Descriptions of the study sample, details of approaches, characteristics and content of the programmes were often not reported. Follow-up periods ranged from 3 to 9 months, with recidivism rates ranging from 5% to 72.5%. Twelve of the 46 studies used more than one source to gather recidivism statistics, however studies reporting ex/partner accounts were scarce. Even some of the major studies lacked inclusion of important information for outcome analysis such as length of sessions, details of programme facilitators, content of programmes, and inclusion/exclusion criteria. As a result, many of the nine advocated components were not appropriately covered. As such, assessing the effectiveness of interventions and comparing programmes is still a significant issue (Turner et al., 2023) and without such standardised methodologies it is difficult to compare which programmes are truly effective.

Engagement/retention

One major issue impacting efficacy of DAPs is the consistently high rate of attrition for those engaging (Jewell & Wormith, 2010; Cunha & Goncalves, 2014). The Vall et al. (2024) systematic review reported dropout rates ranging between 0-64%. Attrition rates serve as an obstacle to reducing recidivism (McMurran et al., 2010) and can predict future harm (Lauch et al., 2017; Lila et al., 2019) effecting welfare and public safety (Olver et al., 2011). **For greatest success and sustained behaviour change, DAPPs require completion, so consistent engagement and retention is essential** (Pearson et al., 2022). Where individuals are engaged and complete programmes DA can significantly decrease by 44-64% (Gondolf & Jones, 2001).

Barriers to engagement

History of abuse victimisation, witnessing DA, level of education and employment status can influence programme completion (Gruznski & Carillo, 1988). Another study found those who drop out tend to be younger, have had more police contact for drug or alcohol offences, have lower levels of employment and had borderline or schizoid mental health issues, in comparison to programme completers (Hamberger & Hastings, 1989). Similarly, more recently Cunha et al (2023) highlighted 42.2% of those causing harm for DA did not complete the intervention they were enrolled on identifying younger individuals with prior convictions were more likely to drop out than older participants with no prior offences. Alarmingly many potential drop out indicators also predict recidivism for DA (Cattaneo & Goodman, 2005) or other offences (Eisenberg et al., 2019). As such,

pre-existing characteristics must be considered to identify those at risk of attrition and reflect upon ways to keep individuals engaged enough to complete programmes, such as considering whether adverse childhood experiences may play a part.

Individual's readiness and motivation to change is also considered a significant factor in dropout (Lila et al., 2018; Pearson et al, 2022). The majority of those participating are instructed to do so under court order (Cannon et al., 2016). This may influence resistance as they tend to be less effective - voluntary programmes, being far more impactful, are associated with increasing success (Parhar et al, 2008). McGinn et al.'s (2020) recent findings support this, stating that motivation is essential and being forced to change (rather than wanting to) may detract from programme completion. As such individual motivation should be considered to formulate strategies to promote long-term engagement. MI techniques discussed above for example have been found to enhance engagement and reduce dropouts (Pinto et al., 2023).

In relation to voluntary programmes, Donovan and Griffiths (2015) identified a high dropout rate in the pre-commencement phase, despite self-referrals, therefore it is vital potential clients are engaged at this stage. Several factors including facilitator skills and confidence were identified as factors which could improve the rate of engagement.

One-to-one or group interventions

Group interventions have been reported to help those causing harm overcome denial (Simmons, 2009) and feelings of shame, which may increase motivation to remain on the programme (Maiuro et al., 2001). For victims/survivors, however, group interventions are perceived negatively and are viewed as highly problematic when peer support, arguably, involves normalising one another's violence and individuals then feeling they are valued through reinforced behaviour (McGinn et al., 2021), as mentioned above.

Misusing interventions

There are also cases where people causing harm appear willing to engage in programmes, however not for the intended reason of behaviour change. McGinn et al (2020) found those causing harm may appear motivated yet participate in programmes to avoid custodial sentences or regain their family dynamic. A later qualitative study reinforced this finding as victim/survivors perceived those causing harm were completing programmes to try and show they are safe people to be around or to get their children back from child protection (McGinn et al., 2021). **If programmes are undertaken merely in order to gain something for themselves, then engagement may merely be superficial compliance rather than genuine motivation to change behaviour. Close monitoring of this aspect is therefore required.**

Phase 2: Appreciative Enquiry Group with Professionals

25 professionals attended the workshop from a range of different local services linked to DA. From the workshop four organising themes emerged, with associated basic themes:

1. Tailored interventions
2. Skilled facilitators
3. Multi-agency collaboration
4. Societal/cultural impact

These will be discussed in turn, with ideas for future programme development highlighted in bold.

Tailored interventions

A focus for the discussion was around the approaches to practice when it came to facilitating programmes. There was a general consensus that these **approaches should be both person-centred and trauma-informed** whether working with those who have experienced abuse or those who cause harm. Another important consideration was **the importance of hope that people can learn to change behaviours**. Where appropriate it was suggested that **techniques such as MI should be utilised** to help support behavioural change. It was also clear that professionals felt there was also a **need for support to be in place for those working in the frontline** of the field around peer and managerial supervision. The reason for this was twofold: to help provide wellbeing support as the stories they encounter can be traumatic, but also to help them check their own biases and ensure there is no collusion.

It was also recognised that **interventions should not stand alone and one isolated programme for people who abuse is unlikely to be effective without other types of support** provisions in place. Some of these were linked to supporting behaviour change, so needing support groups for victim/survivors and children. This was felt to be particularly important if they were still in a relationship with the abusive partner, and more so if they were attending an ABP. There was also a need to ensure that the ABP was not just 'a sheep dip' solution, but instead included long-term pathways to change, seeing it as a journey with one-to-one work, groupwork, having a mentor, access to moving on support, and so on.

Broader interventions were also suggested to help address the problem at an earlier stage and these included a need for restorative justice, positive male role models in the community, early intervention work, and separate groups for young people who are exhibiting controlling behaviours in a relationship.

A key finding here was the need for a systemic approach to support, **in that a perpetrator programme does not stand alone but needs to be part of a system, and currently, how the systems are set up in the local areas (BCP and Dorset) are in some cases contributing to the problem. For example, difficulties in data-sharing, access to resources, a lack of standardised multidisciplinary training and different services having different criteria for who can access support can create difficulties.**

Skilled Facilitators

From the workshop came a need for highly skilled practitioners when it came to working with people who harm, as it was acknowledged that this was challenging work. There needed to be an emphasis in **training and continuous professional development around key skills, behaviours and techniques. There should be networks for sharing good practice** and all those working in the area of safeguarding should be given DA training. There should also be **counselling and wellbeing support for staff** working in this field.

Multi-agency collaboration

Unsurprisingly, the need of effective multi-agency collaboration came up (as evidenced above), with participants sharing that in 'an ideal world', **information sharing would be clear and effective, processes would be streamlined, risk assessments would be joined up, shared and updated, and there would be wrap around support** for all those who impacted.

Societal/cultural impact

Perhaps unsurprisingly, with the mix of professional and experience within the group, participants also took a 'big picture' approach to addressing the problem. They expressed a need for societal and cultural change, as they felt many of the behaviours used by those who abuse in relationships, particularly men, were being reinforced by stereotypical gender norms within society. This took a prevention focus. Participants cited examples such as the gendered nature of language. There was a strong sense that **schools had a role to play, around educating children on such topics as healthy relationships and emotional intelligence. They also noted a need for professionals to actively challenge societal views, and more investment in services**. They felt there was a requirement for a national approach to help address this problem.

A key finding here was the need for a wider reflection and consideration of the impact that **current 'stereotypes' and societal norms around gender are impacting the behaviours of those in relationships**. The gendered norms in society impact people being able to seek help (for example male victims often find barriers to being believed, as men are supposed to be the 'head of households') and also influence the behaviours of those in relationships aligned to role expectations, for example women are expected to look after the children and keep house, and men earn the money. These may seem outdated tropes, but these narratives are still very much part of our societal discourse. The environmental system is contributing to the problem and sea change is needed.

Phase 3: Interviews

Two clients of Up2U CHR ('Rob' and 'Ben') and one victim/survivor ('Lou') whose ex-partner was undergoing the programme, were interviewed.
Eight organising themes were identified from the interviews with those who cause harm; and five of these (in italics below) were also reflected in the interview with the victim/survivor:

1. Tailored interventions
2. Skilled facilitators
3. *Victim inclusion*
4. *Perpetrator accountability*
5. *Structure of programme*
6. *Multi-agency collaboration*
7. *Evaluation*
8. Engagement/retention

These will be discussed in turn, with ideas for future programme development highlighted in bold. Pseudonyms will be used throughout.

Voice of those who cause harm:

Tailored interventions

Both participants highlighted **the importance of interventions tailored to them as individuals**. Ben discussed how useful he finds discussing his current week in general, having his worries and anxieties about life, work and relationships listened to, yet also discussing childhood and his past: "*he probably knows my whole life story*". Rob recognised the potential broadness of behaviours incorporated into DA and liked how **the facilitator chose to focus on sessions they felt most appropriate** for him and integrated areas of interest.

> *"He'll liken things to [sport] and things like that and I play … and he's very good at bringing that because he keeps it real. I can't stand it when you're sat there and preached to by somebody and you know they're just basically reciting a corporate manual or a book that they learnt whilst they were at university or something like that. And any monkey can do that? It's about bringing it to life so people can relate" (Rob).*

Skilled facilitators

Both participants were **very complimentary of the facilitator** with comments including, "*he's a lovely bloke*" (Ben) and "*I've got a huge amount of respect for him…he **knows what he's talking about***" (Rob). When pushed about specifically what they felt useful, both **demeanour and giving participants agency to consider change were highlighted:**

> *"his demeanour, his calmness, he listens, he understands, he validates. He'll also challenge in a very respectful way" (Rob)*

> *"he wasn't giving his opinion, but helping me pick them and understand them and I would think hmm could I have acted differently and we would talk that through… he doesn't patronise me, doesn't summarise me, doesn't summarise things, or right here, you need to go and do actions. He'll plant the seed and let me go away and do it" (Rob).*

Importantly for the clients, the sessions are **non-judgemental:**

> *"you can sit there and speak to him, not feel judged… he's very understanding about it"(Ben)*

> *"He's not intrusive and he's very clear around what we're going to be doing and he's not judgemental either" (Rob).*

Victim inclusion

The importance of victim inclusion was considered as **one of the participants repeatedly commented about what his ex-partner said/did/felt. Including her in the process would allow them to compare her perspective with his interpretations and would thus enable corroboration or challenge where required**.

Perpetrator accountability

Linked to the comments above regarding victim inclusion, were comments around the level of perpetrator accountability; for example, one participant accused the victim/survivor of talking nonsense and attempted to shift blame, so **her or other professional's perspectives would have been useful in order to consider the ground truth**. However, there was evidence that the programme included methods of reflection which may lead to participants **taking some responsibility. This is necessary in order to facilitate behaviour change**. For example:

> *"trying to get me to reflect and be more aware of my own, like, my feelings and **what my response** is because… I can [be] calm, but I'm a lot, you know, sort of explosive - I'll get very irritated and I'll say the wrong thing and then, you know, I may regret it later" (Ben).*

Structure of programme

In relation to the structure and content of the programme participants highlighted some specific parts **they found useful; in particular, the 'colour technique'** in order to check themselves and monitor their responses; to "*have a breather*" (Ben) to **think before acting; and brainstorming different scenarios and how they could go better**. Rob also highlighted the **importance of self-awareness and how frustrations and tensions could build up** prior to incidents.

Rob liked:

> *"**signposting of the sessions are really good**, so I know what I'm going to be thinking about for the week before I'm coming in, so I come in prepared" (Rob)*

and stated:

> *"I get something from every single session. I really really do" (Rob).*

However, Ben commented that:

> *"**a couple of sessions have been a bit samey**" (Ben).*

It is not known which sessions these refer to or whether Rob had yet completed these.

In terms of setting and environment, Ben stated he probably would not have spoken in a group situation, yet he opened up **one-to-one**. Rob was clear:

> *"I certainly **wanted to go face to face**… I don't find if you're talking to somebody about these kind of things on the teams it didn't work for me… also I think you know, yeah, I think the big thing was it **wasn't deemed as counselling**" (Rob).*

Multi-agency collaboration

Linked to the comments above regarding victim inclusion, **multi-agency collaboration could help to clarify the narratives provided by participants. However, the need for timely referral and multiagency awareness of programmes** was firmly established by one participant who considered his initial experience as:

> "*shocking…but that's not down to the programme.. social services how they promoted it and how they set it up*" *(Rob).*

This was expanded upon further:

> *"**social service, they didn't even know what the programme was about**. It was, this is what's been offered to you. And I said, well, what is it? And we don't really know. Brilliant" (Rob)*
>
> *"it just wasn't professional" (Rob)*
>
> *"I was appalled by the fact that the social worker had no understanding of what it actually was, that she was putting me forward for. I was just, I just couldn't believe it" (Rob).*

Evaluation

In terms of evaluating their programme, participants considered what they had learnt from the programme and how it had impacted them. Ben noted that "*I do **find it beneficial***" and Rob stated:

> *"I look forward to my …sessions. I don't see it as a chore" (Rob)*
>
> *"I would use the words **life changing** in a positive manner and that's a that's a bold statement to make" (Rob).*

In terms of specifically how it has helped them, the following comments were made:

> *"I'm just sort of **managing my anger better, looking at things in a different way** would like with a, you know, with a more positive, calmer outlook" (Ben)*
>
> *"**walking away**, taking a, taking a breather or, you know, reflecting, giving it a bit of time before before you act" (Ben).*

Self-reflection has been enhanced alongside viewing their actions from another's perspective:

> *"I'm now much more aware of my conversations …and not allowing to get to that point of frustration where I may become or she may feel intimidated by me …ultimately, I think …in a weird way indirectly using my size to gain an advantage …I never knew it, but she says …I would stare at her… that cold eye stare, and I'm much more aware of things like that" (Rob).*

This has also impacted their other relationships, although again corroboration from the sources involved would be helpful:

> *"she's probably seen a difference in me and how happier I am and understanding and **accepting of the situation"** (Rob)*
>
> *"with people I speak to and how I engage with people who, you know, not necessarily not like in a romantic relationship. People in my own family and just, just, even everyone on a day-to-*

*day basis ... it's helped me, just try and have a like **a smoother, calmer outlook and interactions with people**" (Ben).*

Ben talks about having been given a positive outlook for the future: "*I don't want to go back*".

Engagement/retention on the programme

Initially Rob highlighted the difficulties above in terms of knowing what to expect from the programme and reflected:

*"I think there's an **expectation for you to go and research it online …I had no confirmation text message**. It was just like literally Oh, this is when it is … there was **no pre meeting information to say look, this is what this is what Up2U are all about. This is what we're looking to do** and I think I went into it saying look OK, I want to do it and if I can get one nugget from it… brilliant. I thought it'd just be one or a couple of meetings**. I had no idea**. … I think if people were kind of a bit more pissed off, they'd probably turn to go well, I'm not going to do it because I don't even know what it's about" (Rob).*

He recommends:

***"A pre meeting kind of information pack** or something just to set it up would be a lot better. And also you'll go into the first meeting, have a greater understanding of what there is that you can gain from it and probably be better prepared" (Rob)*

and

*"just a little **bit of promotion** around what, you know, what they can achieve" (Rob).*

Ben admitted "*at first I was very sceptical*" but was encouraged by others who thought it would be of benefit to him, which pushed him into it. Then he says:

*"what helped me was [when] I realised it was one to one because, you know, at first I thought, oh, it's going to be like, you know, I thought it was going to be sat there with a load of other people, you know, almost **labelled as like a bloody abuser** and that" (Ben).*

Links to the skills of the facilitator and the structure of the setting were apparent:

"in any way being like judgement or, you know, rude or anything like that, I would have just, yeah, I wouldn't have returned" (Ben)

"if there was sort of more than maybe three people in total, I don't think I would have returned" (Ben).

This is also evidenced here with the importance of tailoring the intervention, as noted:

*"if you make it **too prescriptive, then … it may may force people to shy away** from it" (Rob)*

Voice of victim/survivor:

Victim inclusion

The inclusion of the victim/survivor or current partners for corroboration/clarification of what is being said by those who cause harm appears essential for valid evaluation of behavioural change. Of note was that 'Sarah' had no idea of what was discussed on the programme her ex-partner had attended:

> *"I would love to know what the programme entailed.* ***I've got no idea what they discuss*** *or what they follow".*

Moreover:

> *"he'll say things …but whether that's the truth or not…****he doesn't tell the truth*** *a lot of the time"*.

Perpetrator accountability

In light of the comment above regarding the person who caused harm not taking responsibility, Sarah made additional comments in relation to the need for perpetrator accountability.

Comments included that the programme potentially was:

> *"****almost giving him reasons for what he has done*** *…there is a reason why he's done these things he's saying"*
>
> *"he can see what he's done, but I wouldn't say he acknowledges what it is"*
>
> *"I can see his circle … and when he goes into different patterns. But I don't think he has any awareness of that".*

Significantly:

> ***"he still doesn't take any responsibility for what happened".***

This again emphasises the need for victim inclusion and multi-agency collaboration.

Structure of programme

A difficulty highlighted by Sarah was that she did not know what was included in the programme; she was aware of the **cycle of abuse and had knowledge of this, in terms of different types of abuse (including emotional and sexual), how such behaviour can impact children, having and maintaining healthy boundaries, and taking others' perspectives (understanding how the other person may feel) and felt these were all essential elements for those who cause harm to know**.

Multi-agency collaboration

Sarah said it was a **shame they were not aware of services such as Up2U earlier**. They were not referred by partner agencies, and inappropriate comments from professionals indicated they had limited knowledge of DA when approached. Sarah suggests:

> *"the earlier people would have access to that, there's potentially higher the chance that it would be more successful before there's too much damage done".*

As such, **multi-agency collaboration should include relevant, integrated training** to relevant professions (e.g. social workers, police).

Evaluation

In terms of evaluating the programme, Sarah notes that ex partners may only have limited insight to any change, particularly when interactions between them are limited, and the problematic nature of evaluation:

> *"how do you evidence that it is making a difference?"*
>
> ***"he might come out of that …and …say, oh, this has been amazing, I've changed and all that. But have they?"***

Positively though she notes: *"he seems to be quite positive from it"* and *"he's noticed how he is in certain situations", "it's obviously making him think"* and reflect and *"he'd be much quicker to apologise".* However, the change is "*nothing drastic*" *"a very small percentage"* and appears intermittent:

> *"sometimes I think it's helping and other times I'm like, I don't know that it has helped"*
>
> *"that pattern of what he does to me is still there"*
>
> ***"I'm not sure it's changed him …maybe needs more time".***

Phase 4: Feedback Questionnaires

A sample of 24 feedback questionnaires were provided to the research team by BCP Up2U CHR Programme Team. This feedback included a mix of quantitative findings (included in tables 1-8 below) and free text, qualitative comments. All answers were analysed together, resulting in seven organising themes:

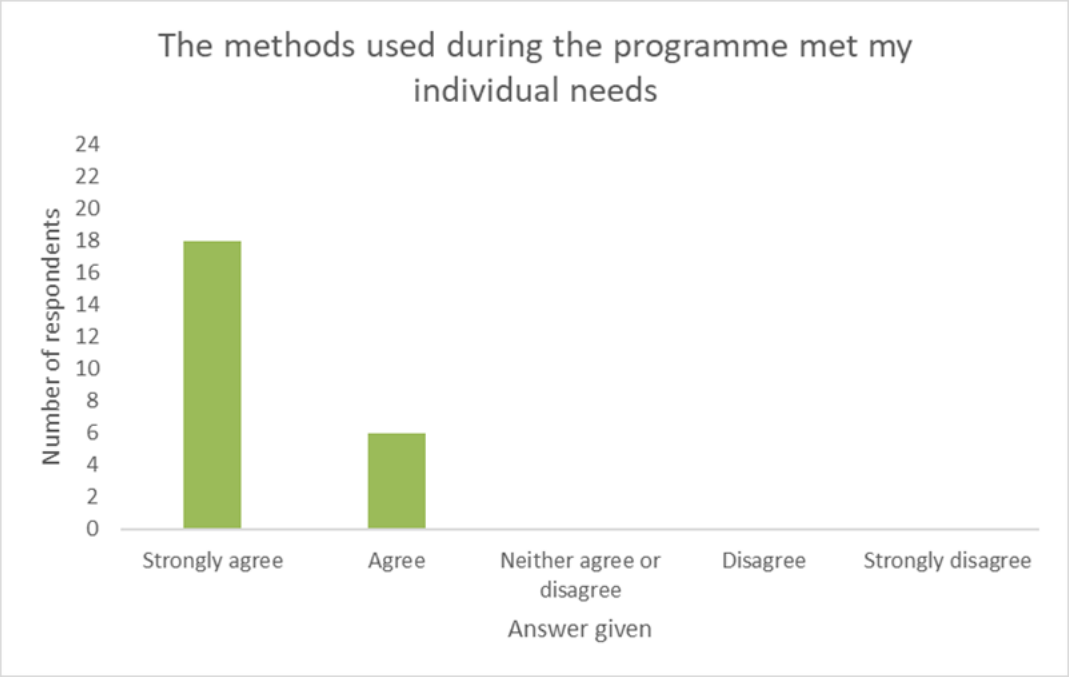
1. Tailored interventions
2. Skilled facilitators
3. Victim inclusion
4. Perpetrator accountability
5. Structure of programme
6. Evaluation
7. Need for integrated support pathway open to all

These will be discussed in turn, with ideas for future programme development highlighted in bold.

Tailored interventions

The free text responses did not explicitly mention how the interventions were specifically tailored to individuals, however, the question in figure 1 below demonstrates how **all respondents agreed the methods used met their individual needs.**

Figure 1 To what extent users agreed that the methods used met their individual needs

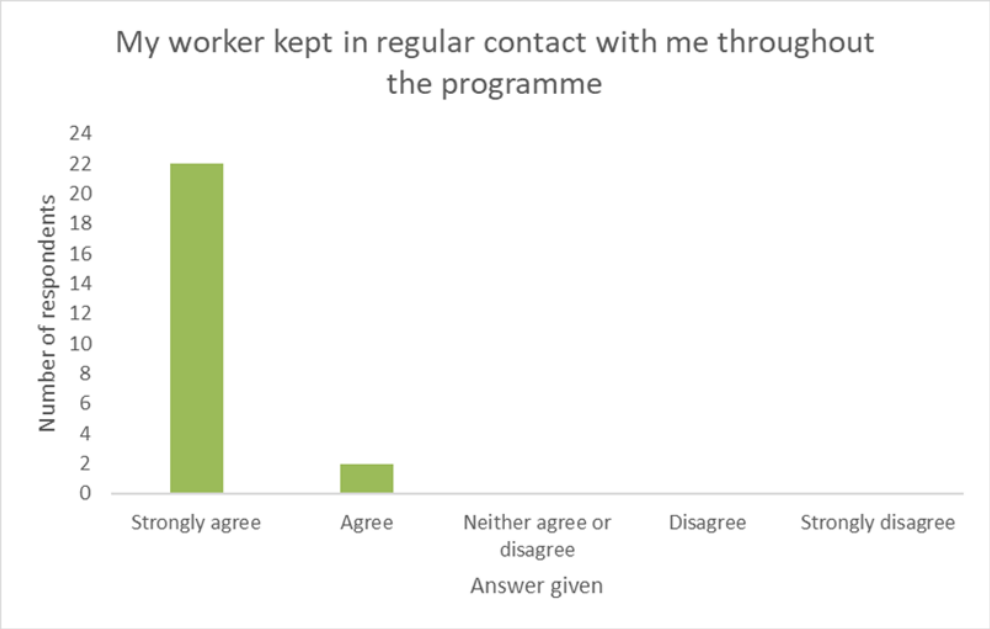


Skilled facilitators

In relation to the facilitators, the responses in figures 2 and 3 show that **all respondents agree (and the vast majority strongly agreed) that the facilitators were professional treating the person who caused harm with respect and kept in regular contact with them** throughout the programme.

Figure 2: To what extent users agreed that the facilitator was professional and treated them with respect

Figure 3: To what extent users agreed that the facilitator keep in regular contact with them during the programme



Additional free text comments suggested the **facilitators were held in very high regard**, evidenced by them repeatedly being mentioned positively.

Comments included the facilitator was "*remarkable throughout*" (respondent 3) and:

> "*very pleasant, understanding person who is very **approachable + helpful**"* (respondent 7)

"really **compassionate and supportive. She explained tasks clearly**" (respondent 11).

Victim inclusion

Interestingly one respondent reflected findings noted elsewhere in this research that there could be improvements to the programme by:

> *"**Both parties having to complete the course** e.g. ex-partner as there are two sides to every story"* (respondent 11).

Perpetrator accountability

Although further contextual information is not known, some respondents made comments which may indicate a **possible deflection of responsibility**. For example, one stated:

> "the unhealthy relationships **may not have been caused by me** directly" (respondent 7).

Structure of programme

Figures 4 and 5 below illustrate that all users agree, and most strongly agree, that the **programme aims were clearly explained and met; and sessions were clear and well-paced.**

Figure 4: To what extent users agreed that the programme aims were clearly explained and were met

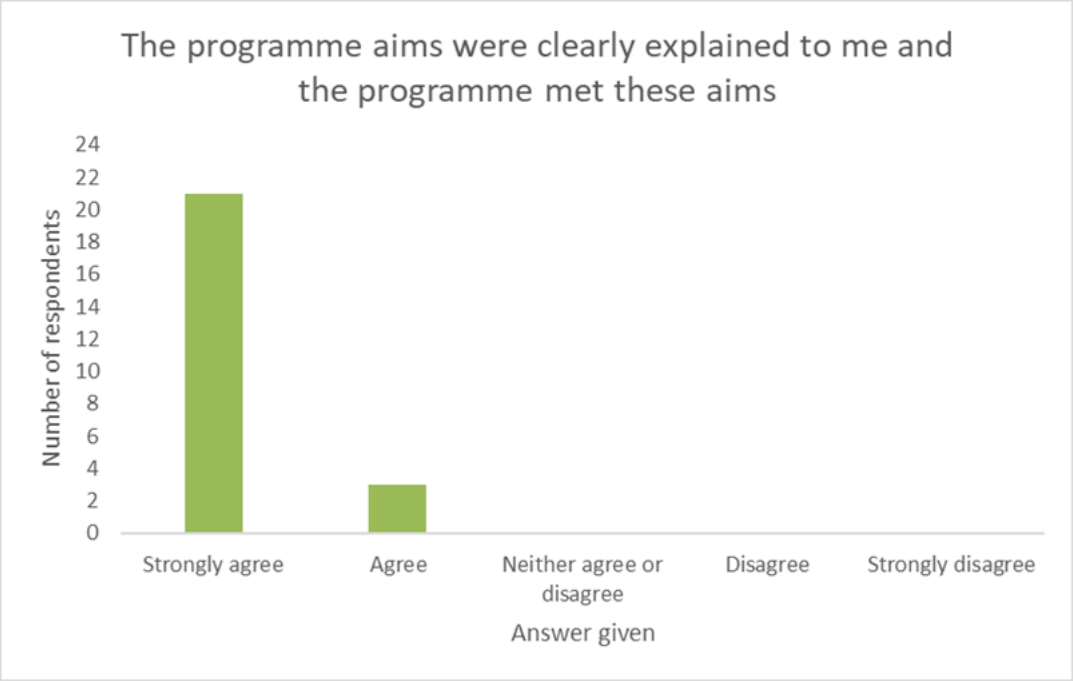
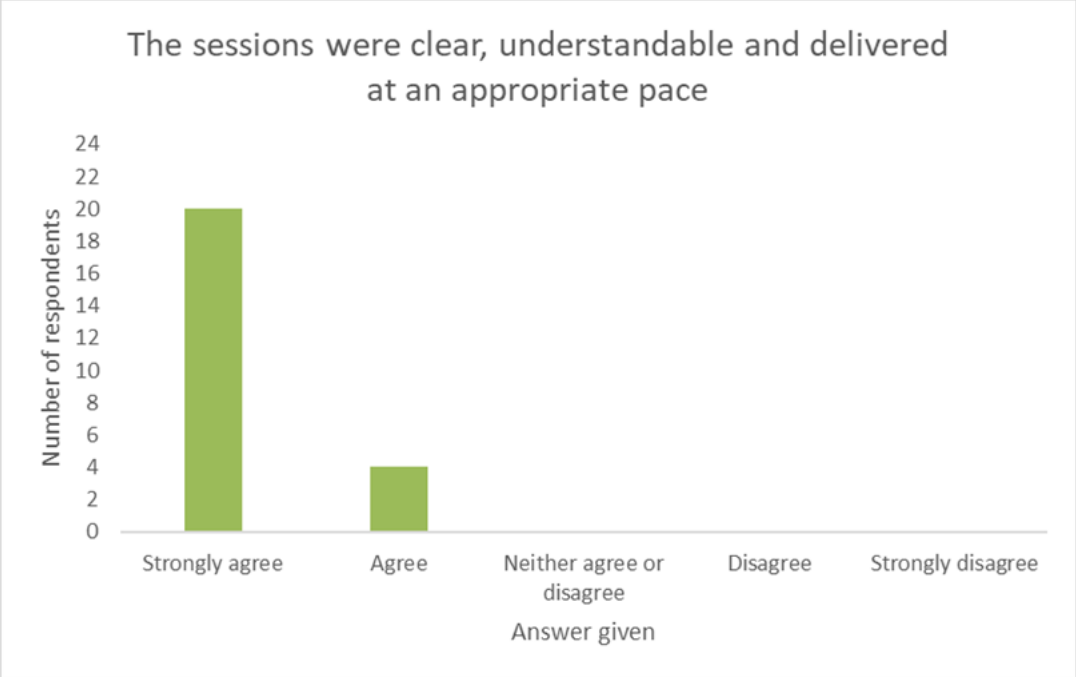


Figure 5: To what extent users agreed that sessions were clear, understandable and delivered at an appropriate pace



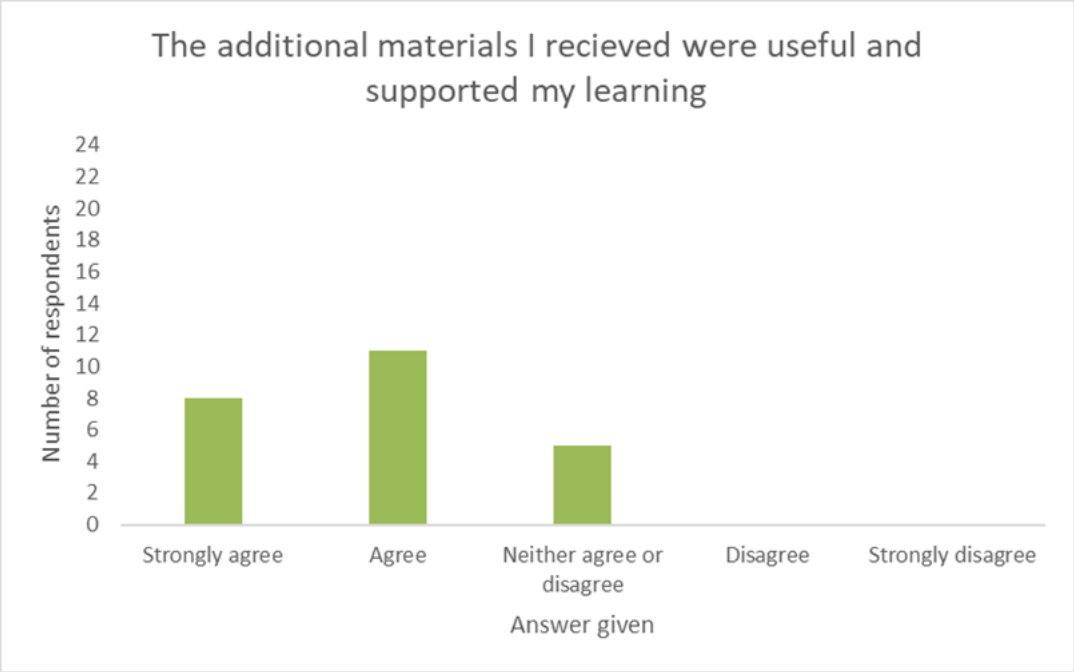
From the free text comments, specific **sessions which were noted as being particularly helpful were the colours, understanding different factors, discussing actions, cards, thought stopping, though interrupting, emotions and time out.** One respondent stated 'less colours' however the repeated mention of them reiterates it is something respondents appear to remember and most find useful. Some respondents also stated that **some of the course was repetitive** with the same questions and use of previous scenarios (e.g. RACE). The **addition of a grief session was also suggested** by two respondents.

In relation to the **materials used most agreed they were useful and supported them** (see Figure 6) however a suggestion was made that it would be useful to:

> *"**Send out a booklet**… workbook to go through so it's easier to see on Teams. Then they can refer back to it"* (respondent 15).

Additional comments suggested **some improvements could be made to the materials** overall. Specific examples included looking at on PowerPoint **slides** (e.g. better pictures), modernising the **booklet** and updating the **videos** (e.g. 'children see children do' session 3.5). Parts of the materials mentioned as **less useful included anger and aggression cards, photos of expressions, meditation and insight timers**.

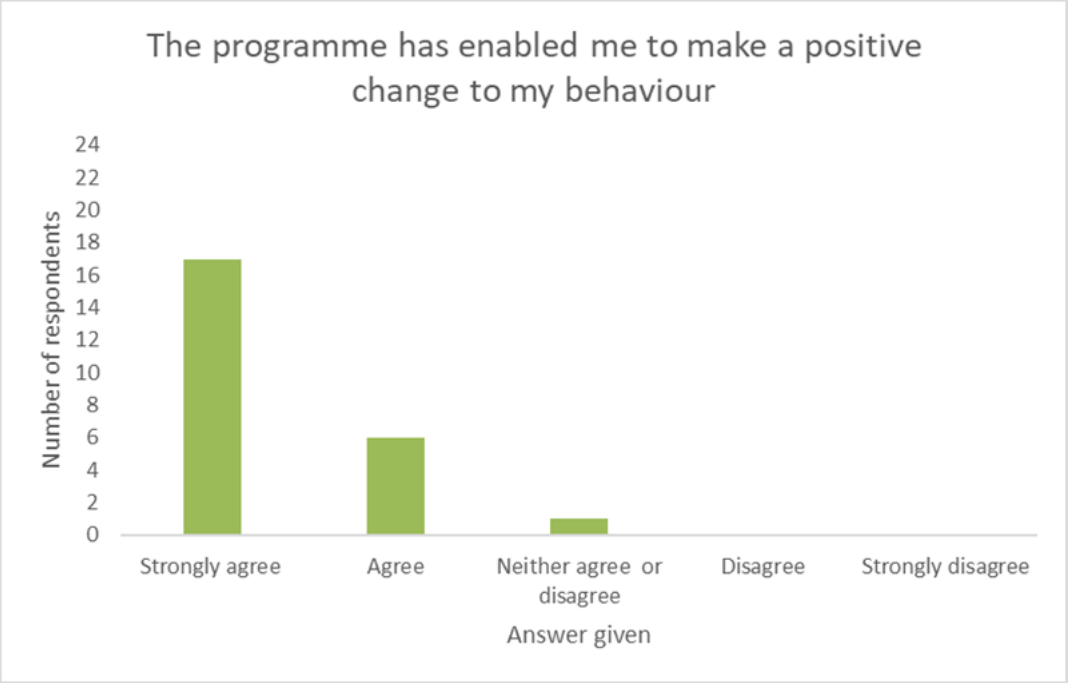
Figure 6: To what extent users agreed that the materials were useful and support learning



Evaluation

Whilst difficulties in self-report measures without corroborating evidence have been highlighted throughout this report, **the majority of respondents agreed or strongly agreed that the programme enabled them to positively change their behaviour** (figure 7).

Figure 7: To what extent users agreed that the programme has enabled them to make a positive behavioural change



Some of the free text answers reflected this, such as stating the programme:

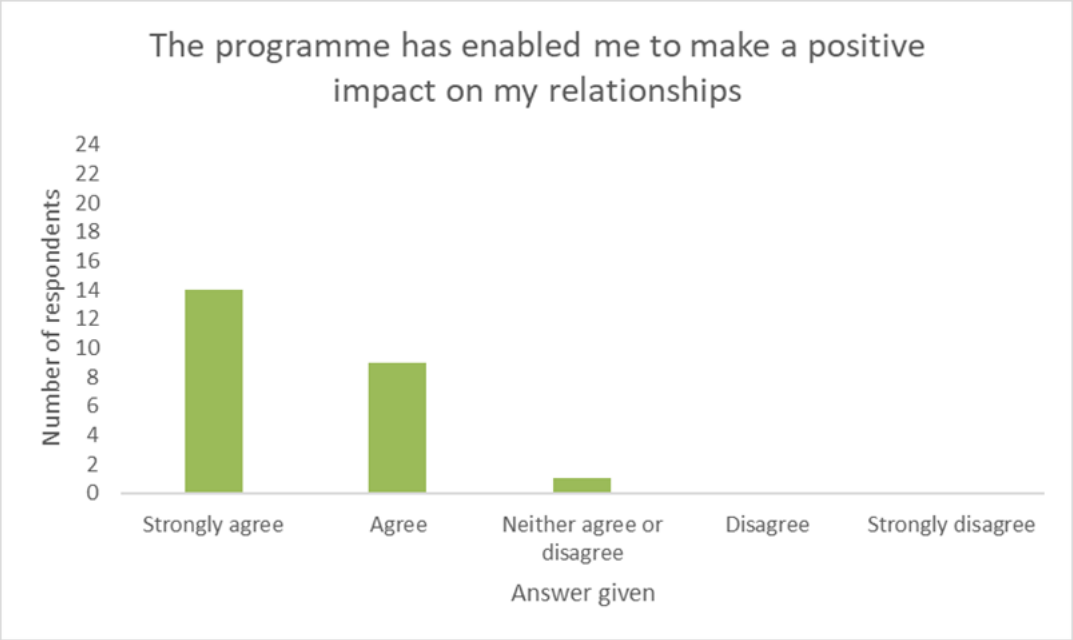
> *"helped me to change my behaviour"* (respondent 10).

With examples including:

> ***"Taking a Deep Breath and not reacting"*** (respondent 13).

Specifically, respondents noted **it had positively impacted their relationships** (figure 8).

Figure 8: To what extent users agreed that the programme has helped to make a positive impact on relationships



This was also reflected in some of the free text comments made which included some of the impacts it had on respondents including being:

> "*able to have a better relationship with kids + Mrs*" (respondent 5).

In addition comments suggested a broader impact and their lives:

> *"giving me the **tools to get my life back together**"* (respondent 8).

Need for integrated support pathway open to all

Linked to this theme were the **complimentary free text comments** made by respondents who had completed the course, such as:

> *"fantastic service and I'd highly rate and recommend it"* (respondent 8)

They explicitly outlined the **need for longevity of the programme and early access**, with one respondent saying the worse thing about it was having to wait five months, another was it "having to get to this stage for me to do something" (respondent 5).

> *"This programme is exceptional and needs to remain for other people"* (respondent 3)
>
> *"I'd like to thank you for making me a better person and for your time and patience you've done wonders, long may it continue"* (respondent 15).

Phase 5: Focus group with practitioners

Four employees of BCP, including two facilitators of Up2U CHR, took part in a focus group. Focus groups are designed to encourage interaction and discussion, facilitated by open questions and prompts to encourage self-reflection and open dialogue.

Ten organising themes were identified:

1. Tailored interventions
2. Skilled facilitators
3. Victim inclusion
4. Perpetrator accountability
5. Structure of programme
6. Multi-agency collaboration
7. Evaluation
8. Engagement/retention
9. Societal/cultural impact
10. Need for an integrated support pathway for perpetrators – open to all

These will be discussed in turn, with ideas for future programme development highlighted in bold. Pseudonyms will be used throughout.

Tailored interventions

It became clear from the conversations with the practitioners that they use the structure, activities and exercises from their programme as a 'framework' for their one-to-one sessions with clients rather than following the format and guidance exactly:

> *"no two people get the same version of the programme because of it being, …made to that individual, adapted accordingly"(Tom).*

There was a need to manage the balance between engaging the client with the course material and holding them to account for their behaviours, which included being transparent with them from the outset about any concerns raised. This includes identifying what is important to the client. **Each programme needs to be tailored to each individual** for example using sports of interest to them, analogies they understand and relate to, and:

> *"there's the consequences box, there's the action, whatever I said or did, it's the feeling and the thought that informed it when you're replacing that thought, there's no point in just playing the automatic opposite.* ***It has to be captured in the language that they can imagine saying to themselves"****(Tom).*

The group emphasised there is a requirement to unpick their individual behaviours and help clients to reframe their actions. This included **adapting activities to meet individual needs such as neurodiversity**, with the example that metaphors may not work, or cultural backgrounds, and the need to **tailor case scenarios to bespoke activities of interest to the client.**

It was also important that the programme did **not just focus on relationships but also allowed for discussion around helping them explore broader issues and life choices** and their approach to them. For example:

> *"are they being held back by financial circumstances, accommodation, location and family support?" (Tom).*

Skilled facilitators

It was clear from the discussion that the **facilitators were highly skilled and bring a lot of their own expertise and experience** to the programme, i.e. one facilitator shared how they use music to build rapport and help engage the client. They were able to adapt the programme to meet individual learning needs, furthermore they were **aware of the impact of certain activities on their clients' beliefs and engagement, such as sessions on 'mindfulness', where the facilitator had to reframe the concept to be seen as purposeful,** for example saying to a client:

> *"You know, you're [they're] feeling very attacked, very exposed, yeah, embarrassed as well. So I think it's about [the facilitator] treading carefully as well and being respectful... So really being quite mindful in another approach" (Marina).*

Supervision was also reported as vital to maintain the wellbeing and effectiveness of the support provided. This also helped the facilitators to manage their own expectations and self-reflect on their practice, particularly in circumstances where they might be being manipulated.

A challenge that was articulated here was the **difficulty of recruiting and retaining** such highly skilled individuals.

Victim inclusion

The focus group participants shared a **need (where possible) for feedback from the partner or ex-partner, to help map progress and acknowledged that there was a struggle sometimes to get the ex-partners to engage** in support. It was felt that such feedback was key when it came to addressing behaviour change and measuring outcomes. There were challenges acknowledged though, in that sometimes the partners/ex partners and also key workers did not want to participate in this type of feedback activity:

> *"if you think a bit from the flip sides, we're asking a domestic abuse worker, who's supporting clients who've experienced domestic abuse, But then to help support work for the perpetrator. So that can for them, for the worker, that can be a massive step. No. Why would I do that? I mean, why do I encourage that?" (Marina).*

They also noted the **cost implications with running support sessions alongside and limited resources** for this.

Perpetrator accountability

It was noted that **the programme should, as a core theme, include perpetrator accountability**. In order to do this, time needs to be given to getting to know the participant and consider all aspects of

their life e.g., their upbringing, Adverse Childhood Experiences (ACEs), as well as their current situation, such as housing and employment. As was noted in the focus group:

> "*It [their circumstances] is not meant to be a blank cheque excuse for what then happens in their relationship but, it may be that they feel a victim of circumstances, some extent and help them enable them to take charge of that. And then make sure that they're making positive steps towards that rather than actually just use it as an excuse*" (Tom).

The clients are required to think carefully about the **impact their behaviours has on others**, and that although their life circumstance may help understand why some decisions and actions have been made, they do not take away their responsibility for what has happened. The focus group participants noted if the clients could be **supported to take responsibility for their current circumstance and work towards achievable goals, whilst also challenging negative and abusive behaviours**, they could start to make holistic positive change:

> "*helping them to understand, you know, that we can make incremental steps towards what they want … and some of these improvements around the general quality of life around them, is about them taking, more protective factors towards creating [a] bigger safety net in terms of quality of life and … then they feel more ownership from it and more grounded in their responsibilities and awareness"* (Tom).

Structure of programme

The focus group participants expressed a need for the programme to be "refreshed" but with an emphasis that **one-to-one sessions are key** to success. Here clients can open up more and the programme can be tailored to individual needs. **Sessions which included activities were felt to be more useful as these helped engagement**. There were **key tools that worked; for example, 'sweep to keep' and 'press pause'**, to help examine thought patterns and challenging thinking. Another tool was one which allowed participants to **identify the difference between perception of something and the fact** of it. Another method allowed the clients to analyse their behaviours and **compare a healthy or unhealthy approach**. Both facilitators noted that clients **really engaged with the 'colours' activity** (based on transactional analysis) and that this was a tool that could be used throughout the programme:

> *"I'm working with a client who believes himself to be blue. And so we work on the premise that we're all different colours, all different times. We can't be green all the time because we're human. And so having those types of conversations. And so when you are feeling blue, what are you feeling? What are those emotions? …and then that leads on to, you know, the resentment. So when you're feeling blue, that can be like resentment and then what colour are you?" (Marina)*

> *"I find actually when talking about compromise, the colours and the ethos behind the colours actually does work" (Marina).*

Participants shared that **discussions on stereotypes were useful but at times the materials were outdated**. They valued these sessions though for **helping to consider challenging gender norms**:

> *"There's a session that I particularly like which looks at values, attitudes and stereotypes ... looking at where people's influences came from… influenced by… wider society, individual*

and family, friends, et cetera. Looking at what the message is, you know what? What's the expectation? What's what was they shown was best represented and whether or not there's any sort of fact or stereotype attached then. And that's huge, because it still comes back down to some rather old school values that really belong in the past 70s sitcoms. So we try and work through some of those things" (Tom).

Some elements of the programme were considered by the participants to be unhelpful, sharing examples of where the **language was ambiguous and could be misinterpreted** and **for some, the use of metaphor** was a barrier to change.

There were also some key points which **the focus group felt needed to be additionally included. For example, the notion of compromise and shared agreements** need to be woven more into the programme. **Sessions about sexualised behaviour need to be a core session and to have a more in-depth exploration** of such behaviours with the participants of the programme, as was noted:

"*I'm not sure if it's just a little bit too light touch*" (Tom).

Facilitators should also call out inappropriate sexualised behaviours as forcing someone to do something they do not want to, this could be subtle coercion rather than the more overt such as:

"*grabbing a partner by the arm and dragging into the bedroom*" (Tom).

Participants noted a **greater focus on the manipulative, coercive and controlling behaviours** should also be considered; with a further aspect of these sessions to include gender roles, stereotypes, values and attitudes and the usefulness of linking these to the negative portrayal on films/TV and social media, bringing this work to life and real exposures. Therefore, a **deeper exploration of gender roles and how these are portrayed within media and sustained by society** may be useful.

The programme should consider a session on **gambling and substance misuse, because it was felt that such behaviours were often coupled with abusive behaviours, and this would be helpful to explore as an important aspect of their behaviours and the impact on others. Also, more time given to stalking behaviours as although there was a targeted session, the participants thoughts the material was limited** e.g.

"the targeted sessions stalking. It's also a bit repetitive and doesn't really get to the root of you know that behaviour… it doesn't really give anything different to what we're doing. And you know, with thoughts and feelings, the excessive or intrusive, that's sort of thing. So maybe a little bit more a bit more of a meatier stronger approach to that" (Marina).

More work on culture is required, it was felt that this was an important part of engaging the participant and supporting change. As well as a session on respect, such as:

"*you know what does it look like for you? Do you how do you acquire it? Do you demand it? How's it? How's it earned? You know? And it's all relative. Like a lot of things, ask the individual*" (Tom).

Multi-agency collaboration

It was recognised that it was **important for facilitators to signpost to relevant support services and for additional help to be provided where possible**. It was also seen that there needed to be a **clear link between the ABP provider and services that support victim/survivors**:

> *"f I had a magic wand and the partner support, I would take it out of where it is and put it into the team just how I think it needs to be, in house, so that they're **all working together - a victim and perpetrator services"** (Linda).*

A final point around multi-agency working was that **those referring into the programme need to clearly explain the programme to the client including the expectations and accountability**. This needed to be done sensitively so as to not discourage engagement:

> *"Largely because they perhaps didn't fully understand the process and the referral in the first place. So that's not very much in the way of spade work done by this referring party" (Tom).*

Evaluation

It was seen as **vital that the success of the ABP was evaluated**, as:

> *"the whole programme is meant to be a safety net to cover them in the future" (Tom)*

Feedback was garnered from a range of sources including the police in terms of reoffending, and social worker feedback. Success was also measured though engagement and stability whilst on the programme. They also counted financial measures in terms of invisible **cost savings**. However, **one challenge was seeking feedback from victims**, and also fallowing the need for there to be a programme run with victims that mirrored the Up2U CHR programme:

> *"there is the mirroring, but it's never, that's never actually really worked, I don't think in either part… I don't think that's ever truly been done, hasn't it?" (Izzy).*

Engagement/retention

There was tension acknowledged between the need to be able to have participants attend and engage with the programme and course material, and the need to hold them accountable for their behaviour. Steps taken to encourage engagement included allowing participants the choice as to whether they attended appointments, being very careful in the use of language i.e. saying, 'people who use harmful behaviours', as opposed to 'perpetrator'. However, it was acknowledged that:

> ***"we don't want people coming off, but there's that balance, isn't there, of sometimes you have to say things for what they are"*** (Izzy).

It was **important that the material, including the activities, were not seen as patronising**. Some of this was also down to the way certain topics were included in the materials. For example, **concepts such as mindfulness can be perceived as fluffy**:

> *'So each session is meant to end with a mindfulness exercise to kind of bring people back down, as it were. Now I précis this by saying to the client … please don't be put off by what*

looks like 20-minute exercises and carefully concentrating peeling orange...it's different things for different people,…give some personal examples [for example] where we use the guided breathing exercise, I'll ask them to consider, routes they know well and certain landmarks and to imagine that" (Tom).

It was **also important that sessions did not feel repetitive** for participants.

Social/cultural impact

Although this was not a topic discussed in full, it became clear through the discussion that within the sessions the **facilitators challenged phrases that suggested stereotypical social influences and gender norms**, particularly in relation to sexual intimacy:

"Otherwise, I hear frequent phrases like, you know, you always hurt the one you love, and discussion on internet porn and influence – easy access via phones" (Tom).

Although some needs were covered within the initial assessment stages, a greater awareness and bespoke integration of cultural and gender differences (for example for different groups) was highlighted.

Need for an integrated support pathway for perpetrators – open to all

It was clear that the focus group participants shared an ethos that **support should be available to all** those who need and want it. For example there were disparities between regions in that some were only offered support if they had children (due to funding sources). There were clear frustrations this support was limited due to a lack of **resources**:

*"for me one of the issues has always been **if somebody is asking for help** because they've recognised and want to be accountable for their domestic abuse, perpetrator behaviour, **how can we not take them on** to a domestic abuse perpetrator programme. That does doesn't compute with me at all" (Linda).*

A needs assessment report which summarises what works well and what needs improving based on the outcomes from the Focus Group is at Appendix D.

Overarching Analysis

The findings from each phase overlap and led to an overarching global theme of: "Perpetrator programmes need to be a fundamental part of tackling VAWG".

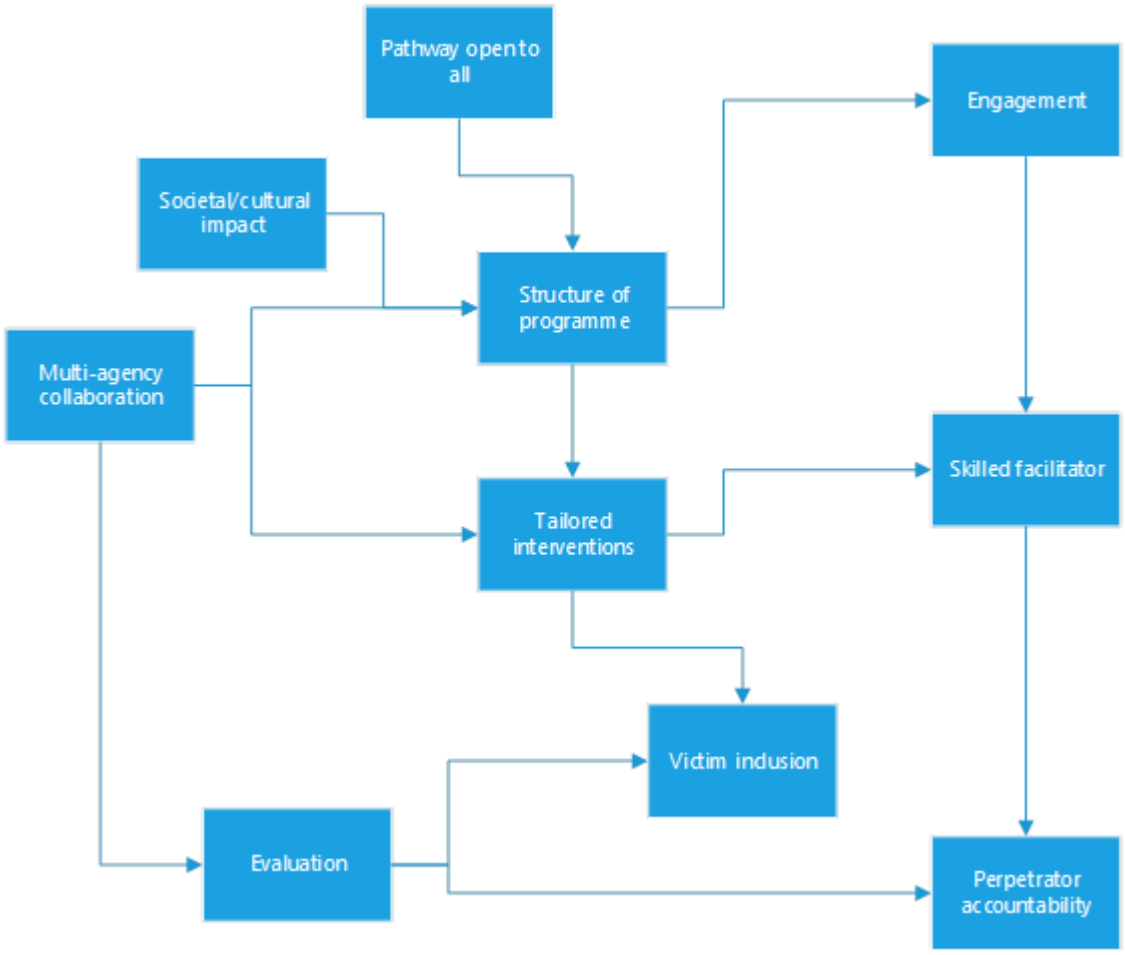
There were ten organising themes with associated basic themes (see table 1).

Table 1: Organising themes (shaded areas indicated identified themes)

Organising themes	Phase 1: Literature Review	Phase 2: Workshop	Phase 3: Interviews	Phase 4: Questionnaire	Phase 5: Focus Group
Tailored interventions					
Skilled facilitators					
Victim inclusion					
Perpetrator accountability					
Structure of programme					
Multi-agency collaboration					
Evaluation					
Engagement/retention					
Societal/cultural impact					
Integrated support pathway for all					

As can be seen from table 1, not only were repeated themes witnessed throughout the various methods of data collection from different participants, but there were also significant overlaps and links between the organising themes themselves. Their relationships are complex, however some of the main associations are outlined in figure 9.

Figure 8: Associations between organising themes.



An important initial element is for the programme to be available to all, at the point of need. Social and cultural impacts such as respectful awareness of individual, cultural and gender differences should be also considered. Different agencies – especially those potentially referring clients onto the programme – need to be aware of the structure and content of the course in order to promote it appropriately. In addition, details of what the programme entails should be made available to potential users in advance.

Also key to the structure of the programme is that it needs to incorporate tailored interventions in order for it to be engaging. This should ensure retention of clients, and impact success. This can be measured in terms of reducing future recidivism, keeping potential victims safe, and enhancing relationships for the client, promoting their goal of an overall better life. Examples were provided of the current programme being 'life changing' and impacting interactions with others including children and employers.

All the above is heavily reliant upon having skilled facilitators with the knowledge, skills and ability to appropriately encourage clients to take responsibility and be held accountable without minimising or justifying for their actions. As such, challenging inappropriate behaviours, attitudes and beliefs is essential, whilst simultaneously being non-judgemental and providing ongoing, respectful guidance and support.

Reliable and valid evaluation of success in terms of behavioural change can only be obtained if there is close liaison and engagement with other agencies and in particular inclusion of the victim. Whilst

safeguarding is paramount, it seems partner support in terms of programme awareness and mirroring sessions is not always prioritised. Whilst the challenges of engaging such individuals and organisations is acknowledged, this appears essential. One key message that comes through all the data collection was the need for triangulation with the victim/ex-partner where there is still contact. Evidencing change merely from self-evaluation is insufficient given the tendency for those who cause harm to not recognise, deny or minimise their actions. This should not be a 'tick-box' exercise but should be fully integrated into the process, and a focus on engaging with partners is vital, as they are the ones who will be clearly able to see any behaviour change.

Discussion

As can be seen from above the findings indicate ten organising themes which have repeatedly evidenced that perpetrator programmes need to be a fundamental part of tackling VAWG. Previous literature, and empirical evidence from professionals, clients and victim/survivors highlight the need for tailored interventions for those who cause harm, provided by skilled facilitators. Importantly victim/survivors/partners/ex-partners need to be included in this process, predominantly in order to monitor actual behavioural change. Perpetrators being accountable for their actions is key, with appropriate challenges for inappropriate behaviours, attitudes or beliefs. The structure of the programme is crucial, and some suggestions of what parts users and professionals feel are useful, and where improvements could be made have been highlighted throughout. Multi-agency collaboration is also key, in particular referral agencies having a detailed knowledge and understanding of what the programme entails in order to made appropriate referrals and inform potential clients. The challenges in evaluating the programme have been acknowledged, however it is essential these are not purely reliant upon self-reflection or recidivism rates alone. Linked to the structure of the programme, and skills of the facilitator, programmes must be engaging to the individual completing the programme, cognisant of bespoke and changing social and cultural needs, have limited repetition, and ensure materials are kept up to date, to ensure engagement and retention of clients and enable greatest potential behaviour change. Importantly it was recognised the programme should be available to all, at the point of need.

Programme content

An outline for a potential new 22-week programme has been developed using data from all five phases of the data collection (see Appendix E). The programme is divided into four phases: 1. Assessment Phase, Core Programme, 2. Foundations for Change, 3. Behaviour Change, and 4. Sustaining Change.

The programme outline is grounded in the evidence base; for example, using the groundbreaking work of Stark (2007) for definitions of coercive control, and facilitators should be encouraged to draw on current research for examples of the impact of DA on adults and children who witness abuse. The outline also includes recommendations for useful evidence-based models that could help support the self-awareness and relationship awareness of participants, as one aspect of the current programme that was acknowledged as being particularly successful was the ‘colours’ session. This tool is based on the work of Eric Berne, and in order for the programme to be credible it should be using such evidence-based tools, and moreover acknowledging where the evidence base for such tools originated, whether that is transactional analysis or cognitive behavioural therapy tools and techniques.

Facilitation

It is clear that interventions need to be tailored to the participant and that past or ongoing inappropriate behaviour of participants needs to be challenged. Facilitators need to have a theoretical understanding both of the evidence base of the tools they are using, and how to adapt these in practice. The facilitator needs to be able to re-work the material ‘in the moment’ to meet

the clients need and know which elements need to be emphasised or re-visited. They need to be aware that they themselves could be manipulated and have safe spaces to critically reflect on their own practice.

The skills needed to undertake this kind of work are multi-faceted and numerous. For example, when using self-assessment tools, such as the 'colours' tool, or reflections from their past upbringing and experiences, it was clear from the interviews with those who have caused harm they could use their self-assessment to justify their actions and ostensibly take on the role of 'victim'. Facilitators need to be highly skilled and have time to undertake their own continued professional development and have access to peer supervision to recognised and reflect upon such behaviours – and challenge as appropriate. The triangulation with known victim/ex-partner experiences could also assist with this if fed back to the facilitator.

Outcomes and Potential Measures of Success

A number of outcomes were identified within the data sets, in particular the need for:

- Feedback from partners and ex-partners and children
- Full engagement with the programme from start to finish, including accessing follow on support
- More partners and ex-partners engaging with support
- Measurement of desistance of participants who had undertaken the programme (i.e. recidivism rates) and the potential economic savings of this (e.g. via the Home Office cost of crime estimates The economic and social costs of crime)

These outcomes have been incorporated into the evaluation recommendations below.

Evaluation

There are a range of methods that can be used to evaluate the effectiveness of abusive behaviour programmes. Key would be to ensure that all levels of evaluation are used, and it is suggested that thinking about information in relation to a model such as Kirkpatrick's model of evaluation might be useful (Kirkpatrick 1998). Table 2 shows the possible evaluation options against each level of the evaluation model.

Table 2: Evaluation options and potential contribution to Up2U CHR

Level	*Kirkpatrick stages*	*Potential application for Up2U CHR*
Level 1 Reaction	This measures participant satisfaction with the programme; how useful they find it	• One to one feedback to facilitator • Measure engagement in activities • Post session surveys • Post programme surveys
Level 2 Learning	This measures how much participants have learned in terms	• Pre and post programme questionnaires

	of skill, knowledge, attitude and confidence and engagement	• Feedback from the facilitator, and other services that have connections to the participant • Stability throughout the programme
Level 3 Behaviour	This measures how much the participants take what they have learned and apply it to their life	• Feedback from partner/ex-partner • Feedback from children • Repeat offending rates
Level 4 Results	This measures the broader organisational outcomes and success measures and, in this case, also societal impact	• Financial analysis: Invisible cost savings • Reduced recidivism

Resourcing

Not unexpectedly resourcing came up as an issue, and the point that funding for programmes who assist people who cause harm is not necessarily popular. However, the benefits for targeting this population have not just significant individual benefits but also a wider societal benefit. As both a criminal justice and public health issue, linked to societal and individual safeguarding, local authorities as strongly recommended to focus significant funding in this area of support. This includes a need for more highly trained facilitators, particularly as this work is at its most effective when done on a one-to-one basis. As such there is also need for bespoke training and continual support and supervision of professionals, effective victim collaboration and engagement, and long-term support for those who have caused harm.

Staff retention

Retention of existing staff was also a possible barrier to increasing the amount of provision, as the role of facilitator is challenging and may not suit everyone for a number of reasons. These include not feeling safe regarding working with this client group, the impact of vicarious trauma from what they are exposed to, low pay, and expectations of dually providing support to victim/survivors as well. Providing a support network for facilitators, having bespoke victim/survivor coordinators within the same unit could alleviate some of these issues as well as ensuring there is adequate training, continued professional development, accurate evaluation of services and reliable safeguarding of victim/survivors.

Victim/Survivor Support

The importance of having support in place for the victim/survivors was highlighted throughout the research. In particular this related to managing risk, as changes in behaviour from someone who causes harm can increase risk to victim/survivors. Focus group participants spoke about the challenges of engaging victim/survivors. Despite the challenges, arguably it could be unethical not to provide support for victim/survivors, and it is recommended that providers of perpetrators programmes work with local DA support services to seek out ways to engage more effectively with them, perhaps involving ideas from those with lived experience.

Limitations

Although there are some unique and important findings in this data, a key limitation is the number of participants. Only one victim/survivor and two perpetrators took part. There could be a number of reasons for this including stigma, fear of losing anonymity or not wanting to relive the trauma if the victim/survivor. In order to overcome some of these difficulties full ethical disclosure via documents prior to interview were provided; yet take up was still low. To mitigate this potential loss of data, additional data was gleaned from secondary data analyses of a sample of feedback questionnaires in order to garner greater insight into what the clients had or had not found useful from the programme. This was a valuable additional tool and should be evaluated regularly.

Programmes for Young People

This report does not include any detailed guidance related to those people who harm who are under 18; this is outside of the scope of this report and would need additional consideration around safeguarding and education. The Children's Commissioners report (2023) has recommended that effective relationship sexual health education (RHSE):

> "is a vital element of preventing harmful sexual behaviour, by improving children's understanding of healthy relationships and consent. RSHE should form one part of a whole-school approach to sexual harassment and violence prevention. Every school should have a policy for preventing sexual harassment and violence, which should include preventing online perpetration of abuse and harassment, such as 'cyberflashing' and non-consensual intimate image-sharing" (p50).

It is possible that over and above school programmes there is a need for specialised programmes for young people who have been reported as exhibiting inappropriate behaviours. Any programme for young people who use abusive behaviour should focus on raising awareness about healthy relationships, emotional regulation, and the impact of abuse. According to Fox et al. (2013a) support for young people needs to understand that "individual young people's attitudes are often informed both by such experiences of dealing with abuse and by wider levels of peer acceptance". Any programme should include education on consent, respect, and communication, helping participants understand the dynamics of power and control in relationships. It should also explore the wider societal norms around gender that can lead young people to having stereotypical expectations in relationships as well challenging unhealthy and unrealistic expectations around sexual intimacy and risk taking. However, it should also ensure that measures around gender are balanced (Fox et al. 2014b) to ensure that young people do not see the programme as biased, however this does not mean avoiding the issue that DA is often gendered. It would need to include tools for managing frustration, addressing underlying issues like trauma or insecurity, and promoting empathy. Additionally, there should be opportunities for self-reflection and accountability, where young people can examine their actions, take responsibility, and work toward making positive changes. Support systems such as counselling or mentorship should also be incorporated to help participants build healthier relationships in the future.

Recommendations

As outlined above the main findings suggested for inclusion in any programme revision or development going forward have been presented in bold throughout this report, and summarised by means of a suggested programme outline in Appendix E.

Our summary of recommendations:

- Any programme development is grounded within an evidence base and needs to include reflections such as those above, from facilitators, other professionals, clients and victim/survivors. Programmes should be regularly reviewed.
- Although limited resources are recognised, promotion and greater awareness of programmes is suggested – to potential clients and importantly to referral agencies so as they are aware of the detail and content. A pre-meeting and preparation pack for clients is also encouraged.
- Programmes should be available to all those wishing to access it, at the point of need. However, those who cause harm should be challenged and held accountable for their behaviour, whilst treated with respect and given support and opportunities to change.
- Programmes need to include tailored support and relatable, engaging, flexible content. Experienced facilitators appear best placed to advise in relation to which areas work or do not appear to work so well.
- Victim/survivor/child safety should be prioritised as such, inclusion of such and mirroring sessions should be undertaken wherever possible in practice.
- There should be holistic support – a continual integrated support pathway, rather than attendance on one programme alone. A follow up course or revisit areas for example. Such actions should be located within a wider co-ordinated community response with collaboration of agencies sharing responsibility in enabling change in those who cause harm and enhancing victim safety.
- Facilitators need to be highly skilled, have access and time to complete appropriate training, continued professional development, and regular supervision. Issues relating to staff retention should be captured (e.g. via staff surveys, exit interviews).
- Programmes need to closely monitor and evaluate interventions. Evaluation needs to consider:
    - Victim/ex/current partner experiences of behaviour change
    - Programme engagement and motivation
    - Follow up change – e.g. desistance
    - Cost effectiveness/economic savings (e.g. via those already used and other cost of crime estimates as appropriate).
- Adequate resourcing for programmes for those who cause harm is as essential as resourcing for victim/survivor services – they should be considered together as one is of limited effectiveness without the other.

Conclusion

Our analysis indicates that there is consensus on which broad themes should be incorporated into future practice. Many of the suggestions and recommendations from previous literature are already

being undertaken, at least in part, by the services currently offered by BCP Up2U CHR Team. Clients appear highly satisfied with the programme and in particular the facilitators. These recommendations are suggested to further improve services and victim safeguarding and incorporate the growing evidence base. This will ensure victim/survivors are fully integrated into any future programmes which we believe is essential for appropriate programme provision and reliable evaluation of any behavioural changes made. We hope this report has been of use in your considerations and in shaping the future provision of the essential support you provide.

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Appendices

APPENDIX A

Interview Schedule

Can you share your experiences of the programme you've undertaken with Up2U?

- *PROMPT What did you like or dislike, what was good or bad*

What was good/helpful about it?

- *PROMPT I am trying to identify any good practice in the support they gave you*

Was there anything which could have been improved or bits you couldn't engage with?

- *PROMPT I am trying to see if there any bits which didn't work for you*

What other support would you have liked?

Are there any further comments you would like to make in relation to this research?

Thank you

APPENDIX B

Questionnaire

Likert scale (quantitative) questions

1. Strongly agree
2. Agree
3. Neither agree or disagree
4. Disagree
5. Strongly disagree

The programme has enabled me to make a positive change to my behaviour

The programme has enabled me to make a positive impact on my relationships

The methods used during the progress met my individual needs

My worker kept in regular contact with me throughout the programme

The additional materials that I received were useful and supported my learning

The sessions were clear, understandable and delivered at an appropriate pace

Free text (qualitative) questions

The best part of the programme was…

The worst part of the programme was…

I would make it better by…

Are there any other comments you would like to make?

APPENDIX C

Focus Group Schedule

As practitioners that that give the programme to clients, what would an ideal programme look like for you?

- *PROMPT Why; explain; how.*

Looking at some of the specifics of programmes, what would you definitely include or definitely wouldn't want to include if you were designing a new programme?

- *PROMPT Why; explain; how.*

How much do you rely on what the programme is actually designed? Do you stick to it or tweak it?

- *PROMPT Why; explain; how.*

How do you get feedback from the victims or survivors and incorporate that into what you deliver on the programmes?

- *PROMPT Why; explain; how.*

How do you measure success?

- *PROMPT Why; explain; how.*

Tall me about the referral and what you consider when you're doing your initial assessments, like how long you're going to do, who's high risk?

- *PROMPT Why; explain; how.*

What are your drop out rates, is that something that could be improved?

- *PROMPT Why; explain; how.*

How is your training facilitated?

- *PROMPT Why; explain; how.*

Is there anything that you think that we should have asked that we haven't asked that you'd want us to know?

APPENDIX D

Needs Assessment Report: Current Up2U CHR Programme

This report summarises findings from interviews, feedback surveys and a focus group, highlighting what works well in the current programme and areas that need improvement. The insights gathered also informed the development of the Outline for a Perpetrator Programme.

What Works Well?

- **Flexibility** – The programme adapts to individual needs, allowing for a tailored approach.
- **Person-Centred Assessment** – The initial assessment focuses on what is most important to the individual, alongside a comprehensive risk assessment.
- **Skilled Facilitators** – The current facilitators are highly skilled, collaborate effectively, and continuously develop their expertise.
- **Rapport Building** – Strong relationships are formed between facilitators and participants.
- **Key Programme Elements** – Valuable tools include:
- The **Colours self-analysis tool**
- Discussions on **perception versus fact**
- The use of **metaphors**
- **'Sweep to Keep' thinking processes**
- The **session on stereotypes**
- **One-to-One Support** – Individualised support enhances engagement.
- **Post-Programme Support** – Ongoing assistance helps sustain positive changes.

What Needs to Be Improved?

- **Broader Life Focus** – The programme should address more than just relationships, incorporating life choices, financial circumstances, employment, social networks, and family support. It should encourage reflection on **problem-solving and decision-making**.
- **Clearer Feedback Mechanisms** – Establish **triangulated feedback** from participants, partners/ex-partners, and facilitators to better support behavioural change.
- **Neurodiversity Support** – Provide facilitators with **specialised training** to effectively adapt the programme for neurodiverse participants.
- **Stronger Facilitator Support Network** – Develop a structured system for facilitators to **share best practice** and receive ongoing guidance.
- **Refinement of Language and Activities** – Some **language and activities feel patronising** and should be revised.
- **Session on Compromise** – Introduce a session that explores **compromise** in relationships.
- **Addressing Sexualised Behaviour** – Include a session on **sexualised behaviour**, grounded in societal gender norms and expectations around sex.
- **Reduce Repetition** – Streamline content to avoid unnecessary duplication.
- **More Subtle Discussions on Manipulative and Coercive Behaviours** – Ensure nuanced conversations about **manipulation, coercion, and sexual expectations** in relationships.
- **Clearer Signposting to Support Services** – Improve **referrals to relevant services** for additional support.

- **Partner Support Role** – Partner support should be integrated into the programme but **not within the perpetrator facilitator role**.
- **Guidance for Referrers** – Provide **clearer instructions for referrers** so they fully understand the programme and can prepare participants appropriately.

APPENDIX E

Domestic Abuse Perpetrator Programme (ABP) Outline

Programme Duration: 22 Weeks.

The semi-structured programme offers a comprehensive and practical approach to addressing domestic abuse perpetration while supporting long-term behavioural change.

Programme Ethos

- **Accountability:** holding those who cause harm to account whilst sustaining a respectful approach to working with the attendees. Change comes from within; external factors are influences and not justifications.
- **Timing:** interventions are offered at a time when the person who causes harms is able to engage with the service.
- **Trauma informed approach:** acknowledging past trauma without excusing abuse.
- **Inclusive:** to be tailored to meet the unique needs of the attendees and respect protected characteristics.
- **Systemic practice:** where appropriate to engage with the victim/survivor whilst their partner/ex-partner is attending the programme to provide holistic support and manage risk.
- **Evidence-Based:** the programme and subsequent developments are supported via research, and there is ongoing and continuous evaluation of the programme (see Table 3).

Programme Aims:

- Encourage perpetrators of abuse to take responsibility for their actions and become more self-aware.
- Build heathier, non-violent/abusive relationships based on respect and equality.
- Facilitate sustainable positive behaviour change.
- Enhance understanding of trauma and its role in behaviour without excusing abusive actions.
- Develop emotional regulation skills to develop awareness of own behaviours on self and others and reduce risk of harm.

- Explore and challenge dominant social narratives around gender norms.
- Address underlying factors such as substance use, gambling and other risk factors.

General Guidance on Programme Delivery

The programme aims to engage those who cause harm to help develop self-awareness, safer relationships, improve accountability of behaviours as well as reduce reoffending. The objectives of the programme are:

- To support participants to take responsibility for their behaviours and what initially influenced these behaviours.
- To encourage participants to take accountability for their actions and develop non-abusive coping mechanisms whilst reinforcing their positive impact.
- To promote healthy relationships by developing skills to positivity communicate with others.
- To challenge beliefs, values and judgements that lead to abusive behaviours and attitudes.

The facilitators should make sure the following aspects of the programme are followed:

Risk and Safeguarding: the safety of the participants, the victim/survivors, their children and members of the public is paramount. When offering ongoing victim support over the duration of the programme and directly addressing the victim/survivors needs, they should have an understanding of the programme aims. It should be clearly communicated that change may not occur and risk to victim/survivor may continue. Therefore, risk assessments must be conducted from beginning to end of the programme. Individualised safety planning for the victim/survivors and children should be put in place to manage threats to victims. There must also be clear reporting measures at regular intervals for feedback from victim/survivors or other agencies with whom the participant is engaged.

Multi-agency working: must be conducted, when possible, to support essential information sharing, to promote not only the safety of others (participants, victim/survivors, their children and members of the public) but also to support effective change. For example, signposting and referrals to other services (i.e. housing, legal services, mental health services and social services) and engaging with these services as appropriate is strongly recommended.

Blaming, disengagement and/or minimisation: facilitators will need to challenge non-engagement minimisation and blaming others and/or external factors; therefore, participants are supported to acknowledge responsibility for their actions without

justification or victim blaming. For example, external factors such as stress or alcohol/illicit substance use cannot be used to justify or excuse abusive behaviour.

If programmes are undertaken from the perspective of personal gratification or to gain something for themselves, then engagement may be superficial compliance, rather than genuine motivation to change behaviour. Close monitoring of this aspect is therefore required.

Inclusivity: the programme must be inclusive for all and therefore uphold anti-oppressive and anti-discriminatory practice whilst tailoring the programme to meet individual needs and respected protected characteristics.

In addition to the above the following should be brought in to support the facilitators and the programme with its delivery.

Retention: there is higher risk of dropout in the pre-commencement phase, despite self-referrals, therefore it is vital potential attendees are engaged with at this stage. Make sure that regular contact is made whilst waiting for the programme to start, including giving a clear explanation of what to expect from the programme and when to expect the programme to begin.

Supervision: is an important aspect of this programme. This will support critically reflective practice to promote anti-oppressive, trauma-informed and anti-discriminatory practice by being actively aware and reflecting on their own behaviour, including how to challenge harmful attitudes or gender bias, support emotional wellbeing for the facilitators and in turn provide evidence based decision-making leading to sustained best practice. This could be done via:

- One-to-one supervisions with the line manager (including reflective practice)
    - 6 weekly
- Team reflective case discussions (to challenge thinking and if appropriate problem solve)
    - Once a month
- Informal supervisions with peers (to provide support/listening ear/peer reflective discussions)
    - Informal weekly get togethers

Where available, access to counselling and wellbeing support for facilitators should be in place.

Training and continued professional development (CPD): is an important part of the development for staff to help ensure skills are hones to kept up to date. Moreover, this will also ensure the participants get the best possible support. New staff should have a clear 3-month induction plan. Staff should have a personalised training and development plan, which should include such activities as mentoring, access to both peer networks for facilitators of perpetrator programmes across the UK and also the chance to learn new facilitations techniques. They should have access to current research and also opportunities to take part in research related to this topic.

Evaluation and monitoring of the programme: is important regarding individual progress as well as developing the programme going forwards. The programme should be evaluated following Kirkpatrick's 4 levels model (1994).

The success of the programme as well as further development and refinement of the programme requires regular monitoring; this can be done via:

- **Pre- and post-programme assessments** to measure change.
- **Feedback** from participants and partners/ex-partners (including victim/survivor perception of safety and evaluation of the quality of programme facilitation and consistency).
  - At the following intervals: 2 months: 6 months: 1 year: 18 months: 2 years.
- **Rates of re-offending from agencies**: to gather information regarding reoffending where possible.

All the above will support the evaluation of and assessment for effectiveness.

Adapting Delivery to Meet All Needs

The programme must sustain anti-oppressive and anti-discriminatory practice and, in order to assure this, the uniqueness of each participants' needs must be taken into consideration. The programme, if not already catering for their specific needs, must be tailored to do so, to help reduce any barrier to learning and change. Any pre-existing characteristics must be considered in order to identify those at risk of attrition and reflect upon ways to keep individuals sufficiently engaged to complete programmes. The following characteristics and/or identities must be considered and the programme adapted accordingly:

- Age
- Culture
- Race
- Religion and beliefs
- Preferred language
- Disabilities, impairments, and neurodiversity

- Mental health conditions
- Gender
- Sexual identity/orientation
- Literacy skills
- History of trauma
- History of criminal activity

Being inclusive: with the delivery of this programme is key. All facilitators of the programme should receive training with a focus on being culturally competent and culturally sensitive in their practice and respectful of protected characteristics and attendees lived experiences. Regular reflective supervisions should be held to support the consideration of anti-oppressive and anti-discriminatory practice as well as the use of power and authority in practice. For example, some of the scenarios could be adapted to meet the cultural needs of the participant.

Pace of delivery: will help each person be able to process the information at a speed that supports learning. Some attendees will engage with a faster pace to the learning whilst others may need time to process or require information to be repeated. Risk of future domestic abuse ranges from person to person, hence, rather than having a standardised length of session or number of sessions, the personalised action plans and risk assessments should determine programme length (and session length) and frequency to ensure depth for meaningful change.

Inclusive learning techniques: can be tailored to use a variety of learning techniques, including visual, auditory and interactional methods and non-judgemental language. For example, change the font, as well as font size, change in page colour and to read out the materials as required.

Facilitators should act as role-models: in terms of behaviours, in how to respond to challenging situations and manage emotions, which means they will have to be highly trained, knowledgeable and skilled practitioners.

Evidence-Based Practice: It is clear from the literature that perpetrator programmes need to utilise theories, models and methods that are grounded in research – the programme needs to be supported by the evidence-base. Therefore, throughout this programme there are recommendations for the types of models and methods that are useful to support behavioural change, with a summary table at the end. It should be noted that we have only given one reference for each model, and that there are variations on these that have been developed and refined by other scholars. These models and methods are recommendations only and should be updated in line with emerging research.

Moreover, it is not just the programme that should be grounded in the evidence-base; so should the facilitators' practice and training. Facilitators should take an evidence-based approach to being trained in a range of facilitation techniques. One of the most important is a **person-centred and trauma-informed approach** to practice, which will help develop rapport with the participant. Examples of how this can be created and sustained include recognising that participants may have experienced trauma in the past and, at first, may not feel safe to talk about their experiences. Recognising that if the participant feels unsafe or destabilised then their behaviours may become negative e.g., avoidance, withdraw or aggressive, is needed. Using non-judgemental language and careful pacing of discussion, to explore these feelings and experiences whilst sustaining accountability will help build a safe environment for the sessions.

Working with the victims

Supporting the victims (and their children): when appropriate; regular contact should be made, at the beginning to explain the aims of the programme as well as the expectations of the programme. During the programme to assess risk as well as understand the experience of the victim whilst the person who causes harm is on the programme and provide wellbeing support or signpost to other services as required. A final session should also be held to discuss their future plans, if both are parents to the same child facilitators will need to discuss how/if contact/co-parenting will be conducted, as well as safety planning going forwards.

Multi-agency working: must be conducted, when appropriate, to support essential information sharing to safeguard others (participants, victim/survivors, their children and members of the public). This will also ensure that the programme is not used to further manipulate and intimidate victims and promote monitoring long-term change. Also, multi-agency working should be used to support effective change. For example, signposting and referrals to other services for the victims (i.e. housing, legal services, shelters, victim support programmes, mental health services and social services)

Assessments and Feedback: to measure change from partners/ex-partners (including victim perception of safety) at regular intervals in the programme:

- 2 months: 6 months: 1 year: 18 months: 2 years.

In addition to the support offered, it would help the tailored delivery of the programme to compare the attendee's perspectives of progress with the victims' interpretations, which would enable corroboration or challenges where necessary.

Outline of the Programme

Assessment Stage (weeks 1 – 4)

1 Getting to know the person

- Introduction: discuss the aims of the programme.
- Create a behavioural contract to include elements such as: confidentiality, safeguarding (including accountability of own behaviour), non-judgemental approach to working together, engagement, commitment, holding to account, honesty and transparency in approach to working together.
- Exploring the unique needs of the participant (Age, Culture, Race, Religion and Beliefs, Preferred language, Disabilities and neurodiversity, Mental Health Conditions, Gender/Sex, Sexual identity/Orientation, Literacy skills, History of trauma and criminal history).
- Explore current circumstances (e.g., financial circumstances, employment, social networks, family, current relationships).
- Map what services are engaged with the attendee and any gaps in services and plan how and when to access new services.
- Responsibility without deflection: how do external factors affect but not justify abuse?
- Identify risk to self and others (including partners, ex-partners and children) and the context of the risks.

2-3 Exploration of Past and Present Circumstances (accountability and responsibility)

- Understanding personal history (e.g., childhood trauma, past housing, past employment, past relationships).
- Identifying how past experiences influence current behaviours.
- Identify what they fell initially led to the abusive behaviours and explore their lives and any turning points/trauma which may indicate where some of the abusive behaviours and attitudes may stem from.
- Enable the attendees to understand what behaviours they need to change and why.

4 Personalised Action Plans

- Identify what their objectives are for the programme.

- Develop short, medium, and long-term goals as part of a personal development plan.
- Explore factors facilitating or hindering change.
    - Include these in the plan alongside ways to overcome them.
- Aspirations beyond behaviour change: dreams session.
- Include measures of success in the plan, so they can self-assess.

Core Programme (Weeks 5 – 20)

Phase 1: Foundations for Change (weeks 4 -8)

5 Understanding Domestic Abuse

- Defining Domestic Abuse with an additional focus on coercive and controlling behaviours.
- Draw on the definitions under the Domestic Abuse Act 2021, and the work of Evan Stark.
- Cover the range of tactics used to control the victim/survivor, including: physical and/or sexual violence, emotional or psychological abuse, stalking, social isolation, financial abuse, technology-facilitated abuse, reproductive coercion, and systems abuse (Stark, 2007).
- Addressing minimising, denying, blaming, threatening or violent behaviours and the impact on the victims.
- Impact on victims: survivor testimonies and case studies.

6 Boundaries, Consent and Healthy Relationships

- Exploring what constitutes a health relationship.
- Managing expectations in relationships (including entitlement).
- Exploring what is consent and consider different situations where consent is needed and how to gain consent (and how to manage being denied consent).
- Addressing agreements and compromise without coercion.
- Respect for others and self: what does this look like and how is it earnt.

7 Values, Attitudes, Social Norms and Gender Stereotypes/Roles

- Examining gender stereotypes in everyday life and media influence.
- Explore the expectations that societal norms create around gender roles (using real life examples from film, books, newspapers, social media posts).
- Explore the impact that such gender stereotypes have on us and how they influence our behaviours, values and attitudes.
    - Use examples of parents, caregivers, and others.
    - Explore any cultural or religious components.
- Enable attendees to understand what beliefs and attitudes they need to challenge and overcome (journals or logs may help show progress).
    - This could be done through viewing situations from an outsider's perspective to objectively self-reflect, recognise patterns of behaviours and identify triggers to promote awareness and foster better responses.
- Add a goal to the personal development plan around acknowledging and challenging stereotypical behaviour.

8-9 Emotional Awareness and Regulation

- Emotional Intelligence (e.g., using Goleman's (1995, 2002) four domains model) and self-assessment tools around self-awareness, self-management, relationship awareness and relationship management.
- Consider gender norms about how men and women should display emotions: what is and is not acceptable.
- Identifying emotional triggers including trauma responses.
- Understanding anger, jealousy, shame and fear.
    - Asking participants to share where they physically feel these emotions in their body, when they feel them, how their behaviour changes when they feel them, why they feel them, what their techniques are for managing them – drawing on emotional intelligence self-assessment tools.
- Strategies for slowing down thinking and responding (meditation or mindfulness techniques may be helpful).

Phase 2: Behaviour Change (weeks 9 – 17)

10-11 Communication within relationships

- Review their personal development plan, and revise goals if needed.
- Active listening (Tustonja et al., 2024) and empathy.
    - 4 stage model to develop empathy could be useful (Gerdes, 2009 and Decety & Moriguchi, 2007).
- Consider the societal norms about how men and women 'should' communicate.
- Communicating needs effectively without dominance: Introduce the non-violence communication model (Rosenburg, 2003).
- Managing defensive reactions and identifying assumptions that are being made: checking understanding and look out for misinterpretation.
- Explore what communication with kindness and compassion look like.

12-13 Transactions Analysis to explore behaviour

- Examining behaviours through Karpman's (1968) Drama Triangle Framework.
- Identifying alternative, non-violence responses using Burgess' (2005) Winners' Model.
- Exploring communication styles: Parent, Adult, Child and how to stay in 'Adult' – from Transactional Analysis Theory (Berne, 1968).
- Using the OK Corral Model (Berne, 1968) to understand their position in relation to how they are communicating and how this influences behaviour.

14 Power and Control in Relationships

- Consider the different aspects in their life in which they gained power in a relationship and areas in which they feel disempowered.
- Explore power in relationships and examine what equal power looks like in a healthy relationship.
- Explore different ways they used control to gain power in a relationship.
    - Use case studies to explore coercion and control.
- Address recognising manipulation and stopping it.
- Develop skills in saying 'no' respectfully and hearing 'no' with grace and acceptance.

15 Risk Factors: substance use, gambling and other behaviours

- Understanding links between addiction and abuse.
- Challenging justification, thoughts/beliefs, that these risk factors excuse their abusive behaviours.
- Managing risks and developing harm-reduction strategies, including mental well-being (as often associated with such factors of substance use and gambling).
- Utilise the Recovery Model (Anothony, 1993).

16 Stalking and intrusive behaviours

- Exploring why and how this is an element of coercive and controlling behaviour.
- Identifying what may influence these behaviours and unpick this to help them take responsibility for their actions.
- Understanding impact on victims.
- Understanding that using technology (tracking and social media) is also a form of 'stalking'.
- Develop strategies for managing negative thoughts and emotions which lead to stalking and intrusive behaviours.

17-18 Sexual Intimacy: consent, compromise, rejection, and acceptance

- Expectations around what constitutes sexual intimacy in a healthy relationship.
- Consensual sexual activities – use short case studies to illustrate different types of behaviour.
- Discussing healthy boundaries – sharing their own wants and needs with others, and hearing wants and needs of others.
- Develop strategies to not use coercive, manipulative, controlling or violent behaviours for sexual acts.
    - Addressing rejection without aggression.
    - Accepting partner's needs and decisions.

Phase 3: Sustaining Change (weeks 19 -22)

19 Decision-Making

- Step-by-step analysis of their decision-making - importance of self-awareness and how frustrations and tensions could build up prior to incidents.

    - Weighing up perception of scenario and subsequent decision making and the evidence of what happened (before, during and after).
- Actions and reactions: understanding predicted/possible consequences and unintended consequences.
- Avoiding impulsive reactions
    - share examples of actions that might be impulsive – such as walking in front of a car to stop their partner leaving.
- Develop strategies to slow down thinking in heightened moments as well as how to communicate these strategies to others (e.g., their partner) so that the strategies are not misunderstood or used to punish others, such as walking away to calm down for a set period of time.

20 Developing personal integrity and self-respect

- Understanding social values and exploring their own values and where and how these have developed (are there any in tension/conflict).
- Exploring core motivators and values using the Onion Model (Korthagen and Vasalos, 2005), therefore exploring their very personal motivations and how these may be influenced by others, including society).
- Exploring core beliefs and attitudes using Hall's (1976) Iceberg Model and how they influence behaviours.
- Developing strategies to a align behaviour with (developed) personal values.

21-22 Final Reflections and Future Planning

- Maintaining change outside the programme
    - Revisit goals from personalised action plan.
- Reviewing progress
    - Against their original goals.
- Identifying ongoing support networks. Identify on-going services required and any additional services which may be useful and plan how and when to access the service.
- Developing a personal accountability plan.
    - Create a new personal accountability plan to identify their goals, commit to actions, and track their progress towards those goals, while also taking

responsibility for their outcomes. It is a framework for self-assessment, goal setting, and taking ownership of one's actions and their consequences.

- Create a 'blueprint' of how to manage intrusive or negative thoughts, actions and behaviours (including how to recognise them).

Table 3: Table of Suggested Evidence based models

Topic	Suggested Evidence based model
Communication Skills	**Active Listening:** Tustonja, M., Stipić, D. T., Skoko, I., Čuljak, A., & Vegar, A. (2024). Active listening-a model of empathetic communication in the helping professions. In *Medicina Academica Integrativa* (Vol. 1, Issue 1). **Models from Transactional Analysis Theory developed by Eric Berne and colleagues including:** • The Drama and Winner's Triangles • Parent, Adult, Child Communication model • OK Corral Model Berne, E. (1968). *Games people play: the psychology of human relationships*. Penguin. Karpman, S. (1968). Fairy tales and script drama analysis. Transactional Analysis Bulletin, 7(26), 39-43. Burgess, R. C. (2005). A model for enhancing individual and organisational learning of 'Emotional intelligence': The drama and winner's triangles. *Social Work Education*, *24*(1), 97–112. https://doi.org/10.1080/0261547052000325008 **Non-Violent Communication Model:** Rosenberg, M.B. 2003. Non-Violent Communication: A Language of Life. Encinitas: Puddle Dancer Press.
Core Beliefs and Values	**The Onion Model:** Korthagen, F., & Vasalos, A. (2005). Levels in reflection: Core Reflection as a means to enhance professional development. Teachers and Teaching: Theory and Practice, 11(1), 47-71. **The Iceberg Model:**

	Hall, Edward T. (1976) Beyond Culture. Garden City, N.Y.: Anchor, 1976. **Social GRRRAAACCEEESSS Model:** Burnham, J. (2012). Developments in Social GRRRAAACCEEESSS: Visible-invisible and voiced-unvoiced, in I.B. Krause (Ed.) Culture and reflexivity in systemic psychotherapy: Mutual perspectives (pp.139-160). London: Karnac Books.
Emotional Intelligence and management	**The Emotional Intelligence Quadrant Model:** Goleman, D. (1995). Emotional intelligence. New York, NY: Bantam Books Goleman, D., Boyatzis, R. & McKee, A. (2002). Primal Leadership: Realizing the Importance of Emotional Intelligence, Harvard Business School Press: Boston. Gerdes, K. E., & Segal, E. A. (2009). A Social Work Model for Empathy. Decety, J., & Moriguchi, Y. (2007). The empathic brain and its dysfunction in psychiatric populations: Implications for intervention across different clinical conditions. BioPsychoSocial Medicine, 1, 22-43.
The Recovery Model for working with addictions	Anthony, W. A. (1993) Recovery from mental illness: The guiding vision of the mental health service system in the 1990s. Psychosocial Rehabilitation Journal, 16 (4), 11-23